



*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. 61

September 1998

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

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	BRAND NAME	EFFECTIVE
Imipramine Hydrochloride 10 mg, Tablet, Oral 100 25 mg, Tablet, Oral 100 50 mg, Tablet, Oral 100	Tofranil	6-19-98
Temazepam 15 mg, Capsule, Oral 100 30 mg, Capsule, Oral 100	Restoril	7-15-98
Metronidazole 250 mg, Tablet, Oral 100 500 mg, Tablet, Oral 100	Flagyl	7-31-98
Quinidine Gluconate 324 mg, Tablet, extended release, Oral 100	Quinaglute	7-31-98

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, Department of Health and Senior Services, at (609) 588-7032.

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