

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: November 1, 2011

DRUG	✓Indicates Prior Authorization Required	MAC per Tablet, ML or GM
Acetaminophen Tablets, 325 mg		.0316
Acetaminophen Tablets, 500 mg		.0453
Acetaminophen Elixir, 160 mg/5 ml		.0218
Acetaminophen Solution, 100 mg/ml		.1613
Acetaminophen Suppositories, 120 mg		.5192
Artificial Tears Ophthalmic Solution		.3663
Artificial Tears Ophthalmic Ointment		1.8606
Aspirin, 81mg chewable		.0446
Aspirin, 81 mg (plain, enteric-coated)		.0307
Aspirin Tablets, 325 mg		.0158
Aspirin Tablets, 650 mg		.0287
Aspirin Tablets, Enteric-Coated, 325 mg		.0233
Aspirin Tablets, Enteric-Coated, 650 mg		.0263
Aspirin Tablets, Buffered, 325 mg		.0264
Bacitracin Ointment, 500 units/gm		.1288
Benzoyl Peroxide Gel, 5%		.1111
Benzoyl Peroxide Gel, 10%		.1057
Benzoyl Peroxide Lotion, 5%		.0886
Benzoyl Peroxide Lotion, 10%		.1012
Cetirizine Hydrochloride Liquid 1mg/ml		.0648
Cetirizine Hydrochloride Tablets, 5mg,		.1439
Cetirizine Hydrochloride Tablets 10mg		.1936
Chlorpheniramine Maleate Tablets, 4 mg		.0528
Clotrimazole Vaginal Cream, 1%		.1808
Diphenhydramine Hydrochloride Capsules, 25 mg		.0645
Diphenhydramine Hydrochloride Elixir, 12.5 mg/5 ml		.0241
Diphenhydramine Hydrochloride Liquid, 12.5 mg/5 ml		.0141
Diphenhydramine Hydrochloride Syrup, 12.5 mg/5 ml		.0160
Epinephrine, Racemic Solution 2.25%		1.2364
Guaiifenesin, 100 mg/5 ml with Dextromethorphan Liquid, 10 mg/5 ml		.0293
Ibuprofen Suspension, 100 mg/5 ml		.0356
Ibuprofen Tablets, 200 mg		.0543
Loperamide HCl Liquid, 1mg/5ml		.0811
Loperamide HCl Tablets, 2 mg		.2220
Loratadine Tablets, 10 mg		.2646
Loratadine Syrup, 5 mg/5ml		.0689
Magnesium Hydroxide Suspension, 400mg/5ml		.0075

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DRUG	✓Indicates Prior Authorization Required	MAC per Tablet, ML or GM
Meclizine Hydrochloride Tablets, 12.5 mg		.0415
Meclizine Hydrochloride Tablets, 25 mg		.3289
Meclizine Hydrochloride Chewable Tablets, 25 mg		.0401
Miconazole Nitrate Topical Cream, 2%		.1130
Miconazole Nitrate Vaginal Cream, 2%		.1818
Miconazole Nitrate Vaginal Suppositories, 100 mg		.9315
Neomycin-Bacitracin-Polymyxin Ointment		.1881
Nicotine Gum, 2mg	✓	.2396
Nicorette Gum, 2mg	✓	.3878
Nicotine Gum, 4mg	✓	.3174
Nicorette Gum, 4mg	✓	.4030
Nicotine Polacrilex Lozenge 2mg	✓	.4551
Commit Lozenge 2mg	✓	.4811
Nicotine Polacrilex Lozenge 4mg	✓	.4551
Commit Lozenge 4mg	✓	.4811
Nicotine Transdermal Patch, 7mg/24 hour	✓	2.02
Nicoderm Transdermal Patch, 7mg/24 hour	✓	2.9845
Nicotine Transdermal Patch , 14mg/24 hour	✓	2.02
Nicoderm Transdermal Patch, 14mg/24 hour	✓	2.9845
Nicotine Transdermal Patch, 21mg/24 hour	✓	2.02
Nicoderm Transdermal Patch 21mg/24 hour	✓	2.9845
Permethrin Lotion, 1%		.1132
Polyethylene Glycol 3350 Powder 119 grams (NDC 11523-7234-02)	✓ for ages 13-18	.0335
Polyethylene Glycol 3350 Powder 238 grams (NDC 11523-7234-03)	✓ for ages 13-18	.0335
Polyethylene Glycol 3350 Powder 510 grams (NDC 11523-7234-04)	✓ for ages 13-18	.0335
Polyethylene Glycol 3350 Powder 510 grams (NDC 11523-7234-09)	✓ for ages 13-18	.0335
Pseudoephedrine Syrup, 30 mg/5 ml		.0171
Pseudoephedrine Tablets, 30 mg		.0860
Pseudoephedrine Tablets, 60 mg		.0502
Pyrethrins-Piperonyl Butoxide Liquid, 0.33-4%		.0962
Pyrethrins-Piperonyl Butoxide Shampoo, 0.3-3%		.0454
Pyrethrins-Piperonyl Butoxide Shampoo, 0.33-4%		.0603
Salicylic Acid Liquid, 17%		1.4600
Senna Tablets, 187mg		.0338
Sennosides Syrup, 8.8mg/5ml		.0650
Sennosides Tablets, 8.6mg		.0390
Sennosides-Docusate Sodium Tablet, 8.6-50mg		.1002
Sodium Chloride Hypertonic Ophthalmic Ointment, 5%		3.5175
Sodium Chloride Hypertonic Ophthalmic Solution, 5%		.7879
Tolnaftate Cream, 1%		.1539
Tolnaftate Powder, 1%		.0722
Tolnaftate Solution, 1%		.4048