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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 24, 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

DEXAMETHASONE
0.5 MG/5 ML, ELIXIR, ORAL, 240 ML

LOVASTATIN
40 MG, TABLET, ORAL, 60

NAPROXEN
375 MG, TABLET, DELAYED RELEASE, ORAL, 100

TRIFLUOPERAZINE HYDROCHLORIDE
EQ 1MG BASE, TABLET, ORAL, 100
EQ 2 MG BASE, TABLET, ORAL, 100
EQ 10 MG BASE, 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 |
|--|---|-------------------|
| FLURAZEPAM HYDROCHLORIDE 15 MG, CAPSULE, ORAL, 100 30 MG, CAPSULE, ORAL, 100 | \$0.0975 B \$0.1148 B | Dalmane |
| HYDROXYZINE HYDROCHLORIDE 10 MG/5 ML, SYRUP, ORAL, 480 ML | \$0.0367 B | Atarax |
| MEDROXYPROGESTERONE ACETATE 10 MG, TABLET, ORAL, 100 | \$0.3787 B | Provera |
| NIFEDIPINE 10 MG, CAPSULE, ORAL, 100 | \$0.1875 B | Procardia |
| PERPHENAZINE 2 MG, TABLET, ORAL, 100 4 MG, TABLET, ORAL, 100 16 MG, TABLET, ORAL, 100 | \$0.3473 R \$0.6377 R \$1.3833 B | Trilafon |
| VALPROIC ACID 250 MG, CAPSULE, ORAL, 100 | \$0.5250 B | Depakene |

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

| GENERIC NAME | NEW MAC PRICE | BRAND NAME |
|--|---|-------------------|
| ACYCLOVIR 200 MG, CAPSULE, ORAL, 100 400 MG, TABLET, ORAL, 100 800 MG, TABLET, ORAL, 100 | \$0.1478 B \$0.4425 B \$0.8700 B | Retrovir |
| IMIPRAMINE HYDROCHLORIDE 10 MG, TABLET, ORAL, 100 25 MG, TABLET, ORAL, 100 50 MG, TABLET, ORAL, 100 | \$0.2643 B \$0.3551 B \$0.4604 B | Tofranil |

| GENERIC NAME | NEW MAC PRICE | BRAND NAME |
|---|--|----------------------------------|
| PINDOLOL 5 MG, TABLET, ORAL, 100 10 MG, TABLET, ORAL, 100 | \$0.0960 B \$0.1268 B | Visken |
| SULFASALAZINE 500 MG, TABLET, ORAL, 100 | \$0.1565 B | Azulfidine Azulfidine EN-tabs |
| THIORIDAZINE HYDROCHLORIDE 100 MG, TABLET, ORAL, 100 | \$0.4941 B | Mellaril |
| TRIHEXYPHENIDYL HYDROCHLORIDE 5 MG, TABLET, ORAL, 100 | \$0.2295 B | |

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

| GENERIC NAME | MAC PRICE | BRAND NAME |
|---|--|-------------------|
| DESONIDE 0.05%, CREA, TOPICAL, 60 GM | \$0.2337 B | DesOwen |
| ENALAPRIL MALEATE 2.5 MG, TABLET, ORAL, 100 5 MG, TABLET, ORAL, 100 10 MG, TABLET, ORAL, 100 20 MG, TABLET, ORAL, 100 | \$0.3075 B \$0.5490 B \$0.6863 B \$0.9150 B | Vasotec |
| IPRATROPIUM BROMIDE 0.02%, SOLUTION FOR INHALATION, 2.500 ML, 25S | \$0.3030 B | Atrovent |

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 Pharmaceutical Assistance to the Aged and Disabled (PAAD), AIDS Drug Distribution Program (ADDP), Pharmaceutical Services for Adults with Cystic Fibrosis (CF) or Senior Gold Prescription Discount Program (SGDP), please contact the Chief, Pharmaceutical Services, DHSS, at (609) 588-7032.

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