

TO: Providers of Pharmaceutical Services

SUBJECT: Federal Medicaid Upper Limits (MAC) List Deletions

EFFECTIVE: January 27, 1995

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

Generic Name

Brand Name

Bacitracin Zinc; Polymyxin B Sulfate Polysporin
500 units/gm; 10,000 units/gm;
Ointment, Ophthalmic 3.5 gm

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.

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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