

## **Nonprescription Drug Maximum Allowable Cost (MAC) List**

*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.*

*Also payable are: nonprescription multiple vitamin and mineral products specifically formulated and recommended for use as a dietary supplement during pregnancy and lactation and with prior authorization, nonprescription multiple vitamins and minerals for conditions specified in IAC 78.1(2)"a"(3).*

*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 or GM</b>	<b>MAC per Tablet, ML</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
<b>Artificial Tears Ophthalmic Solution</b>	<b>.2112</b>
<b>Artificial Tears Ophthalmic Ointment</b>	<b>.9427</b>
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 5% Gel	.0422
Benzoyl Peroxide 5% Lotion	.0537
Benzoyl Peroxide 5% Wash	.0632
Benzoyl Peroxide 10% Gel	.0440
Benzoyl Peroxide 10% Lotion	.0550
Benzoyl Peroxide 10% Wash	.0676
Chlorpheniramine Maleate Tablets, 4 mg	.0103
Diphenhydramine Hydrochloride Capsules, 25 mg	.0225
Diphenhydramine Hydrochloride Liquid, 6.25 mg/5 ml	.0163
Diphenhydramine Hydrochloride Liquid, 12.5 mg/5 ml	.0061
Ferrous Sulfate Tablets, 300 mg	.0147
Ferrous Sulfate Tablets, 325 mg	.0147
Ferrous Sulfate Elixir, 220 mg/5 ml	.0050
Ferrous Sulfate Drops, 75 mg/0.6 ml	.0388
Ferrous Gluconate Tablets, 320 mg	.0159
Ferrous Gluconate Tablets, 325 mg	.0149
Ferrous Gluconate Elixir, 300 mg/5 ml	.0138
Ferrous Fumarate Tablets, 300 mg	.0152
Ferrous Fumarate Tablets, 325 mg	.0159
Guaifenesin, 100 mg/5 ml with Dextromethorphan, 10 mg/5 ml liquid	.0204

## **Nonprescription Drug Maximum Allowable Cost (MAC) List**

*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.*

*Also payable are: nonprescription multiple vitamin and mineral products specifically formulated and recommended for use as a dietary supplement during pregnancy and lactation and with prior authorization, nonprescription multiple vitamins and minerals for conditions specified in IAC 78.1(2)"a"(3).*

*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 or GM</b>	<b>MAC per Tablet, ML</b>
<b>Ibuprofen Tablets, 200 mg</b>	<b>.0479</b>
<b>Lactic Acid (Ammonium Lactate) Lotion, 12%</b>	<b>.0425</b>
<b>Loperamide HCl Liquid, 1mg/5ml</b>	<b>.0416</b>
<b>Loperamide HCl Tablets, 2 mg</b>	<b>.2108</b>
<b>Loratadine Tablets, 10 mg</b>	<b>.3795</b>
<b>Loratadine Syrup, 10 mg/ml</b>	<b>.0710</b>
Meclizine Hydrochloride Tablets, 12.5 mg	.0192
Meclizine Hydrochloride Tablets, 25 mg	.0255
Miconazole Nitrate Cream, 2% Topical	.1045
Miconazole Nitrate Cream, 2% Vaginal	.2398
Miconazole Nitrate Vaginal Suppositories, 100 mg	1.6210
<b>Neomycin-Bacitracin-Polymyxin Ointment</b>	<b>.1451</b>
Niacin tablets, 50mg	.0175
Niacin tablets, 100mg	.0195
Niacin tablets, 250mg	.0360
Niacin tablets, 500mg	.0284
<b>Omeprazole Magnesium Delayed Release Tablets, 20 mg (Base Equivalent)</b>	<b>.6053</b>
Pediatric Oral Electrolyte Solutions	.0054
Permethrin Liquid	.1363
Pseudoephedrine Syrup, 30 mg/5 ml	.0200
Pseudoephedrine Tablets, 30 mg	.0210
Pseudoephedrine Tablets, 60 mg	.0410
Salicylic Acid Liquid, 17%	.1396
<b>Sennosides-Docusate Sodium Tablets, 8.6-50 mg</b>	<b>.1085</b>
<b>Sennosides Tablets, 8.6 mg</b>	<b>.0422</b>
<b>Sennosides Granules, 15 mg/5 ml</b>	<b>.0622</b>
<b>Senna Tablets, 187 mg</b>	<b>.0391</b>
<b>Sodium Chloride Hypertonic Ophthalmic Ointment, 5%</b>	<b>2.9593</b>
<b>Sodium Chloride Hypertonic Ophthalmic Solution, 5%</b>	<b>.7653</b>
Sodium Chloride Solution 0.9% for inhalation with metered dispensing value	.0451
Tolnaftate 1% Cream	.1167
Tolnaftate 1% Powder	.0700
Tolnaftate 1% Solution	.2290