



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		

*RX NUMBER	*DATE OF SERVICE:	*NDC NUMBER
*RECIPIENT ID NUMBER:	*PROVIDER ACQUISITION COST:	*BASIS OF REIM DET(NCPDP #522-FM):
BASIS OF REIMBURSEMENT DETERMINATION (NCPDP FIELD #522-FM) VALUE AND REFERENCE PRICE SOURCE:		
4-USUAL &CUSTOMARY PAID AS SUBMITTED 6-MAC - <u>Attach purchase invoice and submit form</u>		
10-ASP- <u>Email - sec303aspdata@cms.hhs.gov</u> 13-WAC - <u>Contact your Wholesaler</u>		
20-NADAC - <u>Myers and Stauffer - info@mslcrps.com or (855) 457-5264</u> 24-FUL - <u>Email - FUL@cms.hhs.gov</u>		

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.



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