

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

<u>Generic Name</u>	<u>Brand Name</u>
Caffeine; Ergotamine Tartrate 100 mg; 1 mg; Tablet, Oral 100	Cafergot
Desipramine Hydrochloride 150 mg; Tablet, Oral 100	Norpramin
Ethchlorvynol 500 mg; Capsule, Oral 100 750 mg; Capsule, Oral 100	Placidyl
Hydrocortisone; Neomycin Sulfate; Polymixin B Sulfate 1%; Eq. 3.5 mg base/ml; 10,000 units/ml; Solution/drops, Ophthalmic 7.5 ml	Cortisporin
Hydrocortisone; Neomycin Sulfate; Polymixin B Sulfate 1%; Eq. 3.5 mg base/ml; 10,000 units/ml; Suspension, Ophthalmic 7.5 ml	Cortisporin
Hydrocortisone; Neomycin Sulfate; Polymixin B Sulfate 1%; Eq. 3.5 mg base/ml; 10,000 units/ml; Suspension, Otic 10 cc	Cortisporin

Phenylbutazone 100 mg; Tablet, Oral 100 100 mg; Capsule, Oral 100	Butazolidin
Prednisolone Acetate; Sulfacetamide Sodium 0.5%; 10%; Ointment, Ophthalmic 5 ml 0.2%; 10%; Suspension/drops, Ophthalmic 5 ml 0.2%; 10%; Suspension/drops, Ophthalmic 10 ml 0.5%; 10%; Suspension/drops, Ophthalmic 5 ml 0.5%; 10%; Suspension/drops, Ophthalmic 15 ml	Metimyd
Sulfamethoxazole	Gantanol

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