



P R O V I D E R B U L L E T I N

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To: All Pharmacy Providers**Subject: State Maximum Allowable Cost Updates**

Effective May 23, 2005, the following drug groups will be added to the State Maximum Allowable Cost (State MAC) for legend drugs rate list.

Table 1 – New Drug Groups for Legend Drugs

| Drug Name | State MAC Rate |
|--------------------------------|----------------|
| ACETAMINOPHEN/COD ELIXIR | 0.0161 |
| AMIKACIN 250 MG/ML VIAL | 4.1362 |
| AMINOCAPROIC ACID 25% SYRUP | 0.7534 |
| AMINOCAPROIC ACID 500 MG TAB | 1.7345 |
| BETAXOLOL 10 MG TABLET | 0.7624 |
| BUPROPION SR 150 MG TABLET | 1.3621 |
| BUSPIRONE HCL 7.5 MG TABLET | 0.6458 |
| CIPROFLOXACIN 0.3% EYE DROP | 3.3842 |
| CYCLESSA 28 DAY TABLET | 0.9712 |
| CYCLOSPORINE 100 MG/ML SOLN | 4.6841 |
| DEFEROXAMINE 2 GRAM VIAL | 54.9525 |
| DEMECLOCYCLINE 150 MG TABLET | 7.1529 |
| DEMECLOCYCLINE 300 MG TABLET | 12.9035 |
| DESMOPRESSIN 0.1 MG/ML SPRAY | 20.4203 |
| DESOXIMETASONE 0.25% OINT | 1.0540 |
| DEXTROSE 5%/WATER/EXCEL CON | 0.0095 |
| DIPHENHYDRAMINE 50 MG/ML VIAL | 1.0737 |
| ERGOLOID MESYLATES 1 MG TAB | 0.8884 |
| FLAVOXATE HCL 100 MG TABLET | 1.2723 |
| FLUCONAZOLE 10 MG/ML SUSP | 0.4209 |
| FLUCONAZOLE 40 MG/ML SUSP | 1.8233 |
| FLUTICASONE PROP 0.005% OINT | 0.6292 |
| HEPARIN LOCK FLUSH 100 UNITS/M | 0.2709 |
| HYDROMORPHONE 10 MG/ML VIAL | 1.8942 |

(Continued)

Table 1 – New Drug Groups for Legend Drugs

| Drug Name | State MAC Rate |
|--------------------------------|----------------|
| ISOTRETINOIN 10 MG CAPSULE | 4.6678 |
| ISOTRETINOIN 20 MG CAPSULE | 5.6280 |
| LACTULOSE 10 GM/15 ML SOLUTION | 0.0107 |
| LEVOCARNITINE 200 MG/ML VIAL | 3.0831 |
| LEVOTHYROXINE 300 MCG TABLET | 0.4977 |
| METHADONE INTENSOL 10 MG/ML | 0.8014 |
| METHAMPHETAMINE HCL 5 MG TAB | 1.5417 |
| METRONIDAZOLE 0.75% CREAM | 1.1942 |
| METRONIDAZOLE 500 MG/100 ML | 0.0223 |
| OFLOXACIN 400 MG TABLET | 4.1042 |
| OXYCODONE HCL 15 MG TABLET | 0.5292 |
| PEMOLINE 37.5 MG TABLET | 0.2953 |
| POTASSIUM CL 10 MEQ TABLET SA | 0.1994 |
| PROMETHAZINE 25 MG/ML VIAL | 1.6586 |
| PROMETHAZINE 50 MG/ML VIAL | 1.9452 |
| SODIUM CHLORIDE 0.45% SOLN | 0.0012 |
| TESTOSTERONE CYP 200 MG/ML | 9.4186 |
| THEOPHYLLINE ER 400 MG TABLET | 0.8952 |
| THEOPHYLLINE ER 600 MG TABLET | 1.3672 |

Effective March 28, 2005, State MAC rates for the following drugs will be increased as listed below.

Table 2 – State MAC Increases

| Drug Name | State MAC Rate |
|-------------------------------|----------------|
| CYCLOSPORINE 100 MG CAPSULE | 5.5924 |
| MEDROXYPROGESTERONE 10 MG TAB | 0.1265 |
| TOBRAMYCIN 40 MG/ML VIAL | 2.4628 |

Effective May 23, 2005, State MAC rates for the following drugs will be decreased as listed below.

Table 3 – State MAC Decreases

| Drug Name | State MAC Rate |
|-----------------------------|----------------|
| FLUOXETINE 40 MG CAPSULE | 1.2000 |
| OMEPRAZOLE 20 MG CAPSULE DR | 2.3153 |
| PAROXETINE HCL 10 MG TABLET | 0.7140 |
| PAROXETINE HCL 20 MG TABLET | 0.7455 |
| PAROXETINE HCL 30 MG TABLET | 0.8148 |
| PAROXETINE HCL 40 MG TABLET | 0.8444 |

Providers should direct any questions about the State MAC for legend drugs to the Myers and Stauffer Pharmacy Unit by telephone at (317) 816-4136 or 1-800-591-1183, or by e-mail at pharmacy@mslc.com.