



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

NEWSLETTER

Volume 6 No. 22

June 1996

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

SUBJECT: Medicaid Drug Federal Upper Limit (FUL)

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

EFFECTIVE: January 19, 1996

Acetazolamide
250 mg, Tablet, Oral 100

Diamox

Nitrofurazone
0.2% Ointment, Topical, 30 gm

Furacin

EFFECTIVE: April 8, 1996

Fenoprofen Calcium
Eq. 200mg base, Capsule, Oral 100

Nalfon

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, and Garden State Health Plan (GSHP) 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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