

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>
Aspirin; Butalbital; Caffeine 325mg, 50mg, 40mg, Capsule, Oral 100	Fiorinal
Flurandrenolide 0.50%, Lotion, Topical 15ml 0.50%, Lotion, Topical 60ml	Cordran
Hydroflumethiazide 50mg, Tablet, Oral 100	Diucardin
Sulfamethoxazole 500 mg; Tablet, Oral 100	Gantanol
Sulfanilamide 15%; Cream, Vaginal 120 gm	AVC
Trifluoperazine Hydrochloride Eq. 100 mg base/ml; Concentrate, Oral 60 ml	Stelazine
Trimipramine Maleate Eq. 25 mg base; Capsule, Oral 100 Eq. 50 mg base; Capsule, Oral 100 Eq. 100 mg base; Capsule, Oral 100	Surmontil

Additionally, the Federal Medicaid Upper Limit (MAC) for the following product has been changed:

<u>Generic Name</u>	<u>Former MAC Price</u>	<u>New MAC Price</u>
Aspirin; Methocarbamol 325 mg; 400 mg; Tablet, Oral 100	\$ 0.0863	\$ 0.1350

(Brand Name: Robaxisal)

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 (CFGF), 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 (AWP) minus regression (discounts) 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.

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