



*Published by the
N.J. Dept. of Human Services,
Div. of Medical Assistance & Health Services
& the N.J. Dept. of Health & Senior Services
Div. of Consumer Support*

Newsletter

Volume 8 No. 50

July 1998

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

SUBJECT: Medicaid Drug Federal Upper Limit (FUL)

EFFECTIVE: May 12, 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

Hydralzine Hydrochloride
10 mg, Tablet, Oral 100
25 mg, Tablet, Oral 100
50 mg, Tablet, Oral 100
100 mg, Tablet, Oral 100

Apresoline

Lindane
1%, Lotion, Topical 480 ml
1%, Shampoo, Topical 480 ml

Kwell Lotion
Kwell Shampoo

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.

**RETAIN THIS NEWSLETTER NUMERICALLY BEHIND THE NEWSLETTER TAB
(BLUE TAB MARKED "5")**