



# STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR  
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

## INFORMATIONAL LETTER NO. 412

**To:** Iowa Medicaid Participating Pharmacies  
**From:** Iowa Department of Human Services  
**Date:** April 27, 2005  
**Subject:** The purpose of this Informational Letter is to inform providers of changes to the Nonprescription Drug Maximum Allowable Cost (MAC) payable list.  
**Effective Date:** All products listed will have an effective date of coverage of May 1, 2005; the new Maximum Allowable Cost rates **bolded** below will be effective July 1, 2005.

The following items or MAC rates have been added to the Nonprescription Drug Maximum Allowable Cost (MAC) payable list:

DRUG	X Indicates Prior Authorization Required	MAC per Tablet, ML or GM
Calcium Carbonate Chewable Tablets, 1250 mg (500 mg Elemental Ca)	X	<b>.0585</b>
Calcium Carbonate Suspension, 1250 mg/ 5 ml	X	<b>.0229</b>
Calcium Carbonate Tablets, 600 mg	X	<b>.0515</b>
Calcium Carbonate-Vitamin D Tablets, 500 mg-200 units	X	<b>.0360</b>
Calcium Carbonate-Vitamin D Tablets, 600 mg-200 units	X	<b>.0244</b>
Calcium Citrate Tablets, 950 mg (200 mg Elemental Ca)	X	<b>.0535</b>
Calcium Citrate-Vitamin D Tablets, 1500 mg-200 units	X	<b>.0659</b>
Calcium Gluconate Tablets, 650 mg	X	<b>.0164</b>
Calcium Lactate Tablets, 650 mg	X	<b>.0272</b>
Clotrimazole Vaginal Cream, 1%		<b>.1758</b>
Diphenhydramine Hydrochloride Elixir, 12.5 mg/5 ml		<b>.0144</b>
Diphenhydramine Hydrochloride Syrup, 12.5 mg/5 ml		<b>.0121</b>
Ibuprofen Suspension, 100 mg/5 ml		<b>.0335</b>
Magnesium Oxide Capsules, 140 mg (85 mg Elemental MG)	X	<b>.1236</b>
Magnesium Oxide Tablets, 400 mg	X	<b>.0874</b>
Meclizine Hydrochloride Chewable Tablets, 25 mg		<b>.0258</b>
Pyrethrins-Piperonyl Butoxide Liquid, 0.33-4%		<b>.0946</b>
Pyrethrins-Piperonyl Butoxide Shampoo, 0.3-3%		<b>.0632</b>
Pyrethrins-Piperonyl Butoxide Shampoo, 0.33-4%		<b>.0473</b>
Sodium Bicarbonate Tablets, 325 mg	X	<b>.0165</b>
Sodium Bicarbonate Tablets, 650 mg	X	<b>.0349</b>

The complete Nonprescription Drug Maximum Allowable Cost (MAC) payable list follows. New items and new MAC rates are **bolded**.

Attachments (1)

## 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.

Oral solid forms of these items shall be prescribed and dispensed in a minimum quantity of 100 units per prescription, except when dispensed via a unit-dose system. When used for maintenance therapy, all of these items may be prescribed and dispensed in 90-day quantities.

<b>DRUG</b>	<b>X Indicates Prior Authorization Required</b>	<b>MAC per Tablet, ML or GM</b>
Acetaminophen Tablets, 325 mg		.0156
Acetaminophen Tablets, 500 mg		.0225
Acetaminophen Elixir, 120 mg/5 ml		.0039
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
Benzoyl Peroxide Wash, 5%		.0632
Benzoyl Peroxide Wash, 10%		.0676
<b>Calcium Carbonate Chewable Tablets, 1250 mg (500 mg Elemental Ca)</b>	<b>X</b>	<b>.0585</b>
<b>Calcium Carbonate Suspension, 1250 mg/ 5 ml</b>	<b>X</b>	<b>.0229</b>
<b>Calcium Carbonate Tablets, 600 mg</b>	<b>X</b>	<b>.0515</b>
<b>Calcium Carbonate-Vitamin D Tablets, 500 mg-200 units</b>	<b>X</b>	<b>.0360</b>
<b>Calcium Carbonate-Vitamin D Tablets, 600 mg-200 units</b>	<b>X</b>	<b>.0244</b>
<b>Calcium Citrate Tablets, 950 mg (200 mg Elemental Ca)</b>	<b>X</b>	<b>.0535</b>
<b>Calcium Citrate-Vitamin D Tablets, 1500 mg-200 units</b>	<b>X</b>	<b>.0659</b>
<b>Calcium Gluconate Tablets, 650 mg</b>	<b>X</b>	<b>.0164</b>
<b>Calcium Lactate Tablets, 650 mg</b>	<b>X</b>	<b>.0272</b>
Chlorpheniramine Maleate Tablets, 4 mg		.0103
<b>Clotrimazole Vaginal Cream 1%</b>		<b>.1758</b>
Diphenhydramine Hydrochloride Capsules, 25 mg		.0225
Diphenhydramine Hydrochloride Liquid, 6.25 mg/5 ml		.0163
<b>Diphenhydramine Hydrochloride Elixir, 12.5 mg/5 ml</b>		<b>.0144</b>

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DRUG	X Indicates Prior Authorization Required	MAC per Tablet, ML or GM
Diphenhydramine Hydrochloride Liquid, 12.5 mg/5 ml		.0061
<b>Diphenhydramine Hydrochloride Syrup, 12.5 mg/5 ml</b>		<b>.0121</b>
Ferrous Fumarate Tablets, 300 mg		.0152
Ferrous Fumarate Tablets, 325 mg		.0159
Ferrous Gluconate Elixir, 300 mg/5 ml		.0138
Ferrous Gluconate Tablets, 320 mg		.0159
Ferrous Gluconate Tablets, 325 mg		.0149
Ferrous Sulfate Drops, 75 mg/0.6 ml		.0388
Ferrous Sulfate Elixir, 220 mg/5 ml		.0050
Ferrous Sulfate Tablets, 300 mg		.0147
Ferrous Sulfate Tablets, 325 mg		.0147
Guaifenesin, 100 mg/5 ml with Dextromethorphan Liquid, 10 mg/5 ml		.0204
<b>Ibuprofen Suspension, 100 mg/5 ml</b>		<b>.0335</b>
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		.3795
Loratadine Syrup, 5 mg/5ml		.0710
<b>Magnesium Oxide Capsules, 140 mg (85 mg Elemental MG)</b>	<b>X</b>	<b>.1236</b>
<b>Magnesium Oxide Tablets, 400 mg</b>	<b>X</b>	<b>.0874</b>
Meclizine Hydrochloride Tablets, 12.5 mg		.0192
Meclizine Hydrochloride Tablets, 25 mg		.0255
<b>Meclizine Hydrochloride Chewable Tablets, 25 mg</b>		<b>.0258</b>
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
Omeprazole Magnesium Delayed Release Tablets, 20 mg (Base Equivalent)	<b>X if &gt; 60 days</b>	.6053
Pediatric Oral Electrolyte Solutions		.0054
Permethrin Creme Rinse, 1%		.1363
Pseudoephedrine Syrup, 30 mg/5 ml		.0200
Pseudoephedrine Tablets, 30 mg		.0210
Pseudoephedrine Tablets, 60 mg		.0410
<b>Pyrethrins-Piperonyl Butoxide Liquid, 0.33-4%</b>		<b>.0946</b>

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<b>DRUG</b>	<b>X Indicates Prior Authorization Required</b>	<b>MAC per Tablet, ML or GM</b>
<b>Pyrethrins-Piperonyl Butoxide Shampoo, 0.3-3%</b>		<b>.0632</b>
<b>Pyrethrins-Piperonyl Butoxide Shampoo, 0.33-4%</b>		<b>.0473</b>
Salicylic Acid Liquid, 17%		.1396
Sennosides-Docusate Sodium Tablets, 8.6-50 mg		.1085
Sennosides Tablets, 8.6 mg		.0422
Sennosides Granules, 15 mg/5 ml		.0622
Senna Tablets, 187 mg		.0391
<b>Sodium Bicarbonate Tablets, 325 mg</b>	<b>X</b>	<b>.0165</b>
<b>Sodium Bicarbonate Tablets, 650 mg</b>	<b>X</b>	<b>.0349</b>
Sodium Chloride Hypertonic Ophthalmic Ointment, 5%		2.9593
Sodium Chloride Hypertonic Ophthalmic Solution, 5%		.7653
Sodium Chloride Solution, 0.9% for inhalation with metered dispensing value		.0451
Tolnaftate Cream, 1%		.1167
Tolnaftate Powder, 1%		.0700
Tolnaftate Solution, 1%		.2290