

Nonprescription Drug Maximum Allowable Cost (MAC) List

The following nonprescription drugs are payable, and may be subject to prior authorization requirements stated below and as specified in the preferred drug list published by the department pursuant to 2003 Iowa Acts, chapter 112, section 3.

Payment will be made for the following nonprescription products when prescribed by a practitioner legally qualified to prescribe the item. Payment for the following listed drugs will be made in the same manner as prescription drugs, except the maximum allowable cost (MAC) is established at the median of the average wholesale price of the chemically equivalent products available. Current maximum allowable costs are listed below. No exceptions for higher reimbursement will be approved.

Effective Date: January 1, 2010

DRUG	✓Indicates Prior Authorization Required	MAC per Tablet, ML or GM
Acetaminophen Tablets, 325 mg		.0156
Acetaminophen Tablets, 500 mg		.0225
Acetaminophen Elixir, 160 mg/5 ml		.0061
Acetaminophen Solution, 100 mg/ml		.1693
Acetaminophen Suppositories, 120 mg		.4575
Artificial Tears Ophthalmic Solution		.2112
Artificial Tears Ophthalmic Ointment		.9427
Aspirin, 81 mg (plain, chewable, enteric-coated)		.0497
Aspirin Tablets, 325 mg		.0099
Aspirin Tablets, 650 mg		.0287
Aspirin Tablets, Enteric-Coated, 325 mg		.0197
Aspirin Tablets, Enteric-Coated, 650 mg		.0263
Aspirin Tablets, Buffered, 325 mg		.0170
Bacitracin Ointment, 500 units/gm		.0880
Benzoyl Peroxide Gel, 5%		.0422
Benzoyl Peroxide Gel, 10%		.0440
Benzoyl Peroxide Lotion, 5%		.0537
Benzoyl Peroxide Lotion, 10%		.0550
Calcium Carbonate Chewable Tablets, 500 mg		.0244
Calcium Carbonate Chewable Tablets, 750 mg		.0390
Calcium Carbonate Chewable Tablets, 1000 mg		.0477
Calcium Carbonate Chewable Tablets, 1250 mg (500 mg Elemental Ca)	✓	.0585
Calcium Carbonate Suspension, 1250 mg/5 ml	✓	.0229
Calcium Carbonate Tablets, 600 mg	✓	.0515
Calcium Carbonate-Vitamin D Tablets, 500 mg-200 units	✓	.0360
Calcium Carbonate-Vitamin D Tablets, 600 mg-200 units	✓	.0244
Calcium Carbonate-Vitamin D Tablets, 600 mg-400 units		.0921
Calcium Gluconate Tablets, 650 mg	✓	.0164
Calcium Lactate Tablets, 650 mg	✓	.0272
Cetirizine Hydrochloride Liquid 1mg/ml		.06969
Cetirizine Hydrochloride Tablets, 5mg,		.14392
Cetirizine Hydrochloride Tablets 10mg		.19363
Chlorpheniramine Maleate Tablets, 4 mg		.0103
Clotrimazole Vaginal Cream, 1%		.1758
Diphenhydramine Hydrochloride Capsules, 25 mg		.0225
Diphenhydramine Hydrochloride Elixir, 12.5 mg/5 ml		.0105
Diphenhydramine Hydrochloride Liquid, 12.5 mg/5 ml		.0061
Diphenhydramine Hydrochloride Syrup, 12.5 mg/5 ml		.0121
Epinephrine, Racemic Solution 2.25%		1.25

Nonprescription Drug Maximum Allowable Cost (MAC) List

The following nonprescription drugs are payable, and may be subject to prior authorization requirements stated below and as specified in the preferred drug list published by the department pursuant to 2003 Iowa Acts, chapter 112, section 3.

Payment will be made for the following nonprescription products when prescribed by a practitioner legally qualified to prescribe the item. Payment for the following listed drugs will be made in the same manner as prescription drugs, except the maximum allowable cost (MAC) is established at the median of the average wholesale price of the chemically equivalent products available. Current maximum allowable costs are listed below. No exceptions for higher reimbursement will be approved.

Effective January 1, 2010

DRUG	✓Indicates Prior Authorization Required	MAC per Tablet, ML or GM
Ferrous Fumarate Tablets, 325 mg		.0159
Ferrous Gluconate Tablets, 325 mg		.0149
Ferrous Sulfate Drops, 75 mg/0.6 ml		.0388
Ferrous Sulfate Elixir, 220mg/5ml		.0050
Ferrous Sulfate Tablets, 325 mg		.0147
Guaifenesin, 100 mg/5 ml with Dextromethorphan Liquid, 10 mg/5 ml		.0204
Ibuprofen Suspension, 100 mg/5 ml		.0335
Ibuprofen Tablets, 200 mg		.0479
Lactic Acid (Ammonium Lactate) Lotion, 12%		.0425
Loperamide HCl Liquid, 1mg/5ml		.0416
Loperamide HCl Tablets, 2 mg		.2108
Loratadine Tablets, 10 mg		.19363
Loratadine Syrup, 5 mg/5ml		.06969
Magnesium Hydroxide Suspension, 400mg/5ml		.0074
Magnesium Oxide Capsules, 140 mg (85 mg Elemental MG)	✓	.1236
Magnesium Oxide Tablets, 400 mg	✓	.0874
Meclizine Hydrochloride Tablets, 12.5 mg		.0192
Meclizine Hydrochloride Tablets, 25 mg		.0255
Meclizine Hydrochloride Chewable Tablets, 25 mg		.0258
Miconazole Nitrate Topical Cream, 2%		.1045
Miconazole Nitrate Vaginal Cream, 2%		.2398
Miconazole Nitrate Vaginal Suppositories, 100 mg		1.6210
Neomycin-Bacitracin-Polymyxin Ointment		.1451
Niacin Tablets, 50mg		.0175
Niacin Tablets, 100mg		.0195
Niacin Tablets, 250mg		.0360
Niacin Tablets, 500mg		.0284
Nicotine Gum, 2mg	✓	.3900
Nicotine Gum, 4mg	✓	.3900
Nicotine Transdermal Patch, 7mg/24 hour	✓	2.9800
Nicotine Transdermal Patch , 14mg/24 hour	✓	2.9800
Nicotine Transdermal Patch, 21mg/24 hour	✓	2.9800
Omeprazole Magnesium Delayed Release Tablets, 20 mg (Base Equivalent)	✓if > 60 days	.6053
Pediatric Oral Electrolyte Solutions		.0054
Permethrin Creme Rinse, 1%		.1363
Polyethylene Glycol 3350 Powder 238 grams	✓ for ages 13-18	.0372
Polyethylene Glycol 3350 Powder 510 grams (NDC 11523-7234-04)	✓ for ages 13-18	.0339
Polyethylene Glycol 3350 Powder 510 grams (NDC 11523-7234-09)	✓ for ages 13-18	.0255
Pseudoephedrine Syrup, 30 mg/5 ml		.0200
Pseudoephedrine Tablets, 30 mg		.0210
Pseudoephedrine Tablets, 60 mg		.0410
Pseudoephedrine/Dextromethorphan 20mg/10mg per 5ml Elixir		.0180

Nonprescription Drug Maximum Allowable Cost (MAC) List

The following nonprescription drugs are payable, and may be subject to prior authorization requirements stated below and as specified in the preferred drug list published by the department pursuant to 2003 Iowa Acts, chapter 112, section 3.

Payment will be made for the following nonprescription products when prescribed by a practitioner legally qualified to prescribe the item. Payment for the following listed drugs will be made in the same manner as prescription drugs, except the maximum allowable cost (MAC) is established at the median of the average wholesale price of the chemically equivalent products available. Current maximum allowable costs are listed below. No exceptions for higher reimbursement will be approved.

Effective January 1, 2010

DRUG	✓Indicates Prior Authorization Required	MAC per Tablet, ML or GM
Pseudoephedrine/Dextromethorphan 15mg/7.5mg per 5 ml Liquid		.0310
Pseudoephedrine/Dextromethorphan 20mg/10mg per 5 ml Liquid		.0200
Pseudoephedrine/Dextromethorphan 30mg/15mg per 5ml Liquid		.0120
Pseudoephedrine/Dextromethorphan 15mg/7.5mg per 5 ml Syrup		.0300
Pseudoephedrine/Dextromethorphan 30mg/15ml per 5ml Syrup		.0300
Pseudoephedrine/Dextromethorphan 7.5mg/2.5mg per 0.8ml Solutions		.2340
Pyrethrins-Piperonyl Butoxide Liquid, 0.33-4%		.0946
Pyrethrins-Piperonyl Butoxide Shampoo, 0.3-3%		.0632
Pyrethrins-Piperonyl Butoxide Shampoo, 0.33-4%		.0473
Salicyclic Acid Liquid, 17%		1.46
Senna Tablets, 187mg		.0391
Sennosides Syrup, 8.8mg/5ml		.0668
Sennosides Tablets, 8.6mg		.0422
Sennosides-Docusate Sodium Tablet, 8.6-50mg		.1085
Sodium Bicarbonate Tablets, 325 mg	✓	.0165
Sodium Bicarbonate Tablets, 650 mg	✓	.0349
Sodium Chloride Hypertonic Ophthalmic Ointment, 5%		2.9593
Sodium Chloride Hypertonic Ophthalmic Solution, 5%		.7653
Tolnaftate Cream, 1%		.1167
Tolnaftate Powder, 1%		.0700
Tolnaftate Solution, 1%		.2290