



Provider Notice 13-82

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 12/01/13
AMMONIUM LACTATE (LACTIC ACID)	12%	LOTION	\$0.08970
MAC Additions			
Generic Name	Strength	Form	MAC Effective 01/01/14
BETAMETHASONE DIPROPIONATE (15GM SIZE)	0.05%	CREAM	\$2.14270
BETAMETHASONE DIPROPIONATE (45GM SIZE)	0.05%	CREAM	\$1.38580
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 01/01/14
ABACAVIR SULFATE	300MG	TABLET	\$6.87690
ADAPALENE	0.1%	CREAM	\$3.67010
ATORVASTATIN CALCIUM	10MG	TABLET	\$0.15814
ATORVASTATIN CALCIUM	20MG	TABLET	\$0.20932
ATORVASTATIN CALCIUM	40MG	TABLET	\$0.20932
ATORVASTATIN CALCIUM	80MG	TABLET	\$0.24322
AZELASTINE HCL	137MCG/SPR	NASAL SOLN	\$1.38530
CITALOPRAM HYDROBROMIDE	10MG	TABLET	\$0.04848
CITALOPRAM HYDROBROMIDE	20MG	TABLET	\$0.04466
CITALOPRAM HYDROBROMIDE	40MG	TABLET	\$0.04800
MAC Adjustments, continued			
Generic Name	Strength	Form	MAC Effective 01/01/14
LATANOPROST	0.005%	SOLUTION	\$4.35540
LIDOCAINE-PRILOCAINE	2.5-2.5%	CREAM	\$0.59166
MODAFINIL	200MG	TABLET	\$15.48220
RISPERIDONE	0.25MG	TABLET	\$0.10060
RISPERIDONE	0.5MG	TABLET	\$0.13750
RISPERIDONE	1MG	TABLET	\$0.10670
RISPERIDONE	2MG	TABLET	\$0.15470
RISPERIDONE	3MG	TABLET	\$0.16050
RISPERIDONE	4MG	TABLET	\$0.16350
SUMATRIPTAN SUCCINATE	25MG	TABLET	\$0.75443
SUMATRIPTAN SUCCINATE	50MG	TABLET	\$0.75443
SUMATRIPTAN SUCCINATE	100MG	TABLET	\$0.86666
TAMSULOSIN HCL	0.4MG	CAPSULE	\$0.15790
ZIPRASIDONE HCL	20MG	CAPSULE	\$2.01490
ZIPRASIDONE HCL	40MG	CAPSULE	\$2.01490
ZIPRASIDONE HCL	60MG	CAPSULE	\$2.30040
ZIPRASIDONE HCL	80MG	CAPSULE	\$2.30040

Thank you.

BCVAL
 Provider Publications Team
 Medicaid Program
 Health Care Authority

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