

Provider Notice 13-36

Dear Provider,

The Medicaid Program of the Health Care Authority (agency) will implement the following changes to maximum allowable costs in the Prescription Drug Program:

MAC Additions			
Generic Name	Strength	Form	MAC Effective 07/01/13
CLINDAMYCIN PALMITATE HCL	75MG/5ML	POWD SOLR	\$0.49710
LAMOTRIGINE	50MG	TAB SR 24HR	\$9.69260
LAMOTRIGINE	100MG	TAB SR 24HR	\$10.30890
LAMOTRIGINE	200MG	TAB SR 24HR	\$10.99310
LAMOTRIGINE	250MG	TAB SR 24HR	\$15.86410
LAMOTRIGINE	300MG	TAB SR 24HR	\$16.64730
MORPHINE SULFATE	60MG	TABLET CR	\$0.47130
VANCOMYCIN HCL	125MG	CAPSULE	\$22.38020
VANCOMYCIN HCL	250MG	CAPSULE	\$37.33690
MAC Ac	diustments	-	
			MAC
Generic Name	Strength	Form	Effective 07/01/13
AMPHETAMINE-DEXTROAMPHETAMINE	5MG	TABLET	\$1.02810
AMPHETAMINE-DEXTROAMPHETAMINE	10MG	TABLET	\$1.03590
AMPHETAMINE-DEXTROAMPHETAMINE	20MG	TABLET	\$1.03590
AMPHETAMINE-DEXTROAMPHETAMINE	30MG	TABLET	\$1.03590
CALCIUM ACETATE (PHOSPHATE BIND)	667MG	CAPSULE	\$0.51920
CLARITHROMYCIN	500MG	TABLET	\$2.50700
CLONIDINE HCL	0.1MG/24HR	PATCH	\$21.19740
CLONIDINE HCL	0.2MG/24HR	PATCH	\$34.22480
CLONIDINE HCL	0.3MG/24HR	PATCH	\$47.53880
FLUOXETINE HCL	40MG	CAPSULE	\$0.20880
NORETHINDRONE	0.35MG	TABLET	\$0.64820
METFORMIN HCL	500MG	TABLET	\$0.02928
METFORMIN HCL	850MG	TABLET	\$0.05140
METFORMIN HCL	1000MG	TABLET	\$0.05000
OLANZAPINE ODT	5MG	TAB RAPDIS	\$2.43730
OLANZAPINE ODT	10MG	TAB RAPDIS	\$2.82520
OLANZAPINE ODT	15MG	TAB RAPDIS	\$4.20080
OLANZAPINE ODT	20MG	TAB RAPDIS	\$6.92320
MAC	Deletions		
Generic Name	Strength	Form	MAC Effective 06/01/13
METHYLPHENIDATE HCL	10MG	TABLET	\$0.00000
METHYLPHENIDATE HCL	20MG	TABLET	\$0.00000

Thank you.

BC/AL Provider Publications Team Medicaid Program Health Care Authority

NOTE: Please do not reply directly to this Listserv message. If you have feedback or questions, please visit the HCA website at http://www.hca.wa.gov/medicaid/Pages/contact.aspx. That way your message can be delivered to the appropriate staff.

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