



Provider Notice 14-31

Dear Provider,

Washington Apple Health (Medicaid) administered by the Health Care Authority (agency) will implement the following changes to the State Maximum Allowable Costs (SMAC) List for the fee-for-service (FFS) Prescription Drug Program:

MAC Additions			
Generic Name	Strength	Form	MAC Effective 06/01/14
COAGULATION FACTOR VIIA RECOMB (NOVOSEVEN)	2.4MG	VIAL	\$1.27500
GENTAMICIN SULFATE	0.3%	OPHTH SOLN	\$1.09000
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 06/01/14
AZITHROMYCIN	250MG	TABLET	\$42330
AZITHROMYCIN (15ML)	200MG/5ML	SUSPENSION	\$69600
FLUTICASONE PROPIONATE	50MCG	NASAL SUSP	\$47682
GABAPENTIN	600MG	TABLET	\$16140
GABAPENTIN	800MG	TABLET	\$28070
IBANDRONATE SODIUM	150MG	TABLET	\$44.20200
LANSOPRAZOLE	15MG	CAPSULE DR	\$1.01500
LANSOPRAZOLE	30MG	CAPSULE DR	\$68010
NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE	100MG	CAPSULE	\$1.82060
OXCARBAZEPINE	150MG	TABLET	\$18640
OXCARBAZEPINE	300MG	TABLET	\$21570
OXCARBAZEPINE	600MG	TABLET	\$39710
PAROXETINE HCL	25MG	TAB SR 24HR	\$2.53370
PERMETHRIN	5%	CREAM	\$1.25160
PROMETHAZINE HCL	12.5MG	TABLET	\$12340
PROMETHAZINE HCL	25MG	TABLET	\$13250
VANCOMYCIN HCL	125MG	CAPSULE	\$19.74530
VANCOMYCIN HCL	250MG	CAPSULE	\$28.65920

The full SMAC list can be found on the agency's [Pharmacy Information](#) website and applies to claims billed FFS.

Thank you.

WB:AL
 Provider Publications Team
 Medicaid Program
 Health Care Authority

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