



Maximum Allowable Cost (MAC) Price Research Request Form

By submitting this form, I am requesting that Prime Therapeutics State Government Solutions 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:

Prime Therapeutics State Government Solutions' 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:**

Prime Therapeutics State Government Solutions

Attn: MAC Department

Fax: 888-656-1951 or

E-mail: StateMACProgram@primetherapeutics.com

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

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