

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Pharmacists
Managed Care Organizations

Memorandum No: 08-01
Issued: January 29, 2008

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration

For further information, go to:
<http://maa.dshs.wa.gov/pharmacy>

Subject: Prescription Drug Program: Maximum Allowable Cost Update

Effective for dates of service on and after March 1, 2008, the Health and Recovery Services Administration (HRSA) will implement the following changes to the Prescription Drug Program:

1. New additions to the Maximum Allowable Cost (MAC) list; and
2. Adjustments to existing MACs.

1. MAC Additions:

Generic Name	Strength	Form	MAC Effective 03/01/08
ACYCLOVIR	200MG/5ML	ORAL SUSP	\$0.20750
CAPSAICIN	0.075%	CREAM	\$0.14033
CETIRIZINE HCL	5MG	TABLET	\$0.15170
CETIRIZINE HCL	10MG	TABLET	\$0.15100
D-METHORPHAN HB/ PROMETHAZINE HCL	15-6.25MG/ 5ML	SYRUP	\$0.01471
FACTOR IX HUMAN RECOMBINANT	250U	VIAL	\$0.87500
FACTOR IX HUMAN RECOMBINANT	500U	VIAL	\$0.87500
FACTOR IX HUMAN RECOMBINANT	1,000U	VIAL	\$0.87500
HYDROCODONE-IBUPROFEN	7.5-200MG	TABLET	\$0.45610
HYDROCORTISONE	2.5%	CREAM (RECTAL)	\$0.19121
NORETH A-ET ESTRA/ FE FUMARATE	28 DAY	TABLET	\$1.50280

2. **MAC Adjustments:**

Generic Name	Strength	Form	MAC Effective 03/01/08
ALBUTEROL	90MCG	AEROSOL	\$0.92822
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE)	250 (+/-) U	VIAL	\$0.93500
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE)	500 (+/-) U	VIAL	\$0.93500
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE)	1,000 (+/-) U	VIAL	\$0.93500
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE)	1,500 (+/-) U	VIAL	\$0.93500
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE)	2,000 (+/-) U	VIAL	\$0.93500
ANTIHEMOPHILIC FACTOR VIII (PLASMA/ALBUMIN FREE)	3,000 (+/-) U	VIAL	\$0.93500
BUPROPION HCL	200MG	TABLET SA	\$1.19800
ESTRADIOL	0.5MG	TABLET	\$0.05300
FEXOFENADINE HCL	30MG	TABLET	\$0.42330
FEXOFENADINE HCL	60MG	TABLET	\$0.71290
FEXOFENADINE HCL	15MG	TABLET	\$1.06660
FLUOXETINE HCL	40MG	CAPSULE	\$0.54000
GLIPIZIDE	10MG	TAB OSM 24H	\$0.31530
GLYCOPYRROLATE	1MG	TABLET	\$0.66450
GLYCOPYRROLATE	2MG	TABLET	\$1.16460
HYDROCHLOROTHIAZIDE	50MG	TABLET	\$0.05296
NAPROXEN	250MG	TABLET	\$0.05280
PROCHLORPERAZINE MALEATE	10MG	TABLET	\$0.06380
SERTRALINE HCL	25MG	TABLET	\$0.14332
SERTRALINE HCL	50MG	TABLET	\$0.13632
SERTRALINE HCL	100MG	TABLET	\$0.15116
SILVER SULFADIAZINE	1%	CREAM	\$0.05050
ZONISAMIDE	100MG	CAPSULE	\$0.22820

How can I get HRSA's provider documents?

To obtain HRSA's provider numbered memoranda and billing instructions, go to HRSA's website at <http://maa.dshs.wa.gov> (click on the *Billing Instructions/Numbered Memoranda* or *Provider Publications/Fee Schedules* link).

To obtain DSHS/HRSA provider numbered memoranda and billing instructions go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click the *Billing Instruction and Numbered Memorandum link*). These may be downloaded and printed.