DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington

To: Pharmacists
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No. 02-78 MAA
Issued: October 1, 2002

For Information Call:
1-800-562-6188

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration

Subject: **Updates to the Maximum Allowable Cost (MAC) List**

Effective for dates of service on and after November 1, 2002, the Medical Assistance Administration (MAA) will implement the following additions and rate changes to the Maximum Allowable Cost (MAC) list.

NEW MAC DRUGS:

DRUG NAME	STRENGTH	FORM	EFFECTIVE 11/1/02
CARBAMAZEPINE	100 MG	TABLET	$0.1450
CARBAMAZEPINE	200 MG	TABLET	$0.0850
CARBIDOPA/LEVODOPA	50-200 MG	TABLET SA	$1.2200
CLINDAMYCIN PHOSPHATE	1%	LOTION	$0.5521
DESIPRAMINE HCL	10 MG	TABLET	$0.1747
DIGOXIN	125 MCG	TABLET	$0.0900
DIGOXIN	250 MCG	TABLET	$0.0900
ETHAMBUTOL HCL	400 MG	TABLET	$1.3300
ETODOLAC	400 MG	TABLET SA	$0.8150
FLUNISOLIDE	0.03%	SPRAY	$1.1000
HYDROCHLOROTHIAZIDE	12.5 MG	CAPSULE	$0.2600
KETOCONAZOLE	2%	CREAM	$0.6600
LEVONORGESTREL-ETHINYL ESTRADIOL	0.15-0.03 MG	TABLET	$0.8700
LEVOTHYROXINE SODIUM	25 MCG	TABLET	$0.1557
LEVOTHYROXINE SODIUM	50 MCG	TABLET	$0.1769
LEVOTHYROXINE SODIUM	75 MCG	TABLET	$0.1954
LEVOTHYROXINE SODIUM	88 MCG	TABLET	$0.1988
LEVOTHYROXINE SODIUM	100 MCG	TABLET	$0.2003
LEVOTHYROXINE SODIUM	112 MCG	TABLET	$0.2315
LEVOTHYROXINE SODIUM	125 MCG	TABLET	$0.2347
LEVOTHYROXINE SODIUM	150 MCG	TABLET	$0.2416
LEVOTHYROXINE SODIUM	175 MCG	TABLET	$0.2871
LEVOTHYROXINE SODIUM	200 MCG	TABLET	$0.2878
LEVOTHYROXINE SODIUM	300 MCG	TABLET	$0.3722
LITHIUM CARBONATE	300 MG	CAPSULE	$0.1250
MISOPROSTOL	200 MCG	TABLET	$0.9500

DRUG NAME	STRENGTH	FORM	EFFECTIVE 11/1/02
NORETHINDRONE-ETHINYL ESTRADIOL	1-0.035 MG	TABLET	$0.8240
NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03 MG	TABLET	$0.8377
NORGESTREL-ETHINYL ESTRADIOL	0.5-0.05 MG	TABLET	$1.2400
PERMETHRIN	1%	LOTION	$0.1130
PHENYTOIN SODIUM, EXTENDED	100 MG	CAPSULE	$0.1800
POTASSIUM CHLORIDE	20 MEQ SA	TABLET	$0.3600
PROMETHAZINE HCL	25 MG	TABLET	$0.3000
PROMETHAZINE HCL	50 MG	SUPPOSITORY	$3.3100
SPIRONOLACTONE	50 MG	TABLET	$0.6100
SPIRONOLACTONE	100 MG	TABLET	$0.8900
TAMOXIFEN CITRATE	10 MG	TABLET	$1.6300
THEOPHYLLINE	100 MG	TABLET SA	$0.0700
THEOPHYLLINE	125 MG	TABLET	$0.3414
THEOPHYLLINE	200 MG	TABLET SA	$0.0850
THEOPHYLLINE	300 MG	TABLET SA	$0.1000
TIZANIDINE HCL	4 MG	TABLET	$1.0600
TRAMADOL HCL	50 MG	TABLET	$0.1500
TRETINOIN	0.01%	GEL	$1.1500
TRETINOIN	0.025%	GEL	$1.1000
TRETINOIN	0. 5%	CREAM	$1.2200
WARFARIN SODIUM	1 MG	TABLET	$0.2500
WARFARIN SODIUM	2 MG	TABLET	$0.2759
WARFARIN SODIUM	2.5 MG	TABLET	$0.2823
WARFARIN SODIUM	3 MG	TABLET	$0.2730
WARFARIN SODIUM	4 MG	TABLET	$0.2914
WARFARIN SODIUM	5 MG	TABLET	$0.3000
WARFARIN SODIUM	7.5 MG	TABLET	$0.3650
WARFARIN SODIUM	10 MG	TABLET	$0.3586

RATE CHANGES:

ALBUTEROL SULFATE	2MG/5ML	SYRUP	$0.0318
AMPICILLIN TRIHYDRATE	500 MG	CAPSULE	$0.1700
DESIPRAMINE HCL	25 MG	TABLET	$0.1836
DESIPRAMINE HCL	50 MG	TABLET	$0.3400
DESIPRAMINE HCL	75 MG	TABLET	$0.4428
DESIPRAMINE HCL	100 MG	TABLET	$0.6014
DESIPRAMINE HCL	150 MG	TABLET	$0.8137
DIAZEPAM	10 MG	TABLET	$0.0600
DICLOXACILLIN SODIUM	500 MG	CAPSULE	$0.5342
HYDROCHLOROTHIAZIDE	25 MG	TABLET	$0.0400
LIDOCAINE HCL	5 %	OINTMENT	$0.2500
NORETHINDRONE-ETHINYL ESTRADIOL	0.5-0.035 MG	TABLET	$0.9000
NYSTATIN	100,000 U/ML	SUSPENSION	$0.1250
OXAZEPAM	10 MG	CAPSULE	$0.3200
POTASSIUM CHLORIDE	10 MEQ SA	TABLET	$0.1400
PRAZOSIN HCL	1 MG	CAPSULE	$0.1150
PRAZOSIN HCL	5 MG	CAPSULE	$0.3000
QUININE SULFATE	325 MG	CAPSULE	$0.2100
TRIMETHOPRIM	100 MG	TABLET	$0.3300

In addition, MAA is implementing the following retroactive MAC changes effective with the dates of service indicated below. Do NOT rebill affected claims. MAA will do a mass adjustment for these drugs.

RETROACTIVE RATE CHANGES:

DRUG NAME	STRENGTH	FORM	EFFECTIVE 6/1/02
HYDROXYZINE HCL	10 MG	TABLET	$0.3491
HYDROXYZINE HCL	25 MG	TABLET	$0.5200
HYDROXYZINE HCL	50 MG	TABLET	$0.6280
NITROFURANTOIN MACROCRYSTAL	50 MG	CAPSULE	$0.6540
NITROFURANTOIN MACROCRYSTAL	100 MG	CAPSULE	$1.1630
DRUG NAME	**STRENGTH**	**FORM**	**EFFECTIVE 8/1/02**
METHOCARBAMOL	500 MG	TABLET	$0.2080
METHOCARBAMOL	750 MG	TABLET	$0.2895

To obtain this fee schedule electronically, go to MAA's website at http://maa.dshs.wa.gov [Click on the *Provider Publications/Fee Schedules* link.]

Remember to bill MAA your usual and customary charge for the product you dispense. Reimbursement will be the lower of the billed charge or the maximum allowable fee.