

MAC COMPLAINT

Arkansas Insurance Department

ATTN: PBM Complaint

1 Commerce Way, Suite 102

Little Rock, AR 72202

FAX: 501-371-2639

aid.pbmcomplaint@arkansas.gov

Pharmacy

Pharmacist or Authorized Contact

Address

Phone number

PBM: CVS/Caremark Express Scripts OptumRx
 Magellan MedImpact RxSense
 Southern Scripts WellDyne Elixir

Other:

MAC Complaint

Before you file a request for assistance with a Maximum Allowable Cost Appeal, you must first file an appeal with the Pharmacy Benefit Manager (PBM). The PBM has 30 business days to reply to you.

Did you provide an invoice to the PBM? Yes / No

Did you inform the PBM of the Wholesaler with whom you purchase the majority of drugs for resale?
Yes / No

After the 30th business day if the response is not satisfactory, then you may submit to AID:

1. This completed form;
2. Correspondence from the PBM denying the appeal; and
3. Invoice including the drug with prices for all other drugs redacted.

RX:

Qty:

NDC (no dashes):

Amount Paid:

Date of Fill:

Drug Name:

Include any other relatable information, correspondence and/or documentation that relates to the complaint: