

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>
Acetaminophen; Hydrocodone Bitartrate 500mg; 2.5mg Tablet Oral 100	Lortab
Acetaminophen; Propoxyphene Napsylate 325mg; 50mg Tablet Oral 100	Darvocet N50
Dicyclomine Hydrochloride 10mg Capsule Oral 100	Bentyl
Disopyramide Phosphate eq. 100mg Base, Capsule, Extended Release, Oral 100 eq. 150mg Base, Capsule, Extended Release, Oral 100	Norpace CR

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 (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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