

Provider Notice 14-25

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 Prescription Drug Program:

MAC Additions			
Generic Name	Strength	Form	MAC Effective 05/01/14
DOXYCYCLINE HYCLATE	100MG	TABLET	\$3.76880
LISINOPRIL & HYDROCHLOROTHIAZIDE	10-12.5MG	TABLET	\$0.04570
LISINOPRIL & HYDROCHLOROTHIAZIDE	20-12.5MG	TABLET	\$0.05340
LISINOPRIL & HYDROCHLOROTHIAZIDE	20-25MG	TABLET	\$0.05860
TIZANIDINE HCL	2MG	CAPSULE	\$2.10690
TIZANIDINE HCL	6MG	CAPSULE	\$3.81920
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective
AMLODIPINE BESYLATE	2.5MG	TABLET	05/01/14
AMLODIPINE BESYLATE	5MG	TABLET	\$0.03355
	******	TABLET	\$0.02358
AMLODIPINE BESYLATE AMOXICILLIN	10MG 875MG	TABLET	\$0.03184 \$0.25150
AMOXICILLIN & K CLAVULANATE	500-125MG	TABLET	
AMOXICILLIN & K CLAVULANATE	875-125MG	TABLET	\$0.58900 \$0.60730
DESMOPRESSIN ACETATE	0.1MG	TABLET	\$0.80730
DESMOPRESSIN ACETATE DESMOPRESSIN ACETATE	0.1MG 0.2MG	TABLET	\$0.98120
DESMOPRESSIN ACETATE DESMOPRESSIN ACETATE	0.21/13	NASAL SOLN	\$23.19450
FLUOXETINE HCL	40MG	CAPSULE	\$0.18560
HYDROXYZINE HCL	10MG	TABLET	\$0.10570
HYDROXYZINE HCL	25MG	TABLET	\$0.10370
HYDROXYZINE HCL	50MG	TABLET	\$0.17420
NIFEDIPINE	30MG	TABLET	\$0.17420
NIFEDIPINE	60MG	TAB SR 24HR	\$0.55270
NIFEDIPINE	90MG	TAB SR 24HR	\$0.55270
OMEPRAZOLE	10MG	CAPSULE	\$0.81270
OMEPRAZOLE	20MG	CAPSULE	
OMEPRAZOLE	40MG	CAPSULE	\$0.06420 \$0.19760
UWIEPKAZULE	401016	CAPSULE	\$0.19760

The full SMAC list can be found on the agency's Pharmacy Information website.

Thank you.

WB:AL Provider Publications Team Medicaid Program Health Care Authority

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