

Iowa Medicaid Enterprise

Revisions to the State Maximum Allowable Cost (State MAC) Program for Multi-Source Prescription Drugs

Notification Date: January 6, 2009

This letter provides notification of the additions, deletions, increases and decreases of State MAC rates to the Iowa Medicaid State MAC program.

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists the State MAC rates to be **removed** from the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate Deletions, **Effective January 12, 2009**

Drug Name
ATENOLOL/CHLORTHALIDONE 50/25 MG TAB
BUSPIRONE HCL 10 MG TAB
BUSPIRONE HCL 15 MG TAB
CLONAZEPAM 0.5 MG TAB
DILTIAZEM 30 MG TAB
FLUOXETINE 20 MG CAP
FLUOXETINE 40 MG CAP
MECLIZINE 25 MG TAB
OXYBUTYNIN 5 MG/5 ML SYRP

Future Notification of Revisions to the State MAC Program

Notification for revisions to the State MAC program that are made in between annual pharmacy acquisition cost surveys will be posted to the State MAC website (www.mscliowa.com) prior to the effective date of the changes. Revisions include addition of new State MAC rates, increases and decreases of current State MAC rates, or termination of current State MAC rates. Providers are advised to access the State MAC website regularly to review these revisions.

If you would like to receive email notification of these revisions to the State MAC program, please send your email address to pharmacy@mslc.com.

This publication provides information to Pharmacy providers who submit claims to Iowa Medicaid Enterprise. This bulletin should be shared with all health care practitioners and managerial members of the pharmacy store staff.