



*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 13 No. 19

April 2003

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 April 7, 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

ACETYLCYSTEINE
10%, SOLUTION, INHALATION; ORAL, 10 ML

GLYBURIDE
1.25 MG, TABLET, ORAL, 100
2.5 MG, TABLET, ORAL, 100
5 MG, TABLET, ORAL, 100

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

| GENERIC NAME | NEW MAC PRICE | BRAND NAME |
|---|--------------------------|-------------------|
| GEMFIBROZIL 600 MG, TABLET, ORAL, 500 | \$0.3058 B | |
| HYDROXYZINE PAMOATE EQ 50 MG HCL, CAPSULE, ORAL, 100 | \$0.1178 B | Vistaril |

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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