Reset Form Print Form

New Hampshire Medicaid
Maximum Allowable Cost Price Research Request Form

By submitting this form, I am requesting that Magellan Medicaid Administration research the New Hampshire (NH) Medicaid Maximum Allowable Cost (MAC) list price of the drug listed on this form and respond about product availability or a price modification based on information provided in the **Comments** section below.

*** DENOTES REQUIRED FIELDS**

*** Request Date (MM/DD/YYYY):**

/ /

PHARMACY INFORMATION

Pharmacy Name:

Contact Last Name: **Contact First Name:**

NPI Number:

Phone Number: – –

Fax Number: – –

DRUG INFORMATION

Drug Name:

Drug Strength: *** Drug Dosage Form:**

*** NDC Number:** – –

Recipient ID Number:

*** Rx Number:**

*** Provider Acquisition Cost:** $.

*** Dispense as Written (DAW) Code:**

Quantity Dispensed:

*** Date of Service** / /

Comments:

Magellan Medicaid Administration Use Only – Do Not Mark in This Area
Response Date:
Response:

Return this form with a copy of the invoice listing the current acquisition cost to:
Magellan Medicaid Administration, Inc.
Attn: MAC Department
Fax: 1-888-656-1951 or email: StateMACProgram@primetherapeutics.com

Note: Processing may be delayed if information submitted is illegible or incomplete.

Phone: 1-866-675-7755
Fax: 1-888-603-7696

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Magellan Rx MANAGEMENT