

**FORWARDHEALTH
STATE MAXIMUM ALLOWED COST DRUG PRICING REVIEW REQUEST
COMPLETION INSTRUCTIONS**

ForwardHealth requires certain information to enable the programs 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 the certification of providers 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 Maximum Allowed Cost Drug Pricing Review Request form, F-00030, is mandatory when requesting a state maximum allowed cost (MAC) drug pricing review. Requests for pricing review will not be accepted for wholesale acquisition cost and expanded maximum allowed cost 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 of the pharmacy.

Element 3 – Taxonomy Code (Optional)

Enter the taxonomy code assigned by ForwardHealth.

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 MAC Price

Enter the current state MAC price.

Element 12 – Net Cost

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 MAC review (e.g., no generic available at state MAC price).

Element 14 – Signature – Pharmacist

The pharmacist 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.