

## Initial Pricing Appeal Form



**Integrated Prescription Management**

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877.846.3397

**RXIPM.COM**

Please complete the following form and email to [macappeals@rxipm.com](mailto:macappeals@rxipm.com). 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 seven business days of receipt of the appeals. The notice of determination will provide additional information and instructions. For questions please contact the provider helpdesk at 877-860-8846, option 2.

**Requirements:**

- 1) Invoice showing Proof of Acquisition Cost of NDC(s) must accompany this request.
- 2) NDC(s) in question must be from Pharmacy's wholesaler for that NDC(s).
- 3) Provide the name of the manufacturer, contact name, phone number, and email.

<b>Pharmacy Name:</b>	<b>Date:</b>
<b>NCPDP:</b>	<b>NPI:</b>
<b>Contact Name:</b>	<b>Email: (Required for response)</b>
<b>Phone:</b>	<b>Fax: (Required for response)</b>

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

**Comments:**

**CONFIDENTIALITY NOTICE**

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