Policy C1
EHIM MAC List Pricing Appeal Form
Updated: April 2018

MAC List pricing appeals must be submitted within sixty (60) calendar days following the initial claim, or within such time period required by applicable state law of where the drug was dispensed.

The following form must be completed in its entirety and any required documentation must be submitted with this appeal. EHIM will not review the appeal without all required documentation being submitted.

You may submit this appeal to EHIM by fax or email:

Attn:	Kathy Suppelsa, Pricing Specialist	Email:	ksuppelsa@ehimrx.com
Phone:	(248) 204-5636	Address:	26711 Northwestern Hwy, Suite 400
Fax:	(248) 948-9904		Southfield, Michigan 48033

Please complete in full:

Pharmacy Name:	_____	NCPDP/NPI	_____
Contact Name:	_____	Phone:	_____
		Email:	_____
		Fax:	_____

Rx Information

BIN	_____	Rx Number	_____
Product Name	_____	Strength	_____
NDC	_____	Rx Fill Date	_____
Invoice Price	_____		

Please identify the reason for the appeal:

☐ The medication does not meet the requirements to be a MAC List medication.

Documentation Required:

- Document why the drug does not meet MAC List criteria (i.e. screen shot of drug status from nationally recognized source, document providing evidence it is unavailable nationally)

☐ MAC List reimbursement is less than the purchase cost of the medication

Documentation Required:

- Recent copy of their wholesale invoice for the medication in question
- List of claim(s) for reimbursement review. Claim information must show prescription number, NDC, date of service, and amount paid