

Iowa Medicaid Enterprise

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

Notification Date: April 15, 2011

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

Iowa Medicaid State Maximum Allowable Cost (State MAC) Program

The following table lists State MAC rate to be **increased in** the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Increases, Effective April 1, 2011**

Drug Name	Brand Name	State MAC Rate
POTASSIUM CITRATE ER 5 MEQ TAB	UROCIT-K	0.65250
TOPIRAMATE 25 MG SPRINKLE CAP	TOPAMAX SPRINKLE	0.65720

The following table lists State MAC rate to be **terminated in** the State MAC Program:

Table 2: Iowa Medicaid State MAC Rate **Terminations, Effective April 1, 2011**

Drug Name	Brand Name
METRONIDAZOLE 500 MG TAB	FLAGYL
TRIAMCINOLONE 0.5% CRM	ARISTOCORT

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 IME website (www.ime.state.ia.us) prior to the effective date of the changes. To access the list, please go to **Quick Links** and click on [SMAC – State Maximum Allowable Cost Program](#). Revisions include the 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.