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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 August 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

AMPICILLIN/AMPICILLIN TRIHYDRATE
250 MG, CAPSULE, ORAL, 100
500 MG, CAPSULE, ORAL, 100

CODEINE PHOSPHATE; PROMETHAZINE HYDROCHLORIDE
10 MG/5 ML; 6.25 MG/5 ML, SYRUP, ORAL, 480 ML

DESIPRAMINE HYDROCHLORIDE
10 MG, TABLET, ORAL, 100
25 MG, TABLET, ORAL, 100
50 MG, TABLET, ORAL, 100
75 MG, TABLET, ORAL, 100
100 MG, TABLET, ORAL, 100

GENERIC NAME

HYDROXYUREA
500 MG, CAPSULE, ORAL, 100

HYDROXYZINE HYDROCHLORIDE
10 MG, TABLET, ORAL, 100
25 MG, TABLET, ORAL, 100
50 MG, TABLET, ORAL, 100

METHOCARBAMOL
750 MG, TABLET, 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
ALLOPURINOL 300 MG, TABLET, ORAL, 100	\$0.1671 B	Zyloprim
AMANTADINE HYDROCHLORIDE 100 MG, CAPSULE, ORAL, 100	\$0.2463 B	Symmetrel
AMITRIPTYLINE HYDROCHLORIDE 10 MG, TABLET, ORAL, 100 25 MG, TABLET, ORAL, 100	\$0.0891 B \$0.0936 B	Elavil
BUMETANIDE 1MG, TABLET, ORAL, 100 2 MG, TABLET, ORAL, 100	\$0.2348 B \$0.4272 B	Bumex

If you have any questions regarding this Newsletter, please do not hesitate to contact the Chief, Pharmaceutical Services, Division of Medical Assistance and Health Services, 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, Department of Health and Senior Services, at (609) 631-4887.

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