

## **Provider Notice 12-94**

Dear Provider,

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;
- 3. MAC deletions.

BUPROPION HCL

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| MAC Additions                 |            |         |                              |  |  |
|-------------------------------|------------|---------|------------------------------|--|--|
| Generic Name                  | Strength   | Form    | MAC<br>Effective<br>01/01/13 |  |  |
| CEVIMELINE HCL                | 30MG       | CAPSULE | \$2.71310                    |  |  |
| MODAFINIL                     | 100MG      | TABLET  | \$14.35590                   |  |  |
| MODAFINIL                     | 200MG      | TABLET  | \$20.90180                   |  |  |
| VALSARTAN-HYDROCHLOROTHIAZIDE | 80-12.5MG  | TABLET  | \$2.72220                    |  |  |
| VALSARTAN-HYDROCHLOROTHIAZIDE | 160-12.5MG | TABLET  | \$2.96190                    |  |  |
| VALSARTAN-HYDROCHLOROTHIAZIDE | 160-25MG   | TABLET  | \$3.34740                    |  |  |
| VALSARTAN-HYDROCHLOROTHIAZIDE | 320-12.5MG | TABLET  | \$3.75140                    |  |  |
| VALSARTAN-HYDROCHLOROTHIAZIDE | 320-25MG   | TABLET  | \$4.25590                    |  |  |

| DUFKOFION HCL                     | TOOMO       | I AD SK 12IIK                  | \$0.31320                    |  |  |
|-----------------------------------|-------------|--------------------------------|------------------------------|--|--|
| BUPROPION HCL                     | 150MG       | TAB SR 12HR                    | \$0.28980                    |  |  |
| BUPROPION HCL                     | 200MG       | TAB SR 12HR                    | \$0.53010                    |  |  |
| MAC Adjustments                   |             |                                |                              |  |  |
| Generic Name                      | Strength    | Form                           | MAC<br>Effective<br>01/01/13 |  |  |
| DIVALPROEX SODIUM                 | 500MG       | TAB SR 24HR                    | \$0.33920                    |  |  |
| FLUTICASONE PROPIONATE            | 50MCG/ACT   | NASAL SUSP                     | \$0.90063                    |  |  |
| IBANDRONATE SODIUM                | 150MG       | TABLET                         | \$95.94550                   |  |  |
| LANSOPRAZOLE                      | 15MG        | CAPSULE DR                     | \$1.47110                    |  |  |
| LANSOPRAZOLE                      | 30MG        | CAPSULE DR                     | \$1.12000                    |  |  |
| LEVETIRACETAM                     | 100MG/ML    | SOLUTION                       | \$0.08680                    |  |  |
| LITHIUM CARBONATE                 | 450MG       | TABLET CR                      | \$0.34720                    |  |  |
| NORGESTREL & ETHINYL<br>ESTRADIOL | 0.3MG-30MCG | TABLET                         | \$0.69910                    |  |  |
| NYSTATIN                          | 100,000U/GM | POWDER                         | \$1.29720                    |  |  |
| OLANZAPINE ODT                    | 5MG         | ORALLY<br>DISINT TAB<br>ORALLY | \$0.94570                    |  |  |
| OLANZAPINE ODT                    | 10MG        | DISINT TAB                     | \$1.36620                    |  |  |
| OLANZAPINE ODT                    | 15MG        | ORALLY<br>DISINT TAB           | \$2.28100                    |  |  |
| OLANZAPINE ODT                    | 20MG        | ORALLY<br>DISINT TAB           | \$2.63300                    |  |  |
| RISPERIDONE                       | 1MG/ML      | SOLUTION                       | \$0.56893                    |  |  |

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100MG

TAB SR 12HR

\$0.31320

| OXAZEPAM      | 30MG     | CAPSULE  | \$0.00000                    |  |  |  |
|---------------|----------|----------|------------------------------|--|--|--|
| OXYCODONE HCL | 5MG/ML   | SOLUTION | \$0.00000                    |  |  |  |
| MAC Deletions |          |          |                              |  |  |  |
| Generic Name  | Strength | Form     | MAC<br>Effective<br>12/01/12 |  |  |  |

Thank you.

BC/AL Provider Publications Team Medicaid Program Health Care Authority

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