



P R O V I D E R B U L L E T I N

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**To: All Indiana Health Coverage Programs Pharmacy
 Providers**

Subject: Updated and Revised Federal Upper Limit (FUL) List

Note: The information in this bulletin is not directed to those providers rendering services in the risk-based managed care (RBMC) delivery system.

Overview

The information provided in this bulletin contains the newly developed list of Federal Upper Limits (FUL) for multiple source drugs that meet the criteria set forth in 42 CFR 447.332 and §1927(e) of the Social Security Act, as amended by OBRA 1993.

The effective date for the new rates in the FUL list is August 1, 2000 and will apply to Pharmacy claims submitted with a date-of-services of August 1, 2000, and later.

Please incorporate the list into the appropriate section in Chapter 9 (Pharmacy Services) of *the Indiana Health Coverage Programs Provider Manual*. This listing will supercede and replace any prior FUL listing.

If you have any questions regarding the FUL list or the text of this bulletin, please contact the EDS Pharmacy Services POS/Pro-DUR Helpdesk at 1-877-877-5182.

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Acebutolol Hydrochloride			
Eq 200 mg base, Capsule, Oral, 100	0.4613	08/01/00	
Eq 400 mg base, Capsule, Oral, 100	0.6713	08/01/00	
Acetaminophen; Butalbital			
650mg; 50mg, Capsule, Oral, 100	0.2399	08/01/00	
325 mg; 50 mg, Tablet, Oral, 100	0.2387	08/01/00	
Acetaminophen; Butalbital; Caffeine			
325mg; 50mg; 40mg, Tablet, Oral, 100	0.0542	08/01/00	
500mg; 50mg; 40mg, Tablet, Oral, 100	0.5153	08/01/00	
Acetaminophen; Codeine Phosphate			
300mg; 15mg, Tablet, Oral, 100	0.0980	08/01/00	
300mg; 30mg, Tablet, Oral, 100	0.1200	08/01/00	
300mg; 60mg, Tablet, Oral, 100	0.2280	08/01/00	
Acetaminophen; Hydrocodone Bitartrate			
500mg; 5mg, Capsule, Oral, 100	0.1943	08/01/00	
500mg; 5mg, Tablet, Oral, 100	0.0639	08/01/00	
500mg; 7.5mg, Tablet, Oral, 100	0.1739	08/01/00	
650mg; 7.5mg, Tablet, Oral, 100	0.1403	08/01/00	
650mg; 10mg, Tablet, Oral, 100	0.1743	08/01/00	
750mg; 7.5mg, Tablet, Oral, 100	0.1385	08/01/00	
Acetaminophen; Oxycodone Hydrochloride			
325mg; 5mg, Tablet, Oral, 100	0.1145	08/01/00	
500mg; 5mg, Capsule, Oral, 100	0.2250	08/01/00	
Acetaminophen; Propoxyphene Hydrochloride			
650mg; 65mg, Tablet, Oral, 100	0.1688	08/01/00	
Acetaminophen; Propoxyphene Napsylate			
650mg; 100mg, Tablet, Oral, 100	0.2510	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Acetazolamide			
125mg, Tablet, Oral, 100	0.0719	08/01/00	
250mg, Tablet, Oral, 100	0.2565	08/01/00	
Acetic Acid, Glacial			
2%, Solution/Drops, Otic, 15ml	0.1380	08/01/00	
Acetic Acid, Glacial; Hydrocortisone			
2%; 1%, Solutions/Drops, Otic, 10ml	0.3750	08/01/00	
Acetylcysteine			
10%, Solution, Inhalation, 4ml	0.8060	08/01/00	
10%, Solution, Inhalation, 10ml	0.3690	08/01/00	
10%, Solution, Inhalation, 30ml	0.3650	08/01/00	
Acetylcysteine			
20%, Solution, Inhalation, 4ml	0.9710	08/01/00	
20%, Solution, Inhalation, 10ml	0.3750	08/01/00	
20%, Solution, Inhalation, 30ml	0.3125	08/01/00	
Acyclovir			
200mg, Capsule, Oral, 100	0.3530	08/01/00	
400mg, Tablet, Oral, 100	0.7050	08/01/00	
800mg, Tablet, Oral, 100	1.2160	08/01/00	
Albuterol			
0.09mg/inh, Aerosol, Metered, Inhalation, 17gm	0.3309	08/01/00	
Albuterol Sulfate			
Eq 0.083% Base, Solution, Inhalation, 3ml	0.1329	08/01/00	
Eq 0.5% Base, Solution, Inhalation, 20ml	0.3330	08/01/00	
Eq 2mg base/5ml, Syrup, Oral, 480ml	0.0164	08/01/00	
Eq 2mg base, Tablet, Oral, 100	0.0242	08/01/00	
Eq 4mg base, Tablet, Oral, 100	0.0338	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Allopurinol			
100mg, Tablet, Oral, 100	0.0510	08/01/00	
300mg, Tablet, Oral, 100	0.1198	08/01/00	
Alprazolam			
0.25mg, Tablet, Oral, 100	0.0359	08/01/00	
0.5mg, Tablet, Oral, 100	0.0470	08/01/00	
1mg, Tablet, Oral, 100	0.0520	08/01/00	
2mg, Tablet, Oral, 100	0.1100	08/01/00	
Amantadine Hydrochloride			
100mg, Capsule, Oral, 100	0.1572	08/01/00	
50mg/5ml Syrup, Oral, 480ml	0.0656	08/01/00	
Amiloride Hydrochloride			
5mg, Tablet, Oral, 100	0.4349	08/01/00	
Amiloride Hydrochloride; Hydrochlorothiazide			
Eq 5mg Anhydrous; 50mg, Tablet, Oral, 100	0.0675	08/01/00	
Aminophylline			
100mg, Tablet, Oral, 100	0.0278	08/01/00	
200mg, Tablet, Oral, 100	0.0359	08/01/00	
Amiodarone Hydrochloride			
200mg, Tablet, Oral, 500	1.8912	08/01/00	
Amitriptyline Hydrochloride			
10mg, Tablet, Oral, 100	0.0315	08/01/00	
Amitriptyline Hydrochloride			
25mg, Tablet, Oral, 100	0.0303	08/01/00	
50mg, Tablet, Oral, 100	0.0383	08/01/00	
75mg, Tablet, Oral, 100	0.0592	08/01/00	
100mg, Tablet, Oral, 100	0.0711	08/01/00	
150mg, Tablet, Oral, 100	0.1800	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Amitriptyline Hydrochloride; Perphenazine			
10mg; 2mg, Tablet, Oral, 100	0.0652	08/01/00	
10mg; 4mg, Tablet, Oral, 100	0.0833	08/01/00	
25mg; 2mg, Tablet, Oral, 100	0.0864	08/01/00	
25mg; 4mg, Tablet, Oral, 100	0.0983	08/01/00	
Amoxapine			
25mg, Tablet, Oral, 100	0.3524	08/01/00	
50mg, Tablet, Oral, 100	0.5426	08/01/00	
100mg, Tablet, Oral, 100	0.9300	08/01/00	
150mg, Tablet, Oral, 30	1.5475	08/01/00	
Amoxicillin			
250mg, Capsule, Oral, 100	0.0636	08/01/00	
500mg, Capsule, Oral, 100	0.1210	08/01/00	
125mg/5ml, Powder for reconstitution, Oral, 100ml	0.0210	08/01/00	
125mg/5ml, Powder for reconstitution, Oral, 150ml	0.0119	08/01/00	
250mg/5ml, Powder for reconstitution, Oral, 100ml	0.0218	08/01/00	
250mg/5ml, Powder for reconstitution, Oral, 150ml	0.0210	08/01/00	
250mg, Tablet, Chewable, Oral, 100	0.1370	08/01/00	
Ampicillin/Ampicillin Trihydrate			
250mg, Capsule, Oral, 100	0.0760	08/01/00	
500mg, Capsule, Oral, 100	0.1115	08/01/00	
Aspirin; Butalbital; Caffeine			
325mg; 50mg; 40mg, Tablet, Oral, 100	0.0441	08/01/00	
325mg; 50mg; 40mg, Capsule, Oral, 100	0.3691	08/01/00	
Aspirin; Carisoprodol			
325mg; 200mg, Tablet, Oral, 100	0.4690	08/01/10	
Aspirin; Methocarbamol			
325mg; 400mg, Tablet, Oral, 100	0.1664	08/01/00	

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Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA) Federal Upper Limit (FUL) Program Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Aspirin; Oxycodone Hydrochloride; Oxycodone Terephthalate			
325mg; 4.5mg; 0.38mg, Tablet, Oral, 100	0.1313	08/01/00	
Atenolol			
25mg, Tablet, Oral, 100	0.0460	08/01/00	
Atenolol			
50mg, Tablet, Oral, 100	0.0490	08/01/00	
100mg, Tablet, Oral, 100	0.0672	08/01/00	
Atenolol; Chlorthalidone			
50mg; 25mg, Tablet, Oral, 100	0.1730	08/01/00	
100mg; 25mg, Tablet, Oral, 100	0.3730	08/01/00	
Atropine Sulfate; Diphenoxylate Hydrochloride			
0.025mg; 2.5mg, Tablet, Oral, 100	0.3743	08/01/00	
Bacitracin Zinc; Neomycin Sulfate; Polymyxin B Sulfate			
400 units/gm; Eq 3.5mg base/gm; 10,000 units/gm, Ointment; Ophthalmic, 3.5gm	0.6000	08/01/00	
Baclofen			
10mg, Tablet, Oral, 100	0.0899	08/01/00	
20mg, Tablet, Oral, 100	0.1688	08/01/00	
Benzonate			
100mg, Capsule, Oral, 100	0.3899	08/01/00	
Benzotropine Mesylate			
0.5mg, Tablet, Oral, 100	0.0198	08/01/00	
1mg, Tablet, Oral, 100	0.0380	08/01/00	
2mg, Tablet, Oral, 100	0.0430	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA) Federal Upper Limit (FUL) Program Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Betamethasone Dipropionate			
Eq 0.05% base, Cream, Topical, 15gm	0.2130	08/01/00	
Eq 0.05% base, Cream, Topical, 45gm	0.1313	08/01/00	
Eq 0.05% base, Lotion, Topical, 20ml	0.1620	08/01/00	
Eq 0.05% base, Lotion, Topical, 60ml	0.1292	08/01/00	
Eq 0.05% base, Ointment, Topical, 15gm	0.2300	08/01/00	
Eq 0.05% base, Ointment, Topical, 45gm	0.1413	08/01/00	
Betamethasone Valerate			
Eq 0.1% base, Cream, Topical, 15gm	0.1130	08/01/00	
Eq 0.1% base, Cream, Topical, 45gm	0.0750	08/01/00	
Eq 0.1% base, Lotion, Topical, 60ml	0.1088	08/01/00	
Bethanechol Chloride			
5mg, Tablet, Oral, 100	0.0480	08/01/00	
10mg, Tablet, Oral, 100	0.0675	08/01/00	
25mg, Tablet, Oral, 100	0.5288	08/01/00	
50mg, Tablet, Oral, 100	0.9263	08/01/00	
Bromodiphenhydramine Hydrochloride; Codeine Phosphate			
12.5mg/5ml; 10mg/5ml, Syrup, Oral, 480ml	0.0212	08/01/00	
Brompheniramine Maleate; Codeine Phosphate; Phenylpropanolamine Hydrochloride			
2mg/5ml; 10mg/5ml; 12.5mg/5ml, Syrup, Oral, 480ml	0.0194	08/01/00	
Brompheniramine Maleate; Dextromethorphan Hydrobromide; Pseudoephedrine Hydrochloride			
2mg/5ml; 10mg/5ml; 30mg/5ml, Syrup, Oral, 480ml	0.0141	08/01/00	
Bumetanide			
0.5mg, Tablet, Oral, 100	0.1613	08/01/00	
1mg, Tablet, Oral, 100	0.2810	08/01/00	
2mg, Tablet, Oral, 100	0.3675	08/01/00	

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Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Captopril			
12.5mg, Tablet, Oral, 100	0.0303	08/01/00	
25mg, Tablet, Oral, 100	0.0490	08/01/00	
50mg, Tablet, Oral, 100	0.0920	08/01/00	
100mg, Tablet, Oral, 100	0.1850	08/01/00	
Captopril; Hydrochlorothiazide			
25mg; 15mg, Tablet, Oral, 100	0.2313	08/01/00	
25mg; 25mg, Tablet, Oral, 100	0.2313	08/01/00	
50mg; 15mg, Tablet, Oral, 100	0.3629	08/01/00	
50mg; 25mg, Tablet, Oral, 100	0.3629	08/01/00	
Carbamazepine			
200mg, Tablet, Oral, 100	0.1350	08/01/00	
Carbidopa; Levodopa			
10mg; 100mg, Tablet, Oral, 100	0.1971	08/01/00	
25mg; 100mg, Tablet, Oral, 100	0.2127	08/01/00	
25mg; 250mg, Tablet, Oral, 100	0.2513	08/01/00	
Carisoprodol			
350mg, Tablet, Oral, 100	0.3743	08/01/00	
Cefaclor			
Eq 250mg base, Capsule, Oral, 100	0.9290	08/01/00	
Eq 500mg base, Capsule, Oral, 100	1.7300	08/01/00	
Eq 125mg base/5ml, Powder for reconstitution, Oral, 150ml	0.1320	08/01/00	
Eq 187mg base/5ml, Powder for reconstitution, Oral, 100ml	0.1500	08/01/00	
Eq 250mg base/5ml, Powder for reconstitution, Oral, 150ml	0.2440	08/01/00	
Eq 375mg base/5ml, Powder for reconstitution, Oral, 100ml	0.3660	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Cephalexin			
Eq 250mg base, Capsule, Oral, 100	0.1390	08/01/00	
Eq 500mg base, Capsule, Oral, 100	0.2040	08/01/00	
Eq 125mg base/5ml, Powder for Reconstitution, Oral, 100ml	0.0250	08/01/00	
Eq 125mg base/5ml, Powder for Reconstitution, Oral, 200ml	0.0200	08/01/00	
Cephalexin			
Eq 250mg base/5ml, Powder for Reconstitution, Oral, 100ml	0.0350	08/01/00	
Eq 250mg base/5ml, Powder for Reconstitution, Oral, 200ml	0.0310	08/01/00	
Chlordiazepoxide Hydrochloride			
5mg, Capsule, Oral, 100	0.0820	08/01/00	
10mg, Capsule, Oral, 100	0.0900	08/01/00	
25mg, Capsule, Oral, 100	0.1010	08/01/00	
Chlorhexidine Gluconate			
0.12%, Solution, Dental, 480ml	0.0150	08/01/00	
Chlorothiazide			
250mg, Tablet, Oral, 100	0.0488	08/01/00	
500mg, Tablet, Oral, 100	0.1070	08/01/00	
Chlorpheniramine Maleate			
4mg, Tablet, Oral, 100	0.0100	08/01/00	
Chlorpropamide			
100mg, Tablet, Oral, 100	0.1840	08/01/00	
250mg, Tablet, Oral, 100	0.3885	08/01/00	
Chlorthalidone			
25mg, Tablet, Oral, 100	0.0413	08/01/00	
50mg, Tablet, Oral, 100	0.0560	08/01/00	
Chlorzoxazone			
500mg, Tablet, Oral, 100	0.0893	08/01/00	

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Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Cholestyramine			
Eq 4gm Resin/Packet, Powder, Oral, 60	0.9004	08/01/00	
Cimetidine			
200mg, Tablet, Oral, 100	0.1238	08/01/00	
300mg, Tablet, Oral, 100	0.1080	08/01/00	
400mg, Tablet, Oral, 100	0.1178	08/01/00	
800mg, Tablet, Oral, 100	0.3261	08/01/00	
Cimetidine Hydrochloride			
Eq 300mg base/5ml, Solution, Oral, 240ml	0.1140	08/01/00	
Clemastine Fumarate			
2.68mg, Tablet, Oral, 100	0.3572	08/01/00	
Clindamycin Hydrochloride			
Eq 150mg base, Capsule, Oral, 100	0.5625	08/01/00	
Clindamycin Phosphate			
Eq 1% base, Solution, Topical, 30ml	0.2095	08/01/00	
Eq 1% base, Solution, Topical, 60ml	0.1577	08/01/00	
Clomipramine Hydrochloride			
25mg, Capsule, Oral, 100	0.3750	08/01/00	
50mg, Capsule, Oral, 100	0.4985	08/01/00	
75mg, Capsule, Oral, 100	0.6464	08/01/00	
Clonazepam			
0.5mg, Tablet, Oral, 100	0.2760	08/01/00	
1mg, Tablet, Oral, 100	0.3210	08/01/00	
2mg, Tablet, Oral, 100	0.4390	08/01/00	
Clonidine Hydrochloride			
0.1mg, Tablet, Oral, 100	0.0900	08/01/00	
0.2mg, Tablet, Oral, 100	0.1275	08/01/00	
0.3mg, Tablet, Oral, 100	0.1650	08/01/00	

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Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Clorazepate Dipotassium			
3.75mg, Tablet, Oral, 100	0.8351	08/01/00	
7.5mg, Tablet, Oral, 100	1.0388	08/01/00	
15mg, Tablet, Oral, 100	1.4094	08/01/00	
Codeine Phosphate; Phenylephrine Hydrochloride; Promethazine Hydrochloride			
10mg/5ml; 5mg/5ml; 6.25mg/5ml, Syrup, Oral, 480ml	0.0190	08/01/00	
Codeine Phosphate; Promethazine Hydrochloride			
10mg/5ml; 6.25mg/5ml, Syrup, Oral, 480ml	0.0128	08/01/00	
Codeine Phosphate; Pseudoephedrine Hydrochloride; Triprolidine Hydrochloride			
10mg/5ml; 30mg/5ml; 1.25mg/5ml, Syrup, Oral, 480ml	0.0178	08/01/00	
Cyclobenzaprine Hydrochloride			
10mg, Tablet, Oral, 100	0.0750	08/01/00	
Cyclopentolate Hydrochloride			
1%, Solution/Drops, Ophthalmic, 15ml	0.3130	08/01/00	
Cyproheptadine Hydrochloride			
4mg, Tablet, Oral, 100	0.0345	08/01/00	
Desipramine Hydrochloride			
10mg, Tablet, Oral, 100	0.1350	08/01/00	
25mg, Tablet, Oral, 100	0.0675	08/01/00	
50mg, Tablet, Oral, 100	0.0825	08/01/00	
75mg, Tablet, Oral, 100	0.0900	08/01/00	
100mg, Tablet, Oral, 100	0.4370	08/01/00	
Desonide			
0.05%, Ointment, Topical, 15gm	0.5840	08/01/00	
0.05%, Ointment, Topical, 60gm	0.4077	08/01/00	

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Health Care Financing Administration (HCFA) Federal Upper Limit (FUL) Program Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Desoximetasone			
0.05%, Cream, Topical, 15gm	0.5580	08/01/00	
0.05%, Cream, Topical, 60gm	0.3311	08/01/00	
0.25%, Cream, Topical, 15gm	0.7189	08/01/00	
0.25%, Cream, Topical, 60gm	0.4295	08/01/00	
Dexamethasone			
0.5mg/5ml, Elixir, Oral, 240ml	0.0349	08/01/00	
Dexamethasone; Neomycin Sulfate; Polymyxin B Sulfate			
0.1% Eq 3.5mg base/gm; 10,000 units/gm, Ointment, Ophthalmic, 3.5gm	1.0713	08/01/00	
Dextromethorphan Hydrobromide; Promethazine Hydrochloride			
15mg/5ml; 6.25mg/5ml, Syrup, Oral, 120ml	0.0199	08/01/00	
15mg/5ml; 6.25mg/5ml, Syrup, Oral, 480ml	0.0111	08/01/00	
Diazepam			
2mg, Tablet, Oral, 100	0.0250	08/01/00	
5mg, Tablet, Oral, 100	0.0260	08/01/00	
10mg, Tablet, Oral, 100	0.0340	08/01/00	
Diclofenac Potassium			
50mg, Tablet, Oral, 100	0.8630	08/01/00	
Diclofenac Sodium			
25mg, Tablet, Delayed release, Oral, 100	0.4113	08/01/00	
50mg, Tablet, Delayed release, Oral, 100	0.4748	08/01/00	
75mg, Tablet, Delayed release, Oral, 100	0.5060	08/01/00	
Dicloxacillin Sodium			
Eq 250mg base, Capsule, Oral, 100	0.2780	08/01/00	
Eq 500mg base, Capsule, Oral, 100	0.5231	08/01/00	

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Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Dicyclomine Hydrochloride			
10mg, Capsule, Oral, 100	0.1223	08/01/00	
20mg, Tablet, Oral, 100	0.1428	08/01/00	
Diethylpropion Hydrochloride			
25mg, Tablet, Oral, 100	0.1943	08/01/00	
Diflunisal			
500mg, Tablet, Oral, 60	0.4750	08/01/00	
Diltiazem Hydrochloride			
120mg, Capsule, Extended Release, Oral, 100	0.6525	08/01/00	
30mg, Tablet, Oral, 100	0.1160	08/01/00	
60mg, Tablet, Oral, 100	0.1810	08/01/00	
90mg, Tablet, Oral, 100	0.2180	08/01/00	
120mg, Tablet, Oral, 100	0.2330	08/01/00	
Diphenhydramine Hydrochloride			
25mg, Capsule, Oral, 100	0.0132	08/01/00	
50mg, Capsule, Oral, 100	0.0165	08/01/00	
12.5mg/5ml, Elixir, Oral, 480ml	0.0062	08/01/00	
Dipivefrin Hydrochloride			
0.1%, Solution/Drops, Ophthalmic, 5ml	0.8700	08/01/00	
0.1%, Solution/Drops, Ophthalmic, 10ml	0.6360	08/01/00	
0.1%, Solution/Drops, Ophthalmic, 15ml	0.7280	08/01/00	
Dipyridamole			
25mg, Tablet, Oral, 100	0.0299	08/01/00	
50mg, Tablet, Oral, 100	0.0449	08/01/00	
75mg, Tablet, Oral, 100	0.0659	08/01/00	

(Continued)

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Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Doxepin Hydrochloride			
Eq 10mg base, Capsule, Oral, 100	0.1072	08/01/00	
Eq 25mg base, Capsule, Oral, 100	0.0979	08/01/00	
Eq 50mg base, Capsule, Oral, 100	0.0881	08/01/00	
Eq 75mg base, Capsule, Oral, 100	0.1290	08/01/00	
Eq 100mg base, Capsule, Oral, 100	0.2843	08/01/00	
Eq 150mg base, Capsule, Oral, 100	0.3297	08/01/00	
Eq 10mg base/ml, Concentrate, Oral, 120ml	0.1144	08/01/00	
Doxycycline Hyclate			
Eq 50mg base, Capsule, Oral, 50	0.0819	08/01/00	
Eq 100mg base, Capsule, Oral, 50	0.1050	08/01/00	
Eq 100mg base, Tablet, Oral, 50	0.0953	08/01/00	
Ergoloid Mesylates			
1mg, Tablet, Oral, 100	0.6321	08/01/00	
Erythromycin			
250mg, Capsule, Delayed Release Pellets, Oral, 100	0.1575	08/01/00	
0.5%, Ointment, Ophthalmic, 3.5gm	1.0713	08/01/00	
2%, Solution, Topical, 60ml	0.0610	08/01/00	
Erythromycin Ethylsuccinate			
Eq 200mg base/5ml, Suspension, Oral, 480ml	0.0275	08/01/00	
Eq 400mg base/5ml, Suspension, Oral, 480ml	0.0546	08/01/00	
Erythromycin Ethylsuccinate; Sulfisoxazole Acetyl			
Eq 200mg base/5ml; Eq 600mg base/5ml, Granule, Oral, 100ml	0.0944	08/01/00	
Eq 200mg base/5ml; Eq 600mg base/5ml, Granule, Oral, 150ml	0.0832	08/01/00	
Eq 200mg base/5ml; Eq 600mg base/5ml, Granule, Oral, 200ml	0.0866	08/01/00	
Erythromycin Stearate			
Eq 500mg base, Tablet, Oral, 100	0.2459	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Estazolam			
1mg, Tablet, Oral, 100	0.5954	08/01/00	
2mg, Tablet, Oral, 100	0.6563	08/01/00	
Estradiol			
0.5mg, Tablet, Oral, 100	0.1793	08/01/00	
1mg, Tablet, Oral, 100	0.2205	08/01/00	
2mg, Tablet, Oral, 100	0.3060	08/01/00	
Estropipate			
0.75mg, Tablet, Oral, 100	0.3453	08/01/00	
1.5mg, Tablet, Oral, 100	0.3614	08/01/00	
3mg, Tablet, Oral, 100	1.5053	08/01/00	
Etodolac			
200mg, Capsule, Oral, 100	0.4793	08/01/00	
300mg, Capsule, Oral, 100	0.5093	08/01/00	
400mg, Tablet, Oral, 100	0.3450	08/01/00	
500mg, Tablet, Oral, 100	1.0032	08/01/00	
Fenoprofen Calcium			
Eq 600mg base, Tablet, Oral, 100	0.2087	08/01/00	
Fluocinolone Acetonide			
0.01%, Cream, Topical, 15gm	0.1240	08/01/00	
0.01%, Cream, Topical, 60gm	0.0647	08/01/00	
0.025%, Cream, Topical, 15gm	0.1470	08/01/00	
0.025%, Cream, Topical, 60gm	0.0825	08/01/00	
0.025%, Ointment, Topical, 60gm	0.0825	08/01/00	
0.01%, Solution, Topical, 20ml	0.1739	08/01/00	
0.01%, Solution, Topical, 60ml	0.1157	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Fluocinonide			
0.05%, Cream, Topical, 15gm	0.1880	08/01/00	
0.05%, Cream, Topical, 30gm	0.1439	08/01/00	
0.05%, Cream, Topical, 60gm	0.1187	08/01/00	
0.05%, Gel, Topical, 15gm	1.2000	08/01/00	
0.05%, Ointment, Topical, 30gm	0.4188	08/01/00	
0.05%, Solution, Topical, 20ml	0.7500	08/01/00	
0.05%, Solution, Topical, 60ml	0.2640	08/01/00	
Fluorometholone			
0.1%, Suspension/Drops, Ophthalmic, 5ml	1.6590	08/01/00	
Fluorometholone			
0.1%, Suspension/Drops, Ophthalmic, 10ml	1.1835	08/01/00	
0.1%, Suspension/Drops, Ophthalmic, 15ml	0.8950	08/01/00	
Fluphenazine Hydrochloride			
5mg/ml, Concentrate, Oral, 120ml	0.5749	08/01/00	
1mg, Tablet, Oral, 100	0.2120	08/01/00	
2.5mg, Tablet, Oral, 100	0.2775	08/01/00	
5mg, Tablet, Oral, 100	0.3675	08/01/00	
10mg, Tablet, Oral, 100	0.4725	08/01/00	
Flurazepam Hydrochloride			
15mg, Capsule, Oral, 100	0.0656	08/01/00	
30mg, Capsule, Oral, 100	0.0750	08/01/00	
Flurbiprofen			
50mg, Tablet, Oral, 100	0.4940	08/01/00	
100mg, Tablet, Oral, 100	0.3680	08/01/00	
Folic Acid			
1mg, Tablet, Oral, 100	0.0420	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Furosemide			
10mg/ml, Solution, Oral, 60ml	0.1300	08/01/00	
10mg/ml, Solution, Oral, 120ml	0.0893	08/01/00	
20mg, Tablet, Oral, 100	0.0225	08/01/00	
40mg, Tablet, Oral, 100	0.0254	08/01/00	
80mg, Tablet, Oral, 100	0.0563	08/01/00	
Gemfibrozil			
600mg, Tablet, Oral, 60	0.3540	08/01/00	
Gentamicin Sulfate			
Eq 0.1% Base, Cream, Topical, 15gm	0.1739	08/01/00	
Eq 0.1% Base, Ointment, Topical, 15gm	0.1590	08/01/00	
Eq 0.1% Base, Ointment, Topical, 30gm	0.0925	08/01/00	
Eq 0.3% Base, Ointment, Ophthalmic, 3.5gm	2.6786	08/01/00	
Eq 0.3% Base, Solution/Drops, Ophthalmic, 5ml	0.4890	08/01/00	
Eq 0.3% Base, Solution/Drops, Ophthalmic, 15ml	0.2560	08/01/00	
Glipizide			
5mg, Tablet, Oral, 100	0.0650	08/01/00	
10mg, Tablet, Oral, 100	0.0937	08/01/00	
Glyburide			
1.5mg, Tablet, Oral, 100	0.2550	08/01/00	
3mg, Tablet, Oral, 100	0.3204	08/01/00	
Glyburide			
6mg, Tablet, Oral, 100	0.8471	08/01/00	
Gramicidin; Neomycin Sulfate; Polymixin B Sulfate			
0.025mg/ml; Eq 1.75mg base/ml; 10,000 Units/ml, Solution/Drops, Ophthalmic, 10ml	1.6650	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Griseofulvin, Ultramicrocrystalline			
125mg, Tablet, Oral, 100	0.3743	08/01/00	
250mg, Tablet, Oral, 100	0.5093	08/01/00	
330mg, Tablet, Oral, 100	0.6690	09/01/98	
Guanabenz Acetate			
Eq 4mg base, Tablet, Oral, 100	0.3675	08/01/00	
Eq 8mg base, Tablet, Oral, 100	0.5625	08/01/00	
Guanfacine Hydrochloride			
Eq 1mg base, Tablet, Oral, 100	0.5250	08/01/00	
Eq 2mg base, Tablet, Oral, 100	0.7200	08/01/00	
Haloperidol			
0.5mg, Tablet, Oral, 100	0.0293	08/01/00	
1mg, Tablet, Oral, 100	0.0306	08/01/00	
2mg, Tablet, Oral, 100	0.0351	08/01/00	
5mg, Tablet, Oral, 100	0.0376	08/01/00	
10mg, Tablet, Oral, 100	0.0537	08/01/00	
Haloperidol Lactate			
Eq 2mg Base/ml, Concentrate, Oral, 15ml	0.3600	08/01/00	
Eq 2mg Base/ml, Concentrate, Oral, 120ml	0.1313	08/01/00	
Homatropine Methylbromide; Hydrocodone Bitartrate			
1.5mg/5ml; 5mg/5ml, Syrup, Oral, 480ml	0.0186	08/01/00	
Hydralazine Hydrochloride			
10mg, Tablet, Oral, 100	0.0186	08/01/00	
25mg, Tablet, Oral, 100	0.0254	08/01/00	
100mg, Tablet, Oral, 100	0.0524	08/01/00	
Hydrochlorothiazide			
25mg, Tablet, Oral, 100	0.0200	08/01/00	
50mg, Tablet, Oral, 100	0.0254	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Hydrochlorothiazide; Methyldopa			
15mg; 250mg, Tablet, Oral, 100	0.1125	08/01/00	
25mg; 250mg, Tablet, Oral, 100	0.1200	08/01/00	
Hydrochlorothiazide; Propranolol Hydrochloride			
25mg; 40mg, Tablet, Oral, 100	0.0771	08/01/00	
25mg; 80mg, Tablet, Oral, 100	0.1044	08/01/00	
Hydrochlorothiazide; Spironolactone			
25mg; 25mg; Tablet, Oral, 100	0.3225	08/01/00	
Hydrochlorothiazide; Triamterene			
25mg; 37.5mg, Capsule, Oral, 100	0.3181	08/01/00	
25mg; 50mg, Tablet, Oral, 100	0.0975	08/01/00	
25mg; 37.5mg, Tablet, Oral, 100	0.2438	08/01/00	
50mg; 75mg, Tablet, Oral, 100	0.0330	08/01/00	
Hydrocortisone			
0.5%, Cream, Topical, 30gm	0.0380	08/01/00	
1%, Cream, Topical, 30gm	0.0594	08/01/00	
1%, Cream, Topical, 60gm	0.0645	08/01/00	
2.5%, Cream, Topical, 20gm	0.1814	08/01/00	
2.5%, Cream, Topical, 30gm	0.1418	08/01/00	
1%, Lotion, Topical, 120ml	0.0577	08/01/00	
1%, Ointment, Topical, 30gm	0.0594	08/01/00	
Hydroxychloroquine Sulfate			
200mg, Tablet, Oral, 100	0.8540	08/01/00	
Hydroxyurea			
500mg, Capsule, Oral, 100	1.1666	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA) Federal Upper Limit (FUL) Program Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Hydroxyzine Hydrochloride			
10mg/5ml, Syrup, Oral, 480ml	0.0370	08/01/00	
10mg, Tablet, Oral, 100	0.0248	08/01/00	
25mg, Tablet, Oral, 100	0.0347	08/01/00	
50mg, Tablet, Oral, 100	0.0450	08/01/00	
Hydroxyzine Pamoate			
Eq 25mg HCl, Capsule, Oral, 100	0.0794	08/01/00	
Eq 50mg HCl, Capsule, Oral, 100	0.1013	08/01/00	
Eq 100mg HCl, Capsule, Oral, 100	0.2474	08/01/00	
Ibuprofen			
400mg, Tablet, Oral, 100	0.0369	08/01/00	
600mg, Tablet, Oral, 100	0.0497	08/01/00	
800mg, Tablet, Oral, 100	0.0629	08/01/00	
Imipramine Hydrochloride			
10mg, Tablet, Oral, 100	0.1557	08/01/00	
25mg, Tablet, Oral, 100	0.1757	08/01/00	
50mg, Tablet, Oral, 100	0.2142	08/01/00	
Indapamide			
1.25mg, Tablet, Oral, 100	0.1780	08/01/00	
Indapamide			
2.5mg, Tablet, Oral, 100	0.1580	08/01/00	
Indomethacin			
25mg, Capsule, Oral, 100	0.0338	08/01/00	
50mg, Capsule, Oral, 100	0.0501	08/01/00	
Isoniazid			
300mg, Tablet, Oral, 100	0.0548	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Isosorbide Dinitrate			
2.5mg, Tablet, Sublingual, 100	0.0330	08/01/00	
5mg, Tablet, Oral, 100	0.0242	08/01/00	
5mg, Tablet, Sublingual, 100	0.0300	08/01/00	
10mg, Tablet, Oral, 100	0.0223	08/01/00	
20mg, Tablet, Oral, 100	0.0248	08/01/00	
Isosorbide Mononitrate			
10mg, Tablet, Oral, 100	0.6110	08/01/00	
20mg, Tablet, Oral 100	0.4688	08/01/00	
60mg, Tablet, Extended Release, Oral, 100	0.7492	08/01/00	
Ketoconazole			
200mg, Tablet, Oral, 100	2.7645	08/01/00	
Ketoprofen			
50mg, Capsule, Oral, 100	0.4750	08/01/00	
75mg, Capsule, Oral, 100	0.5860	08/01/00	
Ketorolac Tromethamine			
10mg, Tablet, Oral, 100	0.6374	08/01/00	
Labetalol Hydrochloride			
100mg, Tablet, Oral, 100	0.3140	08/01/00	
200mg, Tablet, Oral, 100	0.4440	08/01/00	
300mg, Tablet, Oral, 100	0.5920	08/01/00	
Lactulose			
10gm/15ml, Solution, Oral, 480ml	0.0219	08/01/00	
Levobunolol Hydrochloride			
0.25%, Solution/Drops, Ophthalmic, 10ml	1.2749	08/01/00	
0.5%, Solution/Drops, Ophthalmic, 5ml	1.3950	08/01/00	
0.5%, Solution/Drops, Ophthalmic, 10ml	1.3035	08/01/00	
0.5%, Solution/Drops, Ophthalmic, 15ml	1.4190	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA) Federal Upper Limit (FUL) Program Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Lidocaine Hydrochloride			
2%, Solution, Oral, 100ml	0.0278	08/01/00	
Lindane			
1%, Lotion, Topical, 480ml	0.0790	08/01/00	
1%, Shampoo, Topical, 480ml	0.1130	08/01/00	
Loperamide Hydrochloride			
2mg, Capsule, Oral, 100	0.1500	08/01/00	
Lorazepam			
0.5mg, Tablet, Oral, 100	0.3750	08/01/00	
1mg, Tablet, Oral, 100	0.5718	08/01/00	
2mg, Tablet, Oral, 100	0.6000	08/01/00	
Maprotiline Hydrochloride			
25mg, Tablet, Oral, 100	0.2565	08/01/00	
50mg, Tablet, Oral, 100	0.3920	08/01/00	
75mg, Tablet, Oral, 100	0.7379	08/01/00	
Meclizine Hydrochloride			
12.5mg, Tablet, Oral, 100	0.0263	08/01/00	
25mg, Tablet, Oral, 100	0.0315	08/01/00	
Medroxyprogesterone Acetate			
2.5mg, Tablet, Oral, 100	0.1500	08/01/00	
5mg, Tablet, Oral, 100	0.2250	08/01/00	
Megestrol Acetate			
20mg, Tablet, Oral, 100	0.3599	08/01/00	
40mg, Tablet, Oral, 100	0.5714	08/01/00	
Meprobamate			
200mg, Tablet, Oral, 100	0.0937	08/01/00	
400mg, Tablet, Oral, 100	0.1257	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA) Federal Upper Limit (FUL) Program Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Metaproterenol Sulfate			
10mg/5ml, Syrup, Oral, 480ml	0.0270	08/01/00	
Methazolamide			
25mg, Tablet, Oral, 100	0.3260	08/01/00	
50mg, Tablet, Oral, 100	0.5000	08/01/00	
Methenamine Hippurate			
1gm, Tablet, Oral, 100	0.2849	08/01/00	
Methocarbamol			
500mg, Tablet, Oral, 100	0.1310	08/01/00	
750mg, Tablet, Oral, 100	0.1490	08/01/00	
Methotrexate Sodium			
Eq 2.5mg base, Tablet, Oral, 100	2.2300	08/01/00	
Methyclothiazide			
5mg, Tablet, Oral, 100	0.3689	08/01/00	
Methyldopa			
250mg, Tablet, Oral, 100	0.1013	08/01/00	
500mg, Tablet, Oral, 100	0.1800	08/01/00	
Methylphenidate Hydrochloride			
5mg, Tablet, Oral, 100	0.3020	08/01/00	
10mg, Tablet, Oral, 100	0.4224	08/01/00	
20mg, Tablet, Oral, 100	0.6180	08/01/00	
Methylprednisolone			
4mg, Tablet, Oral, 100	0.4658	08/01/00	
Metoclopramide Hydrochloride			
Eq 5mg base/5ml, Solution, Oral, 480ml	0.0155	08/01/00	
Eq 5mg base, Tablet, Oral, 100	0.1200	08/01/00	
Eq 10mg base, Tablet, Oral, 100	0.0195	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Metoprolol Tartrate			
50mg, Tablet, Oral, 100	0.0740	08/01/00	
100mg, Tablet, Oral, 100	0.0910	08/01/00	
Metronidazole			
250mg, Tablet, Oral, 100	0.0640	08/01/00	
500mg, Tablet, Oral, 100	0.1350	08/01/00	
Mexiletine Hydrochloride			
150mg, Capsule, Oral, 100	0.6452	08/01/00	
200mg, Capsule, Oral, 100	0.7784	08/01/00	
250mg, Capsule, Oral, 100	0.8568	08/01/00	
Minocycline Hydrochloride			
Eq 50mg base, Capsule, Oral, 100	0.5020	08/01/00	
Eq 100mg base, Capsule, Oral, 50	0.7875	08/01/00	
Minoxidil			
2.5mg, Tablet, Oral, 100	0.3170	08/01/00	
10mg, Tablet, Oral, 100	0.4580	08/01/00	
Nadolol			
20mg, Tablet, Oral, 100	0.4650	08/01/00	
40mg, Tablet, Oral, 100	0.5780	08/01/00	
80mg, Tablet, Oral, 100	1.1220	08/01/00	
160mg, Tablet, Oral, 100	1.1540	08/01/00	
Naphazoline Hydrochloride			
0.1%, Solution/Drops, Ophthalmic, 15ml	0.3140	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Naproxen			
250mg, Tablet, Oral, 100	0.1035	08/01/00	
375mg, Tablet, Oral, 100	0.1335	08/01/00	
500mg, Tablet, Oral, 100	0.1628	08/01/00	
375mg, Tablet, Delayed Release, Oral, 100	0.6450	08/01/00	
500mg, Tablet, Delayed Release, Oral, 100	0.7800	08/01/00	
Naproxen Sodium			
Eq 250mg base, Tablet, Oral, 100	0.1670	08/01/00	
Eq 500mg base, Tablet, Oral, 100	0.2020	08/01/00	
Niacin			
500mg, Tablet, Oral, 100	0.0390	08/01/00	
Nicardipine Hydrochloride			
20mg, Capsule, Oral, 100	0.2550	08/01/00	
30mg, Capsule, Oral, 100	0.4050	08/01/00	
Nifedipine			
10mg, Capsule, Oral, 100	0.1100	08/01/00	
20mg, Capsule, Oral, 100	0.1610	08/01/00	
Nitrofurantoin, Macrocrystalline			
50mg, Capsule, Oral, 100	0.5040	08/01/00	
100mg, Capsule, Oral, 100	0.7425	08/01/00	
Nortriptyline Hydrochloride			
Eq 10mg base, Capsule, Oral, 100	0.0975	08/01/00	
Eq 25mg base, Capsule, Oral, 100	0.1580	08/01/00	
Eq 50mg base, Capsule, Oral, 100	0.1688	08/01/00	
Eq 75mg base, Capsule, Oral, 100	0.2204	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Nystatin			
100,000 units/gm, Cream, Topical, 15gm	0.0900	08/01/00	
100,000 units/gm, Cream, Topical, 30gm	0.0690	08/01/00	
100,000 units/gm, Ointment, Topical, 15gm	0.1350	08/01/00	
100,000 units/gm, Ointment, Topical, 30gm	0.1095	08/01/00	
100,000 units/ml, Suspension, Oral, 60ml	0.0590	08/01/00	
100,000 units/ml, Suspension, Oral, 480ml	0.0425	08/01/00	
100,000 Units, Tablet, Vaginal, 15	1.7589	08/01/00	
500,000 Units, Tablet, Oral, 100	0.3563	08/01/00	
Nystatin; Triamcinolone Acetonide			
100,000 units/gm; 0.1%, Cream, Topical, 15gm	0.0990	08/01/00	
100,000 units/gm; 0.1%, Cream, Topical, 30gm	0.0940	08/01/00	
100,000 units/gm; 0.1%, Cream, Topical, 60gm	0.0747	08/01/00	
Nystatin; Triamcinolone Acetonide			
100,000 units/gm; 0.1%, Ointment, Topical, 15gm	0.0990	08/01/00	
100,000 units/gm; 0.1%, Ointment, Topical, 30gm	0.0975	08/01/00	
100,000 units/gm; 0.1%, Ointment, Topical, 60gm	0.0747	08/01/00	
Oxazepam			
10mg, Capsule, Oral, 100	0.3030	08/01/00	
15mg, Capsule, Oral, 100	0.5160	08/01/00	
30mg, Capsule, Oral, 100	0.8778	08/01/00	
Oxybutynin Chloride			
5mg/5ml, Syrup, Oral, 480ml	0.1217	08/01/00	
5mg, Tablet, Oral, 100	0.1650	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Penicillin V Potassium			
Eq 125mg base/5ml, Powder for Reconstitution, Oral, 100ml	0.0164	08/01/00	
Eq 125mg base/5ml, Powder for Reconstitution, Oral, 200ml	0.0119	08/01/00	
Eq 250mg base/5ml, Powder for Reconstitution, Oral, 100ml	0.0209	08/01/00	
Eq 250mg base/5ml, Powder for Reconstitution, Oral, 200ml	0.0164	08/01/00	
Eq 250mg base, Tablet, Oral, 100	0.0491	08/01/00	
Eq 500mg base, Tablet, Oral, 100	0.0800	08/01/00	
Pentoxifylline			
400mg Tablet, Extended Release, Oral, 100	0.01532	08/01/00	
Perphenazine			
2mg, Tablet, Oral, 100	0.2249	08/01/00	
4mg, Tablet, Oral, 100	0.2984	08/01/00	
8mg, Tablet, Oral, 100	0.3599	08/01/00	
16mg, Tablet, Oral, 100	0.4799	08/01/00	
Phendimetrazine Tartrate			
35mg, Tablet, Oral, 100	0.0750	08/01/00	
Phentermine Hydrochloride			
30mg, Capsule, Oral, 100	0.2990	08/01/00	
37.5mg, Capsule, Oral, 100	0.2020	08/01/00	
Phenylephrine Hydrochloride; Promethazine Hydrochloride			
5mg/5ml; 6.25mg/5ml, Syrup, Oral, 480ml	0.0092	08/01/00	
Phenytoin Sodium, Extended			
100mg, Capsule, Oral, 100	0.1020	08/01/00	
Pindolol			
5mg, Tablet, Oral, 100	0.1040	08/01/00	
10mg, Tablet, Oral, 100	0.1388	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Piroxicam			
10mg, Capsule, Oral, 100	0.1050	08/01/00	
20mg, Capsule, Oral, 100	0.1480	08/01/00	
Polymixin B Sulfate; Trimethoprim Sulfate			
10,000 Units/ml; Eq 1mg Base/ml, Solution/Drops, Ophthalmic, 10ml	1.2360	08/01/00	
Potassium Chloride			
8meq, Tablet, Extended Release, Oral, 100	0.0773	08/01/00	
10meq, Capsule, Extended Release, Oral, 100	0.1041	08/01/00	
Prazosin Hydrochloride			
Eq 1mg base, Capsule, Oral, 100	0.0555	08/01/00	
Eq 2mg base, Capsule, Oral, 100	0.0719	08/01/00	
Eq 5mg base, Capsule, Oral, 100	0.1043	08/01/00	
Prednisolone			
15mg/5ml, Syrup, Oral, 240ml	0.2580	08/01/00	
15mg/5ml, Syrup, Oral, 480ml	0.2090	08/01/00	
Prednisolone Acetate			
1%, Suspension/Drops, Ophthalmic, 5ml	1.8900	09/01/98	
1%, Suspension/Drops, Ophthalmic, 10ml	1.6200	09/01/98	
Prednisolone Sodium Phosphate			
Eq 1% Phosphate, Solution/Drops, Ophthalmic, 5ml	1.3350	08/01/00	
Eq 1% Phosphate, Solution/Drops, Ophthalmic, 10ml	1.6900	08/01/00	
Prednisone			
5mg, Tablet, Oral, 100	0.0332	08/01/00	
10mg, Tablet, Oral, 100	0.0495	08/01/00	
20mg, Tablet, Oral, 100	0.0743	08/01/00	
Primidone			
250mg, Tablet, Oral, 100	0.3143	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Probenecid			
500mg, Tablet, Oral, 100	0.7060	08/01/00	
Procainamide Hydrochloride			
500mg, Tablet, Extended Release, Oral, 100	0.2460	08/01/00	
Prochlorperazine Maleate			
Eq 5mg base, Tablet, Oral, 100	0.3986	08/01/00	
Eq 10mg base, Tablet, Oral, 100	0.5766	08/01/00	
Promethazine Hydrochloride			
6.25mg/5ml, Syrup, Oral, 120ml	0.0219	08/01/00	
6.25mg/5ml, Syrup, Oral, 480ml	0.0079	08/01/00	
Proparacaine Hydrochloride			
0.5%, Solution/Drops, Ophthalmic, 15ml	0.4990	10/01/97	
Propoxyphene Hydrochloride			
65mg, Capsule, Oral, 100	0.1100	08/01/00	
Propranolol Hydrochloride			
10mg, Tablet, Oral, 100	0.0134	08/01/00	
20mg, Tablet, Oral, 100	0.0158	08/01/00	
40mg, Tablet, Oral, 100	0.0189	08/01/00	
60mg, Tablet, Oral, 100	0.0560	08/01/00	
80mg, Tablet, Oral, 100	0.0284	08/01/00	
Protriptyline Hydrochloride			
5mg, Tablet, Oral, 100	0.4575	08/01/00	
10mg, Tablet, Oral, 100	0.6697	08/01/00	
Quinidine Gluconate			
324mg, Tablet, Extended Release, Oral, 100	0.4200	08/01/00	
Quinidine Sulfate			
200mg, Tablet, Oral, 100	0.0858	08/01/00	
300mg, Tablet, Oral, 100	0.1721	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Ranitidine Hydrochloride			
Eq 150mg base, Tablet, Oral, 100	0.3410	08/01/00	
Eq 300mg base, Tablet, Oral, 100	0.6830	08/01/00	
Selegiline Hydrochloride			
5mg, Tablet, Oral, 60	0.8230	08/01/00	
5mg, Tablet, Oral, 500	1.7500	09/01/98	
Selenium Sulfide			
2.5%, Lotion/Shampoo, Topical, 120ml	0.0263	09/01/98	
Silver Sulfadiazine			
1%, Cream, Topical, 20gm	0.1647	08/01/00	
1%, Cream, Topical, 50gm	0.1260	08/01/00	
1%, Cream, Topical, 85gm	0.1166	08/01/00	
1%, Cream, Topical, 400gm	0.0591	08/01/00	
Spirolactone			
25mg, Tablet, Oral, 100	0.3000	08/01/00	
Sucralfate			
1gm, Tablet, Oral, 100	0.0735	08/01/00	
Sulfacetamide Sodium			
10%, Ointment, Ophthalmic, 3.5gm	1.4530	08/01/00	
10%, Solution/Drops, Ophthalmic, 15ml	1.2400	08/01/00	
Sulfamethoxazole; Trimethoprim			
200mg/5ml; 40mg/5ml, Suspension, Oral, 480ml	0.0190	08/01/00	
400mg; 80mg, Tablet, Oral, 100	0.1325	08/01/00	
800mg; 160mg, Tablet Oral, 100	0.1830	08/01/00	
Sulfasalazine			
500mg, Tablet, Oral, 100	0.1403	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Sulindac			
150mg, Tablet, Oral, 100	0.2138	08/01/00	
200mg, Tablet, Oral, 100	0.2400	08/01/00	
Temazepam			
15mg, Capsule, Oral, 100	0.1260	08/01/00	
30mg, Capsule, Oral, 100	0.1418	08/01/00	
Tetracycline Hydrochloride			
250mg, Capsule, Oral, 100	0.0490	08/01/00	
500mg, Capsule, Oral, 100	0.0610	08/01/00	
Theophylline			
80mg/15ml, Elixir, Oral, 240ml	0.0070	08/01/00	
100mg, Tablet, Extended Release, Oral, 100	0.0542	08/01/00	
200mg, Tablet, Extended Release, Oral, 100	0.0940	08/01/00	
300mg, Tablet, Extended Release, Oral, 100	0.1070	08/01/00	
450mg, Tablet, Extended Release, Oral, 100	0.2700	08/01/00	
Thioridazine Hydrochloride			
100mg/ml, Concentrate, Oral, 120ml	0.2376	08/01/00	
10mg, Tablet, Oral, 100	0.0939	08/01/00	
15mg, Tablet, Oral, 100	0.2277	08/01/00	
25mg, Tablet, Oral, 100	0.1103	08/01/00	
50mg, Tablet, Oral, 100	0.1760	08/01/00	
100mg, Tablet, Oral, 100	0.2324	08/01/00	
150mg, Tablet, Oral, 100	0.4748	08/01/00	
Thiothixene			
1mg, Capsule, Oral, 100	0.0890	08/01/00	
2mg, Capsule, Oral, 100	0.1048	08/01/00	
5mg, Capsule, Oral, 100	0.1568	08/01/00	
10mg, Capsule, Oral, 100	0.2289	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Thiothixene Hydrochloride			
Eq 5mg base/ml, Concentrate, Oral, 120ml	0.2826	08/01/00	
Timolol Maleate			
Eq 0.25% base, Solution/Drops, Ophthalmic, 5ml	0.7500	08/01/00	
Eq 0.25% base, Solution/Drops, Ophthalmic, 10ml	0.7970	08/01/00	
Timolol Maleate			
Eq 0.25% base, Solution/Drops, Ophthalmic, 15ml	0.7500	08/01/00	
Eq 0.5% base, Solution/Drops, Ophthalmic, 5ml	1.2450	08/01/00	
Eq 0.5% base, Solution/Drops, Ophthalmic, 10ml	0.9150	08/01/00	
Eq 0.5% base, Solution/Drops, Ophthalmic, 15ml	0.9450	08/01/00	
5mg, Tablet, Oral, 100	0.1538	08/01/00	
10mg, Tablet, Oral, 100	0.2138	08/01/00	
Tobramycin			
0.3%, Solution/Drops, Ophthalmic, 5ml	0.7680	08/01/00	
Tolazamide			
250mg, Tablet, Oral, 100	0.1038	08/01/00	
500mg, Tablet, Oral, 100	0.2480	08/01/00	
Tolmetin Sodium			
Eq 400mg base, Capsule, Oral, 100	0.7280	08/01/00	
Eq 600mg base, Tablet, Oral, 100	0.9098	08/01/00	
Trazodone Hydrochloride			
50mg, Tablet, Oral, 100	0.0640	08/01/00	
100mg, Tablet, Oral, 100	0.0952	08/01/00	
150mg, Tablet, Oral, 100	0.4280	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Triamcinolone Acetonide			
0.025%, Cream, Topical, 15gm	0.0950	08/01/00	
0.025%, Cream, Topical, 80gm	0.0300	09/01/98	
0.025%, Cream, Topical, 454gm	0.0132	08/01/00	
0.1%, Cream, Topical, 15gm	0.0700	08/01/00	
0.1%, Cream, Topical, 80gm	0.0407	08/01/00	
0.1%, Cream, Topical, 454gm	0.0295	08/01/00	
0.5%, Cream, Topical, 15gm	0.1889	08/01/00	
0.1%, Lotion, Topical, 60ml	0.1215	08/01/00	
0.025%, Ointment, Topical, 80gm	0.0281	08/01/00	
0.1%, Ointment, Topical, 15gm	0.0810	08/01/00	
0.1%, Ointment, Topical, 80gm	0.0502	08/01/00	
0.1%, Ointment, Topical, 454gm	0.0381	08/01/00	
0.1%, Paste, Dental, 5gm	0.8250	08/01/00	
Triazolam			
0.125mg, Tablet, Oral, 500	0.4000	08/01/00	
0.25mg, Tablet, Oral, 500	0.4320	08/01/00	
Trifluoperazine Hydrochloride			
Eq 1mg base, Tablet, Oral, 100	0.2433	08/01/00	
Trifluoperazine Hydrochloride			
Eq 2mg base, Tablet, Oral, 100	0.3552	08/01/00	
Eq 5mg base, Tablet, Oral, 100	0.4271	08/01/00	
Eq 10mg base, Tablet, Oral, 100	0.5400	08/01/00	
Trihexyphenidyl Hydrochloride			
2mg, Tablet, Oral, 100	0.1125	08/01/00	
5mg, Tablet, Oral, 100	0.2175	08/01/00	

(Continued)

Table 1.1 – Federal Upper Limits List

Health Care Financing Administration (HCFA)			
Federal Upper Limit (FUL) Program			
Effective August 1, 2000			
Drug Description and Dosage	FUL Rate	Effective Date	Note
Trimethoprim			
100mg, Tablet, Oral, 100	0.1553	08/01/00	
200mg, Tablet, Oral, 100	0.3000	08/01/00	
Tropicamide			
0.5%, Solution/Drops, Ophthalmic, 15ml	0.6550	08/01/00	
1%, Solution/Drops, Ophthalmic, 15ml	0.7000	08/01/00	
Valproic Acid			
250mg, Capsule, Oral, 100	0.1855	08/01/00	
250mg/5ml, Syrup, Oral, 480ml	0.0594	01/01/97	
Verapamil Hydrochloride			
120mg, Capsule, Extended Release, Oral, 100	0.8250	08/01/00	
180mg, Capsule, Extended Release, Oral, 100	0.8700	08/01/00	
240mg, Capsule, Extended Release, Oral, 100	0.9900	08/01/00	
40mg, Tablet, Oral, 100	0.1800	08/01/00	
80mg, Tablet, Oral, 100	0.0533	08/01/00	
120mg, Tablet, Oral, 100	0.0743	08/01/00	
180mg, Tablet, Extended Release, Oral, 100	0.2352	08/01/00	
240mg, Tablet, Extended Release, Oral, 100	0.2175	08/01/00	
Warfarin Sodium			
1mg, Tablet, Oral, 100	0.4361	08/01/00	
2mg, Tablet, Oral, 100	0.4553	08/01/00	
2.5mg, Tablet, Oral, 100	0.4692	08/01/00	
3mg, Tablet, Oral, 100	0.4718	08/01/00	
4mg, Tablet, Oral, 100	0.4724	08/01/00	
5mg, Tablet, Oral, 100	0.4761	08/01/00	
6mg, Tablet, Oral, 100	0.6752	08/01/00	