

GLOBAL PHARMACEUTICAL PROGRAMS, LLC

ONE GATEWAY CENTER, SUITE 2600

NEWARK, NEW JERSEY 07102

(800) 341 - 2234

DRUG PRICE APPEAL FORM

PHARMACY NAME:	
PHARMACY NPI #:	
RX NUMBER:	
RX FILLED DATE:	
DRUG NAME & STRENGTH:	
NATIONAL DRUG CODE:	
WHOLESALE:	
REASON FOR REVIEW:	
PHARMACY CONTACT NAME:	
PHARMACY CONTACT TELEPHONE NUMBER:	

PLEASE PROVIDE COPY OF INVOICE FOR THE NDC DISPENSED DATED PRIOR OR EQUAL TO DISPENSE DATE

PLEASE FORWARD COMPLETED APPEAL FORM AND COPY OF INVOICE TO:	GLOBAL PHARMACEUTICAL PROGRAMS, LLC ONE GATEWAY CENTER, SUITE 2600 NEWARK, NEW JERSEY 07102 ATTN: DRUG PRICE APPEALS
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OR

FAX TO:	(973) 589-9280 ATTN: DRUG PRICE APPEALS
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