

TO: Providers of Pharmaceutical Services

SUBJECT: MAC List Deletions

EFFECTIVE: December 28, 1992

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. Therefore, the following drugs are no longer subject to the Federal Medicaid Upper Limits (MAC) for reimbursement.

| GENERIC NAME | BRAND NAME |
|---|---------------------------------------|
| Acetaminophen; Hydrocodone Bitartrate 650mg; 7.5mg tablet, oral 100 | Anexia |
| Methylprednisolone 4mg tablet, oral 100 | Medrol |
| Prazepam 5mg, capsule, oral 100 10mg, capsule, oral 100 | Centrax |
| Prednisolone Acetate 1% suspension/drops, ophthalmic 5 ml 1% suspension/drops, ophthalmic 10 ml | Pred Forte |
| Prednisolone Sodium Phosphate Eq. 0.9% phosphate, solution/drops, ophthalmic 5 ml Eq. 0.9% phosphate, solution/drops, ophthalmic 15 ml Eq. 0.11% phosphate, solution/drops, ophthalmic 5 ml | Inflamase Forte Inflamase Mild |
| Trifluoperazine Hydrochloride Eq. 1mg base, tablet, oral 100 Eq. 2mg base, tablet, oral 100 | Stelazine |

Reimbursement by the New Jersey Medicaid program (Medicaid), Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, 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 (discounts) category, if applicable, plus dispensing fee or usual and customary charge.

NOTE: Pharmacy claims with dates of service on or after December 28, 1992 which were priced at the Federal Medicaid Upper Limits for the drugs identified in this Newsletter may be adjusted by pharmacy providers. The provider must submit a form FD-999 (MMIS Claim Adjustment Request Form) completed as described in the Fiscal Agent Billing Supplement.

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

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