

GENERIC DRUG PRICE REVIEW REQUEST FORM

This form is for use by pharmacies who wish to have the price for a **generic drug** on the Maximum Allowable Cost (MAC) list researched and readjusted, if necessary. This form is **not** for brand drugs.

If Pharmacy Providers believe that the HPSJ MAC ~~Value~~ does not accurately reflect the drug cost, the Provider should first explore alternative manufacturers or wholesalers that more accurately reflect the HPSJ MAC. If there are no products that are at or below the established MAC, the Provider may request a MAC review by sending this form and the required documentation to the HPSJ Pharmacy Department via fax or email (see below).

Instructions:

- Please follow all instructions to ensure proper resolution of any pricing disputes.
- Submission of supporting documentation is required along with this form. **Requests without supporting documentation will not be processed.**
- In accordance with your contract with ProCare Rx/HPSJ, the **Pharmacy MAY NOT:**
 - Ask the patient to pay for part or all of the prescription (per your contract & California Law).
 - Withhold the medication on the basis of payment. If you are unable to dispense a medication and reprocess the prescription at a later date, please transfer the prescription to another pharmacy as you would if out of stock.

Pharmacy Name _____ Pharmacy NPI _____ Contact Name _____ Contact Phone _____ Contact Fax _____ Contact E-mail _____	GCN/NDC of Requested Product _____ Drug Name/Strength _____ NDC of Lowest Priced Drug _____ Lowest Acquisition Cost _____ Rx# of Claim Disputed _____ Claim Date of Service _____
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Reason for Request:

- Marketplace shortage.....Estimated Resolution Date _____
- Manufacturer shortage.....Estimated Resolution Date _____
- Wholesaler shortage.....Estimated Resolution Date _____
- Unknown shortage.....Estimated Resolution Date _____
- MAC below available cost
- MAC over available cost
- New lower cost generic available
- Alternative generics not available
- Other _____

Please submit the following supporting documentation (required):

- Recent unaltered invoice from wholesaler showing the acquisition price of the drug.
- IN THE EVENT OF A SHORTAGE, submit both:
 - Documentation of backorder (e.g. screen printout) or shortage. See ASHP shortage website (<http://www.ashp.org/menu/DrugShortages/>)
 - Screenshots(s) from at least 2 different wholesaler ordering screens showing all available (or unavailable) NDCs and prices for the drug.

Please Submit this form along with supporting documentation to:

Pro Pharma Pharmaceutical Consultants, Inc.

Email: HPSJ@propharmaconsultants.com **Fax:** (818) 701-0249

Phone: (818) 701-5438 x725

Website: <http://www.propharmaconsultants.com>