

Minnesota Health Care Programs Maximum Allowable Cost Price Research Request Form

By submitting this form, I am requesting that Prime Therapeutics State Government Solutions LLC research the Minnesota Health Care Programs 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):	
1 1	
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 o	f Service
	1 1
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 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.