

MAC Pricing Pharmacy Appeal

Instructions

Email completed form to pharmacynetwork@thepharmaforce.com or fax to 1-866-779-0781. MAC pricing reviews must be submitted within 30 days of claim fill or timeframe required by state law. If submitting more than one product, please use an Excel spreadsheet and account for all of the listed fields below. *Indicates required fields – Incomplete forms will be returned without review. Questions? Contact us via email or call 1-833-379-1643.

Provider Information

Contact Name* _____ Date ____/____/____

Pharmacy/Provider NCPDP ID* _____ Pharmacy/Provider NPI ID* _____

Pharmacy Phone* _____ Pharmacy Fax* _____

Email* _____

Claim Information

Compound Indicator

BIN* _____ PCN* _____

Rx Number* _____ Claim Number _____

Date of Claim* ____/____/____ NDC* _____

Drug Name* _____ Pharmacy Cost* _____

Reason for Appeal:

- MAC unit below cost
- Drug experiencing supply issues, please review MAC
- Dispensed least expensive generic
- Other – Explain

Attachments

- You must submit invoice showing NDC of the claim being disputed with this form
- Excel Spreadsheet listing multiple products for review