

By submitting this form, I am requesting that Magellan Medicaid Administration research the New Hampshire (NH) ADAP Maximum Allowable Cost (MAC) list price of the drug listed on this form and respond about product availability or a price modification based on information provided in the **Comments** section below.

[illegible][illegible][illegible][illegible]

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[illegible]

*** Drug Dosage Form:**

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[illegible]

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Magellan Medicaid Administration Use Only – Do Not Mark in This Area
Response Date:
Response:

Note: Processing may be delayed if information submitted is illegible or incomplete.