



Provider Notice 13-76

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 12/01/13
CYCLOSPORINE MODIFIED	25MG	CAPSULE	\$0.75560
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 12/01/13
BUPROPION HCL	100MG	TAB SR 12HR	\$0.29640
BUPROPION HCL	200MG	TAB SR 12HR	\$0.47150
BUPROPION HCL	150MG	TAB SR 24HR	\$0.51980
BUPROPION HCL	300MG	TAB SR 24HR	\$0.55470
FENOFIBRATE	48MG	TABLET	\$1.31330
FENOFIBRATE	145MG	TABLET	\$3.54260
PANTOPRAZOLE SODIUM	20MG	TABLET EC	\$0.14216
PANTOPRAZOLE SODIUM	40MG	TABLET EC	\$0.09455
PAROXETINE HCL	10MG	TABLET	\$0.12633
PAROXETINE HCL	20MG	TABLET	\$0.11477
PAROXETINE HCL	30MG	TABLET	\$0.15016
PAROXETINE HCL	40MG	TABLET	\$0.16007
POTASSIUM CHLORIDE	10MEQ	TABLET CR	\$0.32930
POTASSIUM CHLORIDE	20MEQ	TABLET CR	\$0.34450
PROGESTERONE, MICRONIZED	100MG	CAPSULE	\$1.50260
PROGESTERONE, MICRONIZED	200MG	CAPSULE	\$2.72580
RIZATRIPTAN BENZOATE ODT	5MG	TAB RAPDIS	\$1.53180
RIZATRIPTAN BENZOATE ODT	10MG	TAB RAPDIS	\$1.70570
SUCRALFATE	1GM	TABLET	\$0.25610
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 11/01/13
OXYBUTYNIN CHLORIDE	5MG	TABLET	\$0.46400
PROMETHAZINE HCL	25MG	SUPPOSITORY	\$10.18500

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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