

TO: Providers of Pharmaceutical Services

SUBJECT: Federal Medicaid Upper Limits (MAC) List Deletions

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

<u>Generic Name</u>	<u>Brand Name</u>	<u>Effective Date</u>
Hydrocortisone; Neomycin Sulfate; Polymyxin B Sulfate 1%; Eq. 3.5 mg base/ml; 10,000 Units/ml Solution/Drops, Otic 10 ml	Cortisporin	March 23, 1995
Chloramphenicol 250 mg, Capsule, Oral 100	Chloromycetin	April 19, 1995

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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