



NYRx the Medicaid Pharmacy Program

State Maximum Allowable Cost (SMAC) Price Research Request Form

By submitting this form, I am requesting that Prime Therapeutics State Government Solutions research the NY Medicaid State 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.

NOTE: Required fields are highlighted with an asterisk (*).

* Request Date (MM/DD/YYYY): _____

PHARMACY INFORMATION

Pharmacy's Name: _____

Contact's Last Name: _____ Contact's First Name: _____

NPI Number: _____

Pharmacy's Phone #: _____ Pharmacy's Fax #: _____

CLAIM INFORMATION

Drug Name: _____ *Drug Dosage Form: _____

Drug Strength: _____ Recipient ID Number: _____

*NDC Number: _____ Rx Number: _____

*Provider Acquisition Cost: _____ Quantity Dispensed: _____

*Dispense as Written (DAW) Code: _____ Date of Service: _____

*NCPDP Field 522-FM Value (only values of "19" are acceptable): _____

Comments:

Prime Therapeutics State Government Solutions Use Only — Do Not Mark in This Area
Response Date:
Response:

Note: Processing may be delayed if information submitted is illegible or incomplete. You may contact the NY Medicaid Pharmacy Policy & Operations Department at **800-343-9000** for NADAC, AWP, FUL, or additional billing/claim processing questions on this claim. For more information about NCPDP fields refer to the document: https://www.health.ny.gov/technology/all_payer_database/docs/eis_transaction_guide_ncpdp_v4.2.pdf

Return this form with a copy of the **invoice** listing the current acquisition cost to:

Prime Therapeutics State Government Solutions LLC

Attn: SMAC Department

Fax: 1-888-656-1951

Email: StateMACProgram@primetherapeutics.com

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