District of Columbia Medicaid
MAC Price Research Request Form

By submitting this form, I am requesting that Prime Therapeutics State Government Solutions research the DC 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 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 of Service** / /

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.

Revision Date: 10/10/2023