New Hampshire AIDS Drug Assistance Program (ADAP)
Maximum Allowable Cost Price Research Request Form

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.

## \* DENOTES REQUIRED FIELDS

## \* -Determined DD haaad

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

Return this form with a copy of the invoice listing the current acquisition cost to:

Magellan Medicaid Administration, Inc.

Attn: MAC Department

Fax: 1-888-656-1951 or email: StateMACProgram@primetherapeutics.com

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

