



Provider Notice 14-58

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 fee-for-service (FFS) Prescription Drug Program:

MAC Adjustments			
Generic Name	Strength	Form	MAC Effective 08/01/14
AMPHETAMINE-DEXTROAMPHETAMINE	10MG	TABLET	\$1.01750
AMPHETAMINE-DEXTROAMPHETAMINE	15MG	TABLET	\$1.06680
AMPHETAMINE-DEXTROAMPHETAMINE	20MG	TABLET	\$1.01750
AMPHETAMINE-DEXTROAMPHETAMINE	30MG	TABLET	\$1.01750
DICLOFENAC SODIUM	50MG	TABLET DR	\$0.28180
DICLOFENAC SODIUM	75MG	TABLET DR	\$0.24980
DIVALPROEX SODIUM	125MG	TABLET DR	\$0.06750
DROSPIRENONE-ETHINYL ESTRADIOL	3-0.03MG	TABLET	\$1.55310
GLYBURIDE	5MG	TABLET	\$0.20600
METHOCARBAMOL	750MG	TABLET	\$0.12970
METOPROLOL SUCCINATE	25MG	TAB SR 24HR	\$0.35190
METOPROLOL SUCCINATE	50MG	TAB SR 24HR	\$0.33890
METOPROLOL SUCCINATE	100MG	TAB SR 24HR	\$0.66330
METOPROLOL SUCCINATE	200MG	TAB SR 24HR	\$1.15530
NORETHINDRONE & ETHINYL ESTRADIOL	1MG-35MCG	TABLET	\$0.57760
NYSTATIN	100,000U/GM	POWDER	\$0.78170
SPIRONOLACTONE	25MG	TABLET	\$0.07850
SPIRONOLACTONE	50MG	TABLET	\$0.23590
SPIRONOLACTONE	100MG	TABLET	\$0.52990

The full SMAC list can be found on the agency's [Pharmacy Information](#) website and applies to claims billed FFS.

Thank you.

JC:AL
 Provider Publications Team
 Medicaid Program
 Health Care Authority

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