



Provider Notice 13-54

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 09/01/13
METFORMIN HCL	1000MG	TAB SR 24HR	\$7.50860
METHYLPHENIDATE HCL	27MG	TAB SA OSM	\$5.21300
METHYLPHENIDATE HCL	36MG	TAB SA OSM	\$5.35890
METHYLPHENIDATE HCL	54MG	TAB SA OSM	\$5.75150
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 09/01/13
AMOXICILLIN & K CLAVULANATE	500-125MG	TABLET	\$0.68650
AMOXICILLIN & K CLAVULANATE	875-125MG	TABLET	\$0.76750
AMPHETAMINE-DEXTROAMPHETAMINE	5MG	CAP SR 24HR	\$4.21450
AMPHETAMINE-DEXTROAMPHETAMINE	10MG	CAP SR 24HR	\$4.21450
AMPHETAMINE-DEXTROAMPHETAMINE	15MG	CAP SR 24HR	\$4.21450
AMPHETAMINE-DEXTROAMPHETAMINE	20MG	CAP SR 24HR	\$4.21450
AMPHETAMINE-DEXTROAMPHETAMINE	25MG	CAP SR 24HR	\$4.21450
AMPHETAMINE-DEXTROAMPHETAMINE	30MG	CAP SR 24HR	\$4.21450
CEPHALEXIN	500MG	CAPSULE	\$0.09988
FENTANYL	100MCG/HR	PATCH TD72	\$14.68100
GABAPENTIN	600MG	TABLET	\$0.19250
GABAPENTIN	800MG	TABLET	\$0.29370
LEVONORGESTREL & ETHINYL ESTRADIOL	0.15MG-30MCG	TABLET	\$0.61340
MONTELUKAST SODIUM	10MG	TABLET	\$0.35360
NORETHINDRONE ACETATE & ETHINYL ESTRADIOL	1.5MG-30MCG	TABLET	\$0.58560
POLYETHYLENE GLYCOL	3350	POWDER	\$0.04173
TESTOSTERONE CYPIONATE (IM IN OIL)	200MG/ML	VIAL	\$7.11500
MAC Deletions			
Generic Name	Strength	Form	MAC Effective 08/01/13
DESONIDE	0.05%	CREAM	\$0.00000
DIVALOPROEX SODIUM	500MG	TAB SR 24HR	\$0.00000

Thank you.

BC/AL
 Provider Publications Team
 Medicaid Program
 Health Care Authority

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