

TO: Providers of Pharmaceutical Services

SUBJECT: Federal Medicaid Upper Limits (MAC) List Deletions

EFFECTIVE: January 1, 1995

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

<u>Generic Name</u>	<u>Brand Name</u>
Primidone 250mg, Tablet, Oral 100	Mysoline
Verapamil Hydrochloride 40mg, Tablet, Oral 100	Calan Isoptin

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 call the New Jersey Medicaid program's Chief Pharmaceutical Consultant, at (609) 588-2724 or your Medicaid District Office.

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