



7815 N Palm Ave, Suite 400  
Fresno, CA 93711  
Phone: 877-847-3397  
Fax: 800-476-2691

## Pharmacy MAC Pricing Appeal Request

Please complete the following form and email back to [macappeals@rxipm.com](mailto:macappeals@rxipm.com). Upon review, you will receive an email OR fax response when the claim has been reviewed for a successful MAC increase or if the request was denied. If the NDC is approved for repricing, the MAC price will be adjusted. A courtesy call will be made within two business days to inform you of the price adjustment.

### MAC Pricing Inquiry Requirements:

1. Provide pharmacy and claim information completely or attach a copy of the claim with all necessary information.
2. Provide proof of Acquisition Cost.
3. NDC inquired must be from your wholesaler for consideration.

#### CONFIDENTIALITY NOTICE

WARNING: Unauthorized interception of this telephonic communication could be a violation of Federal and State law.

This information has been disclosed to you from records that may be protected by federal confidentiality rules (42 CFR, Part 2) and may be protected by state laws regarding confidentiality of patient records. These rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

The document accompanying this telecopy transmission may contain confidential information which is legally privileged; the information is intended only for the use of the recipient named above. You are hereby notified that any disclosure, copying, distribution or action taken in reliance of the contents of this telecopied information is STRICTLY PROHIBITED. If you have received this telecopy in error, please immediately notify sender by telephone at the number above to arrange for the return of the original documents. Thank you.





7815 N Palm Ave, Suite 400  
Fresno, CA 93711  
Phone: 877-847-3397  
Fax: 800-476-2691

**Comments:**

**NOTES:**

**\*\*Please submit completed form with proof of acquisitions cost showing NDC to IPM; [macappeals@rxipm.com](mailto:macappeals@rxipm.com)**

**Internal USE:** Appeal ID #: \_\_\_\_\_

Received Date: \_\_\_\_\_

Processed by: \_\_\_\_\_

Notified Pharmacy of Approval/Denial: Y/N

Date Pharmacy Notified: \_\_\_\_\_ Notified by: \_\_\_\_\_