

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
 MEDICAID PURCHASING ADMINISTRATION
 Olympia, Washington**

To: Pharmacists
 Managed Care Organizations

Memorandum No: 10-74
Issued: December 2, 2010

From: Doug Porter, Administrator and
 Medicaid Director Health Care
 Authority/Medicaid Purchasing
 Administration

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

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service on and after January 1, 2011, (unless otherwise noted) the Medicaid Purchasing Administration (MPA) 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; and
3. MAC removals.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 01/01/11
LORAZEPAM INTENSOL	2MG/ML	CONC	\$1.07380
OXCARBAZEPINE	300MG/5ML	SUSP	\$0.52900

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 01/01/11
AMOXICILLIN/CLAVULANATE POTASSIUM (75ML SIZE)	600-42.9MG/5ML	SUSP RECON	\$0.23090
AMOXICILLIN/CLAVULANATE POTASSIUM (125ML SIZE)	600-42.9MG/5ML	SUSP RECON	\$0.20110
AMOXICILLIN/CLAVULANATE POTASSIUM (200ML SIZE)	600-42.9MG/5ML	SUSP RECON	\$0.20240
BRIMONIDINE TARTRATE	0.2%	OPHTH SOLN	\$1.36730
BUMETANIDE	1MG	TABLET	\$0.12410
BUMETANIDE	2MG	TABLET	\$0.16240
FLUOXETINE HCL	40MG	CAPSULE	\$0.32020
FLUTICASONE PROPIONATE	50MCG/16GM	NASAL SUSP	\$1.41380

MAC Adjustments, continued:

Generic Name	Strength	Form	MAC Effective 01/01/11
AMOXICILLIN/CLAVULANATE POTASSIUM (200ML SIZE)	600-42.9MG/5ML	SUSP RECON	\$0.20240
BRIMONIDINE TARTRATE	0.2%	OPHTH SOLN	\$1.36730
BUMETANIDE	1MG	TABLET	\$0.12410
BUMETANIDE	2MG	TABLET	\$0.16240
FLUOXETINE HCL	40MG	CAPSULE	\$0.32020
FLUTICASONE PROPIONATE	50MCG/16GM	NASAL SUSP	\$1.41380
LOSARTAN POTASSIUM	25MG	TABLET	\$0.16270
LOSARTAN POTASSIUM	50MG	TABLET	\$0.21910
LOSARTAN POTASSIUM	100MG	TABLET	\$0.29790
METOPROLOL SUCCINATE	25MG	TAB SR 24HR	\$0.74810
METOPROLOL SUCCINATE	100MG	TAB SR 24HR	\$1.19380
NABUMETONE	750MG	TABLET	\$0.26790
NORGESTIMATE-ETHINYL ESTRADIOL (ORTHO TRI-CYCLEN, TRINESSA, TRI-PREVIFEM)	0.18-35/0.215-35/0.25-35MG/MCG	TABLET	\$0.39220
OXCARBAZEPINE	600MG	TABLET	\$0.71310
PYRIDOSTIGMINE BROMIDE	60MG	TABLET	\$0.28900
TERBINAFINE HCL	250MG	TABLET	\$0.20460

3. MAC removals:

Generic Name	Strength	Form	MAC Effective 12/01/10
LIDOCAINE	5%	OINTMENT	\$0.00000

How Can I Get the Department/MPA Provider Documents?

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