



Provider Notice 13-04

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

MAC Additions			
Generic Name	Strength	Form	MAC Effective 02/01/13
DICLOFENAC W/ MISOPROSTOL	50-0.2MG	TABLET	\$2.62010
DICLOFENAC W/ MISOPROSTOL	75-.2MG	TABLET	\$2.62010
FENOFIBRATE	48MG	TABLET	\$1.43510
FENOFIBRATE	145MG	TABLET	\$4.30480
GABAPENTIN	250MG/5ML	SOLUTION	\$0.24910
OXAZEPAM	15MG	CAPSULE	\$1.05000
SILDENAFIL CITRATE	20MG	TABLET	\$0.83710
TOLTERODINE TARTRATE	1MG	TABLET	\$2.70780
TOLTERODINE TARTRATE	2MG	TABLET	\$2.77900

DEXMETHYLPHENIDATE HCL	5MG	TABLET	\$0.78440
LETROZOLE	2.5MG	TABLET	\$0.24000
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 02/01/13
TOPIRAMATE	15MG	CAP SPRINK	\$0.51130
TRIAMCINOLONE ACETONIDE	55MCG/ACT	NASAL INHA	\$4.84200

Thank you.

BC/JC
 Provider Publications Team
 Medicaid Program
 Health Care Authority

NOTE: Please do not reply directly to this Listserv message as it is not monitored. If you have feedback or questions, please select one of the options at <http://hrsa.dshs.wa.gov/contact/default.aspx>. Your message will be delivered to the appropriate staff member.

NOTICE: This message (including any attachments) may contain information that is privileged, confidential, proprietary and/or otherwise protected from disclosure to anyone other than its intended recipient(s). Any dissemination, copying, retention or use of this message or its contents (including any attachments) by persons other than the intended recipient(s) is strictly prohibited. If you have received this message in error, please immediately notify the sender by reply e-mail or telephone and permanently delete all copies of this message and any attachments. Thank you for your cooperation.