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Newsletter

Volume 7 No. 58

October 1997

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

SUBJECT: Revised Federal Upper Limits of Payment for Maximum Allowable Cost (MAC) Drugs (APPENDIX B)

EFFECTIVE: October 1, 1997

PURPOSE: This Newsletter is intended to notify providers of pharmaceutical services of changes to the current listing of MAC drugs as described in APPENDIX B (Rev. 1/97) of Newsletter Volume 7, No. 5, dated February 1997. A revised list (Rev. 10/97), published by the Health Care Financing Administration (HCFA), is attached for your information. Commonly known brand names have been provided by the Division of Medical Assistance and Health Services for reference purposes only. Other brands of the same products which are not listed are also subject to the MAC limitation.

Note:

The attached Federal upper limits of payment for Maximum Allowable Cost (MAC) drugs are applicable to the Medicaid, General Assistance (GA), the AIDS Drug Distribution Program (ADDP), the Cystic Fibrosis (CF) program and the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program. Products listed in APPENDIX B may not be covered by the Medicaid and/or the PAAD programs or may require prior authorization in accordance with existing Division policies.

Manual Maintenance

To properly maintain your Manual:

- * **HMOs:** Discard the listing of MAC drugs (Rev. 1/97) attached to the Newsletter Volume 7, No. 5.

* **Providers of Pharmaceutical Services:**

Please insert this new MAC Drug List (Rev. 10/97), as APPENDIX B, in the Pharmaceutical Services Manual.

If you have any questions regarding this Newsletter, please do not hesitate to contact the Chief, Pharmaceutical Services, DMAHS, at (609) 588-2724, or the UNISYS Pharmacy Consultant at (609) 588-6039.

If you have any questions regarding PAAD, ADDP and CF, please contact Kathleen Mason, Director of PAAD, DHSS, at (609) 588-7032.

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(BLUE TAB MARKED "5")**