

# Iowa Medicaid Enterprise

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

Notification Date: May 21, 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 June 20, 2010**

Drug Name	Brand Name	State MAC Rate
AMOX TR-K CLV 250-62.5/5 SUSP	AUGMENTIN	0.74386
DEFEROXAMINE 2 GM VIAL	DEFERAL	39.31500
DEFEROXAMINE 500 MG VIAL	DEFERAL	10.13400
GRISEOFULVIN 125 MG/5 ML SUSP	GRIFULVIN V	0.12830
HALOPERIDOL 10 MG TAB	HALDOL	0.83539
HYDROMORPHONE HCL 8 MG TAB	DILAUDID	0.74987
KETOROLAC 0.4% OPTH SOLUTION	ACULAR LS	2.36369
KETOROLAC 0.5% OPTH SOLUTION	ACULAR	3.81748
PRAMIPEXOLE DI-HCL 0.125 MG TAB	MIRAPEX	2.56514
TEMAZEPAM 7.5 MG CAP	RESTORIL	6.61009

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

Table 2: Iowa Medicaid State MAC Rate **Decreases, Effective June 20, 2010**

Drug Name	Brand Name	State MAC Rate
AMOX TR-K CLV 200-28.5 MG/5ML	AUGMENTIN	0.16242
AMOX TR-K CLV 400-57 MG/5 ML S	AUGMENTIN	0.20617
AZITHROMYCIN 200 MG/5 ML SUSP	ZITHROMAX	0.90289
AZITHROMYCIN 250 MG TAB	ZITHROMAX	0.77425
AZITHROMYCIN 500 MG TAB	ZITHROMAX	1.57289
BUPROPRIION XL 300 MG TAB	WELLBUTRIN XL	1.18204
HYDROXYZINE 10 MG/5 ML SYRP	ATARAX	0.06346
IPRATR-ALBUTEROL 0.5-3 MG/3 ML	DUONEB	0.10746
LEVETIRACETAM 500 MG TAB	KEPPRA	0.29909
LEVOTHYROXINE 50 MCG TAB	SYNTHROID	0.09925
LORAZEPAM 2 MG/ML ORAL CONCENT	LORAZEPAM	1.10000

*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

Drug Name	Brand Name	State MAC Rate
METHYLPHENIDATE 10 MG TAB	RITALIN	0.08654
METHYLPHENIDATE 20 MG TAB	RITALIN	0.13672
METHYLPHENIDATE 20 MG TAB SA	CONCERTA	0.26172
METHYLPHENIDATE 5 MG TAB	RITALIN	0.06042
OXYCODONE HCL 5 MG TAB	ROXICODONE	0.12305
RANITIDINE 150 MG TAB	ZANTAC	0.02708
RANITIDINE 150 MG/10 ML SYRP	ZANTAC	0.10057
SUMATRIPTAN SUCC 100 MG TAB	IMITREX	1.73212
SUMATRIPTAN SUCC 25 MG TAB	IMITREX	1.81768
SUMATRIPTAN SUCC 50 MG TAB	IMITREX	1.72174

### **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](http://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](mailto: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.*