

**FORWARDHEALTH  
STATE AND SPECIALTY MAXIMUM ALLOWED COST DRUG PRICING REVIEW REQUEST**

**Instructions:** The use of this form is mandatory to request the review of state Maximum Allowed Cost (MAC) pricing in the ForwardHealth drug index. Pharmacists are required to submit documentation to substantiate their actual acquisition cost (AAC) and sign the certifying statement below. The pharmacy must submit an invoice having a product date of purchase within 60 days of submitting the request. Refer to the State and Specialty Maximum Allowed Cost Drug Pricing Review Request Completion Instructions, F-00030A, for more information. Requests for pricing review will not be accepted for Wholesale Acquisition Cost, National Average Drug Acquisition Cost (NADAC), or ceiling price rates on file for a National Drug Code (NDC). National Average Drug Acquisition Cost review requests are submitted via the following:

- Telephone (toll-free): 855-457-5264
- Email: [info@mslcrps.com](mailto:info@mslcrps.com)
- Fax: 844-860-0236

The completed form may be returned to the Drug Authorization and Policy Override Center via fax at 608-250-0246 or by mail at the following address:

ForwardHealth  
Drug Authorization and Policy Override Center  
313 Blettner Blvd  
Madison WI 53784

**SECTION I – PHARMACY INFORMATION**

|                                                       |                  |                                   |  |
|-------------------------------------------------------|------------------|-----------------------------------|--|
| 1. Name – Pharmacy                                    |                  |                                   |  |
| 2. National Provider Identifier                       | 3. Taxonomy Code | 4. ZIP+4 Code – Practice Location |  |
| 5. Address – Provider (Street, City, State, ZIP Code) |                  |                                   |  |
| 6. Telephone Number – Provider                        |                  | 7. Fax Number – Provider          |  |
| 8. Name – Contact Person                              |                  |                                   |  |

**SECTION II – PRODUCT AND PRICE INFORMATION**

| 9. NDC (11-Digit No.) | 10. Drug Name | 11. Current State or Specialty MAC Drug Rate – Per Unit Rate | 12. Net Cost – Per Unit Rate* |
|-----------------------|---------------|--------------------------------------------------------------|-------------------------------|
|                       |               |                                                              |                               |

*Continued*



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**SECTION II – PRODUCT AND PRICE INFORMATION (Continued)**

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13. Describe the reason for state or specialty MAC drug rate review (e.g., no generic available at state MAC drug price).

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\* I certify that the price listed on the documentation reflects the AAC after rebates or discounts from the wholesaler / supplier.

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14. SIGNATURE – Requesting Provider

15. Date Signed

Internal Use Only