



**Provider Notice 13-23**

Dear Provider,

The Medicaid Program of the Health Care Authority (Agency) will implement the following changes to maximum allowable costs in the Prescription Drug Program:

<b>MAC Additions</b>			
<b>Generic Name</b>	<b>Strength</b>	<b>Form</b>	<b>MAC Effective 05/01/13</b>
FENOFIBRATE MICRONIZED	43MG	CAPSULE	\$1.94630
FENOFIBRATE MICRONIZED	130MG	CAPSULE	\$5.71230
<b>MAC Adjustments</b>			
<b>Generic Name</b>	<b>Strength</b>	<b>Form</b>	<b>MAC Effective 05/01/13</b>
BUPROPION HCL	150MG	TAB SR 24HR	\$0.54050
CLOPIDOGREL BISULFATE	75MG	TABLET	\$0.14277
FLUTICASONE PROPIONATE	50MCG/ACT	NASAL SUSP	\$0.85874
HYDROXYZINE HCL	10MG	TABLET	\$0.12670
HYDROXYZINE HCL	25MG	TABLET	\$0.14250
MIRTAZAPINE	7.5MG	TABLET	\$0.19066
OXYBUTYNIN CHLORIDE	5MG	TAB SR 24HR	\$1.02780
OXYBUTYNIN CHLORIDE	10MG	TAB SR 24HR	\$1.02100
OXYBUTYNIN CHLORIDE	15MG	TAB SR 24HR	\$1.14230
PIOGLITAZONE HCL	15MG	TABLET	\$0.28066
PIOGLITAZONE HCL	30MG	TABLET	\$0.34400
PIOGLITAZONE HCL	45MG	TABLET	\$0.40233
TACROLIMUS	0.5MG	CAPSULE	\$1.17710
TACROLIMUS	1MG	CAPSULE	\$1.91450
TACROLIMUS	5MG	CAPSULE	\$11.56270
<b>MAC Deletions</b>			
<b>Generic Name</b>	<b>Strength</b>	<b>Form</b>	<b>MAC Effective 04/01/13</b>
CLINDAMYCIN PHOSPHATE	1%	SOLUTION	\$0.00000

Thank you.

JC:AL  
 Provider Publications Team  
 Medicaid Program  
 Health Care Authority

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