



Provider Notice 14-18

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 03/01/14
DEXMETHYLPHENIDATE HCL	15MG	CAP SR 24HR	\$5.76220
DEXMETHYLPHENIDATE HCL	30MG	CAP SR 24HR	\$5.65850
MAC Additions			
Generic Name	Strength	Form	MAC Effective 04/01/14
DILTIAZEM HCL COATED BEADS	360MG	CAP SR 24HR	\$8.13670
DOXYCYCLINE HYCLATE	100MG	CAPSULE	\$3.26400
MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 04/01/14
BUDESONIDE	3MG	CAP SR 24HR	\$10.91700
CLOPIDOGREL BISULFATE	75MG	TABLET	\$0.12615
DILTIAZEM HCL COATED BEADS	120MG	CAP SR 24HR	\$0.34940
DILTIAZEM HCL COATED BEADS	180MG	CAP SR 24HR	\$0.38730
DILTIAZEM HCL COATED BEADS	240MG	CAP SR 24HR	\$0.51190
DILTIAZEM HCL COATED BEADS	300MG	CAP SR 24HR	\$0.76990
DOXYCYCLINE MONOHYDRATE	100MG	CAPSULE	\$0.64950
ESCITALOPRAM OXALATE	10MG	TABLET	\$0.13930
ESCITALOPRAM OXALATE	20MG	TABLET	\$0.14240
FENOFIBRATE	160MG	TABLET	\$1.11500
MONTELUKAST SODIUM	5MG	CHEW TABLET	\$0.38160
ONDANSETRON ODT	4MG	TAB RAPDIS	\$0.28663
OXYCODONE HCL	5MG	TABLET	\$0.12650
OXYCODONE HCL	10MG	TABLET	\$0.27390
RIFAMPIN	300MG	CAPSULE	\$0.96740
TACROLIMUS	0.5MG	CAPSULE	\$0.95780
TACROLIMUS	1MG	CAPSULE	\$1.88310
TACROLIMUS	5MG	CAPSULE	\$10.13340
TRIAMCINOLONE ACETONIDE	55MCG	NASAL AERS	\$4.32470

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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