

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>
Amiloride Hydrochloride 5mg Tablet, Oral 100	Midamor
Butabarbital Sodium 15mg Tablet, Oral 1000	Butisol Sodium
Chloramphenicol 1%, Ointment, Ophthalmic 3.5gm	Chloromycetin
Dexchlorpheniramine Maleate 2mg/5ml, Syrup, Oral 480ml	Polaramine
Potassium Chloride 10mg, Capsule, extended release, Oral 100	Varied
Sulfacetamide Sodium 15%. Solution/drops, Ophthalmic 15ml 30%. Solution/drops, Ophthalmic 5ml	Sulamyd Sodium

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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