



Provider Notice 13-48

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 08/01/13
CEFPODOXIME PROXETIL	200MG	TABLET	\$6.52050
ESCITALOPRAM OXALATE	5MG/5ML	SOLUTION	\$0.63240
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 08/01/13
CLINDAMYCIN PHOSPHATE (60GM SIZE)	1%	GEL	\$1.50770
DEXTROAMPHETAMINE SULFATE	5MG	CAP SR 24HR	\$2.86190
DEXTROAMPHETAMINE SULFATE	10MG	CAP SR 24HR	\$3.59840
DEXTROAMPHETAMINE SULFATE	15MG	CAP SR 24HR	\$4.71780
ESCITALOPRAM OXALATE	10MG	TABLET	\$0.15340
ESCITALOPRAM OXALATE	20MG	TABLET	\$0.16580
HALOPERIDOL	10MG	TABLET	\$0.72090
ISOTRETINOIN	40MG	CAPSULE	\$7.45740
OLANZAPINE	2.5MG	TABLET	\$0.17400
OLANZAPINE	5MG	TABLET	\$0.20433
OLANZAPINE	7.5MG	TABLET	\$0.23340
OLANZAPINE	10MG	TABLET	\$0.29400
OLANZAPINE	15MG	TABLET	\$0.44030
OLANZAPINE	20MG	TABLET	\$0.55230
OXCARBAZEPINE	150MG	TABLET	\$0.20560
OXCARBAZEPINE	300MG	TABLET	\$0.24630
OXCARBAZEPINE	600MG	TABLET	\$0.45570
RISPERIDONE	1MG/ML	SOLUTION	\$0.54630
SPIRONOLACTONE	25MG	TABLET	\$0.08830
ZIPRASIDONE	20MG	CAPSULE	\$2.36060
ZIPRASIDONE	40MG	CAPSULE	\$2.44250
ZIPRASIDONE	60MG	CAPSULE	\$2.79100
ZIPRASIDONE	80MG	CAPSULE	\$2.79100
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 07/01/13
BLOOD GLUCOSE TEST STRIPS	N/A	EACH	\$0.62640
LANCETS	N/A	EACH	\$0.10860
PEAK FLOW METER	N/A	EACH	\$24.85000
MAC Deletions			
Generic Name	Strength	Form	MAC Effective 07/01/13
CARBAMAZEPINE	200MG	TAB SR 12HR	\$0.00000
CARBAMAZEPINE	400MG	TAB SR 12HR	\$0.00000
CLINDAMYCIN PHOSPHATE (30GM SIZE)	1%	GEL	\$0.00000
CLINDAMYCIN PHOSPHATE	1%	LOTION	\$0.00000

Thank you.

BC/AL
Provider Publications Team
Medicaid Program
Health Care Authority

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