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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 January 12, 2009

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

HYDROXYZINE HYDROCHLORIDE
10 MG/5ML, SYRUP, ORAL, 480

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
AMOXICILLIN 250 MG, CAPSULE, ORAL, 100	\$0.0653 B	POLYMOX
500 MG, CAPSULE, ORAL, 100	\$0.1193 B	
ATENOLOL; CHLORTHALIDONE 50 MG; 25 MG, TABLET, ORAL, 100	\$0.1122 B	TENORETIC
BUSPIRONE HYDROCHLORIDE 5 MG, TABLET, ORAL, 100	\$0.0527 R	
10 MG, TABLET, ORAL, 100	\$0.0714 R	
15 MG, TABLET, ORAL, 100	\$0.1028 R	

GENERIC NAME	NEW MAC PRICE	BRAND NAME
CARISOPRODOL 350 MG, TABLET, ORAL, 100	\$0.0851 R	SOMA
CEFUROXIME AXETIL 250 MG, TABLET, ORAL, 20	\$0.5513 R	
500 MG, TABLET, ORAL, 20	\$1.0665 R	
CLOMIPRAMINE HYDROCHLORIDE 50 MG, CAPSULE, ORAL, 100	\$0.5036 B	ANAFRANIL
CLONAZEPAM 0.5 MG, TABLET, ORAL, 100	\$0.0600 R	KLONOPIN
1 MG, TABLET, ORAL, 100	\$0.0780 R	
2 MG, TABLET, ORAL, 100	\$0.1080 R	
CLONIDINE HYDROCHLORIDE 0.3MG, TABLET, ORAL, 100	\$0.1815 R	Catapres
FLUOXETINE HYDROCHLORIDE 10 MG, CAPSULE, ORAL, 100	\$0.1386 B	PROZAC
20 MG, CAPSULE, ORAL, 100	\$0.1454 B	
40 MG, CAPSULE, ORAL, 30	\$1.1625 B	
20 MG/5 ML, SOLUTION, ORAL, 120	\$0.2250 B	
GUANFACINE HYDROCHLORIDE EQ 1 MG BASE, TABLET, ORAL, 100	\$0.1242 R	TENEX
EQ 2 MG BASE, TABLET, ORAL, 100	\$0.7011 R	
HYDROCORTISONE 1%, CREAM, TOPICAL, 30	\$0.0560 R	HYTONE
2.5%, CREAM, TOPICAL, 30	\$0.1650 R	
IBUPROFEN 400 MG, TABLET, ORAL, 100	\$0.0345 B	MOTRIN
600 MG, TABLET, ORAL, 100	\$0.0417 B	
LOVASTATIN 10 MG, TABLET, ORAL, 60	\$0.3285 R	MEVACOR
20 MG, TABLET, ORAL, 60	\$0.4622 R	
40 MG, TABLET, ORAL, 60	\$0.7922 R	
OXYBUTYNIN CHLORIDE 5 MG/5 ML, SYRUP, ORAL, 473	\$0.0278 B	DITROPAN

GENERIC NAME	NEW MAC PRICE	BRAND NAME
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TERAZOSIN HYDROCHLORIDE		
EQ 1 MG BASE, CAPSULE, ORAL, 100	\$0.1425 B	
EQ 2 MG BASE, CAPSULE, ORAL, 100	\$0.1425 B	
EQ 5 MG BASE, CAPSULE, ORAL, 100	\$0.1425 B	
EQ 10 MG BASE, CAPSULE, ORAL, 100	\$0.1425 B	

ZIDOVUDINE		
300 MG, TABLET, ORAL, 60	\$0.9110 B	

ZONISAMIDE		
25 MG, CAPSULE, ORAL, 100	\$0.1931 R	
50 MG, CAPSULE, ORAL, 100	\$0.2112 R	
100 MG, CAPSULE, ORAL, 100	\$0.4998 R	

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

ACEBUTOLOL HYDROCHLORIDE		Sectral
EQ 200 MG BASE, CAPSULE, ORAL, 100	\$0.4613 B	
EQ 400 MG BASE, CAPSULE, ORAL, 100	\$0.6713 B	

AMITRIPTYLINE HYDROCHLORIDE		Elavil
50 MG, TABLET, ORAL, 100	\$0.0758 R	
100 MG, TABLET, ORAL, 100	\$0.1568 B	

AMOXICILLIN		Polymox
125 MG/5 ML, POWDER FOR RECONSTITUTION, ORAL, 150	\$0.0201 B	
250 MG/5 ML, POWDER FOR RECONSTITUTION, ORAL, 150	\$0.0299 B	

ATENOLOL; CHLORTHALIDONE		Tenoretic
100 MG; 25 MG, TABLET, ORAL, 100	\$0.3068 R	

CARBIDOPA; LEVODOPA		Sinemet
10 MG; 100 MG, TABLET, ORAL, 100	\$0.4043 R	
25 MG; 100 MG, TABLET, ORAL, 100	\$0.4688 R	

CLOMIPRAMINE HYDROCHLORIDE		Anafranil
25 MG, CAPSULE, ORAL, 100	\$0.3750 B	

CLONIDINE HYDROCHLORIDE		Catapres
0.1MG, TABLET, ORAL, 100	\$0.1050 R	
0.2 MG, TABLET, ORAL, 100	\$0.1410 R	

GENERIC NAME	NEW MAC PRICE	BRAND NAME
HYDROCORTISONE 2.5%, LOTION, TOPICAL, 59 ML	\$0.7500 B	Hytone
IBUPROFEN 800 MG, TABLET, ORAL, 100	\$0.0638 B	Motrin
NYSTATIN 100,000 UNITS/GM, CREAM, TOPICAL, 30 GM	\$0.0990 B	Nilstat
OXYBUTYNIN CHLORIDE 5 MG, TABLET, ORAL, 100	\$0.1650 B	Ditropan
SYLVER SULFADIAZINE 1%, CREAM, TOPICAL, 400	\$0.0628 B	
SULFACETAMIDE SODIUM 10%, SOLUTION/DROPS, OPHTHALMIC, 15 ML	\$0.1690 B	Sulamyd
VERAPAMIL HYDROCHLORIDE 80 MG, TABLET, ORAL, 100 120 MG, TABLET, ORAL, 100	\$0.0773 B \$0.1148 B	Calan

If you have any questions regarding this Newsletter, please do not hesitate to contact the Chief, Pharmaceutical Services, Division of Medical Assistance & Health Services (MAHS), at 609-588-3062, 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, Department of Health & Senior Services (DHSS), at 609-588-7032.

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