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Newsletter

Volume 8 No. 71

December 1998

- TO:** Providers of Pharmaceutical Services – For Action
Health Maintenance Organizations – For Information Only
- SUBJECT:** **Revised Federal Upper Limits of Payment for Maximum Allowable Cost (MAC) Drugs (APPENDIX B)**
- EFFECTIVE:** Claims with Service Dates on or after October 1, 1998, Unless Otherwise Indicated
- PURPOSE:** This Newsletter is intended to notify providers of pharmaceutical services of changes to the current listing of MAC drugs as described in APPENDIX B (Rev. 10/97) of Newsletter Volume 7, No. 58, dated October 1997. A revised list (Rev. 10/98), published by the Health Care Financing Administration (HCFA), is attached for your information. **This information is also available on the HCFA Internet website @ www.hcfa.gov/medicaid/drug10.htm.**

Commonly known brand names have been provided by the Division of Medical Assistance and Health Services (DMAHS) for reference purposes only. Other brands of the same products which are not listed are also subject to the MAC limitation. Please note that changes from the MAC list of October 1, 1997, are highlighted in **bold**. Effective dates for certain MAC changes may differ from the October 1, 1998, effective date for APPENDIX B. These dates are also highlighted in **bold** on the attachment.

Note:

The attached Federal upper limits of payment for Maximum Allowable Cost (MAC) drugs are applicable to the Medicaid, General Assistance (GA) programs, the AIDS Drug Distribution Program (ADDP), the Cystic Fibrosis (CF) program and the Pharmaceutical Assistance to the Aged and Disabled (PAAD) program. Products listed in APPENDIX B may not be covered by the Medicaid and/or the PAAD programs or may require prior authorization in accordance with existing DMAHS policies.

Manual Maintenance:

To properly maintain your Manual:

***HMOs:** Please discard the listing of MAC drugs (Rev. 10/97) attached to the Newsletter Volume 7, No. 58 and insert this new MAC Drug List (Rev 10/98), as APPENDIX B, in the Pharmaceutical Services Manual.

***Providers of Pharmaceutical Services:** Please discard the listing of MAC drugs (Rev. 10/97) attached to the Newsletter Volume 7, No. 58 and insert this new MAC Drug List (Rev 10/98), as APPENDIX B, in the Pharmaceutical Services Manual.

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, ADDP or CF, please contact Kathleen M. Mason, Director, Office of Support Services for the Aged, Department of Health and Senior Services (DHSS), at 609) 588-7032.

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