



*Published by the
N.J. Dept. of Human Services,
Div. of Medical Assistance & Health Services
& the N.J. Dept. of Health & Senior Services
Div. of Consumer Support*

Newsletter

Volume 11 No. 76

October 2001

TO: Providers of Pharmaceutical Services – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: Notification of Medicaid Drug Federal Upper Limits of Payment
for Maximum Allowable Cost (MAC) Drugs (APPENDIX B)

EFFECTIVE: Claims with Service Dates on or after August 24, 2001

ACTION: As a result of changes in the marketplace, generic versions of the
following drug product is **changed** to the current Medicaid MAC price assigned to the
drug listed below:

GENERIC NAME	NEW MAC PRICE	BRAND NAME
BENZTROPINE MESYLATE		Cogentin
0.5 MG, TABLET, ORAL, 100	\$0.0898 B	
1MG, TABLET, ORAL, 100	\$0.0930 B	
2 MG, TABLET, ORAL, 100	\$0.1027 B	

If you have any questions regarding this Newsletter, please do not hesitate to contact the Chief, Pharmaceutical Services, DMAHS, at (609) 588-2724, or the Unisys Provider Services at (800) 776-6334.

If you have any questions regarding PAAD, ADDP, SGPD or CF, please contact the Chief, Pharmaceutical Services, Office of Support Services for the Aged, Department of Health and Senior Services (DHSS), at (609) 588-7032.

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