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# Newsletter

Volume 8 No. 18

April 1998

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

**SUBJECT:** Medicaid Drug Federal Upper Limit (FUL)

**EFFECTIVE:** October 1, 1997

**ACTION:** The following price changes should be made to the drug products listed below, to be effective October 1, 1997.

<b>GENERIC NAME</b>	<b>GENERIC UPPER LIMIT/UNIT</b>	<b>COMMONLY KNOWN BRAND NAME</b>
Bromodiphenhydramine Hydrochloride, Codeine Phosphate 12.5 mg./5 ml.; 10 mg./5 ml., Syrup, Oral 480 ml.	\$0.0186 B	Ambenyl
Brompheniramine Maleate; Codeine Phosphate; Phenylpropanolamine Hydrochloride 2 mg./5 ml., 10 mg./5 ml., 12.5 mg./5 ml., Syrup, Oral 480 ml.	\$0.0244 B	Dimetane-DC

Reimbursement by the New Jersey Medicaid program (Medicaid), NJ KidCare program, Pharmaceutical Assistance to the Aged and Disabled (PAAD) program, General Assistance (GA) program, and Cystic Fibrosis Drug (CFD) program 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 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 and CFD, please contact Kathleen Mason, Director of PAAD, DHSS, at (609) 588-7032.

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