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# Newsletter

**Volume 19 No. 41**

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**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 as Indicated Below

**ACTION:**

1. As a result of changes in the marketplace, generic versions of the following drug products are no longer available at the Medicaid Drug Federal Upper Limits (FUL) of Payment. Consequently, the Medicaid MAC is suspended for the following products:

**GENERIC NAME**

**FUL Product Deleted (Implement on 6/13/09)**

Erythromycin  
2%, Solution, Topical, 60

Verapamil  
40 mg, Tablet, Oral, 100

**FUL Product Deleted (Implement on 7/17//09)**

Meclizine  
25 mg, Tablet, Oral, 100

2. In addition, there are FUL price increases to the current Medicaid MAC prices assigned to the drugs listed below:

**GENERIC NAME**

**NEW  
MAC PRICE**

**BRAND NAME**

**FUL Price Increases (Implement on 6/13/09)**

Carbamazepine 100 mg, Tablet, Chewable, Oral, 100	0.2025 R	Tegretol, Tegretol XR, Equetro, Carbatrol
Isosorbide Mononitrate Monoket 60 mg, Tablet, Extended Release, 100	0.6000 B	Imdur, Ismo,
Lactulose 10 Gm/15 ml, Solution, Oral, 480	0.0221 R	Enulose, Generlac, Kristalose

GENERIC NAME	NEW MAC PRICE	BRAND NAME
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**FUL Price Increases (Implement on 7/17/09)**

Propranolol Hydrochloride 60 mg, Tablet, Oral, 100	1.2792 B	Inderal LA, Inderal
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3. In addition, there are FUL price decreases to the current Medicaid MAC prices assigned to the drugs listed below:

**FUL Price Decreases (Implement on 6/13/09)**

Cilostazol 50 mg, Tablet, Oral, 60 100 mg, Tablet, Oral, 60	0.5475 B 0.5475 B	Pletal
Meloxicam 7.5 mg, Tablet, Oral, 100 15 mg, Tablet, Oral, 100	0.1425 R 0.2093 B	Mobic
Meperidine Hydrochloride 50 mg, Tablet, Oral, 100 100 mg, Tablet, Oral, 100	0.3188 M 0.6293 M	Demerol
Metformin Hydrochloride 500 mg, Tablet, Oral, 100 750 mg, Tablet, Oral, 100 850 mg, Tablet, Oral, 100 1000 mg, Tablet, Oral, 100	0.0750 B 0.3368 B 0.1464 R 0.1658 R	Glucophage
Mirtazapine 15 mg, Tablet, Oral, 30 30 mg, Tablet, Oral, 30 45 mg, Tablet, Oral, 30	1.2300 B 1.2650 B 1.2845 B	Remeron
Tramadol Hydrochloride 50 mg, Tablet, Oral, 100	0.0900 R	Ultram

**FUL Price Decreases (Implement on 7/17/09)**

Atenolol 25 mg, Tablet, Oral, 100 50 mg, Tablet, Oral, 100 100 mg, Tablet, Oral, 100	0.0459 B 0.0500 B 0.0690 B	Tenormin
Cefadroxil/Cedadroxil Hemihydrate 500 mg, Capsule, Oral, 50	0.7830 B	Duricef
Clindamycin Hydrochloride Antirobe, EQ 150 mg Base, Capsule, Oral, 100 EQ 300 mg Base, Capsule, Oral, 100	0.2153 R 1.1975 R	Clindadrops, Cleosin
Dicyclomine Hydrochloride 10 mg, Capsule, Oral, 100 20 mg, Tablet, Oral, 100	0.0885 R 0.0405 M	Bentyl

<b>GENERIC NAME</b>	<b>NEW MAC PRICE</b>	<b>BRAND NAME</b>
Gabapentin 600 mg, Tablet, Oral, 100 800 mg, Tablet, Oral, 100	0.9738 B 1.1756 B	Neurontin
Gemfibrozil 600 mg, Tablet, Oral, 500	0.1350 B	Lopid
Halobetasol Propionate 0.05%, Cream, Topical, 50 0.05%, Ointment, Topical, 50	0.4800 B 0.5325 B	Ultravate
Hydroxychloroquine Sulfate 200 mg, Tablet, Oral, 100	0.2250 B	Plaquenil
Lisinopril; Hydrochlorothiazide 10 mg; 12.5 mg, Tablet, Oral, 100 20 mg; 12.5 mg, Tablet, Oral, 100 20 mg; 25 mg, Tablet, Oral, 100	0.2097 R 0.2199 R 0.2225 R	Prinizide, Zestoretic
Pravastatin Sodium 10 mg, Tablet, Oral, 90 20 mg, Tablet, Oral, 90 40 mg, Tablet, Oral, 90	0.2500 B 0.2917 B 0.3560 B	Pravachol

4. In addition, the following drug products have been added to the Medicaid Drug Federal Upper Limits of Payment:

<b>GENERIC NAME</b>	<b>MAC PRICE</b>	<b>BRAND NAME</b>
<b>FUL Product Additions (Implement on 7/17/09)</b>		
Metformin Hydrochloride 500 mg, Tablet, Extended Release, Oral, 100 750 mg, Tablet, Extended Release, Oral, 100	0.1307 R 0.3368 R	Glucophage
Topiramate 25 mg, Tablet, Oral, 60 50 mg, Tablet, Oral, 60 100 mg, Tablet, Oral, 60 200 mg, Tablet, Oral, 60	0.2420 R 0.4815 R 0.6593 R 0.7718 R	Topamax

If you have any questions regarding this Newsletter, please do not hesitate to contact the Unisys Provider Relations at 800-776-6334.

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