

TO: Providers of Pharmaceutical Services

SUBJECT: MAC List Deletions

EFFECTIVE: Immediately

ACTION: As a result of recent price changes in the pharmaceutical marketplace, the drugs listed below are no longer available to pharmacists at prices below the Federal Medicaid Upper Limits. The following drugs are no longer subject to Federal Medicaid Upper Limits (MAC) for reimbursement.

<u>Generic Name</u>	<u>Brand Name</u>
Gentamycin sulfate Ointment: ophthalmic E Q 3 Base/gm 3.5 gm.	Gentacidin, Garamycin
Primidone 250 mg. tablet	Mysoline
Trihexyphenidyl Hydrochloride 2 mg. tablet 5 mg. tablet	Actane, Tremin

Reimbursement by the New Jersey Medicaid program (Medicaid), Pharmaceutical Assistance to the Aged and Disabled program (PAAD), General Assistance program (GAP), Cystic Fibrosis Drug program (CFDP), Garden State Health Plan (GSHP) and AIDS Drug Distribution program (ADDP) for pharmaceutical claims for the above drugs will be based on the lower of average wholesale price minus regression (discount) category, if applicable, plus dispensing fee or usual and customary charge.

If there are any questions concerning this Newsletter, please contact the New Jersey Medicaid program, Chief Pharmacy Consultant at (609) 588-2724.