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Magellan Rx MANAGEMENT

NYRx the Medicaid Pharmacy Program

State Maximum Allowable Cost (SMAC) Price Research Request Form

By submitting this form, I am requesting that Magellan Medicaid Administration research the NY Medicaid State Maximum Allowable Cost (SMAC) 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.

NOTE: Required fields are highlighted with an asterisk (*).

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

PHARMACY INFORMATION

Pharmacy's Name: _____

Contact's Last Name: _____ **Contact's First Name:** _____

NPI Number: _____

Pharmacy's Phone #: _____ **Pharmacy's Fax #:** _____

DRUG INFORMATION

Drug Name: _____ ***Drug Dosage Form:** _____

Drug Strength: _____ **Recipient ID Number:** _____

***NDC Number:** _____ **Rx Number:** _____

***Provider Acquisition Cost:** _____ **Quantity Dispensed:** _____

***Dispense as Written (DAW) Code:** _____ **Date of Service:** _____

Comments:

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

Note: Processing may be delayed if information submitted is illegible or incomplete. You may contact the NY Medicaid Pharmacy Policy & Operations Department at **800-343-9000** for NADAC, AWP, FUL, or additional billing/claim processing questions on this claim.

Return this form **with a copy of the invoice listing the current acquisition cost** to:

Magellan Medicaid Administration, Inc.
Attn: SMAC Department
Fax: 1-888-656-1951 Email: StateMACProgram@primetherapeutics.com

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