Kentucky Medicaid
Maximum Allowable Cost (MAC) Price Research Request Form

By submitting this form, I am requesting that Magellan Medicaid Administration research the Kentucky 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):** / /

***Is this request an MCO appeal?** ☐ Yes ☐ No

PROVIDER INFORMATION

Provider Last Name:

Provider First 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's 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 E-mail: StateMACProgram@magellanhealth.com

Note: Processing May Be Delayed if Information Submitted is Illegible or Incomplete.

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