

TO: Providers of Pharmaceutical Services, Physicians, Dentists, Podiatrists  
and Independent Clinics

SUBJECT: Additions to the MAC Drug Listing (Rev. 9/90) and New Upper Limits of  
Payment for MAC Drugs

EFFECTIVE: December 1, 1992

BACKGROUND: The newly revised list of MAC multiple source drugs meets the  
criteria set forth in 42CFR 447.331 as fully described in Newsletter  
BC-383/P-541 (October 19, 1987). This list was developed by applying the 150  
percent formula to the lowest price listed (package sizes of 100 units unless  
otherwise noted) in any of the following published compendia of cost  
information for drugs as of April 1992: The First Data Bank (Blue Book), Medi-  
Span, and the Red Book. Commonly known brand names have been included in the  
list for reference purposes only. Other brands of the same products which are  
not listed are subject to the MAC limits as well.

The new MAC Drug List (Rev. 12/92) of multiple source drugs is attached. Those  
drugs indicated by an asterisk are additions to the MAC Drug List revised 9/90.

#### Manual Maintenance

To properly maintain your Manual:

- \* Retain: Newsletter BC-383/P-541 (October 19, 1987)
- \* Discard: The listing of MAC drugs (Rev. 9/90) attached to the  
Newsletter BC-473
- \* Insert: The new MAC Drug List (Rev. 12/92) in its place in your Manual

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

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB  
(BLUE TAB MARKED "5")