



Fax Cover Sheet

From: **Date:**
Time:
Page(s): (Includes Cover Sheet)

Fax Number:
Phone Number:

To: Magellan Rx, MAC Manager **Fax: 888-656-6221**
Magellan Rx Management **Phone: 800-424-6820**
Email: MRXMACAPPEALS@magellanhealth.com

Re: MRX Pharmacy MAC Pricing Research Request

Please complete the following form and email or fax back using the information listed at the top of the page. Upon review, you will receive a phone call or e-mail response when the claim has been reviewed for a successful MAC increase or if your request was denied. If the NDC/GCN is approved for repricing, the MAC price will be adjusted and our goal is to call you back within five business days to inform you of the decision.

Reminder of Requirements:

1. Fill in pharmacy information and claim information completely or attach copy of claim.
2. Provide proof of Acquisition Cost.
3. NDC in question must be from your wholesaler for consideration.

Helpful Reminders:

1. Pre-fill pharmacy's information and make a photocopy of form. Retain copies on file to reduce filling in duplicate information each time you have a request.
2. You may attach a copy of the claim in question (if it includes the required information) rather than completing form manually.
3. If you have this form, there is no need in the future to call in a request. Just fill out the form and fax. We will take care of the rest. You can expect a call back from a Magellan Pharmacy Solutions representative within 3-5 business days. **(Note: Occasional delays may occur)**

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.



MAC Pricing Research Request

Fax completed form and provide other required elements to: 888-656-6221

| | | |
|----------------|-------------------|------------------------|
| Pharmacy Name: | | Date Requested: / / |
| NCPDP# | NPI # | Email address: |
| Contact Name: | Phone #: () - | Fax #: () - |

Claim Information: Complete the section below *or* attach copy of claim transaction.

| | | | | |
|----------------|-------------------|-----------------------|------------|-------------|
| Rx #: | Fill Date: / / | Member Copay: | Disp. Fee: | Total Paid: |
| RxGrp #: | PCN: BIN: | NDC #: | | |
| Member ID: | DOB: / / | Drug Name & Strength: | | |
| Qty Dispensed: | U & C Price: | | | |

Other Requirements:

- 1) Invoice or Proof of Acquisition Cost of NDC must accompany this request.
- 2) NDC in question must be from Pharmacy's wholesaler for that NDC.

Comments: _____

Do not write below this line – Internal Use Only

| | | | | |
|-------------------------|----------------|------------------------|---------------------------------|----------|
| Date of Request: / / | Processed by: | Date Completed: / / | Pharm Notified By: Date: / / | |
| MAC Drug: Y / N | AWP: | Phr ACQ: | Alt ACQ: | GSN: |
| Platform: | MAC: | Prev: | ADJ: Y / N | New MAC: |
| Effective Date: / / | Alt NDC: N / Y | Alternate NDC: 1 | Alternate NDC: 2 | |
| | | | | |

Comments: