

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Organizations

Memorandum No: 09-05
Issued: January 30, 2009

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
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 March 1, 2009, the Health and Recovery Services Administration (HRSA) 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 Deletions.

1. MAC Additions:

| Generic Name | Strength | Form | MAC Effective 03/01/09 |
|--------------------------|------------|-------------|------------------------|
| CALCITONIN (SALMON) | 200U/3.7ML | NASAL SOLN | \$16.07760 |
| GALANTAMINE HYDROBROMIDE | 8MG | CAP SR 24HR | \$4.06050 |
| GALANTAMINE HYDROBROMIDE | 16MG | CAP SR 24HR | \$4.06050 |
| GALANTAMINE HYDROBROMIDE | 24MG | CAP SR 24HR | \$4.06050 |

2. MAC Adjustments:

| Generic Name | Strength | Form | MAC Effective 03/01/09 |
|-----------------------------------|-----------|-------------|------------------------|
| AMOXICILLIN/POTASSIUM CLAVULANATE | 500-125MG | TABLET | \$0.77450 |
| AMOXICILLIN/POTASSIUM CLAVULANATE | 875-125MG | TABLET | \$0.88250 |
| BUPROPION HCL | 150MG | TAB SR 24HR | \$1.86730 |
| CEFDINIR | 250MG-5ML | SUSPENSION | \$0.81900 |
| CEFPROZIL | 125MG-5ML | SUSPENSION | \$0.21600 |
| FLUTICASONE PROPIONATE | 50MCG | NASAL SUSP | \$0.47500 |

MAC Adjustments, cont.:

| Generic Name | Strength | Form | MAC Effective 03/01/09 |
|------------------------------------|----------|-------------|------------------------|
| METHYLPHENIDATE HCL | 20MG | TABLET CR | \$0.27080 |
| MIRTAZAPINE | 15MG | TABLET | \$0.12332 |
| MIRTAZAPINE | 30MG | TABLET | \$0.20029 |
| MIRTAZAPINE | 45MG | TABLET | \$0.31766 |
| NITROFURANTOIN MACROCRYSTALLINE | 50MG | CAPSULE | \$0.52650 |
| OXYBUTYNIN CHLORIDE | 5MG | TAB SR 24HR | \$2.01760 |
| OXYBUTYNIN CHLORIDE | 10MG | TAB SR 24HR | \$2.01760 |
| PERPHENAZINE | 16MG | TABLET | \$1.25280 |
| RISPERIDONE | 0.25MG | TABLET | \$0.90340 |
| RISPERIDONE | 0.5MG | TABLET | \$0.95780 |
| RISPERIDONE | 1MG | TABLET | \$0.96140 |
| RISPERIDONE | 2MG | TABLET | \$1.13620 |
| RISPERIDONE | 3MG | TABLET | \$1.17560 |
| RISPERIDONE | 4MG | TABLET | \$1.17940 |
| ZONISAMIDE | 25MG | CAPSULE | \$0.20070 |
| ZONISAMIDE | 50MG | CAPSULE | \$0.23010 |
| ZONISAMIDE | 100MG | CAPSULE | \$0.20670 |

3. MAC Deletions:

| Generic Name | Strength | Form | MAC Effective 03/01/09 |
|------------------------------------|-----------------|------|------------------------|
| INSULIN ISOPHANE (HUMAN) | 100U/ML | INJ | \$0.00000 |
| INSULIN ISOPHANE & REGULAR (HUMAN) | 100U/ML (70-30) | INJ | \$0.00000 |

How can I get HRSA's provider documents?

1. To obtain DSHS's provider numbered memoranda and billing instructions, go to DSHS's website at <http://hrsa.dshs.wa.gov> (click the **Billing Instructions and Numbered Memos** link). These may be downloaded and printed.
2. To request a paper copy, contact DSHS using one of the following methods:
 - a. Internet: <http://hrsa.dshs.wa.gov/download/hardcopyplease.html>. Follow the instructions on the web page.

- b. Facsimile: 1-360-725-2144. Please include the following in your fax: **a)** your name and provider number; **b)** the name of the document you would like mailed to you; and **c)** the address you want DSHS to send the document to.
- c. Telephone: 1-866-562-3022, Option 2. (Orders take up to one week to fill.)