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Newsletter

Volume 9 No. 30

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

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

EFFECTIVE: April 21, 1999

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

Acetaminophen; Propoxyphene Napsylate
650 mg; 100 mg, Tablet, Oral 100

Darvocet N-100

Prednisolone Sodium Phosphate;
Sulfacetamide Sodium
Eq. 0.23% Phosphate; 10% Solution/Drops,
Ophthalmic 5 ml
Eq. 0.23% Phosphate; 10% Solution/Drops,
Ophthalmic 10 ml

Vasocidin

Note: This information is also available on the HCFA Internet website @ www.hcfa.gov/medicaid/drug10.htm.

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, please contact Kathleen Mason, Director of PAAD, DHSS, at (609) 588-7032.

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