

Please complete all information on the LDI MAC Appeal Form (excel doc) and submit to [Pricing@LDIRx.com](mailto:Pricing@LDIRx.com). Any incomplete forms will not be processed so please ensure all fields are completed accurately.

**The format for the fields is below:**

1. **Date Submitted:** MM/DD/YYYY
2. **Date of Fill:** MM/DD/YYYY
3. **RX Number:** 12 digit text field
4. **NDC:** 11 digit text field (no punctuation)
5. **NCPDP:** 7 digit text field
6. **BIN:** 6 digit text field
7. **Submitter Email:** Valid email address that will be used for appeal response
8. **Submitter Name:** Pharmacy name

Once received, LDI will review the appeal with the MAC price and respond via email within 7 days. All questions regarding MAC Appeal submissions should be directed to [Pricing@LDIRx.com](mailto:Pricing@LDIRx.com).

**\*\*Technical difficulties? Contact LDI at 866-516-3121.\*\***