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Newsletter

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TO: Providers of Pharmaceutical Services – For Action
Health Maintenance Organizations – For Information Only

SUBJECT: Changes to Medicaid Drug Federal Upper Limits of Payment
for Maximum Allowable Cost (MAC), Drugs (APPENDIX B)

EFFECTIVE: Claims with Service Dates on or after March 20, 2004

ACTION: See below

1. 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

BISOPROLOL FUMARATE; HYDROCHLOROTHIAZIDE
10 MG; 6.25 MG, TABLET, ORAL, 30

CHLORTHALIDONE
25 MG, TABLET, ORAL, 100
50 MG, TABLET, ORAL, 100

ORPHENADRINE CITRATE
100MG, TABLET, EXTENDED RELEASE, ORAL, 100

PROMETHAZINE HYDROCHLORIDE
6.25 MG/5 ML, SYRUP, ORAL, 120 ML

TRIFLUOPERAZINE HYDROCHLORIDE
EQ 5 MG BASE, TABLET, ORAL, 100

2. There are **FUL price decreases** to the current Medicaid MAC prices assigned to the drugs listed below:

GENERIC NAME	NEW MAC PRICE	BRAND NAME
ERYTHROMYCIN 250 MG, CAPSULE, DELAYED REL PELLETS, ORAL, 100	\$0.1538 B	E-Mycin Ery-Tab Eric
ISOSORBIDE DINITRATE 5 MG, TABLET, ORAL, 100	\$0.0198 R	Isordil
10 MG, TABLET, ORAL, 100	\$0.0205 R	
METHOCARBAMOL 500 MG, TABLET, ORAL, 100	\$0.1425 B	Robaxin

3. There are **FUL price increases** to the current Medicaid MAC prices assigned to the drugs listed below:

GENERIC NAME	NEW MAC PRICE	BRAND NAME
CARBIDOPA; LEVODOPA 25 MG; 100 MG, TABLET, ORAL, 100	\$0.4455 B	Sinemet
25 MG; 250 MG, TABLET, ORAL, 100	\$0.5145 B	
CLONIDINE HYDROCHLORIDE 0.3 MG, TABLET, ORAL, 100	\$0.1830 B	Catapres
DOXYCYCLINE HYDROCHLORIDE EQ 50 MG BASE, CAPSULE, ORAL, 50	\$0.0945 R	Vibramycin
EQ 100 MG BASE, CAPSULE, ORAL, 50	\$0.1215 R	
GEMFIBROZIL 600 MG, TABLET, ORAL, 500	\$0.3800 B	Lopid
ISOSORBIDE DINITRATE 20 MG, TABLET, ORAL, 100	\$0.0375 R	Isordil
PRIMIDONE 250 MG, TABLET, ORAL, 100	\$0.6956 R	Mysoline
TRAZODONE HYDROCHLORIDE 50 MG, TABLET, ORAL, 100	\$0.0742 B	Desyrel
100 MG, TABLET, ORAL, 100	\$0.1140 B	
TRIAMCINOLONE ACETONIDE 0.5%, CREAM, TOPICAL, 15 GM	\$0.2370 B	Aristocort

VERAPAMIL HYDROCHLORIDE
 180 MG, TABLET, EXTENDED RELEASE,
 ORAL, 100 **\$0.4838 B**

Calan
 Isoptin

4. The following drug products have been **added** to the Medicaid Drug Federal Upper Limits of Payment for Maximum Allowable Cost (MAC), Drugs list:

GENERIC NAME	MAC PRICE	BRAND NAME
ACETAMINOPHEN; BUTALBITAL; CAFFEINE 500 MG; 50 MG; 40 MG, TABLET, ORAL, 100	\$0.5399 B	Esgic Plus
ACETAMINOPHEN; HYDROCODONE BITARTRATE 500 MG, 2.5 MG, TABLET, ORAL, 100	\$0.2190 B	Lortab
ALBUTEROL SULFATE 4 MG, TABLET, ORAL, 100	\$0.1425 B	Proventil Ventolin
AMOXICILLIN 250 MG/5 ML, POWDER FOR RECONSTITUTION, ORAL, 100	\$0.0281 B	Amoxil
HYDROXYZINE HYDROGLORIDE 25 MG, TABLET, ORAL, 100	\$0.7134 B	Atarax
METFORMIN HYDROCHLORIDE 500 MG, TABLET, ORAL, 100 850 MG, TABLET, ORAL, 100	\$0.3557 B \$0.3863 B	Glucophage
METHOCARBAMOL 750 MG, TABLET, ORAL, 100	\$0.1792 B	Soma
PROPAFENONE HYDROCHLORIDE 150 MG, TABLET, ORAL, 100 225 MG, TABLET, ORAL, 100	\$1.1049 B \$1.5624 B	Rythmol

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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