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Newsletter

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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 January 22, 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

BROMPHENIRAMINE MALEATE; CODEINE PHOSPHATE;
PHENYLPROPANOLAMINE HYDROCHLORIDE
2 mg/5 ml; 10 mg/5 ml; 12.5 mg/5 ml, Syrup, Oral, 480 ml

DILTIAZEM HYDROCHLORIDE
240 mg, Capsule, Extended Release, Oral, 100

ISOSORBIDE DINITRATE
5 mg, Tablet, Sublingual, 100

LOPERAMIDE HYDROCHLORIDE
2 mg, Capsule, Oral, 100

NITROGLYCERIN
0.2 mg/hr, Film, Extended Release, Transdermal, 30
0.4 mg/hr, Film, Extended Release, Transdermal, 30
0.6 mg/hr, Film, Extended Release, Transdermal, 30

PERPHENAZINE

8 mg, Tablet, Oral, 100

PRAZOSIN HYDROCHLORIDE

1 mg, Capsule, Oral, 100

5 mg, Capsule, Oral, 100

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

GENERIC NAME	NEW MAC PRICE	BRAND NAME
AMITRIPTYLINE HYDROCHLORIDE 25 MG, TABLET, ORAL, 100	\$0.0548 B	Elavil
ATENOLOL 25 MG, TABLET, ORAL, 100	\$0.0614 B	Tenormin
CHLORTHALIDONE 50 MG, TABLET, ORAL, 100	\$0.0558 B	Hygroton
DEXAMETHASONE 0.5 MG/5 ML, ELIXIR, ORAL, 240 ML	\$0.0396 B	Decadron
HOMATROPINE METHYLBROMIDE; HYDROCODONE BITARTRATE 1.5 MG/5 ML; 5 MG/5 ML, SYRUP, 480 ML	\$0.0280 R	Hycodan
HYDROXYZINE HYDROCHLORIDE 10 MG, TABLET, ORAL, 100	\$0.0525 B	Atarax
NADOLOL 20 MG, TABLET, ORAL, 100	\$0.4650 B	Corgard
NAPROXEN SODIUM 250 MG, TABLET, ORAL, 100	\$0.1489 B	Anaprox & Anaprox-DS
NORTRIPTYLINE HYDROCHLORIDE 75 MG, CAPSULE, ORAL, 100	\$0.2203 B	Pamelor & Aventyl
NYSTATIN 100,000 UNITS/ML, SUSPENSION, ORAL, 60 ML	\$0.0850 B	Nilstat

OXAZEPAM		Serax
10 MG, CAPSULE, ORAL, 100	\$0.5363 B	
15 MG, CAPSULE, ORAL, 100	\$0.7624 B	
PROPRANOLOL HYDROCHLORIDE		Inderal
20 MG, TABLET, ORAL, 100	\$0.0705 B	
40 MG, TABLET, ORAL, 100	\$0.0848 B	
THEOPHYLLINE		Theodur
100 MG, EXTENDED RELEASE, TABLET, ORAL, 100	\$0.0957 B	Elixophyllin
TRIAMCINOLONE ACETONIDE		Aristocort
0.1%, CREAM, TOPICAL, 80 GM	\$0.0448 B	Aristocort-A Aristocort-R

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 Pharmacy Consultant at (609) 588-6039.

If you have any questions regarding PAAD, ADDP, CF or SGDP, 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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