Fight Back: Using Appeals and Regulatory Complaints to Hold PBMs Accountable

Jessi Stout - Pharmacist / Table Rock Pharmacy Owner
September 3, 2026

About Me

- Co-owner, Table Rock Pharmacy — Morganton, NC (with my husband, Michael)
- UNC Eshelman School of Pharmacy graduate
- Completed a hospital pharmacy residency
- Former pharmacist at Premier in Charlotte
- Returned home to purchase and operate my parents' pharmacy in 2019
- Passionate about PBM reform
- Serve on multiple pharmacy leadership committees and advisory boards, including BCBS, Cardinal Health, CPESN, CPF, NCAP, NCPA, PHAC, and UNC

Outside the pharmacy

- Mom of two
- Owner of a beloved pup, Kona 🐾
- Enjoy running, hiking, spending time with the fam and spending time outdoors

Disclosures

I have no relevant financial relationships with the manufacturers of any commercial products and/or providers of commercial services discussed in this CE activity.

Objectives

- **Recognize** when a below-cost reimbursement appeal should be submitted to a PBM and when an issue should be escalated to the North Carolina Department of Insurance.
- **Apply** best practices for submitting complete and effective PBM appeals and NCDOI complaints to improve the likelihood of a successful outcome.
- **Implement** a team-based workflow that engages the entire pharmacy staff in identifying, documenting, submitting, and tracking reimbursement appeals.

Agenda

- Script Act Overview
- Important Considerations/FAQs
- Submitting a Violation/Appeal - Best Practices
- PBM Below Cost Appeal Process
- Submitting a Violation to DOI - How to

Script Act Overview

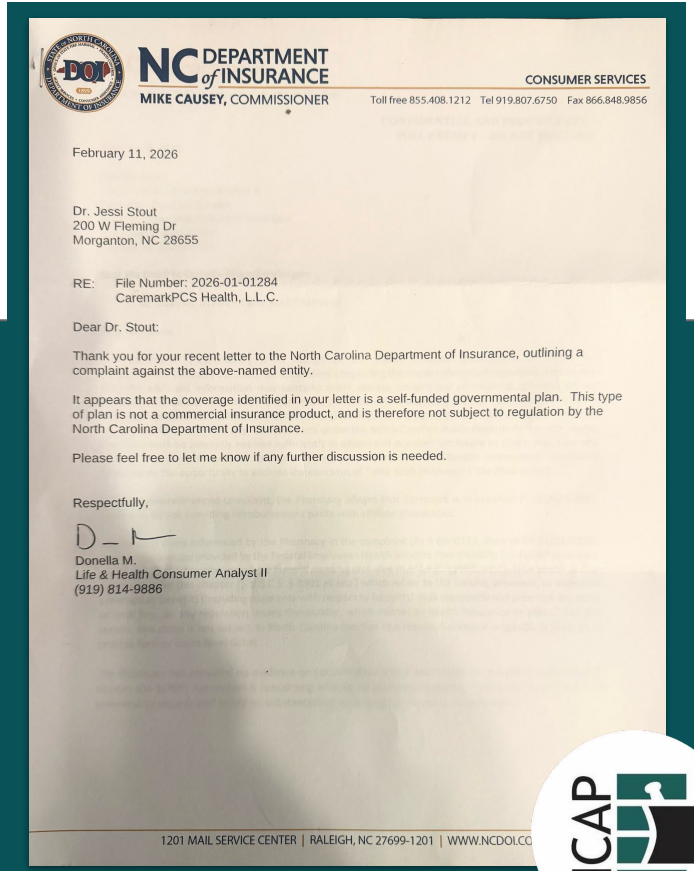
Script Act Overview

- Signed into law July 9, 2025
- Much of the act applies to insurance contracts entered into or amended on or after October 1, 2025

Areas of Focus

- Part I: Prohibits discriminatory copays and mail-order-only requirements.
- Part III: Prohibits PBMs from requiring independent pharmacies or pharmacies located in pharmacy deserts to dispense medications when reimbursement is below acquisition cost.
- Part V: Establishes audit protections for pharmacies.
- Part VI: Prohibits PBMs from reimbursing affiliated pharmacies at higher rates than non-affiliated pharmacies.

Important Considerations/ FAQS



NC DEPARTMENT of INSURANCE
MIKE CAUSEY, COMMISSIONER
CONSUMER SERVICES
Toll free 855.408.1212 Tel 919.807.6750 Fax 866.848.9856

February 11, 2026

Dr. Jessi Stout
200 W Fleming Dr
Morganton, NC 28655

RE: File Number: 2026-01-01284
CaremarkPCS Health, L.L.C.

Dear Dr. Stout:

Thank you for your recent letter to the North Carolina Department of Insurance, outlining a complaint against the above-named entity.

It appears that the coverage identified in your letter is a self-funded governmental plan. This type of plan is not a commercial insurance product, and is therefore not subject to regulation by the North Carolina Department of Insurance.

Please feel free to let me know if any further discussion is needed.

Respectfully,

Donella M.
Life & Health Consumer Analyst II
(919) 814-9886

1201 MAIL SERVICE CENTER | RALEIGH, NC 27699-1201 | WWW.NCDOI.CO

NCAP

Important Considerations

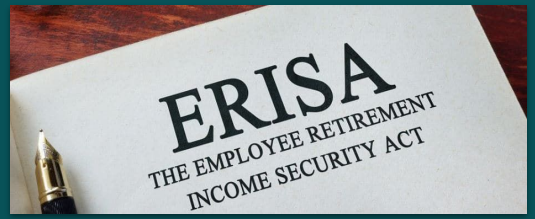
- The majority of the Script Act became effective October 1, 2025.
- Most provisions apply to contracts entered into or amended on or after October 1.
- Section VI became effective immediately on October 1 and prohibits PBMs from reimbursing affiliated pharmacies at a higher rate than non-affiliated pharmacies.
- The Act applies only to “health benefit plans” as defined in §58-3-167; federal plans—including Medicare and Medicaid—as well as the State Health Plan, are not subject to this law.
- The definition of a PBM per NC law can be found in 58-56A-1

Important Considerations

NC Definition of Health Benefit Plan:

"Health benefit plan" means an accident and health insurance policy or certificate; a nonprofit hospital or medical service corporation contract; a health maintenance organization subscriber contract; a plan provided by a multiple employer welfare arrangement; or a plan provided by another benefit arrangement, **to the extent permitted by the Employee Retirement Income Security Act of 1974**, as amended, or by any waiver of or other exception to that act provided under federal law or regulation. "Health benefit plan" does not mean any plan implemented or administered by the North Carolina or United States Department of Health and Human Services, or any successor agency, or its representatives. **"Health benefit plan" does not mean any plan implemented or administered by the State Health Plan for Teachers and State Employees**. "Health benefit plan" does not mean any plan consisting of one or more of any combination of benefits described in G.S. 58-68-25(b).

Important Considerations



ERISA

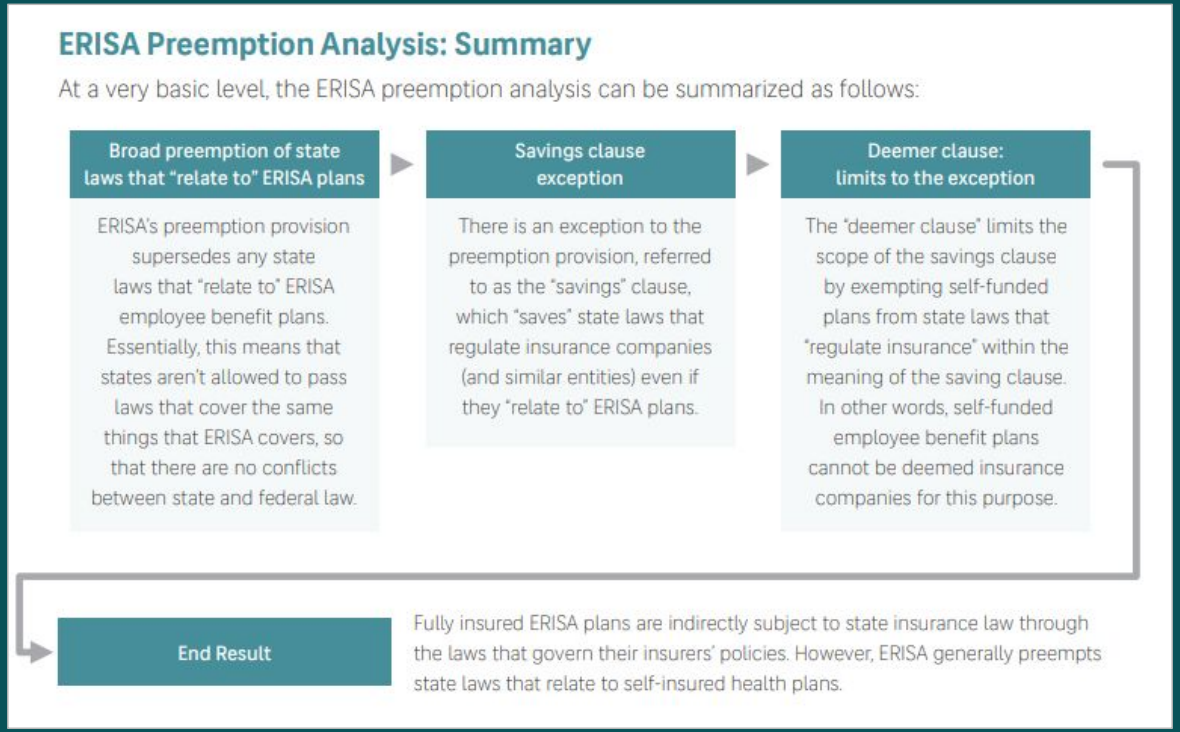
The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law passed to create uniform national rules for employer benefit plans.

Congress didn't want:

- 50 different state standards
- Employers having to redesign benefit plans for every state
- Patchwork liability rules

ERISA says: If an employer sponsors a benefit plan, federal law governs it — not state law.

Important Considerations



ERISA Preemption Analysis: Summary

At a very basic level, the ERISA preemption analysis can be summarized as follows:

Broad preemption of state laws that "relate to" ERISA plans

ERISA's preemption provision supersedes any state laws that "relate to" ERISA employee benefit plans. Essentially, this means that states aren't allowed to pass laws that cover the same things that ERISA covers, so that there are no conflicts between state and federal law.

Savings clause exception

There is an exception to the preemption provision, referred to as the "savings" clause, which "saves" state laws that regulate insurance companies (and similar entities) even if they "relate to" ERISA plans.

Deemer clause: limits to the exception

The "deemer clause" limits the scope of the savings clause by exempting self-funded plans from state laws that "regulate insurance" within the meaning of the saving clause. In other words, self-funded employee benefit plans cannot be deemed insurance companies for this purpose.

End Result

Fully insured ERISA plans are indirectly subject to state insurance law through the laws that govern their insurers' policies. However, ERISA generally preempts state laws that relate to self-insured health plans.

https://nulty.com/wp-content/uploads/2024/08/787946-ERISA-Preemption-of-State-PBM-Laws.pdf

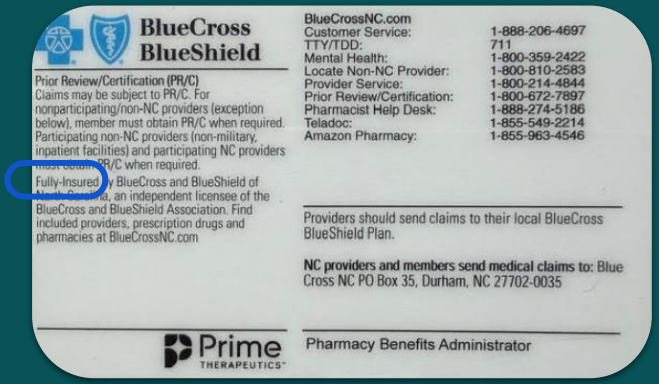
Important Considerations

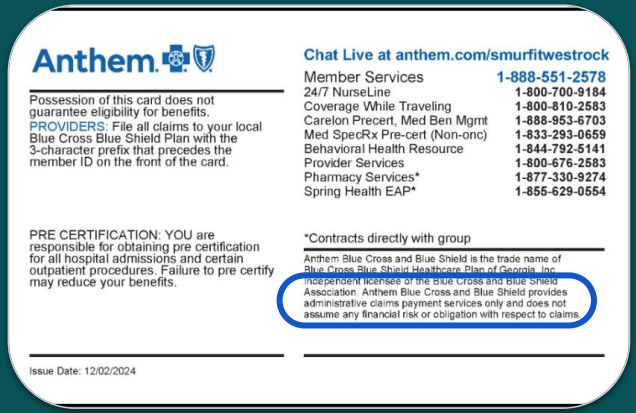
Fully Insured (Fully Funded) Plans

- Employer purchases coverage from an insurance company (e.g., Blue Cross Blue Shield).
- The insurance company assumes the financial risk and pays claims.
- Employer pays a fixed monthly premium.
- **Subject to state insurance laws and regulation.**

Self-Funded (Self-Insured) Plans

- Employer pays employee health claims using its own funds.
- Often hires an insurance company or third-party administrator (TPA) to process claims.
- Employer assumes the financial risk.
- **Primarily regulated by federal law (ERISA), not state insurance law.**





Important Considerations

- Ongoing engagement with the Department of Insurance (DOI) on interpretation and enforcement of the Script Act
- Focus: application of the law to **below-cost reimbursement by PBMs**
- Legislative intent: PBMs should not be permitted to reimburse pharmacies below cost
- At minimum: PBMs cannot require pharmacies to dispense prescriptions at a loss
- Applies to all contracts entered into or amended on or after October 1, 2025

FAQs

Q: Does every store have to submit an appeal to PBMs or if one store does it, will it be fixed for everyone?
A: Every store must submit their own appeal

Q: Do you have to submit an appeal every refill?
A: Depends on the PBM (yes for ESI)

Q: Do you submit BCBS violations to Prime or ESI?
A: Depends on the plan

A	B	C	D	E	F	G	H	I	J	K	L	M
Appealing Party	Appeal_ID	CaseID_Rollup	CaseID_Original	NCPDP	RX	NDC	DOS	PBM Comments	alt_ndc_wholesaler_	Effective Date	New Approved Unit P	Action
TABLE ROCKY RX	PRME-260837739	MAC-305894	MAC-305894	3471442		43598064560	7/23/2026	This claim was processed under your contract. Please contact ESI to submit your appeal.				
TABLE ROCKY RX	PRME-260837740	MAC-305894	MAC-305894	3471442		51672531609	7/22/2026	This claim was processed under your contract. Please contact ESI to submit your appeal.				
TABLE ROCKY RX	PRME-260837741	MAC-305894	MAC-305894	3471442		70954031610	7/22/2026	This claim was processed under your contract. Please contact ESI to submit your appeal.				

FAQs

Q: What do you do if an appeal results in an increase in copay?
A: Depends on the PBM (Caremark - email, others - DOI complaint)

Q: How far back can you submit below cost appeals?
A: Depends on the PBM (Caremark/Optum: 10 days; RxSense: YTD)

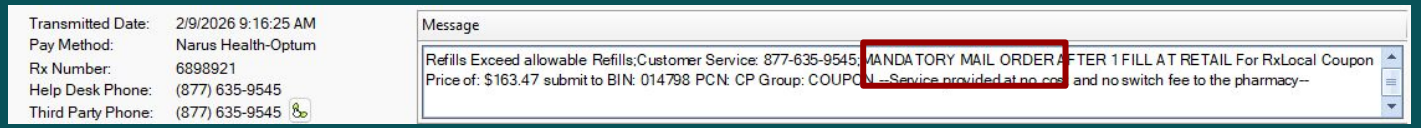
Q: Have you had any luck with BIN 610239 PCN FEPRX?
A: No

The health plan is governed by the Federal Employees Health Benefit Act ("FEHBA"). The FEHBA preempts state laws regulating employee benefit plans as provided in 5 U.S.C. § 8902(m)(1): "The terms of any contract under this chapter [5 USCS §§ 8901 et seq.] which relate to the nature, provision, or extent of coverage or benefits (including payments with respect to benefits) shall supersede and preempt any State or local law, or any regulation issued thereunder, which relates to health insurance or plans.

Submitting a Violation/Appeal - Best Practices

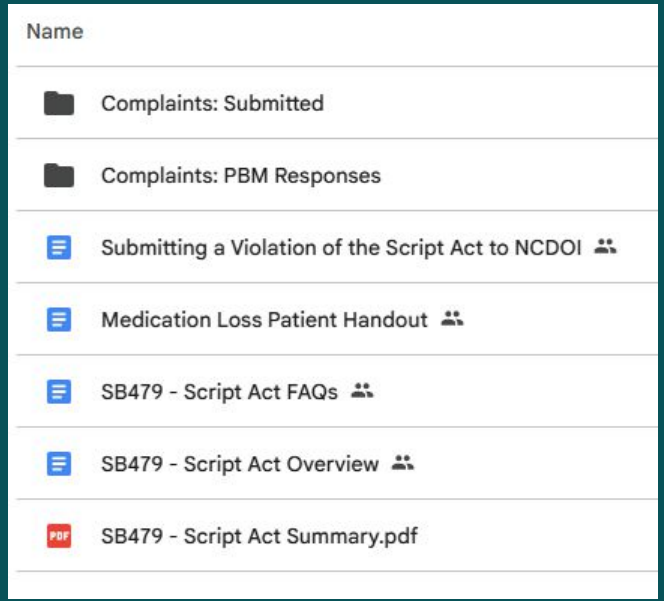
Best Practices

- Run a report in your PMS for below-cost claims (for violations of Parts III & VI - more info follows)
- Contact the PBM first in an effort to resolve the issue directly
  - The appeal process is required for below cost reimbursement
  - If you don't know who the PBM is, call the phone number in the claim message (e.g. ProAct in RxSense Rx, CarelonRx is Caremark)
- Submitting below cost appeals:
  - The 'big 3' have an appeals portal on their website (more info follows)
  - Smaller PBMs - you will have to call to ask how to file a complaint



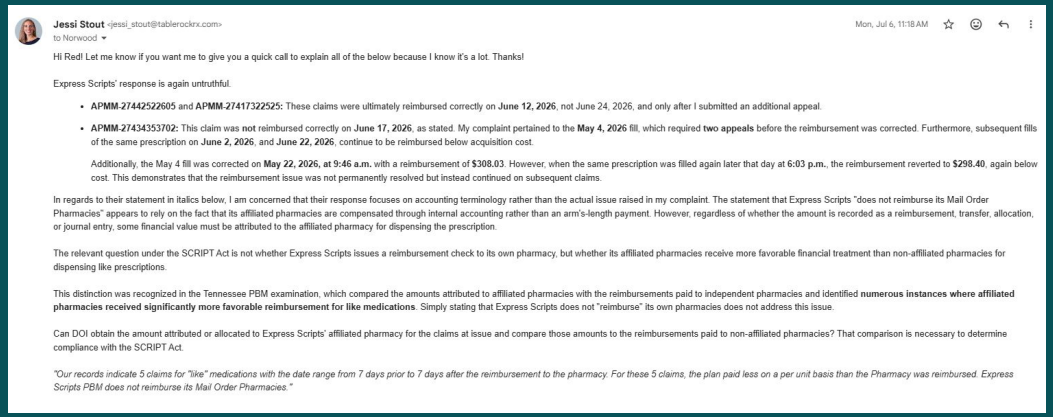
Best Practices

- Keep your own log of submitted complaints (to NCDOI & the PBM)
- Keep a separate document that includes details from each complaint to DOI (you can't access the complaint once it's been submitted)
- Prepare standard language or templates for recurring DOI complaint types to streamline submissions (templates available on NCAP's website)
- Include GPI (generic product equivalent) rather than NDC for generics (PBMs hide behind NDCs, stating they don't have data for that NDC)



Best Practices

- The DOI cannot address PBM issues if complaints are not filed — reporting matters. Complaints submitted as of 7/31: 125
- Don't simply accept a PBM denial response; continue pushing back.
- Be sure to include all relevant patient info in the "Complaint Details" section when submitting reports or complaints.
- SCRIPT Act reimbursement protections should apply to all commercial plans, but patient steering/discriminatory copays protections often don't due to ERISA exemptions for self-funded plans.



Jessi Stout <jessi_stout@tablerockrx.com> Mon, Jul 6, 11:18 AM

to Norwood

Hi Red! Let me know if you want me to give you a quick call to explain all of the below because I know it's a lot. Thanks!

Express Scripts' response is again untruthful.

- **APMM-27442522605** and **APMM-27417322525:** These claims were ultimately reimbursed correctly on **June 12, 2026**, not June 24, 2026, and only after I submitted an additional appeal.
- **APMM-27434353702:** This claim was **not** reimbursed correctly on **June 17, 2026**, as stated. My complaint pertained to the **May 4, 2026** fill, which required **two appeals** before the reimbursement was corrected. Furthermore, subsequent fills of the same prescription on **June 2, 2026**, and **June 22, 2026**, continue to be reimbursed below acquisition cost.

  Additionally, the May 4 fill was corrected on **May 22, 2026, at 9:46 a.m.** with a reimbursement of **$308.03**. However, when the same prescription was filled again later that day at **6:03 p.m.**, the reimbursement reverted to **$298.40**, again below cost. This demonstrates that the reimbursement issue was not permanently resolved but instead continued on subsequent claims.

In regards to their statement in italics below, I am concerned that their response focuses on accounting terminology rather than the actual issue raised in my complaint. The statement that Express Scripts "does not reimburse its Mail Order Pharmacies" appears to rely on the fact that its affiliated pharmacies are compensated through internal accounting rather than an arm's-length payment. However, regardless of whether the amount is recorded as a reimbursement, transfer, allocation, or journal entry, some financial value must be attributed to the affiliated pharmacy for dispensing the prescription.

The relevant question under the SCRIPT Act is not whether Express Scripts issues a reimbursement check to its own pharmacy, but whether its affiliated pharmacies receive more favorable financial treatment than non-affiliated pharmacies for dispensing like prescriptions.

This distinction was recognized in the Tennessee PBM examination, which compared the amounts attributed to affiliated pharmacies with the reimbursements paid to independent pharmacies and identified **numerous instances where affiliated pharmacies received significantly more favorable reimbursement for like medications**. Simply stating that Express Scripts does not "reimburse" its own pharmacies does not address this issue.

Can DOI obtain the amount attributed or allocated to Express Scripts' affiliated pharmacy for the claims at issue and compare those amounts to the reimbursements paid to non-affiliated pharmacies? That comparison is necessary to determine compliance with the SCRIPT Act.

"Our records indicate 5 claims for "like" medications with the date range from 7 days prior to 7 days after the reimbursement to the pharmacy. For these 5 claims, the plan paid less on a per unit basis than the Pharmacy was reimbursed. Express Scripts PBM does not reimburse its Mail Order Pharmacies."

"Last, the Department asked ESI to explain if affiliate pharmacies are "reimbursed". As previously noted, ***ESI does not reimburse affiliates****."*

	Morganton Drug	ESI Mail Order	Difference
Breztri 160-9-4.8mcg/act aerosol	$603.80	$1,862.76	**$1,258.96**
Eliquis 5mg tablet	$249.70	$746.10	**$496.40**
Ozempic 2mg/3ml solution pen injector	$906.30	$2,796.21	**$1,889.91**
Rosuvastatin calcium 10mg tablet	$1.50	$87.30	**$85.80**
Xarelto 20mg tablet	$207.42	$619.27	**$411.85**
Monthly total	$1,968.73	$6,111.65	**$4,142.92**

Best Practices

Personal Complaint Log - DOI

Number	DOI File #	Date Submitted	PBM Response Date	PBM	Violation	Patient	Rx #	Rx Group	Denial Reason	Notes
52	2026-08-01343	8/18/26		ESI	Reimbursement didn't increase					
51	2026-08-01212	8/17/26		ESI	Forced mail order			CIGUG0000628459		
50	2026-08-00408	8/4/26		MedImpact	Below cost & now won't go throu					
49	2026-06-00718	6/11/26	6/19/26	ESI	Below cost & reimbursement dis			2DEA		After submitting an app
48	2026-05-00954	5/18/26		ESI	MAC issue			Several		This is one I submitted
47	2026-05-00708	5/13/26	5/21/26	Caremark	10 day limit					Caremark responded t
46	2026-04-01750	4/29/26		ESI	Reimbursement increase next m			BLRDGRX		
45	2026-04-00431	4/29/26		ESI	Below cost - copay issue					OMG IT WORKED! FIF
44	2026-04-01726	4/29/26	6/23/26	MedImpact	Below cost - did not increase					
43	2026-04-01727	4/29/26	6/2/26	Caremark	Below cost - copay issue			Several		See email back to DOI
42	2026-04-01001	4/17/26	6/4/26	ESI	MAC issue			2052	They said i didn't reve	MAC appeal: ESI appr
41	2026-04-00754	4/14/26		ESI	MAC issue			CIGUG0000616	We reviewed the Prov	MAC appeal: approved
40	2026-04-00480	4/9/26	4/15/26	Optum	Below cost - copay issue			UHEALTH		MAC appeal: increased
39	2026-04-00431	4/8/26		ESI	MAC issue					MAC appeal: Increased
38	DOI couldn't find	3/16/26		Caremark	Below cost reimbursement			RX7654		DOI couldn't find but d
37	2026-03-01142	3/16/26	3/24/26	CarelonRx	Below cost reimbursement			WLHA		
36	2026-03-01099	3/16/26	4/20/26	ESI	Below cost & reimbursement dis			2DEA		This is one I submitted

Best Practices

Personal Complaint Log - PBM Appeals

Numl	Date Su	PBM R	Resol	PBM	Case #	Patient	Drug	Fill Date	Sub	Rx #	Copay recor	Increase	Notes
437	8/19/26			caremark	P_906fe8ace71de119		methylphenidate	8/19/2026		6912162			
436	8/19/26			caremark	P_fdad1694f5759a9b		meloxicam	8/13/2026		6910842			
435	8/19/26			caremark	P_5d4421eb7b225958		amlodipine	8/13/2026		6874357			
432	8/19/26			caremark	P_bc472b0c9e97f4d7		valsartan	8/13/2026		6874358			
431	8/19/26			caremark	P_dca9922eaa1d0f29		desvenlafaxine	8/19/2026		6922799			
430	8/19/26			caremark	P_f797e7caa379913b		estradiol-noreth	8/18/2026		6932238			
429	8/19/26			caremark	P_70fdf930bb6e06ce		adderall	8/13/2026		6931248			
428	8/19/26			ESI			lisdex	8/19/2026		6932279			NOT FOUND - S
427	8/19/26			caremark	P_44db1df6793ecad6		oxy/apap	8/19/2026		6927346			
426	8/18/26			ESI	APMM-29573200635		ozempic	8/18/2026		6925213			
425	8/18/26			vyltone	N/A		oxy/apap	8/17/2026		6921169			sent vial email 8/
424	8/18/26			caremark	P_9d4defb6361c55bf		oxycodone	8/17/2026		6931961			
423	8/18/26			caremark	P_d3fc02561ffe8c33		budes/form	8/18/2026		6932045			
422	8/17/26	8/19/26	yes	ESI	APMM-29557891244		Anoro	8/14/2026		6931642		$11.10	not yet picked up
421	8/17/26			optum	N/A		lisdex	8/10/2026		6930989			
420	8/17/26			optum	N/A		dotti	8/13/2026		6923261			
419	8/15/26			caremark	P_2429ddb8760f9ce4		clobetasol	8/13/2026		6931449			
418	8/15/26	8/16/26	n/a	caremark	P_5f93b941740d0f67		adderall	8/15/2026		6931248			oops submitted t
417	8/15/26	8/19/26	yes	ESI	APMM-29539963130		lisdex	8/13/2026		6931375		$27.63	
416	8/15/26			caremark	P_1bf70307274f16d4		triamcinolone	8/14/2026		6931705			
415	8/15/26			caremark	P_3ba0e8ec1d06116c		mounjaro	8/14/2026		6920002			
414	8/15/26			caremark	P_2819c6c0598bc0fe		oxycodone	8/11/2026		6931172			
413	8/15/26			caremark	P_3ea1b885909c565d		glipizide	8/14/2026		6929627			
412	8/15/26			caremark	P_1e85214ab54c115d		metformin	8/14/2026		6904388			
411	8/15/26	8/19/26	yes	ESI	APMM-29539863952		dotti	8/12/2026		6928103		$0.69	
410	8/15/26	8/18/26	date issu	ESI	APMM-29539853624		lisex	8/6/2026		6927861			Hasn't picked up

Best Practices

Create a template to re-use for DOI complaints

Area of Act that Supports Complaint:
This complaint is in regards to 2 sections of the Script Act:

-Section 3, which prevents PBMs from reimbursing pharmacies below cost

-Section 6, which prevents PBMs from reimbursing other pharmacies less than their own. PBMs will not provide reimbursement data to me so I am requesting your assistance.

Details of Complaint:
Member's name: Hayden Doe
Member's DOB: 1/7/2006
Member ID: ABC12345678
Medication name, strength & quantity: Dexmethylphenidate ER 25mg #30
Date of service: 2/17/26
Prescription number: 6912345
Description of issue:
-Issue 1: My cost is $143.57. I was reimbursed only $33.40
-Issue 2: How much do you reimburse your own pharmacy for this medication (GPI 61400016107045)?

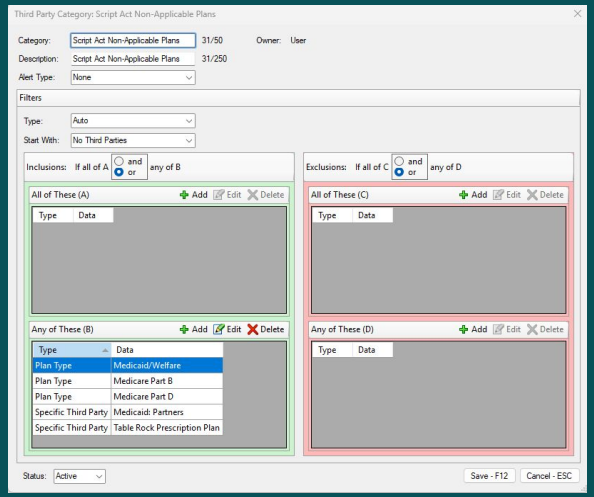
Desired resolution:
Issue 1: Caremark needs to reimburse me at least the cost of the medication. A dispensing fee would be nice too to cover bottle, label, rent, employees, insurance, the pharmacy management system, fee to run the prescription, etc.

Issue 2: Caremark needs to reimburse my pharmacy as much as they reimburse their own pharmacies.

Best Practices - Steps to Finding Below Cost Prescriptions in Pioneer

Create a Category to Exclude Medicaid/Medicare Plans (a one-time process):

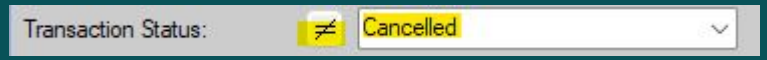
1. Click on the System tab and then Category.
2. Select 'Third Party' under Category Scope.
3. Click New (top right of screen).
4. Make the below selections (you may have to edit based on the plans at your store) and click 'Save-F12'.
5. Click Actions and then 'Process Category Auto Filter Rules' (top right of screen).



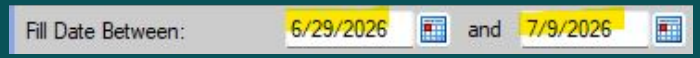
Best Practices - Steps to Finding Below Cost Prescriptions in Pioneer

Running the Report

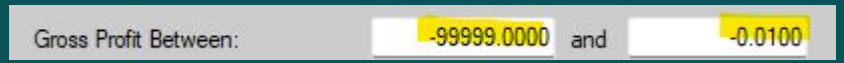
1. Click on the Rx tab and then the binoculars icon.
2. Select does does not equal for Transaction Status and select 'Cancelled' from the drop-down:



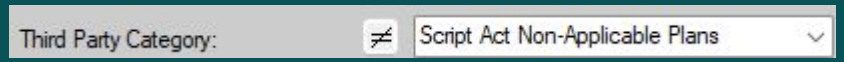
3. On the Rx [1] tab, type the previous 10 days in the Fill Date Between field:



4. Type the below for Gross Profit Between:



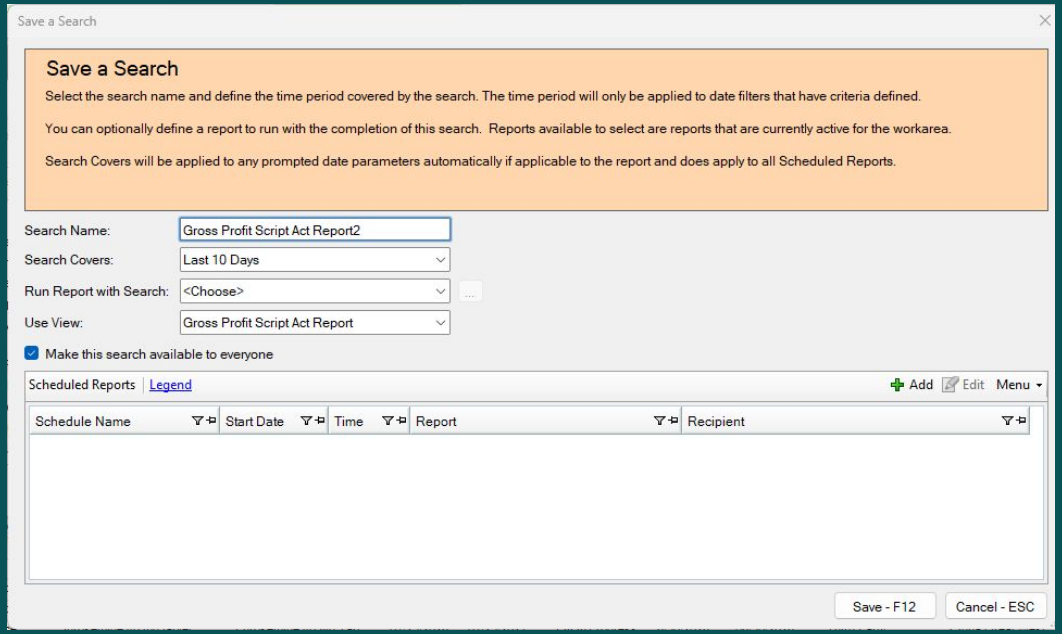
5. On the Third Party [7] tab, click does not equal for Gross Profit Between and select your previously created category:

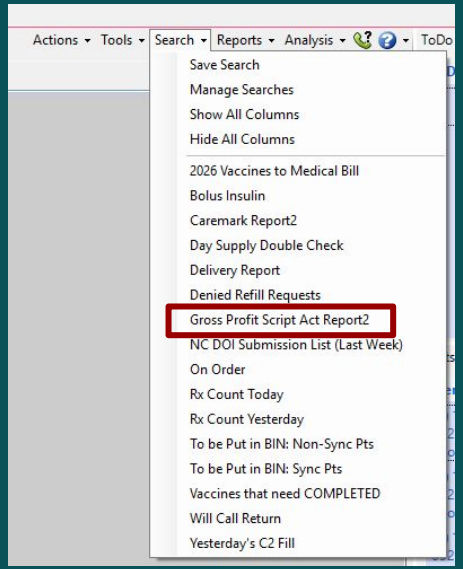


6. Click 'Search-F12'.
7. Below are the columns I have in my report. I sort it by Gross Profit (biggest loss at the top).

Best Practices - Steps to Finding Below Cost Prescriptions in Pioneer

- Save the search so you can easily run it each day (search drop-down then 'Save search').
- Once saved: Rx - binoculars - Search - select your saved report





PBM Appeal Process

PBM Appeal Process - Is it Worth it?

- Amount I've gotten back as of 8/19: $5,301
- Amount I've gotten back for July claims (so far): $1,632

Appeal Process - Best Practices

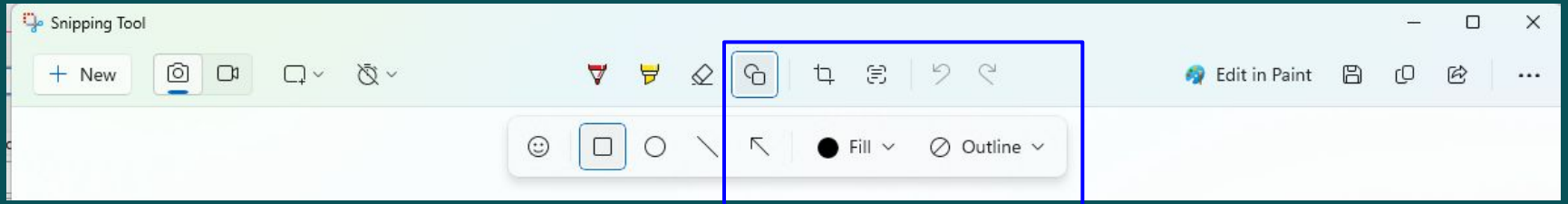
- The “Big 3” PBMs — Optum Rx, CVS Caremark, and Express Scripts — require appeals to be submitted through their online portals.
- Other PBMs appeals submitted via email (e.g. Prime Therapeutics, MedImpact, RxSense, VytlOne).
- Reimbursement increases may result in only a higher patient copay—report these to DOI & the PBM. Email the PBM if this occurs:
  - Caremark: MACInquiries@cvshealth.com
  - Optum: MAC@optum.com
  - ESI: MACDepartment@express-scripts.com

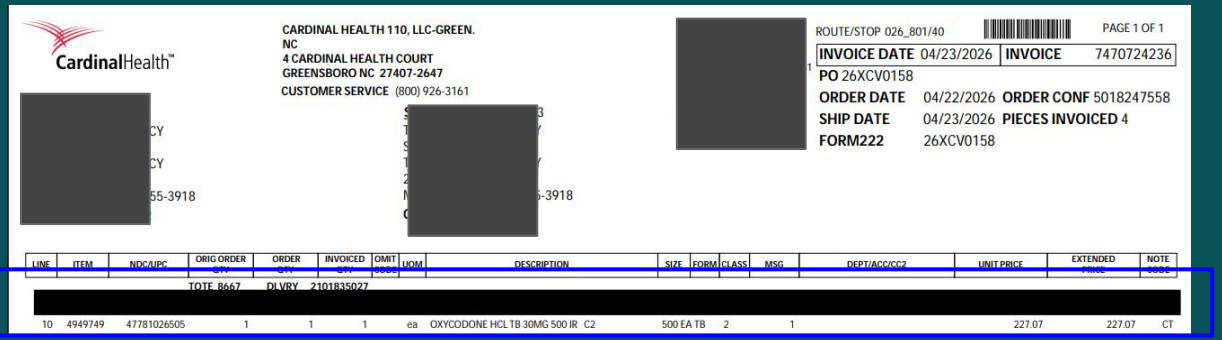
Appeal Process - Best Practices

- Monthly appeal submissions is required by ESI; this has been reported to DOI
- Sample DOI reporting language, a claim tracking template and other resources can be found on NCAP's website here
- PBMs have 10 calendar days to respond to appeals
- Ensure the correct fill date is submitted—PBMs will not search claims using Rx number alone
- Appeals work for brands too! I went from losing $15 on an Ozempic to making $9
- Ensure the last two digits of the NDC match on both the prescription and invoice (e.g. birth control, 30 vs 90 pack sizes)

Appeal Process - Submitting Invoices

- Required for Caremark & ESI
- I recommend using the Snipping Tool to take a screenshot of your invoice and then inserting a square to redact all meds other than the one you are submitting an appeal for




CardinalHealth™

CARDINAL HEALTH 110, LLC-GREEN.
NC
4 CARDINAL HEALTH COURT
GREENSBORO NC 27407-2647
CUSTOMER SERVICE (800) 926-3161

[redacted]

ROUTE/STOP 026_801/40 PAGE 1 OF 1
INVOICE DATE 04/23/2026 INVOICE 7470724236
PO 26XCV0158
ORDER DATE 04/22/2026 ORDER CONF 5018247558
SHIP DATE 04/23/2026 PIECES INVOICED 4
FORM222 26XCV0158

LINE	ITEM	NDC/UPC	ORIG ORDER QTY	ORDER QTY	INVOICED QTY	OMIT CODE	UOM	DESCRIPTION	SIZE	FORM CLASS	MSG	DEPT/ACC/CC2	UNIT PRICE	EXTENDED PRICE	NOTE CODE
			TOTE 8667	DLVRY 2101835027											
[redacted]															
10	4949749	47781026505	1	1	1		ea	OXYCODONE HCL TB 30MG 500 IR C2	500 EA TB	2	1		227.07	227.07	CT

PBM Contacts for Appeal Issues

Optum

- MAC@optum.com
- 1-800-613-3591 Ext. 9

ESI: MACDepartment@express-scripts.com

Caremark

- Non_MAC_inquiries@cvshealth.com
- MACInquiries@cvshealth.com
- RxServices@cvshealth.com

Prime: MACAppeals@primetherapeutics.com

Medimpact: mac@medimpact.com

RxSense: macappeals@rxsense.com

Appeal Process - Below Cost Reimbursement

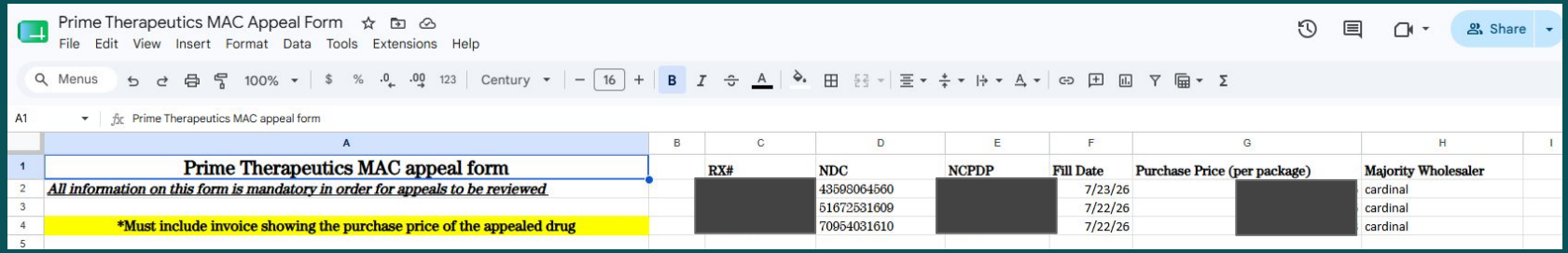
PBM	Appeal Link	Required data
ESI	https://prc.express-scripts.com/#/account/login	• Rx number • Date of fill • ACQ per unit • Desired reimbursement per unit
Optum	https://business.optum.com/en/support/professionalrx-resources.html https://business.optum.com/content/dam/noindex-resources/business/support-documents/manuals-guides/optum-rx-pharmacy-provider-manual.pdf	• Rx number • Date of fill • BIN • NCPDP • NDC • Wholesaler • ACQ per unit • Net purchase price of drug • Total reimbursement • Drug name • Drug strength
Caremark	https://rxservices.cvscaremark.com/	• Rx number • Date of fill • BIN • PCN • NCPDP

Prime Appeals

Email MACAppeals@primetherapeutics.com with the following:

- A copy of the original invoice that contains the purchase price of the drug being appealed.
- Prime's completed MAC Appeal Excel sheet - data includes:
  a. Rx Number
  b. NDC
  c. NCPDP
  d. Date of Fill
  e. Purchase Price (per package)

More details found here:
https://www.primetherapeutics.com/pharmacy-provider-tools



	A	B	C	D	E	F	G	H	I
1	**Prime Therapeutics MAC appeal form**		**RX#**	**NDC**	**NCPDP**	**Fill Date**	**Purchase Price (per package)**	**Majority Wholesaler**	
2	***All information on this form is mandatory in order for appeals to be reviewed***		[redacted]	43598064560	[redacted]	7/23/26	[redacted]	cardinal	
3				51672531609		7/22/26		cardinal	
4	***Must include invoice showing the purchase price of the appealed drug**			70954031610		7/22/26		cardinal	
5									

MedImpact Appeals

Email MAC@MedImpact.com with the following:

- A copy of the original invoice that contains the purchase price of the drug being appealed.
- Their completed MAC Appeal Excel sheet

MedImpact

Mainland pharmacies please sumbit completed form in Excel format to MAC@MedImpact.com
***Puerto Rico pharmacies please submit completed form in Excel format to MAC-elixir@MedImpact.com.*
Please sumbit completed form in Excel format to MAC@MedImpact.com
PLEASE NOTE: If the MAC appeal is upheld, MedImpact will make the change in the maximum allowable cost and pharmacies can then reverse and rebill the claim in question. If you need assistance to reverse and rebill the claim in question using the original date of service, contact MedImpact at mac@medimpact.com for assistance.
**Arkansas, North Carolina and Tennessee Pharmacies - Please indicate pharmacy cost below and submit invoice with inquiry*
***New Mexico Pharmacies-Please submit the additional fields shown in red in columns K-N.*

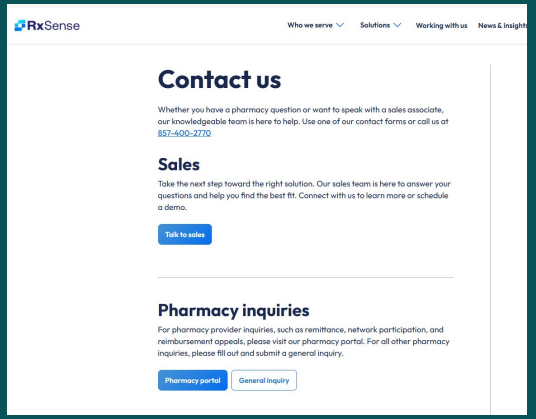
Note: Arkansas pricing requirements are not applicable to the Arkansas Employee Benefits Division (EBD) or Medicare Part D so pricing appeals should not be submitted to the state of AR for such claims

Note: Tennessee pharmacies must also submit with its appeal the following: (i) invoice(s) demonstrating the pharmacies actual cost of the drug or device as of the date of the filing of the appeal, along with any additional discounts, price concessions, rebates, or other reductions, excluding cash discounts, that the pharmacy has received; and (ii) the name and contact information of the wholesaler or manufacturer from which it purchased the prescription drug or devise at issue.

MAC Price Inquiries

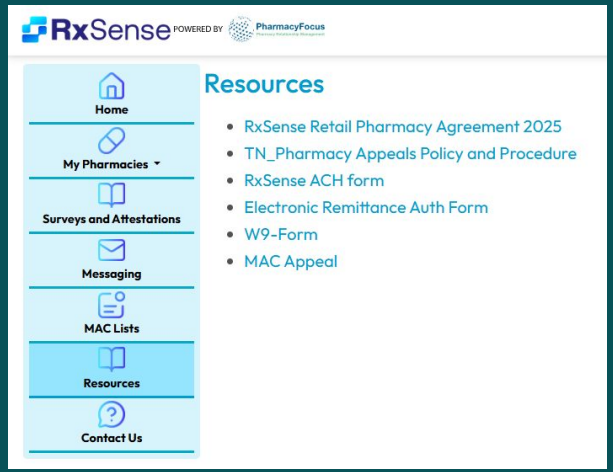
NDC	NCPDP	RX#	DOS	DRUG NAME	STRENGTH	FORM	PHARMACY COST	Submitting an Invoice? Yes/No	Invoice price**	Net purchase price**	BIN**	Total reimbursment**	Reason
00093-3234-10	3471442	6904118	4/10/2026	Sulfasalazine	500mg	tablet	$37.02	Yes	308.5	308.5	800004	$20.58	Below c

RxSense Appeals



1. Go to: https://www.rxsense.com/contact
2. Click on “Pharmacy Portal”
3. Log-in with your NCPDP
4. Click on Resources and then MAC appeal
5. Follow instructions on the screen

Note: I can’t get the portal to work so email the data to them: macappeals@rxsense.com



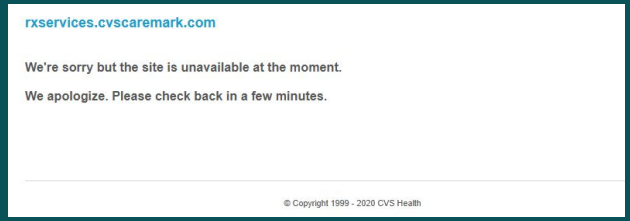
VytlOne Appeals

Email macappeals@vytlone.com with the following:

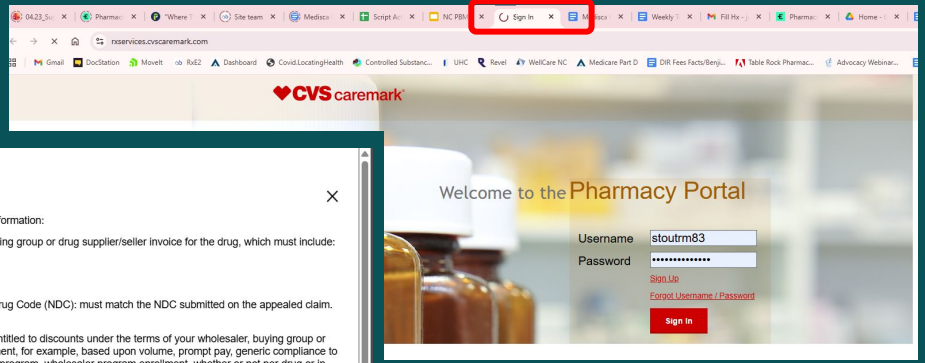
- Contact name
- Email
- Phone number
- NCPDP
- NPI
- Pharmacy name
- Rx #
- Fill date
- NDC
- Fill quantity
- Invoice cost per unit

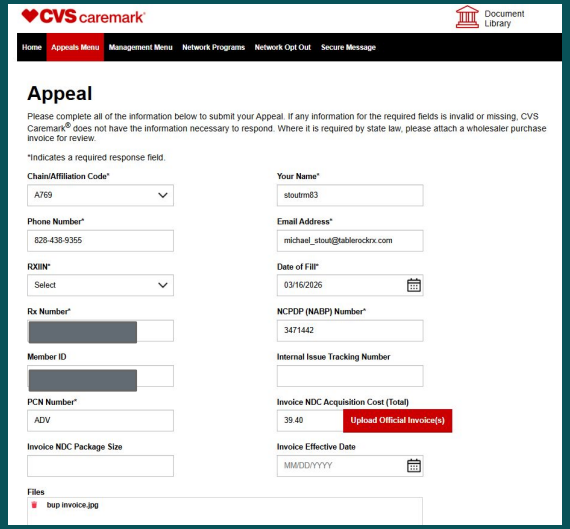
Appeal Process - Caremark

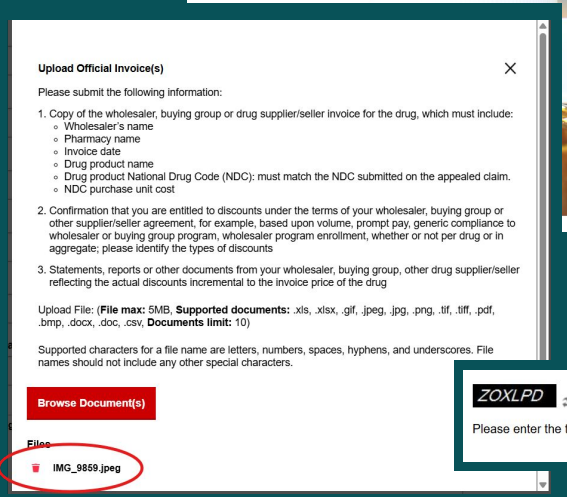
- Appeals website
- Logging in is difficult - takes forever & sometimes times out
- Have your invoice handy
- If you mistype the security text at the bottom, it removes your invoice so you'll have to re-upload



Spinning circle of death

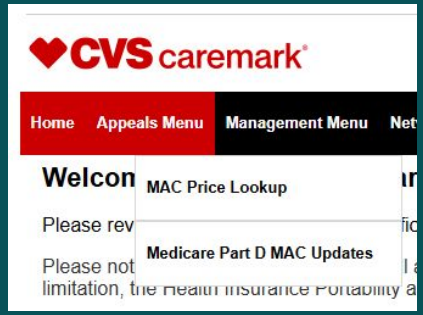


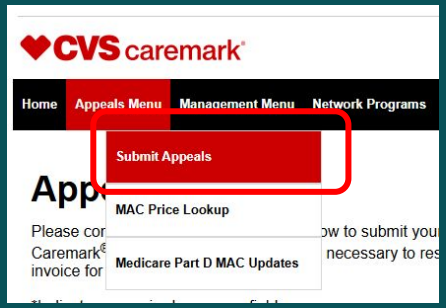


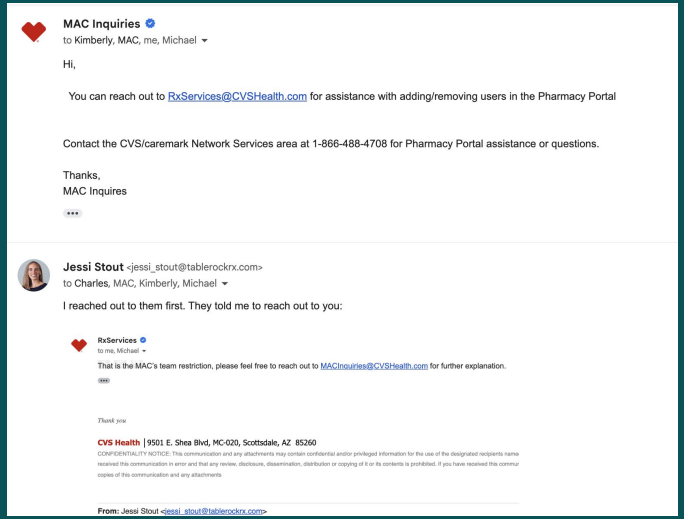


Appeal Process - Caremark

- The option to appeal should be listed under ‘Appeals Menu’
- If you do not have the option to appeal (bottom left screenshot), email Caremark at: RxServices@cvshealth.com
- Only one user per store is granted the option to submit an appeal

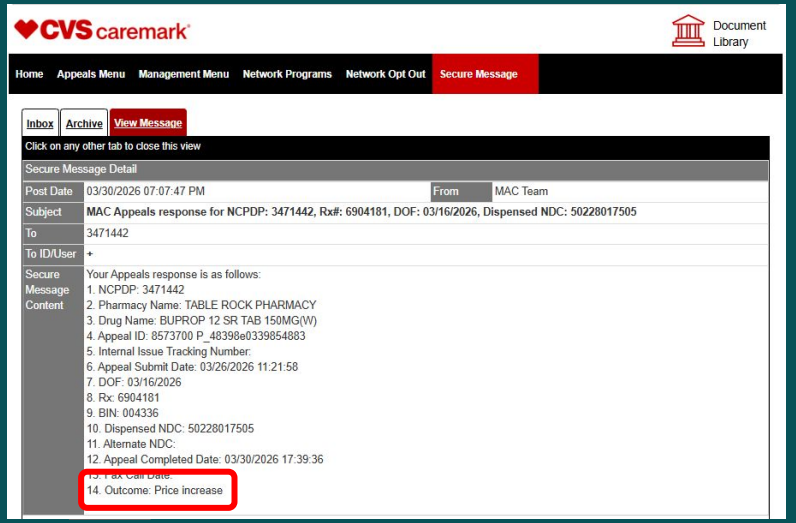


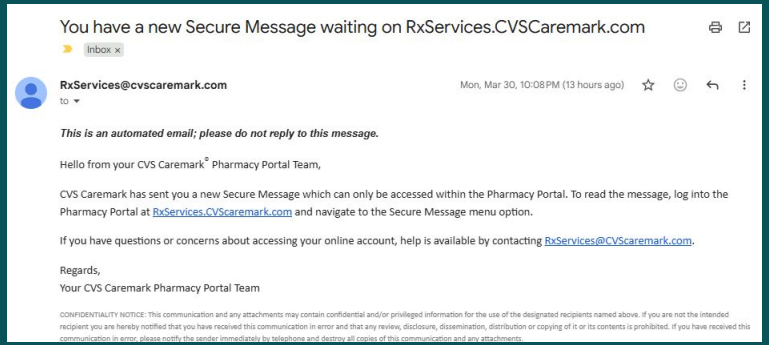




Appeal Process - Caremark

1. Once the appeal has been processed, you will receive an email
2. Log-in to Caremark's portal to review the determination
3. Reverse and rebill your claim (if applicable)





Claim Type	Third Party	Transmitted	Copay	Total Paid
Billing	CVS/Caremark Commercial	7/29/2026 1:23 PM	$10.00	$90.10
Reversal	CVS/Caremark Commercial	7/29/2026 1:23 PM		$0.00
Billing	CVS/Caremark Commercial	7/23/2026 3:10 PM	$10.00	$36.50

Appeal Process - Caremark

- If the reimbursement increases the patient copay, email MACInquiries@cvshealth.com
- I use our PSAO's website to reconcile the claims (Ensurepay)

Appeals - Copay Issues External Inbox ×

Jessi Stout <jessi_stout@tablerockrx.com>
to MAC,

Hi - can you refund us for the below appeal #s that resulted in a copay increase?

P_ccaf97e6d0956b4a
P_1eb5a511c1dbe536
P_30d7a43e8735a2cd
P_591f69bdf4739536
P_2ac858d88f0e55e
P_517d9aad64260e42

Thanks,
Jessi

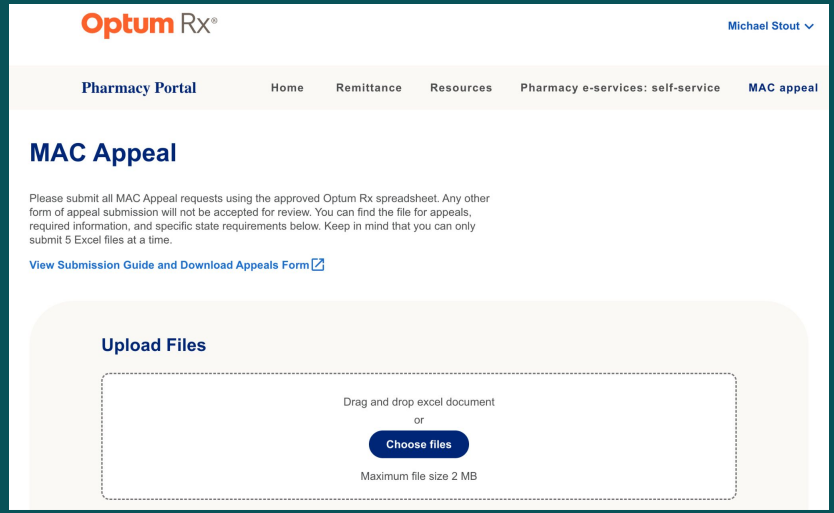
Claim Type	Third Party	Transmitted	Copay	Total Paid
Billing	NC State Emplo...	5/7/2026 11:3...	$25.00	$53.54
Reversal	NC State Emplo...	5/7/2026 11:3...		$0.00
Billing	NC State Emplo...	4/28/2026 10:...	$12.78	$0.00

Claim Status	Claim Number	Submitted Amount	Copay	Ingredient Cost Adj.	Dispensing Fee Adj.	Other Adjustments (Click for Details)	Paid Amount
Processed as Primary	2611809738351960274	$0.00	$25.00	($90.66)	($0.10)	$0.00	$65.76
Reversal of Previous Payment	2611809738351960274	$0.00	($25.00)	$78.44	$0.10	$0.00	($53.54)

Total: $12.22

Appeal Process - Optum

- Appeals website
- Fill out and submit the Excel sheet provided
- Submission guide here



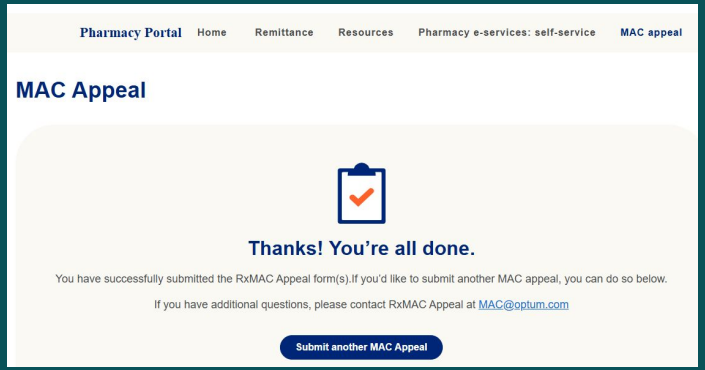
D18

	A	B	C	D	E	F	G	H
1	Optum Rx®		**MAC Reimbursement Review Form**					
2			*Revised January 1, 2026*					
4			Appeal process information can be found in the OptumRx Pharmacy Manual accessible online at https					
5			For instructions on how to complete and submit this form, please refer to the OptumRx Appeal Submi					
6			*All Information Requested Below where marked 'Required' is Mandatory for Claims to be Reviewed.*					
7	**MAC Appeal Detail**							
8	**Email Address:**							
9	**BIN**	**PCN**	**Carrier ID**	**NCPDP**	**RX Number**	**Filled Date**	**NDC 11**	**Compound Y/N**
10	**Required** Text field, 6 Digits (Must not cut off leading zeros)	**Optional** Text field (Must not cut off leading zeros)	**Optional** Text field, 9 characters	**Required** Text field, 7 Digits (Must not cut off leading zeros)	**Required** Text field, 12 Digits; (Must not cut off leading zeros)	**Required** Date field, mm/dd/yyyy	**Required** Text field, 11 Digits (Must not cut off leading zeros; No dashes)	**Optional** Yes/No field, Select from Drop-Down Menu, Y for compound and N for non-compound
11	012345	0123456789		0123456	001234567890	01/01/2016	00012345678	N
12	↓ Enter Data below this row ↓							

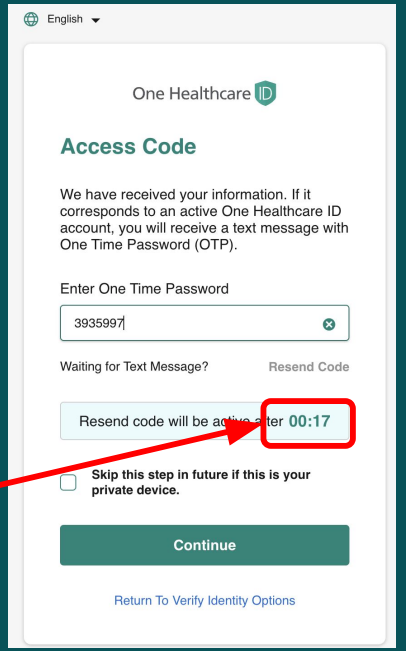
	Reason for Review	
9		
10	**Required** Select from Drop-Down Menu	**Required:** TN, providers, name of wholes pharmacy purchased the drug or medical States Provide any additional information.
11	MAC Unit is below cost	Enter additional information or appeal
12		

Appeal Process - Optum

- In NC, appeals must be submitted within 10 days of fill date!
- No claim number provided like you get with Caremark/ESI (important to track on your own!)
- Note: Optum loses appeals quite frequently

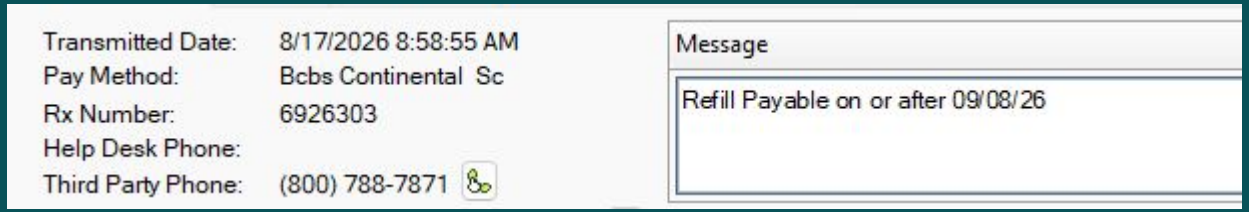


Even though this indicates you only have 30 seconds, you have much longer.



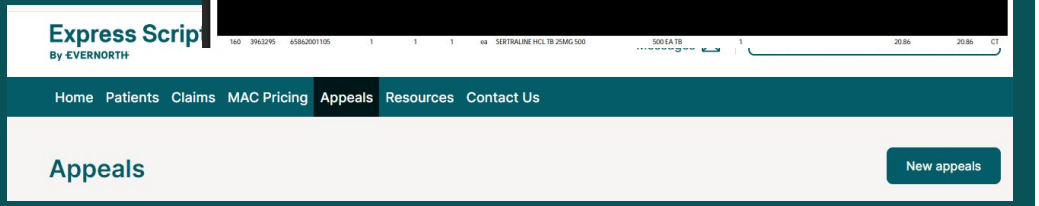
Appeal Process - Optum

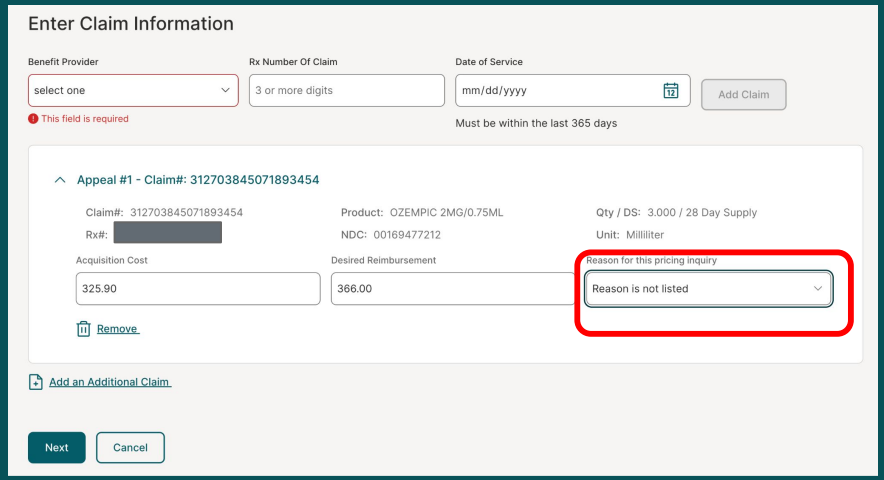
- Sometimes when you reverse/rebill a claim as directed, it rejects stating the fill is too soon
- If this happens:
  - Reverse the newer claim
  - Re-submit the appeal claim
  - Re-submit the newer claim

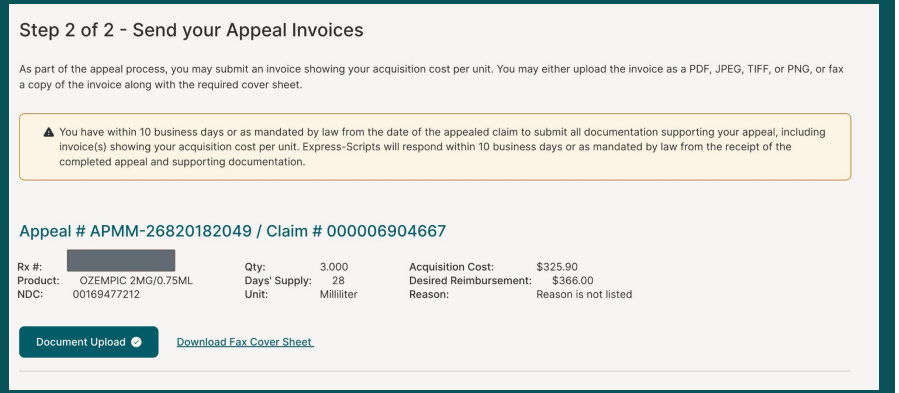


Appeal Process - ESI

- Appeals website
- Have your invoice handy
- Reason for pricing inquiry: select 'Reason is not listed'
- Don't forget to upload your invoice!

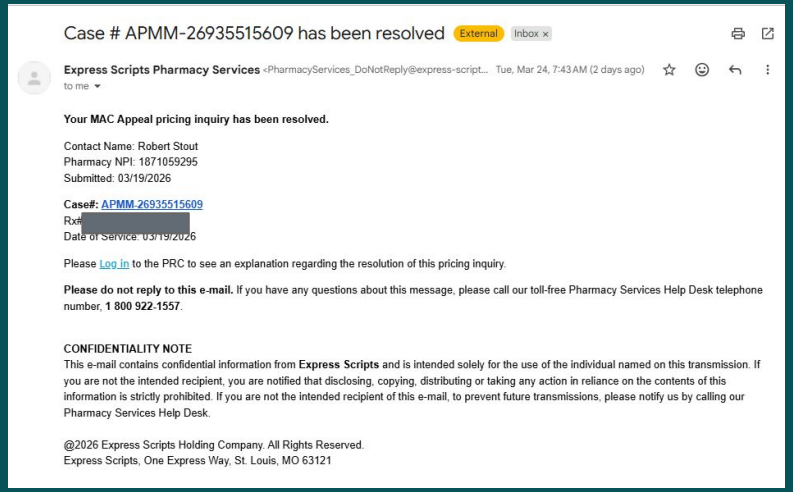






Appeal Process - ESI

1. Once the appeal has been processed, you will receive an email
2. Log-in to ESI's portal to review the determination
3. Click 'Advanced Search' to see all of your claims
4. Reverse and rebill your claim after 24 hours (if applicable)



Case # APMM-26935515609 has been resolved External Inbox ×

Express Scripts Pharmacy Services <PharmacyServices_DoNotReply@express-script... Tue, Mar 24, 7:43 AM (2 days ago)

to me

Your MAC Appeal pricing inquiry has been resolved.

Contact Name: Robert Stout
Pharmacy NPI: 1871059295
Submitted: 03/19/2026

Case#: APMM-26935515609
Rx#[redacted]
Date of Service: 03/19/2026

Please Log in to the PRC to see an explanation regarding the resolution of this pricing inquiry.

Please do not reply to this e-mail. If you have any questions about this message, please call our toll-free Pharmacy Services Help Desk telephone number, **1 800 922-1557**.

CONFIDENTIALITY NOTE
This e-mail contains confidential information from **Express Scripts** and is intended solely for the use of the individual named on this transmission. If you are not the intended recipient, you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited. If you are not the intended recipient of this e-mail, to prevent future transmissions, please notify us by calling our Pharmacy Services Help Desk.

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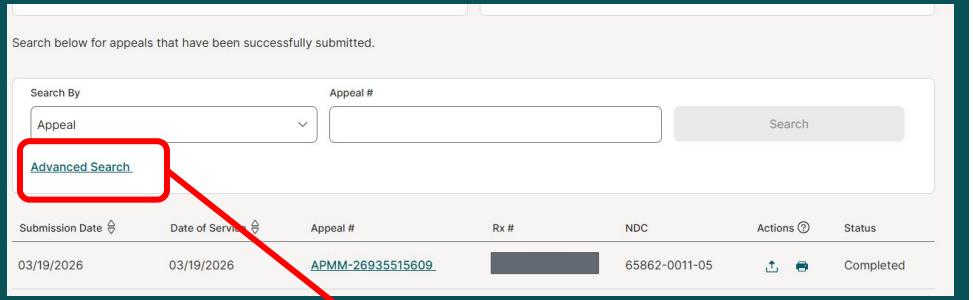
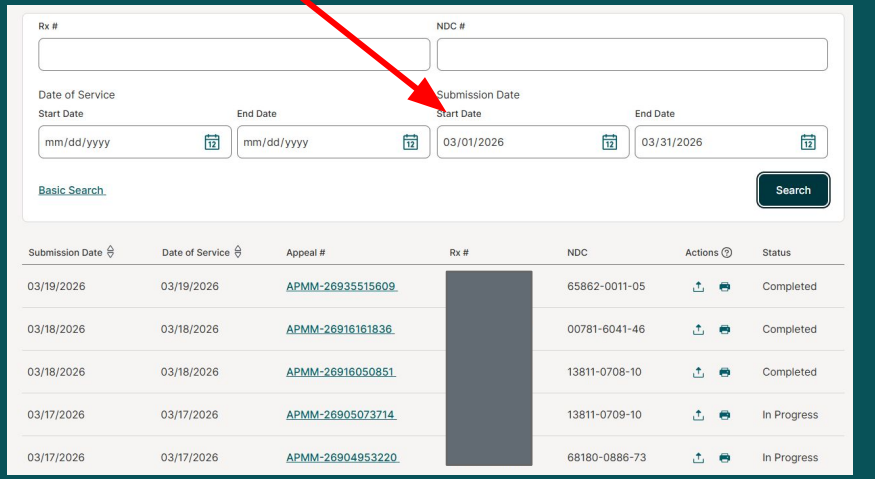


Search below for appeals that have been successfully submitted.

Search By: Appeal
Appeal #
Search
Advanced Search

Submission Date	Date of Service	Appeal #	Rx #	NDC	Actions	Status
03/19/2026	03/19/2026	APMM-26935515609	[redacted]	65862-0011-05		Completed



Rx #
NDC #
Date of Service
Start Date: mm/dd/yyyy
End Date: mm/dd/yyyy
Submission Date
Start Date: 03/01/2026
End Date: 03/31/2026
Basic Search
Search

Submission Date	Date of Service	Appeal #	Rx #	NDC	Actions	Status
03/19/2026	03/19/2026	APMM-26935515609	[redacted]	65862-0011-05		Completed
03/18/2026	03/18/2026	APMM-26916161836		00781-6041-46		Completed
03/18/2026	03/18/2026	APMM-26916050851		13811-0708-10		Completed
03/17/2026	03/17/2026	APMM-26905073714		13811-0709-10		In Progress
03/17/2026	03/17/2026	APMM-26904953220		68180-0886-73		In Progress

Appeal Process - ESI

Resolved

Appeal # APMM-26841063658 is resolved.

Please read the following notes for any additional information or directions:

We have updated the price in our systems. As of 03/09/2026, Express Scripts will reimburse you 0.8778 per unit, for members of this Plan Sponsor who receive this medication, NDC # 55111029336. Please allow one business day to reverse and rebill the claim associated with this appeal. Please reach out to MACDepartment@express-scripts.com if you have any issues.

Download Fax Cover Sheet

Document Upload

Pharmacy Information

Pharmacy:	TABLE ROCK PHARMACY
Address:	200 W FLEMING DR, MORGANTON, NC, 28655-3918
Phone #:	828-438-9355
NPI #:	1871059295
NCPDP #:	3471442

Contact Information

Contact Name:	Robert Stout
Email Address:	staff@tablerockrx.com
Phone #:	828-438-9355

Inquiry Information

Appeal/Case #:	APMM-26841063658
Date Submitted:	03/10/2026
Date Updated:	03/16/2026 4:03 PM
Acquisition Cost:	$0.88
Desired Reimbursement:	$1.00
Primary Reason:	Reason is not listed

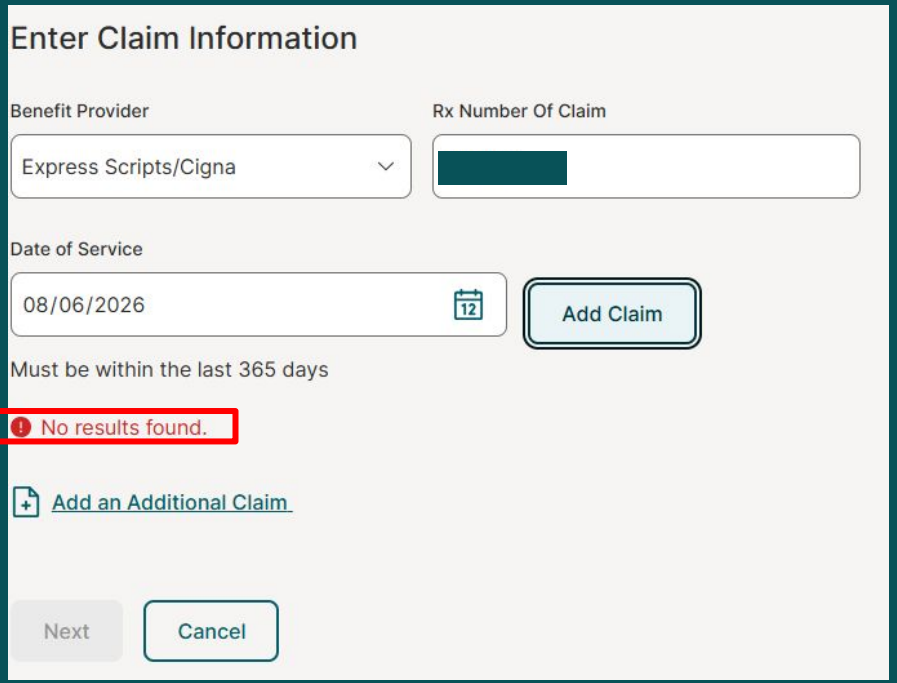
Claim Information

Rx # Of Claim:	[redacted]
Date Of Service:	03/09/2026
NDC #:	55111-0293-36
Product Description:	SUMATRIPTAN SUCCINATE 100 MG
Quantity:	9.000
Unit:	each
Days' Supply:	30

Claim Type	Third Party	Transmitted	Copay	Total Paid
Billing	Paid	7/21/2026 12:33 PM	$0.00	$199.05
Reversal	Paid	7/21/2026 12:33 PM		$0.00
Billing	Paid	7/16/2026 10:54 AM	$0.00	$115.42

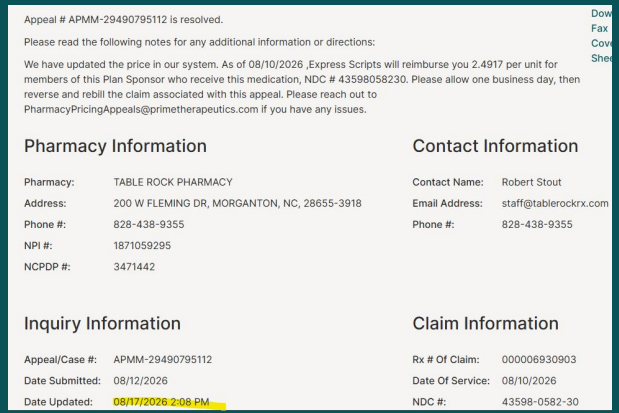
Appeal Process - ESI

- If you get the below error message, try again the next day (or the next day after that)



Appeal Process - ESI

- If you change the fill date, ESI makes you submit a new appeal!
- This is a major problem to be aware of (if patient picks up late, your team changes the fill date, you may not know and reimbursement goes back down)



Appeal # APMM-29490795112 is resolved.

Please read the following notes for any additional information or directions:

We have updated the price in our system. As of 08/10/2026 ,Express Scripts will reimburse you 2.4917 per unit for members of this Plan Sponsor who receive this medication, NDC # 43598058230. Please allow one business day, then reverse and rebill the claim associated with this appeal. Please reach out to PharmacyPricingAppeals@primetherapeutics.com if you have any issues.

Pharmacy Information

Pharmacy:	TABLE ROCK PHARMACY
Address:	200 W FLEMING DR, MORGANTON, NC, 28655-3918
Phone #:	828-438-9355
NPI #:	1871059295
NCPDP #:	3471442

Contact Information

Contact Name:	Robert Stout
Email Address:	staff@tablerockrx.com
Phone #:	828-438-9355

Inquiry Information

Appeal/Case #:	APMM-29490795112
Date Submitted:	08/12/2026
Date Updated:	08/17/2026 2:08 PM

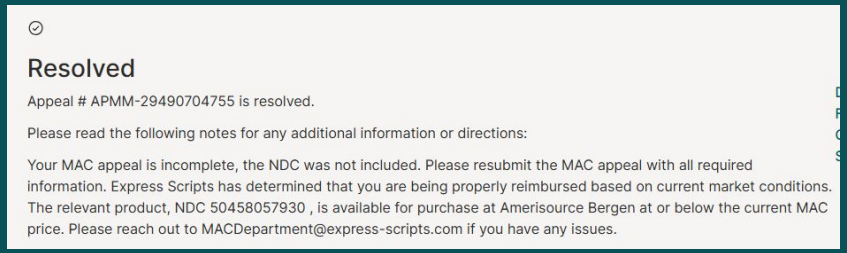
Claim Information

Rx # Of Claim:	000006930903
Date Of Service:	08/10/2026
NDC #:	43598-0582-30

Claim Type	Third Party	Transmitted	Copay	Total Paid	Status
Billing	BC/BS North Carolina	8/17/2026 4:24 PM	$75.00	$75.59	Paid
Reversal	BC/BS North Carolina	8/17/2026 4:23 PM		$0.00	Approved
Billing	BC/BS North Carolina	8/17/2026 12:05 PM	$75.00	$75.59	Paid
Reversal	BC/BS North Carolina	8/17/2026 10:14 AM		$0.00	Approved
Billing	BC/BS North Carolina	8/10/2026 12:57 PM	$75.00	$75.59	Paid

Appeal Process - ESI

- If you get the response posted below, you likely didn't submit something correctly. Emailing them won't do anything so just resubmit it.

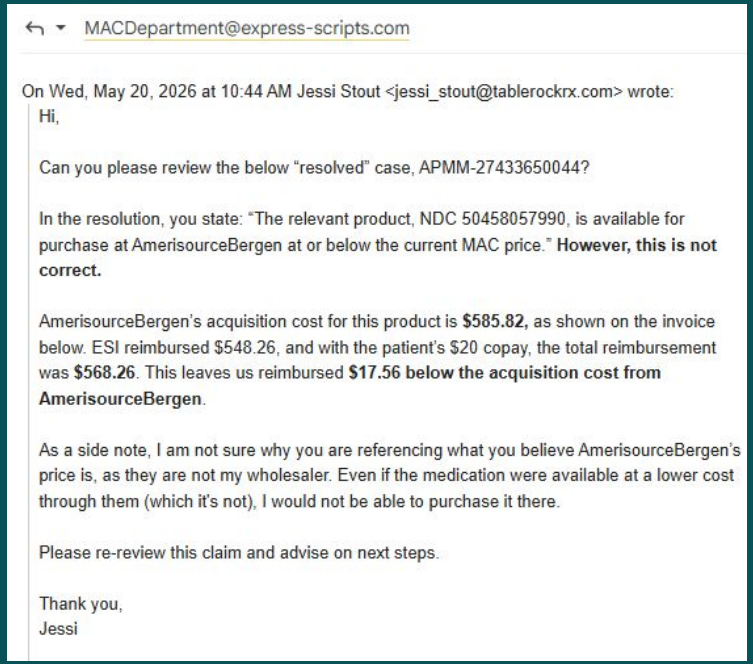


Resolved

Appeal # APMM-29490704755 is resolved.

Please read the following notes for any additional information or directions:

Your MAC appeal is incomplete, the NDC was not included. Please resubmit the MAC appeal with all required information. Express Scripts has determined that you are being properly reimbursed based on current market conditions. The relevant product, NDC 50458057930 , is available for purchase at Amerisource Bergen at or below the current MAC price. Please reach out to MACDepartment@express-scripts.com if you have any issues.



MACDepartment@express-scripts.com

On Wed, May 20, 2026 at 10:44 AM Jessi Stout <jessi_stout@tablerockrx.com> wrote:

Hi,

Can you please review the below "resolved" case, APMM-27433650044?

In the resolution, you state: "The relevant product, NDC 50458057990, is available for purchase at AmerisourceBergen at or below the current MAC price." **However, this is not correct.**

AmerisourceBergen's acquisition cost for this product is **$585.82,** as shown on the invoice below. ESI reimbursed $548.26, and with the patient's $20 copay, the total reimbursement was **$568.26**. This leaves us reimbursed **$17.56 below the acquisition cost from AmerisourceBergen**.

As a side note, I am not sure why you are referencing what you believe AmerisourceBergen's price is, as they are not my wholesaler. Even if the medication were available at a lower cost through them (which it's not), I would not be able to purchase it there.

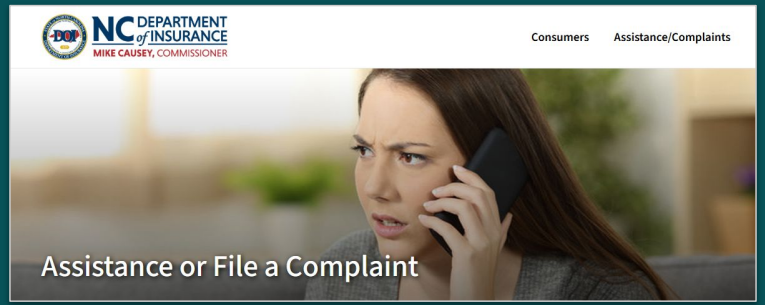
Please re-review this claim and advise on next steps.

Thank you,
Jessi

Appeal Process - ESI

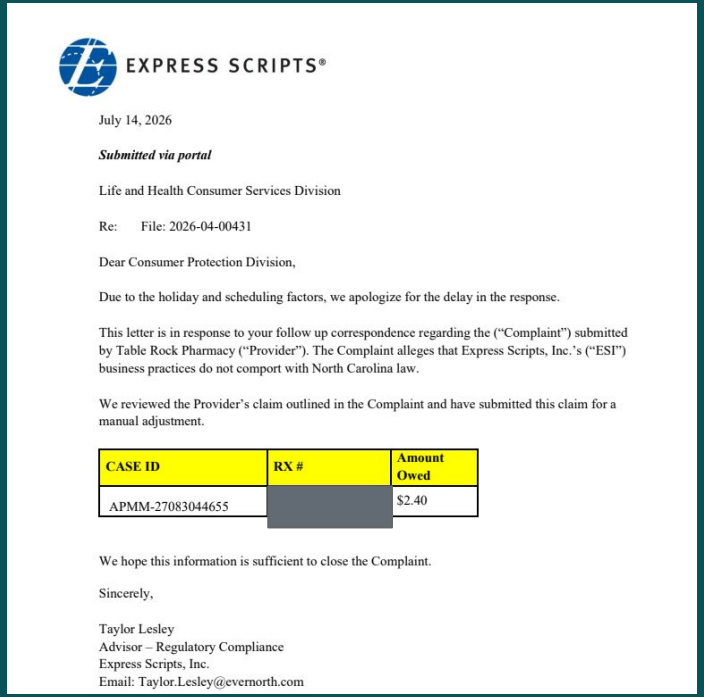
- Despite the language below, ESI requires you to submit an appeal for *every* member, *every* month.
- As of 07/28/2026, Express Scripts will reimburse you 24.1777 per unit, **for members of this Plan Sponsor who receive this medication**, NDC # 73562011701.
- My recommendation is to report this to DOI (Caremark and Optum to not require monthly submission)
- ESI's response to my DOI complaint: *"The Provider makes claims regarding subsequent claims for the same drug. We note that pricing availability is specific to a single claim and not reflective of future pricing. This is due to frequent pricing fluctuation in the marketplace wherein pricing of claims is not set indefinitely. Therefore, should Provider disagree with pricing, they will need to file an appeal in each instance."*

Submitting a Violation to DOI - How To



When to Report to DOI

- PBM doesn't respond to your complaint in a timely manner
- A below cost appeal results in an increase in patient copay
- You have to submit an appeal for the same prescription for the same patient every month
- Patient steering
- You find data that proves a PBM reimburses themselves more than they reimburse you



EXPRESS SCRIPTS®

July 14, 2026

Submitted via portal

Life and Health Consumer Services Division

Re: File: 2026-04-00431

Dear Consumer Protection Division,

Due to the holiday and scheduling factors, we apologize for the delay in the response.

This letter is in response to your follow up correspondence regarding the ("Complaint") submitted by Table Rock Pharmacy ("Provider"). The Complaint alleges that Express Scripts, Inc.'s ("ESI") business practices do not comport with North Carolina law.

We reviewed the Provider's claim outlined in the Complaint and have submitted this claim for a manual adjustment.

CASE ID	RX #	Amount Owed
APMM-27083044655	[redacted]	$2.40

We hope this information is sufficient to close the Complaint.

Sincerely,

Taylor Lesley
Advisor – Regulatory Compliance
Express Scripts, Inc.
Email: Taylor.Lesley@evernorth.com

Prepare the following information for your complaint:

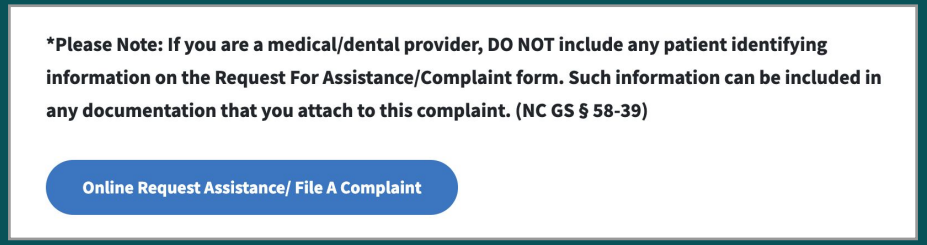
- Part of Script Act that was violated (reason for complaint)
- PBM information (PBM name, BIN, PCN, group)
- Complaint details (member info & description of issue)
- Desired resolution
- Supporting documents (required for below-cost reimbursement)

DOI Requests

- Combine multiple violations involving the same PBM into a single complaint (even if the type of violation is different).
- In the first note section (..specific area, of article 56A..) include the type of violation. For example:
  - Below-cost reimbursement
  - Higher affiliate reimbursement
  - Below-cost reimbursement & higher affiliate reimbursement
  - Patient steering

How to Report a Violation to DOI

1. Navigate to the complaint section of NCDOI's website.
2. Click the button Online Request Assistance/File A Complaint.

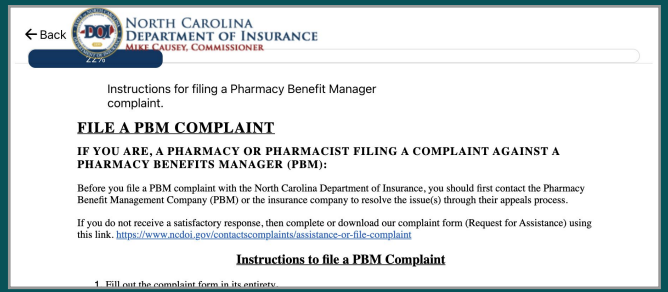


3. Under Are you Represented by an Attorney, select No and then click ***Next***.

How to Report a Violation to DOI

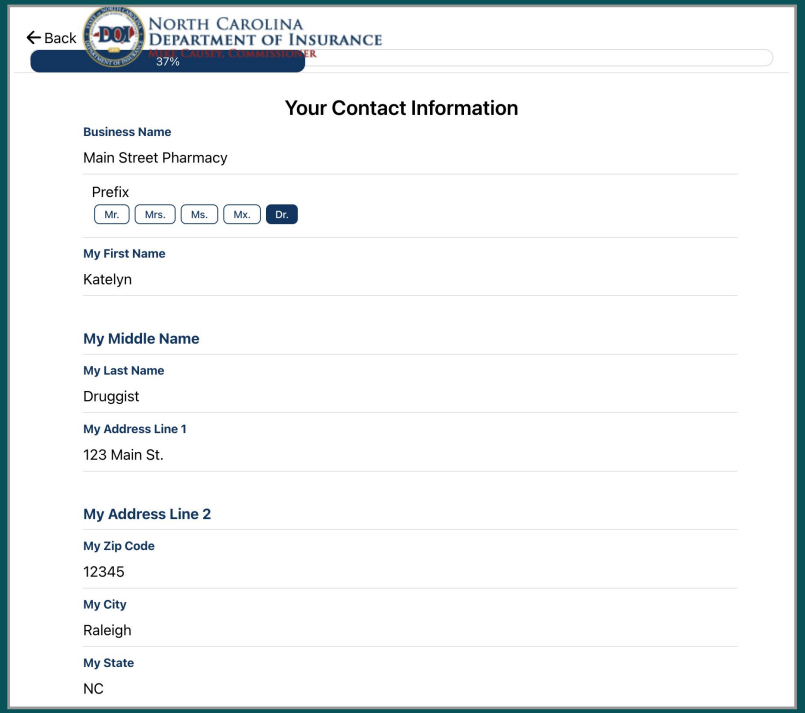
4. Under Type of Complaint, select PBM and then click ***Next***.

5. Read through the information on the following screen and then click ***Next.***



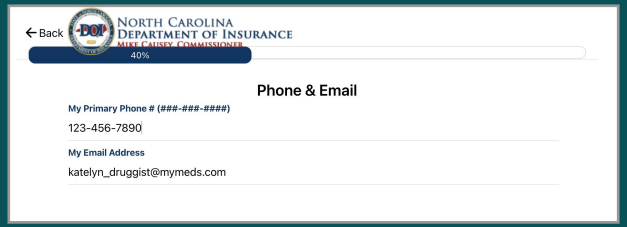
How to Report a Violation to DOI

6. Fill out your contact information and then click ***Next***.

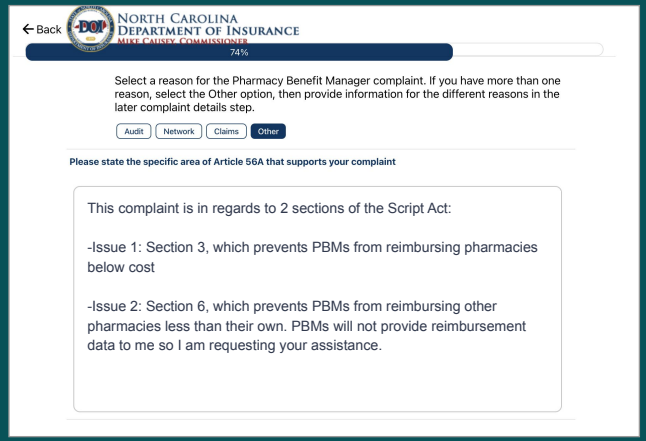


How to Report a Violation to DOI

7. Fill out your phone and email and then click ***Next***.

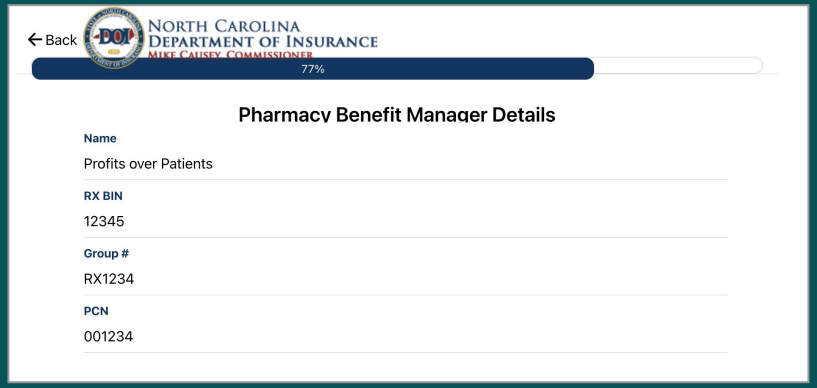


8. Select Other and provide the specific area of the SCRIPT Act that the PBM has violated then click ***Next***. *Note: click here to access the SCRIPT Act to reference which Part is applicable to your complaint.*



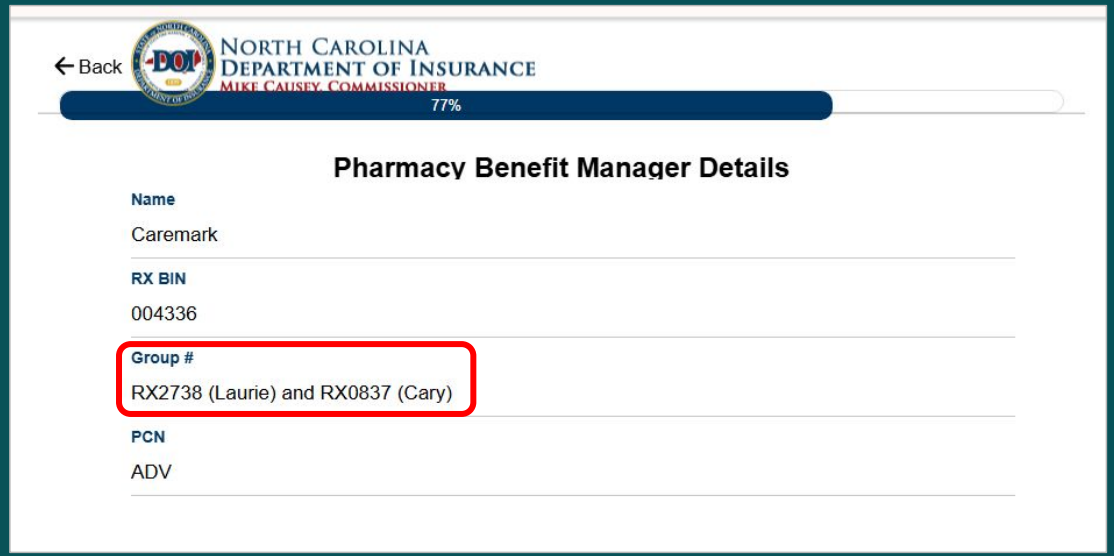
How to Report a Violation to DOI

9. Fill out the PBM information then click ***Next***.
    - PBM name
    - BIN
    - Group
    - PCN



How to Report a Violation to DOI

PBM Details - What to do if you have multiple groups for the same complaint:



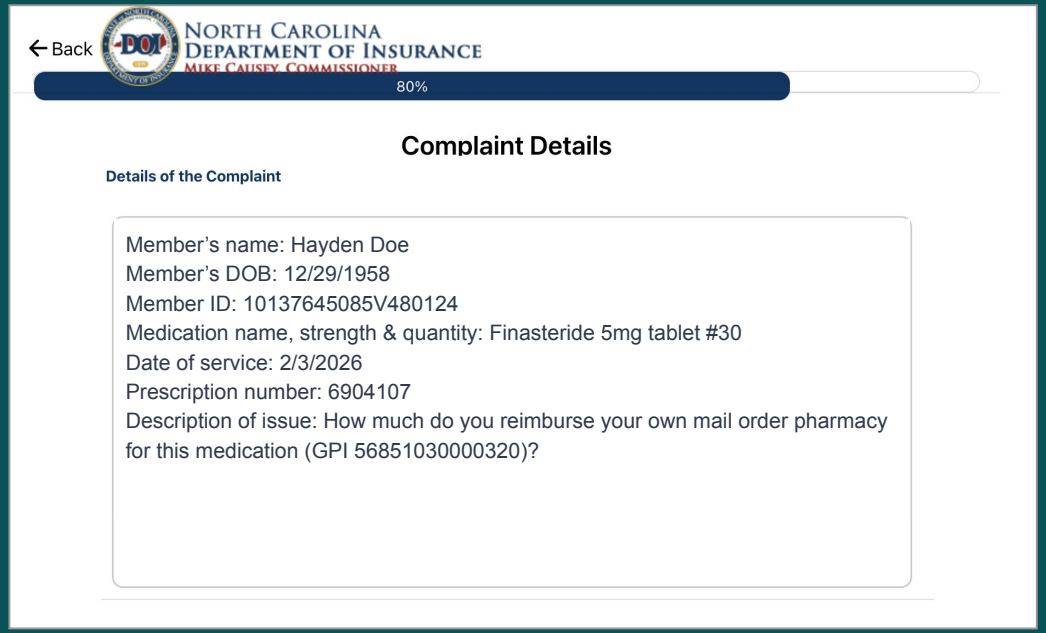
How to Report a Violation to DOI

Include all relevant info in ‘Complaint Details’ section:

- Member’s name
- Member’s DOB
- Member ID
- Medication name, strength & quantity
- Medication GPI (generics) or NPI (brands)
- Date of service
- Prescription number
- Description of issue

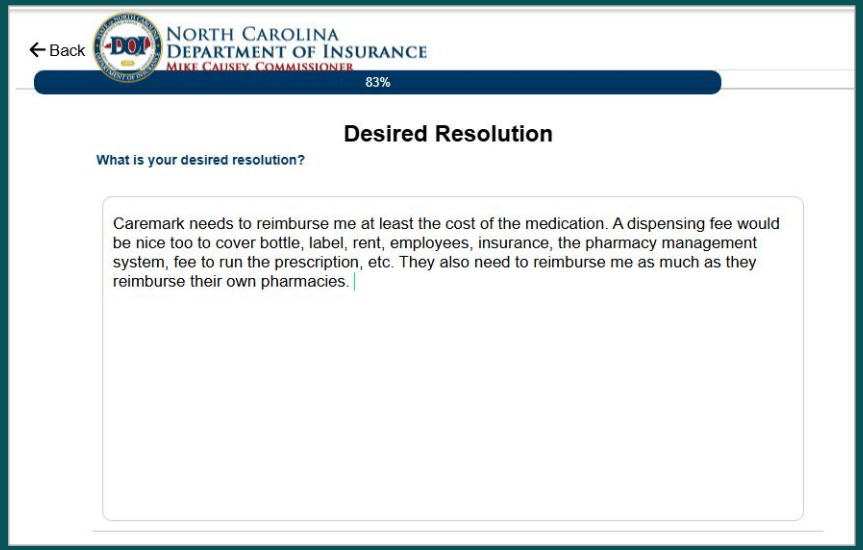
How to Report a Violation to DOI

10. Fill out the complaint details then click ***Next***.



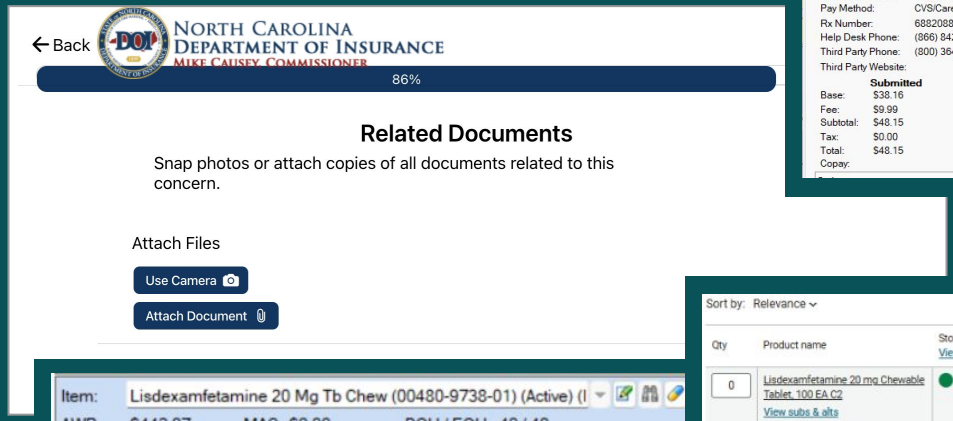
How to Report a Violation to DOI

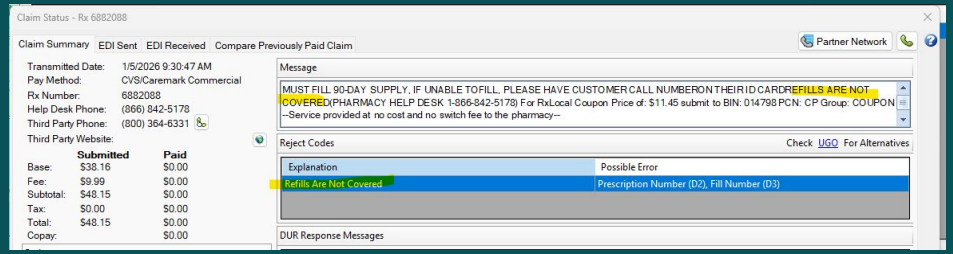
11. Fill out the desired resolution then click ***Next***.

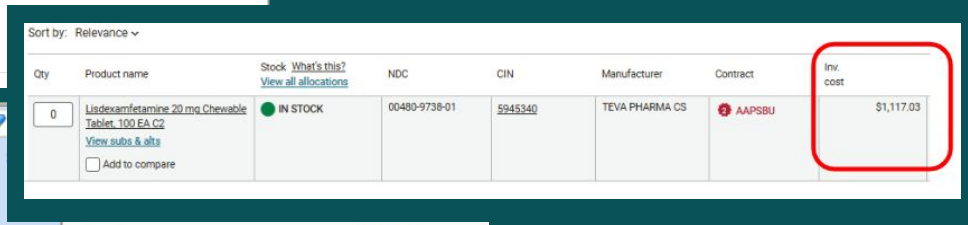


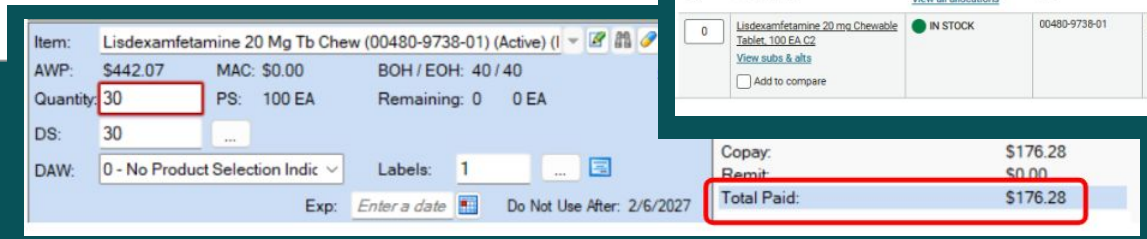
How to Report a Violation to DOI

12. Attach any supporting documents (e.g. invoices, etc.) and then click ***Next***.





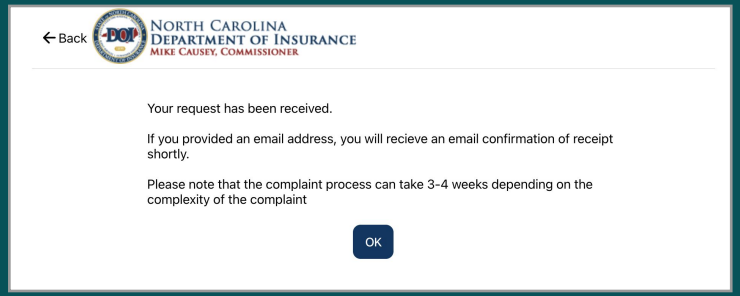




How to Report a Violation to DOI

13. Select your desired method of communication and then click ***Next***.

14. Sign the authorization release and then click ***Finish***.
15. A confirmation page will display as follows:



How to Report a Violation to DOI

A live demo

https://www.ncdoi.gov/contactscomplaints/assistance-or-file-complaint

Questions?