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Newsletter

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

SUBJECT: Revised Federal Upper Limits (FUL) of Payment for Maximum Allowable Cost (MAC) Drugs (APPENDIX B)

EFFECTIVE: Claims with Service Dates on or after October 26, 2009

ACTION:

1. As a result of changes in the marketplace, generic versions of the following drug products have been **decreased** to the Medicaid Drug Federal Upper Limits of Payment:

GENERIC NAME **NEW MAC PRICE**

FUL Price Decreases

Benzotropine Mesylate

0.5 mg, Tablet, Oral, 100	0.0747 B
1 mg, Tablet, Oral, 100	0.0848 B
2 mg, Tablet, Oral, 100	0.1208 B

Carbamazepine

200 mg, Tablet, Oral, 100	0.0849 B
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Cephalexin

EQ 250 mg, Capsule, Oral, 100	0.1650 B
EQ 500 mg, Capsule, Oral, 100	0.2730 B

Cyclobenzaprine Hydrochloride

5 mg, Tablet, Oral, 100	0.1586 R
10 mg, Tablet, Oral, 100	0.1035 R

Diclofenac Potassium

50 mg, Tablet, Oral, 100	0.4748 R
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GENERIC NAME**NEW MAC PRICE****FUL Price Decreases****Hydrochlorothiazide**

25 mg, Tablet, Oral, 1000

0.0180 B

50 mg, Tablet, Oral, 1000

0.0499 R

Ranitidine Hydrochloride

EQ 15 mg Base/ml, Syrup, Oral, 473

0.2378 R

EQ 150 mg Base, Tablet, Oral, 100

0.0600 B

EQ 300 mg Base, Tablet, Oral, 30

0.1250 B

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

GENERIC NAME**MAC PRICE****FUL Product Additions****Bicalutamide**

50 mg, Tablet, Oral, 100

3.4802 R

Cephalexin

EQ 250 mg/5 ml, Suspension, Oral, 100

0.1818 R

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