



MAC Pricing Review Form

MAC pricing reviews must be submitted within 30 days or within such time period as may be required by applicable state law, of the claim fill date.

Please complete the form and fax to 1.860.687.9275 or email to MACInquiry@Cigna.com

If submitting numerous products for review, please use an Excel spreadsheet and account for all of the fields listed below.

All fields are required – Incomplete forms will be returned without review.

Provider Information:

Pharmacy/Provider NCPDP ID: Date:

Pharmacy Fax Number: Phone number:

Email:

Preferred method of communication: Email Fax

Claim Information:

BIN: PCN: Rx Number:

NDC: Claim Fill Date:

Drug Name/Strength/Form:

Compound Indicator

Reason for Appeal:

- MAC rate is below cost.
- Product is experiencing supply issues.
- Dispensed least expensive generic.
- Other – Please use the comments section to explain.

Additional
Comments:

Invoice showing NDC of the claim being disputed MUST be included with this form.