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Newsletter

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

SUBJECT: **Revised Federal Upper Limits of Payment for Maximum Allowable Cost (MAC) Drugs (APPENDIX B)**

EFFECTIVE: Claims with Service Dates as Indicated Below

ACTION:

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

FUL Product Deleted (Implement by 8/28/09)

Desipramine Hydrochloride
25 mg, Tablet, Oral, 100
50 mg, Tablet, Oral, 100
75 mg, Tablet, Oral, 100
100 mg, Tablet, Oral, 100
150 mg, Tablet, Oral, 100

2. In addition, the following drug products have been added to the Medicaid Drug Federal Upper Limits of Payment:

GENERIC NAME

MAC PRICE

FUL Product Additions (Implement by 8/28/09)

Clindamycin Phosphate EQ 1% Base, Gel, Topical, 60 gm	0.7647 B
Clobetasol Propionate 0.05%, Aerosol, Foam, Topical, 100 gm	2.9796 B
Desogestrel; Ethinyl Estradiol 0.15 mg; 0.03 mg, Tablet, Oral, 28	1.0950 B
Divalproex Sodium EQ 125 mg, Valproic Acid, Capsule, Delayed Release Pellets, Oral, 100	0.8210 M

GENERIC NAME	MAC PRICE
Divalproex Sodium EQ 125 mg, Valproic Acid, Capsule, Delayed Release Pellets, Oral, 100	0.8210 M
Hydrocortisone Butyrate 0.1%, Solution, Topical, 20 ml	0.3788 B
Hydromorphone Hydrochloride 2 mg, Tablet, Oral, 100	0.2184 B
Lamotrigine 5 mg, Tablet, Chewable, Oral, 100	0.6609 B
25 mg, Tablet, Chewable, Oral, 100	0.6923 B
25 mg, Tablet, Oral, 100	0.3035 B
100 mg, Tablet, Oral, 100	0.3467 B
150 mg, Tablet, Oral, 60	0.3800 B
200 mg, Tablet, Oral, 60	0.4135 B
Metoprolol Succinate EQ 100 mg Tartrate, Tablet, Extended Release, Oral, 100	1.4238 R
EQ 200 mg Tartrate, Tablet, Extended Release, Oral, 100	2.2650 R
Metronidazole 0.75%, Lotion, Topical, 59 ml	1.1695 R
Mycophenolate Mofetil 250 mg, Capsule, Oral, 100	0.5291 R
500 mg, Tablet, Oral, 100	1.0580 R
Omeprazole 40 mg, Capsule, Delayed Release Pellets, Oral, 100	1.7343 R
Rifampin 150 mg, Capsule, Oral, 30	1.4780 R
Stavudine 15 mg, Capsule, Oral, 60	2.2555 B
20 mg, Capsule, Oral, 60	2.3457 B
30 mg, Capsule, Oral, 60	2.4912 B
40 mg, Capsule, Oral, 60	2.6875 B

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