

**MAC Pricing Appeal Form**  
**Appeals must be submitted within 30 days or within such time**  
**period as may be required by applicable state law, of the claim fill date.**

**This form applies to Catamaran, an OptumRx Company**

Please complete the form and fax to 1-866-285-8652  
All fields are required - Incomplete forms will not be reviewed

**Provider Information:**

Pharmacy/Provider NCPDP ID:  Phone Number:

Pharmacy Fax Number (**Required**):

E-mail (**Required**): \_\_\_\_\_

**Claim Information:**

Compound Ind

BIN:  PCN:  Rx Number:

NDC:  Claim Fill Date:

**Reason for Appeal (Optional) Select reason which applies**

- MAC Unit is below cost
- Drug is experiencing supply issues, please review MAC.
- Dispensed least expensive generic
- Other - Please use the notes section to explain

Notes:

**MUST submit invoice showing NDC of the claim being disputed with this form**