



*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 Senior Benefits and Utilization
Management*

Newsletter

Volume 12 No. 108

December 2002

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 December 1, 2002

ACTION: As a result of changes in the marketplace, generic versions of the following drug products are **no longer** available at the Medicaid Drug Federal Upper Limits of Payment. Consequently, the Medicaid MAC is suspended for the following products:

GENERIC NAME

ALBUTEROL SULFATE
EQ 2 MG BASE, TABLET, ORAL, 100
EQ 4 MG BASE, TABLET, ORAL, 100

AMANTADINE HYDROCHLORIDE
100 MG, CAPSULE, ORAL, 100

BACLOFEN
10 MG, TABLET, ORAL, 100
20 MG, TABLET, ORAL, 100

HYDROXYZINE PAMOATE
EQ 100 MG HCL, CAPSULE, ORAL, 100

GENERIC NAME

SULFAMETHOXAZOLE; TRIMETHOPRIM
 200 MG/5 ML; 40 MG/5 ML, SUSPENSION, ORAL, 480 ML

The following drug products are **added** to the Medicaid Drug Federal Upper Limits of Payment:

GENERIC NAME	MAC PRICE
BUSPIRONE HYDROCHLORIDE	
5 MG, TABLET, ORAL 100	\$0.2964 B
10 MG, TABLET, ORAL 100	\$0.3942 B
15 MG, TABLET, ORAL 60	\$0.4470 B
FLUOXETINE HYDROCHLORIDE	
10 MG, CAPSULE, ORAL, 100	\$0.5850 B
20 MG, CAPSULE, ORAL, 100	\$0.6000 R
40 MG, CAPSULE, ORAL, 30	\$4.0125 B
20 MG/5 ML, SOLUTION, ORAL, 120 ML	\$0.7500 R
10 MG, TABLET, ORAL, 30	\$0.6000 B
LOVASTATIN	
10 MG, TABLET, ORAL, 60	\$0.7487 B
20 MG, TABLET, ORAL, 60	\$1.2488 B
40 MG, TABLET, ORAL, 60	\$2.3738 B
OXAPROZIN	
600 MG, TABLET, ORAL, 100	\$0.6758 B

In addition, there are **changes** to the current Medicaid MAC price assigned to the drug listed below:

GENERIC NAME	NEW MAC PRICE	BRAND NAME
ATENOLOL		Tenormin
25 MG, TABLET, ORAL, 100	\$0.1595 B	
500 MG, TABLET, ORAL, 100	\$0.0885 B	
100 MG, TABLET, ORAL, 100	\$0.1650 B	
BENZTROPINE MESYLATE		Cogentin
0.5 MG, TABLET, ORAL, 100	\$0.1227 B	
1MG, TABLET, ORAL, 100	\$0.1502 B	
2 MG, TABLET, ORAL, 100	\$0.1930 B	

GENERIC NAME	NEW MAC PRICE	BRAND NAME
DOXYCYCLINE HYCLATE EQ 50 MG BASE, CAPSULE, ORAL, 50 EQ 100 MG BASE, TABLET, ORAL, 50	\$0.0915 B \$0.1287 B	Vibramycin
ETODOLAC 400 MG, TABLET, ORAL, 100	\$0.3600 R	Lodine
METRONIDAZOLE 500 MG, TABLET, ORAL, 100	\$0.2184 B	Flagyl
NYSTATIN 100,000 UNITS/ML, SUSPENSION, ORAL, 60 ML	\$0.1757 B	Nilstat
SELENIUM SULFIDE 2.5%, LOTION/SHAMPOO, TOPICAL, 120 ML	\$0.0790 B	Selsun
THEOPHYLLINE 100 MG, TABLET, EXTENDED RELEASE, ORAL, 100	\$0.1184 B	Theodur Elixophyllin
THIORIDAZINE HYDROCHLORIDE 50 MG, TABLET, ORAL, 100	\$0.3885 B	Mellaril

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, CF or SGDP, please contact the Chief, Pharmaceutical Services, DHSS, at (609) 588-7032.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**