

FORWARDHEALTH
STATE AND SPECIALTY MAXIMUM ALLOWED COST DRUG PRICING
REVIEW REQUEST COMPLETION INSTRUCTIONS

ForwardHealth requires certain information to enable the program to certify providers and to authorize and pay for medical services provided to eligible members.

Personally identifiable information about providers is used for purposes directly related to program administration such as determining provider enrollment or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of payment for the services.

The use of the State and Specialty Maximum Allowed Cost Drug Pricing Review Request form, F-00030, is mandatory when requesting a state or specialty maximum allowed cost (MAC) drug pricing review. Requests for pricing review will not be accepted for Wholesale Acquisition Cost, National Average Drug Acquisition Cost, or calculated ceiling price rates on file for a National Drug Code (NDC).

All elements are required unless otherwise noted.

SECTION I – PHARMACY INFORMATION

Element 1 – Name – Pharmacy

Enter the name of the pharmacy.

Element 2 – National Provider Identifier

Enter the 10-digit National Provider Identifier (NPI) of the pharmacy.

Element 3 – Taxonomy Code (Optional)

Enter the national 10-digit alphanumeric taxonomy code that corresponds to the NPI of the provider in Element 2.

Element 4 – ZIP+4 Code – Practice Location (Optional)

Enter the complete ZIP+4 code associated with the practice service location on file with ForwardHealth.

Element 5 – Address – Provider

Enter the address (street, city, state, and ZIP+4 code) of the pharmacy.

Element 6 – Telephone Number – Provider

Enter the telephone number, including the area code, of the pharmacy.

Element 7 – Fax Number – Provider

Enter the fax number, including the area code, of the pharmacy.

Element 8 – Name – Contact Person

Enter the name of the primary contact person at the pharmacy.

SECTION II – PRODUCT AND PRICE INFORMATION

Element 9 – NDC

Enter the appropriate 11-digit NDC for each drug.

Element 10 – Drug Name

Enter the drug name.

Element 11 – Current State or Specialty MAC Drug Rate – Per Unit Rate

Enter the current state or specialty MAC drug per unit rate.

Element 12 – Net Cost – Per Unit Rate

Enter the net cost of the drug. (This is the cost after rebates or discounts from a wholesaler or other entity. This value may be lower than the invoiced price.)

Element 13

Include a description of the reason for state or specialty MAC drug rate review (e.g., no generic available at state or specialty MAC drug price).

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Element 14 – Signature – Requesting Provider

The requesting provider certifying the statement is required to complete and sign this form.

Element 15 – Date Signed

Enter the month, day, and year the form was signed in MM/DD/CCYY format.