## New Hampshire TB Maximum Allowable Cost Price Research Request Form

By submitting this form, I am requesting that Prime Therapeutics State Government Solutions research the New Hampshire (NH) TB 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	
* Request Date (MM/DD/YYYY):	
PHARMACY INFORMATION	
Pharmacy Name:	
Contact Last Name:	Contact First Name:
NPI Number:	
Phone Number:	Fax Number:
DRUG INFORMATION	
Drug Name:	
Drug Strength:	* Drug Dosage Form:
* NDC Number:	Recipient ID Number:
* NDC Number:	Recipient ID Number:
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* NDC Number:  * Rx Number:  * Provider Acquis  Quantity Dispensed:  * Date of Service  / Comments:	Recipient ID Number:  ition Cost: * Dispense as Written (DAW) Code:
* NDC Number:  * Rx Number:  * Provider Acquis  Quantity Dispensed:  * Date of Service  / Comments:  Prime Therapeutics State Government Solutions Use Only	Recipient ID Number:  ition Cost: * Dispense as Written (DAW) Code:

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

Prime Therapeutics State Government Solutions LLC

Attn: MAC Department

Fax: 1-888-656-1951 or email: <a href="mailto:StateMACProgram@primetherapeutics.com">StateMACProgram@primetherapeutics.com</a>

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

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