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Newsletter

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TO: Providers of Pharmaceutical Services – **For Action**
Health Maintenance Organizations – **For Information Only**

SUBJECT: Revised Federal Upper Limits of Payment for Maximum Allowable Cost (MAC) Drugs (APPENDIX B)

EFFECTIVE: Claims with Service Dates on or after June 13, 2009

ACTION: As a result of changes in the marketplace, generic versions of the following drug products have been **added** to the Medicaid Drug Federal Upper Limits of Payment:

GENERIC NAME	MAC PRICE	BRAND NAME
Carbamazepine 100 mg/5 ml, Suspension, Oral, 450	0.0837 R	Tegretol XR
Levetiracetam 100 mg/ml, Solution, Oral, 473	0.3488 B	Kepra
250 mg, Tablet, Oral, 120	0.4313 B	
500 mg, Tablet, Oral, 120	0.5271 B	
750 mg, Tablet, Oral, 120	0.7141 B	
1000 mg, Tablet, Oral, 60	1.4072 B	
Minocycline Hydrochloride EQ 50 mg, Tablet, Oral, 100	3.0000 B	Dynacin
EQ 75 mg, Tablet, Oral, 100	4.4400 B	
EQ 100 mg, Tablet, Oral, 50	5.2500 B	

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