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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 11, 2003

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 (FUL) of Payment. Consequently, the Medicaid MAC is suspended for the following products:

GENERIC NAME

FOLIC ACID
1MG, TABLET, ORAL, 100

HYDRALAZINE HYDROCHLORIDE
25 MG, TABLET, ORAL, 100

PENICILLIN V POTASSIUM
250 MG/5 ML, POWDER FOR RECONSTITUTION, 200

PREDNISONE
5 MG, TABLET, ORAL, 100
10 MG, TABLET, ORAL, 100
20 MG, TABLET, ORAL, 100

QUINIDINE GLUCONATE
324 MG, TABLET, EXTENDED RELEASE, ORAL, 100

THEOPHYLLINE
300 MG, TABLET, EXTENDED RELEASE, ORAL, 100

TRIAMCINOLONE ACETONIDE
0.1%, LOTION, TOPICAL, 60 ML
0.1%, PASTE, DENTAL, 5 GM

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

GENERIC NAME	MAC PRICE
ALBUTEROL 0.09 MG/INH, AEROSOL, METERED, INHALATION, 17 GM	\$0.8823 B
AMPICILLIN/AMPICILLIN TRIHYDRATE 250 MG, CAPSULE, ORAL, 100	\$0.1295 R
500 MG, CAPSULE, ORAL, 100	\$0.2171 B
CAPTOPRIL; HYDROCHLOROTHIAZIDE 25 MG; 25 MG, TABLET, ORAL, 100	\$0.2360 B
GLYBURIDE 1.25 MG, TABLET, ORAL, 100	\$0.1244 B
2.5 MG, TABLET, ORAL, 100	\$0.1893 B
5 MG, TABLET, ORAL, 100	\$0.2831 B
LISINOPRIL 2.5 MG, TABLET, ORAL, 100	\$0.3855 B
5 MG, TABLET, ORAL, 100	\$0.5783 B
10 MG, TABLET, ORAL, 100	\$0.5970 B
20 MG, TABLET, ORAL, 100	\$0.6390 B
30 MG, TABLET, ORAL, 100	\$0.9038 B
40 MG, TABLET, ORAL, 100	\$0.9345 B
LISINOPRIL; HYDROCHLOROTHIAZIDE 10 MG; 12.5 MG, TABLET, ORAL 100	\$0.6450 B
20 MG; 12.5 MG, TABLET, ORAL 100	\$0.6983 B
20 MG; 25 MG, TABLET, ORAL 100	\$0.7065 B
NIZATIDINE 150 MG, CAPSULE, ORAL, 60	\$1.8307 B
300 MG, CAPSULE, ORAL, 30	\$3.6615 B

TIZANIDINE HYDROCHLORIDE	
2 MG, TABLET, ORAL, 150	\$0.8071 B
4 MG, TABLET, ORAL, 150	\$0.9560 B

TRAMADOL HYDROCHLORIDE	
50 MG, TABLET, ORAL, 100	\$0.3068 B

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

GENERIC NAME	NEW MAC PRICE	BRAND NAME
AMITRIPTYLINE HYDROCHLORIDE 75 MG, TABLET, ORAL	\$0.1425 B	Elavil
BENZONATATE 100 MG, CAPSULE, ORAL, 100	\$0.3402 B	Tessalon
CLONIDINE HYDROCHLORIDE 0.1MG, TABLET, ORAL, 100	\$0.0968 B	Catapres
0.2 MG, TABLET, ORAL, 100	\$0.1350 B	
0.3 MG, TABLET, ORAL, 100	\$0.1794 B	
DEXAMETHASONE 0.5 MG/5 ML, ELIXIR, ORAL, 240 ML	\$0.0625 B	Decadron
FUROSEMIDE 80 MG, TABLET, ORAL, 100	\$0.1043 B	Lasix
GEMFIBROZIL 600 MG, TABLET, ORAL, 500	\$0.2685 B	
HYDROCHLOROTHIAZIDE; PROPRANOLOL HYDROCHLORIDE 25 MG; 40 MG, TABLET, ORAL, 100	\$0.0877 B	Inderide
25 MG; 80 MG, TABLET, ORAL, 100	\$0.1320 B	
HYDROXYZINE PAMOATE 25 MG, CAPSULE, ORAL, 100	\$0.0892 B	Vistaril
IMIPRAMINE HYDROCHLORIDE 10 MG, TABLET, ORAL, 100	\$0.3210 B	Tofranil
25 MG, TABLET, ORAL, 100	\$0.4275 B	
50 MG, TABLET, ORAL, 100	\$0.5615 B	

METRONIDAZOLE 250 MG, TABLET, ORAL, 100	\$0.0849 B	Flagyl
NAPROXEN 500 MG, TABLET, ORAL, 100	\$0.1805 B	Naprosyn
OXAZEPAM 30 MG, CAPSULE, ORAL, 100	\$1.2337 R	Serax
SULINDAC 150 MG, TABLET, ORAL, 100	\$0.3317 B	Clinoril
200 MG, TABLET, ORAL, 100	\$0.4289 B	
THIORIDAZINE HYDROCHLORIDE 10 MG, TABLET, ORAL, 100	\$0.2190 B	Mellaril
25 MG, TABLET, ORAL, 100	\$0.3030 B	
100 MG, TABLET, ORAL, 100	\$0.5025 B	
THIOTHIXENE 1MG, CAPSULE, ORAL, 100	\$0.1388 B	Navane
VALPROIC ACID 250 MG, CAPSULE, ORAL, 100	\$0.3488 B	Depakene
VERAPAMIL HYDROCHLORIDE 80 MG, TABLET, ORAL, 100	\$0.0735 B	Calan
120 MG, TABLET, ORAL, 100	\$0.1110 B	
240 MG, TABLET, EXTENDED RELEASE, ORAL, 100	\$0.3683 B	

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

GENERIC NAME	NEW MAC PRICE	BRAND NAME
AMITRIPTYLINE HYDROCHLORIDE 10 MG, TABLET, ORAL, 100	\$0.0608 B	Elavil
25 MG, TABLET, ORAL, 100	\$0.0653 B	
CEFADROXIL/CEFADROXIL HEMIHYDRATE 500 MG, CAPSULE, ORAL 50	\$2.4837 B	
DESOXIMETASONE 0.25%, CREAM, TOPICAL, 60 GM	\$0.6180 B	Topicort

HYDROCORTISONE 1%, LOTION, TOPICAL, 120 ML	\$0.0572 B	Hytone
METHYLPREDNISOLONE 4 MG, TABLET, ORAL, 100	\$0.2849 B	Medrol
SELENIUM SULFIDE 2.5%, LOTION/SHAMPOO, TOPICAL, 120 ML	\$0.0750 B	Selsun

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

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