

# New York Medicaid SMAC Price Research Request Form

By submitting this form, I am requesting that NYS Medicaid Pharmacy Policy & Operations staff research the NY Maximum Allowable Cost (SMAC) 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**

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

Staff 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 Magellan Medicaid Administration, Inc.  
 Attn: MAC Department  
 Fax: (888) 656-1951 or E-mail: [StateMACProgram@magellanhealth.com](mailto:StateMACProgram@magellanhealth.com)  
**Note:** Processing May Be Delayed if Information Submitted is Illegible or Incomplete.  
 You may contact the NY Medicaid Pharmacy Policy & Operations Department at 518-486-3209 for AWP, FUL, or additional billing/claim processing questions on this claim.  
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