

Iowa Medicaid Enterprise

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

Notification Date: August 23, 2010

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 rates to be **added** to the State MAC Program:

Table 1: Iowa Medicaid State MAC Rate **Additions, Effective September 23, 2010**

Generic Drug Name	Brand Name	State MAC Rate
PRAMIPEXOLE DI-HCL 0.25 MG TAB	MIRAPEX	2.51665
PRAMIPEXOLE DI-HCL 0.5 MG TAB	MIRAPEX	2.56451
PRAMIPEXOLE DI-HCL 1.5 MG TAB	MIRAPEX	2.36695
VALACYCLOVIR HCL 1 GRAM TABLET	VALTREX	6.17573
VALACYCLOVIR HCL 500 MG TABLET	VALTREX	3.51362

The following table lists State MAC rates to be **decreased** in the State MAC Program:

Table 3: Iowa Medicaid State MAC Rate **Decreases, Effective September 23, 2010**

Generic Drug Name	Brand Name	State MAC Rate
ALBUTEROL 0.83 MG/ML SOLN	PROVENTIL/ VENTOLIN	0.06185
ALBUTEROL SUL 1.25 MG/3 ML SOL	ACCUNEB	0.40001
ALBUTEROL SULF 2 MG/5 ML SYRP	PROVENTIL/ VENTOLIN	0.01024
AMLODIPINE BESYLATE 5 MG TAB	NORVASC	0.02558
AMOXICILLIN 500 MG CAP	AMOXIL	0.11978
CARBAMAZEPINE 200 MG TAB	TEGRETOL	0.04092
CLONAZEPAM 2 MG TAB	KLONOPIN	0.04276
CLOTRIMAZOLE-BETAMETH CRM	LOTRISONE	0.19430
HYDROCODONE/APAP 10/325 MG TAB	NORCO	0.15067
HYDROCODONE/APAP 10/500 MG TAB	LORTAB	0.11587
HYDROCODONE/APAP 7.5/500 MG TAB	LORTAB	0.04939
HYDROCODONE/APAP SOLN	LORTAB	0.01817
LAMOTRIGINE 100 MG TAB	LAMICTAL	0.08875
LAMOTRIGINE 25 MG TAB	LAMICTAL	0.07597
LEVETIRACETAM 100 MG/ML SOLN	KEPPRA	0.11774
LISINOPRIL 40 MG TAB	PRINIVIL/ZESTRIL	0.07517
LISINOPRIL 5 MG TAB	PRINIVIL/ZESTRIL	0.02026

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.

Decreases cont'd

Generic Drug Name	Brand Name	State MAC Rate
LITHIUM CARBONATE 300 MG CAP	ESKALITH	0.03577
METFORMIN HCL ER 500 MG TAB	GLUCOPHAGE XR	0.04921
OXCARBAZEPINE 300 MG TAB	TRILEPTAL	0.38575
PREDNISOLONE 15 MG/5 ML SYRP	PRELONE	0.02220
PREDNISONONE 10 MG TAB	DELTASONE	0.02342
RISPERIDONE 0.25MG TAB	RISPERDAL	0.23635
RISPERIDONE 0.5MG TAB	RISPERDAL	0.21959
RISPERIDONE 1MG TAB	RISPERDAL	0.26046
RISPERIDONE 2MG TAB	RISPERDAL	0.31820
SIMVASTATIN 40 MG TAB	ZOCOR	0.06528
TEMAZEPAM 30 MG CAP	RESTORIL	0.08456
TRAZODONE 50 MG TAB	DESYREL	0.02480

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.

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