



*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. 35

May 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 May 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

ACETYLCYSTEINE
20%, SOLUTION, INHALATION; ORAL, 10 ML

DESOXIMETASONE
0.25%, CREAM, TOPICAL, 60 GM

DIFLUNISAL
500 MG, TABLET, ORAL, 60

THEOPHYLLINE
100 MG, TABLET, EXTENDED RELEASE, ORAL, 100
200 MG, TABLET, EXTENDED RELEASE, 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
ALPRAZOLAM 0.25 MG, TABLET, ORAL, 100	\$0.0614 R	Xanax
0.5 MG, TABLET, ORAL, 100	\$0.0698 B	
1MG, TABLET, ORAL, 100	\$0.0885 B	
2MG, TABLET, ORAL, 100	\$0.1745 R	
AMILORIDE HYDROCHLORIDE; HYDROCHLOROTHIAZIDE EQ 5 MG ANHYDROUS; 50 MG, TABLET, ORAL, 100	\$0.0675 B	Moduretic
AMITRIPTYLINE HYDROCHLORIDE 150 MG, TABLET, ORAL, 100	\$0.2430 B	Elavil
AMPICILLIN/AMPICILLIN TRIHYDRATE 250 MG, CAPSULE, ORAL, 100	\$0.1736 B	Amcil Omnipen Polycillin
500 MG, CAPSULE, ORAL, 100	\$0.2991 B	
BENZONATATE 100 MG, CAPSULE, ORAL, 100	\$0.4387 B	Tessalon
BUMETANIDE 1MG, TABLET, ORAL, 100	\$0.2814 B	Bumex
2 MG, TABLET, ORAL, 100	\$0.4708 B	
CHOLESTYRAMINE EQ 4GM RESIN/PACKET, POWDER, ORAL, 60	\$1.2767 B	Questran Questran Light
CYCLOBENZAPRINE HYDROCHLORIDE 10 MG, TABLET, ORAL, 100	\$0.2728 B	Flexeril
MINOCYCLINE HYDROCHLORIDE EQ 50 MG BASE, CAPSULE, ORAL, 100	\$0.9000 B	Minocin
EQ 100 MG BASE, CAPSULE, ORAL, 50	\$1.8000 B	
TEMAZEPAM 15 MG, CAPSULE, ORAL, 100	\$0.1365 B	Restoril
30 MG, CAPSULE, ORAL, 100	\$0.1748 B	

GENERIC NAME	NEW MAC PRICE	BRAND NAME
TOLAZAMIDE 250 MG, TABLET, ORAL, 100	\$0.4005 B	Tolinase
VERAPAMIL HYDROCHLORIDE 240 MG, TABLET, EXTENDED RELEASE, ORAL, 100	\$0.4350 B	Calan Isoptin

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

GENERIC NAME	NEW MAC PRICE	BRAND NAME
AMIODARONE HYDROCHLORIDE 200 MG, TABLET, ORAL, 500	\$1.6875 B	Cardarone Pacrerone
HYDROXYZINE PAMOATE EQ 50 MG HCL, CAPSULE, ORAL, 100	\$0.1013 B	Vistaril
LABETALOL HYDROCHLORIDE 100 MG, TABLET, ORAL, 100	\$0.2157 B	Normodyne Trandate
200 MG, TABLET, ORAL, 100	\$0.3582 B	
300 MG, TABLET, ORAL, 100	\$0.5363 B	
METHOCARBAMOL 500 MG, TABLET, ORAL, 100	\$0.1943 B	Robaxin

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 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.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**