



State of New Jersey
Department of Human Services
Division of Medical Assistance and Health Services

NEWSLETTER

Volume 4 No. 8

January 1994

TO: Providers of Pharmaceutical Services

SUBJECT: Federal Medicaid Upper Limits (MAC) List Deletions

EFFECTIVE: December 1, 1993

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>
Butabarbital Sodium 15 mg; Tablet, Oral 1000	Butisol Sodium
Dicyclomine Hydrochloride 10 mg; Capsule, Oral 100 20 mg; Tablet, Oral 100	Bentyl
Phenylbutazone 100 mg; Capsule, Oral 100	Butazolidin
Sulfanilamide 15%; Cream, Vaginal 120 gm	AVC

Reimbursement by the New Jersey Medicaid program (Medicaid), Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, General Assistance (GA) program, Cystic Fibrosis Drug (CFD) program, 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.

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