



Center for Medicaid and State Operations

DATE: September 25, 2009

FROM: Director
Pharmacy Division

SUBJECT: Notification of Medicaid Drug Federal Upper Limit (FUL) Changes to
Transmittal No. 37, Dated November 20, 2001

TO: Associate Regional Administrators, Division of Medicaid and State Operations

Please inform the States in your region of the following FUL changes as soon as possible. The changes are to be implemented no later than October 26, 2009.

CMS used the following compendia sources in compiling this list:
B – Blue Book, M – Medi-Span, R – Red Book

FUL Decreases

<u>Generic Name</u>	<u>FUL Price</u>
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
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

FUL Decreases – continued

<u>Generic Name</u>	<u>FUL Price</u>
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

FUL Additions

<u>Generic Name</u>	<u>FUL Price</u>
Bicalutamide	
50 mg, Tablet, Oral, 100	\$ 3.4802 R
Cephalexin	
EQ 250 mg/5 ml, Suspension, Oral, 100	\$ 0.1818 R

These changes will be posted to our website at <http://www.cms.hhs.gov/Reimbursement>.
If you have any questions, please submit your inquiry to the following e-mail:
FUL@cms.hhs.gov

/s/

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cc: Regional Administrators