



Kentucky Medicaid MAC Price Research Request Form

Please return this form with a copy of the invoice listing the current acquisition cost to MedImpact Attn: MAC Department

Fax: 877-357-0005 or E-mail: StateMACProgram@medimpact.com

By submitting this form, I am requesting that MedImpact research the Kentucky 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 the information provided in the "Comments" section below.

***DENOTES REQUIRED FIELDS**

*DATE: _____

Provider Information		
*PROVIDER NAME:		*CONTACT NAME:
*PHONE NUMBER:	*FAX NUMBER:	*NPI NUMBER:
*EMAIL ADDRESS		

BASIS OF REIMBURSEMENT DETERMINATION (NCPDP FIELD #522-FM) VALUE AND REFERENCE PRICE SOURCE:		
4-USUAL & CUSTOMARY PAID AS SUBMITTED		
6-MAC - <i>Attach purchase invoice and submit form</i>		
10-ASP- <i>Email - sec303aspdata@cms.hhs.gov</i>		
13-WAC - <i>Contact your Wholesaler</i>		
20-NADAC - <i>Myers and Stauffer - info@mslcrps.com or (855) 457-5264</i>		
24-FUL - <i>Email - FUL@cms.hhs.gov</i>		
Comments		

MedImpact Use Only – Do Not Mark in this Area!	
RESPONSE DATE:	_____
RESPONSE:	_____

Note: Processing May Be Delayed if Information Submitted is Illegible or Incomplete.