

STATE MAXIMUM ALLOWABLE COST PROGRAM- REQUEST FOR MEDICAID REIMBURSEMENT REVIEW

Pharmacy providers should use this form to report problems purchasing drugs at prices equivalent to or less than the established State Maximum Allowable Cost (State MAC) reimbursement rates.

Please print, complete, and fax this form to the Myers and Stauffer Pharmacy Unit including copies of your purchase records that illustrate your costs to 317-571-8481 (attention: Pharmacy Unit).

NOTE: ALL FIELDS MARKED WITH AN ASTERISK (*) MUST BE COMPLETED FOR PROPER SUBMISSION OF THIS FORM

Pharmacy Provider Information

Pharmacy Name				*
Medicaid Provider Number		*		
City		*	State	
Phone		*	Email	

Drug Information: Please enter information for one (1) drug only per submitted form.

Drug Name				*
National Drug Code (NDC)		-		-
		*	(e.g., 12345-6789-10)	

Provider Cost Information

Cost Per Package	\$	*	Are you able to purchase alternate NDCs?	Y / N	*
Package Size		*	Are there availability issues?	Y / N	*
Date of Purchase		*	Has there been a recent increase in acquisition cost?	Y / N	*

Claim Information

Dispense Date		Comments:
Quantity Dispensed		
Total Reimbursement for claim	\$	

NOTE: You must send copies of drug purchase records to illustrate your cost information.

Once complete information is received, we will evaluate your inquiry and respond within 24 hours. For questions or to check the status of an inquiry, please contact us by e-mail at pharmacy@mslc.com or by phone at **800-591-1183**.

Person Submitting This Request