MAC Pricing Appeal Form

Applies 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