

## Instructions for Completing the State of CT MAC Pricing Inquiry Worksheet

The State of CT Maximum Allowable Cost (MAC) is established and published by the Department of Social Services for certain multiple sourced drugs. The reimbursement rate to providers for drugs on the MAC list is the average of the available Average Wholesale Prices (AWP) minus 72% based on two or more widely available generic drugs. The *MAC Pricing Inquiry Worksheet* provides the opportunity to indicate any difficulty a pharmacy has in obtaining a specific drug at the price listed on the MAC list provided by the State of Connecticut Medical Assistance Programs.

The State MAC Inquiry process only accepts generic drug inquiries for drugs that are on the State MAC list. Prior to submitting an inquiry it should be verified that the drug in question is on the State MAC list. A list of State MAC drugs can be found at <https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/macweblis.pdf>. This list is updated quarterly and interim changes due to inquiries are published monthly.

If the drug in question is not on the State MAC list please do not send in an inquiry as the drug is either on Federal Upper Limit (FUL) list or not on either list and not subject to reimbursement modification.

The Federal MAC, also known as the FUL Program is a large generic drug cost containment strategy implemented and managed by The Centers for Medicare & Medicaid Services (CMS) which establishes maximum prices for reimbursement for a great number of generic drugs. The State MAC Inquiry Process is in place for State MAC drugs only and cannot accept inquiries for or modify reimbursement for FUL drugs as this is not in the state's jurisdiction. Information regarding FUL drugs can be found at <http://www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Federal-Upper-Limits.html>

To ensure a timely response to your comments for each drug that the pharmacy is not able to purchase at the State's MAC price, please complete the attached form and include the following:

- NDC of lowest priced product available,
- Manufacturer,
- Drug name,
- Drug strength
- Package Size (e.g., 100 tablet bottle),
- Dosage Form (e.g., tablet, syrup, ampule),
- Wholesaler,
- Lowest price for which the pharmacy can obtain the drug, and
- Pharmacy store information,
- Actual Purchase invoice to confirm purchase price, must contain pharmacy information (e.g., name and address, or rubber stamp indicating store name and address) cannot be printed off the web.

This correspondence must be signed by a registered pharmacist and faxed directly to Hewlett Packard Enterprise. Failure to include all of the required information will result in the inability to respond to pricing issues. Invoices that are illegible or tampered with will result in the inability to respond to pricing issues. Only valid MAC inquiries will be researched and reviewed, and upon completion, a response will be provided in approximately thirty business days.

Reimbursement changes or removal of drugs from the State MAC list due to an inquiry will be effective the first of the month the completed inquiry is submitted. MAC pricing inquiries should be submitted prior to the 25<sup>th</sup> of each month in order to appear on that month's update list. If it is determined during review that a portion of the inquiry is missing or invalid, the effective date of receipt will be the date the inquiry is submitted correctly and completely. All invoices must contain the name and address of the pharmacy or rubber stamp indicating store name and address.

Please forward all questions regarding the *MAC Pricing Inquiry Worksheet* to:

Carly Whitehouse PharmD

Esmeralda Acevedo, Pharmacy Technician

**Fax: (1.860) 686.5746**

For problems faxing please email: [ctsmacinquiries@hpe.com](mailto:ctsmacinquiries@hpe.com)

rev 9/16

## State of CT MAC Pricing Inquiry Worksheet

**MAC Inquiry verify that the drug in question is on the State MAC list which is published and updated quarterly, as the any Federal MAC or FUL inquiries. If the drug in question is not on the State MAC list please do not send in an inquiry as or not on either list and not subject to reimbursement modification.**

ate MAC Link: <https://www.ctdssmap.com/CTPortal/Portals/0/StaticContent/Publications/macweblis.pdf>

ederal Upper Limit (FUL), is a large generic drug cost containment strategy implemented and managed by CMS (Centers for Medicare & publishes maximum prices for reimbursement for a great number of generic drugs. We cannot accept inquiries for or modify s as this is not in the state's jurisdiction.

IL Link: <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Prescription-Drugs/Federal-Upper-Limits.html>

Manufacturer	Drug Name	Drug Strength	Package Size	Dosage Form	Wholesaler	Lowest Price Attainable	Date of Price Search

e \_\_\_\_\_ Store Name \_\_\_\_\_  
 \_\_\_\_\_ Store Address \_\_\_\_\_  
 \_\_\_\_\_ Store City \_\_\_\_\_ Zip+4 \_\_\_\_\_  
 \_\_\_\_\_ Store Phone \_\_\_\_\_  
 \_\_\_\_\_ Email Address \_\_\_\_\_

com  
 hnician rev 9/16

lished State MAC prices are subject to change based upon weekly pricing adjustments and pharmacy submitted MAC Inquiries