



Provider Notice 13-69

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 11/01/13
MUPIROCIN CALCIUM (15GM SIZE)	2%	CREAM	\$2.75170
MUPIROCIN CALCIUM (30GM SIZE)	2%	CREAM	\$2.37410
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 11/01/13
AMANTADINE HCL	100MG	CAPSULE	\$1.43170
ANASTRAZOLE	1MG	TABLET	\$0.24720
BENZOYL PEROXIDE-ERYTHROMYCIN (46.6GM SIZE ONLY)	5-3%	GEL	\$0.70910
CALCITRIOL	0.25MCG	CAPSULE	\$0.57400
CALCITRIOL	0.5MCG	CAPSULE	\$1.14960
CEVIMELINE HCL	30MG	CAPSULE	\$2.51850
DICLOFENAC SODIUM	50MG	TABLET EC	\$0.29650
DICLOFENAC SODIUM	75MG	TABLET EC	\$0.28310
LAMOTRIGINE	250MG	TAB SR 24HR	\$15.11000
LAMOTRIGINE	300MG	TAB SR 24HR	\$15.17630
METHYLPHENIDATE HCL	40MG	CAPSULE CR	\$5.54180
METHYLPHENIDATE HCL	50MG	CAPSULE CR	\$6.68570
METHYLPHENIDATE HCL	60MG	CAPSULE CR	\$6.68570
METOPROLOL SUCCINATE	25MG	TAB SR 24HR	\$0.39970
METOPROLOL SUCCINATE	50MG	TAB SR 24HR	\$0.41010
METOPROLOL SUCCINATE	100MG	TAB SR 24HR	\$0.75450
METOPROLOL SUCCINATE	200MG	TAB SR 24HR	\$1.34700
NITROFURANTOIN MACROCRYSTAL	50MG	CAPSULE	\$0.79050
NITROFURANTOIN MACROCRYSTAL	100MG	CAPSULE	\$1.37000
NORETHINDRONE ACETATE & ETHINYL ESTRADIOL-FE	1MG-20MCG	TABLET	\$0.58560
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 10/01/13
METHOTREXATE	2.5MG	TABLET	\$2.86880
METHYLPHENIDATE HCL	5MG	TABLET	\$0.55860
MAC Deletions			
Generic Name	Strength	Form	MAC Effective 10/01/13
DOXYCYCLINE HYCLATE	100MG	CAPSULE	\$0.00000

Thank you.

BC/AL

Provider Publications Team
Medicaid Program
Health Care Authority

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