



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

NEWSLETTER

Volume 5 No. 66

December 1995

TO: Providers of Pharmaceutical Services - For Action
Health Maintenance Organizations - For Information

SUBJECT: Medicaid Drug Federal Upper Limit (FUL)

EFFECTIVE: October 25, 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 Drug Federal Upper Limit prices. Consequently, the Medicaid FUL is suspended for the following products:

GENERIC NAME	COMMONLY KNOWN BRAND NAME
Atropine; Sulfate; Diphenoxylate Hydrochloride 0.025 mg; 2.5 mg, Tablet, Oral 100	Lomotil

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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