



Standard Pricing Appeal Form

Integrated Prescription Management

7815 N. Palm Ave. Suite 400
Fresno, CA 93711
877.846.3397

RXIPM.COM

Please complete the following form and email securely to macappeals@rxipm.com or send via facsimile, (800) 476-2691. IPM will acknowledge receipt of the appeal and provide the appeal number and contact information for questions. IPM will review and respond with its determination within ten days of receipt of the appeal, or as required by applicable state law. The notice of determination will provide additional information and instructions. For questions please contact the provider helpdesk at 877-846-3397, option 2.

Requirements:

- 1) Invoice showing proof of acquisition cost of NDC(s) must accompany the appeal; include all discounts, prices concessions, rebates, or other reductions in cost.
- 2) NDC in question must be from the pharmacy's wholesaler for that NDC(s);
- 3) Provide the name of the wholesaler, contact name, phone number and email.

| | | |
|----------------|--------------------------------|-------|
| Pharmacy Name: | | Date: |
| NCPDP | NPI: | |
| Contact Name: | Email: (Required for response) | |
| Phone: | Fax: (Required for response) | |

| BIN | PCN | Rx # | Fill Date | Rx Group # | NDC # | Drug name & Strength | AAC/ Unit | Manufacturer, Contact Name and Phone/Email | Reason for appeal (Select one or more reasons) | | |
|-----|-----|------|-----------|------------|-------|----------------------|-----------|--|---|--------------------------|-----------------|
| | | | | | | | | | Payment below AAC | Lowest cost generic disp | MAC Req not met |
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Comments:

CONFIDENTIALITY NOTICE

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