

TO: Providers of Pharmaceutical Services

SUBJECT: Federal Medicaid Upper Limits (MAC) List Deletions

EFFECTIVE: March 31, 1994

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

Generic Name

Brand Name

Butabarbital Sodium
30 mg, Tablet

Butisol Sodium

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 drug 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.

NOTE: In the Medicaid Newsletter, Volume 4 No. 19 dated March 1994, pharmacists were notified regarding an increase in the MAC price for Hydrocortisone; Neomycin Sulfate; Polymixin B Sulfate 1%; Eq. 3.5 mg. base/ml; 10,000 units/ml Suspension, Otic 10 ml. Due to an error in this Newsletter, the new MAC price for this product was incorrectly reported as \$0.0450. Effective February 4, 1994, the corrected MAC price for "Cortisporin Otic Suspension" is \$0.4500 per ml. The Division apologizes for any inconvenience this error may have caused providers.

MANUAL MAINTENANCE

To properly maintain your Manual:

* Discard:

Volume 4 No. 8 dated January 1994, and
Volume 4 No. 19 dated March 1994.

* Note to the Providers of Pharmaceutical Services:

Remove the following pages:
(APPENDIX B)

Page 5 (Rev. 12/93)
Page 6 (Rev. 12/93)
Page 7 (Rev. 12/93)
Page 8 (Rev. 12/93)
Page 13 (Rev. 12/93)
Page 14 (Rev. 12/93)
Page 17 (Rev. 12/93)
Page 18 (Rev. 12/93)
Page 19 (Rev. 12/93)
Page 20 (Rev. 12/93)

Insert the following pages:
(APPENDIX B)

Page 5 (Rev. 5/94)
Page 6 (Rev. 12/93)
Page 7 (Rev. 12/93)
Page 8 (Rev. 5/94)
Page 13 (Rev. 5/94)
Page 14 (Rev. 12/93)
Page 17 (Rev. 5/94)
Page 18 (Rev. 12/93)
Page 19 (Rev. 5/94)
Page 20 (Rev. 12/93)

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
(BLUE TAB MARKED "5")