Frequently Asked Questions (FAQs) about the Maximum Allowable Cost (MAC) List

1. What are the criteria used to determine which drugs are on the MAC List?
   - Therapeutic Orange Book rating equivalents
   - Availability from two or more manufacturers
   - High utilization potential
   - Cost effectiveness when two or more generics have significant price difference

2. How do you calculate the MAC price?
   - We use a MAC List algorithm that addresses non-rebateable, rebateable, obsolete drug, therapeutic equivalency ratings, single-source products, multiple-source products, drug availability and cost.

3. If you use a particular reference product to calculate the MAC price, will you provide the NDC?
   - We do not publish the NDCs. However, we can provide one or more NDCs upon request through the appeals process.

4. What does the effective date on the MAC list mean? Is this the last time First Health Services changed the price for that item?
   - Yes, the effective date is the date of the last price change.

5. Do you exclude deleted and inactive NDCs from the MAC List? What if an item on the MAC List becomes inactive?
   - We automatically remove all deleted and inactive NDCs from the MAC List.

6. How much advance notice is given to providers on MAC List changes? CMS endeavors to provide one month’s notice.
   - MAC List additions and deletions are prepared on the 5th of each month and posted to https://medicaid.nv.gov prior to the 10th of each month. These changes become effective the 10th of each month. Although CMS attempts to provide a 30-day notice, this does not always occur.

7. What if providers are unable to purchase products at the MAC price (from a reputable manufacturer who can provide a consistent source of supply)?
   - A provider can appeal the MAC List by calling First Health Services’ Technical Call Center at (800) 505-9185. Please see the Nevada Medicaid Services Manual, Chapter 1200 (1203.1D.9b) for additional details.