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Newsletter

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

SUBJECT: Medicaid Drug Federal Upper Limit (FUL)

EFFECTIVE: April 8, 1998

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

Atropine Sulfate; Diphenoxylate Hydrochloride
0.025 mg; 2.5 mg, Tablet, Oral 100

Lomotil

Chlorthalidone; Clonidine Hydrochloride
15 mg; 0.1 mg, Tablet, Oral 100
15 mg; 0.2 mg, Tablet, Oral 100
15 mg; 0.3 mg, Tablet, Oral 100

Combipres

Furosemide
20 mg; Tablet, Oral 100
40 mg; Tablet, Oral 100
80 mg; Tablet, Oral 100

Lasix

Nystatin
100,000 units; Tablet, Vaginal 15
100,000 units; Tablet, Vaginal 30

Mycostatin

Spironolactone
25 mg; Tablet, Oral 100

Aldactone

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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