



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

NEWSLETTER

Volume 5 No. 64

November 1995

TO: Providers of Pharmaceutical Services and Health Maintenance Organizations

SUBJECT: Federal Medicaid Upper Limits (MAC)

EFFECTIVE: October 6, 1995

ACTION: As a result of changes in the marketplace, generic versions of the following drug products are **no longer** available in the marketplace at or below the Medicaid Federal Upper Limits (FUL) prices. Consequently, the Medicaid FUL is suspended for the following products:

| GENERIC NAME | COMMONLY KNOWN BRAND NAME |
|--|---------------------------|
| Chloramphenicol 0.5%, Solution/drops, Ophthalmic 7.5ml 0.5%, Solution/drops, Ophthalmic 15ml | Choromycetin |
| Gentamicin Sulfate Eq. 3mg base/gm, Ointment, Ophthalmic 3.5gm | Garamycin |

In addition, there is a **change** to the current Medicaid FUL price assigned to the drug listed below:

| GENERIC NAME | COMMONLY KNOWN BRAND NAME | FORMER FUL PRICE | NEW FUL PRICE |
|---|---------------------------|------------------|---------------|
| Hydrocortisone ; Neomycin Sulfate; Polymixin B Sulfate 1%; Eq. 3.5mg base/ml; 10,000 units/ml, Solution/Drops, otic 10ml | Cortisporin | \$0.3120 B | \$0.5100 B |

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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