

TO: Providers of Pharmaceutical Services

SUBJECT: Federal Medicaid Upper Limits (MAC) List Deletions

ACTION: As a result of recent price changes in the pharmaceutical marketplac
Federal Medicaid Upper Limits (MAC) for reimbursement.

Generic Name

Brand Name

EFFECTIVE: June 9, 1993

Amiloride Hydrochloride
5 mg, Tablet, Oral 100

Midamor Tablet

Butabarbital Sodium
15 mg, Tablet, Oral 1000

Butisol Sodium Tablet
15 mg

Dexchlorpheniramine Maleate
2 mg/5 ml, Syrup, Oral 480 ml

Polaramine Syrup

EFFECTIVE: July 27, 1993

Chloramphenicol
1%, Ointment, Ophthalmic 3.5 gm

Chloromycetin Ophthalmic
Ointment

Potassium Chloride
10 meq, Capsule, Extended Release,
Oral 100

Micro-K 10 Extencaps

Sulfacetamide Sodium
15%, Solution/drops, Ophthalmic 15 ml

Isopto

Cetamide

Ophthalmic

30%, Solution/drops, Ophthalmic 5 ml Sodium Sulamyd Ophthalmic
Solution

Solution

Sodium Sulamyd Ophthalmic
Solution

Generic Name

Brand Name

EFFECTIVE: August 23, 1993

Aspirin; Oxycodone Hydrochloride;

Percodan

Oxycodone Terephthalate
325 mg; 45 mg; 0.38 mg, Tablet, Oral 100

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, Pharmaceutical Services, at (609) 588-2724.

RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
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