

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 04/01/2019 |
| CALCIUM ACETATE (PHOSPHATE BINDER) | 667 MG/5ML | ORAL SOLUTION | \$0.30030 |
| CALCIUM ACETATE (PHOSPHATE BINDER) | 667 MG | TABLET | \$0.40750 |
| LANTHANUM CARBONATE | 750 MG (ELEMENTAL) | CHEW TABLET | \$8.80050 |
| NEOMYCIN-POLYMYXIN-DEXAMETHASONE | 0.1% | OPHTH SUSP | \$2.77800 |
| SOMATROPIN | 15 MG/1.5ML | SOLUTION | \$1,163.03000 |
| MAC Adjustments | | | |
| Generic Name | Strength | Form | MAC Effective 04/01/2019 |
| ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE | 600-50-300 MG | TABLET | \$93.95430 |
| BUPRENORPHINE HCL | 2 MG | TABLET SUBL | \$0.73300 |
| BUPRENORPHINE HCL | 8 MG | TABLET SUBL | \$1.20960 |
| BUPRENORPHINE HCL-NALOXONE HCL | 2-0.5 MG | TABLET SUBL | \$1.83750 |
| BUPRENORPHINE HCL-NALOXONE HCL | 8-2 MG | TABLET SUBL | \$1.98640 |
| CALCIUM ACETATE (PHOSPHATE BINDER) | 667 MG (169 MG CA) | CAPSULE | \$0.19020 |
| CARBAMAZEPINE | 200 MG | TABLET | \$0.28790 |
| CETIRIZINE HCL | 5 MG | CHEW TABLET | \$1.74440 |
| FLUTICASONE PROPIONATE | 50 MCG/ACT | NASAL SUSP | \$0.44500 |
| IBANDRONATE SODIUM | 150 MG | TABLET | \$5.86667 |
| LANTHANUM CARBONATE | 500 MG (ELEMENTAL) | CHEW TABLET | \$9.10790 |
| LANTHANUM CARBONATE | 1000 MG (ELEMENTAL) | CHEW TABLET | \$9.10790 |
| MEDROXYPROGESTERONE ACETATE | 150 MG/ML | IM SUSPENSION | \$48.39000 |
| MEDROXYPROGESTERONE ACETATE | 150 MG/ML | IM SUSP PREF-SYR | \$65.32000 |
| MESALAMINE | 800 MG | TABLET DR | \$6.10210 |
| MESALAMINE | 1.2 GM | TABLET DR | \$4.66370 |
| MUPIROCIN CALCIUM | 2% | CREAM | \$9.87070 |
| PHENOBARBITAL | 20 MG/5ML | ELIXIR | \$0.12800 |
| PSYLLIUM | 58.6% | POWDER | \$0.01979 |
| RISPERIDONE MICROSPHERES | 25 MG | SUSP RECON | \$459.88000 |
| RISPERIDONE MICROSPHERES | 37.5 MG | SUSP RECON | \$689.83000 |
| RISPERIDONE MICROSPHERES | 50 MG | SUSP RECON | \$919.77000 |
| SOMATROPIN | 5 MG | SOLN RECON | \$604.56000 |

| | | | |
|------------|--------------------------|------------|---------------|
| SOMATROPIN | 12 MG (13.8 MG OVERFILL) | SOLN RECON | \$1,450.91000 |
| SOMATROPIN | 5 MG/1.5ML | SOLUTION | \$387.71000 |
| SOMATROPIN | 10 MG/1.5ML | SOLUTION | \$775.37000 |
| SOMATROPIN | 10 MG/2ML | SOLUTION | \$611.43500 |

The full SMAC list can be found on the agency's Provider billing guides and fee schedules website under the [Prescription Drug Program](#) and applies to claims billed FFS.

Thank you.

Medicaid Program
Health Care Authority

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