DEPARTMENT OF HUMAN SERVICES

Minnesota Medicaid Pharmacy Services
Maximum Allowable Cost Price Research Request Form

By submitting this form, I am requesting that Magellan Medicaid Administration research the Minnesota Medicaid Pharmacy Services (MN MPS) 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 (include HCPCS code if applicable):

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, LLC.
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.

© 2024 by Magellan Medicaid Administration, LLC. All rights reserved.