



Provider Notice 14-10

Dear Provider,

Washington Apple Health (Medicaid) administered by 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 02/01/14
CLINDAMYCIN PHOSPHATE	2%	CREAM	\$1.82330
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 02/01/14
MORPHINE SULFATE	60MG	TABLET CR	\$1.81690
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 03/01/14
CLARITHROMYCIN	500MG	TABLET	\$2.00300
ERYTHROMYCIN	5MG/GM	OPHTH OINTMENT	\$3.71142
ETHOSUXIMIDE	250MG	CAPSULE	\$0.87910
FLUOXETINE HCL	20MG	TABLET	\$0.51560
GEMFIBROZIL	600MG	TABLET	\$0.13033
LETROZOLE	2.5MG	TABLET	\$0.22799
LEVALBUTEROL HCL	0.63MG/3ML	NEBU SOLUTION	\$1.07570
LEVALBUTEROL HCL	1.25MG/3ML	NEBU SOLUTION	\$1.07570
LOSARTAN POTASSIUM	25MG	TABLET	\$0.05844
LOSARTAN POTASSIUM	50MG	TABLET	\$0.07388
LOSARTAN POTASSIUM	100MG	TABLET	\$0.11488
MONTELUKAST SODIUM	10MG	TABLET	\$0.30533
OLANZAPINE ODT	15MG	TAB RAPDIS	\$3.88320
OLANZAPINE ODT	20MG	TAB RAPDIS	\$6.64790
TOBRAMYCIN-DEXAMETH	0.3-0.1%	OPHTH SUSP	\$19.30740
URSODIOL	300MG	CAPSULE	\$0.33080
VENLAFAXINE HCL	37.5MG	TAB SR 24HR	\$1.47000
VENLAFAXINE HCL	75MG	TAB SR 24HR	\$2.09220

Thank you.

BCVAL
 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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