New Hampshire Medicaid
Maximum Allowable Cost Price Research Request Form

By submitting this form, I am requesting that Prime Therapeutics State Government Solutions research the New Hampshire (NH) 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):		
PHARMACY INFORMATION		
Pharmacy Name:		
Contact Last Name:	Contact First I	Name:
NPI Number:		
Phone Number:	Fax Number:	
DRUG INFORMATION		
Drug Name:		
Drug Strength:	* Drug [Dosage Form:
* NDC Number:	Recipier	nt ID Number:
	-	
* Rx Number:	* Provider Acquisition Cost:	* Dispense as Written (DAW) Code:
Quantity Dispensed:	* Date of Service	
	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: <u>StateMACProgram@primetherapeutics.com</u>

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

Phone: 1-866-675-7755 Fax: 1-888-603-7696

 $\hfill \ensuremath{\mathbb{C}}$ 2021–2024 Prime Therapeutics Management LLC, a Prime Therapeutics LLC company Review Date: 10/10/2023

