



# Newsletter

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

**SUBJECT:** Notification of Medicaid Drug Federal Upper Limit (FUL)  
Changes - ACTION

**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	EFFECTIVE
Disopyramide Phosphate Eq. 100 mg base, Capsule, Oral 100 Eq. 150 mg base, Capsule, Oral 100	Norpace	12/9/97
Clofibrate 500 mg, Capsule, Oral 100	Atromid	12/19/97
Tolazamide 100 100 mg, Tablet, Oral 100	Tolinase	1/15/98
Isoetharine Hydrochloride 1%, Solution, Inhalation 10 ml 1%, Solution, Inhalation 30 ml	Bronkosol	2/25/98
Chlorpropamide 100 mg, Tablet, Oral 100 250 mg, Tablet, Oral 100	Diabinese	1/26/98

GENERIC NAME	COMMONLY KNOWN BRAND NAME	EFFECTIVE
Clorazepate Dipotassium 3.75 mg, Tablet, Oral 100 7.5 mg, Tablet, Oral 100 15 mg, Tablet, Oral 100	Tranxene	1/26/98
Lorazepam 0.5 mg, Tablet, Oral 100 1 mg, Tablet, Oral 100 2 mg, Tablet, Oral 100	Ativan	2/12/98

Reimbursement by the New Jersey Medicaid program (Medicaid), 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, Department of Health and Senior Services, at (609) 588-7032.

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