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

To: Pharmacists
Managed Care Organizations

Memorandum No: 09-65
Issued: October 1, 2009

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 November 1, 2009, (unless otherwise noted) 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; and
2. Adjustments to existing MACs; and
3. MAC deletions.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 11/01/09
ANTIHEMOPHILIC FACTOR (RECOMBINANT)	3,000U	VIAL	$0.87007
CLONIDINE HCL	0.1MG/24HR	PATCH	$23.44990
CLONIDINE HCL	0.2MG/24HR	PATCH	$37.51080
CLONIDINE HCL	0.3MG/24HR	PATCH	$54.78080
TEMAZEPAM	7.5MG	CAPSULE	$7.43710

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 11/01/09
ANTIHEMOPHILIC FACTOR (RECOMBINANT)	250U	VIAL	$0.87007
ANTIHEMOPHILIC FACTOR (RECOMBINANT)	500U	VIAL	$0.87007
ANTIHEMOPHILIC FACTOR (RECOMBINANT)	1,000U	VIAL	$0.87007
ANTIHEMOPHILIC FACTOR (RECOMBINANT)	2,000U	VIAL	$0.87007
BUPROPION HCL	150MG	TAB SR 24HR	$1.23070

MAC Adjustments, continued:

Generic Name	Strength	Form	MAC Effective 11/01/09
BUSPIRONE HCL	15MG	TABLET	$0.09400
BUSPIRONE HCL	30MG	TABLET	$0.61500
CLINDAMYCIN HCL	300MG	CAPSULE	$0.47070
LAMOTRIGINE	25MG	TABLET	$0.10110
LAMOTRIGINE	100MG	TABLET	$0.09770
LAMOTRIGINE	150MG	TABLET	$0.13350
LAMOTRIGINE	200MG	TABLET	$0.14250
LEVETIRACETAM	100MG/ML	SOLUTION	$0.12480
LIOTHYRONINE SODIUM	5MCG	TABLET	$0.64460
LIOTHYRONINE SODIUM	25MCG	TABLET	$0.84670
OFLOXACIN	0.3%	OTIC SOLN	$1.84800
RISPERIDONE	0.25MG	TABLET	$0.37683
RISPERIDONE	0.5MG	TABLET	$0.40949
RISPERIDONE	1MG	TABLET	$0.41649
RISPERIDONE	2MG	TABLET	$0.57430
RISPERIDONE	3MG	TABLET	$0.58370
SUMATRIPTAN SUCCINATE	25MG	TABLET	$2.62666
SUMATRIPTAN SUCCINATE	50MG	TABLET	$2.36888
SUMATRIPTAN SUCCINATE	100MG	TABLET	$2.45777
TRAMADOL HCL	50MG	TABLET	$0.03986

3. MAC Deletions:

Generic Name	Strength	Form	MAC Effective 11/01/09
NIFEDIPINE	20MG	CAPSULE	$0.00000

4. MAC Deletions:

Generic Name	Strength	Form	MAC Effective 10/01/09
MORPHINE SULFATE	20MG/ML	SOLUTION	$0.00000

How Can I Get DSHS/HRSA Provider Documents?

To obtain DSHS/HRSA provider # memos and billing instructions, go to the DSHS/HRSA website at http://hrsa.dshs.wa.gov (click on the ***Billing Instructions and Numbered Memorandum* link**). These documents may be downloaded and printed.