



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
0.9 % SODIUM CHLORIDE	0.9 %	IV SOLN	INTRAVEN.	5/1/2024	0.00870
0.9 % SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	5/1/2024	0.07580
ABACAVIR SULFATE	300 MG	TABLET	ORAL	5/1/2024	0.67800
ABACAVIR SULFATE/LAMIVUDINE	600-300 MG	TABLET	ORAL	1/1/2024	1.98000
ABIRATERONE ACETATE	500 MG	TABLET	ORAL	5/1/2024	20.00000
ACAMPROSATE CALCIUM	333 MG	TABLET DR	ORAL	5/1/2024	0.50400
ACARBOSE	100 MG	TABLET	ORAL	5/1/2024	0.24900
ACARBOSE	25 MG	TABLET	ORAL	5/1/2024	0.15000
ACARBOSE	50 MG	TABLET	ORAL	5/1/2024	0.16700
ACEBUTOLOL HCL	200 MG	CAPSULE	ORAL	1/1/2024	0.61200
ACEBUTOLOL HCL	400 MG	CAPSULE	ORAL	1/1/2024	0.84600
ACETAMINOPHEN	1000MG/100	VIAL	INTRAVEN.	5/1/2024	0.09510
ACETAMINOPHEN	120 MG	SUPP.RECT	RECTAL	5/1/2024	0.28400
ACETAMINOPHEN	120MG	SUPP.RECT	RECTAL	5/1/2024	0.28400
ACETAMINOPHEN	160 MG	TAB CHEW	ORAL	5/1/2024	0.10400
ACETAMINOPHEN	160 MG	TAB RAPDIS	ORAL	1/1/2024	0.07710
ACETAMINOPHEN	160 MG/5ML	LIQUID	ORAL	5/1/2024	0.01220
ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.01860
ACETAMINOPHEN	160 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.14500
ACETAMINOPHEN	160 MG/5ML	SOLUTION	ORAL	1/1/2024	0.16100
ACETAMINOPHEN	325 MG	SUPP.RECT	RECTAL	1/1/2024	0.54916
ACETAMINOPHEN	325 MG	TABLET	ORAL	5/1/2024	0.01720
ACETAMINOPHEN	325/10.15	ORAL SUSP	ORAL	1/1/2024	0.09740
ACETAMINOPHEN	325/10.15	SOLUTION	ORAL	5/1/2024	0.12200
ACETAMINOPHEN	500 MG	CAPSULE	ORAL	1/1/2024	0.03520
ACETAMINOPHEN	500 MG	TABLET	ORAL	5/1/2024	0.02440
ACETAMINOPHEN	650 MG	SUPP.RECT	RECTAL	5/1/2024	0.32600
ACETAMINOPHEN	650 MG	TABLET ER	ORAL	5/1/2024	0.06090
ACETAMINOPHEN	650MG	SUPP.RECT	RECTAL	5/1/2024	0.32600

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ACETAMINOPHEN	650MG	TABLET SA	ORAL	5/1/2024	0.06090
ACETAMINOPHEN	650MG/20.3	ORAL SUSP	ORAL	5/1/2024	0.05730
ACETAMINOPHEN	650MG/20.3	SOLUTION	ORAL	1/1/2024	0.08020
ACETAMINOPHEN	80 MG	TAB CHEW	ORAL	5/1/2024	0.05960
ACETAMINOPHEN WITH CODEINE	300MG-15MG	TABLET	ORAL	5/1/2024	0.28300
ACETAMINOPHEN WITH CODEINE	300MG-30MG	TABLET	ORAL	5/1/2024	0.22300
ACETAMINOPHEN WITH CODEINE	300MG-60MG	TABLET	ORAL	5/1/2024	0.34700
ACETAMINOPHEN/DIPHENHYDRAMINE	500MG-25MG	TABLET	ORAL	5/1/2024	0.03930
ACETAZOLAMIDE	125 MG	TABLET	ORAL	5/1/2024	0.13700
ACETAZOLAMIDE	250 MG	TABLET	ORAL	5/1/2024	0.18100
ACETAZOLAMIDE	500 MG	CAPSULE ER	ORAL	1/1/2024	0.32300
ACETIC ACID	0.25 %	IRRIG SOLN	IRRIGATION	5/1/2024	0.00690
ACTIVATED CHARCOAL	50G/240ML	ORAL SUSP	ORAL	1/1/2024	0.06770
ACYCLOVIR	200 MG	CAPSULE	ORAL	5/1/2024	0.09330
ACYCLOVIR	200 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.14800
ACYCLOVIR	400 MG	TABLET	ORAL	5/1/2024	0.09100
ACYCLOVIR	5 %	CREAM (G)	TOPICAL	5/1/2024	27.83000
ACYCLOVIR	5 %	OINT. (G)	TOPICAL	5/1/2024	0.73000
ACYCLOVIR	800 MG	TABLET	ORAL	5/1/2024	0.16800
ADAPALENE	0.3 %	GEL (GRAM)	TOPICAL	5/1/2024	0.81300
ADAPALENE/BENZOYL PEROXIDE	0.1 %-2.5%	GEL W/PUMP	TOPICAL	5/1/2024	0.68400
ALBENDAZOLE	200 MG	TABLET	ORAL	5/1/2024	11.25000
ALBUTEROL SULFATE	0.63MG/3ML	VIAL-NEB	INHALATION	5/1/2024	0.23000
ALBUTEROL SULFATE	1.25MG/3ML	VIAL-NEB	INHALATION	5/1/2024	0.21500
ALBUTEROL SULFATE	2 MG	TABLET	ORAL	1/1/2024	0.57100
ALBUTEROL SULFATE	2 MG/5 ML	SYRUP	ORAL	5/1/2024	0.04240
ALBUTEROL SULFATE	2.5 MG/0.5	VIAL-NEB	INHALATION	5/1/2024	0.41400
ALBUTEROL SULFATE	2.5 MG/3ML	VIAL-NEB	INHALATION	5/1/2024	0.06360
ALBUTEROL SULFATE	4 MG	TABLET	ORAL	5/1/2024	0.61900



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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
ALBUTEROL SULFATE	90 MCG	HFA AER AD	INHALATION	5/1/2024	2.10000
ALCLOMETASONE DIPROPIONATE	0.05 %	CREAM (G)	TOPICAL	5/1/2024	0.90300
ALCOHOL ANTISEPTIC PADS	N/A	MED. PAD	TOPICAL	1/1/2024	0.00670
ALCOHOL ANTISEPTIC PADS		MED. PAD	TOPICAL	1/1/2024	0.00670
ALENDRONATE SODIUM	10 MG	TABLET	ORAL	5/1/2024	0.12700
ALENDRONATE SODIUM	35 MG	TABLET	ORAL	5/1/2024	0.36500
ALENDRONATE SODIUM	70 MG	TABLET	ORAL	5/1/2024	0.31900
ALFUZOSIN HCL	10 MG	TAB ER 24H	ORAL	5/1/2024	0.11400
ALISKIREN HEMIFUMARATE	150 MG	TABLET	ORAL	5/1/2024	4.81000
ALISKIREN HEMIFUMARATE	300 MG	TABLET	ORAL	5/1/2024	6.28000
ALLOPURINOL	100 MG	TABLET	ORAL	5/1/2024	0.04740
ALLOPURINOL	300 MG	TABLET	ORAL	5/1/2024	0.07800
ALLOPURINOL SODIUM	500 MG	VIAL	INTRAVEN.	1/1/2024	2331.99000
ALMOTRIPTAN MALATE	12.5 MG	TABLET	ORAL	5/1/2024	17.72000
ALMOTRIPTAN MALATE	6.25 MG	TABLET	ORAL	5/1/2024	20.40000
ALOSETRON HCL	1 MG	TABLET	ORAL	5/1/2024	6.49000
ALPRAZOLAM	0.25 MG	TABLET	ORAL	5/1/2024	0.02440
ALPRAZOLAM	0.5 MG	TAB ER 24H	ORAL	5/1/2024	0.18200
ALPRAZOLAM	0.5 MG	TAB RAPDIS	ORAL	5/1/2024	1.12000
ALPRAZOLAM	0.5 MG	TABLET	ORAL	5/1/2024	0.02400
ALPRAZOLAM	1 MG	TAB ER 24H	ORAL	5/1/2024	0.19500
ALPRAZOLAM	1 MG	TABLET	ORAL	5/1/2024	0.02670
ALPRAZOLAM	2 MG	TAB ER 24H	ORAL	1/1/2024	0.31100
ALPRAZOLAM	2 MG	TABLET	ORAL	1/1/2024	0.05230
ALPRAZOLAM	3 MG	TAB ER 24H	ORAL	1/1/2024	0.27400
AMANTADINE HCL	100 MG	CAPSULE	ORAL	5/1/2024	0.18800
AMANTADINE HCL	100 MG	TABLET	ORAL	5/1/2024	0.38700
AMANTADINE HCL	50 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.03570
AMBRISENTAN	10 MG	TABLET	ORAL	1/1/2024	37.12000



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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
AMBRISENTAN	5 MG	TABLET	ORAL	1/1/2024	36.01000
AMIKACIN SULFATE	1000MG/4ML	VIAL	INJECTION	5/1/2024	2.82000
AMILORIDE HCL	5 MG	TABLET	ORAL	5/1/2024	0.18500
AMILORIDE/HYDROCHLOROTHIAZIDE	5 MG-50 MG	TABLET	ORAL	5/1/2024	0.41900
AMINO ACIDS/MV,TX,IRON,MINERAL		LIQUID	ORAL	1/1/2024	0.06522
AMIODARONE HCL	200 MG	TABLET	ORAL	5/1/2024	0.10800
AMIODARONE HCL	400 MG	TABLET	ORAL	5/1/2024	1.60000
AMITRIPTYLINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.03660
AMITRIPTYLINE HCL	100 MG	TABLET	ORAL	5/1/2024	0.16800
AMITRIPTYLINE HCL	150 MG	TABLET	ORAL	5/1/2024	0.25900
AMITRIPTYLINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.05870
AMITRIPTYLINE HCL	50 MG	TABLET	ORAL	5/1/2024	0.08340
AMITRIPTYLINE HCL	75 MG	TABLET	ORAL	5/1/2024	0.15000
AMLODIPINE BES/OLMESARTAN MED	10 MG-20MG	TABLET	ORAL	1/1/2024	0.31000
AMLODIPINE BES/OLMESARTAN MED	10 MG-40MG	TABLET	ORAL	5/1/2024	0.55000
AMLODIPINE BES/OLMESARTAN MED	5 MG-20 MG	TABLET	ORAL	5/1/2024	0.30000
AMLODIPINE BES/OLMESARTAN MED	5 MG-40 MG	TABLET	ORAL	1/1/2024	0.34600
AMLODIPINE BESYLATE	10 MG	TABLET	ORAL	5/1/2024	0.01810
AMLODIPINE BESYLATE	2.5 MG	TABLET	ORAL	5/1/2024	0.01400
AMLODIPINE BESYLATE	5 MG	TABLET	ORAL	5/1/2024	0.01270
AMLODIPINE BESYLATE/BENAZEPRIL	10 MG-20MG	CAPSULE	ORAL	5/1/2024	0.13900
AMLODIPINE BESYLATE/BENAZEPRIL	10 MG-40MG	CAPSULE	ORAL	1/1/2024	0.15400
AMLODIPINE BESYLATE/BENAZEPRIL	2.5MG-10MG	CAPSULE	ORAL	5/1/2024	0.09830
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-10 MG	CAPSULE	ORAL	5/1/2024	0.09830
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-20 MG	CAPSULE	ORAL	5/1/2024	0.11300
AMLODIPINE BESYLATE/BENAZEPRIL	5 MG-40 MG	CAPSULE	ORAL	5/1/2024	0.14100
AMLODIPINE BESYLATE/VALSARTAN	10MG-160MG	TABLET	ORAL	5/1/2024	0.51000
AMLODIPINE BESYLATE/VALSARTAN	10MG-320MG	TABLET	ORAL	5/1/2024	0.62900
AMLODIPINE BESYLATE/VALSARTAN	5 MG-160MG	TABLET	ORAL	1/1/2024	0.46500

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
AMLODIPINE BESYLATE/VALSARTAN	5 MG-320MG	TABLET	ORAL	5/1/2024	0.56000
AMLODIPINE/ATORVASTATIN	10 MG-10MG	TABLET	ORAL	5/1/2024	1.21000
AMLODIPINE/ATORVASTATIN	10 MG-20MG	TABLET	ORAL	5/1/2024	1.54000
AMLODIPINE/ATORVASTATIN	10 MG-40MG	TABLET	ORAL	5/1/2024	1.62000
AMLODIPINE/ATORVASTATIN	5 MG-10 MG	TABLET	ORAL	5/1/2024	1.21000
AMLODIPINE/ATORVASTATIN	5 MG-20 MG	TABLET	ORAL	5/1/2024	1.39000
AMLODIPINE/ATORVASTATIN	5 MG-40 MG	TABLET	ORAL	5/1/2024	1.96000
AMMONIUM AND POTASSIUM IODIDES		TINCTURE	TOPICAL	1/1/2024	0.07440
AMMONIUM LACTATE	12 %	CREAM (G)	TOPICAL	5/1/2024	0.06400
AMMONIUM LACTATE	12 %	LOTION	TOPICAL	5/1/2024	0.05280
AMOXAPINE	25 MG	TABLET	ORAL	1/1/2024	0.56500
AMOXICILLIN	125 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.01860
AMOXICILLIN	200 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.03430
AMOXICILLIN	250 MG	CAPSULE	ORAL	5/1/2024	0.06590
AMOXICILLIN	250 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.02350
AMOXICILLIN	400 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.03390
AMOXICILLIN	500 MG	CAPSULE	ORAL	5/1/2024	0.09240
AMOXICILLIN	500 MG	TABLET	ORAL	5/1/2024	0.14800
AMOXICILLIN	875 MG	TABLET	ORAL	5/1/2024	0.15100
AMOXICILLIN TRIHYDRATE	125 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.01860
AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON	ORAL	5/1/2024	0.01860
AMOXICILLIN TRIHYDRATE	250 MG	CAPSULE	ORAL	5/1/2024	0.06590
AMOXICILLIN TRIHYDRATE	250 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.02350
AMOXICILLIN TRIHYDRATE	500 MG	CAPSULE	ORAL	5/1/2024	0.09240
AMOXICILLIN/POTASSIUM CLAV	1000-62.5	TAB ER 12H	ORAL	5/1/2024	5.00000
AMOXICILLIN/POTASSIUM CLAV	200-28.5/5	SUSP RECON	ORAL	5/1/2024	0.06310
AMOXICILLIN/POTASSIUM CLAV	250-125 MG	TABLET	ORAL	5/1/2024	1.69000
AMOXICILLIN/POTASSIUM CLAV	250-62.5/5	SUSP RECON	ORAL	5/1/2024	0.44100
AMOXICILLIN/POTASSIUM CLAV	400-57MG/5	SUSP RECON	ORAL	5/1/2024	0.07530



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AMOXICILLIN/POTASSIUM CLAV	500-125 MG	TABLET	ORAL	5/1/2024	0.34900
AMOXICILLIN/POTASSIUM CLAV	600-42.9/5	SUSP RECON	ORAL	5/1/2024	0.07580
AMOXICILLIN/POTASSIUM CLAV	875-125 MG	TABLET	ORAL	5/1/2024	0.33900
AMPHETAMINE SULFATE	5 MG	TABLET	ORAL	5/1/2024	0.70100
AMPICILLIN SOD/SULBACTAM SOD	15 G	VIAL	INJECTION	5/1/2024	22.07000
AMPICILLIN TRIHYDRATE	500 MG	CAPSULE	ORAL	5/1/2024	0.45400
AMPICILLIN TRIHYDRATE	500MG	CAPSULE	ORAL	5/1/2024	0.45400
ANAGRELIDE HCL	0.5 MG	CAPSULE	ORAL	5/1/2024	0.57900
ANASTROZOLE	1 MG	TABLET	ORAL	5/1/2024	0.13400
ARFORMOTEROL TARTRATE	15MCG/2ML	VIAL-NEB	INHALATION	5/1/2024	1.07000
ARIPIPRAZOLE	10 MG	TABLET	ORAL	5/1/2024	0.13400
ARIPIPRAZOLE	15 MG	TABLET	ORAL	5/1/2024	0.14200
ARIPIPRAZOLE	2 MG	TABLET	ORAL	5/1/2024	0.14100
ARIPIPRAZOLE	20 MG	TABLET	ORAL	5/1/2024	0.19200
ARIPIPRAZOLE	30 MG	TABLET	ORAL	5/1/2024	0.20900
ARIPIPRAZOLE	5 MG	TABLET	ORAL	5/1/2024	0.12300
ARMODAFINIL	150 MG	TABLET	ORAL	5/1/2024	1.00000
ARMODAFINIL	200 MG	TABLET	ORAL	5/1/2024	0.79100
ARMODAFINIL	250 MG	TABLET	ORAL	5/1/2024	0.95100
ARMODAFINIL	50 MG	TABLET	ORAL	1/1/2024	0.33900
ASCORBIC ACID	1000 MG	TABLET	ORAL	5/1/2024	0.04740
ASCORBIC ACID	1000 MG	TABLET ER	ORAL	5/1/2024	0.04740
ASCORBIC ACID	1500 MG	TABLET ER	ORAL	1/1/2024	0.13100
ASCORBIC ACID	250 MG	TAB CHEW	ORAL	5/1/2024	0.03070
ASCORBIC ACID	250 MG	TABLET	ORAL	5/1/2024	0.01680
ASCORBIC ACID	500 MG	TAB CHEW	ORAL	5/1/2024	0.05960
ASCORBIC ACID	500 MG	TABLET	ORAL	5/1/2024	0.02120
ASCORBIC ACID	500 MG	TABLET ER	ORAL	5/1/2024	0.03840
ASCORBIC ACID	500MG	TABLET	ORAL	5/1/2024	0.02120

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ASCORBIC ACID/BIOFLAVONOIDS		CAPSULE	ORAL	1/1/2024	0.08430
ASENAPINE MALEATE	10 MG	TAB SUBL	SUBLINGUAL	5/1/2024	2.89000
ASPIRIN	325 MG	TABLET	ORAL	5/1/2024	0.01400
ASPIRIN	325 MG	TABLET DR	ORAL	5/1/2024	0.02120
ASPIRIN	81 MG	TAB CHEW	ORAL	5/1/2024	0.02440
ASPIRIN	81 MG	TABLET DR	ORAL	5/1/2024	0.01400
ASPIRIN/ACETAMINOPHEN/CAFFEINE	250-250-65	TABLET	ORAL	5/1/2024	0.05140
ASPIRIN/CALCIUM CARB/MAGNESIUM	325 MG	TABLET	ORAL	5/1/2024	0.02350
ASPIRIN/DIPYRIDAMOLE	25MG-200MG	CPMP 12HR	ORAL	1/1/2024	0.69800
ATENOLOL	100 MG	TABLET	ORAL	5/1/2024	0.03890
ATENOLOL	25 MG	TABLET	ORAL	5/1/2024	0.02260
ATENOLOL	50 MG	TABLET	ORAL	5/1/2024	0.02490
ATENOLOL/CHLORTHALIDONE	100MG-25MG	TABLET	ORAL	1/1/2024	0.39600
ATENOLOL/CHLORTHALIDONE	50 MG-25MG	TABLET	ORAL	1/1/2024	0.30700
ATOMOXETINE HCL	10 MG	CAPSULE	ORAL	5/1/2024	0.60200
ATOMOXETINE HCL	100 MG	CAPSULE	ORAL	5/1/2024	0.83200
ATOMOXETINE HCL	18 MG	CAPSULE	ORAL	5/1/2024	0.59600
ATOMOXETINE HCL	25 MG	CAPSULE	ORAL	5/1/2024	0.61100
ATOMOXETINE HCL	40 MG	CAPSULE	ORAL	5/1/2024	0.67700
ATOMOXETINE HCL	60 MG	CAPSULE	ORAL	1/1/2024	0.78100
ATOMOXETINE HCL	80 MG	CAPSULE	ORAL	5/1/2024	0.82400
ATORVASTATIN CALCIUM	10 MG	TABLET	ORAL	5/1/2024	0.03430
ATORVASTATIN CALCIUM	20 MG	TABLET	ORAL	5/1/2024	0.04150
ATORVASTATIN CALCIUM	40 MG	TABLET	ORAL	5/1/2024	0.05960
ATORVASTATIN CALCIUM	80 MG	TABLET	ORAL	5/1/2024	0.08660
ATOVAQUONE	750 MG/5ML	ORAL SUSP	ORAL	5/1/2024	1.04000
ATOVAQUONE/PROGUANIL HCL	62.5-25 MG	TABLET	ORAL	1/1/2024	1.27000
ATROPINE SULFATE	0.25MG/5ML	SYRINGE	INTRAVEN.	5/1/2024	2.74000
ATROPINE SULFATE	0.4 MG/ML	VIAL	INTRAVEN.	1/1/2024	11.17000



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ATROPINE SULFATE	1 %	DROPS	OPHTHALMIC	5/1/2024	8.38000
ATROPINE SULFATE	1 MG/ML	VIAL	INTRAVEN.	1/1/2024	16.96000
AZACITIDINE	100 MG	VIAL	INJECTION	1/1/2024	70.14000
AZATHIOPRINE	50 MG	TABLET	ORAL	5/1/2024	0.15800
AZELAIC ACID	15 %	GEL (GRAM)	TOPICAL	5/1/2024	0.80300
AZELASTINE HCL	0.05 %	DROPS	OPHTHALMIC	5/1/2024	1.15000
AZELASTINE HCL	137 MCG	SPRAY/PUMP	NASAL	5/1/2024	0.29600
AZITHROMYCIN	100 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.44600
AZITHROMYCIN	200 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.30000
AZITHROMYCIN	250 MG	TABLET	ORAL	5/1/2024	0.34400
AZITHROMYCIN	500 MG	TABLET	ORAL	5/1/2024	0.64700
B COMPLEX W-C NO.20/FOLIC ACID	1 MG	CAPSULE	ORAL	5/1/2024	0.15200
B-COMPLEX WITH VITAMIN C		CAPSULE	ORAL	1/1/2024	0.06130
BACITRACIN	500 UNIT/G	OINT. (G)	TOPICAL	5/1/2024	0.07620
BACITRACIN	500 UNIT/G	PACKET	TOPICAL	5/1/2024	0.13400
BACITRACIN ZINC	500 UNIT/G	OINT PACK	TOPICAL	1/1/2024	0.12700
BACITRACIN ZINC	500 UNIT/G	OINT. (G)	TOPICAL	5/1/2024	0.08520
BACITRACIN ZINC/POLYMYXIN B	500-10K/G	OINT. (G)	TOPICAL	5/1/2024	0.12100
BACLOFEN	10 MG	TABLET	ORAL	5/1/2024	0.04100
BACLOFEN	20 MG	TABLET	ORAL	5/1/2024	0.06910
BACLOFEN	25 MG/5 ML	ORAL SUSP	ORAL	5/1/2024	5.63000
BACLOFEN	5 MG	TABLET	ORAL	5/1/2024	0.18000
BACTERIOSTATIC SODIUM CHLORIDE	0.9 %	VIAL	INJECTION	1/1/2024	0.06040
BALSALAZIDE DISODIUM	750 MG	CAPSULE	ORAL	5/1/2024	0.42200
BEE POLLEN	580 MG	CAPSULE	ORAL	5/1/2024	0.06540
BENAZEPRIL HCL	10 MG	TABLET	ORAL	5/1/2024	0.06220
BENAZEPRIL HCL	20 MG	TABLET	ORAL	5/1/2024	0.07030
BENAZEPRIL HCL	20MG	TABLET	ORAL	5/1/2024	0.07030
BENAZEPRIL HCL	40 MG	TABLET	ORAL	5/1/2024	0.08340

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
BENAZEPRIL HCL	5 MG	TABLET	ORAL	5/1/2024	0.04920
BENAZEPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	5/1/2024	0.25000
BENAZEPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	1/1/2024	0.42000
BENDAMUSTINE HCL	100 MG	VIAL	INTRAVEN.	1/1/2024	1501.92000
BENDAMUSTINE HCL	25 MG	VIAL	INTRAVEN.	1/1/2024	375.58000
BENZOCAINE/MENTHOL	15MG-3.6MG	LOZENGE	MUCOUS MEM	1/1/2024	0.14900
BENZONATATE	100 MG	CAPSULE	ORAL	5/1/2024	0.08110
BENZONATATE	200 MG	CAPSULE	ORAL	5/1/2024	0.10900
BENZOYL PEROXIDE	10 %	CLEANSER	TOPICAL	5/1/2024	0.03750
BENZOYL PEROXIDE	10 %	CLEANSER	TOPICAL	1/1/2024	0.04560
BENZOYL PEROXIDE	10 %	CREAM (G)	TOPICAL	1/1/2024	0.14000
BENZOYL PEROXIDE	10 %	GEL (GRAM)	TOPICAL	5/1/2024	0.12300
BENZOYL PEROXIDE	10 %	LOTION	TOPICAL	1/1/2024	0.07260
BENZOYL PEROXIDE	2.5 %	GEL (GRAM)	TOPICAL	5/1/2024	0.21400
BENZOYL PEROXIDE	5 %	CLEANSER	TOPICAL	1/1/2024	0.03390
BENZOYL PEROXIDE	5 %	CLEANSER	TOPICAL	5/1/2024	0.04600
BENZOYL PEROXIDE	5 %	GEL (GRAM)	TOPICAL	5/1/2024	0.12700
BENZPHETAMINE HCL	50 MG	TABLET	ORAL	1/1/2024	0.38600
BENZTROPINE MESYLATE	0.5 MG	TABLET	ORAL	5/1/2024	0.07490
BENZTROPINE MESYLATE	1 MG	TABLET	ORAL	5/1/2024	0.08110
BENZTROPINE MESYLATE	2 MG	TABLET	ORAL	5/1/2024	0.10000
BENZTROPINE MESYLATE	2 MG/2 ML	VIAL	INJECTION	1/1/2024	22.25000
BEPOTASTINE BESILATE	1.5 %	DROPS	OPHTHALMIC	5/1/2024	20.83000
BETA-CAROTENE	7500 MCG	CAPSULE	ORAL	5/1/2024	0.05730
BETA-CAROTENE(A)-C,E/SELENIUM		CAPSULE	ORAL	1/1/2024	0.08480
BETA-CAROTENE(A)-VITS C,E/MINS		TABLET	ORAL	1/1/2024	0.13000
BETAMETHASONE ACETATE,SOD PHOS	6 MG/ML	VIAL	INJECTION	1/1/2024	8.37000
BETAMETHASONE DIPROPIONATE	0.05 %	CREAM (G)	TOPICAL	5/1/2024	0.57100

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
BETAMETHASONE DIPROPIONATE	0.05 %	LOTION	TOPICAL	1/1/2024	0.33700
BETAMETHASONE DIPROPIONATE	0.05 %	OINT. (G)	TOPICAL	5/1/2024	0.83300
BETAMETHASONE VALERATE	0.1 %	CREAM (G)	TOPICAL	5/1/2024	0.47300
BETAMETHASONE VALERATE	0.1 %	LOTION	TOPICAL	5/1/2024	0.52400
BETAMETHASONE VALERATE	0.1 %	OINT. (G)	TOPICAL	1/1/2024	0.51300
BETAMETHASONE/PROPYLENE GLYC	0.05 %	CREAM (G)	TOPICAL	5/1/2024	0.16000
BETAMETHASONE/PROPYLENE GLYC	0.05 %	LOTION	TOPICAL	5/1/2024	0.58800
BETAMETHASONE/PROPYLENE GLYC	0.05 %	OINT. (G)	TOPICAL	1/1/2024	0.83900
BETAXOLOL HCL	10 MG	TABLET	ORAL	5/1/2024	0.55300
BETHANECHOL CHLORIDE	10 MG	TABLET	ORAL	5/1/2024	0.19100
BETHANECHOL CHLORIDE	25 MG	TABLET	ORAL	5/1/2024	0.24100
BETHANECHOL CHLORIDE	5 MG	TABLET	ORAL	5/1/2024	0.15000
BETHANECHOL CHLORIDE	50 MG	TABLET	ORAL	5/1/2024	0.38200
BEXAROTENE	75 MG	CAPSULE	ORAL	1/1/2024	13.86000
BICALUTAMIDE	50 MG	TABLET	ORAL	5/1/2024	0.31700
BICALUTAMIDE	50MG	TABLET	ORAL	5/1/2024	0.31700
BIMATOPROST	0.03 %	DROP W/APP	TOPICAL	5/1/2024	22.82000
BISACODYL	10 MG	SUPP.RECT	RECTAL	5/1/2024	0.26800
BISACODYL	5 MG	TABLET DR	ORAL	5/1/2024	0.02670
BISMUTH SUBSALICYLATE	262 MG	TAB CHEW	ORAL	5/1/2024	0.07530
BISMUTH SUBSALICYLATE	262 MG	TABLET	ORAL	5/1/2024	0.09240
BISMUTH SUBSALICYLATE	262MG/15ML	ORAL SUSP	ORAL	5/1/2024	0.01130
BISMUTH SUBSALICYLATE	525MG/15ML	ORAL SUSP	ORAL	5/1/2024	0.01040
BISMUTH/METRONID/TETRACYCLINE	125-125 MG	CAPSULE	ORAL	1/1/2024	5.76000
BISOPROLOL FUMARATE	10 MG	TABLET	ORAL	5/1/2024	0.27600
BISOPROLOL FUMARATE	5 MG	TABLET	ORAL	5/1/2024	0.24300
BISOPROLOL/HYDROCHLOROTHIAZIDE	10-6.25MG	TABLET	ORAL	5/1/2024	0.30200
BISOPROLOL/HYDROCHLOROTHIAZIDE	2.5-6.25MG	TABLET	ORAL	5/1/2024	0.24900
BISOPROLOL/HYDROCHLOROTHIAZIDE	5-6.25MG	TABLET	ORAL	5/1/2024	0.23800

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Commonwealth of Kentucky Medicaid

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
BIVALIRUDIN	250 MG	VIAL	INTRAVEN.	5/1/2024	66.45000
BLEOMYCIN SULFATE	15 UNIT	VIAL	INJECTION	5/1/2024	22.16000
BLEOMYCIN SULFATE	30 UNIT	VIAL	INJECTION	5/1/2024	65.08000
BLUE ICE GEL	NA	GEL (GRAM)	TOPICAL	5/1/2024	0.01130
BORTEZOMIB	3.5 MG	VIAL	INJECTION	5/1/2024	55.06000
BRIMONIDINE TARTRATE	0.1 %	DROPS	OPHTHALMIC	5/1/2024	28.48000
BRIMONIDINE TARTRATE	0.15 %	DROPS	OPHTHALMIC	5/1/2024	18.27000
BRIMONIDINE TARTRATE	0.2 %	DROPS	OPHTHALMIC	1/1/2024	0.71600
BRINZOLAMIDE	1 %	DROPS SUSP	OPHTHALMIC	5/1/2024	13.68000
BROMFENAC SODIUM	0.07 %	DROPS	OPHTHALMIC	5/1/2024	97.70000
BROMOCRIPTINE MESYLATE	5 MG	CAPSULE	ORAL	5/1/2024	3.58000
BROMPHENIRAM/PHENYLEPHRINE/DM	1-2.5-5/5	SOLUTION	ORAL	5/1/2024	0.04060
BROMPHENIRAMINE/PHENYLEPHRINE	1-2.5 MG/5	SOLUTION	ORAL	5/1/2024	0.02530
BROMPHENIRAMINE/PSEUDOEPHED/DM	2-30-10/5	SYRUP	ORAL	5/1/2024	0.09330
BUDESONIDE	0.25MG/2ML	AMPUL-NEB	INHALATION	5/1/2024	1.03000
BUDESONIDE	0.5 MG/2ML	AMPUL-NEB	INHALATION	5/1/2024	0.74100
BUDESONIDE	1 MG/2 ML	AMPUL-NEB	INHALATION	5/1/2024	3.36000
BUDESONIDE	3 MG	CAPDR - ER	ORAL	5/1/2024	0.60400
BUDESONIDE	32 MCG	SPRAY/PUMP	NASAL	1/1/2024	1.34000
BUDESONIDE	9 MG	TABDR - ER	ORAL	5/1/2024	28.15000
BUDESONIDE/FORMOTEROL FUMARATE	160-4.5MCG	HFA AER AD	INHALATION	5/1/2024	21.16000
BUDESONIDE/FORMOTEROL FUMARATE	80-4.5 MCG	HFA AER AD	INHALATION	5/1/2024	18.23000
BUMETANIDE	0.25 MG/ML	VIAL	INJECTION	1/1/2024	0.30400
BUMETANIDE	0.5 MG	TABLET	ORAL	5/1/2024	0.17900
BUMETANIDE	1 MG	TABLET	ORAL	5/1/2024	0.17500
BUMETANIDE	2 MG	TABLET	ORAL	5/1/2024	0.29800
BUPIVACAINE HCL	5 MG/ML	VIAL	INJECTION	5/1/2024	0.07030
BUPIVACAINE HCL/EPINEPHRINE	0.25-.0005	VIAL	INJECTION	1/1/2024	0.11100
BUPIVACAINE HCL/EPINEPHRINE	0.5-1:200K	VIAL	INJECTION	1/1/2024	0.12000



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
BUPIVACAINE HCL/PF	2.5 MG/ML	VIAL	INJECTION	5/1/2024	0.08020
BUPIVACAINE HCL/PF	5 MG/ML	VIAL	INJECTION	5/1/2024	0.10900
BUPIVACAINE HCL/PF	7.5 MG/ML	VIAL	INJECTION	5/1/2024	0.15000
BUPRENORPHINE	10 MCG/HR	PATCH TDWK	TRANSDERM.	5/1/2024	44.45000
BUPRENORPHINE	15 MCG/HR	PATCH TDWK	TRANSDERM.	1/1/2024	70.57000
BUPRENORPHINE	20 MCG/HR	PATCH TDWK	TRANSDERM.	5/1/2024	80.35000
BUPRENORPHINE	5 MCG/HR	PATCH TDWK	TRANSDERM.	1/1/2024	31.76000
BUPRENORPHINE HCL	2 MG	TAB SUBL	SUBLINGUAL	5/1/2024	0.45900
BUPRENORPHINE HCL	8 MG	TAB SUBL	SUBLINGUAL	5/1/2024	0.83900
BUPRENORPHINE HCL/NALOXONE HCL	12 MG-3 MG	FILM	SUBLINGUAL	5/1/2024	6.53000
BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	FILM	SUBLINGUAL	1/1/2024	2.15000
BUPRENORPHINE HCL/NALOXONE HCL	2 MG-0.5MG	TAB SUBL	SUBLINGUAL	5/1/2024	0.63700
BUPRENORPHINE HCL/NALOXONE HCL	4MG-1MG	FILM	SUBLINGUAL	1/1/2024	3.77000
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	FILM	SUBLINGUAL	5/1/2024	2.78000
BUPRENORPHINE HCL/NALOXONE HCL	8 MG-2 MG	TAB SUBL	SUBLINGUAL	5/1/2024	0.89700
BUPROPION HCL	100 MG	TAB SR 12H	ORAL	5/1/2024	0.08020
BUPROPION HCL	100 MG	TABLET	ORAL	5/1/2024	0.14300
BUPROPION HCL	150 MG	TAB ER 12H	ORAL	1/1/2024	0.27300
BUPROPION HCL	150 MG	TAB ER 24H	ORAL	5/1/2024	0.12000
BUPROPION HCL	150 MG	TAB SR 12H	ORAL	5/1/2024	0.08930
BUPROPION HCL	200 MG	TAB SR 12H	ORAL	5/1/2024	0.12100
BUPROPION HCL	300 MG	TAB ER 24H	ORAL	5/1/2024	0.15500
BUPROPION HCL	450 MG	TAB ER 24H	ORAL	5/1/2024	7.59000
BUPROPION HCL	75 MG	TABLET	ORAL	5/1/2024	0.11700
BUSPIRONE HCL	10 MG	TABLET	ORAL	5/1/2024	0.03340
BUSPIRONE HCL	15 MG	TABLET	ORAL	5/1/2024	0.04610
BUSPIRONE HCL	30 MG	TABLET	ORAL	5/1/2024	0.12300
BUSPIRONE HCL	5 MG	TABLET	ORAL	5/1/2024	0.02440
BUSPIRONE HCL	7.5 MG	TABLET	ORAL	5/1/2024	0.12500

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
BUSULFAN	60 MG/10ML	VIAL	INTRAVEN.	1/1/2024	9.58000
BUTALB/ACETAMINOPHEN/CAFFEINE	50-300-40	CAPSULE	ORAL	5/1/2024	0.57500
BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	CAPSULE	ORAL	5/1/2024	2.59000
BUTALB/ACETAMINOPHEN/CAFFEINE	50-325-40	TABLET	ORAL	5/1/2024	0.14800
BUTALBIT/ACETAMIN/CAFF/CODEINE	50-300-30	CAPSULE	ORAL	5/1/2024	5.93000
BUTALBIT/ACETAMIN/CAFF/CODEINE	50-325-30	CAPSULE	ORAL	1/1/2024	0.87500
BUTALBITAL/ACETAMINOPHEN	50MG-325MG	TABLET	ORAL	5/1/2024	0.88100
BUTALBITAL/ASPIRIN/CAFFEINE	50-325-40	CAPSULE	ORAL	1/1/2024	0.71900
BUTORPHANOL TARTRATE	10 MG/ML	SPRAY	NASAL	5/1/2024	11.97000
CABERGOLINE	0.5 MG	TABLET	ORAL	5/1/2024	2.01000
CAFFEINE	200 MG	TABLET	ORAL	5/1/2024	0.08200
CAFFEINE CITRATE	60 MG/3 ML	SOLUTION	ORAL	5/1/2024	4.03000
CALAMINE/ZINC OXIDE	8 %-8 %	LOTION	TOPICAL	5/1/2024	0.00960
CALCIPOTRIENE	0.005 %	CREAM (G)	TOPICAL	5/1/2024	1.23000
CALCIPOTRIENE	0.005 %	OINT. (G)	TOPICAL	5/1/2024	2.05000
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	OINT. (G)	TOPICAL	5/1/2024	3.36000
CALCIPOTRIENE/BETAMETHASONE	0.005-.064	SUSPENSION	TOPICAL	5/1/2024	3.60000
CALCITONIN,SALMON,SYNTHETIC	200/SPRAY	SPRAY/PUMP	NASAL	5/1/2024	10.10000
CALCITRIOL	0.25 MCG	CAPSULE	ORAL	5/1/2024	0.17300
CALCITRIOL	0.5 MCG	CAPSULE	ORAL	5/1/2024	0.27000
CALCITRIOL	1 MCG/ML	SOLUTION	ORAL	1/1/2024	5.02000
CALCIUM ACETATE	667 MG	CAPSULE	ORAL	5/1/2024	0.20500
CALCIUM ACETATE	667 MG	TABLET	ORAL	5/1/2024	0.40000
CALCIUM CARBONATE	200(500)MG	TAB CHEW	ORAL	5/1/2024	0.01540
CALCIUM CARBONATE	300MG(750)	TAB CHEW	ORAL	5/1/2024	0.02900
CALCIUM CARBONATE	400(1000)	TAB CHEW	ORAL	5/1/2024	0.03340
CALCIUM CARBONATE	500 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.01860
CALCIUM CARBONATE	500(1250)	TAB CHEW	ORAL	5/1/2024	0.03980
CALCIUM CARBONATE	500(1250)	TABLET	ORAL	5/1/2024	0.02120

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CALCIUM CARBONATE	600 MG	TABLET	ORAL	5/1/2024	0.02030
CALCIUM CARBONATE/MAGNESIUM OX	250-155 MG	TABLET	ORAL	1/1/2024	0.03480
CALCIUM CARBONATE/VITAMIN D3	1000 MG-20	TABLET	ORAL	1/1/2024	0.03700
CALCIUM CARBONATE/VITAMIN D3	250-3.125	TABLET	ORAL	5/1/2024	0.01450
CALCIUM CARBONATE/VITAMIN D3	500 MG-10	TAB CHEW	ORAL	1/1/2024	0.04470
CALCIUM CARBONATE/VITAMIN D3	500 MG-10	TABLET	ORAL	1/1/2024	0.03750
CALCIUM CARBONATE/VITAMIN D3	500-15 MCG	TABLET	ORAL	1/1/2024	0.03750
CALCIUM CARBONATE/VITAMIN D3	500MG-5MCG	TABLET	ORAL	5/1/2024	0.02030
CALCIUM CARBONATE/VITAMIN D3	600 MG-10	CAPSULE	ORAL	11/8/2022	0.17232
CALCIUM CARBONATE/VITAMIN D3	600 MG-10	TABLET	ORAL	1/1/2024	0.02030
CALCIUM CARBONATE/VITAMIN D3	600 MG-20	TABLET	ORAL	5/1/2024	0.02000
CALCIUM CARBONATE/VITAMIN D3	600MG-12.5	CAPSULE	ORAL	1/1/2024	0.05690
CALCIUM CARBONATE/VITAMIN D3	600MG-5MCG	CAPSULE	ORAL	1/1/2024	0.05600
CALCIUM CARBONATE/VITAMIN D3	600MG-5MCG	TABLET	ORAL	5/1/2024	0.01900
CALCIUM CITRATE	200(950)MG	TABLET	ORAL	1/1/2024	0.03070
CALCIUM CITRATE MALATE/VIT D3	250 MG-2.5	TABLET	ORAL	1/1/2024	0.07580
CALCIUM CITRATE/VITAMIN D3	200-3.125	TABLET	ORAL	1/1/2024	0.05280
CALCIUM CITRATE/VITAMIN D3	315MG-5MCG	TABLET	ORAL	5/1/2024	0.04420
CALCIUM CITRATE/VITAMIN D3	315MG-6.25	TABLET	ORAL	5/1/2024	0.04600
CALCIUM CITRATE/VITAMIN D3	N/A	TABLET	ORAL	1/1/2024	0.03070
CALCIUM GLUCONATE	100 MG/ML	VIAL	INTRAVEN.	5/1/2024	0.45100
CALCIUM POLYCARBOPHIL	625 MG	TABLET	ORAL	5/1/2024	0.06040
CALCIUM/MAG OXIDE/VITAMIN D3	185-50-100	CAPSULE	ORAL	5/1/2024	0.08610
CANDESARTAN/HYDROCHLOROTHIAZID	32-12.5MG	TABLET	ORAL	1/1/2024	1.65000
CANDESARTAN/HYDROCHLOROTHIAZID	32MG-25MG	TABLET	ORAL	1/1/2024	1.40000
CAPECITABINE	150 MG	TABLET	ORAL	5/1/2024	0.33600
CAPECITABINE	500 MG	TABLET	ORAL	5/1/2024	0.49200
CAPSAICIN	0.025 %	CREAM (G)	TOPICAL	5/1/2024	0.08250
CAPSAICIN	0.075 %	CREAM (G)	TOPICAL	5/1/2024	0.08520

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
CAPSAICIN	0.1 %	CREAM (G)	TOPICAL	5/1/2024	0.18900
CAPTOPRIL	100 MG	TABLET	ORAL	5/1/2024	0.88200
CAPTOPRIL	12.5 MG	TABLET	ORAL	1/1/2024	0.46400
CAPTOPRIL	25 MG	TABLET	ORAL	5/1/2024	0.33800
CAPTOPRIL	50 MG	TABLET	ORAL	5/1/2024	0.57400
CARBAMAZEPINE	100 MG	CPMP 12HR	ORAL	5/1/2024	1.00000
CARBAMAZEPINE	100 MG	TAB CHEW	ORAL	1/1/2024	0.25300
CARBAMAZEPINE	100 MG	TAB ER 12H	ORAL	5/1/2024	0.27400
CARBAMAZEPINE	100 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.10600
CARBAMAZEPINE	200 MG	CPMP 12HR	ORAL	5/1/2024	0.96200
CARBAMAZEPINE	200 MG	TAB ER 12H	ORAL	1/1/2024	0.57100
CARBAMAZEPINE	200 MG	TABLET	ORAL	5/1/2024	0.12200
CARBAMAZEPINE	300 MG	CPMP 12HR	ORAL	5/1/2024	1.05000
CARBAMIDE PEROXIDE	6.5 %	DROPS	OTIC	5/1/2024	0.13700
CARBIDOPA/LEVODOPA	10MG-100MG	TABLET	ORAL	5/1/2024	0.10700
CARBIDOPA/LEVODOPA	25MG-100MG	TAB RAPDIS	ORAL	5/1/2024	0.71900
CARBIDOPA/LEVODOPA	25MG-100MG	TABLET	ORAL	5/1/2024	0.08610
CARBIDOPA/LEVODOPA	25MG-100MG	TABLET ER	ORAL	5/1/2024	0.16100
CARBIDOPA/LEVODOPA	25MG-250MG	TABLET	ORAL	5/1/2024	0.12900
CARBIDOPA/LEVODOPA	50MG-200MG	TABLET ER	ORAL	5/1/2024	0.24500
CARBIDOPA/LEVODOPA/ENTACAPONE	12.5-50 MG	TABLET	ORAL	5/1/2024	0.90500
CARBIDOPA/LEVODOPA/ENTACAPONE	50-200-200	TABLET	ORAL	1/1/2024	0.99400
CARBINOXAMINE MALEATE	4 MG	TABLET	ORAL	5/1/2024	0.40500
CARBINOXAMINE MALEATE	4 MG/5 ML	LIQUID	ORAL	5/1/2024	0.10700
CARBOPROST TROMETHAMINE	250 MCG/ML	VIAL	INTRAMUSC.	5/1/2024	112.69000
CARBOXYMETHYLCELLULOSE SODIUM	0.5 %	DROPERETTE	OPHTHALMIC	5/1/2024	0.20900
CARBOXYMETHYLCELLULOSE SODIUM	0.5 %	DROPS	OPHTHALMIC	5/1/2024	0.33400
CARBOXYMETHYLCELLULOSE SODIUM	0.5%	DROPERETTE	OPHTHALMIC	5/1/2024	0.20900
CARDIOPLEGIC SOLUTION NO.1	K+=16MEQ/L	PLST BG PR	PERFUSION	1/1/2024	0.07030

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
CARGLUMIC ACID	200 MG	TAB DISPER	ORAL	5/1/2024	160.56000
CARISOPRODOL	250 MG	TABLET	ORAL	5/1/2024	0.80600
CARISOPRODOL	350 MG	TABLET	ORAL	5/1/2024	0.06900
CARMUSTINE	100 MG	VIAL	INTRAVEN.	5/1/2024	263.32000
CARVEDILOL	12.5 MG	TABLET	ORAL	5/1/2024	0.02440
CARVEDILOL	25 MG	TABLET	ORAL	5/1/2024	0.03110
CARVEDILOL	3.125 MG	TABLET	ORAL	5/1/2024	0.01950
CARVEDILOL	6.25 MG	TABLET	ORAL	5/1/2024	0.02120
CARVEDILOL PHOSPHATE	10 MG	CPMP 24HR	ORAL	5/1/2024	4.79000
CARVEDILOL PHOSPHATE	20 MG	CPMP 24HR	ORAL	5/1/2024	5.55000
CARVEDILOL PHOSPHATE	40 MG	CPMP 24HR	ORAL	5/1/2024	5.04000
CASPOFUNGIN ACETATE	50 MG	VIAL	INTRAVEN.	1/1/2024	95.11000
CASPOFUNGIN ACETATE	70 MG	VIAL	INTRAVEN.	5/1/2024	92.23000
CASTOR OIL	100 %	OIL	ORAL	5/1/2024	0.02210
CEFADROXIL	250 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.24100
CEFADROXIL	500 MG	CAPSULE	ORAL	5/1/2024	0.29100
CEFADROXIL	500 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.27600
CEFAZOLIN SODIUM	2 G	VIAL	INTRAVEN.	5/1/2024	4.72000
CEFDINIR	125 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.11500
CEFDINIR	250 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.15700
CEFDINIR	300 MG	CAPSULE	ORAL	5/1/2024	0.48000
CEFEPIME HCL	1 G	VIAL	INJECTION	1/1/2024	2.65000
CEFOXITIN SODIUM	2 G	VIAL	INTRAVEN.	1/1/2024	6.28000
CEFPODOXIME PROXETIL	200 MG	TABLET	ORAL	1/1/2024	2.27000
CEFPODOXIME PROXETIL	50 MG/5 ML	SUSP RECON	ORAL	5/1/2024	0.64200
CEFPROZIL	125 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.13900
CEFPROZIL	250 MG	TABLET	ORAL	5/1/2024	0.62200
CEFPROZIL	250 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.20500
CEFTRIAZONE SODIUM	1 G	VIAL	INJECTION	5/1/2024	1.59000

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
CEFUROXIME AXETIL	250 MG	TABLET	ORAL	5/1/2024	0.29800
CEFUROXIME AXETIL	500 MG	TABLET	ORAL	5/1/2024	0.46800
CEFUROXIME SODIUM	1.5 G	VIAL	INTRAVEN.	1/1/2024	4.20000
CELECOXIB	100 MG	CAPSULE	ORAL	5/1/2024	0.09060
CELECOXIB	200 MG	CAPSULE	ORAL	5/1/2024	0.12200
CELECOXIB	400 MG	CAPSULE	ORAL	5/1/2024	0.39900
CELECOXIB	50 MG	CAPSULE	ORAL	5/1/2024	0.09470
CEPHALEXIN	125 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.06040
CEPHALEXIN	250 MG	CAPSULE	ORAL	5/1/2024	0.08660
CEPHALEXIN	250 MG/5ML	SUSP RECON	ORAL	5/1/2024	0.07580
CEPHALEXIN	500 MG	CAPSULE	ORAL	5/1/2024	0.12600
CERAMIDES 1,3,6-II		CREAM (G)	TOPICAL	5/1/2024	0.01630
CETIRIZINE HCL	1 MG/ML	SOLUTION	ORAL	5/1/2024	0.02800
CETIRIZINE HCL	10 MG	CAPSULE	ORAL	1/1/2024	0.26100
CETIRIZINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.05000
CETIRIZINE HCL	5 MG	TAB CHEW	ORAL	1/1/2024	1.63000
CETIRIZINE HCL	5 MG	TABLET	ORAL	1/1/2024	0.04920
CETIRIZINE HCL/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H	ORAL	5/1/2024	0.57600
CETYL ALC/STEARYL ALC/PG/SLS		CREAM (G)	TOPICAL	5/1/2014	0.03596
CEVIMELINE HCL	30 MG	CAPSULE	ORAL	5/1/2024	0.90700
CHLORDIAZEPOXIDE HCL	10 MG	CAPSULE	ORAL	1/1/2024	0.12100
CHLORDIAZEPOXIDE HCL	25 MG	CAPSULE	ORAL	1/1/2024	0.13000
CHLORDIAZEPOXIDE HCL	5 MG	CAPSULE	ORAL	5/1/2024	0.17600
CHLORDIAZEPOXIDE/CLIDINIUM BR	5 MG-2.5MG	CAPSULE	ORAL	5/1/2024	0.42000
CHLORHEXIDINE GLUCONATE	0.12 %	MOUTHWASH	MUCOUS MEM	5/1/2024	0.00780
CHLORHEXIDINE GLUCONATE	4 %	LIQUID	TOPICAL	5/1/2024	0.02440
CHLOROTHIAZIDE SODIUM	500 MG	VIAL	INTRAVEN.	1/1/2024	45.33000
CHLORPHENIRAMINE MALEATE	4 MG	TABLET	ORAL	1/1/2024	0.01400



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
CHLORPHENIRAMINE/DEXTROMETHORP	4 MG-30 MG	TABLET	ORAL	5/1/2024	0.10100
CHLORPHENIRAMINE/PHENYLEPH/DM	4-10-15/5	LIQUID	ORAL	5/1/2024	0.06590
CHLORPHENIRAMINE/PHENYLEPHRINE	4-10MG/5ML	LIQUID	ORAL	5/1/2024	0.05780
CHLORPHENIRAMINE/PHENYLEPHRINE	4MG-10MG	TABLET	ORAL	5/1/2024	0.18600
CHLORPROMAZINE HCL	10 MG	TABLET	ORAL	1/1/2024	0.62500
CHLORPROMAZINE HCL	100 MG	TABLET	ORAL	5/1/2024	1.05000
CHLORPROMAZINE HCL	200 MG	TABLET	ORAL	5/1/2024	1.48000
CHLORPROMAZINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.51000
CHLORPROMAZINE HCL	25 MG/ML	AMPUL	INJECTION	1/1/2024	17.00000
CHLORPROMAZINE HCL	50 MG	TABLET	ORAL	5/1/2024	0.80200
CHLORTHALIDONE	25 MG	TABLET	ORAL	5/1/2024	0.08430
CHLORTHALIDONE	50 MG	TABLET	ORAL	5/1/2024	0.12900
CHLORZOAZONE	375 MG	TABLET	ORAL	5/1/2024	2.51000
CHLORZOAZONE	500 MG	TABLET	ORAL	5/1/2024	0.20700
CHOLECALCIFEROL	1000 UNIT	TABLET	ORAL	5/1/2024	0.01400
CHOLECALCIFEROL	1000 UNIT	TABLET	ORAL	5/1/2024	0.01630
CHOLECALCIFEROL (VITAMIN D3)	10 MCG	TAB CHEW	ORAL	1/1/2024	0.03520
CHOLECALCIFEROL (VITAMIN D3)	10 MCG	TABLET	ORAL	5/1/2024	0.01400
CHOLECALCIFEROL (VITAMIN D3)	10(400)/ML	DROPS	ORAL	5/1/2024	0.07850
CHOLECALCIFEROL (VITAMIN D3)	1000 UNIT	CAPSULE	ORAL	5/1/2024	0.03250
CHOLECALCIFEROL (VITAMIN D3)	1000 UNIT	TABLET	ORAL	5/1/2024	0.01630
CHOLECALCIFEROL (VITAMIN D3)	125 MCG	CAPSULE	ORAL	5/1/2024	0.02620
CHOLECALCIFEROL (VITAMIN D3)	125 MCG	TABLET	ORAL	5/1/2024	0.04880
CHOLECALCIFEROL (VITAMIN D3)	1250 MCG	CAPSULE	ORAL	5/1/2024	0.11800
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	CAPSULE	ORAL	5/1/2024	0.03250
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	TAB CHEW	ORAL	1/1/2024	0.05410
CHOLECALCIFEROL (VITAMIN D3)	25 MCG	TABLET	ORAL	5/1/2024	0.01630
CHOLECALCIFEROL (VITAMIN D3)	250 MCG	CAPSULE	ORAL	5/1/2024	0.29900
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	CAPSULE	ORAL	5/1/2024	0.03160

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
CHOLECALCIFEROL (VITAMIN D3)	50 MCG	TABLET	ORAL	5/1/2024	0.02490
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWD PACK	ORAL	1/1/2024	0.71300
CHOLESTYRAMINE (WITH SUGAR)	4 G	POWDER	ORAL	5/1/2024	0.09240
CHOLESTYRAMINE/ASPARTAME	4 G	POWD PACK	ORAL	5/1/2024	0.93800
CHOLESTYRAMINE/ASPARTAME	4 G	POWDER	ORAL	5/1/2024	0.16500
CICLOPIROX	0.77 %	GEL (GRAM)	TOPICAL	5/1/2024	0.83800
CICLOPIROX	1 %	SHAMPOO	TOPICAL	1/1/2024	0.24500
CICLOPIROX	8 %	SOLUTION	TOPICAL	5/1/2024	1.91000
CICLOPIROX OLAMINE	0.77 %	CREAM (G)	TOPICAL	5/1/2024	0.16300
CICLOPIROX OLAMINE	0.77 %	SUSPENSION	TOPICAL	1/1/2024	0.83700
CIDER VINEGAR	600 MG	CAPSULE	ORAL	1/1/2024	0.05550
CILOSTAZOL	100 MG	TABLET	ORAL	5/1/2024	0.13000
CILOSTAZOL	50 MG	TABLET	ORAL	5/1/2024	0.11100
CIMETIDINE	200 MG	TABLET	ORAL	5/1/2024	0.33300
CIMETIDINE	300 MG	TABLET	ORAL	5/1/2024	0.27900
CIMETIDINE	400 MG	TABLET	ORAL	1/1/2024	0.41200
CINACALCET HCL	60 MG	TABLET	ORAL	5/1/2024	0.62500
CINACALCET HCL	90 MG	TABLET	ORAL	5/1/2024	1.00000
CIPROFLOXACIN HCL	0.3 %	DROPS	OPHTHALMIC	5/1/2024	1.84000
CIPROFLOXACIN HCL	250 MG	TABLET	ORAL	5/1/2024	0.10300
CIPROFLOXACIN HCL	500 MG	TABLET	ORAL	5/1/2024	0.14600
CIPROFLOXACIN HCL	750 MG	TABLET	ORAL	1/1/2024	0.23100
CIPROFLOXACIN HCL/DEXAMETH	0.3 %-0.1%	DROPS SUSP	OTIC	5/1/2024	16.51000
CIPROFLOXACIN IN 5 % DEXTROSE	200MG/0.1L	PIGGYBACK	INTRAVEN.	1/1/2024	0.02530
CIPROFLOXACIN IN 5 % DEXTROSE	400MG/0.2L	PIGGYBACK	INTRAVEN.	1/1/2024	0.02030
CISPLATIN	1 MG/ML	VIAL	INTRAVEN.	5/1/2024	0.22000
CITALOPRAM HYDROBROMIDE	10 MG	TABLET	ORAL	5/1/2024	0.02850
CITALOPRAM HYDROBROMIDE	10 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.20700
CITALOPRAM HYDROBROMIDE	20 MG	TABLET	ORAL	5/1/2024	0.03430

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
CITALOPRAM HYDROBROMIDE	40 MG	TABLET	ORAL	5/1/2024	0.04240
CITRIC ACID/SODIUM CITRATE	334-500MG	SOLUTION	ORAL	5/1/2024	0.03340
CLARITHROMYCIN	250 MG	TABLET	ORAL	1/1/2024	0.46800
CLARITHROMYCIN	500 MG	TAB ER 24H	ORAL	5/1/2024	5.18000
CLARITHROMYCIN	500 MG	TABLET	ORAL	5/1/2024	0.45100
CLINDAMYCIN HCL	150 MG	CAPSULE	ORAL	5/1/2024	0.10700
CLINDAMYCIN HCL	300 MG	CAPSULE	ORAL	5/1/2024	0.21900
CLINDAMYCIN HCL	75 MG	CAPSULE	ORAL	5/1/2024	0.46500
CLINDAMYCIN PALMITATE HCL	75 MG/5 ML	SOLN RECON	ORAL	5/1/2024	0.19400
CLINDAMYCIN PHOS/BENZOYL PEROX	1 %-5 %	GEL (GRAM)	TOPICAL	5/1/2024	0.84000
CLINDAMYCIN PHOS/BENZOYL PEROX	1.2%-3.75%	GEL W/PUMP	TOPICAL	5/1/2024	7.52000
CLINDAMYCIN PHOSPHATE	1 %	GEL (GRAM)	TOPICAL	5/1/2024	0.30600
CLINDAMYCIN PHOSPHATE	1 %	GEL DAILY	TOPICAL	5/1/2024	6.00000
CLINDAMYCIN PHOSPHATE	1 %	LOTION	TOPICAL	5/1/2024	0.40000
CLINDAMYCIN PHOSPHATE	1 %	SOLUTION	TOPICAL	5/1/2024	0.19700
CLINDAMYCIN PHOSPHATE	2 %	CREAM/APPL	VAGINAL	5/1/2024	1.72000
CLINDAMYCIN PHOSPHATE/D5W	300MG/50ML	PIGGYBACK	INTRAVEN.	1/1/2024	0.13900
CLINDAMYCIN PHOSPHATE/D5W	900MG/50ML	PIGGYBACK	INTRAVEN.	1/1/2024	0.14400
CLOBAZAM	10 MG	TABLET	ORAL	5/1/2024	0.34800
CLOBAZAM	2.5 MG/ML	ORAL SUSP	ORAL	5/1/2024	0.26700
CLOBAZAM	20 MG	TABLET	ORAL	5/1/2024	0.67400
CLOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	5/1/2024	0.18000
CLOBETASOL PROPIONATE	0.05 %	FOAM	TOPICAL	1/1/2024	0.47900
CLOBETASOL PROPIONATE	0.05 %	GEL (GRAM)	TOPICAL	5/1/2024	0.65100
CLOBETASOL PROPIONATE	0.05 %	LOTION	TOPICAL	5/1/2024	0.45100
CLOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	5/1/2024	0.18500
CLOBETASOL PROPIONATE	0.05 %	SHAMPOO	TOPICAL	1/1/2024	0.34000
CLOBETASOL PROPIONATE	0.05 %	SOLUTION	TOPICAL	5/1/2024	0.25500
CLOBETASOL PROPIONATE	0.05 %	SPRAY	TOPICAL	5/1/2024	0.34000

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
CLOBETASOL PROPIONATE/EMOLL	0.05 %	CREAM (G)	TOPICAL	1/1/2024	0.74300
CLOBETASOL PROPIONATE/EMOLL	0.05 %	FOAM	TOPICAL	5/1/2024	2.34000
CLOCORTOLONE PIVALATE	0.1 %	CREAM (G)	TOPICAL	5/1/2024	4.31000
CLOFARABINE	20 MG/20ML	VIAL	INTRAVEN.	1/1/2024	31.55000
CLOMIPRAMINE HCL	25 MG	CAPSULE	ORAL	5/1/2024	0.57100
CLOMIPRAMINE HCL	50 MG	CAPSULE	ORAL	5/1/2024	0.36500
CLOMIPRAMINE HCL	75 MG	CAPSULE	ORAL	5/1/2024	0.75000
CLONAZEPAM	0.125 MG	TAB RAPDIS	ORAL	5/1/2024	0.57400
CLONAZEPAM	0.25 MG	TAB RAPDIS	ORAL	5/1/2024	0.53900
CLONAZEPAM	0.5 MG	TAB RAPDIS	ORAL	5/1/2024	0.62500
CLONAZEPAM	0.5 MG	TABLET	ORAL	5/1/2024	0.02300
CLONAZEPAM	1 MG	TAB RAPDIS	ORAL	5/1/2024	0.69000
CLONAZEPAM	1 MG	TABLET	ORAL	5/1/2024	0.03070
CLONAZEPAM	2 MG	TAB RAPDIS	ORAL	5/1/2024	1.07000
CLONAZEPAM	2 MG	TABLET	ORAL	5/1/2024	0.03840
CLONIDINE	0.1MG/24HR	PATCH TDWK	TRANSDERM.	5/1/2024	7.77000
CLONIDINE	0.2MG/24HR	PATCH TDWK	TRANSDERM.	5/1/2024	10.80000
CLONIDINE	0.3MG/24HR	PATCH TDWK	TRANSDERM.	5/1/2024	15.39000
CLONIDINE HCL	0.1 MG	TAB ER 12H	ORAL	5/1/2024	0.33500
CLONIDINE HCL	0.1 MG	TABLET	ORAL	5/1/2024	0.02530
CLONIDINE HCL	0.2 MG	TABLET	ORAL	5/1/2024	0.03570
CLONIDINE HCL	0.3 MG	TABLET	ORAL	5/1/2024	0.04240
CLOPIDOGREL BISULFATE	75 MG	TABLET	ORAL	5/1/2024	0.06680
CLOTRIMAZOLE	1 %	CREAM (G)	TOPICAL	5/1/2024	0.17200
CLOTRIMAZOLE	1 %	CREAM/APPL	VAGINAL	5/1/2024	0.08200
CLOTRIMAZOLE	1 %	SOLUTION	TOPICAL	5/1/2024	1.01000
CLOTRIMAZOLE	10 MG	TROCHE	MUCOUS MEM	5/1/2024	0.39400
CLOTRIMAZOLE	2 %	CREAM/APPL	VAGINAL	5/1/2024	0.29700



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
CLOTRIMAZOLE/BETAMETHASONE DIP	1 %-0.05 %	CREAM (G)	TOPICAL	5/1/2024	0.24300
CLOZAPINE	100 MG	TAB RAPDIS	ORAL	5/1/2024	4.43000
CLOZAPINE	100 MG	TABLET	ORAL	5/1/2024	0.62600
CLOZAPINE	25 MG	TABLET	ORAL	5/1/2024	0.29400
CLOZAPINE	50 MG	TABLET	ORAL	5/1/2024	0.48400
COCAINE HCL	4 %	SOLUTION	NASAL	5/1/2024	57.02000
COD LIVER OIL		CAPSULE	ORAL	1/1/2024	0.04330
CODEINE PHOSPHATE/GUAIFENESIN	10-100MG/5	LIQUID	ORAL	5/1/2024	0.03700
CODEINE SULFATE	30 MG	TABLET	ORAL	5/1/2024	0.63800
COLCHICINE	0.6 MG	TABLET	ORAL	5/1/2024	0.30100
COLESEVELAM HCL	625 MG	TABLET	ORAL	5/1/2024	0.31000
COLESTIPOL HCL	1 G	TABLET	ORAL	5/1/2024	0.67400
COLESTIPOL HCL	5 G	GRANULES	ORAL	1/1/2024	0.34900
COLESTIPOL HCL	5 G	PACKET	ORAL	5/1/2024	2.71000
COMPOUND VEHICLE SUSP SF NO.20		ORAL SUSP	ORAL	5/1/2024	0.06500
CONDOMS, LATEX, LUBRICATED	NA	EACH	MISCELL.	1/1/2024	0.25125
CONDOMS, LATEX, LUBRICATED		EACH	MISCELL.	5/6/2022	0.25125
CONDOMS, NON-LATEX, LUBRICATED	N/A	EACH	MISCELL.	1/1/2024	0.25125
COSYNTROPIN	0.25 MG	VIAL	INJECTION	1/1/2024	78.38000
COVID-19 ANTIGEN TEST		KIT	MISCELL.	5/1/2024	11.43750
COVID-19 IGG/IGM TEST CASSETTE		KIT	MISCELL.	1/1/2024	11.43750
COVID-19 MOLECULAR TEST ASSAY		KIT	MISCELL.	1/25/2022	11.43750
COVID-19 READER DEVICE		MISCELL	MISCELL.	1/1/2024	11.43750
COVID-19 TEST SPECIMEN COLLECT		MISCELL	MISCELL.	1/15/2022	11.43750
COVID-19,FLU A,B ANTIGEN TEST		KIT	MISCELL.	1/15/2022	11.43750
COVID19 TEST ADM.BY PHARMACIST		MISCELL	MISCELL.	1/15/2022	11.43750
CROMOLYN SODIUM	20 MG/2 ML	AMPUL-NEB	INHALATION	5/1/2024	1.97000
CROMOLYN SODIUM	20 MG/ML	ORAL CONC	ORAL	1/1/2024	0.22600
CROMOLYN SODIUM	5.2 MG	SPRAY/PUMP	NASAL	1/1/2024	0.30100

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
CUPRIC CHLORIDE	0.4 MG/ML	VIAL	INTRAVEN.	5/1/2024	2.56000
CYANOCOBALAMIN (VITAMIN B-12)	100 MCG	TABLET	ORAL	1/1/2024	0.01540
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TAB SUBL	SUBLINGUAL	1/1/2024	0.05280
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TABLET	ORAL	5/1/2024	0.02760
CYANOCOBALAMIN (VITAMIN B-12)	1000 MCG	TABLET ER	ORAL	1/1/2024	0.03980
CYANOCOBALAMIN (VITAMIN B-12)	1000MCG/ML	VIAL	INJECTION	5/1/2024	1.88000
CYANOCOBALAMIN (VITAMIN B-12)	250 MCG	TABLET	ORAL	5/1/2024	0.01680
CYANOCOBALAMIN (VITAMIN B-12)	2500 MCG	TAB SUBL	SUBLINGUAL	5/1/2024	0.07080
CYANOCOBALAMIN (VITAMIN B-12)	500 MCG	TABLET	ORAL	5/1/2024	0.02080
CYANOCOBALAMIN (VITAMIN B-12)	5000 MCG	TAB SUBL	SUBLINGUAL	1/1/2024	0.21000
CYANOCOBALAMIN (VITAMIN B-12)	500MCG/SPR	SPRAY	NASAL	5/1/2024	150.64000
CYANOCOBALAMIN/FOLIC AC/VIT B6	2-2.5-25MG	TABLET	ORAL	5/1/2024	0.14000
CYCLOBENZAPRINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.02030
CYCLOBENZAPRINE HCL	5 MG	TABLET	ORAL	5/1/2024	0.02530
CYCLOBENZAPRINE HCL	7.5 MG	TABLET	ORAL	5/1/2024	0.50700
CYCLOPENTOLATE HCL	1 %	DROPS	OPHTHALMIC	1/1/2024	2.40000
CYCLOPHOSPHAMIDE	1 G	VIAL	INTRAVEN.	5/1/2024	390.44000
CYCLOPHOSPHAMIDE	2 G	VIAL	INTRAVEN.	5/1/2024	502.43000
CYCLOPHOSPHAMIDE	200 MG/ML	VIAL	INTRAVEN.	5/1/2024	70.98000
CYCLOPHOSPHAMIDE	500 MG	VIAL	INTRAVEN.	5/1/2024	203.94000
CYCLOSPORINE	0.05 %	DROPERETTE	OPHTHALMIC	5/1/2024	2.75000
CYCLOSPORINE	100 MG	CAPSULE	ORAL	5/1/2024	9.54000
CYCLOSPORINE	25 MG	CAPSULE	ORAL	5/1/2024	2.40000
CYCLOSPORINE, MODIFIED	100 MG	CAPSULE	ORAL	1/1/2024	1.59000
CYCLOSPORINE, MODIFIED	25 MG	CAPSULE	ORAL	5/1/2024	0.53300
CYCLOSPORINE, MODIFIED	50 MG	CAPSULE	ORAL	5/1/2024	1.11000
CYPROHEPTADINE HCL	2 MG/5 ML	SYRUP	ORAL	5/1/2024	0.04600
CYPROHEPTADINE HCL	4 MG	TABLET	ORAL	5/1/2024	0.06860
CYTARABINE/PF	2 G/20 ML	VIAL	INJECTION	1/1/2024	0.91800



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
D-METHORPHAN/PE/ACETAMINOPHEN	10-5-325MG	CAPSULE	ORAL	5/1/2024	0.13400
D-METHORPHAN/PE/ACETAMINOPHEN	10-5-325MG	TABLET	ORAL	5/1/2024	0.08660
D-METHORPHAN/PE/ACETAMINOPHEN	20-10-650	POWD PACK	ORAL	5/1/2024	0.49500
D-METHORPHAN/PE/ACETAMINOPHEN	5-325MG/15	LIQUID	ORAL	5/1/2024	0.01220
D-METHORPHAN/PE/DEXBROMPHENIR	15-7.5-2/5	LIQUID	ORAL	5/1/2024	0.04470
DABIGATRAN ETEXILATE MESYLATE	150 MG	CAPSULE	ORAL	5/1/2024	2.99000
DACTINOMYCIN	0.5 MG	VIAL	INTRAVEN.	1/1/2024	545.27000
DANAZOL	200 MG	CAPSULE	ORAL	1/1/2024	3.90000
DANTROLENE SODIUM	100 MG	CAPSULE	ORAL	5/1/2024	0.99400
DANTROLENE SODIUM	25 MG	CAPSULE	ORAL	1/1/2024	0.39300
DANTROLENE SODIUM	50 MG	CAPSULE	ORAL	5/1/2024	0.66800
DAPSONE	5 %	GEL (GRAM)	TOPICAL	5/1/2024	1.94000
DAPTOMYCIN	350 MG	VIAL	INTRAVEN.	1/1/2024	26.04000
DAPTOMYCIN	500 MG	VIAL	INTRAVEN.	5/1/2024	18.73000
DARIFENACIN HYDROBROMIDE	15 MG	TAB ER 24H	ORAL	5/1/2024	1.35000
DARIFENACIN HYDROBROMIDE	7.5 MG	TAB ER 24H	ORAL	5/1/2024	1.38000
DARUNAVIR	800 MG	TABLET	ORAL	5/1/2024	3.25000
DECITABINE	50 MG	VIAL	INTRAVEN.	5/1/2024	349.24000
DEFERASIROX	180 MG	GRAN PACK	ORAL	5/1/2024	24.35000
DEFERASIROX	360 MG	GRAN PACK	ORAL	5/1/2024	74.76000
DEFERASIROX	360 MG	TABLET	ORAL	1/1/2024	2.38000
DEFERASIROX	500 MG	TAB DISPER	ORAL	5/1/2024	7.42000
DESIPRAMINE HCL	10 MG	TABLET	ORAL	1/1/2024	0.15000
DESIPRAMINE HCL	100 MG	TABLET	ORAL	1/1/2024	0.51500
DESIPRAMINE HCL	150 MG	TABLET	ORAL	5/1/2024	0.87300
DESIPRAMINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.25000
DESIPRAMINE HCL	50 MG	TABLET	ORAL	1/1/2024	0.40100
DESLORATADINE	5 MG	TABLET	ORAL	5/1/2024	0.31800
DESMOPRESSIN ACETATE	0.1 MG	TABLET	ORAL	5/1/2024	0.36800

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
DESMOPRESSIN ACETATE	0.2 MG	TABLET	ORAL	5/1/2024	0.44600
DESOG-E. ESTRADIOL/E. ESTRADIOL	21-5 (28)	TABLET	ORAL	1/1/2024	0.23000
DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	ORAL	5/1/2024	0.13200
DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	ORAL	5/1/2024	0.71700
DESONIDE	0.05 %	CREAM (G)	TOPICAL	5/1/2024	0.35500
DESONIDE	0.05 %	OINT. (G)	TOPICAL	5/1/2024	0.37500
DESOXIMETASONE	0.05 %	CREAM (G)	TOPICAL	5/1/2024	1.72000
DESOXIMETASONE	0.05 %	OINT. (G)	TOPICAL	5/1/2024	2.06000
DESOXIMETASONE	0.25 %	CREAM (G)	TOPICAL	5/1/2024	0.39400
DESOXIMETASONE	0.25 %	OINT. (G)	TOPICAL	5/1/2024	0.37900
DESVENLAFAXINE SUCCINATE	100 MG	TAB ER 24H	ORAL	5/1/2024	0.49200
DESVENLAFAXINE SUCCINATE	25 MG	TAB ER 24H	ORAL	5/1/2024	0.48800
DESVENLAFAXINE SUCCINATE	50 MG	TAB ER 24H	ORAL	5/1/2024	0.49000
DEXAMETHASONE	0.5 MG	TABLET	ORAL	5/1/2024	0.10400
DEXAMETHASONE	0.5 MG/5ML	ELIXIR	ORAL	5/1/2024	0.11100
DEXAMETHASONE	0.75 MG	TABLET	ORAL	5/1/2024	0.17700
DEXAMETHASONE	1 MG	TABLET	ORAL	5/1/2024	0.21700
DEXAMETHASONE	2 MG	TABLET	ORAL	1/1/2024	0.41600
DEXAMETHASONE	4 MG	TABLET	ORAL	5/1/2024	0.38100
DEXAMETHASONE	6 MG	TABLET	ORAL	1/1/2024	1.20000
DEXLANSOPRAZOLE	30 MG	CAP DR BP	ORAL	5/1/2024	7.13000
DEXLANSOPRAZOLE	60 MG	CAP DR BP	ORAL	5/1/2024	6.47000
DEXMEDETOMIDINE IN 0.9 % NACL	80MCG/20ML	VIAL	INTRAVEN.	1/1/2024	1.27000
DEXMETHYLPHENIDATE HCL	10 MG	CPBP 50-50	ORAL	1/1/2024	1.25000
DEXMETHYLPHENIDATE HCL	10 MG	TABLET	ORAL	5/1/2024	0.26100
DEXMETHYLPHENIDATE HCL	2.5 MG	TABLET	ORAL	5/1/2024	0.14300
DEXMETHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	5/1/2024	1.53000
DEXMETHYLPHENIDATE HCL	25 MG	CPBP 50-50	ORAL	1/1/2024	1.90000
DEXMETHYLPHENIDATE HCL	30 MG	CPBP 50-50	ORAL	5/1/2024	1.78000



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
DEXMETHYLPHENIDATE HCL	35 MG	CPBP 50-50	ORAL	1/1/2024	1.99000
DEXMETHYLPHENIDATE HCL	5 MG	CPBP 50-50	ORAL	1/1/2024	1.10000
DEXMETHYLPHENIDATE HCL	5 MG	TABLET	ORAL	5/1/2024	0.22300
DEXRAZOXANE HCL	500 MG	VIAL	INTRAVEN.	1/1/2024	129.63000
DEXTRAN 70/HYPROMELLOSE	0.1%-0.3%	DROPS	OPHTHALMIC	1/1/2024	0.30700
DEXTRAN 70/HYPROMELLOSE		DROPERETTE	OPHTHALMIC	1/1/2024	0.30700
DEXTRAN 70/HYPROMELLOSE		DROPS	OPHTHALMIC	1/1/2024	0.30700
DEXTRAN 70/HYPROMELLOSE/PF	0.1%-0.3%	DROPERETTE	OPHTHALMIC	1/1/2024	0.21900
DEXTRAN/HYPROMELLOSE/GLYCERIN	0.1-.3-.2%	DROPS	OPHTHALMIC	1/1/2024	0.38700
DEXTROAMPHETAMINE SULFATE	10 MG	CAPSULE ER	ORAL	5/1/2024	1.13000
DEXTROAMPHETAMINE SULFATE	10 MG	TABLET	ORAL	5/1/2024	0.51100
DEXTROAMPHETAMINE SULFATE	15 MG	CAPSULE ER	ORAL	5/1/2024	1.27000
DEXTROAMPHETAMINE SULFATE	20 MG	TABLET	ORAL	5/1/2024	5.19000
DEXTROAMPHETAMINE SULFATE	30 MG	TABLET	ORAL	5/1/2024	5.45000
DEXTROAMPHETAMINE SULFATE	5 MG	CAPSULE ER	ORAL	5/1/2024	0.90100
DEXTROAMPHETAMINE SULFATE	5 MG	TABLET	ORAL	1/1/2024	0.55400
DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	CAP ER 24H	ORAL	5/1/2024	0.56800
DEXTROAMPHETAMINE/AMPHETAMINE	10 MG	TABLET	ORAL	5/1/2024	0.25100
DEXTROAMPHETAMINE/AMPHETAMINE	12.5 MG	TABLET	ORAL	5/1/2024	0.47600
DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	CAP ER 24H	ORAL	5/1/2024	0.64200
DEXTROAMPHETAMINE/AMPHETAMINE	15 MG	TABLET	ORAL	5/1/2024	0.26400
DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	CAP ER 24H	ORAL	5/1/2024	0.61400
DEXTROAMPHETAMINE/AMPHETAMINE	20 MG	TABLET	ORAL	5/1/2024	0.29700
DEXTROAMPHETAMINE/AMPHETAMINE	25 MG	CAP ER 24H	ORAL	5/1/2024	0.64200
DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	CAP ER 24H	ORAL	5/1/2024	0.58600
DEXTROAMPHETAMINE/AMPHETAMINE	30 MG	TABLET	ORAL	5/1/2024	0.29000
DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	CAP ER 24H	ORAL	5/1/2024	0.57600
DEXTROAMPHETAMINE/AMPHETAMINE	5 MG	TABLET	ORAL	5/1/2024	0.26900
DEXTROAMPHETAMINE/AMPHETAMINE	7.5 MG	TABLET	ORAL	5/1/2024	0.42700

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
DEXTROMETHORPHAN HB/DOXYLAMINE	15-6.25/15	SOLUTION	ORAL	1/1/2024	0.01360
DEXTROMETHORPHAN HBR	15 MG	CAPSULE	ORAL	5/1/2024	0.10900
DEXTROMETHORPHAN HBR	15 MG/5 ML	LIQUID	ORAL	1/1/2024	0.01950
DEXTROMETHORPHAN POLISTIREX	30 MG/5 ML	SUS ER 12H	ORAL	5/1/2024	0.06310
DEXTROMETHORPHN/ACETAMINOPH/CP	10-325-2MG	TABLET	ORAL	5/1/2024	0.13500
DEXTROSE	4 G	TAB CHEW	ORAL	1/1/2024	0.09367
DEXTROSE 10 % IN WATER	10 %	DEHP FR BG	INTRAVEN.	5/1/2024	0.01010
DEXTROSE 10 % IN WATER	10 %	IV SOLN	INTRAVEN.	1/1/2024	0.00640
DEXTROSE 2.5 % AND 0.45 % NAACL	2.5%-0.45%	IV SOLN	INTRAVEN.	1/1/2024	0.00690
DEXTROSE 5 % AND 0.3 % NAACL	5 %-0.3 %	IV SOLN	INTRAVEN.	1/1/2024	0.00640
DEXTROSE 5 % AND 0.9 % NAACL	5 %-0.9 %	IV SOLN	INTRAVEN.	1/1/2024	0.00230
DEXTROSE 5 % IN WATER	5 %	IV SOLN	INTRAVEN.	1/1/2024	0.01040
DEXTROSE 5 %-0.2 % SOD CHLORID	5 %-0.2 %	IV SOLN	INTRAVEN.	1/1/2024	0.00500
DEXTROSE 5 %-0.45 % SOD CHLORD	5 %-0.45 %	IV SOLN	INTRAVEN.	1/1/2024	0.00410
DEXTROSE 5%-LACTATED RINGERS	5 %	IV SOLN	INTRAVEN.	5/1/2024	0.00370
DEXTROSE 50 % IN WATER	50 %	SYRINGE	INTRAVEN.	5/1/2024	0.28700
DEXTROSE 70 % IN WATER	70 %	IV SOLN	INTRAVEN.	5/1/2024	0.00640
DIAZEPAM	10 MG	TABLET	ORAL	5/1/2024	0.03070
DIAZEPAM	12.5-15-20	KIT	RECTAL	5/1/2024	247.28000
DIAZEPAM	2 MG	TABLET	ORAL	5/1/2024	0.02350
DIAZEPAM	5 MG	TABLET	ORAL	5/1/2024	0.02670
DIAZEPAM	5 MG/5 ML	SOLUTION	ORAL	1/1/2024	0.11300
DIAZEPAM	5 MG/5 ML	SOLUTION	ORAL	1/1/2024	0.72500
DIAZEPAM	5 MG/ML	ORAL CONC	ORAL	1/1/2024	0.87700
DIAZEPAM	5 MG/ML	VIAL	INJECTION	1/1/2024	3.95000
DIAZEPAM	5-7.5-10MG	KIT	RECTAL	5/1/2024	244.71000
DIAZOXIDE	50 MG/ML	ORAL SUSP	ORAL	5/1/2024	7.02000
DICLOFENAC EPOLAMINE	1.3 %	PATCH TD12	TRANSDERM.	5/1/2024	5.33000
DICLOFENAC POTASSIUM	50 MG	POWD PACK	ORAL	1/1/2024	21.50000



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
DICLOFENAC POTASSIUM	50 MG	TABLET	ORAL	5/1/2024	0.19800
DICLOFENAC SODIUM	0.1 %	DROPS	OPHTHALMIC	5/1/2024	1.83000
DICLOFENAC SODIUM	1 %	GEL (GRAM)	TOPICAL	5/1/2024	0.08980
DICLOFENAC SODIUM	1.5 %	DROPS	TOPICAL	5/1/2024	0.14400
DICLOFENAC SODIUM	100 MG	TAB ER 24H	ORAL	5/1/2024	0.84400
DICLOFENAC SODIUM	25 MG	TABLET DR	ORAL	5/1/2024	0.85400
DICLOFENAC SODIUM	3 %	GEL (GRAM)	TOPICAL	5/1/2024	0.41900
DICLOFENAC SODIUM	50 MG	TABLET DR	ORAL	5/1/2024	0.10600
DICLOFENAC SODIUM	75 MG	TABLET DR	ORAL	5/1/2024	0.09970
DICLOFENAC SODIUM/MISOPROSTOL	50 MG-200	TAB IR DR	ORAL	1/1/2024	1.12000
DICLOFENAC SODIUM/MISOPROSTOL	75 MG-200	TAB IR DR	ORAL	1/1/2024	1.16000
DICLOXACILLIN SODIUM	250 MG	CAPSULE	ORAL	5/1/2024	0.45300
DICYCLOMINE HCL	10 MG	CAPSULE	ORAL	5/1/2024	0.09330
DICYCLOMINE HCL	10 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.19200
DICYCLOMINE HCL	20 MG	TABLET	ORAL	5/1/2024	0.11600
DIETHYLPROPION HCL	25 MG	TABLET	ORAL	5/1/2024	0.21600
DIETHYLPROPION HCL	75 MG	TABLET ER	ORAL	5/1/2024	1.09000
DIFLUNISAL	500 MG	TABLET	ORAL	5/1/2024	1.15000
DIFLUNISAL	500MG	TABLET	ORAL	5/1/2024	1.15000
DIFLUPREDNATE	0.05 %	DROPS	OPHTHALMIC	5/1/2024	16.38000
DIGOXIN	125 MCG	TABLET	ORAL	5/1/2024	0.20200
DIGOXIN	125MCG	TABLET	ORAL	5/1/2024	0.20200
DIGOXIN	250 MCG	TABLET	ORAL	5/1/2024	0.18200
DIGOXIN	250 MCG/ML	AMPUL	INJECTION	1/1/2024	2.68000
DIGOXIN	250MCG	TABLET	ORAL	5/1/2024	0.18200
DIHYDROERGOTAMINE MESYLATE	0.5MG/SPRY	SPRAY/PUMP	NASAL	5/1/2024	90.20000
DIHYDROERGOTAMINE MESYLATE	1 MG/ML	AMPUL	INJECTION	5/1/2024	84.66000
DILTIAZEM HCL	120 MG	CAP ER 24H	ORAL	5/1/2024	0.13800
DILTIAZEM HCL	120 MG	CAP SA 24H	ORAL	5/1/2024	0.21500

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
DILTIAZEM HCL	120 MG	TAB ER 24H	ORAL	1/1/2024	2.24000
DILTIAZEM HCL	120 MG	TABLET	ORAL	5/1/2024	0.26100
DILTIAZEM HCL	180 MG	CAP ER 24H	ORAL	5/1/2024	0.16000
DILTIAZEM HCL	180 MG	CAP ER DEG	ORAL	5/1/2024	0.48400
DILTIAZEM HCL	180 MG	CAP SA 24H	ORAL	5/1/2024	0.24800
DILTIAZEM HCL	240 MG	CAP ER 24H	ORAL	5/1/2024	0.21400
DILTIAZEM HCL	240 MG	CAP ER DEG	ORAL	5/1/2024	0.58900
DILTIAZEM HCL	240 MG	CAP SA 24H	ORAL	1/1/2024	0.36600
DILTIAZEM HCL	30 MG	TABLET	ORAL	5/1/2024	0.08480
DILTIAZEM HCL	300 MG	CAP ER 24H	ORAL	5/1/2024	0.28100
DILTIAZEM HCL	300 MG	CAP SA 24H	ORAL	1/1/2024	0.50700
DILTIAZEM HCL	300 MG	TAB ER 24H	ORAL	5/1/2024	2.31000
DILTIAZEM HCL	360 MG	CAP ER 24H	ORAL	5/1/2024	0.35300
DILTIAZEM HCL	360 MG	TAB ER 24H	ORAL	5/1/2024	2.42000
DILTIAZEM HCL	420 MG	CAP SA 24H	ORAL	5/1/2024	1.10000
DILTIAZEM HCL	60 MG	CAP ER 12H	ORAL	5/1/2024	2.10000
DILTIAZEM HCL	60 MG	TABLET	ORAL	5/1/2024	0.14900
DILTIAZEM HCL	90 MG	TABLET	ORAL	5/1/2024	0.22700
DILUENT FOR TREPROSTINIL (GLY)		VIAL	INTRAVEN.	1/1/2024	0.33700
DIMENHYDRINATE	50 MG	TABLET	ORAL	5/1/2024	0.03070
DIMETHIC/ZINC OX/VITS A,D/ALOE	1 %-10 %	CREAM (G)	TOPICAL	1/1/2024	0.03390
DIMETHICONE	5 %	CREAM(ML)	TOPICAL	1/1/2024	0.03520
DIMETHYL FUMARATE	240 MG	CAPSULE DR	ORAL	5/1/2024	1.25000
DIPHENHYD/PHENYLEPH/ACETAMINOP	25-10-650	POWD PACK	ORAL	1/1/2024	0.48200
DIPHENHYDRAMINE HCL	12.5 MG	TAB CHEW	ORAL	1/1/2024	0.12100
DIPHENHYDRAMINE HCL	12.5MG/5ML	LIQUID	ORAL	5/1/2024	0.01450
DIPHENHYDRAMINE HCL	25 MG	CAPSULE	ORAL	5/1/2024	0.03610
DIPHENHYDRAMINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.02940
DIPHENHYDRAMINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.03340



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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
DIPHENHYDRAMINE HCL	50 MG	CAPSULE	ORAL	5/1/2024	0.02350
DIPHENHYDRAMINE HCL	50 MG	CAPSULE	ORAL	5/1/2024	0.08200
DIPHENHYDRAMINE HCL	50 MG/30ML	LIQUID	ORAL	1/1/2024	0.01270
DIPHENHYDRAMINE HCL	50 MG/ML	VIAL	INJECTION	5/1/2024	0.93700
DIPHENHYDRAMINE HCL/ZINC ACET	2 %-0.1 %	CREAM (G)	TOPICAL	5/1/2024	0.04240
DIPHENHYDRAMINE HCL/ZINC ACET	2 %-0.1 %	SPRAY	TOPICAL	5/1/2024	0.04740
DIPHENOXYLATE HCL/ATROPINE	2.5-.025MG	TABLET	ORAL	5/1/2024	0.16800
DISOPYRAMIDE PHOSPHATE	150 MG	CAPSULE	ORAL	1/1/2024	1.54000
DIVALPROEX SODIUM	125 MG	CAP DR SPR	ORAL	5/1/2024	0.25300
DIVALPROEX SODIUM	125 MG	TABLET DR	ORAL	5/1/2024	0.06010
DIVALPROEX SODIUM	250 MG	TAB ER 24H	ORAL	5/1/2024	0.15600
DIVALPROEX SODIUM	250 MG	TABLET DR	ORAL	5/1/2024	0.09420
DIVALPROEX SODIUM	500 MG	TAB ER 24H	ORAL	5/1/2024	0.19600
DIVALPROEX SODIUM	500 MG	TABLET DR	ORAL	5/1/2024	0.17000
DM/ACETAMINOPHEN/DOXYLAMINE	15-325/15	LIQUID	ORAL	5/1/2024	0.01540
DM/ACETAMINOPHEN/DOXYLAMINE	15MG-325MG	CAPSULE	ORAL	5/1/2024	0.13600
DM/PE/ACETAMINOPHEN/CHLORPHENR	10-5-325-2	TABLET	ORAL	1/1/2024	0.09790
DM/PE/ACETAMINOPHEN/CHLORPHENR	5-2.5-160	ORAL SUSP	ORAL	1/1/2024	0.04200
DM/PE/ACETAMINOPHEN/DOXYLAMINE	5-325MG/15	LIQUID	ORAL	5/1/2024	0.02620
DOBUTAMINE HCL	250MG/20ML	VIAL	INTRAVEN.	1/1/2024	0.35500
DOBUTAMINE HCL IN DEXTROSE 5 %	1000MG/250	IV SOLN	INTRAVEN.	5/1/2024	0.10900
DOBUTAMINE HCL IN DEXTROSE 5 %	500MG/250	IV SOLN	INTRAVEN.	1/1/2024	0.08430
DOCETAXEL	160 MG/8ML	VIAL	INTRAVEN.	1/1/2024	24.13000
DOCETAXEL	20MG/ML(1)	VIAL	INTRAVEN.	1/1/2024	23.08000
DOCETAXEL	80 MG/4 ML	VIAL	INTRAVEN.	1/1/2024	15.14000
DOCOSANOL	10 %	CREAM (G)	TOPICAL	5/1/2024	6.36000
DOCUSATE CALCIUM	240 MG	CAPSULE	ORAL	5/1/2024	0.05320
DOCUSATE SODIUM	100 MG	CAPSULE	ORAL	5/1/2024	0.02120
DOCUSATE SODIUM	100 MG	TABLET	ORAL	5/1/2024	0.03160



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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
DOCUSATE SODIUM	250 MG	CAPSULE	ORAL	1/1/2024	0.04200
DOCUSATE SODIUM	50 MG/5 ML	LIQUID	ORAL	5/1/2024	0.02030
DOCUSATE SODIUM	60 MG/15ML	SYRUP	ORAL	5/1/2024	0.01630
DOFETILIDE	125 MCG	CAPSULE	ORAL	5/1/2024	0.37600
DOFETILIDE	250 MCG	CAPSULE	ORAL	5/1/2024	0.57000
DONEPEZIL HCL	10 MG	TAB RAPDIS	ORAL	5/1/2024	0.30100
DONEPEZIL HCL	10 MG	TABLET	ORAL	1/1/2024	0.05000
DONEPEZIL HCL	23 MG	TABLET	ORAL	5/1/2024	0.70800
DONEPEZIL HCL	5 MG	TAB RAPDIS	ORAL	5/1/2024	0.25100
DONEPEZIL HCL	5 MG	TABLET	ORAL	5/1/2024	0.04700
DOPAMINE HCL IN DEXTROSE 5 %	400MG/.25L	PLAST. BAG	INTRAVEN.	5/1/2024	0.07030
DOPAMINE HCL IN DEXTROSE 5 %	800MG/.25L	PLAST. BAG	INTRAVEN.	1/1/2024	0.10300
DOPAMINE HCL IN DEXTROSE 5 %	800MG/0.5L	PLAST. BAG	INTRAVEN.	1/1/2024	0.05230
DORZOLAMIDE HCL	2 %	DROPS	OPHTHALMIC	1/1/2024	1.22000
DORZOLAMIDE HCL/TIMOLOL MALEAT	22.3-6.8/1	DROPS	OPHTHALMIC	5/1/2024	1.14000
DOXAZOSIN MESYLATE	1 MG	TABLET	ORAL	5/1/2024	0.06900
DOXAZOSIN MESYLATE	2 MG	TABLET	ORAL	5/1/2024	0.06810
DOXAZOSIN MESYLATE	4 MG	TABLET	ORAL	5/1/2024	0.08750
DOXAZOSIN MESYLATE	8 MG	TABLET	ORAL	5/1/2024	0.08930
DOXEPIN HCL	10 MG	CAPSULE	ORAL	5/1/2024	0.18000
DOXEPIN HCL	100 MG	CAPSULE	ORAL	5/1/2024	0.40100
DOXEPIN HCL	150 MG	CAPSULE	ORAL	5/1/2024	0.50200
DOXEPIN HCL	25 MG	CAPSULE	ORAL	5/1/2024	0.18600
DOXEPIN HCL	3 MG	TABLET	ORAL	5/1/2024	4.79000
DOXEPIN HCL	50 MG	CAPSULE	ORAL	5/1/2024	0.22600
DOXEPIN HCL	75 MG	CAPSULE	ORAL	5/1/2024	0.29400
DOXORUBICIN HCL PEG-LIPOSOMAL	2 MG/ML	VIAL	INTRAVEN.	5/1/2024	37.16000
DOXYCYCLINE HYCLATE	100 MG	CAPSULE	ORAL	5/1/2024	0.12000
DOXYCYCLINE HYCLATE	100 MG	TABLET	ORAL	5/1/2024	0.11300



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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
DOXYCYCLINE HYCLATE	100 MG	VIAL	INTRAVEN.	5/1/2024	15.26000
DOXYCYCLINE HYCLATE	20 MG	TABLET	ORAL	5/1/2024	0.12100
DOXYCYCLINE HYCLATE	200 MG	TABLET DR	ORAL	1/1/2024	12.03000
DOXYCYCLINE HYCLATE	50 MG	CAPSULE	ORAL	5/1/2024	0.15500
DOXYCYCLINE HYCLATE	50 MG	TABLET	ORAL	5/1/2024	6.76000
DOXYCYCLINE HYCLATE	50 MG	TABLET DR	ORAL	5/1/2024	3.91000
DOXYCYCLINE MONOHYDRATE	100 MG	CAPSULE	ORAL	5/1/2024	0.24800
DOXYCYCLINE MONOHYDRATE	100 MG	TABLET	ORAL	1/1/2024	0.30000
DOXYCYCLINE MONOHYDRATE	25 MG/5 ML	SUSP RECON	ORAL	5/1/2024	0.26400
DOXYCYCLINE MONOHYDRATE	50 MG	CAPSULE	ORAL	5/1/2024	0.18000
DOXYCYCLINE MONOHYDRATE	50 MG	TABLET	ORAL	5/1/2024	0.22000
DOXYLAMINE SUCCINATE	25 MG	TABLET	ORAL	5/1/2024	0.13000
DRONABINOL	2.5 MG	CAPSULE	ORAL	5/1/2024	1.43000
DROXIDOPA	200 MG	CAPSULE	ORAL	5/1/2024	1.34000
DROXIDOPA	300 MG	CAPSULE	ORAL	5/1/2024	3.01000
DULOXETINE HCL	20 MG	CAPSULE DR	ORAL	5/1/2024	0.10900
DULOXETINE HCL	30 MG	CAPSULE DR	ORAL	5/1/2024	0.09740
DULOXETINE HCL	40 MG	CAPSULE DR	ORAL	5/1/2024	1.39000
DULOXETINE HCL	60 MG	CAPSULE DR	ORAL	5/1/2024	0.11300
DUMMY NDC-CALCIUM/VITAMIN D3	500 MG-400	TABLET	ORAL	1/1/2024	0.03750
DUMMY NDC-OMEPRAZOLE	20 MG	CAPSULE DR	ORAL	1/1/2024	0.03570
DUMMY-NEO/POLYMYXIN/DEXAMETH	0.1 %	DROPS SUSP	OPHTHALMIC	5/1/2024	2.34000
DUMMY-NEOMYCIN/POLYMYXIN	3.5-10K-1	SOLUTION	OTIC	5/1/2024	5.34000
DUTASTERIDE	0.5 MG	CAPSULE	ORAL	5/1/2024	0.16800
ECONAZOLE NITRATE	1 %	CREAM (G)	TOPICAL	5/1/2024	0.28400
EFAVIRENZ/EMTRICIT/TENOFOVR DF	600-200MG	TABLET	ORAL	5/1/2024	2.16000
ELECTROLYTES/DEXTROSE		SOLUTION	ORAL	1/1/2024	0.00320
EMOLLIENT		CREAM (G)	TOPICAL	1/1/2024	0.02580
EMOLLIENT BASE		CREAM (G)	TOPICAL	1/1/2024	0.02580

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# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
EMTRICITABINE/TENOFOVIR (TDF)	133-200 MG	TABLET	ORAL	1/1/2024	13.54000
EMTRICITABINE/TENOFOVIR (TDF)	200-300 MG	TABLET	ORAL	5/1/2024	0.54600
ENALAPRIL MALEATE	1 MG/ML	SOLUTION	ORAL	5/1/2024	2.22000
ENALAPRIL MALEATE	10 MG	TABLET	ORAL	5/1/2024	0.10100
ENALAPRIL MALEATE	10MG	TABLET	ORAL	5/1/2024	0.10100
ENALAPRIL MALEATE	2.5 MG	TABLET	ORAL	5/1/2024	0.06950
ENALAPRIL MALEATE	2.5MG	TABLET	ORAL	5/1/2024	0.06950
ENALAPRIL MALEATE	20 MG	TABLET	ORAL	5/1/2024	0.11400
ENALAPRIL MALEATE	20MG	TABLET	ORAL	5/1/2024	0.11400
ENALAPRIL MALEATE	5 MG	TABLET	ORAL	5/1/2024	0.09830
ENALAPRIL MALEATE	5MG	TABLET	ORAL	5/1/2024	0.09830
ENALAPRIL/HYDROCHLOROTHIAZIDE	10 MG-25MG	TABLET	ORAL	5/1/2024	0.21000
ENOXAPARIN SODIUM	100 MG/ML	SYRINGE	SUBCUTANE.	5/1/2024	8.56000
ENOXAPARIN SODIUM	300 MG/3ML	VIAL	SUBCUTANE.	5/1/2024	11.01000
ENOXAPARIN SODIUM	40MG/0.4ML	SYRINGE	SUBCUTANE.	5/1/2024	9.91000
ENTECAVIR	0.5 MG	TABLET	ORAL	5/1/2024	0.53200
ENTECAVIR	1 MG	TABLET	ORAL	1/1/2024	0.77000
EPINEPHRINE	0.15MG/0.3	AUTO INJCT	INJECTION	1/29/2024	141.18250
EPINEPHRINE	0.3MG/0.3	AUTO INJCT	INJECTION	5/1/2024	128.75000
EPINEPHRINE HCL/PF	1 MG/ML(1)	AMPUL	INJECTION	1/1/2024	10.04000
EPLERENONE	50 MG	TABLET	ORAL	1/1/2024	0.60800
EPTIFIBATIDE	2 MG/ML	VIAL	INTRAVEN.	1/1/2024	3.07000
ERGOCALCIFEROL (VITAMIN D2)	1250 MCG	CAPSULE	ORAL	5/1/2024	0.13900
ERGOCALCIFEROL (VITAMIN D2)	200 MCG/ML	DROPS	ORAL	1/1/2024	0.36900
ERLOTINIB HCL	100 MG	TABLET	ORAL	1/1/2024	5.30000
ERLOTINIB HCL	150 MG	TABLET	ORAL	1/1/2024	9.52000
ERLOTINIB HCL	25 MG	TABLET	ORAL	1/1/2024	7.02000
ERTAPENEM SODIUM	1 G	VIAL	INJECTION	5/1/2024	34.83000
ERYTHROMYCIN BASE	250 MG	TABLET	ORAL	5/1/2024	3.37000

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# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
ERYTHROMYCIN BASE	5 MG/GRAM	OINT. (G)	OPHTHALMIC	5/1/2024	2.75000
ERYTHROMYCIN BASE	500 MG	TABLET	ORAL	5/1/2024	5.55000
ERYTHROMYCIN BASE IN ETHANOL	2 %	GEL (GRAM)	TOPICAL	1/1/2024	0.67700
ERYTHROMYCIN BASE IN ETHANOL	2 %	SOLUTION	TOPICAL	5/1/2024	0.37100
ERYTHROMYCIN ETHYLSUCCINATE	200 MG/5ML	SUSP RECON	ORAL	5/1/2024	1.70000
ERYTHROMYCIN ETHYLSUCCINATE	400 MG/5ML	SUSP RECON	ORAL	5/1/2024	2.74000
ERYTHROMYCIN/BENZOYL PEROXIDE	3 %-5 %	GEL (GRAM)	TOPICAL	5/1/2024	1.26000
ESCITALOPRAM OXALATE	10 MG	TABLET	ORAL	5/1/2024	0.05050
ESCITALOPRAM OXALATE	20 MG	TABLET	ORAL	5/1/2024	0.07850
ESCITALOPRAM OXALATE	5 MG	TABLET	ORAL	5/1/2024	0.04240
ESCITALOPRAM OXALATE	5 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.25000
ESOMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	ORAL	5/1/2024	0.18000
ESOMEPRAZOLE MAGNESIUM	20 MG	SUSPDR PKT	ORAL	5/1/2024	6.62000
ESOMEPRAZOLE MAGNESIUM	40 MG	CAPSULE DR	ORAL	5/1/2024	0.16700
ESOMEPRAZOLE MAGNESIUM	40 MG	SUSPDR PKT	ORAL	5/1/2024	6.83000
ESTRADIOL	.025MG/24H	PATCH TDSW	TRANSDERM.	1/1/2024	6.00000
ESTRADIOL	.0375MG/24	PATCH TDSW	TRANSDERM.	5/1/2024	6.66000
ESTRADIOL	.0375MG/24	PATCH TDWK	TRANSDERM.	5/1/2024	12.51000
ESTRADIOL	.075MG/24H	PATCH TDSW	TRANSDERM.	1/1/2024	6.53000
ESTRADIOL	0.01 %	CREAM/APPL	VAGINAL	5/1/2024	0.53900
ESTRADIOL	0.05MG/24H	PATCH TDSW	TRANSDERM.	5/1/2024	6.49000
ESTRADIOL	0.05MG/24H	PATCH TDWK	TRANSDERM.	5/1/2024	11.54000
ESTRADIOL	0.06MG/24H	PATCH TDWK	TRANSDERM.	1/1/2024	11.82000
ESTRADIOL	0.1MG/24HR	PATCH TDSW	TRANSDERM.	5/1/2024	6.28000
ESTRADIOL	0.1MG/24HR	PATCH TDWK	TRANSDERM.	5/1/2024	11.40000
ESTRADIOL	0.5 MG	TABLET	ORAL	5/1/2024	0.07170
ESTRADIOL	0.5MG/0.5G	GEL PACKET	TRANSDERM.	5/1/2024	3.31000
ESTRADIOL	1 MG	TABLET	ORAL	5/1/2024	0.07990
ESTRADIOL	1 MG/GRAM	GEL PACKET	TRANSDERM.	5/1/2024	3.81000



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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
ESTRADIOL	1.25/1.25G	GEL PACKET	TRANSDERM.	5/1/2024	2.52000
ESTRADIOL	10 MCG	TABLET	VAGINAL	5/1/2024	7.33000
ESTRADIOL	2 MG	TABLET	ORAL	5/1/2024	0.09790
ESTRADIOL VALERATE	20 MG/ML	VIAL	INTRAMUSC.	5/1/2024	20.69000
ESZOPICLONE	1 MG	TABLET	ORAL	1/1/2024	0.22500
ESZOPICLONE	2 MG	TABLET	ORAL	5/1/2024	0.12200
ESZOPICLONE	3 MG	TABLET	ORAL	5/1/2024	0.12500
ETHACRYNATE SODIUM	50 MG	VIAL	INTRAVEN.	1/1/2024	2801.47000
ETHACRYNIC ACID	25 MG	TABLET	ORAL	5/1/2024	1.66000
ETHAMBUTOL HCL	100 MG	TABLET	ORAL	5/1/2024	0.42700
ETHAMBUTOL HCL	400 MG	TABLET	ORAL	5/1/2024	0.55300
ETHINYL ESTRADIOL/DROSPIRENONE	0.02-3(28)	TABLET	ORAL	5/1/2024	0.19200
ETHINYL ESTRADIOL/DROSPIRENONE	0.03MG-3MG	TABLET	ORAL	5/1/2024	0.20000
ETHOSUXIMIDE	250 MG	CAPSULE	ORAL	1/1/2024	0.33100
ETHOSUXIMIDE	250 MG/5ML	SOLUTION	ORAL	5/1/2024	0.07810
ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-35MCG	TABLET	ORAL	5/1/2024	0.40900
ETHYNODIOL D-ETHINYL ESTRADIOL	1 MG-50MCG	TABLET	ORAL	1/1/2024	0.71400
ETODOLAC	200 MG	CAPSULE	ORAL	5/1/2024	0.40000
ETODOLAC	300 MG	CAPSULE	ORAL	5/1/2024	0.36000
ETODOLAC	400 MG	TAB ER 24H	ORAL	5/1/2024	1.09000
ETODOLAC	400 MG	TABLET	ORAL	5/1/2024	0.24700
ETODOLAC	500 MG	TAB ER 24H	ORAL	5/1/2024	1.06000
ETODOLAC	500 MG	TABLET	ORAL	5/1/2024	0.31000
ETOMIDATE	2 MG/ML	VIAL	INTRAVEN.	5/1/2024	0.21700
ETONOGESTREL/ETHINYL ESTRADIOL	.12-.015MG	VAG RING	VAGINAL	5/1/2024	64.47000
ETRAVIRINE	200 MG	TABLET	ORAL	1/1/2024	15.30000
EUA PATIENT ASSESSMENT		MISCELL	MISCELL.	1/1/2024	11.43750
EUCALYPTUS OIL/MENTHOL/CAMPHOR	1.2%-4.8%	OINT. (G)	TOPICAL	5/1/2024	0.02990
EVEROLIMUS	1 MG	TABLET	ORAL	5/1/2024	17.07000



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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
EVEROLIMUS	10 MG	TABLET	ORAL	5/1/2024	46.63000
EVEROLIMUS	2.5 MG	TABLET	ORAL	5/1/2024	42.08000
EVEROLIMUS	5 MG	TABLET	ORAL	1/1/2024	50.00000
EVEROLIMUS	7.5 MG	TABLET	ORAL	5/1/2024	24.09000
EZETIMIBE	10 MG	TABLET	ORAL	5/1/2024	0.09510
EZETIMIBE/SIMVASTATIN	10 MG-10MG	TABLET	ORAL	5/1/2024	0.45000
EZETIMIBE/SIMVASTATIN	10 MG-20MG	TABLET	ORAL	5/1/2024	0.46600
EZETIMIBE/SIMVASTATIN	10 MG-40MG	TABLET	ORAL	5/1/2024	0.40500
EZETIMIBE/SIMVASTATIN	10 MG-80MG	TABLET	ORAL	5/1/2024	0.37100
FAMCICLOVIR	125 MG	TABLET	ORAL	5/1/2024	0.32800
FAMCICLOVIR	250 MG	TABLET	ORAL	1/1/2024	0.40100
FAMCICLOVIR	500 MG	TABLET	ORAL	1/1/2024	0.76900
FAMOTIDINE	10 MG	TABLET	ORAL	5/1/2024	0.08520
FAMOTIDINE	10 MG/ML	VIAL	INTRAVEN.	5/1/2024	0.35200
FAMOTIDINE	20 MG	TABLET	ORAL	5/1/2024	0.03660
FAMOTIDINE	40 MG	TABLET	ORAL	5/1/2024	0.06040
FAMOTIDINE	40MG/5ML	SUSP RECON	ORAL	5/1/2024	0.51800
FAMOTIDINE/CA CARB/MAG HYDROX	10-800-165	TAB CHEW	ORAL	5/1/2024	0.24700
FAMOTIDINE/PF	20 MG/2 ML	VIAL	INTRAVEN.	5/1/2024	0.35500
FEBUXOSTAT	40 MG	TABLET	ORAL	5/1/2024	0.56900
FEBUXOSTAT	80 MG	TABLET	ORAL	5/1/2024	0.50000
FELBAMATE	600 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.58300
FELODIPINE	10 MG	TAB ER 24H	ORAL	5/1/2024	0.17600
FELODIPINE	2.5 MG	TAB ER 24H	ORAL	5/1/2024	0.17600
FELODIPINE	5 MG	TAB ER 24H	ORAL	5/1/2024	0.15000
FENOFIBRATE	120 MG	TABLET	ORAL	5/1/2024	16.55000
FENOFIBRATE	160 MG	TABLET	ORAL	5/1/2024	0.12200
FENOFIBRATE	40 MG	TABLET	ORAL	5/1/2024	5.94000
FENOFIBRATE	54 MG	TABLET	ORAL	5/1/2024	0.07940



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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
FENOFIBRATE NANOCRYSTALLIZED	145 MG	TABLET	ORAL	5/1/2024	0.13800
FENOFIBRATE NANOCRYSTALLIZED	48 MG	TABLET	ORAL	5/1/2024	0.08980
FENOFIBRATE,MICRONIZED	134 MG	CAPSULE	ORAL	5/1/2024	0.12100
FENOFIBRATE,MICRONIZED	200 MG	CAPSULE	ORAL	1/1/2024	0.18400
FENOFIBRATE,MICRONIZED	43 MG	CAPSULE	ORAL	1/1/2024	0.50100
FENOFIBRATE,MICRONIZED	67 MG	CAPSULE	ORAL	5/1/2024	0.08930
FENOFIBRIC ACID (CHOLINE)	135 MG	CAPSULE DR	ORAL	5/1/2024	0.38400
FENOFIBRIC ACID (CHOLINE)	45 MG	CAPSULE DR	ORAL	5/1/2024	0.20000
FENTANYL	100 MCG/HR	PATCH TD72	TRANSDERM.	1/1/2024	14.27000
FENTANYL	75MCG/HR	PATCH TD72	TRANSDERM.	5/1/2024	12.82000
FENTANYL CITRATE/PF	50 MCG/ML	VIAL	INJECTION	1/1/2024	0.67400
FERROUS FUMARATE	324(106)MG	TABLET	ORAL	5/1/2024	0.16600
FERROUS FUMARATE	325(106)MG	TABLET	ORAL	1/1/2024	0.16100
FERROUS FUMARATE	325(106)MG	TABLET	ORAL	5/1/2024	0.16600
FERROUS GLUCONATE	240(27)MG	TABLET	ORAL	5/1/2024	0.01860
FERROUS GLUCONATE	324(37.5)	TABLET	ORAL	4/11/2023	0.06606
FERROUS GLUCONATE	324(38)MG	TABLET	ORAL	5/1/2024	0.04330
FERROUS GLUCONATE	325(65) MG	TABLET	ORAL	5/1/2024	0.01040
FERROUS SULFATE	15 MG/ML	DROPS	ORAL	5/1/2024	0.07440
FERROUS SULFATE	220 (44)/5	SOLUTION	ORAL	5/1/2024	0.00730
FERROUS SULFATE	300 MG/5ML	LIQUID	ORAL	5/1/2024	0.44300
FERROUS SULFATE	324(65)MG	TABLET DR	ORAL	5/1/2024	0.04420
FERROUS SULFATE	325(65) MG	TABLET	ORAL	5/1/2024	0.01040
FERROUS SULFATE	325(65) MG	TABLET DR	ORAL	5/1/2024	0.06040
FERROUS SULFATE, DRIED	160(50) MG	TABLET ER	ORAL	5/6/2022	0.08476
FESOTERODINE FUMARATE	4 MG	TAB ER 24H	ORAL	5/1/2024	1.08000
FEXOFENADINE HCL	180 MG	TABLET	ORAL	5/1/2024	0.21600
FEXOFENADINE HCL	30 MG/5 ML	ORAL SUSP	ORAL	5/1/2024	0.06270
FEXOFENADINE HCL	60 MG	TABLET	ORAL	5/1/2024	0.14000



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
FEXOFENADINE/PSEUDOEPHEDRINE	60MG-120MG	TAB ER 12H	ORAL	5/1/2024	0.48000
FINASTERIDE	1 MG	TABLET	ORAL	1/1/2024	0.05550
FINASTERIDE	5 MG	TABLET	ORAL	5/1/2024	0.07350
FINGOLIMOD HCL	0.5 MG	CAPSULE	ORAL	5/1/2024	9.51000
FLAVOXATE HCL	100 MG	TABLET	ORAL	5/1/2024	0.55400
FLECAINIDE ACETATE	100 MG	TABLET	ORAL	5/1/2024	0.19000
FLECAINIDE ACETATE	50 MG	TABLET	ORAL	5/1/2024	0.11400
FLUCONAZOLE	10 MG/ML	SUSP RECON	ORAL	5/1/2024	0.23700
FLUCONAZOLE	100 MG	TABLET	ORAL	1/1/2024	0.28100
FLUCONAZOLE	150 MG	TABLET	ORAL	5/1/2024	0.71300
FLUCONAZOLE	200 MG	TABLET	ORAL	5/1/2024	0.65000
FLUCONAZOLE	40 MG/ML	SUSP RECON	ORAL	5/1/2024	0.59700
FLUCONAZOLE	50 MG	TABLET	ORAL	5/1/2024	0.18700
FLUCONAZOLE IN NAACL,ISO-OSM	200MG/0.1L	PIGGYBACK	INTRAVEN.	5/1/2024	0.06630
FLUCONAZOLE IN NAACL,ISO-OSM	400MG/0.2L	PIGGYBACK	INTRAVEN.	5/1/2024	0.03480
FLUCYTOSINE	250 MG	CAPSULE	ORAL	1/1/2024	30.19000
FLUCYTOSINE	500 MG	CAPSULE	ORAL	1/1/2024	36.91000
FLUDARABINE PHOSPHATE	50 MG	VIAL	INTRAVEN.	1/1/2024	78.94000
FLUDARABINE PHOSPHATE	50 MG/2 ML	VIAL	INTRAVEN.	1/1/2024	47.52000
FLUDROCORTISONE ACETATE	0.1 MG	TABLET	ORAL	5/1/2024	0.37500
FLUNISOLIDE	25 MCG	SPRAY	NASAL	5/1/2024	1.88000
FLUOCINOLONE ACETONIDE	0.01 %	CREAM (G)	TOPICAL	1/1/2024	1.51000
FLUOCINOLONE ACETONIDE	0.01 %	SOLUTION	TOPICAL	5/1/2024	0.22800
FLUOCINOLONE ACETONIDE	0.025 %	OINT. (G)	TOPICAL	1/1/2024	0.74700
FLUOCINOLONE ACETONIDE OIL	0.01 %	DROPS	OTIC	1/1/2024	1.38000
FLUOCINONIDE	0.05 %	CREAM (G)	TOPICAL	5/1/2024	0.39200
FLUOCINONIDE	0.05 %	OINT. (G)	TOPICAL	5/1/2024	0.33800
FLUOCINONIDE	0.05 %	SOLUTION	TOPICAL	5/1/2024	0.22000
FLUOCINONIDE	0.1 %	CREAM (G)	TOPICAL	5/1/2024	0.24300

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# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
FLUOCINONIDE/EMOLLIENT BASE	0.05 %	CREAM (G)	TOPICAL	1/1/2024	0.88100
FLUORIDE (SODIUM)	0.25(0.55)	TAB CHEW	ORAL	5/1/2024	0.06040
FLUORIDE (SODIUM)	0.5 MG/ML	DROPS	ORAL	5/1/2024	0.20900
FLUORIDE (SODIUM)	0.5(1.1)MG	TAB CHEW	ORAL	5/1/2024	0.06310
FLUORIDE (SODIUM)	1.1 %	CREAM (G)	DENTAL	5/1/2024	0.08110
FLUORIDE (SODIUM)	1.1 %	GEL (GRAM)	DENTAL	5/1/2024	0.10000
FLUORIDE (SODIUM)	1.1 %	PASTE (ML)	DENTAL	5/1/2024	0.10900
FLUORIDE (SODIUM)	1MG(2.2MG)	TAB CHEW	ORAL	5/1/2024	0.06180
FLUOROURACIL	1 G/20 ML	VIAL	INTRAVEN.	1/1/2024	0.26000
FLUOROURACIL	2.5 G/50ML	VIAL	INTRAVEN.	1/1/2024	0.26100
FLUOROURACIL	5 %	CREAM (G)	TOPICAL	5/1/2024	0.88100
FLUOROURACIL	5 G/100 ML	VIAL	INTRAVEN.	1/1/2024	0.20000
FLUOROURACIL	500MG/10ML	VIAL	INTRAVEN.	5/1/2024	0.27400
FLUOXETINE HCL	10 MG	CAPSULE	ORAL	5/1/2024	0.03300
FLUOXETINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.14200
FLUOXETINE HCL	20 MG	CAPSULE	ORAL	5/1/2024	0.03160
FLUOXETINE HCL	20 MG	TABLET	ORAL	5/1/2024	0.21000
FLUOXETINE HCL	20 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.24400
FLUOXETINE HCL	40 MG	CAPSULE	ORAL	5/1/2024	0.07670
FLUOXETINE HCL	60 MG	TABLET	ORAL	5/1/2024	0.62300
FLUPHENAZINE HCL	1 MG	TABLET	ORAL	5/1/2024	0.35100
FLUPHENAZINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.80600
FLUPHENAZINE HCL	2.5 MG	TABLET	ORAL	5/1/2024	1.08000
FLUPHENAZINE HCL	5 MG	TABLET	ORAL	5/1/2024	1.13000
FLUTICASONE PROPION/SALMETEROL	250-50 MCG	BLST W/DEV	INHALATION	1/1/2024	1.52000
FLUTICASONE PROPION/SALMETEROL	500-50 MCG	BLST W/DEV	INHALATION	5/1/2024	2.11000
FLUTICASONE PROPIONATE	0.005 %	OINT. (G)	TOPICAL	5/1/2024	0.43900
FLUTICASONE PROPIONATE	0.05 %	CREAM (G)	TOPICAL	5/1/2024	0.23700
FLUTICASONE PROPIONATE	50 MCG	SPRAY SUSP	NASAL	5/1/2024	0.37500



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
FLUTICASONE PROPIONATE	50 MCG	SPRAY SUSP	NASAL	5/1/2024	0.81800
FLUVASTATIN SODIUM	20 MG	CAPSULE	ORAL	1/1/2024	3.18000
FLUVASTATIN SODIUM	40 MG	CAPSULE	ORAL	5/1/2024	3.12000
FLUVASTATIN SODIUM	80 MG	TAB ER 24H	ORAL	5/1/2024	3.20000
FLUVOXAMINE MALEATE	100 MG	CAP ER 24H	ORAL	5/1/2024	5.84000
FLUVOXAMINE MALEATE	100 MG	TABLET	ORAL	5/1/2024	0.30600
FLUVOXAMINE MALEATE	25 MG	TABLET	ORAL	5/1/2024	0.20100
FLUVOXAMINE MALEATE	50 MG	TABLET	ORAL	5/1/2024	0.26400
FOLIC ACID	0.4 MG	TABLET	ORAL	5/1/2024	0.01270
FOLIC ACID	0.8 MG	CAPSULE	ORAL	1/1/2024	0.04740
FOLIC ACID	0.8 MG	TABLET	ORAL	5/1/2024	0.01400
FOLIC ACID	1 MG	TABLET	ORAL	5/1/2024	0.02530
FOLIC ACID	5 MG/ML	VIAL	INJECTION	5/1/2024	2.66000
FOLIC ACID 800MCG	1 MG	TABLET	ORAL	1/1/2024	0.02530
FOLIC ACID/MULTIVIT,IRON,MINER	0.4MG-18MG	TABLET	ORAL	8/26/2014	0.04348
FOLIC ACID/MV,FE,OTHER MIN	N/A	TABLET	ORAL	1/1/2024	0.04348
FOLIC ACID/VIT B COMPLEX AND C	0.8 MG	TABLET	ORAL	1/1/2024	0.06130
FOMEPIZOLE	1 G/ML	VIAL	INTRAVEN.	5/1/2024	444.74000
FONDAPARINUX SODIUM	10MG/0.8ML	SYRINGE	SUBCUTANE.	5/1/2024	38.58000
FONDAPARINUX SODIUM	2.5 MG/0.5	SYRINGE	SUBCUTANE.	5/1/2024	19.93000
FONDAPARINUX SODIUM	5MG/0.4ML	SYRINGE	SUBCUTANE.	5/1/2024	88.61000
FONDAPARINUX SODIUM	7.5MG/0.6	SYRINGE	SUBCUTANE.	5/1/2024	48.46000
FORMOTEROL FUMARATE	20 MCG/2ML	VIAL-NEB	INHALATION	5/1/2024	4.34000
FOSAPREPITANT DIMEGLUMINE	150 MG	VIAL	INTRAVEN.	5/1/2024	50.16000
FOSFOMYCIN TROMETHAMINE	3 G	PACKET	ORAL	5/1/2024	55.01000
FOSINOPRIL SODIUM	10 MG	TABLET	ORAL	5/1/2024	0.17100
FOSINOPRIL SODIUM	20 MG	TABLET	ORAL	5/1/2024	0.15400
FOSINOPRIL SODIUM	40 MG	TABLET	ORAL	5/1/2024	0.21200
FULVESTRANT	250 MG/5ML	SYRINGE	INTRAMUSC.	5/1/2024	20.85000

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# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
FUROSEMIDE	10 MG/ML	VIAL	INJECTION	5/1/2024	0.30800
FUROSEMIDE	20 MG	TABLET	ORAL	5/1/2024	0.02670
FUROSEMIDE	40 MG	TABLET	ORAL	5/1/2024	0.03070
FUROSEMIDE	40MG/5ML	SOLUTION	ORAL	1/1/2024	0.07210
FUROSEMIDE	80 MG	TABLET	ORAL	5/1/2024	0.05280
GABAPENTIN	100 MG	CAPSULE	ORAL	5/1/2024	0.02530
GABAPENTIN	250 MG/5ML	SOLUTION	ORAL	5/1/2024	0.11900
GABAPENTIN	300 MG	CAPSULE	ORAL	5/1/2024	0.04010
GABAPENTIN	400 MG	CAPSULE	ORAL	5/1/2024	0.05140
GABAPENTIN	600 MG	TABLET	ORAL	5/1/2024	0.09060
GABAPENTIN	800 MG	TABLET	ORAL	5/1/2024	0.11600
GALANTAMINE HBR	12 MG	TABLET	ORAL	5/1/2024	0.55000
GALANTAMINE HBR	16 MG	CAP24H PEL	ORAL	5/1/2024	1.11000
GALANTAMINE HBR	4 MG	TABLET	ORAL	5/1/2024	0.31600
GALANTAMINE HBR	8 MG	TABLET	ORAL	5/1/2024	0.45600
GANCICLOVIR SODIUM	500 MG	VIAL	INTRAVEN.	5/1/2024	44.63000
GANIRELIX ACETATE	250MCG/0.5	SYRINGE	SUBCUTANE.	5/1/2024	332.35000
GEFITINIB	250 MG	TABLET	ORAL	1/1/2024	123.98000
GEMCITABINE HCL	1 G	VIAL	INTRAVEN.	5/1/2024	46.75000
GEMCITABINE HCL	100 MG/ML	VIAL	INTRAVEN.	1/1/2024	4.01000
GEMCITABINE HCL	200 MG	VIAL	INTRAVEN.	5/1/2024	8.08000
GEMCITABINE HCL	200MG/5.26	VIAL	INTRAVEN.	5/1/2024	0.80700
GEMFIBROZIL	600 MG	TABLET	ORAL	5/1/2024	0.09830
GENTAMICIN SULFATE	0.1 %	CREAM (G)	TOPICAL	5/1/2024	1.01000
GENTAMICIN SULFATE	0.1 %	OINT. (G)	TOPICAL	1/1/2024	1.09000
GENTAMICIN SULFATE	0.3 %	DROPS	OPHTHALMIC	5/1/2024	1.19000
GENTAMICIN SULFATE	40 MG/ML	VIAL	INJECTION	5/1/2024	0.65400
GLATIRAMER ACETATE	40 MG/ML	SYRINGE	SUBCUTANE.	5/1/2024	121.88000
GLIMEPIRIDE	1 MG	TABLET	ORAL	5/1/2024	0.02440



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
GLIMEPIRIDE	2 MG	TABLET	ORAL	5/1/2024	0.03340
GLIMEPIRIDE	4 MG	TABLET	ORAL	5/1/2024	0.04060
GLIPIZIDE	10 MG	TAB ER 24	ORAL	5/1/2024	0.16200
GLIPIZIDE	10 MG	TABLET	ORAL	5/1/2024	0.04650
GLIPIZIDE	2.5 MG	TAB ER 24	ORAL	5/1/2024	0.12700
GLIPIZIDE	5 MG	TAB ER 24	ORAL	5/1/2024	0.09100
GLIPIZIDE	5 MG	TABLET	ORAL	5/1/2024	0.03200
GLIPIZIDE/METFORMIN HCL	2.5-250 MG	TABLET	ORAL	5/1/2024	0.28100
GLIPIZIDE/METFORMIN HCL	2.5-500 MG	TABLET	ORAL	1/1/2024	0.27800
GLIPIZIDE/METFORMIN HCL	5 MG-500MG	TABLET	ORAL	5/1/2024	0.24900
GLUCOSAMINE/CHONDR SU A SOD	1500-1200	LIQUID	ORAL	5/1/2024	0.02080
GLUCOSAMINE/CHONDROITIN/C/MANG	500-400 MG	CAPSULE	ORAL	5/1/2024	0.14600
GLY/DIMETH/PETROLAT,WHT/WATER		CREAM (G)	TOPICAL	1/1/2024	0.02440
GLYBURIDE	1.25 MG	TABLET	ORAL	5/1/2024	0.08160
GLYBURIDE	1.25MG	TABLET	ORAL	5/1/2024	0.08160
GLYBURIDE	2.5 MG	TABLET	ORAL	5/1/2024	0.08200
GLYBURIDE	5 MG	TABLET	ORAL	5/1/2024	0.06540
GLYBURIDE/METFORMIN HCL	1.25-250MG	TABLET	ORAL	5/1/2024	0.05510
GLYBURIDE/METFORMIN HCL	2.5-500 MG	TABLET	ORAL	5/1/2024	0.04920
GLYBURIDE/METFORMIN HCL	5 MG-500MG	TABLET	ORAL	5/1/2024	0.04880
GLYCERIN	99.5 %	SOLUTION	TOPICAL	5/1/2024	0.04010
GLYCERIN	ADULT	SUPP.RECT	RECTAL	5/1/2024	0.08250
GLYCERIN	PEDIATRIC	SUPP.RECT	RECTAL	5/1/2024	0.08250
GLYCINE UROLOGIC SOLUTION	1.5 %	IRRIG SOLN	IRRIGATION	1/1/2024	0.00640
GLYCOPYRROLATE	1 MG	TABLET	ORAL	5/1/2024	0.10900
GLYCOPYRROLATE	2 MG	TABLET	ORAL	5/1/2024	0.17300
GRANISETRON HCL	1 MG	TABLET	ORAL	5/1/2024	1.46000
GRISEOFULVIN ULTRAMICROSIZ	250 MG	TABLET	ORAL	1/1/2024	3.65000
GRISEOFULVIN, MICROSIZ	125 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.39400

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
GRISEOFULVIN, MICROSIZE	500 MG	TABLET	ORAL	5/1/2024	6.77000
GUAIFEN/DEXTROMETHORPHAN/PE	100-10-5MG	LIQUID	ORAL	5/1/2024	0.02030
GUAIFEN/DEXTROMETHORPHAN/PE	5-2.5 MG/5	LIQUID	ORAL	5/1/2024	0.02940
GUAIFEN/PHENYLEPH/ACETAMINOPHN	200-5-325	TABLET	ORAL	5/1/2024	0.13800
GUAIFENESIN	100 MG/5ML	LIQUID	ORAL	5/1/2024	0.01180
GUAIFENESIN	1200 MG	TAB ER 12H	ORAL	5/1/2024	0.45400
GUAIFENESIN	200 MG	TABLET	ORAL	1/1/2024	0.03250
GUAIFENESIN	400 MG	TABLET	ORAL	5/1/2024	0.05500
GUAIFENESIN	600 MG	TAB ER 12H	ORAL	5/1/2024	0.29000
GUAIFENESIN/D-METHORPHAN HB	N/A	SYRUP	ORAL	5/1/2024	0.49100
GUAIFENESIN/DEXTROMETHORPHAN	100-10MG/5	LIQUID	ORAL	5/1/2024	0.01360
GUAIFENESIN/DEXTROMETHORPHAN	100-10MG/5	SYRUP	ORAL	5/1/2024	0.01720
GUAIFENESIN/DEXTROMETHORPHAN	100-5 MG/5	LIQUID	ORAL	5/1/2024	0.02260
GUAIFENESIN/DEXTROMETHORPHAN	1200-60MG	TAB ER 12H	ORAL	5/1/2024	0.58700
GUAIFENESIN/DEXTROMETHORPHAN	200-10MG/5	LIQUID	ORAL	5/1/2024	0.01900
GUAIFENESIN/DEXTROMETHORPHAN	400MG-20MG	TABLET	ORAL	5/1/2024	0.07350
GUAIFENESIN/DEXTROMETHORPHAN	50-5MG/5ML	LIQUID	ORAL	5/1/2024	0.01720
GUAIFENESIN/DEXTROMETHORPHAN	600MG-30MG	TAB ER 12H	ORAL	5/1/2024	0.46300
GUAIFENESIN/PHENYLEPHRINE HCL	100-5 MG/5	LIQUID	ORAL	5/1/2024	0.04240
GUAIFENESIN/PHENYLEPHRINE HCL	400MG-10MG	TABLET	ORAL	5/1/2024	0.08110
GUAIFENESIN/PSEUDOEPHEDRNE HCL	1200-120MG	TAB ER 12H	ORAL	1/1/2024	0.67400
GUAIFENESIN/PSEUDOEPHEDRNE HCL	600MG-60MG	TAB ER 12H	ORAL	5/1/2024	0.39200
GUANFACINE HCL	1 MG	TAB ER 24H	ORAL	5/1/2024	0.19600
GUANFACINE HCL	1 MG	TABLET	ORAL	5/1/2024	0.30800
GUANFACINE HCL	2 MG	TAB ER 24H	ORAL	5/1/2024	0.22600
GUANFACINE HCL	2 MG	TABLET	ORAL	5/1/2024	0.41300
GUANFACINE HCL	3 MG	TAB ER 24H	ORAL	5/1/2024	0.21900
GUANFACINE HCL	4 MG	TAB ER 24H	ORAL	5/1/2024	0.22900
GUARANA/AA 2/CALCIUM/BEE POLLN	200 MG	TABLET	ORAL	1/1/2024	0.07210



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
HALOBETASOL PROPIONATE	0.05 %	CREAM (G)	TOPICAL	1/1/2024	0.56000
HALOBETASOL PROPIONATE	0.05 %	OINT. (G)	TOPICAL	5/1/2024	0.72500
HALOPERIDOL	0.5 MG	TABLET	ORAL	5/1/2024	0.19900
HALOPERIDOL	1 MG	TABLET	ORAL	5/1/2024	0.20200
HALOPERIDOL	10 MG	TABLET	ORAL	1/1/2024	0.35100
HALOPERIDOL	2 MG	TABLET	ORAL	5/1/2024	0.27500
HALOPERIDOL	5 MG	TABLET	ORAL	5/1/2024	0.32000
HALOPERIDOL DECANOATE	100 MG/ML	AMPUL	INTRAMUSC.	5/1/2024	34.32000
HALOPERIDOL DECANOATE	50 MG/ML	AMPUL	INTRAMUSC.	1/1/2024	19.35000
HALOPERIDOL LACTATE	2 MG/ML	ORAL CONC	ORAL	5/1/2024	0.29800
HEPARIN SOD,PORK IN 0.45% NACL	25000/250	IV SOLN	INTRAVEN.	1/1/2024	0.05550
HEPARIN SOD,PORK IN 0.45% NACL	25000/500	IV SOLN	INTRAVEN.	1/1/2024	0.02030
HEPARIN SODIUM,PORCINE/D5W	25000/250	IV SOLN	INTRAVEN.	1/1/2024	0.04830
HEPARIN SODIUM,PORCINE/D5W	25000/500	IV SOLN	INTRAVEN.	1/1/2024	0.01950
HEPARIN SODIUM,PORCINE/NS/PF	1000/500ML	IV SOLN	INTRAVEN.	1/1/2024	0.00910
HEPARIN SODIUM,PORCINE/NS/PF	2K/1000ML	IV SOLN	INTRAVEN.	5/1/2024	0.00730
HEPARIN SODIUM,PORCINE/PF	10 UNIT/ML	SYRINGE	INTRAVEN.	1/1/2024	0.10600
HEPARIN SODIUM,PORCINE/PF	500/5 ML	SYRINGE	INTRAVEN.	5/1/2024	0.06360
HYDRALAZINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.03570
HYDRALAZINE HCL	100 MG	TABLET	ORAL	5/1/2024	0.08570
HYDRALAZINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.03840
HYDRALAZINE HCL	50 MG	TABLET	ORAL	5/1/2024	0.05000
HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	ORAL	5/1/2024	0.03250
HYDROCHLOROTHIAZIDE	12.5 MG	TABLET	ORAL	5/1/2024	0.04920
HYDROCHLOROTHIAZIDE	25 MG	TABLET	ORAL	5/1/2024	0.01270
HYDROCHLOROTHIAZIDE	50 MG	TABLET	ORAL	5/1/2024	0.02940
HYDROCODONE BIT/ACETAMINOPHEN	10MG-325MG	TABLET	ORAL	1/1/2024	0.11500
HYDROCODONE BIT/HOMATROP ME-BR	5-1.5 MG/5	SYRUP	ORAL	5/1/2024	0.09240
HYDROCODONE/ACETAMINOPHEN	10MG-300MG	TABLET	ORAL	5/1/2024	0.31400

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
HYDROCODONE/ACETAMINOPHEN	10MG-325MG	TABLET	ORAL	5/1/2024	0.11500
HYDROCODONE/ACETAMINOPHEN	5 MG-300MG	TABLET	ORAL	5/1/2024	0.20800
HYDROCODONE/ACETAMINOPHEN	5 MG-325MG	TABLET	ORAL	5/1/2024	0.10400
HYDROCODONE/ACETAMINOPHEN	5-217MG/10	SOLUTION	ORAL	1/1/2024	0.35300
HYDROCODONE/ACETAMINOPHEN	7.5-300 MG	TABLET	ORAL	5/1/2024	0.24000
HYDROCODONE/ACETAMINOPHEN	7.5-325 MG	TABLET	ORAL	5/1/2024	0.12200
HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION	ORAL	5/1/2024	0.07440
HYDROCODONE/ACETAMINOPHEN	7.5-325/15	SOLUTION	ORAL	1/1/2024	0.30000
HYDROCODONE/IBUPROFEN	7.5-200 MG	TABLET	ORAL	5/1/2024	0.39900
HYDROCORTISONE	0.5 %	CREAM (G)	TOPICAL	1/1/2024	0.06590
HYDROCORTISONE	1 %	CREAM (G)	TOPICAL	5/1/2024	0.08390
HYDROCORTISONE	1 %	LOTION	TOPICAL	1/1/2024	0.05410
HYDROCORTISONE	1 %	LOTION	TOPICAL	1/1/2024	0.09171
HYDROCORTISONE	1 %	OINT. (G)	TOPICAL	1/1/2024	0.12700
HYDROCORTISONE	10 MG	TABLET	ORAL	5/1/2024	0.25000
HYDROCORTISONE	100MG/60ML	ENEMA	RECTAL	5/1/2024	0.19100
HYDROCORTISONE	2.5 %	CREAM (G)	TOPICAL	5/1/2024	0.09290
HYDROCORTISONE	2.5 %	CRM/PE APP	TOPICAL	5/1/2024	0.32400
HYDROCORTISONE	2.5 %	OINT. (G)	TOPICAL	5/1/2024	0.08660
HYDROCORTISONE	20 MG	TABLET	ORAL	5/1/2024	0.43700
HYDROCORTISONE	5 MG	TABLET	ORAL	5/1/2024	0.20900
HYDROCORTISONE ACETATE	0.5 %	CREAM (G)	TOPICAL	1/1/2024	0.05280
HYDROCORTISONE ACETATE	1 %	CREAM (G)	TOPICAL	1/1/2024	0.06720
HYDROCORTISONE ACETATE	1 %	OINT. (G)	TOPICAL	5/1/2024	0.07170
HYDROCORTISONE VALERATE	0.2 %	CREAM (G)	TOPICAL	1/1/2024	0.48500
HYDROCORTISONE VALERATE	0.2 %	OINT. (G)	TOPICAL	1/1/2024	2.29000
HYDROCORTISONE/ACETIC ACID	1 %-2 %	DROPS	OTIC	5/1/2024	9.51000
HYDROCORTISONE/ALOE VERA	1 %	CREAM (G)	TOPICAL	5/1/2024	0.07170
HYDROCORTISONE/LIDOCAINE/ALOE	2.5-3%(7G)	KIT	RECTAL	5/1/2024	78.41000



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
HYDROCORTISONE/PRAMOXINE	2.5 %-1 %	CREAM/APPL	RECTAL	5/1/2024	1.87000
HYDROGEN PEROXIDE	3 %	SOLUTION	MISCELL.	5/1/2024	0.00410
HYDROMORPHONE HCL	1 MG/ML	LIQUID	ORAL	5/1/2024	0.25200
HYDROMORPHONE HCL	2 MG	TABLET	ORAL	5/1/2024	0.09470
HYDROMORPHONE HCL	32 MG	TAB ER 24H	ORAL	5/1/2024	19.57000
HYDROMORPHONE HCL	4 MG	TABLET	ORAL	5/1/2024	0.10800
HYDROMORPHONE HCL	8 MG	TABLET	ORAL	5/1/2024	0.34800
HYDROQUINONE	4 %	CREAM (G)	TOPICAL	5/1/2024	0.64100
HYDROXYCHLOROQUINE SULFATE	100 MG	TABLET	ORAL	1/1/2024	0.18000
HYDROXYCHLOROQUINE SULFATE	200 MG	TABLET	ORAL	5/1/2024	0.18800
HYDROXYUREA	500 MG	CAPSULE	ORAL	5/1/2024	0.23300
HYDROXYZINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.03520
HYDROXYZINE HCL	10 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.06450
HYDROXYZINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.04740
HYDROXYZINE HCL	50 MG	TABLET	ORAL	5/1/2024	0.06310
HYDROXYZINE PAMOATE	25 MG	CAPSULE	ORAL	5/1/2024	0.06220
HYDROXYZINE PAMOATE	50 MG	CAPSULE	ORAL	5/1/2024	0.07580
HYOSCYAMINE SULFATE	0.125 MG	TAB RAPDIS	ORAL	5/1/2024	0.16900
HYOSCYAMINE SULFATE	0.125 MG	TAB SUBL	SUBLINGUAL	5/1/2024	0.12900
HYOSCYAMINE SULFATE	0.125 MG	TABLET	ORAL	5/1/2024	0.12500
HYOSCYAMINE SULFATE	125MCG/5ML	ELIXIR	ORAL	5/1/2024	0.05730
IBANDRONATE SODIUM	150 MG	TABLET	ORAL	1/1/2024	4.17000
IBUPROFEN	100 MG	TAB CHEW	ORAL	5/1/2024	0.13800
IBUPROFEN	100 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.03020
IBUPROFEN	200 MG	CAPSULE	ORAL	5/1/2024	0.07260
IBUPROFEN	200 MG	TABLET	ORAL	5/1/2024	0.03070
IBUPROFEN	400 MG	TABLET	ORAL	5/1/2024	0.04470
IBUPROFEN	50 MG/1.25	DROPS SUSP	ORAL	5/1/2024	0.25500
IBUPROFEN	600 MG	TABLET	ORAL	5/1/2024	0.05100

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
IBUPROFEN	800 MG	TABLET	ORAL	5/1/2024	0.06180
IBUPROFEN LYSINE/PF	20 MG/2 ML	VIAL	INTRAVEN.	1/1/2024	133.24000
IBUPROFEN/ACETAMINOPHEN	125-250 MG	TABLET	ORAL	5/1/2024	0.07940
IBUPROFEN/DIPHENHYDRAMINE CIT	200MG-38MG	TABLET	ORAL	5/1/2024	0.13100
IBUPROFEN/FAMOTIDINE	800-26.6MG	TABLET	ORAL	5/1/2024	3.08000
IBUPROFEN/PSEUDOEPHEDRINE HCL	200MG-30MG	TABLET	ORAL	5/1/2024	0.15200
ICATIBANT ACETATE	30 MG/3 ML	SYRINGE	SUBCUTANE.	5/1/2024	497.74000
ICOSAPENT ETHYL	0.5 GRAM	CAPSULE	ORAL	5/1/2024	1.20000
ICOSAPENT ETHYL	1 G	CAPSULE	ORAL	5/1/2024	1.29000
IMATINIB MESYLATE	100 MG	TABLET	ORAL	5/1/2024	0.86700
IMATINIB MESYLATE	400 MG	TABLET	ORAL	5/1/2024	2.61000
IMIPRAMINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.08300
IMIPRAMINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.07850
IMIPRAMINE HCL	50 MG	TABLET	ORAL	5/1/2024	0.10400
INDAPAMIDE	1.25 MG	TABLET	ORAL	5/1/2024	0.09830
INDAPAMIDE	2.5 MG	TABLET	ORAL	1/1/2024	0.12900
INDOMETHACIN	25 MG	CAPSULE	ORAL	5/1/2024	0.10300
INDOMETHACIN	50 MG	CAPSULE	ORAL	5/1/2024	0.11900
INDOMETHACIN	75 MG	CAPSULE ER	ORAL	5/1/2024	0.17400
INHALER,ASSIST DEVICE,ACCESORY		EACH	MISCELL.	1/1/2024	0.28475
IODINE/SODIUM IODIDE	2 %	TINCTURE	TOPICAL	1/1/2024	0.07350
IPRATROPIUM BROMIDE	0.2 MG/ML	SOLUTION	INHALATION	5/1/2024	0.08840
IPRATROPIUM BROMIDE	21 MCG	SPRAY	NASAL	5/1/2024	0.70500
IPRATROPIUM BROMIDE	42 MCG	SPRAY	NASAL	5/1/2024	1.36000
IPRATROPIUM/ALBUTEROL SULFATE	0.5-3MG/3	AMPUL-NEB	INHALATION	5/1/2024	0.09100
IRBESARTAN	150 MG	TABLET	ORAL	5/1/2024	0.13800
IRBESARTAN	300 MG	TABLET	ORAL	5/1/2024	0.19500
IRBESARTAN	75 MG	TABLET	ORAL	5/1/2024	0.12800
IRBESARTAN/HYDROCHLOROTHIAZIDE	150-12.5MG	TABLET	ORAL	5/1/2024	0.15100

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
IRBESARTAN/HYDROCHLOROTHIAZIDE	300-12.5MG	TABLET	ORAL	5/1/2024	0.22600
IRINOTECAN HCL	300MG/15ML	VIAL	INTRAVEN.	5/1/2024	3.66000
IRON FUM,PS/FOLIC ACID/VITC/B3	125-1-40-3	CAPSULE	ORAL	1/1/2024	0.30000
IRON FUM,PS/FOLIC/BCOMP,C NO.9	125 MG-1MG	CAPSULE	ORAL	1/1/2024	0.41300
IRON POLYSACCHARIDE COMPLEX	150 MG	CAPSULE	ORAL	5/1/2024	0.09880
IRON POLYSACCHARIDES COMPLEX	150 MG	CAPSULE	ORAL	5/1/2024	0.09880
IRON PS COMPLEX/B12/FOLIC ACID	150-25-1	CAPSULE	ORAL	1/1/2024	0.12500
IRON,CARB/VIT C/VIT B12/FOLIC	100-250-1	TABLET	ORAL	1/1/2024	0.21500
IRON/FOLIC AC/VIT BCOMP,C/MIN	106 MG-1MG	TABLET	ORAL	1/1/2024	0.25000
ISONIAZID	300 MG	TABLET	ORAL	5/1/2024	0.21100
ISONIAZID	50 MG/5 ML	SOLUTION	ORAL	1/1/2024	0.57500
ISOPROTERENOL HCL	0.2 MG/ML	AMPUL	INJECTION	1/1/2024	37.54000
ISOPROTERENOL HCL	0.2 MG/ML	VIAL	INJECTION	1/1/2024	45.12000
ISOSORBIDE DINIT/HYDRALAZINE	20-37.5MG	TABLET	ORAL	5/1/2024	1.55000
ISOSORBIDE DINITRATE	10 MG	TABLET	ORAL	5/1/2024	0.27500
ISOSORBIDE DINITRATE	20 MG	TABLET	ORAL	5/1/2024	0.28100
ISOSORBIDE DINITRATE	30 MG	TABLET	ORAL	5/1/2024	0.42600
ISOSORBIDE DINITRATE	5 MG	TABLET	ORAL	5/1/2024	0.23500
ISOSORBIDE MONONITRATE	120 MG	TAB ER 24H	ORAL	5/1/2024	0.19900
ISOSORBIDE MONONITRATE	30 MG	TAB ER 24H	ORAL	5/1/2024	0.07620
ISOSORBIDE MONONITRATE	60 MG	TAB ER 24H	ORAL	5/1/2024	0.09740
ISOSULFAN BLUE	1 %	VIAL	SUBCUTANE.	5/1/2024	87.53000
ISOTRETINOIN	10 MG	CAPSULE	ORAL	5/1/2024	2.27000
ISOTRETINOIN	20 MG	CAPSULE	ORAL	5/1/2024	2.58000
ISOTRETINOIN	25 MG	CAPSULE	ORAL	1/1/2024	18.36000
ISOTRETINOIN	30 MG	CAPSULE	ORAL	5/1/2024	3.91000
ISOTRETINOIN	35 MG	CAPSULE	ORAL	1/1/2024	18.36000
ISOTRETINOIN	40 MG	CAPSULE	ORAL	5/1/2024	3.00000
ISRADIPINE	5 MG	CAPSULE	ORAL	5/1/2024	2.01000

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
ITRACONAZOLE	10 MG/ML	SOLUTION	ORAL	1/1/2024	1.17000
ITRACONAZOLE	100 MG	CAPSULE	ORAL	1/1/2024	0.89900
KETAMINE HCL	10 MG/ML	VIAL	INJECTION	5/1/2024	1.00000
KETOCONAZOLE	2 %	CREAM (G)	TOPICAL	5/1/2024	0.24800
KETOCONAZOLE	2 %	SHAMPOO	TOPICAL	5/1/2024	0.09560
KETOCONAZOLE	200 MG	TABLET	ORAL	5/1/2024	0.70500
KETOROLAC TROMETHAMINE	10 MG	TABLET	ORAL	5/1/2024	0.49100
KETOROLAC TROMETHAMINE	60 MG/2 ML	VIAL	INTRAMUSC.	5/1/2024	0.82800
KETOTIFEN FUMARATE	0.025 %	DROPS	OPHTHALMIC	5/1/2024	1.36000
KETOTIFEN FUMARATE	0.025%	DROPS	OPHTHALMIC	5/1/2024	1.36000
L-NORGEST/E.ESTRADIOL-E.ESTRAD	100-20(84)	TBDSPK 3MO	ORAL	5/1/2024	0.26800
L-NORGEST/E.ESTRADIOL-E.ESTRAD	150-30(84)	TBDSPK 3MO	ORAL	5/1/2024	0.21200
L. ACIDOPHILUS/L.BULGARICUS	1MM CELL	TABLET	ORAL	5/1/2024	0.19000
L. ACIDOPHILUS/PECTIN, CITRUS	7.5-100 MG	CAPSULE	ORAL	1/1/2024	0.03110
L. RHAMNOSUS GG/INULIN	20B-200 MG	CAPSULE	ORAL	2/27/2023	1.17317
LABETALOL HCL	100 MG	TABLET	ORAL	5/1/2024	0.11200
LABETALOL HCL	200 MG	TABLET	ORAL	5/1/2024	0.16800
LABETALOL HCL	300 MG	TABLET	ORAL	5/1/2024	0.21600
LACOSAMIDE	10 MG/ML	SOLUTION	ORAL	5/1/2024	0.16900
LACOSAMIDE	100 MG	TABLET	ORAL	5/1/2024	0.29800
LACOSAMIDE	150 MG	TABLET	ORAL	5/1/2024	0.38000
LACOSAMIDE	200 MG	TABLET	ORAL	5/1/2024	0.43100
LACOSAMIDE	50 MG	TABLET	ORAL	5/1/2024	0.21000
LACTASE	3000 UNIT	TABLET	ORAL	5/1/2024	0.07350
LACTOBACILLUS ACIDOPHILUS	25MM CELL	CAPSULE	ORAL	1/1/2024	0.03110
LACTOBACILLUS ACIDOPHILUS	500MM CELL	CAPSULE	ORAL	5/1/2024	0.03110
LACTOBACILLUS ACIDOPHILUS		CAPSULE	ORAL	1/1/2024	0.03110
LACTOBACILLUS ACIDOPHILUS		TAB CHEW	ORAL	5/1/2024	0.05410
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	1/1/2024	0.01270

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	5/1/2024	0.01310
LACTULOSE	10 G/15 ML	SOLUTION	ORAL	5/1/2024	0.03930
LACTULOSE	20 G/30 ML	SOLUTION	ORAL	5/1/2024	0.03570
LAMIVUDINE	150 MG	TABLET	ORAL	1/1/2024	0.65700
LAMIVUDINE/ZIDOVUDINE	150-300 MG	TABLET	ORAL	5/1/2024	0.90100
LAMOTRIGINE	100 MG	TABLET	ORAL	5/1/2024	0.05140
LAMOTRIGINE	150 MG	TABLET	ORAL	5/1/2024	0.07120
LAMOTRIGINE	200 MG	TABLET	ORAL	5/1/2024	0.08070
LAMOTRIGINE	25 MG	TAB ER 24	ORAL	1/1/2024	0.69800
LAMOTRIGINE	25 MG	TAB RAPDIS	ORAL	5/1/2024	2.16000
LAMOTRIGINE	25 MG	TABLET	ORAL	5/1/2024	0.03250
LAMOTRIGINE	25 MG	TB CHW DSP	ORAL	5/1/2024	0.20600
LAMOTRIGINE	300 MG	TAB ER 24	ORAL	5/1/2024	2.53000
LAMOTRIGINE	5 MG	TB CHW DSP	ORAL	5/1/2024	0.21600
LAMOTRIGINE	50 MG	TAB RAPDIS	ORAL	5/1/2024	2.29000
LANOLIN ALCOHOL/MO/W.PET/CERES		CREAM (G)	TOPICAL	1/1/2024	0.02557
LANOLIN/MINERAL OIL		LOTION	TOPICAL	5/1/2024	0.01810
LANSOPRAZOLE	15 MG	CAPSULE DR	ORAL	5/1/2024	0.19300
LANSOPRAZOLE	15 MG	TAB RAP DR	ORAL	5/1/2024	4.50000
LANSOPRAZOLE	30 MG	CAPSULE DR	ORAL	5/1/2024	0.12200
LANSOPRAZOLE	30 MG	TAB RAP DR	ORAL	5/1/2024	4.01000
LANSOPRAZOLE/AMOXICILN/CLARITH	30-500-500	COMBO. PKG	ORAL	5/1/2024	5.71000
LANTHANUM CARBONATE	500 MG	TAB CHEW	ORAL	5/1/2024	4.76000
LATANOPROST	0.005 %	DROPS	OPHTHALMIC	5/1/2024	1.80000
LECITHIN	1200 MG	CAPSULE	ORAL	1/1/2024	0.04380
LECITHIN/PYRIDOXINE/KELP		TABLET	ORAL	1/1/2024	0.05370
LEFLUNOMIDE	10 MG	TABLET	ORAL	1/1/2024	0.34400
LENALIDOMIDE	10 MG	CAPSULE	ORAL	5/1/2024	490.06000
LENALIDOMIDE	15 MG	CAPSULE	ORAL	5/1/2024	545.92000



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
LENALIDOMIDE	2.5 MG	CAPSULE	ORAL	1/1/2024	470.58000
LENALIDOMIDE	20 MG	CAPSULE	ORAL	5/1/2024	557.28000
LENALIDOMIDE	25 MG	CAPSULE	ORAL	5/1/2024	540.41000
LENALIDOMIDE	5 MG	CAPSULE	ORAL	1/1/2024	576.76000
LETROZOLE	2.5 MG	TABLET	ORAL	5/1/2024	0.12900
LEUCOVORIN CALCIUM	25 MG	TABLET	ORAL	1/1/2024	4.18000
LEUCOVORIN CALCIUM	350 MG	VIAL	INJECTION	5/1/2024	15.04000
LEUCOVORIN CALCIUM	5 MG	TABLET	ORAL	5/1/2024	0.54000
LEUCOVORIN CALCIUM	50 MG	VIAL	INJECTION	5/1/2024	5.02000
LEUCOVORIN CALCIUM	500 MG	VIAL	INJECTION	5/1/2024	85.11000
LEVALBUTEROL HCL	0.31MG/3ML	VIAL-NEB	INHALATION	5/1/2024	0.30600
LEVALBUTEROL HCL	0.63MG/3ML	VIAL-NEB	INHALATION	5/1/2024	0.27900
LEVALBUTEROL HCL	1.25MG/3ML	VIAL-NEB	INHALATION	5/1/2024	0.29600
LEVETIRACETAM	100 MG/ML	SOLUTION	ORAL	5/1/2024	0.03340
LEVETIRACETAM	1000 MG	TABLET	ORAL	5/1/2024	0.19100
LEVETIRACETAM	250 MG	TABLET	ORAL	5/1/2024	0.06540
LEVETIRACETAM	500 MG	TAB ER 24H	ORAL	5/1/2024	0.20000
LEVETIRACETAM	500 MG	TABLET	ORAL	5/1/2024	0.09100
LEVETIRACETAM	500 MG/5ML	SOLUTION	ORAL	5/1/2024	0.58800
LEVETIRACETAM	750 MG	TAB ER 24H	ORAL	5/1/2024	0.28700
LEVETIRACETAM	750 MG	TABLET	ORAL	5/1/2024	0.13000
LEVOCARNITINE	330 MG	TABLET	ORAL	5/1/2024	0.78400
LEVOCARNITINE (WITH SUGAR)	100 MG/ML	SOLUTION	ORAL	5/1/2024	0.19100
LEVOCETIRIZINE DIHYDROCHLORIDE	2.5 MG/5ML	SOLUTION	ORAL	5/1/2024	0.18500
LEVOCETIRIZINE DIHYDROCHLORIDE	5 MG	TABLET	ORAL	5/1/2024	0.08430
LEVOFLOXACIN	250 MG	TABLET	ORAL	5/1/2024	0.13600
LEVOFLOXACIN	500 MG	TABLET	ORAL	5/1/2024	0.16000
LEVOFLOXACIN	750 MG	TABLET	ORAL	5/1/2024	0.31500
LEVOFLOXACIN IN DEXTROSE 5 %	250MG/50ML	PIGGYBACK	INTRAVEN.	1/1/2024	0.07580

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
LEVOFLOXACIN IN DEXTROSE 5 %	500MG/0.1L	PIGGYBACK	INTRAVEN.	5/1/2024	0.03300
LEVOFLOXACIN IN DEXTROSE 5 %	750MG/.15L	PIGGYBACK	INTRAVEN.	5/1/2024	0.02800
LEVOLEUCOVORIN CALCIUM	50 MG	VIAL	INTRAVEN.	1/1/2024	77.32000
LEVONORGESTREL	1.5 MG	TABLET	ORAL	5/1/2024	7.23000
LEVONORGESTREL/ETHIN.ESTRADIOL	0.1-0.02MG	TABLET	ORAL	5/1/2024	0.17400
LEVONORGESTREL/ETHIN.ESTRADIOL	0.15-0.03	TABLET	ORAL	1/1/2024	0.17000
LEVONORGESTREL/ETHIN.ESTRADIOL	0.15-0.03	TBDSPK 3MO	ORAL	1/1/2024	0.22100
LEVONORGESTREL/ETHIN.ESTRADIOL	6-5-10	TABLET	ORAL	5/1/2024	0.35800
LEVONORGESTREL/ETHIN.ESTRADIOL	90-20 MCG	TABLET	ORAL	5/1/2024	1.22000
LEVOTHYROXINE SODIUM	100 MCG	CAPSULE	ORAL	1/1/2024	3.98000
LEVOTHYROXINE SODIUM	100 MCG	TABLET	ORAL	5/1/2024	0.07000
LEVOTHYROXINE SODIUM	112 MCG	CAPSULE	ORAL	1/1/2024	3.94000
LEVOTHYROXINE SODIUM	112 MCG	TABLET	ORAL	5/1/2024	0.08250
LEVOTHYROXINE SODIUM	125 MCG	CAPSULE	ORAL	5/1/2024	3.97000
LEVOTHYROXINE SODIUM	125 MCG	TABLET	ORAL	5/1/2024	0.08930
LEVOTHYROXINE SODIUM	137 MCG	CAPSULE	ORAL	5/1/2024	3.58000
LEVOTHYROXINE SODIUM	137 MCG	TABLET	ORAL	5/1/2024	0.16000
LEVOTHYROXINE SODIUM	150 MCG	CAPSULE	ORAL	1/1/2024	3.93000
LEVOTHYROXINE SODIUM	150 MCG	TABLET	ORAL	5/1/2024	0.08660
LEVOTHYROXINE SODIUM	175 MCG	CAPSULE	ORAL	1/1/2024	3.93000
LEVOTHYROXINE SODIUM	175 MCG	TABLET	ORAL	5/1/2024	0.09700
LEVOTHYROXINE SODIUM	200 MCG	CAPSULE	ORAL	1/1/2024	3.94000
LEVOTHYROXINE SODIUM	200 MCG	TABLET	ORAL	5/1/2024	0.11400
LEVOTHYROXINE SODIUM	200 MCG	VIAL	INTRAVEN.	5/1/2024	186.90000
LEVOTHYROXINE SODIUM	25 MCG	CAPSULE	ORAL	5/1/2024	3.74000
LEVOTHYROXINE SODIUM	25 MCG	TABLET	ORAL	5/1/2024	0.05690
LEVOTHYROXINE SODIUM	300 MCG	TABLET	ORAL	5/1/2024	0.17200
LEVOTHYROXINE SODIUM	50 MCG	CAPSULE	ORAL	5/1/2024	4.01000
LEVOTHYROXINE SODIUM	50 MCG	TABLET	ORAL	5/1/2024	0.07030

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
LEVOTHYROXINE SODIUM	500 MCG	VIAL	INTRAVEN.	5/1/2024	465.75000
LEVOTHYROXINE SODIUM	75 MCG	CAPSULE	ORAL	5/1/2024	3.99000
LEVOTHYROXINE SODIUM	75 MCG	TABLET	ORAL	5/1/2024	0.06630
LEVOTHYROXINE SODIUM	88 MCG	CAPSULE	ORAL	5/1/2024	3.87000
LEVOTHYROXINE SODIUM	88 MCG	TABLET	ORAL	5/1/2024	0.07620
LIDOCAINE	4 %	ADH. PATCH	TOPICAL	5/1/2024	0.82000
LIDOCAINE	4 %	CREAM (G)	TOPICAL	5/1/2024	0.62000
LIDOCAINE	5 %	ADH. PATCH	TOPICAL	5/1/2024	1.79000
LIDOCAINE	5 %	CREAM (G)	TOPICAL	1/1/2024	0.45400
LIDOCAINE	5 %	OINT. (G)	TOPICAL	5/1/2024	0.20600
LIDOCAINE HCL	10 MG/ML	VIAL	INJECTION	5/1/2024	0.10700
LIDOCAINE HCL	2 %	SOLUTION	MUCOUS MEM	5/1/2024	0.07850
LIDOCAINE HCL	20 MG/ML	VIAL	INJECTION	5/1/2024	0.06680
LIDOCAINE HCL	3 %	CREAM (G)	TOPICAL	1/1/2024	0.57100
LIDOCAINE HCL	4 %	CREAM (G)	TOPICAL	5/1/2024	0.05600
LIDOCAINE HCL	40 MG/ML	SOLUTION	MUCOUS MEM	5/1/2024	0.37800
LIDOCAINE HCL/DEXTROSE 5 %/PF	4 MG/ML	IV SOLN	INTRAVEN.	1/1/2024	0.01900
LIDOCAINE HCL/DEXTROSE 5 %/PF	8 MG/ML	IV SOLN	INTRAVEN.	5/1/2024	0.03980
LIDOCAINE HCL/PF	10 MG/ML	VIAL	INJECTION	5/1/2024	0.38600
LIDOCAINE HCL/PF	100 MG/5ML	SYRINGE	INTRAVEN.	5/1/2024	1.13000
LIDOCAINE HCL/PF	5 MG/ML	VIAL	INJECTION	1/1/2024	0.08020
LIDOCAINE/ALOE VERA	0.5 %	SPRAY	TOPICAL	5/1/2024	0.02940
LIDOCAINE/HYDROCORTISONE AC	3 %-0.5 %	KIT	RECTAL	1/1/2024	205.16000
LIDOCAINE/MENTHOL	4 %-1 %	ADH. PATCH	TOPICAL	5/1/2024	1.03000
LIDOCAINE/PRILOCAINE	2.5 %-2.5%	CREAM (G)	TOPICAL	5/1/2024	0.47900
LINCOMYCIN HCL	300 MG/ML	VIAL	INJECTION	5/1/2024	10.02000
LINEZOLID	100 MG/5ML	SUSP RECON	ORAL	5/1/2024	2.25000



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
LINEZOLID IN DEXTROSE 5%	600MG/300	PIGGYBACK	INTRAVEN.	5/1/2024	0.04830
LIOETHYRONINE SODIUM	25 MCG	TABLET	ORAL	5/1/2024	0.32900
LIOETHYRONINE SODIUM	5 MCG	TABLET	ORAL	5/1/2024	0.29600
LIOETHYRONINE SODIUM	50 MCG	TABLET	ORAL	5/1/2024	0.53100
LISDEXAMFETAMINE DIMESYLATE	10 MG	CAPSULE	ORAL	5/1/2024	5.18000
LISDEXAMFETAMINE DIMESYLATE	30 MG	CAPSULE	ORAL	5/1/2024	4.94000
LISDEXAMFETAMINE DIMESYLATE	40 MG	CAPSULE	ORAL	5/1/2024	5.15000
LISDEXAMFETAMINE DIMESYLATE	50 MG	CAPSULE	ORAL	5/1/2024	4.84000
LISINOPRIL	10 MG	TABLET	ORAL	5/1/2024	0.01900
LISINOPRIL	2.5 MG	TABLET	ORAL	5/1/2024	0.01500
LISINOPRIL	20 MG	TABLET	ORAL	5/1/2024	0.02620
LISINOPRIL	30 MG	TABLET	ORAL	1/1/2024	0.05140
LISINOPRIL	40 MG	TABLET	ORAL	5/1/2024	0.04700
LISINOPRIL	5 MG	TABLET	ORAL	5/1/2024	0.01630
LISINOPRIL/HYDROCHLOROTHIAZIDE	10-12.5 MG	TABLET	ORAL	5/1/2024	0.03340
LISINOPRIL/HYDROCHLOROTHIAZIDE	20 MG-25MG	TABLET	ORAL	5/1/2024	0.04470
LISINOPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	5/1/2024	0.04470
LITHIUM CARBONATE	150 MG	CAPSULE	ORAL	5/1/2024	0.09150
LITHIUM CARBONATE	300 MG	CAPSULE	ORAL	5/1/2024	0.07940
LITHIUM CARBONATE	300 MG	TABLET	ORAL	5/1/2024	0.12800
LITHIUM CARBONATE	300 MG	TABLET ER	ORAL	5/1/2024	0.14800
LITHIUM CARBONATE	450 MG	TABLET ER	ORAL	5/1/2024	0.17600
LITHIUM CARBONATE	600 MG	CAPSULE	ORAL	5/1/2024	0.24700
LITHIUM CITRATE	8 MEQ/5 ML	SOLUTION	ORAL	5/1/2024	0.48400
LOPERAMIDE HCL	1MG/7.5ML	LIQUID	ORAL	5/1/2024	0.02620
LOPERAMIDE HCL	2 MG	CAPSULE	ORAL	5/1/2024	0.24100
LOPERAMIDE HCL	2 MG	TABLET	ORAL	5/1/2024	0.13100
LOPERAMIDE HCL/SIMETHICONE	2-125MG	TABLET	ORAL	5/1/2024	0.28400
LORATADINE	10 MG	TAB RAPDIS	ORAL	5/1/2024	0.43500

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
LORATADINE	10 MG	TABLET	ORAL	5/1/2024	0.04560
LORATADINE	5 MG	TAB CHEW	ORAL	1/1/2024	0.35000
LORATADINE	5 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.03930
LORATADINE/PSEUDOEPHEDRINE	10MG-240MG	TAB ER 24H	ORAL	5/1/2024	0.54700
LORATADINE/PSEUDOEPHEDRINE	5 MG-120MG	TAB ER 12H	ORAL	5/1/2024	0.76300
LORAZEPAM	0.5 MG	TABLET	ORAL	5/1/2024	0.04100
LORAZEPAM	1 MG	TABLET	ORAL	5/1/2024	0.04470
LORAZEPAM	2 MG	TABLET	ORAL	5/1/2024	0.06500
LORAZEPAM	2 MG/ML	ORAL CONC	ORAL	5/1/2024	0.59500
LOSARTAN POTASSIUM	100 MG	TABLET	ORAL	5/1/2024	0.06130
LOSARTAN POTASSIUM	25 MG	TABLET	ORAL	5/1/2024	0.03430
LOSARTAN POTASSIUM	50 MG	TABLET	ORAL	5/1/2024	0.04200
LOSARTAN/HYDROCHLOROTHIAZIDE	100-12.5MG	TABLET	ORAL	5/1/2024	0.09880
LOSARTAN/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	5/1/2024	0.09830
LOSARTAN/HYDROCHLOROTHIAZIDE	50-12.5 MG	TABLET	ORAL	5/1/2024	0.10500
LOVASTATIN	10 MG	TABLET	ORAL	5/1/2024	0.04600
LOVASTATIN	20 MG	TABLET	ORAL	5/1/2024	0.04510
LOVASTATIN	40 MG	TABLET	ORAL	5/1/2024	0.05910
LOXAPINE SUCCINATE	10 MG	CAPSULE	ORAL	5/1/2024	0.41900
LOXAPINE SUCCINATE	25 MG	CAPSULE	ORAL	5/1/2024	0.61100
LOXAPINE SUCCINATE	5 MG	CAPSULE	ORAL	5/1/2024	0.39900
LOXAPINE SUCCINATE	50 MG	CAPSULE	ORAL	1/1/2024	0.91200
LUBIPROSTONE	24MCG	CAPSULE	ORAL	5/1/2024	0.99400
LUBIPROSTONE	8 MCG	CAPSULE	ORAL	5/1/2024	1.05000
LURASIDONE HCL	120 MG	TABLET	ORAL	5/1/2024	0.77800
LURASIDONE HCL	20 MG	TABLET	ORAL	5/1/2024	0.22100
LURASIDONE HCL	40 MG	TABLET	ORAL	5/1/2024	0.34800
LURASIDONE HCL	60 MG	TABLET	ORAL	5/1/2024	0.44600
LURASIDONE HCL	80 MG	TABLET	ORAL	5/1/2024	0.51200

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
LYSINE	1000 MG	TABLET	ORAL	5/1/2024	0.08660
LYSINE	500 MG	TABLET	ORAL	1/1/2024	0.03340
MAFENIDE ACETATE	50 G	PACKET	TOPICAL	1/1/2024	105.53000
MAG CARB/ALUMINUM HYDROX/ALGIN	358-95/15	ORAL SUSP	ORAL	5/1/2024	0.01090
MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-20	ORAL SUSP	ORAL	5/1/2024	0.01040
MAG HYDROX/ALUMINUM HYD/SIMETH	200-200-25	TAB CHEW	ORAL	1/1/2024	0.03890
MAG HYDROX/ALUMINUM HYD/SIMETH	400-400-40	ORAL SUSP	ORAL	1/1/2024	0.01090
MAGNESIUM	200 MG	TABLET	ORAL	1/1/2024	0.02990
MAGNESIUM CARB/ALUMINUM HYDROX	105-160MG	TAB CHEW	ORAL	5/1/2024	0.04560
MAGNESIUM CHLORIDE	64 MG	TABLET DR	ORAL	5/1/2024	0.14003
MAGNESIUM CHLORIDE	71.5 MG	TABLET DR	ORAL	2/15/2022	0.20234
MAGNESIUM CITRATE		SOLUTION	ORAL	5/1/2024	0.00640
MAGNESIUM GLUCONATE	27 MG(500)	TABLET	ORAL	1/11/2023	0.07430
MAGNESIUM HYDROXIDE	400 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.00690
MAGNESIUM OXIDE	200 MG	TABLET	ORAL	1/1/2024	0.02670
MAGNESIUM OXIDE	250 MG	TABLET	ORAL	6/14/2022	0.03337
MAGNESIUM OXIDE	400 MG	TABLET	ORAL	1/1/2024	0.02260
MAGNESIUM OXIDE	400 MG	TABLET	ORAL	5/1/2024	0.02440
MAGNESIUM OXIDE	400 MG	TABLET	ORAL	5/1/2024	0.03200
MAGNESIUM OXIDE	420 MG	TABLET	ORAL	1/1/2024	0.04650
MAGNESIUM OXIDE	500 MG	TABLET	ORAL	1/1/2024	0.03020
MAGNESIUM OXIDE/MAGNESIUM	300 MG	CAPSULE	ORAL	5/1/2024	0.06180
MAGNESIUM SULFATE	495 MG/5 G	GRANULES	ORAL	5/1/2024	0.00460
MAGNESIUM SULFATE IN WATER	2 G/50 ML	PIGGYBACK	INTRAVEN.	5/1/2024	0.10000
MAGNESIUM SULFATE IN WATER	20 G/500ML	IV SOLN	INTRAVEN.	1/1/2024	0.01090
MAGNESIUM SULFATE IN WATER	4 G/100 ML	PIGGYBACK	INTRAVEN.	1/1/2024	0.04880
MAGNESIUM SULFATE IN WATER	4 G/50 ML	PIGGYBACK	INTRAVEN.	1/1/2024	0.09880
MAGNESIUM SULFATE IN WATER	40G/1000ML	IV SOLN	INTRAVEN.	1/1/2024	0.00820
MAGNESIUM SULFATE/D5W	1 G/100 ML	PIGGYBACK	INTRAVEN.	5/1/2024	0.02670

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
MANNITOL	25 %	VIAL	INTRAVEN.	1/1/2024	0.05780
MECLIZINE HCL	12.5 MG	TABLET	ORAL	5/1/2024	0.06130
MECLIZINE HCL	25 MG	TAB CHEW	ORAL	5/1/2024	0.03070
MECLIZINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.09880
MEDROXYPROGESTERONE ACET	10MG	TABLET	ORAL	5/1/2024	0.12600
MEDROXYPROGESTERONE ACETATE	10 MG	TABLET	ORAL	5/1/2024	0.12600
MEDROXYPROGESTERONE ACETATE	150 MG/ML	SYRINGE	INTRAMUSC.	5/1/2024	38.85000
MEDROXYPROGESTERONE ACETATE	150 MG/ML	VIAL	INTRAMUSC.	5/1/2024	24.21000
MEDROXYPROGESTERONE ACETATE	2.5 MG	TABLET	ORAL	5/1/2024	0.09420
MEDROXYPROGESTERONE ACETATE	5 MG	TABLET	ORAL	5/1/2024	0.12600
MEGESTROL ACETATE	20 MG	TABLET	ORAL	5/1/2024	0.16900
MEGESTROL ACETATE	40 MG	TABLET	ORAL	5/1/2024	0.19500
MEGESTROL ACETATE	400MG/10ML	ORAL SUSP	ORAL	5/1/2024	0.12200
MELATONIN	3 MG	TABLET	ORAL	5/1/2024	0.03390
MELATONIN	5 MG	TABLET	ORAL	5/1/2024	0.03160
MELOXICAM	15 MG	TABLET	ORAL	5/1/2024	0.02260
MELOXICAM	7.5 MG	TABLET	ORAL	1/1/2024	0.01950
MELPHALAN HCL	50 MG	VIAL	INTRAVEN.	5/1/2024	136.18000
MEMANTINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.07580
MEMANTINE HCL	14 MG	CAP SPR 24	ORAL	5/1/2024	0.53900
MEMANTINE HCL	21 MG	CAP SPR 24	ORAL	5/1/2024	0.72500
MEMANTINE HCL	28 MG	CAP SPR 24	ORAL	5/1/2024	0.65900
MEMANTINE HCL	5 MG	TABLET	ORAL	5/1/2024	0.07760
MENTHOL	2 %	GEL (GRAM)	TOPICAL	5/1/2024	0.01130
MENTHOL	5.8 MG	LOZENGE	MUCOUS MEM	5/1/2024	0.03840
MENTHOL/CAMPBOR	0.5 %-0.5%	LOTION	TOPICAL	5/1/2024	0.02030
MERCAPTOPYRINE	50 MG	TABLET	ORAL	5/1/2024	0.86000
MESALAMINE	0.375G	CAP ER 24H	ORAL	1/1/2024	0.91300

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
MESALAMINE	1.2 G	TABLET DR	ORAL	5/1/2024	1.71000
MESALAMINE	4 G/60 ML	ENEMA	RECTAL	5/1/2024	0.13900
MESALAMINE	400 MG	CAP(DRTAB)	ORAL	5/1/2024	2.10000
METAXALONE	800 MG	TABLET	ORAL	1/1/2024	0.45700
METFORMIN HCL	1000 MG	TAB ER 24	ORAL	5/1/2024	0.77500
METFORMIN HCL	1000 MG	TABERGR24H	ORAL	5/1/2024	1.70000
METFORMIN HCL	1000 MG	TABLET	ORAL	5/1/2024	0.02580
METFORMIN HCL	500 MG	TAB ER 24	ORAL	5/1/2024	0.41300
METFORMIN HCL	500 MG	TAB ER 24H	ORAL	5/1/2024	0.03160
METFORMIN HCL	500 MG	TABERGR24H	ORAL	5/1/2024	0.95300
METFORMIN HCL	500 MG	TABLET	ORAL	5/1/2024	0.01590
METFORMIN HCL	500 MG/5ML	SOLUTION	ORAL	5/1/2024	0.88700
METFORMIN HCL	750 MG	TAB ER 24H	ORAL	5/1/2024	0.05780
METFORMIN HCL	850 MG	TABLET	ORAL	5/1/2024	0.02530
METHADONE HCL	10 MG	TABLET	ORAL	5/1/2024	0.14700
METHADONE HCL	10 MG/5 ML	SOLUTION	ORAL	1/1/2024	0.10300
METHADONE HCL	40 MG	TABLET SOL	ORAL	1/1/2024	0.23800
METHADONE HCL	5 MG	TABLET	ORAL	5/1/2024	0.15400
METHADONE HCL	5 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.05960
METHAZOLAMIDE	25 MG	TABLET	ORAL	5/1/2024	1.17000
METHAZOLAMIDE	50 MG	TABLET	ORAL	5/1/2024	2.05000
METHENAMINE HIPPURATE	1 G	TABLET	ORAL	5/1/2024	0.45500
METHENAMINE MANDELATE	1 G	TABLET	ORAL	5/1/2024	1.34000
METHENAMINE/SODIUM SALICYLATE	162-162.5	TABLET	ORAL	5/1/2024	0.15100
METHIMAZOLE	10 MG	TABLET	ORAL	5/1/2024	0.16200
METHIMAZOLE	5 MG	TABLET	ORAL	5/1/2024	0.09470
METHOCARBAMOL	500 MG	TABLET	ORAL	5/1/2024	0.04290
METHOCARBAMOL	750 MG	TABLET	ORAL	5/1/2024	0.04880
METHOTREXATE SODIUM	2.5 MG	TABLET	ORAL	5/1/2024	0.19700

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
METHOTREXATE SODIUM	25 MG/ML	VIAL	INJECTION	1/1/2024	2.91000
METHOTREXATE SODIUM/PF	1 G	VIAL	INJECTION	1/1/2024	45.23000
METHOTREXATE SODIUM/PF	25 MG/ML	VIAL	INJECTION	1/1/2024	1.35000
METHYL SALICYLATE/MENTH/CAMPH	10 %-6 %	ADH. PATCH	TOPICAL	5/1/2024	0.76300
METHYL SALICYLATE/MENTH/CAMPH	30%-10%-4%	CREAM (G)	TOPICAL	5/1/2024	0.02620
METHYL SALICYLATE/MENTHOL	15 %-1 %	CREAM (G)	TOPICAL	5/1/2024	0.04290
METHYL SALICYLATE/MENTHOL	15%-10%	CREAM (G)	TOPICAL	5/1/2024	0.03300
METHYLCELLULOSE	500 MG	TABLET	ORAL	5/1/2024	0.06310
METHYLDOPA	250 MG	TABLET	ORAL	1/1/2024	0.14100
METHYLDOPA	500 MG	TABLET	ORAL	1/1/2024	0.18000
METHYLERGONOVINE MALEATE	0.2 MG	TABLET	ORAL	5/1/2024	8.60000
METHYLPHENIDATE	10MG/9HR	PATCH TD24	TRANSDERM.	5/1/2024	10.99000
METHYLPHENIDATE	15MG/9HR	PATCH TD24	TRANSDERM.	5/1/2024	11.07000
METHYLPHENIDATE	20 MG/9 HR	PATCH TD24	TRANSDERM.	5/1/2024	11.20000
METHYLPHENIDATE	30MG/9HR	PATCH TD24	TRANSDERM.	5/1/2024	11.40000
METHYLPHENIDATE HCL	10 MG	CPBP 30-70	ORAL	5/1/2024	1.24000
METHYLPHENIDATE HCL	10 MG	CSBP 40-60	ORAL	5/1/2024	5.14000
METHYLPHENIDATE HCL	10 MG	TAB CHEW	ORAL	5/1/2024	2.88000
METHYLPHENIDATE HCL	10 MG	TABLET	ORAL	5/1/2024	0.14000
METHYLPHENIDATE HCL	10 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.14800
METHYLPHENIDATE HCL	18 MG	TAB ER 24	ORAL	5/1/2024	0.83200
METHYLPHENIDATE HCL	2.5 MG	TAB CHEW	ORAL	5/1/2024	1.36000
METHYLPHENIDATE HCL	20 MG	CPBP 30-70	ORAL	1/1/2024	1.40000
METHYLPHENIDATE HCL	20 MG	CPBP 50-50	ORAL	5/1/2024	1.50000
METHYLPHENIDATE HCL	20 MG	TABLET	ORAL	1/1/2024	0.20000
METHYLPHENIDATE HCL	20 MG	TABLET ER	ORAL	1/1/2024	0.55300
METHYLPHENIDATE HCL	27 MG	TAB ER 24	ORAL	5/1/2024	0.76800
METHYLPHENIDATE HCL	30 MG	CPBP 30-70	ORAL	1/1/2024	1.30000
METHYLPHENIDATE HCL	30 MG	CPBP 50-50	ORAL	1/15/2024	3.16000

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# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
METHYLPHENIDATE HCL	30 MG	CSBP 40-60	ORAL	5/1/2024	5.31000
METHYLPHENIDATE HCL	36 MG	TAB ER 24	ORAL	5/1/2024	0.95700
METHYLPHENIDATE HCL	40 MG	CPBP 30-70	ORAL	5/1/2024	1.72000
METHYLPHENIDATE HCL	40 MG	CPBP 50-50	ORAL	1/1/2024	1.89000
METHYLPHENIDATE HCL	5 MG	TAB CHEW	ORAL	5/1/2024	2.21000
METHYLPHENIDATE HCL	5 MG	TABLET	ORAL	5/1/2024	0.10800
METHYLPHENIDATE HCL	5 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.09650
METHYLPHENIDATE HCL	50 MG	CPBP 30-70	ORAL	5/1/2024	1.60000
METHYLPHENIDATE HCL	54 MG	TAB ER 24	ORAL	5/1/2024	0.84800
METHYLPHENIDATE HCL	60 MG	CPBP 50-50	ORAL	5/1/2024	7.57000
METHYLPREDNISOLONE	16 MG	TABLET	ORAL	5/1/2024	1.57000
METHYLPREDNISOLONE	4 MG	TAB DS PK	ORAL	5/1/2024	0.15000
METHYLPREDNISOLONE	4 MG	TABLET	ORAL	5/1/2024	0.19400
METHYLPREDNISOLONE	8 MG	TABLET	ORAL	1/1/2024	1.14000
METHYLPREDNISOLONE ACETATE	40 MG/ML	VIAL	INJECTION	5/1/2024	7.17000
METHYLPREDNISOLONE ACETATE	80 MG/ML	VIAL	INJECTION	1/1/2024	11.12000
METHYLPREDNISOLONE SOD SUCC	40 MG	VIAL	INJECTION	5/1/2024	4.27000
METHYLPREDNISOLONE SOD SUCC	500 MG	VIAL	INTRAVEN.	5/1/2024	21.00000
METOCLOPRAMIDE HCL	10 MG	TABLET	ORAL	5/1/2024	0.05230
METOCLOPRAMIDE HCL	5 MG	TABLET	ORAL	1/1/2024	0.04790
METOCLOPRAMIDE HCL	5 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.03750
METOCLOPRAMIDE HCL	5 MG/ML	VIAL	INJECTION	5/1/2024	0.55600
METOLAZONE	10 MG	TABLET	ORAL	5/1/2024	0.58200
METOLAZONE	2.5 MG	TABLET	ORAL	5/1/2024	0.29000
METOLAZONE	5 MG	TABLET	ORAL	5/1/2024	0.62100
METOPROLOL SUCCINATE	100 MG	TAB ER 24H	ORAL	5/1/2024	0.11500
METOPROLOL SUCCINATE	200 MG	TAB ER 24H	ORAL	5/1/2024	0.18400
METOPROLOL SUCCINATE	25 MG	TAB ER 24H	ORAL	5/1/2024	0.07580
METOPROLOL SUCCINATE	50 MG	TAB ER 24H	ORAL	5/1/2024	0.07030

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# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
METOPROLOL TARTRATE	100 MG	TABLET	ORAL	5/1/2024	0.02760
METOPROLOL TARTRATE	25 MG	TABLET	ORAL	5/1/2024	0.01630
METOPROLOL TARTRATE	37.5 MG	TABLET	ORAL	5/1/2024	0.08110
METOPROLOL TARTRATE	50 MG	TABLET	ORAL	5/1/2024	0.01900
METOPROLOL TARTRATE	75 MG	TABLET	ORAL	5/1/2024	0.16500
METOPROLOL/HYDROCHLOROTHIAZIDE	100MG-25MG	TABLET	ORAL	5/1/2024	1.34000
METOPROLOL/HYDROCHLOROTHIAZIDE	50 MG-25MG	TABLET	ORAL	1/1/2024	0.86500
METRONIDAZOLE	0.75 %	CREAM (G)	TOPICAL	5/1/2024	0.51200
METRONIDAZOLE	0.75 %	GEL (GRAM)	TOPICAL	5/1/2024	0.39700
METRONIDAZOLE	0.75 %	GEL W/APPL	VAGINAL	5/1/2024	0.44200
METRONIDAZOLE	1 %	GEL (GRAM)	TOPICAL	5/1/2024	0.89700
METRONIDAZOLE	250 MG	TABLET	ORAL	5/1/2024	0.09740
METRONIDAZOLE	500 MG	TABLET	ORAL	5/1/2024	0.13300
METRONIDAZOLE/SODIUM CHLORIDE	500MG/0.1L	PIGGYBACK	INTRAVEN.	5/1/2024	0.01860
METYROSINE	250 MG	CAPSULE	ORAL	1/1/2024	216.45000
MEXILETINE HCL	150 MG	CAPSULE	ORAL	5/1/2024	0.38300
MEXILETINE HCL	200 MG	CAPSULE	ORAL	5/1/2024	0.43800
MEXILETINE HCL	250 MG	CAPSULE	ORAL	5/1/2024	1.00000
MICAFUNGIN SODIUM	100 MG	VIAL	INTRAVEN.	5/1/2024	45.29000
MICAFUNGIN SODIUM	50 MG	VIAL	INTRAVEN.	5/1/2024	24.24000
MICONAZOLE NITRATE	100 MG	SUPP.VAG	VAGINAL	5/1/2024	1.10000
MICONAZOLE NITRATE	1200MG-2%	KIT	VAGINAL	5/1/2024	12.27000
MICONAZOLE NITRATE	2 %	AERO POWD	TOPICAL	1/1/2024	0.02530
MICONAZOLE NITRATE	2 %	CREAM (G)	TOPICAL	5/1/2024	0.10400
MICONAZOLE NITRATE	2 %	CREAM(ML)	TOPICAL	1/1/2024	0.09420
MICONAZOLE NITRATE	2 %	CREAM/APPL	VAGINAL	5/1/2024	0.13000
MICONAZOLE NITRATE	2 %	POWDER	TOPICAL	5/1/2024	0.05140
MICONAZOLE NITRATE	200 MG-2 %	CMB PF CRM	VAGINAL	5/1/2024	12.61838
MICONAZOLE NITRATE	200 MG-2 %	KIT	VAGINAL	1/1/2024	8.18000

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
MIDAZOLAM HCL	2 MG/ML	SYRUP	ORAL	5/1/2024	0.57800
MIDAZOLAM HCL/PF	10 MG/2 ML	VIAL	INJECTION	5/1/2024	0.63100
MIDAZOLAM HCL/PF	2 MG/2 ML	VIAL	INJECTION	5/1/2024	0.48800
MIDAZOLAM HCL/PF	5 MG/5 ML	VIAL	INJECTION	5/1/2024	0.21200
MIDODRINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.30000
MIDODRINE HCL	2.5 MG	TABLET	ORAL	5/1/2024	0.18000
MIDODRINE HCL	5 MG	TABLET	ORAL	5/1/2024	0.16900
MIGLITOL	50 MG	TABLET	ORAL	1/1/2024	1.85000
MIGLUSTAT	100 MG	CAPSULE	ORAL	5/1/2024	170.43000
MILRINONE LACTATE	1 MG/ML	VIAL	INTRAVEN.	1/1/2024	0.31200
MILRINONE LACTATE/D5W	20MG/100ML	PIGGYBACK	INTRAVEN.	1/1/2024	0.15000
MILRINONE LACTATE/D5W	40MG/200ML	PIGGYBACK	INTRAVEN.	5/1/2024	0.14900
MINERAL OIL		ENEMA	RECTAL	5/1/2024	0.01400
MINERAL OIL		OIL	ORAL	5/1/2024	0.01010
MINERAL OIL/HYDROPHIL PETROLAT		OINT. (G)	TOPICAL	5/1/2024	0.05960
MINOCYCLINE HCL	100 MG	CAPSULE	ORAL	5/1/2024	0.34000
MINOCYCLINE HCL	100 MG	TABLET	ORAL	5/1/2024	0.72900
MINOCYCLINE HCL	135 MG	TAB ER 24H	ORAL	5/1/2024	3.70000
MINOCYCLINE HCL	50 MG	CAPSULE	ORAL	5/1/2024	0.17400
MINOCYCLINE HCL	50 MG	TABLET	ORAL	5/1/2024	0.53300
MINOCYCLINE HCL	75 MG	CAPSULE	ORAL	1/1/2024	0.32100
MINOCYCLINE HCL	90 MG	TAB ER 24H	ORAL	5/1/2024	3.55000
MINOXIDIL	10 MG	TABLET	ORAL	5/1/2024	0.17300
MINOXIDIL	2.5 MG	TABLET	ORAL	5/1/2024	0.10100
MINOXIDIL	5 %	SOLUTION	TOPICAL	5/1/2024	0.12800
MIRTAZAPINE	15 MG	TAB RAPDIS	ORAL	1/1/2024	0.33000
MIRTAZAPINE	15 MG	TABLET	ORAL	5/1/2024	0.07030
MIRTAZAPINE	30 MG	TAB RAPDIS	ORAL	5/1/2024	0.45700
MIRTAZAPINE	30 MG	TABLET	ORAL	5/1/2024	0.09100



# Maximum Allowable Cost (MAC) Listing

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Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
MIRTAZAPINE	45 MG	TAB RAPDIS	ORAL	1/1/2024	0.42000
MIRTAZAPINE	45 MG	TABLET	ORAL	5/1/2024	0.12600
MIRTAZAPINE	7.5 MG	TABLET	ORAL	5/1/2024	0.54500
MISOPROSTOL	100 MCG	TABLET	ORAL	1/1/2024	0.46200
MISOPROSTOL	200 MCG	TABLET	ORAL	5/1/2024	0.69900
MITOMYCIN	20 MG	VIAL	INTRAVEN.	5/1/2024	220.79000
MITOMYCIN	40 MG	VIAL	INTRAVEN.	5/1/2024	944.94000
MITOMYCIN	5 MG	VIAL	INTRAVEN.	5/1/2024	90.42000
MODAFINIL	100 MG	TABLET	ORAL	5/1/2024	0.40100
MODAFINIL	200 MG	TABLET	ORAL	5/1/2024	0.55100
MOEXIPRIL HCL	15 MG	TABLET	ORAL	5/1/2024	0.83600
MOEXIPRIL HCL	7.5 MG	TABLET	ORAL	5/1/2024	0.85500
MOMETASONE FUROATE	0.1 %	CREAM (G)	TOPICAL	5/1/2024	0.33800
MOMETASONE FUROATE	0.1 %	OINT. (G)	TOPICAL	5/1/2024	0.26200
MOMETASONE FUROATE	0.1 %	SOLUTION	TOPICAL	1/1/2024	0.34300
MOMETASONE FUROATE	50 MCG	SPRAY/PUMP	NASAL	1/1/2024	2.01000
MONTELUKAST SODIUM	10 MG	TABLET	ORAL	5/1/2024	0.06400
MONTELUKAST SODIUM	4 MG	TAB CHEW	ORAL	5/1/2024	0.07990
MONTELUKAST SODIUM	5 MG	TAB CHEW	ORAL	5/1/2024	0.07030
MORPHINE SULFATE	10 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.04740
MORPHINE SULFATE	100 MG	TABLET ER	ORAL	5/1/2024	0.89700
MORPHINE SULFATE	100 MG/5ML	SOLUTION	ORAL	5/1/2024	0.36900
MORPHINE SULFATE	15 MG	TABLET	ORAL	5/1/2024	0.25400
MORPHINE SULFATE	15 MG	TABLET ER	ORAL	5/1/2024	0.20900
MORPHINE SULFATE	20 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.08980
MORPHINE SULFATE	30 MG	TABLET	ORAL	5/1/2024	0.40100
MORPHINE SULFATE	30 MG	TABLET ER	ORAL	5/1/2024	0.34100
MORPHINE SULFATE	4 MG/ML	VIAL	INTRAVEN.	1/1/2024	2.10000
MORPHINE SULFATE	60 MG	TABLET ER	ORAL	5/1/2024	0.56200



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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
MPOX MOLECULAR TEST ASSAY		KIT	MISCELL.	1/1/2024	11.43750
MULTIVIT 47/IRON/FOLATE 1/DHA	27-1-300MG	CAPSULE	ORAL	5/1/2024	1.09000
MULTIVIT WITH IRON,MINERALS		TAB CHEW	ORAL	1/1/2024	0.10000
MULTIVIT WITH MINERALS/LUTEIN		TABLET	ORAL	5/1/2024	0.04970
MULTIVIT,CALC,MIN/FA/K1/LYCOP	240-30 MCG	TABLET	ORAL	1/1/2024	0.06720
MULTIVIT,CALC,MINS/IRON/FOLIC	500-18-0.4	TABLET	ORAL	8/31/2021	0.06027
MULTIVIT,CALC,MINS/IRON/FOLIC	9MG-400MCG	TABLET	ORAL	1/1/2024	0.04772
MULTIVIT,IRON,MINERALS/LUTEIN		TABLET	ORAL	1/1/2024	0.05280
MULTIVIT,STRESS FORMULA/ZINC		TABLET	ORAL	1/1/2024	0.08110
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	.4-300-250	TABLET	ORAL	5/1/2024	0.04150
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	500-300MCG	TABLET	ORAL	5/1/2014	0.07136
MULTIVIT-MIN/FA/LYCOPEN/LUTEIN	800-250MCG	TABLET	ORAL	9/8/2015	0.26733
MULTIVIT-MIN/FERROUS GLUCONATE	12 MG/15ML	LIQUID	ORAL	1/1/2024	0.16400
MULTIVIT-MIN/FERROUS GLUCONATE	9 MG/15 ML	LIQUID	ORAL	1/1/2024	0.01950
MULTIVIT-MIN/FERROUS GLUCONATE	9 MG/15 ML	LIQUID	ORAL	1/1/2024	0.16400
MULTIVIT-MIN/FERROUS SULFATE	4.5 MG	TABLET	ORAL	5/1/2024	0.01450
MULTIVIT-MIN/FOLIC ACID/BIOTIN	400-400MCG	CAPSULE	ORAL	5/1/2024	0.11500
MULTIVIT-MIN/FOLIC/VIT K/LYCOP	400-20-370	TABLET	ORAL	1/1/2024	0.06770
MULTIVIT-MIN/FOLIC/VIT K/LYCOP	400-300MCG	TABLET	ORAL	1/1/2024	0.04420
MULTIVIT-MIN/IRON FUM/FOLIC AC	7.5 MG-400	TABLET	ORAL	5/1/2024	0.03250
MULTIVIT-MIN/IRON/FA/VIT K/LUT	8MG-400MCG	TABLET	ORAL	1/1/2024	0.04790
MULTIVIT-MIN/IRON/FOLIC ACID/K	18-400-25	TABLET	ORAL	1/1/2024	0.05230
MULTIVIT-MINERALS/FA/LYCOPENE	0.4 MG-600	TABLET	ORAL	1/1/2024	0.03340
MULTIVIT-MINERALS/FOLIC ACID	0.4 MG	TABLET	ORAL	5/1/2024	0.02580
MULTIVIT-MINERALS/FOLIC ACID	120 MCG	TAB CHEW	ORAL	1/1/2024	0.09240
MULTIVIT-MINERALS/FOLIC ACID	200 MCG	TAB CHEW	ORAL	5/1/2024	0.09150
MULTIVIT-MINERALS/FOLIC/GINKGO	400MCG-120	TABLET	ORAL	1/1/2024	0.05050
MULTIVIT-MINS NO.7/FOLIC ACID	1 MG	CAPSULE	ORAL	1/1/2024	0.18100
MULTIVIT-MINS60/IRON FUM/FOLIC	27 MG-1 MG	TABLET	ORAL	1/1/2024	0.15100

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
MULTIVIT/FOLIC ACID/VIT K1	400-20 MCG	TABLET	ORAL	1/1/2024	0.07120
MULTIVIT/IRON/FOLIC ACID/HB179	13.5MG-200	TABLET	ORAL	1/1/2024	0.10400
MULTIVITAMIN		TAB CHEW	ORAL	1/1/2024	0.02620
MULTIVITAMIN		TABLET	ORAL	5/1/2024	0.01310
MULTIVITAMIN WITH FOLIC ACID	400 MCG	TABLET	ORAL	5/1/2024	0.01770
MULTIVITAMIN WITH IRON		TAB CHEW	ORAL	4/4/2023	0.06242
MULTIVITAMIN WITH IRON		TABLET	ORAL	1/1/2024	0.02120
MULTIVITAMIN WITH MINERALS		TABLET	ORAL	5/1/2024	0.06040
MULTIVITAMIN,STRESS FORMULA		TABLET	ORAL	1/1/2024	0.03840
MULTIVITAMIN, THER AND MINERALS		CAPSULE	ORAL	1/1/2024	0.07080
MULTIVITAMIN, THER AND MINERALS		TABLET	ORAL	5/1/2024	0.02940
MULTIVITAMIN, THERAPEUTIC		TABLET	ORAL	1/1/2024	0.03610
MULTIVITAMIN/IRON/FOLIC ACID	18MG-0.4MG	TABLET	ORAL	5/1/2024	0.02800
MULTIVITAMINS, THER W-MINERALS	N/A	TABLET	ORAL	5/1/2024	0.02940
MULTIVITAMINS, THER W-MINERALS		CAPSULE	ORAL	1/1/2024	0.07080
MUPIROCIN	2 %	OINT. (G)	TOPICAL	5/1/2024	0.21200
MV,CALCIUM,MIN/IRON/FOLIC/VITK	18-600-80	TABLET	ORAL	1/1/2024	0.02940
MV-MIN/FOLIC/K1/LYCOPEN/LUTEIN	300-60 MCG	TABLET	ORAL	8/8/2023	0.11903
MV-MN/FOLIC ACID/LUTEIN/HRB178	200-175MCG	TABLET	ORAL	1/1/2024	0.10800
MVN-MIN75/IRON/IRON PS/OM3/DHA	35-1-200MG	CAPSULE	ORAL	1/1/2024	0.68400
MYCOPHENOLATE MOFETIL	200 MG/ML	SUSP RECON	ORAL	5/1/2024	2.49000
MYCOPHENOLATE MOFETIL	250 MG	CAPSULE	ORAL	5/1/2024	0.18000
MYCOPHENOLATE MOFETIL	500 MG	TABLET	ORAL	5/1/2024	0.26100
MYCOPHENOLATE MOFETIL HCL	500 MG	VIAL	INTRAVEN.	5/1/2024	25.55000
MYCOPHENOLATE SODIUM	180 MG	TABLET DR	ORAL	5/1/2024	0.19000
MYCOPHENOLATE SODIUM	360 MG	TABLET DR	ORAL	5/1/2024	0.32000
NABUMETONE	500 MG	TABLET	ORAL	5/1/2024	0.12300
NABUMETONE	750 MG	TABLET	ORAL	5/1/2024	0.16200
NADOLOL	20 MG	TABLET	ORAL	5/1/2024	0.16600



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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
NADOLOL	40 MG	TABLET	ORAL	5/1/2024	0.30000
NADOLOL	80 MG	TABLET	ORAL	5/1/2024	0.60300
NAFTIFINE HCL	2 %	CREAM (G)	TOPICAL	1/1/2024	2.60000
NALOXONE HCL	0.4 MG/ML	VIAL	INJECTION	5/1/2024	6.67000
NALOXONE HCL	1 MG/ML	SYRINGE	INJECTION	1/1/2024	14.90000
NALOXONE HCL	4 MG	SPRAY	NASAL	5/1/2024	36.00000
NALTREXONE HCL	50 MG	TABLET	ORAL	5/1/2024	0.77100
NAPHAZOLINE HCL/GLYCERIN	0.012-0.25	DROPS	OPHTHALMIC	5/1/2024	0.11100
NAPROXEN	125 MG/5ML	ORAL SUSP	ORAL	1/1/2024	0.59100
NAPROXEN	250 MG	TABLET	ORAL	1/1/2024	0.04510
NAPROXEN	375 MG	TABLET	ORAL	5/1/2024	0.05870
NAPROXEN	375 MG	TABLET DR	ORAL	5/1/2024	0.21400
NAPROXEN	500 MG	TABLET	ORAL	5/1/2024	0.06270
NAPROXEN	500MG	TABLET	ORAL	5/1/2024	0.06270
NAPROXEN SODIUM	220 MG	CAPSULE	ORAL	5/1/2024	0.15700
NAPROXEN SODIUM	220 MG	TABLET	ORAL	5/1/2024	0.05640
NAPROXEN SODIUM	550 MG	TABLET	ORAL	5/1/2024	0.27300
NARATRIPTAN HCL	2.5 MG	TABLET	ORAL	5/1/2024	1.40000
NATEGLINIDE	120 MG	TABLET	ORAL	5/1/2024	0.27800
NATEGLINIDE	60 MG	TABLET	ORAL	5/1/2024	0.23600
NEBIVOLOL HCL	10 MG	TABLET	ORAL	5/1/2024	0.21300
NEBIVOLOL HCL	2.5 MG	TABLET	ORAL	1/1/2024	0.22000
NEBIVOLOL HCL	20 MG	TABLET	ORAL	5/1/2024	0.21700
NEBIVOLOL HCL	5 MG	TABLET	ORAL	5/1/2024	0.18300
NEEDLES, DISPOSABLE	18GX1"	DIS NEEDLE	MISCELL.	5/1/2024	0.08250
NEOMYCIN SULFATE	500 MG	TABLET	ORAL	5/1/2024	0.88200
NEOMYCIN/BACIT/P-MYX/HYDROCORT	3.5-10K-1	OINT. (G)	OPHTHALMIC	1/1/2024	7.07000
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT PACK	TOPICAL	5/1/2024	0.13700
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5-400-5K	OINT. (G)	TOPICAL	5/1/2024	0.09150



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
NEOMYCIN/BACITRACIN/POLYMYXINB	3.5MG-400	OINT. (G)	OPHTHALMIC	5/1/2024	7.87000
NEOMYCIN/POLYMYXIN B/DEXAMETHA	0.1 %	DROPS SUSP	OPHTHALMIC	5/1/2024	2.34000
NEOMYCIN/POLYMYXIN B/DEXAMETHA	3.5-10K-.1	OINT. (G)	OPHTHALMIC	5/1/2024	2.96000
NEOMYCIN/POLYMYXIN B/HYDROCORT	3.5-10K-1	DROPS SUSP	OTIC	5/1/2024	5.33000
NEOMYCIN/POLYMYXIN B/HYDROCORT	3.5-10K-1	SOLUTION	OTIC	5/1/2024	5.34000
NEOMYCIN/POLYMYXIN B/PRAMOXINE	3.5-10K-10	CREAM (G)	TOPICAL	5/1/2024	0.12700
NEOMYCN/BACITRC/POLYMYX/PRAMOX	3.5-10K-10	OINT. (G)	TOPICAL	5/1/2024	0.14900
NEVIRAPINE	200 MG	TABLET	ORAL	5/1/2024	0.13900
NIACIN	100 MG	TABLET	ORAL	5/1/2024	0.01540
NIACIN	1000 MG	TAB ER 24H	ORAL	1/1/2024	0.35000
NIACIN	250 MG	CAPSULE ER	ORAL	1/1/2024	0.05960
NIACIN	250 MG	TABLET	ORAL	1/1/2024	0.02850
NIACIN	250 MG	TABLET ER	ORAL	5/1/2024	0.02900
NIACIN	250MG	TABLET	ORAL	1/1/2024	0.05960
NIACIN	50 MG	TABLET	ORAL	5/1/2024	0.01450
NIACIN	500 MG	CAPSULE ER	ORAL	1/1/2024	0.04510
NIACIN	500 MG	TAB ER 24H	ORAL	5/1/2024	0.19600
NIACIN	500 MG	TABLET	ORAL	5/1/2024	0.02300
NIACIN	500 MG	TABLET ER	ORAL	5/1/2024	0.05910
NIACIN	750 MG	TAB ER 24H	ORAL	5/1/2024	0.43300
NIACIN	750 MG	TABLET ER	ORAL	1/1/2024	0.04420
NIACIN (INOSITOL NIACINATE)	400(500MG)	CAPSULE	ORAL	1/1/2024	0.07620
NIACINAMIDE	500 MG	TABLET	ORAL	1/1/2024	0.02210
NIACINAMIDE	N/A	TABLET	ORAL	1/1/2024	0.02210
NICOTINE	14MG/24HR	PATCH TD24	TRANSDERM.	5/1/2024	1.37000
NICOTINE	21 MG/24HR	PATCH TD24	TRANSDERM.	5/1/2024	1.41000
NICOTINE	7MG/24HR	PATCH TD24	TRANSDERM.	1/1/2024	1.44000
NICOTINE POLACRILEX	2 MG	GUM	BUCCAL	5/1/2024	0.20400
NICOTINE POLACRILEX	2 MG	LOZENGE	BUCCAL	5/1/2024	0.33100

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
NICOTINE POLACRILEX	2 MG	LOZNG MINI	BUCCAL	5/1/2024	0.37400
NICOTINE POLACRILEX	2MG	GUM	BUCCAL	5/1/2024	0.20400
NICOTINE POLACRILEX	2MG	LOZENGE	MUCOUS MEM	5/1/2024	0.33100
NICOTINE POLACRILEX	4 MG	GUM	BUCCAL	5/1/2024	0.25900
NICOTINE POLACRILEX	4 MG	LOZENGE	BUCCAL	5/1/2024	0.33200
NICOTINE POLACRILEX	4 MG	LOZNG MINI	BUCCAL	5/1/2024	0.34800
NICOTINE POLACRILEX	4MG	GUM	BUCCAL	5/1/2024	0.25900
NIFEDIPINE	10 MG	CAPSULE	ORAL	1/1/2024	0.31000
NIFEDIPINE	10MG	CAPSULE	ORAL	1/1/2024	0.31000
NIFEDIPINE	20 MG	CAPSULE	ORAL	1/1/2024	0.80000
NIFEDIPINE	20MG	CAPSULE	ORAL	1/1/2024	0.80000
NIFEDIPINE	30 MG	TAB ER 24	ORAL	5/1/2024	0.14100
NIFEDIPINE	30 MG	TABLET ER	ORAL	5/1/2024	0.11700
NIFEDIPINE	60 MG	TAB ER 24	ORAL	5/1/2024	0.17200
NIFEDIPINE	60 MG	TABLET ER	ORAL	5/1/2024	0.15900
NIFEDIPINE	90 MG	TAB ER 24	ORAL	5/1/2024	0.30800
NIFEDIPINE	90 MG	TABLET ER	ORAL	5/1/2024	0.26700
NILUTAMIDE	150 MG	TABLET	ORAL	1/1/2024	139.53000
NIMODIPINE	30 MG	CAPSULE	ORAL	5/1/2024	1.25000
NITISINONE	10 MG	CAPSULE	ORAL	5/1/2024	216.58000
NITISINONE	20 MG	CAPSULE	ORAL	5/1/2024	651.78000
NITISINONE	5 MG	CAPSULE	ORAL	5/1/2024	111.65000
NITROFURANTOIN	25 MG/5 ML	ORAL SUSP	ORAL	5/1/2024	5.31000
NITROFURANTOIN MACROCRYSTAL	100 MG	CAPSULE	ORAL	5/1/2024	0.39300
NITROFURANTOIN MACROCRYSTAL	25 MG	CAPSULE	ORAL	5/1/2024	2.21000
NITROFURANTOIN MACROCRYSTAL	50 MG	CAPSULE	ORAL	5/1/2024	0.27900
NITROFURANTOIN MONOHD/M-CRYST	100 MG	CAPSULE	ORAL	5/1/2024	0.47500
NITROGLYCERIN	0.1MG/HR	PATCH TD24	TRANSDERM.	5/1/2024	0.49000



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
NITROGLYCERIN	0.2MG/HR	PATCH TD24	TRANSDERM.	5/1/2024	0.55200
NITROGLYCERIN	0.3 MG	TAB SUBL	SUBLINGUAL	5/1/2024	0.17000
NITROGLYCERIN	0.4 MG	TAB SUBL	SUBLINGUAL	5/1/2024	0.19800
NITROGLYCERIN	0.4MG/HR	PATCH TD24	TRANSDERM.	5/1/2024	0.65200
NITROGLYCERIN	0.6 MG	TAB SUBL	SUBLINGUAL	5/1/2024	0.24800
NITROGLYCERIN	0.6MG/HR	PATCH TD24	TRANSDERM.	5/1/2024	0.79400
NITROGLYCERIN	400MCG/SPR	SPRAY	TRANSLING.	1/1/2024	22.02000
NITROPRUSSIDE SODIUM	25 MG/ML	VIAL	INTRAVEN.	1/1/2024	8.79000
NORELGESTROMIN/ETHIN. ESTRADIOL	150-35/24H	PATCH TDWK	TRANSDERM.	5/1/2024	35.55000
NORETH-ETHINYL ESTRADIOL/IRON	0.4-35(21)	TAB CHEW	ORAL	5/1/2024	0.52500
NORETHINDRONE	0.35 MG	TABLET	ORAL	5/1/2024	0.11200
NORETHINDRONE AC-ETH ESTRADIOL	0.5MG-2.5	TABLET	ORAL	5/1/2024	1.48000
NORETHINDRONE AC-ETH ESTRADIOL	1.5-0.03MG	TABLET	ORAL	5/1/2024	0.52900
NORETHINDRONE AC-ETH ESTRADIOL	1MG-20MCG	TABLET	ORAL	5/1/2024	0.26500
NORETHINDRONE ACETATE	5 MG	TABLET	ORAL	5/1/2024	0.45000
NORETHINDRONE-E. ESTRADIOL-IRON	1.5-30(21)	TABLET	ORAL	5/1/2024	0.17100
NORETHINDRONE-E. ESTRADIOL-IRON	1MG-20(21)	TABLET	ORAL	5/1/2024	0.16600
NORETHINDRONE-E. ESTRADIOL-IRON	1MG-20(24)	TAB CHEW	ORAL	5/1/2024	0.39300
NORETHINDRONE-E. ESTRADIOL-IRON	1MG-20(24)	TABLET	ORAL	5/1/2024	0.34200
NORETHINDRONE-ETHIN. ESTRADIOL	0.4-0.035	TABLET	ORAL	5/1/2024	0.46000
NORETHINDRONE-ETHIN. ESTRADIOL	0.5-0.035	TABLET	ORAL	1/1/2024	0.53400
NORETHINDRONE-ETHIN. ESTRADIOL	1 MG-35MCG	TABLET	ORAL	5/1/2024	0.25300
NORETHINDRONE-ETHIN. ESTRADIOL	7 DAYS X 3	TABLET	ORAL	5/1/2024	0.32100
NORETHINDRONE-ETHIN. ESTRADIOL	7-9-5	TABLET	ORAL	1/1/2024	0.45600
NORGESTIMATE-ETHINYL ESTRADIOL	0.25-0.035	TABLET	ORAL	5/1/2024	0.12600
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 28	TABLET	ORAL	5/1/2024	0.13800
NORGESTIMATE-ETHINYL ESTRADIOL	7DAYSX3 LO	TABLET	ORAL	5/1/2024	0.16500
NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03MG	TABLET	ORAL	5/1/2024	0.37400
NORTRIPTYLINE HCL	10 MG	CAPSULE	ORAL	5/1/2024	0.06810

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
NORTRIPTYLINE HCL	10 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.34200
NORTRIPTYLINE HCL	25 MG	CAPSULE	ORAL	5/1/2024	0.08660
NORTRIPTYLINE HCL	50 MG	CAPSULE	ORAL	5/1/2024	0.11500
NORTRIPTYLINE HCL	75 MG	CAPSULE	ORAL	5/1/2024	0.16100
NYSTATIN	100000/G	CREAM (G)	TOPICAL	5/1/2024	0.19700
NYSTATIN	100000/G	OINT. (G)	TOPICAL	5/1/2024	0.23600
NYSTATIN	100000/G	POWDER	TOPICAL	5/1/2024	0.29600
NYSTATIN	100000/ML	ORAL SUSP	ORAL	5/1/2024	0.05730
NYSTATIN	500K UNIT	TABLET	ORAL	5/1/2024	0.36600
NYSTATIN/TRIAMCINOLONE ACET	100000-0.1	CREAM (G)	TOPICAL	5/1/2024	0.50000
NYSTATIN/TRIAMCINOLONE ACET	100000-0.1	OINT. (G)	TOPICAL	5/1/2024	0.25200
OCTREOTIDE ACETATE	1000MCG/ML	VIAL	INJECTION	5/1/2024	32.15000
OFLOXACIN	0.3 %	DROPS	OPHTHALMIC	5/1/2024	1.64000
OFLOXACIN	0.3 %	DROPS	OTIC	5/1/2024	1.78000
OLANZAPINE	10 MG	TAB RAPDIS	ORAL	1/1/2024	0.52100
OLANZAPINE	10 MG	TABLET	ORAL	5/1/2024	0.11600
OLANZAPINE	15 MG	TAB RAPDIS	ORAL	5/1/2024	0.75300
OLANZAPINE	15 MG	TABLET	ORAL	5/1/2024	0.14600
OLANZAPINE	2.5 MG	TABLET	ORAL	5/1/2024	0.07670
OLANZAPINE	20 MG	TAB RAPDIS	ORAL	1/1/2024	0.94100
OLANZAPINE	20 MG	TABLET	ORAL	5/1/2024	0.18300
OLANZAPINE	5 MG	TAB RAPDIS	ORAL	1/1/2024	0.40400
OLANZAPINE	5 MG	TABLET	ORAL	5/1/2024	0.08520
OLANZAPINE	7.5 MG	TABLET	ORAL	5/1/2024	0.10700
OLANZAPINE/FLUOXETINE HCL	6MG-25MG	CAPSULE	ORAL	5/1/2024	4.85000
OLMESARTAN MEDOXOMIL	20 MG	TABLET	ORAL	5/1/2024	0.08160
OLMESARTAN MEDOXOMIL	40 MG	TABLET	ORAL	1/1/2024	0.12600
OLMESARTAN MEDOXOMIL	5 MG	TABLET	ORAL	5/1/2024	0.06040
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-12.5	TABLET	ORAL	1/1/2024	1.27000

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-10-25MG	TABLET	ORAL	5/1/2024	1.50000
OLMESARTAN/AMLODIPIN/HCTHIAZID	40-5-25 MG	TABLET	ORAL	5/1/2024	1.51000
OLMESARTAN/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	5/1/2024	0.17800
OLMESARTAN/HYDROCHLOROTHIAZIDE	40 MG-25MG	TABLET	ORAL	5/1/2024	0.23400
OLMESARTAN/HYDROCHLOROTHIAZIDE	40-12.5 MG	TABLET	ORAL	5/1/2024	0.24600
OLOPATADINE HCL	0.1 %	DROPS	OPHTHALMIC	5/1/2024	3.25000
OLOPATADINE HCL	0.2 %	DROPS	OPHTHALMIC	5/1/2024	3.42000
OLOPATADINE HCL	0.6 %	SPRAY/PUMP	NASAL	5/1/2024	0.94200
OMEGA-3 ACID ETHYL ESTERS	1 G	CAPSULE	ORAL	5/1/2024	0.17100
OMEGA-3 FATTY ACIDS	1000 MG	CAPSULE	ORAL	1/1/2024	0.06630
OMEGA-3 FATTY ACIDS/FISH OIL	300-1000MG	CAPSULE	ORAL	9/20/2022	0.07209
OMEGA-3 FATTY ACIDS/FISH OIL	360-1200MG	CAPSULE	ORAL	1/1/2024	0.03733
OMEGA-3 FATTY ACIDS/FISH OIL	440-880MG	CAPSULE	ORAL	5/1/2024	0.09240
OMEGA-3/DHA/EPA/FISH OIL	1000 MG	CAPSULE	ORAL	5/1/2024	0.05230
OMEGA-3/DHA/EPA/FISH OIL	1200 MG	CAPSULE	ORAL	1/1/2024	0.08660
OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE	ORAL	5/1/2024	0.04330
OMEGA-3/DHA/EPA/FISH OIL	300-1000MG	CAPSULE DR	ORAL	5/1/2024	0.09484
OMEGA-3/DHA/EPA/FISH OIL	60 MG-90MG	CAPSULE	ORAL	1/1/2024	0.03930
OMEPRAZOLE	10 MG	CAPSULE DR	ORAL	5/1/2024	0.08890
OMEPRAZOLE	20 MG	CAPSULE DR	ORAL	5/1/2024	0.03570
OMEPRAZOLE	20 MG	TAB RAP DR	ORAL	5/1/2024	0.39200
OMEPRAZOLE	20 MG	TABLET DR	ORAL	5/1/2024	0.41000
OMEPRAZOLE	40 MG	CAPSULE DR	ORAL	5/1/2024	0.05600
OMEPRAZOLE MAGNESIUM	20 MG	CAPSULE DR	ORAL	5/1/2024	0.38100
OMEPRAZOLE MAGNESIUM	20 MG	TABLET DR	ORAL	5/1/2024	0.45000
OMEPRAZOLE/SODIUM BICARBONATE	20MG-1.1G	CAPSULE	ORAL	5/1/2024	0.86500
OMEPRAZOLE/SODIUM BICARBONATE	40MG-1.1G	CAPSULE	ORAL	5/1/2024	0.93800
ONDANSETRON	4 MG	TAB RAPDIS	ORAL	5/1/2024	0.19200
ONDANSETRON	8 MG	TAB RAPDIS	ORAL	5/1/2024	0.22100



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
ONDANSETRON HCL	4 MG	TABLET	ORAL	1/1/2024	0.07210
ONDANSETRON HCL	4 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.26100
ONDANSETRON HCL	8 MG	TABLET	ORAL	5/1/2024	0.09740
ONDANSETRON HCL/PF	4 MG/2 ML	VIAL	INJECTION	5/1/2024	0.19100
ORPHENADRINE CITRATE	100 MG	TABLET ER	ORAL	5/1/2024	0.40100
OSELTAMIVIR PHOSPHATE	30 MG	CAPSULE	ORAL	5/1/2024	1.47000
OSELTAMIVIR PHOSPHATE	45 MG	CAPSULE	ORAL	5/1/2024	1.68000
OSELTAMIVIR PHOSPHATE	6 MG/ML	SUSP RECON	ORAL	5/1/2024	0.25100
OSELTAMIVIR PHOSPHATE	75 MG	CAPSULE	ORAL	5/1/2024	1.40000
OXACILLIN SODIUM	10 G	VIAL	INJECTION	5/1/2024	46.25000
OXALIPLATIN	100 MG	VIAL	INTRAVEN.	1/1/2024	131.84000
OXALIPLATIN	50 MG	VIAL	INTRAVEN.	1/1/2024	33.10000
OXAPROZIN	600 MG	TABLET	ORAL	5/1/2024	0.56700
OXAZEPAM	10 MG	CAPSULE	ORAL	5/1/2024	0.73000
OXAZEPAM	15 MG	CAPSULE	ORAL	5/1/2024	0.97100
OXAZEPAM	30 MG	CAPSULE	ORAL	5/1/2024	1.34000
OXCARBAZEPINE	150 MG	TABLET	ORAL	5/1/2024	0.12800
OXCARBAZEPINE	300 MG	TABLET	ORAL	5/1/2024	0.17800
OXCARBAZEPINE	300 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.35600
OXCARBAZEPINE	600 MG	TABLET	ORAL	5/1/2024	0.32600
OXYBUTYNIN CHLORIDE	10 MG	TAB ER 24	ORAL	5/1/2024	0.11500
OXYBUTYNIN CHLORIDE	15 MG	TAB ER 24	ORAL	5/1/2024	0.13000
OXYBUTYNIN CHLORIDE	5 MG	TAB ER 24	ORAL	5/1/2024	0.09970
OXYBUTYNIN CHLORIDE	5 MG	TABLET	ORAL	5/1/2024	0.05370
OXYBUTYNIN CHLORIDE	5 MG/5 ML	SYRUP	ORAL	5/1/2024	0.02990
OXYCODONE HCL	10 MG	TABLET	ORAL	5/1/2024	0.12000
OXYCODONE HCL	15 MG	TABLET	ORAL	5/1/2024	0.15300
OXYCODONE HCL	20 MG	TABLET	ORAL	5/1/2024	0.19600
OXYCODONE HCL	20 MG/ML	ORAL CONC	ORAL	1/1/2024	2.49000

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
OXYCODONE HCL	30 MG	TABLET	ORAL	1/1/2024	0.25300
OXYCODONE HCL	5 MG	CAPSULE	ORAL	5/1/2024	0.45400
OXYCODONE HCL	5 MG	TABLET	ORAL	5/1/2024	0.08200
OXYCODONE HCL	5 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.08390
OXYCODONE HCL/ACETAMINOPHEN	10MG-325MG	TABLET	ORAL	5/1/2024	0.20700
OXYCODONE HCL/ACETAMINOPHEN	2.5-325 MG	TABLET	ORAL	1/1/2024	0.94600
OXYCODONE HCL/ACETAMINOPHEN	5 MG-325MG	TABLET	ORAL	5/1/2024	0.09010
OXYCODONE HCL/ACETAMINOPHEN	7.5-325 MG	TABLET	ORAL	5/1/2024	0.18100
OXYMETAZOLINE HCL	0.05 %	MIST	NASAL	5/1/2024	0.16900
OXYMETAZOLINE HCL	0.05 %	SPRAY	NASAL	5/1/2024	0.07170
OXYMORPHONE HCL	5 MG	TABLET	ORAL	5/1/2024	0.50300
P-EPHED SUL/LORATADINE	240-10MG	TAB.SR 24H	ORAL	5/1/2024	0.54700
PACLITAXEL PROTEIN-BOUND	100 MG	VIAL	INTRAVEN.	5/1/2024	1204.27000
PALIPERIDONE	1.5 MG	TAB ER 24	ORAL	5/1/2024	1.56000
PALIPERIDONE	3 MG	TAB ER 24	ORAL	5/1/2024	1.88000
PALIPERIDONE	6 MG	TAB ER 24	ORAL	5/1/2024	1.72000
PALIPERIDONE	9 MG	TAB ER 24	ORAL	5/1/2024	2.39000
PALONOSETRON HCL	0.25MG/5ML	VIAL	INTRAVEN.	1/1/2024	8.03000
PAMIDRONATE DISODIUM	30MG/10ML	VIAL	INTRAVEN.	1/1/2024	1.34000
PANTOPRAZOLE SODIUM	20 MG	TABLET DR	ORAL	5/1/2024	0.04790
PANTOPRAZOLE SODIUM	40 MG	GRANPKT DR	ORAL	1/1/2024	10.36000
PANTOPRAZOLE SODIUM	40 MG	TABLET DR	ORAL	5/1/2024	0.05500
PANTOPRAZOLE SODIUM	40 MG	VIAL	INTRAVEN.	5/1/2024	2.77000
PARICALCITOL	1 MCG	CAPSULE	ORAL	5/1/2024	1.03000
PARICALCITOL	5 MCG/ML	VIAL	INTRAVEN.	1/1/2024	9.77000
PAROXETINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.06400
PAROXETINE HCL	12.5 MG	TAB ER 24H	ORAL	5/1/2024	0.64400
PAROXETINE HCL	20 MG	TABLET	ORAL	5/1/2024	0.06860
PAROXETINE HCL	25 MG	TAB ER 24H	ORAL	5/1/2024	0.53700



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
PAROXETINE HCL	30 MG	TABLET	ORAL	5/1/2024	0.10600
PAROXETINE HCL	37.5 MG	TAB ER 24H	ORAL	5/1/2024	0.64200
PAROXETINE HCL	40 MG	TABLET	ORAL	5/1/2024	0.11500
PAROXETINE MESYLATE	7.5 MG	CAPSULE	ORAL	1/1/2024	2.76000
PED MVIT A,C,D3 NO.21/FLUORIDE	0.25 MG/ML	DROPS	ORAL	5/1/2024	0.23700
PEDI MULTIVIT 45/FLUORIDE/IRON	0.25-10/ML	DROPS	ORAL	5/1/2024	0.16500
PEDI MULTIVIT NO.17 W-FLUORIDE	0.25 MG	TAB CHEW	ORAL	5/1/2024	0.10600
PEDI MULTIVIT NO.17 W-FLUORIDE	0.5 MG	TAB CHEW	ORAL	5/1/2024	0.11300
PEDI MULTIVIT NO.17 W-FLUORIDE	1 MG	TAB CHEW	ORAL	5/1/2024	0.11900
PEDI MULTIVIT NO.2 W-FLUORIDE	0.25 MG/ML	DROPS	ORAL	5/1/2024	0.21500
PEDI MULTIVIT NO.2 W-FLUORIDE	0.5 MG/ML	DROPS	ORAL	5/1/2024	0.22500
PEDI MULTIVIT NO.25/FOLIC ACID	300 MCG	TAB CHEW	ORAL	1/1/2024	0.03070
PEDI MULTIVIT NO.31/IRON/FOLIC	9MG-200MCG	TAB CHEW	ORAL	1/1/2024	0.04330
PEDI MV NO.207/FERROUS SULFATE	11 MG/ML	DROPS	ORAL	1/1/2024	0.13300
PEDIATRIC MULTIVITAMIN NO.17		TAB CHEW	ORAL	5/1/2024	0.02210
PEDIATRIC MULTIVITAMIN NO.76		TAB CHEW	ORAL	1/1/2024	0.05550
PEG 400/HYPROMELLOSE/GLYCERIN	1-0.2-0.2%	DROPS	OPHTHALMIC	5/1/2024	0.14900
PEG3350/SOD SULF,BICARB,CL/KCL	236-22.74G	SOLN RECON	ORAL	1/1/2024	0.00460
PEMETREXED DISODIUM	100 MG	VIAL	INTRAVEN.	1/1/2024	36.08000
PEMETREXED DISODIUM	1000 MG	VIAL	INTRAVEN.	1/1/2024	225.37000
PEMETREXED DISODIUM	25 MG/ML	VIAL	INTRAVEN.	1/1/2024	22.79000
PEMETREXED DISODIUM	500 MG	VIAL	INTRAVEN.	1/1/2024	147.37000
PEMETREXED DISODIUM	750 MG	VIAL	INTRAVEN.	1/1/2024	2101.34000
PENCICLOVIR	1 %	CREAM (G)	TOPICAL	5/1/2024	102.11000
PENICILLAMINE	250 MG	CAPSULE	ORAL	1/1/2024	12.52000
PENICILLIN G POTASSIUM	20MM UNIT	VIAL	INJECTION	5/1/2024	41.41000
PENICILLIN V POTASSIUM	250 MG	TABLET	ORAL	5/1/2024	0.06770
PENICILLIN V POTASSIUM	250MG	TABLET	ORAL	5/1/2024	0.06770
PENICILLIN V POTASSIUM	500 MG	TABLET	ORAL	5/1/2024	0.10500



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
PENICILLIN V POTASSIUM	500MG	TABLET	ORAL	5/1/2024	0.10500
PENTAMIDINE ISETHIONATE	300 MG	VIAL	INJECTION	1/1/2024	93.83000
PENTAMIDINE ISETHIONATE	300 MG	VIAL-NEB	INHALATION	5/1/2024	111.07000
PENTOXIFYLLINE	400 MG	TABLET ER	ORAL	5/1/2024	0.25300
PERINDOPRIL ERBUMINE	2 MG	TABLET	ORAL	1/1/2024	0.52100
PERINDOPRIL ERBUMINE	4 MG	TABLET	ORAL	5/1/2024	0.44600
PERMETHRIN	1 %	LIQUID	TOPICAL	5/1/2024	0.10500
PERMETHRIN	5 %	CREAM (G)	TOPICAL	5/1/2024	0.29700
PERPHENAZINE	16 MG	TABLET	ORAL	5/1/2024	0.47500
PERPHENAZINE	2 MG	TABLET	ORAL	5/1/2024	0.21300
PERPHENAZINE	4 MG	TABLET	ORAL	5/1/2024	0.24900
PERPHENAZINE	8 MG	TABLET	ORAL	5/1/2024	0.30100
PETROLATUM,WHITE	41 %	OINT. (G)	TOPICAL	1/1/2024	0.01950
PETROLATUM,WHITE	42 %	OINT. (G)	TOPICAL	1/1/2024	0.02850
PETROLATUM,WHITE	44 %	OINT. (G)	TOPICAL	5/11/2021	0.02212
PETROLATUM,WHITE		OINT. (G)	TOPICAL	1/1/2024	0.05550
PHENAZOPYRIDINE HCL	100 MG	TABLET	ORAL	5/1/2024	0.19800
PHENAZOPYRIDINE HCL	200 MG	TABLET	ORAL	5/1/2024	0.40000
PHENAZOPYRIDINE HCL	95 MG	TABLET	ORAL	5/1/2024	0.11000
PHENAZOPYRIDINE HCL	99.5 MG	TABLET	ORAL	5/1/2024	0.21300
PHENDIMETRAZINE TARTRATE	35 MG	TABLET	ORAL	5/1/2024	0.13000
PHENOBARBITAL	100 MG	TABLET	ORAL	5/1/2024	0.26900
PHENOBARBITAL	15 MG	TABLET	ORAL	5/1/2024	0.09100
PHENOBARBITAL	16.2 MG	TABLET	ORAL	5/1/2024	0.14700
PHENOBARBITAL	20 MG/5 ML	ELIXIR	ORAL	5/1/2024	0.05550
PHENOBARBITAL	30 MG	TABLET	ORAL	5/1/2024	0.12400
PHENOBARBITAL	32.4 MG	TABLET	ORAL	5/1/2024	0.18700
PHENOBARBITAL	60 MG	TABLET	ORAL	5/1/2024	0.21800
PHENOBARBITAL	64.8 MG	TABLET	ORAL	5/1/2024	0.20300

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
PHENOBARBITAL	97.2MG	TABLET	ORAL	5/1/2024	0.23700
PHENOL	1.4 %	SPRAY	MUCOUS MEM	5/1/2024	0.01630
PHENOXYBENZAMINE HCL	10 MG	CAPSULE	ORAL	1/1/2024	25.06000
PHENTERMINE HCL	15 MG	CAPSULE	ORAL	5/1/2024	0.11500
PHENTERMINE HCL	30 MG	CAPSULE	ORAL	5/1/2024	0.15300
PHENTERMINE HCL	30MG	CAPSULE	ORAL	5/1/2024	0.15300
PHENTERMINE HCL	37.5 MG	CAPSULE	ORAL	5/1/2024	0.12000
PHENTERMINE HCL	37.5 MG	TABLET	ORAL	5/1/2024	0.07580
PHENTOLAMINE MESYLATE	5 MG	VIAL	INJECTION	5/1/2024	423.08000
PHENYLEPH/MINERAL OIL/PETROLAT	0.25 %-14%	OINT/APPL	RECTAL	5/1/2024	0.04560
PHENYLEPH/PRAMOXIN/GLYCR/W.PET	0.25%-1%	CREAM (G)	RECTAL	5/1/2024	0.05000
PHENYLEPHRINE HCL	1 %	SPRAY	NASAL	5/1/2024	0.10600
PHENYLEPHRINE HCL	10 %	DROPS	OPHTHALMIC	5/1/2024	7.92000
PHENYLEPHRINE HCL	10 MG	TABLET	ORAL	5/1/2024	0.04830
PHENYLEPHRINE HCL/ACETAMINOPHN	5 MG-325MG	TABLET	ORAL	5/1/2024	0.09470
PHENYLEPHRINE HCL/COCOA BUTTER	0.25-88.44	SUPP.RECT	RECTAL	5/1/2024	0.18800
PHENYLEPHRINE/ACETAMINOPHN/CPM	5-325-2MG	TABLET	ORAL	5/1/2024	0.08430
PHENYLEPHRINE/DIPHENHYDRAMINE	2.5-6.25/5	LIQUID	ORAL	5/1/2024	0.03890
PHENYLEPHRINE/DM/ACETAMINOP/GG	10-650/20	LIQUID	ORAL	1/1/2024	0.02260
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-325-200	TABLET	ORAL	5/1/2024	0.12000
PHENYLEPHRINE/DM/ACETAMINOP/GG	5-325MG/15	LIQUID	ORAL	5/1/2024	0.02440
PHENYTOIN	125 MG/5ML	ORAL SUSP	ORAL	5/1/2024	0.08250
PHENYTOIN	50 MG	TAB CHEW	ORAL	1/1/2024	0.24400
PHENYTOIN SODIUM EXTENDED	100 MG	CAPSULE	ORAL	5/1/2024	0.14200
PHOSPHORATED CARBO(DEXT-FRUCT)		SOLUTION	ORAL	5/1/2024	0.02530
PHYTONADIONE (VIT K1)	10 MG/ML	AMPUL	INJECTION	5/1/2024	44.71000
PHYTONADIONE (VIT K1)	5 MG	TABLET	ORAL	5/1/2024	25.07000
PILOCARPINE HCL	2 %	DROPS	OPHTHALMIC	1/1/2024	3.65000



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
PILOCARPINE HCL	4 %	DROPS	OPHTHALMIC	5/1/2024	3.61000
PILOCARPINE HCL	7.5 MG	TABLET	ORAL	5/1/2024	0.55100
PINDOLOL	5 MG	TABLET	ORAL	1/1/2024	0.70100
PIOGLITAZONE HCL	15 MG	TABLET	ORAL	5/1/2024	0.07620
PIOGLITAZONE HCL	30 MG	TABLET	ORAL	5/1/2024	0.11600
PIOGLITAZONE HCL	45 MG	TABLET	ORAL	5/1/2024	0.13400
PIOGLITAZONE HCL/METFORMIN HCL	15MG-500MG	TABLET	ORAL	1/1/2024	0.53000
PIOGLITAZONE HCL/METFORMIN HCL	15MG-850MG	TABLET	ORAL	5/1/2024	0.32800
PIPERACILLIN SODIUM/TAZOBACTAM	3.375 G	VIAL	INTRAVEN.	5/1/2024	3.09000
PIPERACILLIN SODIUM/TAZOBACTAM	40.5 G	VIAL	INTRAVEN.	5/1/2024	59.97000
PIPERONYL BUTOXIDE/PYRETHRINS	4%-0.33%	SHAMPOO	TOPICAL	5/1/2024	0.04420
PIRFENIDONE	801 MG	TABLET	ORAL	5/1/2024	11.39000
PIROXICAM	10 MG	CAPSULE	ORAL	5/1/2024	0.26600
PIROXICAM	20 MG	CAPSULE	ORAL	5/1/2024	0.28800
PIROXICAM	20MG	CAPSULE	ORAL	5/1/2024	0.28800
PITAVASTATIN CALCIUM	1 MG	TABLET	ORAL	5/1/2024	2.37000
PITAVASTATIN CALCIUM	2 MG	TABLET	ORAL	5/1/2024	2.51000
PITAVASTATIN CALCIUM	4 MG	TABLET	ORAL	5/1/2024	2.11000
PLERIXAFOR	24MG/1.2ML	VIAL	SUBCUTANE.	1/1/2024	831.71000
PNV 11/IRON FUM/FOLIC ACID/OM3	28-1-200MG	CAPSULE	ORAL	1/1/2024	1.47000
PNV NO.133/FERROUS FUM/FOLIC	28MG-0.8MG	TABLET	ORAL	1/1/2024	0.25900
PNV NO.95/FERROUS FUM/FOLIC AC	28MG-0.8MG	TABLET	ORAL	5/1/2024	0.03710
PNV,CALCIUM 72/IRON,CARB/FOLIC	29 MG-1 MG	TABLET	ORAL	1/1/2024	0.14000
PNV,CALCIUM 72/IRON/FOLIC ACID	27 MG-1 MG	TABLET	ORAL	5/1/2024	0.09790
POLYETHYLENE GLYCOL 3350	17 G	POWD PACK	ORAL	1/1/2024	1.32000
POLYETHYLENE GLYCOL 3350	17 G/DOSE	POWDER	ORAL	5/1/2024	0.02210
POLYMYXIN B SULF/TRIMETHOPRIM	10000-1/ML	DROPS	OPHTHALMIC	5/1/2024	0.51100
POLYVINYL ALCOHOL	1.4 %	DROPS	OPHTHALMIC	5/1/2024	0.32600
POLYVINYL ALCOHOL	N/A	DROPS	OPHTHALMIC	1/1/2024	0.32600

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
POLYVINYL ALCOHOL/POVIDONE	0.5%-0.6%	DROPS	OPHTHALMIC	5/1/2024	0.13500
POSACONAZOLE	100 MG	TABLET DR	ORAL	5/1/2024	9.06000
POTASSIUM ACETATE	2 MEQ/ML	VIAL	INTRAVEN.	5/1/2024	0.19200
POTASSIUM CHLORIDE	10 MEQ	CAPSULE ER	ORAL	5/1/2024	0.11100
POTASSIUM CHLORIDE	10 MEQ	TAB ER PRT	ORAL	5/1/2024	0.13800
POTASSIUM CHLORIDE	10 MEQ	TABLET ER	ORAL	5/1/2024	0.12000
POTASSIUM CHLORIDE	2 MEQ/ML	VIAL	INTRAVEN.	1/1/2024	0.13700
POTASSIUM CHLORIDE	20 MEQ	PACKET	ORAL	5/1/2024	1.30000
POTASSIUM CHLORIDE	20 MEQ	TAB ER PRT	ORAL	5/1/2024	0.15600
POTASSIUM CHLORIDE	20 MEQ	TABLET ER	ORAL	5/1/2024	0.25300
POTASSIUM CHLORIDE	20MEQ/15ML	LIQUID	ORAL	5/1/2024	0.06810
POTASSIUM CHLORIDE	40MEQ/15ML	LIQUID	ORAL	5/1/2024	0.13800
POTASSIUM CHLORIDE	8 MEQ	CAPSULE ER	ORAL	5/1/2024	0.09740
POTASSIUM CHLORIDE	8 MEQ	TABLET ER	ORAL	5/1/2024	0.13800
POTASSIUM CHLORIDE IN 0.9%NACL	20 MEQ/L	IV SOLN	INTRAVEN.	5/1/2024	0.00910
POTASSIUM CHLORIDE IN 0.9%NACL	40 MEQ/L	IV SOLN	INTRAVEN.	1/1/2024	0.01010
POTASSIUM CHLORIDE IN D5W	20 MEQ/L	IV SOLN	INTRAVEN.	1/1/2024	0.00870
POTASSIUM CHLORIDE IN LR-D5	20 MEQ/L	IV SOLN	INTRAVEN.	1/1/2024	0.01270
POTASSIUM CHLORIDE IN WATER	10MEQ/0.1L	PIGGYBACK	INTRAVEN.	1/1/2024	0.04060
POTASSIUM CHLORIDE IN WATER	10MEQ/50ML	PIGGYBACK	INTRAVEN.	1/1/2024	0.10900
POTASSIUM CHLORIDE IN WATER	20MEQ/0.1L	PIGGYBACK	INTRAVEN.	1/1/2024	0.05050
POTASSIUM CHLORIDE IN WATER	20MEQ/50ML	PIGGYBACK	INTRAVEN.	1/1/2024	0.11600
POTASSIUM CHLORIDE IN WATER	40MEQ/0.1L	PIGGYBACK	INTRAVEN.	1/1/2024	0.05780
POTASSIUM CHLORIDE-0.45% NACL	20 MEQ/L	IV SOLN	INTRAVEN.	1/1/2024	0.00550
POTASSIUM CHLORIDE/D5-0.2%NACL	20 MEQ/L	IV SOLN	INTRAVEN.	5/1/2024	0.01130
POTASSIUM CHLORIDE/D5-0.45NACL	10 MEQ/L	IV SOLN	INTRAVEN.	1/1/2024	0.00960
POTASSIUM CHLORIDE/D5-0.45NACL	20 MEQ/L	IV SOLN	INTRAVEN.	1/1/2024	0.00460
POTASSIUM CHLORIDE/D5-0.45NACL	30 MEQ/L	IV SOLN	INTRAVEN.	1/1/2024	0.00960
POTASSIUM CHLORIDE/D5-0.45NACL	40 MEQ/L	IV SOLN	INTRAVEN.	1/1/2024	0.01040

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
POTASSIUM CHLORIDE/D5-0.9%NACL	20 MEQ/L	IV SOLN	INTRAVEN.	1/1/2024	0.00910
POTASSIUM CHLORIDE/D5-0.9%NACL	40 MEQ/L	IV SOLN	INTRAVEN.	1/1/2024	0.01010
POTASSIUM CITRATE	10 MEQ	TABLET ER	ORAL	5/1/2024	0.21200
POTASSIUM CITRATE	15 MEQ	TABLET ER	ORAL	5/1/2024	0.26500
POTASSIUM CITRATE	5 MEQ	TABLET ER	ORAL	5/1/2024	0.17900
POTASSIUM CITRATE/CITRIC ACID	1100-334/5	SOLUTION	ORAL	5/1/2024	0.07030
POTASSIUM GLUCONATE	500(83)MG	TABLET	ORAL	1/1/2024	0.02030
POVIDONE-IODINE	10 %	SOLUTION	TOPICAL	5/1/2024	0.01310
PRAMIPEXOLE DI-HCL	0.125 MG	TABLET	ORAL	5/1/2024	0.04650
PRAMIPEXOLE DI-HCL	0.25 MG	TABLET	ORAL	5/1/2024	0.04740
PRAMIPEXOLE DI-HCL	0.375 MG	TAB ER 24H	ORAL	5/1/2024	6.07000
PRAMIPEXOLE DI-HCL	0.5 MG	TABLET	ORAL	5/1/2024	0.05280
PRAMIPEXOLE DI-HCL	0.75 MG	TABLET	ORAL	5/1/2024	0.06950
PRAMIPEXOLE DI-HCL	1 MG	TABLET	ORAL	5/1/2024	0.06540
PRAMIPEXOLE DI-HCL	1.5 MG	TABLET	ORAL	5/1/2024	0.06680
PRAMOXINE HCL	1 %	LOTION	TOPICAL	5/1/2024	0.03980
PRAMOXINE HCL/CALAMINE	1 %-8 %	LOTION	TOPICAL	1/1/2024	0.01400
PRAMOXINE HCL/ZINC ACETATE	1 %-0.1 %	LOTION	TOPICAL	5/1/2024	0.01400
PRASUGREL HCL	10 MG	TABLET	ORAL	5/1/2024	0.32100
PRASUGREL HCL	5 MG	TABLET	ORAL	5/1/2024	0.39300
PRAVASTATIN SODIUM	10 MG	TABLET	ORAL	5/1/2024	0.05820
PRAVASTATIN SODIUM	20 MG	TABLET	ORAL	5/1/2024	0.06180
PRAVASTATIN SODIUM	40 MG	TABLET	ORAL	5/1/2024	0.08710
PRAVASTATIN SODIUM	80 MG	TABLET	ORAL	5/1/2024	0.15500
PRAZOSIN HCL	1 MG	CAPSULE	ORAL	5/1/2024	0.11900
PRAZOSIN HCL	2 MG	CAPSULE	ORAL	5/1/2024	0.15600
PRAZOSIN HCL	5 MG	CAPSULE	ORAL	5/1/2024	0.25300
PREDNISOLONE	15 MG/5 ML	SOLUTION	ORAL	1/1/2024	0.13500
PREDNISOLONE ACETATE	1 %	DROPS SUSP	OPHTHALMIC	5/1/2024	4.86000

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
PREDNISOLONE SODIUM PHOSPHATE	10 MG/5 ML	SOLUTION	ORAL	1/1/2024	2.44000
PREDNISOLONE SODIUM PHOSPHATE	15 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.14100
PREDNISOLONE SODIUM PHOSPHATE	5 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.51500
PREDNISON	1 MG	TABLET	ORAL	5/1/2024	0.05370
PREDNISON	10 MG	TAB DS PK	ORAL	1/1/2024	0.51400
PREDNISON	10 MG	TABLET	ORAL	5/1/2024	0.06220
PREDNISON	2.5 MG	TABLET	ORAL	5/1/2024	0.07300
PREDNISON	20 MG	TABLET	ORAL	5/1/2024	0.08660
PREDNISON	5 MG	TAB DS PK	ORAL	1/1/2024	0.37500
PREDNISON	5 MG	TABLET	ORAL	5/1/2024	0.05140
PREDNISON	50 MG	TABLET	ORAL	5/1/2024	0.19600
PREGABALIN	100 MG	CAPSULE	ORAL	5/1/2024	0.06310
PREGABALIN	150 MG	CAPSULE	ORAL	5/1/2024	0.07170
PREGABALIN	20 MG/ML	SOLUTION	ORAL	5/1/2024	0.12100
PREGABALIN	200 MG	CAPSULE	ORAL	5/1/2024	0.07940
PREGABALIN	225 MG	CAPSULE	ORAL	5/1/2024	0.07800
PREGABALIN	25 MG	CAPSULE	ORAL	5/1/2024	0.06130
PREGABALIN	300 MG	CAPSULE	ORAL	5/1/2024	0.09240
PREGABALIN	330 MG	TAB ER 24H	ORAL	5/1/2024	6.42000
PREGABALIN	50 MG	CAPSULE	ORAL	5/1/2024	0.06010
PREGABALIN	75 MG	CAPSULE	ORAL	5/1/2024	0.07030
PRENATAL NO.137/IRON/FOLIC ACID	27MG-0.8MG	TABLET	ORAL	1/1/2024	0.03570
PRENATAL NO115/IRON/FOLIC ACID	29 MG-1 MG	TAB CHEW	ORAL	1/1/2024	0.23300
PRENATAL VIT NO.124/IRON/FOLIC	27MG-0.8MG	TABLET	ORAL	1/1/2024	0.14700
PRENATAL VIT NO.130/IRON/FOLIC	27MG-0.8MG	TABLET	ORAL	9/10/2019	0.04013
PRENATAL VIT NO.179/IRON/FOLIC	28MG-0.8MG	TABLET	ORAL	1/1/2024	0.03160
PRENATAL VIT,CALC76/IRON/FOLIC	29 MG-1 MG	TABLET	ORAL	1/1/2024	0.26300
PRENATAL VIT/IRON FUM/FOLIC AC	28MG-0.8MG	TABLET	ORAL	1/1/2024	0.03930
PRIMIDONE	250 MG	TABLET	ORAL	5/1/2024	0.26400



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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
PRIMIDONE	50 MG	TABLET	ORAL	5/1/2024	0.12300
PROBENECID/COLCHICINE	500-0.5 MG	TABLET	ORAL	5/1/2024	0.82400
PROCAINAMIDE HCL	100 MG/ML	VIAL	INJECTION	1/1/2024	7.24000
PROCHLORPERAZINE	25 MG	SUPP.RECT	RECTAL	1/1/2024	6.42000
PROCHLORPERAZINE MALEATE	10 MG	TABLET	ORAL	5/1/2024	0.30700
PROCHLORPERAZINE MALEATE	5 MG	TABLET	ORAL	5/1/2024	0.23500
PROGESTERONE	50 MG/ML	VIAL	INTRAMUSC.	5/1/2024	1.47000
PROGESTERONE, MICRONIZED	100 MG	CAPSULE	ORAL	5/1/2024	0.19300
PROGESTERONE, MICRONIZED	200 MG	CAPSULE	ORAL	1/1/2024	0.37600
PROMETHAZINE HCL	12.5 MG	SUPP.RECT	RECTAL	5/1/2024	2.97000
PROMETHAZINE HCL	12.5 MG	TABLET	ORAL	5/1/2024	0.04060
PROMETHAZINE HCL	25 MG	SUPP.RECT	RECTAL	5/1/2024	2.84000
PROMETHAZINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.04830
PROMETHAZINE HCL	50 MG	TABLET	ORAL	5/1/2024	0.07850
PROMETHAZINE HCL	6.25MG/5ML	SYRUP	ORAL	5/1/2024	0.03020
PROMETHAZINE HCL/CODEINE	6.25-10/5	SYRUP	ORAL	5/1/2024	0.04060
PROMETHAZINE/DEXTROMETHORPHAN	6.25-15/5	SYRUP	ORAL	5/1/2024	0.04700
PROPAFENONE HCL	150 MG	TABLET	ORAL	5/1/2024	0.12900
PROPAFENONE HCL	225 MG	TABLET	ORAL	5/1/2024	0.20300
PROPRANOLOL HCL	10 MG	TABLET	ORAL	5/1/2024	0.06040
PROPRANOLOL HCL	10MG	TABLET	ORAL	5/1/2024	0.06040
PROPRANOLOL HCL	120 MG	CAP SA 24H	ORAL	5/1/2024	0.27400
PROPRANOLOL HCL	160 MG	CAP SA 24H	ORAL	5/1/2024	0.37300
PROPRANOLOL HCL	20 MG	TABLET	ORAL	5/1/2024	0.06360
PROPRANOLOL HCL	20 MG/5 ML	SOLUTION	ORAL	5/1/2024	0.08890
PROPRANOLOL HCL	40 MG	TABLET	ORAL	5/1/2024	0.09200
PROPRANOLOL HCL	40MG	TABLET	ORAL	5/1/2024	0.09200
PROPRANOLOL HCL	60 MG	CAP SA 24H	ORAL	5/1/2024	0.23500
PROPRANOLOL HCL	60 MG	TABLET	ORAL	5/1/2024	0.24200

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
PROPRANOLOL HCL	60MG	TABLET	ORAL	5/1/2024	0.24200
PROPRANOLOL HCL	80 MG	CAP SA 24H	ORAL	5/1/2024	0.27300
PROPRANOLOL HCL	80 MG	TABLET	ORAL	5/1/2024	0.18600
PROPYLENE GLYCOL/PEG 400	0.3 %-0.4%	DROPS	OPHTHALMIC	5/1/2024	0.36100
PROPYLTHIOURACIL	50 MG	TABLET	ORAL	5/1/2024	0.39100
PSEUDOEPHEDRINE HCL	120 MG	TABLET ER	ORAL	5/1/2024	0.25300
PSEUDOEPHEDRINE HCL	15 MG/5 ML	LIQUID	ORAL	1/1/2024	0.01040
PSEUDOEPHEDRINE HCL	30 MG	TABLET	ORAL	1/1/2024	0.03660
PSEUDOEPHEDRINE HCL	60 MG	TABLET	ORAL	1/1/2024	0.04560
PSYLLIUM HUSK	0.4 G	CAPSULE	ORAL	1/1/2024	0.05025
PSYLLIUM HUSK	0.52G	CAPSULE	ORAL	5/1/2024	0.04290
PSYLLIUM HUSK (WITH SUGAR)	3 G/12 G	POWDER	ORAL	1/1/2024	0.01540
PSYLLIUM HUSK (WITH SUGAR)	3 G/7 G	POWDER	ORAL	1/1/2024	0.02560
PSYLLIUM HUSK (WITH SUGAR)	3.4 G/12 G	POWDER	ORAL	5/1/2024	0.01540
PSYLLIUM HUSK (WITH SUGAR)	3.4 G/7 G	POWDER	ORAL	1/1/2024	0.00910
PSYLLIUM HUSK/ASPARTAME	3 G/5.8 G	POWDER	ORAL	5/1/2024	0.02940
PSYLLIUM HUSK/ASPARTAME	3.4G/5.8G	POWDER	ORAL	5/1/2024	0.03059
PYRANTEL PAMOATE	50 MG/ML	ORAL SUSP	ORAL	1/1/2024	0.20000
PYRIDOSTIGMINE BROMIDE	60 MG	TABLET	ORAL	5/1/2024	0.20500
PYRIDOSTIGMINE BROMIDE	60 MG/5 ML	SOLUTION	ORAL	1/1/2024	1.31000
PYRIDOXINE HCL (VITAMIN B6)	100 MG	TABLET	ORAL	5/1/2024	0.02310
PYRIDOXINE HCL (VITAMIN B6)	25 MG	TABLET	ORAL	5/1/2024	0.02030
PYRIDOXINE HCL (VITAMIN B6)	50 MG	TABLET	ORAL	5/1/2024	0.01590
PYRIMETHAMINE	25 MG	TABLET	ORAL	5/1/2024	288.66000
PYRITHIONE ZINC	2 %	SHAMPOO	TOPICAL	5/1/2024	0.02440
QUETIAPINE FUMARATE	100 MG	TABLET	ORAL	5/1/2024	0.05640
QUETIAPINE FUMARATE	150 MG	TAB ER 24H	ORAL	5/1/2024	0.25400
QUETIAPINE FUMARATE	200 MG	TAB ER 24H	ORAL	5/1/2024	0.26000
QUETIAPINE FUMARATE	200 MG	TABLET	ORAL	5/1/2024	0.10200

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
QUETIAPINE FUMARATE	25 MG	TABLET	ORAL	5/1/2024	0.03070
QUETIAPINE FUMARATE	300 MG	TAB ER 24H	ORAL	5/1/2024	0.32200
QUETIAPINE FUMARATE	300 MG	TABLET	ORAL	5/1/2024	0.14200
QUETIAPINE FUMARATE	400 MG	TAB ER 24H	ORAL	5/1/2024	0.38700
QUETIAPINE FUMARATE	400 MG	TABLET	ORAL	5/1/2024	0.17200
QUETIAPINE FUMARATE	50 MG	TAB ER 24H	ORAL	5/1/2024	0.12500
QUETIAPINE FUMARATE	50 MG	TABLET	ORAL	5/1/2024	0.04240
QUINAPRIL HCL	10 MG	TABLET	ORAL	5/1/2024	0.06720
QUINAPRIL HCL	20 MG	TABLET	ORAL	5/1/2024	0.08710
QUINAPRIL HCL	40 MG	TABLET	ORAL	5/1/2024	0.10600
QUINAPRIL HCL	5 MG	TABLET	ORAL	5/1/2024	0.06860
QUINAPRIL/HYDROCHLOROTHIAZIDE	20-12.5 MG	TABLET	ORAL	5/1/2024	0.32700
RABEPRAZOLE SODIUM	20 MG	TABLET DR	ORAL	5/1/2024	0.20400
RALOXIFENE HCL	60 MG	TABLET	ORAL	5/1/2024	0.28100
RAMELTEON	8 MG	TABLET	ORAL	5/1/2024	0.97300
RAMIPRIL	1.25 MG	CAPSULE	ORAL	5/1/2024	0.10700
RAMIPRIL	10 MG	CAPSULE	ORAL	5/1/2024	0.06270
RAMIPRIL	2.5 MG	CAPSULE	ORAL	5/1/2024	0.05640
RAMIPRIL	5 MG	CAPSULE	ORAL	1/1/2024	0.05460
RANOLAZINE	1000 MG	TAB ER 12H	ORAL	5/1/2024	0.35100
RANOLAZINE	500 MG	TAB ER 12H	ORAL	5/1/2024	0.24500
REPAGLINIDE	0.5 MG	TABLET	ORAL	5/1/2024	0.10800
REPAGLINIDE	1 MG	TABLET	ORAL	5/1/2024	0.12000
REPAGLINIDE	2 MG	TABLET	ORAL	5/1/2024	0.11800
RIBAVIRIN	6 G	VIAL-NEB	INHALATION	5/1/2024	5617.88000
RIBOFLAVIN (VITAMIN B2)	100 MG	TABLET	ORAL	5/1/2024	0.04650
RIBOFLAVIN (VITAMIN B2)	25 MG	TABLET	ORAL	1/1/2024	0.03890
RIBOFLAVIN (VITAMIN B2)	50 MG	TABLET	ORAL	5/1/2024	0.04240
RIFABUTIN	150 MG	CAPSULE	ORAL	5/1/2024	9.96000



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
RIFAMPIN	150 MG	CAPSULE	ORAL	5/1/2024	0.83800
RIFAMPIN	300 MG	CAPSULE	ORAL	5/1/2024	0.71000
RIFAMPIN	600 MG	VIAL	INTRAVEN.	5/1/2024	111.74000
RILUZOLE	50 MG	TABLET	ORAL	5/1/2024	0.42200
RINGER'S SOLUTION		IV SOLN	INTRAVEN.	1/1/2024	0.00550
RISEDRONATE SODIUM	150 MG	TABLET	ORAL	5/1/2024	12.72000
RISEDRONATE SODIUM	35 MG	TABLET	ORAL	1/1/2024	1.55000
RISEDRONATE SODIUM	35 MG	TABLET DR	ORAL	5/1/2024	26.46000
RISPERIDONE	0.25 MG	TABLET	ORAL	5/1/2024	0.03800
RISPERIDONE	0.5 MG	TAB RAPDIS	ORAL	1/1/2024	0.68000
RISPERIDONE	0.5 MG	TABLET	ORAL	5/1/2024	0.04150
RISPERIDONE	1 MG	TAB RAPDIS	ORAL	1/1/2024	0.80500
RISPERIDONE	1 MG	TABLET	ORAL	5/1/2024	0.04560
RISPERIDONE	1 MG/ML	SOLUTION	ORAL	5/1/2024	0.33700
RISPERIDONE	2 MG	TABLET	ORAL	5/1/2024	0.05730
RISPERIDONE	3 MG	TABLET	ORAL	5/1/2024	0.06540
RISPERIDONE	4 MG	TABLET	ORAL	5/1/2024	0.08430
RIVASTIGMINE	13.3MG/24H	PATCH TD24	TRANSDERM.	5/1/2024	2.45000
RIVASTIGMINE	4.6MG/24HR	PATCH TD24	TRANSDERM.	5/1/2024	1.96000
RIVASTIGMINE TARTRATE	1.5 MG	CAPSULE	ORAL	5/1/2024	0.21400
RIVASTIGMINE TARTRATE	3 MG	CAPSULE	ORAL	5/1/2024	0.22700
RIVASTIGMINE TARTRATE	4.5 MG	CAPSULE	ORAL	5/1/2024	0.24600
RIVASTIGMINE TARTRATE	6 MG	CAPSULE	ORAL	5/1/2024	0.25800
RIZATRIPTAN BENZOATE	10 MG	TAB RAPDIS	ORAL	5/1/2024	0.73700
RIZATRIPTAN BENZOATE	10 MG	TABLET	ORAL	5/1/2024	0.50300
RIZATRIPTAN BENZOATE	5 MG	TAB RAPDIS	ORAL	5/1/2024	0.64300
RIZATRIPTAN BENZOATE	5 MG	TABLET	ORAL	5/1/2024	0.50100
ROPINIROLE HCL	0.25 MG	TABLET	ORAL	5/1/2024	0.04830
ROPINIROLE HCL	0.5 MG	TABLET	ORAL	5/1/2024	0.05050

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
ROPINIROLE HCL	1 MG	TABLET	ORAL	5/1/2024	0.05320
ROPINIROLE HCL	2 MG	TAB ER 24H	ORAL	5/1/2024	0.48700
ROPINIROLE HCL	2 MG	TABLET	ORAL	5/1/2024	0.06220
ROPINIROLE HCL	3 MG	TABLET	ORAL	5/1/2024	0.08300
ROPINIROLE HCL	4 MG	TAB ER 24H	ORAL	1/1/2024	0.69500
ROPINIROLE HCL	4 MG	TABLET	ORAL	1/1/2024	0.09010
ROPINIROLE HCL	5 MG	TABLET	ORAL	5/1/2024	0.11100
ROPIVACAINE HCL/PF	2 MG/ML	VIAL	INJECTION	5/1/2024	0.23500
ROPIVACAINE HCL/PF	5 MG/ML	PLAST. BAG	INJECTION	5/1/2024	0.56600
ROSUVASTATIN CALCIUM	10 MG	TABLET	ORAL	5/1/2024	0.05190
ROSUVASTATIN CALCIUM	20 MG	TABLET	ORAL	5/1/2024	0.06770
ROSUVASTATIN CALCIUM	40 MG	TABLET	ORAL	5/1/2024	0.10600
ROSUVASTATIN CALCIUM	5 MG	TABLET	ORAL	5/1/2024	0.04740
RUFINAMIDE	40 MG/ML	ORAL SUSP	ORAL	5/1/2024	0.84500
RUFINAMIDE	400 MG	TABLET	ORAL	5/1/2024	4.01000
RUTIN/QUERCETIN/BIOFLAV/BILBER	25MG-40MG	CAPSULE	ORAL	1/1/2024	0.10900
SALICYLIC ACID	17 %	LIQUID	TOPICAL	5/1/2024	0.37300
SALICYLIC ACID	27.5 %	LIQ-FILM	TOPICAL	1/1/2024	6.89000
SALICYLIC ACID	3 %	SHAMPOO	TOPICAL	5/1/2024	0.01400
SALICYLIC ACID	40 %	ADH. PATCH	TOPICAL	5/1/2024	0.14400
SALSALATE	750 MG	TABLET	ORAL	5/1/2024	0.32000
SAPROPTERIN DIHYDROCHLORIDE	500 MG	POWD PACK	ORAL	5/1/2024	97.53000
SAXAGLIPTIN HCL/METFORMIN HCL	2.5-1000MG	TBMP 24HR	ORAL	1/1/2024	5.51000
SCOPOLAMINE	1 MG/3 DAY	PATCH TD 3	TRANSDERM.	5/1/2024	6.84000
SELEGILINE HCL	5 MG	CAPSULE	ORAL	5/1/2024	0.81300
SELEGILINE HCL	5 MG	TABLET	ORAL	5/1/2024	0.79900
SELENIUM	200 MCG	TABLET	ORAL	5/1/2024	0.05370
SELENIUM	200MCG	TABLET	ORAL	5/1/2024	0.05370
SELENIUM	50 MCG	TABLET	ORAL	5/1/2024	0.05500

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
SELENIUM SULFIDE	1 %	SHAMPOO	TOPICAL	1/1/2024	0.01270
SENNOSIDES	15 MG	TAB CHEW	ORAL	5/1/2024	0.09920
SENNOSIDES	8.6 MG	CAPSULE	ORAL	1/1/2024	0.11100
SENNOSIDES	8.6 MG	TABLET	ORAL	5/1/2024	0.01860
SENNOSIDES	8.8MG/5ML	SYRUP	ORAL	5/1/2024	0.03520
SENNOSIDES/DOCUSATE SODIUM	8.6MG-50MG	TABLET	ORAL	5/1/2024	0.02440
SERTRALINE HCL	100 MG	TABLET	ORAL	5/1/2024	0.05410
SERTRALINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.03610
SERTRALINE HCL	50 MG	TABLET	ORAL	5/1/2024	0.04240
SEVELAMER CARBONATE	2.4 G	POWD PACK	ORAL	5/1/2024	3.56000
SEVELAMER CARBONATE	800 MG	TABLET	ORAL	5/1/2024	0.26000
SEVELAMER HCL	800 MG	TABLET	ORAL	5/1/2024	2.29000
SEVOFLURANE		LIQUID	INHALATION	5/1/2024	0.29800
SILDENAFIL CITRATE	100 MG	TABLET	ORAL	5/1/2024	0.25100
SILDENAFIL CITRATE	20 MG	TABLET	ORAL	5/1/2024	0.07120
SILDENAFIL CITRATE	25 MG	TABLET	ORAL	5/1/2024	0.15600
SILDENAFIL CITRATE	50 MG	TABLET	ORAL	5/1/2024	0.16000
SILODOSIN	4 MG	CAPSULE	ORAL	5/1/2024	0.43800
SILVER SULFADIAZINE	1 %	CREAM (G)	TOPICAL	5/1/2024	0.11800
SIMETHICONE	125 MG	CAPSULE	ORAL	5/1/2024	0.06220
SIMETHICONE	125 MG	TAB CHEW	ORAL	5/1/2024	0.06770
SIMETHICONE	180 MG	CAPSULE	ORAL	5/1/2024	0.05230
SIMETHICONE	40MG/0.6ML	DROPS SUSP	ORAL	5/1/2024	0.09240
SIMETHICONE	80 MG	TAB CHEW	ORAL	5/1/2024	0.02760
SIMVASTATIN	10 MG	TABLET	ORAL	5/1/2024	0.03160
SIMVASTATIN	20 MG	TABLET	ORAL	5/1/2024	0.03340
SIMVASTATIN	40 MG	TABLET	ORAL	5/1/2024	0.05370
SIMVASTATIN	5 MG	TABLET	ORAL	5/1/2024	0.03610
SIMVASTATIN	80 MG	TABLET	ORAL	5/1/2024	0.09150



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
SINCALIDE	5 MCG	VIAL	INJECTION	1/1/2024	120.45000
SIROLIMUS	0.5 MG	TABLET	ORAL	5/1/2024	2.86000
SIROLIMUS	1 MG/ML	SOLUTION	ORAL	5/1/2024	10.32000
SOD BORATE/BORIC AC/WATER/NACL		IRRIG SOLN	OPHTHALMIC	5/1/2024	0.02260
SOD PHOS DI, MONO/K PHOS MONO	250 MG	TABLET	ORAL	1/1/2024	0.27100
SOD/POT/K CIT/SOD CIT/CIT ACID	500-550/5	SOLUTION	ORAL	5/1/2024	0.04010
SODIUM BENZOATE/SOD PHENYLACET	10 %-10 %	VIAL	INTRAVEN.	1/1/2024	90.86000
SODIUM BICARBONATE	1 MEQ/ML	SYRINGE	INTRAVEN.	1/1/2024	0.32500
SODIUM BICARBONATE	1 MEQ/ML	VIAL	INTRAVEN.	5/1/2024	0.17300
SODIUM BICARBONATE	325 MG	TABLET	ORAL	1/1/2024	0.01360
SODIUM BICARBONATE	650 MG	TABLET	ORAL	5/1/2024	0.01310
SODIUM CHLORIDE	0.65 %	SPRAY	NASAL	5/1/2024	0.02670
SODIUM CHLORIDE	1000 MG	TABLET SOL	MISCELL.	5/1/2024	0.06360
SODIUM CHLORIDE	2.5 MEQ/ML	VIAL	INTRAVEN.	1/1/2024	0.12800
SODIUM CHLORIDE	4 MEQ/ML	VIAL	INTRAVEN.	5/1/2024	0.12200
SODIUM CHLORIDE	5 %	DROPS	OPHTHALMIC	5/1/2024	0.30300
SODIUM CHLORIDE	5 %	OINT. (G)	OPHTHALMIC	1/1/2024	2.71000
SODIUM CHLORIDE 0.45 %	0.45 %	IV SOLN	INTRAVEN.	1/1/2024	0.00320
SODIUM CHLORIDE 3 %	3 %	IV SOLN	INTRAVEN.	1/1/2024	0.00870
SODIUM CHLORIDE 5 %	5 %	IV SOLN	INTRAVEN.	1/1/2024	0.01630
SODIUM CHLORIDE FOR INHALATION	0.9 %	VIAL-NEB	INHALATION	5/1/2024	0.07080
SODIUM CHLORIDE IRRIG SOLUTION	0.9 %	IRRIG SOLN	IRRIGATION	1/1/2024	0.00500
SODIUM CHLORIDE/NAHCO3/KCL/PEG	420G	SOLN RECON	ORAL	5/1/2024	0.01040
SODIUM OXYBATE	500 MG/ML	SOLUTION	ORAL	5/1/2024	22.76000
SODIUM PHOSPHATE,MONO-DIBASIC	19G-7G/118	ENEMA	RECTAL	5/1/2024	0.00870
SODIUM PHOSPHATE,MONO-DIBASIC	9.5-3.5/59	ENEMA	RECTAL	1/1/2024	0.00780
SODIUM POLYSTYRENE SULFONATE		POWDER	ORAL	5/1/2024	0.13200
SODIUM, POTASSIUM,MAG SULFATES	17.5-3.13G	SOLN RECON	ORAL	5/1/2024	0.19600
SOLIFENACIN SUCCINATE	10 MG	TABLET	ORAL	5/1/2024	0.18400



# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
SOLIFENACIN SUCCINATE	5 MG	TABLET	ORAL	5/1/2024	0.18100
SORAFENIB TOSYLATE	200 MG	TABLET	ORAL	1/1/2024	97.29000
SOTALOL HCL	120 MG	TABLET	ORAL	5/1/2024	0.10100
SOTALOL HCL	160 MG	TABLET	ORAL	5/1/2024	0.15000
SOTALOL HCL	80 MG	TABLET	ORAL	5/1/2024	0.08160
SPIRONOLACTONE	100 MG	TABLET	ORAL	5/1/2024	0.17700
SPIRONOLACTONE	25 MG	TABLET	ORAL	5/1/2024	0.04970
SPIRONOLACTONE	25 MG/5 ML	ORAL SUSP	ORAL	5/1/2024	2.27000
SPIRONOLACTONE	50 MG	TABLET	ORAL	5/1/2024	0.10700
ST. JOHN'S WORT	300 MG	CAPSULE	ORAL	1/1/2024	0.06400
STAVUDINE	30 MG	CAPSULE	ORAL	1/1/2024	1.23000
STAVUDINE	40 MG	CAPSULE	ORAL	1/1/2024	1.31000
SUCRALFATE	1 G	TABLET	ORAL	5/1/2024	0.19400
SUCRALFATE	1 G/10 ML	ORAL SUSP	ORAL	5/1/2024	0.29900
SULFACETAMIDE SODIUM	10 %	CLEANSER	TOPICAL	5/1/2024	0.30800
SULFACETAMIDE SODIUM	10 %	SUSPENSION	TOPICAL	5/1/2024	0.62500
SULFACETAMIDE SODIUM/SULFUR	10-5%(W/W)	CLEANSER	TOPICAL	5/1/2024	0.14700
SULFACETAMIDE SODIUM/SULFUR	8 %-4 %	SUSPENSION	TOPICAL	5/1/2024	0.11100
SULFACETAMIDE SODIUM/SULFUR	9 %-4.5 %	CLEANSER	TOPICAL	5/1/2024	0.10600
SULFAMETHOXAZOLE/TRIMETHOPRIM	200-40MG/5	ORAL SUSP	ORAL	5/1/2024	0.06180
SULFAMETHOXAZOLE/TRIMETHOPRIM	400MG-80MG	TABLET	ORAL	5/1/2024	0.04650
SULFAMETHOXAZOLE/TRIMETHOPRIM	80-16MG/ML	VIAL	INTRAVEN.	1/1/2024	1.22000
SULFAMETHOXAZOLE/TRIMETHOPRIM	800-160 MG	TABLET	ORAL	5/1/2024	0.06130
SULFASALAZINE	500 MG	TABLET	ORAL	5/1/2024	0.15400
SULINDAC	150 MG	TABLET	ORAL	5/1/2024	0.16500
SULINDAC	200 MG	TABLET	ORAL	5/1/2024	0.21200
SULINDAC	200MG	TABLET	ORAL	5/1/2024	0.21200
SUMATRIPTAN	5 MG	SPRAY	NASAL	1/1/2024	31.40000
SUMATRIPTAN SUCC/NAPROXEN SOD	85MG-500MG	TABLET	ORAL	1/1/2024	18.55000





# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
SUMATRIPTAN SUCCINATE	100 MG	TABLET	ORAL	5/1/2024	0.49700
SUMATRIPTAN SUCCINATE	25 MG	TABLET	ORAL	5/1/2024	0.33700
SUMATRIPTAN SUCCINATE	4 MG/0.5ML	PEN INJCTR	SUBCUTANE.	1/1/2024	134.16000
SUMATRIPTAN SUCCINATE	50 MG	TABLET	ORAL	1/1/2024	0.41100
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	PEN INJCTR	SUBCUTANE.	1/1/2024	63.83000
SUMATRIPTAN SUCCINATE	6 MG/0.5ML	VIAL	SUBCUTANE.	5/1/2024	12.27000
SUNITINIB MALATE	25 MG	CAPSULE	ORAL	5/1/2024	145.07000
SUNITINIB MALATE	37.5 MG	CAPSULE	ORAL	5/1/2024	170.17000
SUNITINIB MALATE	50 MG	CAPSULE	ORAL	1/1/2024	300.80000
SYRINGE W-NEEDLE,DISPOSAB,3 ML	21 G X 1"	DISP SYRIN	MISCELL.	5/1/2024	0.08250
SYRINGE W-NEEDLE,DISPOSAB,3 ML	23GX1"	DISP SYRIN	MISCELL.	5/1/2024	0.08250
SYRINGE W-NEEDLE,DISPOSAB,3 ML	25GX1"	DISP SYRIN	MISCELL.	5/1/2024	0.08250
SYRINGE W-NEEDLE,DISPOSAB,3 ML	25GX5/8"	DISP SYRIN	MISCELL.	5/1/2024	0.08250
SYRINGE WITH NEEDLE, 1 ML	25GX5/8"	DISP SYRIN	MISCELL.	5/1/2024	0.08250
SYRINGE WITH NEEDLE, 1 ML	27GX1/2"	DISP SYRIN	MISCELL.	5/1/2024	0.08250
SYRINGE WITH NEEDLE, 1 ML	28GX1/2"	DISP SYRIN	MISCELL.	5/1/2024	0.08250
TACROLIMUS	0.03 %	OINT. (G)	TOPICAL	5/1/2024	1.02000
TACROLIMUS	0.1 %	OINT. (G)	TOPICAL	5/1/2024	1.24000
TACROLIMUS	0.5 MG	CAPSULE	ORAL	5/1/2024	0.17200
TACROLIMUS	1 MG	CAPSULE	ORAL	5/1/2024	0.21500
TACROLIMUS	5 MG	CAPSULE	ORAL	5/1/2024	1.20000
TADALAFIL	10 MG	TABLET	ORAL	5/1/2024	0.32300
TADALAFIL	2.5 MG	TABLET	ORAL	5/1/2024	0.14000
TADALAFIL	20 MG	TABLET	ORAL	5/1/2024	0.30100
TADALAFIL	20 MG	TABLET	ORAL	5/1/2024	0.45700
TADALAFIL	5 MG	TABLET	ORAL	5/1/2024	0.14000
TAFLUPROST/PF	0.0015 %	DROPERETTE	OPHTHALMIC	1/1/2024	4.22000
TAMOXIFEN CITRATE	10 MG	TABLET	ORAL	5/1/2024	0.14500
TAMOXIFEN CITRATE	20 MG	TABLET	ORAL	5/1/2024	0.30300

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# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
TAMSULOSIN HCL	0.4 MG	CAPSULE	ORAL	5/1/2024	0.06180
TASIMELTEON	20 MG	CAPSULE	ORAL	5/1/2024	501.10000
TAVABOROLE	5 %	SOL W/APPL	TOPICAL	5/1/2024	5.25000
TELMISARTAN	20 MG	TABLET	ORAL	5/1/2024	0.17800
TELMISARTAN	40 MG	TABLET	ORAL	5/1/2024	0.29100
TELMISARTAN	80 MG	TABLET	ORAL	5/1/2024	0.29100
TELMISARTAN/AMLODIPINE	40 MG-5 MG	TABLET	ORAL	5/1/2024	2.92000
TELMISARTAN/AMLODIPINE	80 MG-10MG	TABLET	ORAL	1/1/2024	2.50000
TELMISARTAN/AMLODIPINE	80 MG-5 MG	TABLET	ORAL	5/1/2024	3.04000
TELMISARTAN/HYDROCHLOROTHIAZID	40-12.5 MG	TABLET	ORAL	5/1/2024	0.64000
TELMISARTAN/HYDROCHLOROTHIAZID	80 MG-25MG	TABLET	ORAL	1/1/2024	0.57700
TEMAZEPAM	15 MG	CAPSULE	ORAL	5/1/2024	0.07170
TEMAZEPAM	22.5 MG	CAPSULE	ORAL	5/1/2024	2.23000
TEMAZEPAM	30 MG	CAPSULE	ORAL	5/1/2024	0.08570
TEMAZEPAM	7.5 MG	CAPSULE	ORAL	5/1/2024	1.06000
TEMOZOLOMIDE	100 MG	CAPSULE	ORAL	5/1/2024	7.67000
TEMOZOLOMIDE	140 MG	CAPSULE	ORAL	1/1/2024	11.52000
TEMOZOLOMIDE	180 MG	CAPSULE	ORAL	5/1/2024	10.36000
TEMOZOLOMIDE	250 MG	CAPSULE	ORAL	1/1/2024	17.29000
TEMSIROLIMUS	FDN 30MG/3	VIAL	INTRAVEN.	1/1/2024	903.01000
TENOFOVIR DISOPROXIL FUMARATE	300 MG	TABLET	ORAL	5/1/2024	0.47300
TERAZOSIN HCL	1 MG	CAPSULE	ORAL	5/1/2024	0.13900
TERAZOSIN HCL	10 MG	CAPSULE	ORAL	5/1/2024	0.13800
TERAZOSIN HCL	2 MG	CAPSULE	ORAL	5/1/2024	0.13200
TERAZOSIN HCL	5 MG	CAPSULE	ORAL	5/1/2024	0.14200
TERBINAFFINE HCL	1 %	CREAM (G)	TOPICAL	5/1/2024	0.32700
TERBINAFFINE HCL	250 MG	TABLET	ORAL	5/1/2024	0.14100
TERBINAFFINE HCL	250MG	TABLET	ORAL	5/1/2024	0.14100
TERBUTALINE SULFATE	2.5 MG	TABLET	ORAL	5/1/2024	1.65000



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
TERCONAZOLE	0.4 %	CREAM/APPL	VAGINAL	5/1/2024	0.59300
TERCONAZOLE	80 MG	SUPP.VAG	VAGINAL	1/1/2024	18.11000
TERIFLUNOMIDE	14 MG	TABLET	ORAL	5/1/2024	1.60000
TERIFLUNOMIDE	7 MG	TABLET	ORAL	5/1/2024	2.27000
TERIPARATIDE	20MCG/DOSE	PEN INJCTR	SUBCUTANE.	5/1/2024	922.97000
TESTOSTERONE	1.25G-1.62	GEL PACKET	TRANSDERM.	5/1/2024	4.51000
TESTOSTERONE	2.5G-1.62%	GEL PACKET	TRANSDERM.	5/1/2024	2.35000
TESTOSTERONE	20.25/1.25	GEL MD PMP	TRANSDERM.	5/1/2024	0.48000
TESTOSTERONE	25MG(1%)	GEL PACKET	TRANSDERM.	5/1/2024	1.68000
TESTOSTERONE	30MG/1.5ML	SOL MD PMP	TRANSDERM.	5/1/2024	0.91700
TESTOSTERONE	50 MG (1%)	GEL PACKET	TRANSDERM.	5/1/2024	0.81900
TESTOSTERONE CYPIONATE	100 MG/ML	VIAL	INTRAMUSC.	5/1/2024	4.10000
TESTOSTERONE CYPIONATE	200 MG/ML	VIAL	INTRAMUSC.	5/1/2024	9.49000
TESTOSTERONE ENANTHATE	200 MG/ML	VIAL	INTRAMUSC.	5/1/2024	13.26000
TETRABENAZINE	12.5 MG	TABLET	ORAL	1/1/2024	2.02000
TETRACYCLINE HCL	250 MG	CAPSULE	ORAL	5/1/2024	0.61400
TETRACYCLINE HCL	500 MG	CAPSULE	ORAL	5/1/2024	1.11000
TETRAHYDROZ/DEXT 70/PEG 400/PV	0.05-.1-1%	DROPS	OPHTHALMIC	5/1/2024	0.14700
TETRAHYDROZOLINE HCL	0.05 %	DROPS	OPHTHALMIC	5/1/2024	0.11700
THEOPHYLLINE ANHYDROUS	300 MG	TAB ER 12H	ORAL	5/1/2024	1.64000
THEOPHYLLINE ANHYDROUS	400 MG	TAB ER 24H	ORAL	1/1/2024	0.66200
THEOPHYLLINE ANHYDROUS	80 MG/15ML	ELIXIR	ORAL	1/1/2024	0.07850
THEOPHYLLINE ANHYDROUS	80 MG/15ML	SOLUTION	ORAL	1/1/2024	0.12100
THIAMINE HCL	100 MG	TABLET	ORAL	5/1/2024	0.02940
THIAMINE HCL	100 MG/ML	VIAL	INJECTION	5/1/2024	3.11000
THIAMINE HCL	50 MG	TABLET	ORAL	1/1/2024	0.02350
THIAMINE MONONITRATE (VIT B1)	100 MG	TABLET	ORAL	5/1/2024	0.03750
THIORIDAZINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.57800
THIORIDAZINE HCL	50 MG	TABLET	ORAL	5/1/2024	0.78400



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
THIOTEPA	100 MG	VIAL	INJECTION	5/1/2024	2751.80000
THIOTEPA	15 MG	VIAL	INJECTION	5/1/2024	527.97000
THIOTHIXENE	10 MG	CAPSULE	ORAL	5/1/2024	2.19000
THIOTHIXENE	5 MG	CAPSULE	ORAL	5/1/2024	1.39000
THYROID,PORK	120 MG	TABLET	ORAL	1/1/2024	1.24000
THYROID,PORK	15 MG	TABLET	ORAL	1/1/2024	0.52500
THYROID,PORK	30 MG	TABLET	ORAL	1/1/2024	0.62100
THYROID,PORK	60 MG	TABLET	ORAL	1/1/2024	0.67100
THYROID,PORK	90 MG	TABLET	ORAL	1/1/2024	1.04000
TIAGABINE HCL	4 MG	TABLET	ORAL	5/1/2024	2.86000
TIGECYCLINE	50 MG	VIAL	INTRAVEN.	1/1/2024	45.50000
TIMOLOL MALEATE	0.25 %	DROPS	OPHTHALMIC	5/1/2024	0.65800
TIMOLOL MALEATE	0.5 %	DROP DAILY	OPHTHALMIC	1/1/2024	26.56000
TIMOLOL MALEATE	0.5 %	DROPS	OPHTHALMIC	5/1/2024	1.01000
TIOCONAZOLE	6.5 %	OIN/PF APP	VAGINAL	5/1/2024	2.31000
TIZANIDINE HCL	2 MG	CAPSULE	ORAL	5/1/2024	0.14100
TIZANIDINE HCL	2 MG	TABLET	ORAL	5/1/2024	0.04380
TIZANIDINE HCL	4 MG	CAPSULE	ORAL	5/1/2024	0.21200
TIZANIDINE HCL	4 MG	TABLET	ORAL	5/1/2024	0.03840
TIZANIDINE HCL	6 MG	CAPSULE	ORAL	5/1/2024	0.19600
TOBRAMYCIN	0.3 %	DROPS	OPHTHALMIC	1/1/2024	1.13000
TOBRAMYCIN IN 0.225% SOD CHLOR	300 MG/5ML	AMPUL-NEB	INHALATION	5/1/2024	2.02000
TOBRAMYCIN SULFATE	1.2 G	VIAL	INJECTION	5/1/2024	75.34000
TOBRAMYCIN/DEXAMETHASONE	0.3 %-0.1%	DROPS SUSP	OPHTHALMIC	1/1/2024	5.96000
TOLCAPONE	100 MG	TABLET	ORAL	1/1/2024	60.04000
TOLNAFTATE	1 %	AERO POWD	TOPICAL	5/1/2024	0.03480
TOLNAFTATE	1 %	CREAM (G)	TOPICAL	5/1/2024	0.10600
TOLNAFTATE	1 %	POWDER	TOPICAL	5/1/2024	0.04650
TOLNAFTATE	1 %	SOLUTION	TOPICAL	5/1/2024	56.13000



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
TOLNAFTATE	1%	CREAM(GM)	TOPICAL	5/1/2024	0.10600
TOLTERODINE TARTRATE	1 MG	TABLET	ORAL	5/1/2024	0.31600
TOLTERODINE TARTRATE	2 MG	CAP ER 24H	ORAL	5/1/2024	0.45200
TOLTERODINE TARTRATE	2 MG	TABLET	ORAL	5/1/2024	0.32200
TOLTERODINE TARTRATE	4 MG	CAP ER 24H	ORAL	5/1/2024	0.37400
TOLVAPTAN	15 MG	TABLET	ORAL	1/1/2024	140.02000
TOLVAPTAN	30 MG	TABLET	ORAL	5/1/2024	125.17000
TOPIRAMATE	100 MG	CAP ER 24H	ORAL	5/1/2024	17.46000
TOPIRAMATE	100 MG	CAP SPR 24	ORAL	1/1/2024	13.51000
TOPIRAMATE	100 MG	TABLET	ORAL	5/1/2024	0.06450
TOPIRAMATE	200 MG	CAP ER 24H	ORAL	5/1/2024	25.11000
TOPIRAMATE	200 MG	CAP SPR 24	ORAL	5/1/2024	16.27000
TOPIRAMATE	200 MG	TABLET	ORAL	5/1/2024	0.11000
TOPIRAMATE	25 MG	CAP ER 24H	ORAL	5/1/2024	7.36000
TOPIRAMATE	25 MG	CAP SPR 24	ORAL	5/1/2024	5.17000
TOPIRAMATE	25 MG	CAP SPRINK	ORAL	5/1/2024	0.73200
TOPIRAMATE	25 MG	TABLET	ORAL	5/1/2024	0.03020
TOPIRAMATE	50 MG	CAP ER 24H	ORAL	5/1/2024	7.68000
TOPIRAMATE	50 MG	CAP SPR 24	ORAL	5/1/2024	7.11000
TOPIRAMATE	50 MG	TABLET	ORAL	5/1/2024	0.04470
TOPOTECAN HCL	4 MG	VIAL	INTRAVEN.	1/1/2024	91.12000
TORSEMIDE	10 MG	TABLET	ORAL	5/1/2024	0.08520
TORSEMIDE	100 MG	TABLET	ORAL	5/1/2024	0.25000
TORSEMIDE	20 MG	TABLET	ORAL	5/1/2024	0.08570
TORSEMIDE	5 MG	TABLET	ORAL	5/1/2024	0.07300
TRAMADOL HCL	100 MG	TAB ER 24H	ORAL	1/1/2024	1.06000
TRAMADOL HCL	100 MG	TABLET	ORAL	5/1/2024	1.24000
TRAMADOL HCL	200 MG	TAB ER 24H	ORAL	5/1/2024	1.78000
TRAMADOL HCL	50 MG	TABLET	ORAL	5/1/2024	0.02850



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
TRAMADOL HCL/ACETAMINOPHEN	37.5-325MG	TABLET	ORAL	5/1/2024	0.12100
TRANDOLAPRIL	1 MG	TABLET	ORAL	5/1/2024	0.17500
TRANDOLAPRIL	2 MG	TABLET	ORAL	5/1/2024	0.16500
TRANDOLAPRIL	4 MG	TABLET	ORAL	5/1/2024	0.21600
TRANDOLAPRIL/VERAPAMIL HCL	1MG-240 MG	TAB BP 24H	ORAL	1/1/2024	4.14000
TRANEXAMIC ACID	1000 MG/10	VIAL	INTRAVEN.	5/1/2024	0.33300
TRANEXAMIC ACID	650 MG	TABLET	ORAL	5/1/2024	1.55000
TRANEXAMIC ACID IN NACL,ISO-OS	1000MG/100	PIGGYBACK	INTRAVEN.	5/1/2024	0.20400
TRANLYCYPROMINE SULFATE	10 MG	TABLET	ORAL	1/1/2024	0.84600
TRAVOPROST	0.004 %	DROPS	OPHTHALMIC	5/1/2024	19.69000
TRAZODONE HCL	100 MG	TABLET	ORAL	5/1/2024	0.06180
TRAZODONE HCL	150 MG	TABLET	ORAL	5/1/2024	0.10700
TRAZODONE HCL	50 MG	TABLET	ORAL	1/1/2024	0.03480
TREPROSTINIL SODIUM	1 MG/ML	VIAL	INJECTION	5/1/2024	54.42000
TRETINOIN	0.05 %	CREAM (G)	TOPICAL	5/1/2024	1.54000
TRETINOIN	0.1 %	CREAM (G)	TOPICAL	1/1/2024	1.86000
TRETINOIN MICROSPHERES	0.1 %	GEL (GRAM)	TOPICAL	5/1/2024	7.59000
TRIAMCINOLONE ACETONIDE	0.025 %	CREAM (G)	TOPICAL	5/1/2024	0.06950
TRIAMCINOLONE ACETONIDE	0.025 %	LOTION	TOPICAL	5/1/2024	0.36400
TRIAMCINOLONE ACETONIDE	0.025 %	OINT. (G)	TOPICAL	1/1/2024	0.10400
TRIAMCINOLONE ACETONIDE	0.05 %	OINT. (G)	TOPICAL	5/1/2024	0.45100
TRIAMCINOLONE ACETONIDE	0.1 %	CREAM (G)	TOPICAL	5/1/2024	0.05960
TRIAMCINOLONE ACETONIDE	0.1 %	LOTION	TOPICAL	1/1/2024	0.26400
TRIAMCINOLONE ACETONIDE	0.1 %	OINT. (G)	TOPICAL	5/1/2024	0.07530
TRIAMCINOLONE ACETONIDE	0.1 %	PASTE (G)	DENTAL	5/1/2024	4.10000
TRIAMCINOLONE ACETONIDE	0.147MG/G	AEROSOL	TOPICAL	1/1/2024	2.20000
TRIAMCINOLONE ACETONIDE	0.5 %	CREAM (G)	TOPICAL	5/1/2024	0.25100
TRIAMCINOLONE ACETONIDE	0.5 %	OINT. (G)	TOPICAL	5/1/2024	0.34100
TRIAMCINOLONE ACETONIDE	40 MG/ML	VIAL	INJECTION	1/1/2024	5.65000



# Maximum Allowable Cost (MAC) Listing

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
TRIAMCINOLONE ACETONIDE	55 MCG	SPRAY	NASAL	5/1/2024	0.73200
TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25 MG	CAPSULE	ORAL	5/1/2024	0.11700
TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25 MG	TABLET	ORAL	5/1/2024	0.08020
TRIAMTERENE/HYDROCHLOROTHIAZID	37.5-25MG	CAPSULE	ORAL	5/1/2024	0.11700
TRIAMTERENE/HYDROCHLOROTHIAZID	75 MG-50MG	TABLET	ORAL	5/1/2024	0.10500
TRIAZOLAM	0.125 MG	TABLET	ORAL	5/1/2024	0.82600
TRIAZOLAM	0.25 MG	TABLET	ORAL	1/1/2024	0.78300
TRIFLUOPERAZINE HCL	2 MG	TABLET	ORAL	5/1/2024	0.80700
TRIFLUOPERAZINE HCL	5 MG	TABLET	ORAL	5/1/2024	0.83700
TRIFLURIDINE	1 %	DROPS	OPHTHALMIC	5/1/2024	21.55000
TRIHEXYPHENIDYL HCL	2 MG	TABLET	ORAL	5/1/2024	0.05730
TRIHEXYPHENIDYL HCL	5 MG	TABLET	ORAL	5/1/2024	0.11100
TRIMIPRAMINE MALEATE	25 MG	CAPSULE	ORAL	1/1/2024	2.81000
TROLAMINE SALICYLATE	10 %	CREAM (G)	TOPICAL	5/1/2024	0.03800
TROPICAMIDE	1 %	DROPS	OPHTHALMIC	5/1/2024	0.51600
TROSPIUM CHLORIDE	20 MG	TABLET	ORAL	5/1/2024	0.29000
UBIDECARENONE	30 MG	CAPSULE	ORAL	5/1/2024	0.16100
UBIDECARENONE	30MG	CAPSULE	ORAL	5/1/2024	0.16100
UBIDECARENONE	50 MG	CAPSULE	ORAL	5/1/2024	0.18700
UREA	10 %	CREAM (G)	TOPICAL	1/1/2024	0.10100
UREA	10 %	LOTION	TOPICAL	5/1/2024	0.03700
UREA	20 %	CREAM (G)	TOPICAL	5/1/2024	0.06220
UREA	41 %	CREAM (G)	TOPICAL	1/1/2024	2.26000
URSODIOL	250 MG	TABLET	ORAL	1/1/2024	0.41100
URSODIOL	300 MG	CAPSULE	ORAL	5/1/2024	0.46100
URSODIOL	500 MG	TABLET	ORAL	5/1/2024	0.75200
VALACYCLOVIR HCL	1000 MG	TABLET	ORAL	5/1/2024	0.47500
VALACYCLOVIR HCL	500 MG	TABLET	ORAL	5/1/2024	0.26900
VALGANCICLOVIR HCL	450 MG	TABLET	ORAL	5/1/2024	2.67000



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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
VALGANCICLOVIR HCL	50 MG/ML	SOLN RECON	ORAL	5/1/2024	4.94000
VALPROIC ACID	250 MG	CAPSULE	ORAL	5/1/2024	0.22600
VALPROIC ACID (AS SODIUM SALT)	250 MG/5ML	SOLUTION	ORAL	5/1/2024	0.03070
VALPROIC ACID (AS SODIUM SALT)	250 MG/5ML	SOLUTION	ORAL	1/1/2024	0.11000
VALSARTAN	160 MG	TABLET	ORAL	5/1/2024	0.18100
VALSARTAN	320 MG	TABLET	ORAL	5/1/2024	0.22000
VALSARTAN	40 MG	TABLET	ORAL	5/1/2024	0.13600
VALSARTAN	80 MG	TABLET	ORAL	5/1/2024	0.15700
VALSARTAN/HYDROCHLOROTHIAZIDE	160-12.5MG	TABLET	ORAL	5/1/2024	0.16400
VALSARTAN/HYDROCHLOROTHIAZIDE	160MG-25MG	TABLET	ORAL	1/1/2024	0.22100
VALSARTAN/HYDROCHLOROTHIAZIDE	320-12.5MG	TABLET	ORAL	5/1/2024	0.23100
VALSARTAN/HYDROCHLOROTHIAZIDE	320MG-25MG	TABLET	ORAL	5/1/2024	0.24900
VALSARTAN/HYDROCHLOROTHIAZIDE	80-12.5MG	TABLET	ORAL	5/1/2024	0.15100
VANCOMYCIN HCL	1 G	VIAL	INTRAVEN.	5/1/2024	2.94000
VANCOMYCIN HCL	10 G	VIAL	INTRAVEN.	5/1/2024	36.06000
VANCOMYCIN HCL	125 MG	CAPSULE	ORAL	5/1/2024	1.60000
VANCOMYCIN HCL	250 MG	CAPSULE	ORAL	5/1/2024	2.15000
VANCOMYCIN HCL	5 G	VIAL	INTRAVEN.	5/1/2024	28.05000
VANCOMYCIN HCL	50 MG/ML	SOLN RECON	ORAL	5/1/2024	1.29000
VANCOMYCIN HCL	500 MG	VIAL	INTRAVEN.	5/1/2024	2.47000
VARDENAFIL HCL	2.5 MG	TABLET	ORAL	5/1/2024	13.85000
VARDENAFIL HCL	5 MG	TABLET	ORAL	1/1/2024	13.88000
VARENICLINE TARTRATE	0.5 (11)-1	TAB DS PK	ORAL	5/1/2024	4.63000
VARENICLINE TARTRATE	0.5 MG	TABLET	ORAL	5/1/2024	4.92000
VARENICLINE TARTRATE	1 MG	TABLET	ORAL	5/1/2024	3.68000
VASOPRESSIN	20 UNIT/ML	VIAL	INTRAVEN.	5/1/2024	28.12000
VECURONIUM BROMIDE	20 MG	VIAL	INTRAVEN.	1/1/2024	8.49000
VENLAFAXINE HCL	100 MG	TABLET	ORAL	1/1/2024	0.11300
VENLAFAXINE HCL	150 MG	CAP ER 24H	ORAL	5/1/2024	0.14500





# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
VENLAFAXINE HCL	150 MG	TAB ER 24	ORAL	5/1/2024	0.33300
VENLAFAXINE HCL	225 MG	TAB ER 24	ORAL	5/1/2024	1.18000
VENLAFAXINE HCL	25 MG	TABLET	ORAL	5/1/2024	0.07670
VENLAFAXINE HCL	37.5 MG	CAP ER 24H	ORAL	5/1/2024	0.08750
VENLAFAXINE HCL	37.5 MG	TAB ER 24	ORAL	1/1/2024	1.30000
VENLAFAXINE HCL	37.5 MG	TABLET	ORAL	5/1/2024	0.07670
VENLAFAXINE HCL	50 MG	TABLET	ORAL	5/1/2024	0.09650
VENLAFAXINE HCL	75 MG	CAP ER 24H	ORAL	5/1/2024	0.10300
VENLAFAXINE HCL	75 MG	TAB ER 24	ORAL	1/1/2024	1.40000
VENLAFAXINE HCL	75 MG	TABLET	ORAL	5/1/2024	0.07900
VERAPAMIL HCL	100 MG	CAP24H PCT	ORAL	5/1/2024	4.57000
VERAPAMIL HCL	120 MG	CAP24H PEL	ORAL	5/1/2024	1.27000
VERAPAMIL HCL	120 MG	TABLET	ORAL	5/1/2024	0.06720
VERAPAMIL HCL	120 MG	TABLET ER	ORAL	1/1/2024	0.28100
VERAPAMIL HCL	180 MG	TABLET ER	ORAL	5/1/2024	0.17900
VERAPAMIL HCL	2.5 MG/ML	AMPUL	INTRAVEN.	5/1/2024	8.65000
VERAPAMIL HCL	200 MG	CAP24H PCT	ORAL	1/1/2024	4.81000
VERAPAMIL HCL	240 MG	CAP24H PEL	ORAL	5/1/2024	1.28000
VERAPAMIL HCL	240 MG	TABLET ER	ORAL	5/1/2024	0.17000
VERAPAMIL HCL	40 MG	TABLET	ORAL	5/1/2024	0.13000
VERAPAMIL HCL	80 MG	TABLET	ORAL	5/1/2024	0.05410
VIGABATRIN	500 MG	POWD PACK	ORAL	5/1/2024	28.03000
VIGABATRIN	500 MG	TABLET	ORAL	5/1/2024	65.01000
VILAZODONE HCL	20 MG	TABLET	ORAL	5/1/2024	1.45000
VILAZODONE HCL	40 MG	TABLET	ORAL	5/1/2024	1.46000
VINCRISTINE SULFATE	2 MG/2 ML	VIAL	INTRAVEN.	1/1/2024	6.85000
VINORELBINE TARTRATE	10 MG/ML	VIAL	INTRAVEN.	1/1/2024	19.02000
VINORELBINE TARTRATE	50 MG/5 ML	VIAL	INTRAVEN.	1/1/2024	14.64000
VIT A ACET/VIT C/ZINC/PROPOLIS		LOZENGE	ORAL	1/1/2024	0.04560



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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
VIT A/VIT C/VIT E/ZINC/COPPER	2148-113	TABLET	ORAL	4/4/2023	0.13478
VIT A/VIT C/VIT E/ZINC/COPPER	4296-226	CAPSULE	ORAL	2/27/2023	0.29737
VIT B COMP/C/FA/IRON SULF/VITE	500-400-27	TABLET	ORAL	1/1/2024	0.07940
VIT B COMP/FOLIC/CHOLINE/INOSI	400-20-50	CAPSULE	ORAL	1/1/2024	0.04790
VIT E ACET/GLY/DIMETH/WATER		LOTION	TOPICAL	1/1/2024	0.01630
VIT E ACET/VIT K/SAFFLOWER OIL		OIL	TOPICAL	1/1/2024	0.09060
VITAMIN A	2400 MCG	CAPSULE	ORAL	5/1/2024	0.02670
VITAMIN A	3000 MCG	CAPSULE	ORAL	1/1/2024	0.04420
VITAMIN A PALMITATE	3000 MCG	CAPSULE	ORAL	5/1/2024	0.29300
VITAMIN B COMPLEX		CAPSULE	ORAL	5/1/2024	0.04920
VITAMIN B COMPLEX		TABLET	ORAL	5/1/2024	0.02000
VITAMIN B COMPLEX		TABLET ER	ORAL	5/1/2024	0.15600
VITAMIN B COMPLEX/FOLIC ACID	0.4 MG	TABLET	ORAL	5/1/2024	0.05050
VITAMIN D 1000IU	1000 UNIT	TABLET	ORAL	5/1/2024	0.01630
VITAMIN D 5000IU	5000 UNIT	TABLET	ORAL	5/1/2024	0.04880
VITAMIN E (DL,TOCOPHERYL ACET)	180 MG	CAPSULE	ORAL	5/1/2024	0.04420
VITAMIN E (DL,TOCOPHERYL ACET)	45 MG	CAPSULE	ORAL	5/1/2024	0.01770
VITAMIN E (DL,TOCOPHERYL ACET)	450 MG	CAPSULE	ORAL	5/1/2024	0.12400
VITAMIN E (DL,TOCOPHERYL ACET)	90 MG	CAPSULE	ORAL	5/1/2024	0.03840
VITAMIN E (DL,TOCOPHERYL ACET)		OIL	TOPICAL	1/1/2024	0.13500
VITAMIN E ACET./SAFFLOWER OIL		OIL	TOPICAL	5/1/2024	0.07710
VITS A AND D/WHITE PET/LANOLIN		OINT. (G)	TOPICAL	5/1/2024	0.01450
VITS A,C,E/LUTEIN/MINERALS	300MCG-200	TABLET	ORAL	5/1/2024	0.06270
VORICONAZOLE	200 MG	TABLET	ORAL	5/1/2024	1.91000
VORICONAZOLE	200 MG	VIAL	INTRAVEN.	1/1/2024	30.01000
WARFARIN SODIUM	1 MG	TABLET	ORAL	5/1/2024	0.08660
WARFARIN SODIUM	10 MG	TABLET	ORAL	5/1/2024	0.10400
WARFARIN SODIUM	2 MG	TABLET	ORAL	5/1/2024	0.08110
WARFARIN SODIUM	2.5 MG	TABLET	ORAL	5/1/2024	0.08710

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

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Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
WARFARIN SODIUM	3 MG	TABLET	ORAL	5/1/2024	0.09060
WARFARIN SODIUM	4 MG	TABLET	ORAL	5/1/2024	0.08700
WARFARIN SODIUM	5 MG	TABLET	ORAL	5/1/2024	0.09060
WARFARIN SODIUM	6 MG	TABLET	ORAL	5/1/2024	0.11000
WARFARIN SODIUM	7.5 MG	TABLET	ORAL	5/1/2024	0.10600
WATER FOR INJECTION,STERILE		IV SOLN	INTRAVEN.	1/1/2024	0.00320
WATER FOR INJECTION,STERILE		VIAL	INJECTION	5/1/2024	0.06410
WATER FOR IRRIGATION,STERILE		IRRIG SOLN	IRRIGATION	5/1/2024	0.00370
WITCH HAZEL	50 %	MED. PAD	TOPICAL	1/1/2024	0.03980
WITCH HAZEL	86 %	SOLUTION	TOPICAL	5/1/2024	0.00600
WOMEN'S ONE A DAY MULTIVITAMIN	NA	CAPSULE	ORAL	5/1/2024	0.01310
ZAFIRLUKAST	10 MG	TABLET	ORAL	5/1/2024	0.90500
ZAFIRLUKAST	20 MG	TABLET	ORAL	5/1/2024	0.78400
ZALEPLON	10 MG	CAPSULE	ORAL	5/1/2024	0.16800
ZALEPLON	5 MG	CAPSULE	ORAL	5/1/2024	0.17700
ZILEUTON	600 MG	TBMP 12HR	ORAL	1/1/2024	10.16000
ZINC AMINO ACID CHELATE	50 MG	TABLET	ORAL	1/1/2024	0.05000
ZINC GLUCONATE	100 MG	TABLET	ORAL	1/1/2024	0.04650
ZINC GLUCONATE	50 MG	TABLET	ORAL	5/1/2024	0.02170
ZINC OXIDE	10 %	OINT. (G)	TOPICAL	1/1/2024	0.05230
ZINC OXIDE	20 %	OINT. (G)	TOPICAL	5/1/2024	0.03430
ZINC OXIDE	40 %	OINT. (G)	TOPICAL	10/10/2023	0.01735
ZINC SULFATE	3 MG/ML	VIAL	INTRAVEN.	5/1/2024	4.39000
ZINC/VIT C/PYRIDOXINE (VIT B6)	12-60-0.5	LOZENGE	ORAL	5/1/2024	0.04060
ZIPRASIDONE HCL	20 MG	CAPSULE	ORAL	1/1/2024	0.26000
ZIPRASIDONE HCL	40 MG	CAPSULE	ORAL	5/1/2024	0.27700
ZIPRASIDONE HCL	60 MG	CAPSULE	ORAL	5/1/2024	0.32500
ZIPRASIDONE HCL	80 MG	CAPSULE	ORAL	5/1/2024	0.35000
ZOLEDRONIC ACID	4 MG/5 ML	VIAL	INTRAVEN.	5/1/2024	2.73000

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# Maximum Allowable Cost (MAC) Listing

Commonwealth of Kentucky Medicaid

Updated: 05/01/2024

Generic Name	Strength	Form	Route	Effective Date	KY MAC Price
ZOLMITRIPTAN	2.5 MG	TABLET	ORAL	5/1/2024	1.16000
ZOLMITRIPTAN	5 MG	TAB RAPDIS	ORAL	5/1/2024	3.76000
ZOLMITRIPTAN	5 MG	TABLET	ORAL	5/1/2024	1.43000
ZOLPIDEM TARTRATE	10 MG	TABLET	ORAL	5/1/2024	0.03610
ZOLPIDEM TARTRATE	12.5 MG	TAB MPHASE	ORAL	5/1/2024	0.25000
ZOLPIDEM TARTRATE	5 MG	TABLET	ORAL	5/1/2024	0.03520
ZOLPIDEM TARTRATE	6.25 MG	TAB MPHASE	ORAL	5/1/2024	0.16400
ZONISAMIDE	100 MG	CAPSULE	ORAL	5/1/2024	0.12100
ZONISAMIDE	25 MG	CAPSULE	ORAL	5/1/2024	0.06770
ZONISAMIDE	50 MG	CAPSULE	ORAL	5/1/2024	0.09380