

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Organizations

Memo # 10-05
Issued: January 29, 2010

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration

For further information, go to:
<http://hrsa.dshs.wa.gov/pharmacy>

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service on and after March 1, 2010, the Department of Social and Health Services (DSHS) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list;
2. Adjustments to existing MACs; and
3. MAC deletions.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 03/01/10
PRAMIPEXOLE DIHYDROCHLORIDE	0.125MG	TABLET	\$2.35875
PRAMIPEXOLE DIHYDROCHLORIDE	0.25MG	TABLET	\$2.29140
PRAMIPEXOLE DIHYDROCHLORIDE	0.5MG	TABLET	\$2.29140
PRAMIPEXOLE DIHYDROCHLORIDE	1MG	TABLET	\$2.35909

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 03/01/10
AMOX TR/ POTASS CLAV (#50ML SIZE)	400-57MG/ 5ML	SUSP RECON	\$0.22350
AMOX TR/ POTASS CLAV (#75ML SIZE)	400-57MG/ 5ML	SUSP RECON	\$0.19523
AMOX TR/ POTASS CLAV (#100ML SIZE)	400-57MG/ 5ML	SUSP RECON	\$0.16780

MAC Adjustments, continued:

Generic Name	Strength	Form	MAC Effective 03/01/10
AMOXICILLIN & POTASSIUM CLAVULANATE	400-57MG	CHEW TAB	\$1.07272
CALCIUM ACETATE	667MG	CAPSULE	\$0.56280
DESIPRAMINE	10MG	TABLET	\$0.69410
DESIPRAMINE	50MG	TABLET	\$1.57190
ISOSORBIDE MONONITRATE	120MG	TABLET SR	\$0.43180
LEVONORGESTREL & ETHINYL ESTRA (JOLESSA/QUASENSE/SEASONALE)	0.15-0.03MG	TABLET	\$1.08206
LEVONORGESTREL & ETHINYL ESTRA (ENPRESSE/TRIVORA)	28-DAY	TABLET	\$0.65730
MERCAPTOPYRINE	50MG	TABLET	\$1.32850
METOPROLOL SUCCINATE	50MG	TAB SR 24HR	\$0.76818
NABUMETONE	750MG	TABLET	\$0.27708
OXCARBAZEPINE	300MG	TABLET	\$0.32881
PERPHENAZINE	4MG	TABLET	\$0.70585
PERPHENAZINE	8MG	TABLET	\$0.85920
PRAVASTATIN	10MG	TABLET	\$0.12783
PRAVASTATIN	20MG	TABLET	\$0.13261
PRAVASTATIN	40MG	TABLET	\$0.14682
PRAVASTATIN	80MG	TABLET	\$0.31790
PROMETHAZINE	25MG	TABLET	\$0.14670
PROPRANOLOL HCL	60MG	CAPSULE SR	\$0.65720
PROPRANOLOL HCL	80MG	CAPSULE SR	\$0.73140
PROPRANOLOL HCL	120MG	CAPSULE SR	\$0.83330
PROPRANOLOL HCL	180MG	CAPSULE SR	\$1.16810
STAVUDINE	20MG	CAPSULE	\$1.39280
STAVUDINE	30MG	CAPSULE	\$1.47870
STAVUDINE	40MG	CAPSULE	\$1.59550
TEMAZEPAM	7.5MG	CAPSULE	\$5.64440

3. MAC Deletion:

Generic Name	Strength	Form	MAC Effective 03/01/10
COLCHICINE	0.6MG	TABLET	\$0.00000

How Can I Get DSHS/HRSA Provider Documents?

To download and print DSHS/HRSA provider numbered memos and billing instructions, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instructions and Numbered Memorandum* link).