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

To: Pharmacists
Managed Care Organizations

Memo # 09-70
Issued: October 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 December 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 12/01/09
BICALUTAMIDE	50MG	TABLET	$0.73560
BRIMONIDINE TARTRATE	0.15%	OPTH SOLN	$9.10960
PENTOXIFYLLINE	400MG	TABLET CR	$0.08960
URSODIOL	250MG	TABLET	$1.89250
URSODIOL	500MG	TABLET	$3.35370

2. MAC Adjustments:

Generic Name	Strength	Form	MAC Effective 12/01/09
AZITHROMYCIN	100MG/5ML	SUSPENSION	$0.98866
BUPROPION HCL	100MG	TAB SR 12HR	$0.54680
BUPROPION HCL	200MG	TAB SR 12HR	$0.95720
BUPROPION HCL	150MG	TAB SR 24HR	$1.15040
BUPROPION HCL	300MG	TAB SR 24HR	$1.19960

MAC Adjustments, continued:

Generic Name	Strength	Form	MAC Effective 12/01/09
CLARITHROMYCIN	500MG	TABLET	$0.46060
CLOMIPRAMINE HCL	25MG	CAPSULE	$0.09010
CLONIDINE HCL	0.2MG	TABLET	$0.06050
CLONIDINE HCL	0.3MG	TABLET	$0.06050
DILTIAZEM HCL	180MG	CAP SR 24HR	$0.54910
DRONABINOL	2.5MG	CAPSULE	$3.74480
DRONABINOL	5MG	CAPSULE	$8.02190
DRONABINOL	10MG	CAPSULE	$14.72230
ISOTRETINOIN	40MG	CAPSULE	$8.39060
LOVASTATIN	10MG	TABLET	$0.09520
LOVASTATIN	20MG	TABLET	$0.10250
LOVASTATIN	40MG	TABLET	$0.11963
NORETHINDRONE & ETHINYL ESTRADIOL	1MG-35MCG	28-DAY TAB	$0.61830
NORGESTIMATE & ETHINYL ESTRADIOL	0.25MG-35MCG	28-DAY TAB	$0.45110
RISPERIDONE	4MG	TABLET	$0.49220
TRIAMCINOLONE ACETONIDE	0.1%	PASTE	$9.55908
URSODIOL	300MG	CAPSULE	$0.38870

3. MAC Deletions:

Generic Name	Strength	Form	MAC Effective 11/01/09
LORATADINE & PSEUDOEPHEDRINE	10-240MG	TAB SR 24HR	$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.