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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 on or after September 25, 2009**

**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**

Erythromycin  
0.5%, Ointment, Ophthalmic, 3

Metoprolol Succinate  
EQ 100 mg, Tartrate, Tablet, Extended Release, Oral, 100  
EQ 200 mg, Tartrate, Tablet, Extended Release, Oral, 100

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

**GENERIC NAME**

**NEW MAC PRICE**

**FUL Price Decreases**

Amiodarone Hydrochloride  
200 mg, Tablet, Oral, 60 \$ 0.7375 R

Benzonatate  
100 mg, Capsule, Oral, 100 \$ 0.1403 B  
200 mg, Capsule, Oral, 100 \$ 0.2460 B

Betamethasone Dipropionate; Clotrimazole  
EQ 0.05% Base/1%, Cream, Topical, 15 \$ 0.8230 B

**GENERIC NAME****NEW MAC PRICE****FUL Price Decreases**

Citalopram Hydrobromide	
EQ 10 mg Base/5 ml, Solution, Oral, 240	\$ 0.3124 B
EQ 10 mg Base, Tablet, Oral, 100	\$ 0.1673 B
EQ 20 mg Base, Tablet, Oral, 100	\$ 0.1725 B
EQ 40 mg Base, Tablet, Oral, 100	\$ 0.1755 B
Clarithromycin	
500 mg, Tablet, Oral, 60	\$ 0.8625 B
Clobetasol Propionate	
0.05%, Cream, Topical, 30	\$ 0.1825 B
Methylphenidate Hydrochloride	
5 mg, Tablet, Oral, 100	\$ 0.2253 R
10 mg, Tablet, Oral, 100	\$ 0.3006 R
20 mg, Tablet, Oral, 100	\$ 0.3309 R
Naproxen	
250 mg, Tablet, Oral, 100	\$ 0.1032 B
375 mg, Tablet, Oral, 100	\$ 0.0761 B
500 mg, Tablet, Oral, 100	\$ 0.0824 B
Ofloxacin	
0.3%, Solution/Drops, Ophthalmic, 5	\$ 3.4500 B
Tizanidine Hydrochloride	
EQ 2 mg Base, Tablet, Oral, 150	\$ 0.2600 R
EQ 4 mg Base, Tablet, Oral, 150	\$ 0.3200 R

**3.** 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**

Amoxicillin; Clavulanic Acid	
600 mg/5ml; EQ 42.9 mg Base/5 ml, Suspension, Oral, 75	\$ 0.4500 R
500 mg; EQ 125 mg Base, Tablet, Oral, 20	\$ 2.1158 B
875 mg; EQ 125 mg Base, Tablet, Oral, 20	\$ 2.5320 B
Clobetasol Propionate, Emollient Base	
0.05%, Cream, Topical, 30	\$ 0.4465 B

If you have any questions regarding this Newsletter, please do not hesitate to contact the Unisys Provider Relations at 800-776-6334.

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