

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

SUBJECT: Medicaid Drug Federal Upper Limit (FUL)

EFFECTIVE: February 11, 1997

ACTION: As a result of changes in the marketplace, generic versions of the following drug products are **no longer** available 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
Bethanechol Chloride 5mg., Tablet, Oral 100	Urecholine
Tropicamide 1%, Solution/ Drops, Ophthalmic 15 ml.	Mydracyl

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 10% discount, plus a dispensing fee (if applicable); or a provider's Usual and Customary Charge.**

If there are 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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