

Medi-Cal Rx Maximum Allowable Ingredient Cost (MAIC) Price Research Request Form



By submitting this form, I am requesting that Medi-Cal Rx research the Maximum Allowable Ingredient Cost (MAIC) reimbursement rate on this form and respond about product availability or a price modification based on information provided in the *Comments* section below.

Instructions: Fill out all applicable sections on all pages completely and legibly. Processing may be delayed if information submitted is illegible or incomplete.

*** Indicates Required Field**

Pharmacy Information

*Pharmacy Name:

*Contact's First Name:

*Contact's Last Name:

*Pharmacy Phone Number:

*Pharmacy Fax Number:

*Contact's Email:

*National Provider ID# (NPI)

Drug Information

*Drug Name:

*Drug Strength:

*Drug Dosage Form:

*DAW (Dispense as Written) Code

*National Drug Code (NDC) Number:

*Dispensing Fee:

*Prescription Number:

*Pharmacy Acquisition Cost:

*Ingredient Cost:

*Quantity Dispensed:

*Date of Service (MM/DD/YYYY):

Reimbursement Information

*Pharmacy Reimbursement Amount:

Comments

Magellan Medicaid Administration's Use Only – Do Not Mark in this Area!

Response Date:

Response:

Mail this form and a copy of the invoice listing the current acquisition cost to:

Medi-Cal Rx
ATTN: MAIC Price Research Request
P.O. Box 610
Rancho Cordova, CA 95741-0610

Fax this form and a copy of the invoice listing the current acquisition cost to: 1-866-391-6726