



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

# NEWSLETTER

Volume 5 No. 25

April 1995

**TO:** Providers of Pharmaceutical Services  
**SUBJECT:** Federal Medicaid Upper Limits (MAC) List Deletions  
**EFFECTIVE:** February 16, 1995

**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 Limit. Therefore, the following drugs are no longer subject to a Federal Medicaid Upper Limit (MAC) for reimbursement.

<u>Generic Name</u>	<u>Brand Name</u>
Erythromycin Ethylsuccinate; Sulfisoxazole Acetyl Eq. 200 mg base/5 ml; Eq. 600 mg base/5 ml Granule, Oral 100 ml Eq. 200 mg base/5 ml; Eq. 600 mg base/5 ml Granule, Oral 150 ml Eq. 200 mg base/5 ml; Eq. 600 mg base/5 ml Granule, Oral 200 ml	Pediazole
Gramicidin; Neomycin Sulfate; Polymixin B Sulfate 0.025 mg/ml; Eq. 1.75 mg base/ml; 10,000 units/ml Solution/Drops, Ophthalmic 10 ml	Neosporin Ophthalmic Solution
Minoxidil 10 mg, Tablet, Oral 100	Loniten

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 a drug's Average Wholesale Price (AWP) minus regression or discount category, (if applicable), plus a dispensing fee; or a provider's Usual and Customary Charge.

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

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