HEALTH CARE AUTHORITY
Olympia, Washington

To: Pharmacists
Managed Care Organizations

#Memo: 11-47
Issued: July 06, 2011

From: Doug Porter, Medicaid Director
Health Care Authority

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 August 1, 2011, (unless otherwise noted) the Health Care Authority (the Agency) will implement the following changes to the Prescription Drug Program:

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

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 08/01/11
EXEMESTANE	25MG	TABLET	$6.74100
KETOROLAC TROMETHAMINE	0.04%	OPHTH SOLN	$2.58600
PEG 3350 ELECTROLYTES (4,000ML)		SOLUTION	$0.00421
VENLAFAXINE HCL	37.5MG	CAP SR 24HR	$0.35830
VENLAFAXINE HCL	75MG	CAP SR 24HR	$0.40370
VENLAFAXINE HCL	150MG	CAP SR 24HR	$0.48640

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 07/01/11
BETHAMETHASONE VALERATE	0.1%	OINTMENT	$0.69230
GABAPENTIN	600MG	TABLET	$0.58800
SUCRALFATE	1GM	TABLET	$0.30510

MAC Adjustments continued:

Generic Name	Strength	Form	MAC Effective 08/01/11
ACYCLOVIR	400MG	TABLET	$0.19510
ALENDRONATE SODIUM	70MG	TABLET	$1.03250
AZITHROMYCIN (15ML SIZE)	200MG/5ML	SUSPENSION	$0.80000
AZITHROMYCIN (22.5ML SIZE)	200MG/5ML	SUSPENSION	$0.59688
AZITHROMYCIN (30ML SIZE)	200MG/5ML	SUSPENSION	$0.40000
CEFDINIR	125MG/5ML	SUSPENSION	$0.30630
CEFDINIR	250MG/5ML	SUSPENSION	$0.54270
CEFDINIR	300MG	CAPSULE	$1.33720
CEFUROXIME AXETIL	250MG	TABLET	$0.29890
CEPHALEXIN	500MG	CAPSULE	$0.14246
DONEPEZIL HCL	5MG	TABLET	$0.22533
DONEPEZIL HCL	10MG	TABLET	$0.22533
ERGOCALCIFEROL	50,000U	CAPSULE	$0.47350
PROMETHAZINE W/CODEINE	6.25-10MG/ 5ML	SYRUP	$0.01589
SULFAMETHOXAZOLE-TRIMETHOPRIM	200-40MG/5ML	SUSPENSION	$0.04131
SUMATRIPTAN SUCCINATE	50MG	TABLET	$1.24730
SUMATRIPTAN SUCCINATE	100MG	TABLET	$1.24730
TAMSULOSIN HCL	0.4MG	CAPSULE	$0.25120

3. MAC Deletions:

Generic Name	Strength	Form	MAC Effective 07/01/11
BETHAMETHASONE DIPROPIONATE	0.05%	OINTMENT	$0.00000
ERYTHROMYCIN	250MG	CAPSULE EC	$0.00000
METHYLPHENIDATE	20MG	TABLET SR	$0.00000

How Can I Get the Agency Provider Documents?

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