DEPARTMENT OF HEALTH SERVICES
Division of Medicaid Services
F-00030 (01/2017)

STATE OF WISCONSIN

FORWARDHEALTH

STATE 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 net cost 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 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 and expanded MAC rates on file for a National Drug Code (NDC).

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

RESET FORM

SECTION 1 – 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. Phone Number – Provider	7. Fax Number – Provider	8. Name – Contact Person

SECTION II – PRODUCT AND PRICE INFORMATION

9. NDC (11-Digit Number)	10. Drug Name	11. Current State MAC Price	12. Net Cost*

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

***I certify that the price listed on the documentation reflects the actual net costs after rebates or discounts from the wholesaler/supplier.**

14. SIGNATURE – Pharmacist	15. Date Signed

Internal Use Only

F-00030