



Horizon NJ Health
 1700 American Blvd.
 Pennington, NJ 08534
 horizonNJhealth.com

Horizon NJ Health Maximum Allowable Cost (MAC) Appeal

Pharmacy providers **MUST** use this form to appeal changes in Maximum Allowable Cost (MAC) pricing. MAC pricing appeals **MUST** be submitted within 14 days of the claim's date of service. Any inquiry submitted after 14 days will not be reviewed.

NOTE: ALL FIELDS MARKED WITH AN ASTERISK (*) MUST BE COMPLETED FOR PROPER SUBMISSION OF THIS FORM

Pharmacy Provider Information

*Pharmacy Name			
*Pharmacy NPI		*Primary Wholesaler	
*Contact Person		Secondary Wholesaler	
*Pharmacy Phone			
*E-mail address			

Drug Information: *Please enter information for one (1) drug per submitted form*

*Drug Name			
*National Drug Code (NDC)			(e.g. 12345-0123-98)

NOTE: THE NDC SUBMITTED IN THE RX CLAIM MUST MATCH THE NDC SUBMITTED ON THE WHOLESALER INVOICE

Provider Cost Information

(Circle One)

*Cost Per Package	
*Package Size	
*Date of Purchase	

* Has there been a recent increase in acquisition cost?	Y/N
* Are there availability issues?	Y/N
* Is there a date provided by the manufacturer that the issue will be resolved?*	Y/N If yes, date: <input type="text"/>

Claim Information

*RX #	
*Dispense Date	
Quantity Dispensed	
Dispensing Fee	
Total Reimbursement	

Comments:

Please fax this form to 1-973-522-2965 Attn: Pharmacy Network Management or e-mail: HNJHPharmacyNetworkFAX@horizonblue.com. Once complete information is received, we will evaluate your inquiry and respond within 14 days. For questions or to check on the status of an inquiry, please contact us by phone at **1-800-682-9094 x53110 or x53111.**

NOTE: A copy of the wholesaler invoice is REQUIRED. Claims will not be reviewed until the wholesaler invoice is received.