"Strengthening competitive insurance markets while protecting Alaskans."

STATE OF ALASKA

DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT

Division of Insurance

Email: Insurance@Alaska.Gov

Website: Insurance.Alaska.Gov

Tel: 907.465.2515 · Fax: 907.465.3422

Juneau Physical Address:
State Office Building, 9th Floor
333 Willoughby Avenue
Juneau, AK 99811

Juneau Mailing Address:
Division of Insurance
PO Box 110805
Juneau, AK 99811

Anchorage Office:
(Physical and Mailing Address)
Division of Insurance
Robert B. Atwood Building
550 W 7th Avenue, Suite 1560
Anchorage, AK 99501
Tel: 907.269.7900
Fax: 907.269.7910

Multi-Source Generic Drug Appeal Hearing Request

PART I Requesting Pharmacy Information (Appellant)

Pharmacy Name:	
Pharmacy Address:	
Pharmacy Phone:	
Pharmacy Email:	
Insurer Name:	

Does the contested reimbursement amount pertain to a prescription filled for a customer covered by a fully insured, non-ERISA plan? ☐ Yes ☐ No

PART II Requesting Pharmacy's Representative or Attorney

Representative's Name:	
Representative's Address:	
Representative's Phone:	
Representative's Email:	

PART III Appeal Information

Attach additional sheets as required

Name of the pharmacy benefits manager:	
Date original appeal submitted to PBM:	
Date of final decision related to appeal:	
Describe the basis for the appeal: Be sure to list all details, including parties involved and specific circumstances. All documentation must be attached.	