



Maximum Allowable Cost (MAC) Price Research Request Form

By submitting this form, I am requesting that Magellan Medicaid Administration research the South Carolina 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.

*** Required Fields**

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

/ /

PHARMACY INFORMATION

*** Pharmacy Name:**

*** Contact's First Name:**

*** Contact's Last Name:**

*** Pharmacy Phone Number:**

- -

*** Pharmacy Fax Number:**

- -

*** National Provider ID# (NPI):**

DRUG INFORMATION

*** Drug Name:**

*** Drug Strength:**

*** Drug Dosage Form:**

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

*** NDC Number:**

- -

Recipient ID Number:

*** Dispensing Fee:**

\$.

*** Prescription Number:**

*** Provider Acquisition Cost:**

\$.

*** Ingredient Cost:**

\$.

Quantity Dispensed:

*** Date of Service (MM/DD/YYYY):**

/ /

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: 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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Revised: November 11, 2022

