



Provider Notice 13-15

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:

MAC Additions			
Generic Name	Strength	Form	MAC Effective 04/01/13
AMPHETAMINE-DEXTROAMPHETAMINE	5MG	CAP SR 24HR	\$4.81510
AMPHETAMINE-DEXTROAMPHETAMINE	10MG	CAP SR 24HR	\$4.81510
AMPHETAMINE-DEXTROAMPHETAMINE	15MG	CAP SR 24HR	\$4.81510
AMPHETAMINE-DEXTROAMPHETAMINE	20MG	CAP SR 24HR	\$4.81510
AMPHETAMINE-DEXTROAMPHETAMINE	25MG	CAP SR 24HR	\$4.81510
AMPHETAMINE-DEXTROAMPHETAMINE	30MG	CAP SR 24HR	\$4.81510
RIZATRIPTAN BENZOATE	5MG	TAB DISP	\$25.90700
RIZATRIPTAN BENZOATE	10MG	TAB DISP	\$25.90700
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 04/01/13
AZITHROMYCIN	250MG	TABLET	\$0.47990
DIVALPROEX SODIUM	125MG	CAP SPRINKLE	\$0.39140
FENTANYL	25MCG/HR	PATCH TD72	\$4.90780
FENTANYL	50MCG/HR	PATCH TD72	\$8.53860
FENTANYL	75MCG/HR	PATCH TD72	\$13.56390
METOPROLOL SUCCINATE	25MG	TAB SR 24HR	\$0.51670
METOPROLOL SUCCINATE	50MG	TAB SR 24HR	\$0.52710
METOPROLOL SUCCINATE	100MG	TAB SR 24HR	\$0.93620
METOPROLOL SUCCINATE	200MG	TAB SR 24HR	\$1.53550
NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE	100MG	CAPSULE	\$2.13410
OLANZAPINE	15MG	TABLET	\$0.47766
OLANZAPINE	20MG	TABLET	\$0.61266
TRIAMCINOLONE ACETONIDE	55MCG	NASAL AERS	\$4.67750
MAC Deletions			
Generic Name	Strength	Form	MAC Effective 03/01/13
CYANOCOBALAMIN	1000MCG/ML	SOLUTION	\$0.00000
PINDOLOL	5MG	TABLET	\$0.00000

Thank you.

BC:AL
 Provider Publications Team
 Medicaid Program
 Health Care Authority

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