

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

**To:** Pharmacists  
Managed Care Organizations

**Memo # No: 10-19**  
**Issued:** March 31, 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 May 1, 2010**, the Department of Social and Health Services (the Department) will implement the following changes to the Prescription Drug Program:

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

**1. MAC Additions:**

Generic Name	Strength	Form	MAC Effective 05/01/10
ALBUTEROL SULFATE	1.25MG/3ML	NEB SOLN	\$0.40630
DICLOFENAC POTASSIUM	50MG	TABLET	\$0.12730
IPRATROPIUM BROMIDE	0.06%	NASAL SOLN	\$0.73200
KETOROLAC TROMETHAMINE	10MG	TABLET	\$0.22100
NATEGLINIDE	60MG	TABLET	\$1.12860
NATEGLINIDE	120MG	TABLET	\$1.19980
NEOMYCIN SULFATE	500MG	TABLET	\$0.86470
NORETHINDRONE & ETHINYL ESTRADIOL	1MG-20MCG	21-DAY TAB	\$0.94860
TAMSULOSIN	0.4MG	CAP SR 24HR	\$3.11140
TIMOLOL MALEATE	0.5%	GEL SOLN	\$7.75500

**2. MAC Adjustments:**

Generic Name	Strength	Form	MAC Effective 05/01/10
AZITHROMYCIN	250MG	TABLET	\$0.77666
CEFUROXIME AXETIL	500MG	TABLET	\$0.47100

**MAC Adjustments continued:**

Generic Name	Strength	Form	MAC Effective 05/01/10
CICLOPIROX OLAMINE (15ML)	0.77%	CREAM	\$0.52866
CICLOPIROX OLAMINE (30ML)	0.77%	CREAM	\$0.35900
CICLOPIROX OLAMINE (90ML)	0.77%	CREAM	\$0.27840
FELODIPINE	2.5MG	TAB SR 24HR	\$0.68610
FELODIPINE	5MG	TAB SR 24HR	\$0.68610
FELODIPINE	10MG	TAB SR 24HR	\$1.27680
HALOPERIDOL	10MG	TABLET	\$0.71200
IMIPRAMINE HCL	10MG	TABLET	\$0.12750
IMIPRAMINE HCL	25MG	TABLET	\$0.15920
IMIPRAMINE HCL	50MG	TABLET	\$0.23130
LANSOPRAZOLE	15MG	CAPSULE DR	\$2.14120
LANSOPRAZOLE	30MG	CAPSULE DR	\$2.17360
MIDODRINE HCL	5MG	TABLET	\$0.46450
MIRTAZAPINE ODT	15MG	TABLET DISP	\$1.08300
MIRTAZAPINE ODT	30MG	TABLET DISP	\$1.11550
MIRTAZAPINE ODT	45MG	TABLET DISP	\$1.14130
NORETHINDRONE	0.35MG	28-DAY TAB	\$0.78100
TRETINOIN (20GM)	0.05%	CREAM	\$1.13350
TRETINOIN (45GM)	0.05%	CREAM	\$0.87300

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**How Can I Get the Department/HRSA Provider Documents?**

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