



State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

NEWSLETTER

Volume 2 No. 37

August 1992

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.

Generic Name	Brand Name
Acetazolamide 250mg. Tablet	Diamox
Diphenoxylate HCL/Atropine Sulfate 2.5mg/0.025 mg	Lomotil
Diphenoxylate HCL/Atropine Sulfate 2.5mg/0.025mg per 5cc.	Lomanate
Dicyclomine Hydrochloride 20 mg Tablet	Bentyl

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

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