

TO: Providers of Pharmaceutical Services, Physicians, Dentists, Podiatrists  
and Independent Clinics

SUBJECT: Revised Medicaid Drug Federal Upper Limits of Payment for MAC Drugs

EFFECTIVE: December 1, 1993

PURPOSE: This Newsletter is intended to notify providers of pharmaceutical services of changes to the current listing of MAC drugs as described in Newsletter Volume 2, No. 66, dated December 1992. A revised list (Rev. 12/93), published by the Health Care Financing Administration (HCFA), is attached for your information. Commonly known brand names have been provided by the Division of Medical Assistance and Health Services for reference purposes only. Other brands of the same products which are not listed are also subject to the MAC limitation.

#### Manual Maintenance

To properly maintain your Manual:

\* Discard: The listing of MAC drugs (Rev. 12/92) attached to the Newsletter Volume 2, No. 66.

\* Note to the Providers of Pharmaceutical Services:

Please insert this new MAC Drug List (Rev. 12/93), as APPENDIX B, in the new pharmaceutical services manual soon to be received from the Division.

If there are any questions concerning this Newsletter, please call the New Jersey Medicaid program, Chief Pharmaceutical Consultant, at (609) 588-2724 or your Medicaid District Office.

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