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:

Drug Information			
*DRUG NAME:	*DRUG STRENGTH:	*DRUG DOSAGE FORM:	
*NDC NUMBER:	RECIPIENT ID NUMBER:	*RX NUMBER:	
*PROVIDER ACQUISITION COST:	*DAW CODE:	QUANTITY DISPENSED:	*DATE OF SERVICE:

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.
*ADD MedImpact LEGAL DISCLAIMER

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