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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 November 2, 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

FLUOCINOLONE ACETONIDE
0.01%, SOLUTION, TOPICAL, 60 ML

PINDOLOL
5 MG, TABLET, ORAL, 100
10 MG, TABLET, ORAL, 100

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
ACETAMINOPHEN; PROPOXYPHENE NAPSYLATE 650 MG; 100 MG, TABLET, ORAL, 100	\$0.1800 R	Darvocet N-100
IPRATROPIUM BROMIDE 0.02%, SOLUTION FOR INHALATION, 2.500 ML, 25 S	\$0.2340 R	Atrovent

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

GENERIC NAME	MAC PRICE	BRAND NAME
ASPIRIN; BUTALBITAL; CAFFEINE 325 MG; 50MG; 40 MG; TABLET, ORAL 100	\$0.2400 R	Floriset
LOVASTATIN 40 MG, TABLET, ORAL, 60	\$3.2012 B	Mevacor

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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