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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 March 5, 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 has been suspended for the following products:

GENERIC NAME

HYDROCORTISONE; NEOMYCIN SULFATE; POLYMYXIN B SULFATE
1%; EQ 3.5 MG/ML; 10000U/ML, SUSPENSION/DROPS, OPHTHALMIC, 10 ML

PROPRANOLOL HYDROCHLORIDE
60 MG, TABLET, ORAL, 100

In addition, there have been **changes** to the current Medicaid MAC prices assigned to the drugs listed below:

GENERIC NAME	NEW MAC PRICE	BRAND NAME
ALBUTEROL SULFATE 2 MG BASE, TABLET, ORAL, 100	\$0.0477 B	Proventil
4 MG BASE, TABLET, ORAL, 100	\$0.0900 B	Ventolin
ALLOPURINOL 100 MG, TABLET, ORAL, 100	\$0.0784 R	Zyloprim

GENERIC NAME	NEW MAC PRICE	BRAND NAME
AMITRIPTYLINE HYDROCHLORIDE 10 MG, TABLET, ORAL, 100	\$0.0570 B	Elavil
AMOXICILLIN 125 MG/5 ML, POWDER FOR RECONSTITUTION, ORAL, 150	\$0.0201 B	Polymox Trimox
ATENOLOL 100 MG, TABLET, ORAL, 100	\$0.0750 R	Tenormin
BENZTROPINE MESYLATE 0.5 MG, TABLET, ORAL, 100	\$0.1185 B	Cogentin
1MG, TABLET, ORAL, 100	\$0.1403 B	
2 MG, TABLET, ORAL, 100	\$0.1767 B	
CIMETIDINE HYDROCHLORIDE EQ 300 MG BASE/5 ML, SOLUTION, ORAL, 240 ML	\$0.1139 B	Tagamet
FUROSEMIDE 20 MG, TABLET, ORAL, 100	\$0.0563 B	Lasix
40 MG, TABLET, ORAL, 100	\$0.0599 B	
ISOSORBIDE MONONITRATE 20 MG, TABLET, ORAL, 100	\$0.4950 B	Monoket Imdur
NAPROXEN 500 MG, TABLET, ORAL, 100	\$0.1792 B	Naprosyn
PRIMIDONE 250 MG, TABLET, ORAL, 100	\$0.6405 B	Mysoline

Correction to Methenamine Hippurate

The Appendix B in the Pharmaceutical Services Manual publication incorrectly listed the product "Methenamine Hippurate 1 gm tablets" as having a FUL when it should have listed "**Methenamine Mandelate 1 gm tablets with a FUL of \$0.2923**".

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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