

# NC PBM Reform: Reporting Violations of the Script Act

March 31, 2026

Brent Talley - Pharmacist / Hayes Barton Pharmacy Owner

Hardy Creech - Pharmacist / Kinston & Snow Hill Realo Drugs Owner

Jessi Stout - Pharmacist / Table Rock Pharmacy Owner

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# Agenda

- Script Act Overview
- Important Considerations
- Submitting a Violation - Best Practices
- PBM MAC Appeal Process
- Submitting a Violation - How to

# Script Act Overview

# Script Act Overview

- Signed into law July 9, 2025
- Primary sponsors: Senators Sawrey, Britt & Galey
- Other sponsors: Senators: Barnes; Berger; Bradley; Brinson; Burgin; Chaudhuri; Craven; Daniel; Hanig; Hise; Hollo; Jackson; Jarvis; Johnson; Lazzara; McInnis; Moffitt; B. Newton; Overcash; Rabon; Sanderson; Sawyer; Settle

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2025

S D

**SENATE BILL 479**  
Health Care Committee Substitute Adopted 4/10/25  
Commerce and Insurance Committee Substitute Adopted 4/15/25  
Finance Committee Substitute Adopted 4/30/25  
Fifth Edition Engrossed 5/7/25  
House Committee Substitute Favorable 6/17/25  
Proposed Conference Committee Substitute S479-PCCS45429-BC-1

Short Title: SCRIPT Act. (Public)

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Sponsors: \_\_\_\_\_

Referred to: \_\_\_\_\_

March 26, 2025

1 A BILL TO BE ENTITLED  
2 AN ACT SUPPORTING COMMUNITY RETAIL PHARMACIES AND IMPROVING  
3 TRANSPARENCY.  
4 The General Assembly of North Carolina enacts:  
5  
6 **PART I. PHARMACY OF CHOICE MODIFICATIONS**  
7 **SECTION 1.1.** G.S. 58-51-37 reads as rewritten:  
8 **"§ 58-51-37. Pharmacy of choice.**  
9 (a) ~~This section shall apply to all health benefit plans providing pharmaceutical services~~  
10 ~~benefits, including prescription drugs, to any resident of North Carolina. This section shall also~~  
11 ~~apply to insurance companies and health maintenance organizations that provide or administer~~  
12 ~~coverages and benefits for prescription drugs. This section shall apply to pharmacy benefits~~  
13 ~~managers with respect to 340B covered entities and 340B contract pharmacies, as defined in~~  
14 ~~G.S. 58-56A-1. This section shall not apply to any entity that has its own facility, employs or~~  
15 ~~contracts with physicians, pharmacists, nurses, and other health care personnel, and that~~  
16 ~~dispenses prescription drugs from its own pharmacy to its employees and to enrollees of its health~~  
17 ~~benefit plan; provided, however, this section shall apply to an entity otherwise excluded that~~  
18 ~~contracts with an outside pharmacy or group of pharmacies to provide prescription drugs and~~  
19 ~~services. This section shall not apply to any federal program, clinical trial program, hospital or~~  
20 ~~other health care facility licensed pursuant to Chapter 131E or Chapter 122C of the General~~  
21 ~~Statutes, when dispensing prescription drugs to its patients.~~  
22 (b) **As used Definitions.** – The following definitions apply in this section:  
23 (1) ~~"Consumer" means a type of cost sharing subsidy incurred or covered~~

# Script Act Overview

**Part I - Pharmacy of Choice** - Strengthens protections for consumers to choose their preferred pharmacy and limit insurer and PBM restrictions.

- *Effective Date:* October 1, 2025 (applies to insurance contracts entered into or amended on or after this date)

**Part II - PSAO Regulations** - Increases transparency and regulation of PSAOs that negotiate on behalf of independent pharmacies.

- *Effective Date:* A majority of this part becomes effective October 1, 2026 (and applies to insurance contracts entered into or amended on or after this date).

**Part III - PBM Transparency, Fair Reimbursement, and Fiduciary Duties** - Increases accountability of PBMs and ensures fair reimbursement to pharmacies: PBMs must submit annual transparency reports & cannot require pharmacies to dispense a medication below cost.

- *Effective Date:* Most sections: October 1, 2025 (applies to insurance contracts entered into or amended on or after this date). Spread pricing reporting: March 31, 2026.

# Script Act Overview

**Part IV - Anti-Steering and Network Adequacy** - PBMS must ensure adequate pharmacy network access and cannot require excessive specialty pharmacy accreditations.

- *Effective Date:* October 1, 2025 (applies to insurance contracts entered into or amended on or after this date).

**Part V - Strengthen Pharmacy Audit Protections** - Provides comprehensive protections to pharmacies during audits.

- *Effective Date:* A majority of this part became effective when signed into law (the remainder becomes effective January 1, 2026 and applies to audits conducted on or after this date).

**Part VI - PBM Affiliate Regulation** - PBMs cannot reimburse affiliated pharmacies more than other pharmacies.

- *Effective Date:* October 1, 2025 (applies to pharmacist services or prescription drugs dispensed on or after this date).

**Part VII - Consumer to Receive Benefit of Pharmacy Rebates** - Ensures patients receive the benefit of manufacturer rebates at the point of sale

- *Effective Date:* January 1, 2027 (applies to prescription drugs purchased by insureds on or after this date).

# Script Act Overview

**Part VIII - Prescription Drug Transparency** - Requires drug manufacturers to report price increases and new drug pricing.

- *Effective Date:* A majority of this part becomes effective January 1, 2026 (the remainder became effective when signed into law).

**Part IX - Pharmacy Reporting Requirements** - NCBOP to report trends in pharmacy openings/closures across North Carolina.

- *Effective Date:* Became effective when signed into law.

**Part X - RFP Changes** - Aim improve PBM contract terms, prioritizing pharmacy access, transparency, and fairness.

- *Effective Date:* October 1, 2025 (applies to RFPs issued on or after this date).

**Part XI - Extend Medicaid Pharmacy Reimbursement Rates** - Extends the existing requirement that Medicaid managed care plans reimburse NADAC +.

- *Effective Date:* Became effective when signed into law; expires June 30, 2031.

# Script Act Overview

## 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 important audit protections for pharmacies.
- **Part VI:** Prohibits PBMs from reimbursing affiliated pharmacies at higher rates than non-affiliated pharmacies.

# Script Act Overview - Part VI

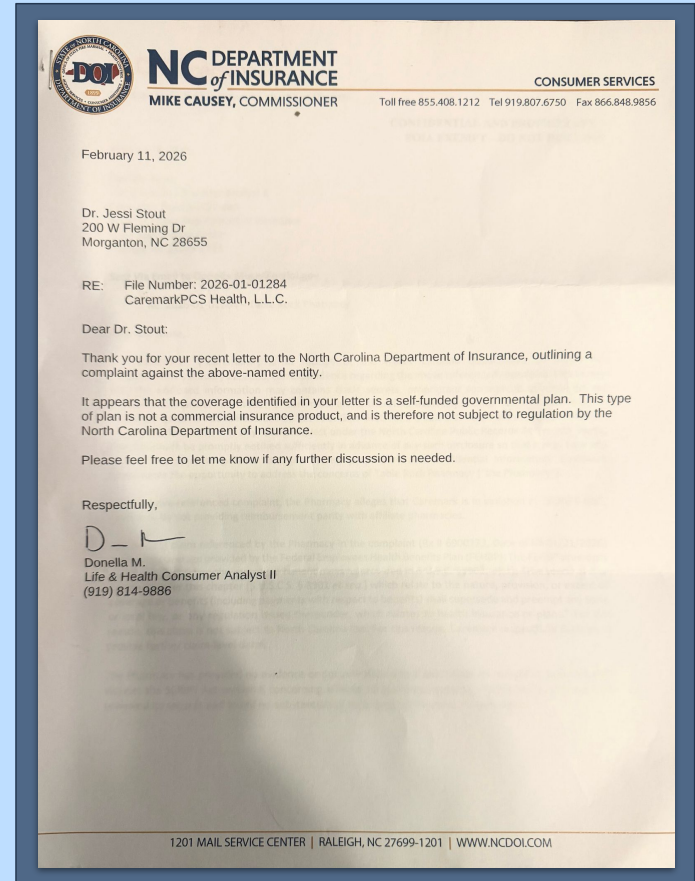
## But how do I know PBMs reimburse themselves more than me?

- PBMs obviously won't provide this data if you ask them but it is backed by investigations & reports:
  - Federal Trade Commission: PBMs can favor their own pharmacies through reimbursement and network design.
  - Congress: PBMs give affiliated pharmacies better pay and steer patients to them.
  - States & lawsuits: Evidence of higher reimbursement for PBM-owned pharmacies vs. independents.
- Publicly available data from Medicare.gov shows higher reimbursement to PBM-owned pharmacies—if it happens in Medicare, it certainly happens in commercial plans too:

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

# Important Considerations

(Based on my Experience)



# Important Considerations

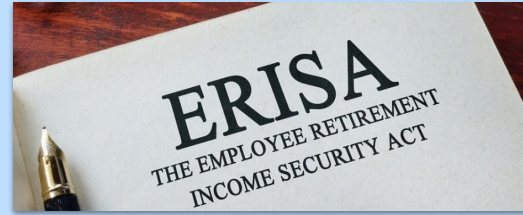
- The majority of the [Script Act](#) became effective October 1, 2025.
- Most provisions apply to contracts entered into or amended on or after October 1.
- Section VI became effective immediately on October 1 and prohibits PBMs from reimbursing affiliated pharmacies at a higher rate than non-affiliated 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.

# 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.

# 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.

**BlueCross  
BlueShield**

Prior Review/Certification (PR/C)  
Claims may be subject to PR/C. For nonparticipating/non-NC providers (exception below), member must obtain PR/C when required. Participating non-NC providers (non-military, inpatient facilities) and participating NC providers must obtain PR/C when required.

Fully-Insured by BlueCross and BlueShield of North Carolina, an independent licensee of the BlueCross and BlueShield Association. Find included providers, prescription drugs and pharmacies at BlueCrossNC.com

BlueCrossNC.com  
Customer Service: 1-888-206-4697  
TTY/TDD: 711  
Mental Health: 1-800-359-2422  
Locate Non-NC Provider: 1-800-810-2583  
Provider Services: 1-800-214-4844  
Prior Review/Certification: 1-800-672-7897  
Pharmacist Help Desk: 1-888-274-5186  
Teladoc: 1-855-549-2214  
Amazon Pharmacy: 1-855-963-4546

Providers should send claims to their local BlueCross BlueShield Plan.

NC providers and members send medical claims to: Blue Cross NC PO Box 35, Durham, NC 27702-0035

**Prime**  
THERAPEUTICS™

Pharmacy Benefits Administrator

**Anthem**

Chat Live at [anthem.com/smurfitwestrock](https://www.anthem.com/smurfitwestrock)

Member Services 1-888-551-2578  
24/7 NurseLine 1-800-700-9184  
Coverage While Traveling 1-800-810-2583  
Carelon Precert, Med Ben Mgmt 1-888-953-6703  
Med SpecRx Pre-cert (Non-onc) 1-833-293-0659  
Behavioral Health Resource 1-844-792-5141  
Provider Services 1-800-676-2583  
Pharmacy Services\* 1-877-330-9274  
Spring Health EAP\* 1-855-629-0554

PRE CERTIFICATION: YOU are responsible for obtaining pre certification for all hospital admissions and certain outpatient procedures. Failure to pre certify may reduce your benefits.

\*Contracts directly with group

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. independent licensee of the Blue Cross and Blue Shield Association. Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims.

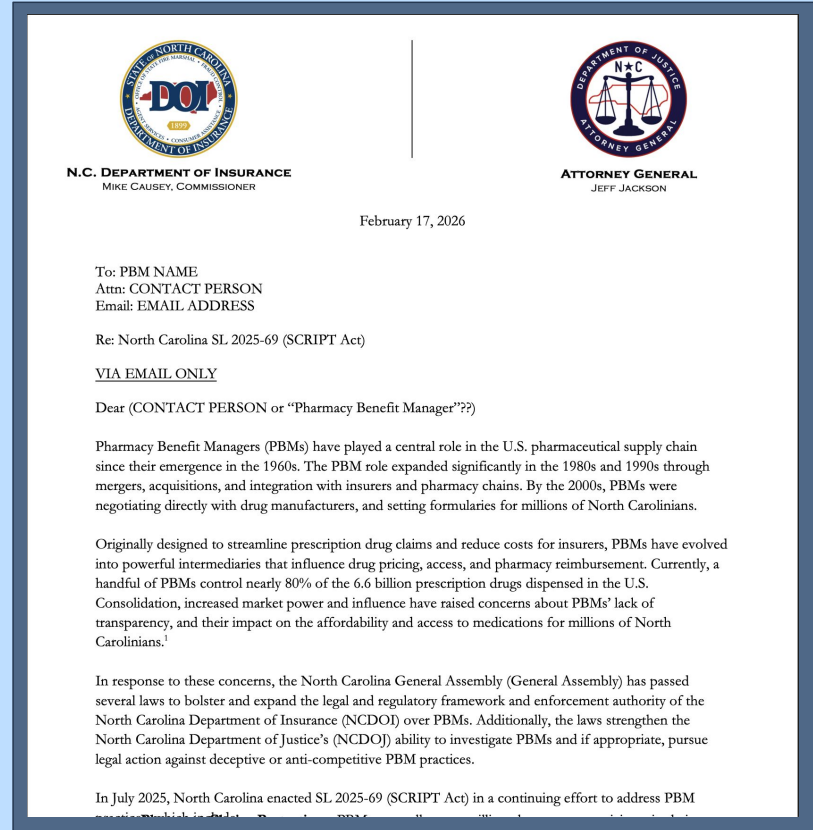
Issue Date: 12/02/2024

# 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

# Joint NCDOI/DOJ Press Release


- February 17, 2026: NCDOI & DOJ issued a [press release](#) & [letter](#) to PBMs
- From the press release:
  - Commissioner Causey and Attorney General Jackson conclude: “The NCDOI and NCDNJ will uphold the legislative mandate of the General Assembly and, where warranted, **will pursue all available remedies under law.**”
- Important statements included in the letter:
  - Support for Independent Pharmacies: Reimbursement rates for an independent pharmacy or any pharmacy in a pharmacy desert **must be, at a minimum, acquisition cost** for the covered drug, device or service. G.S. § 58-56A-4
  - In addition to enhanced regulatory requirements, the General Assembly codified that **all requirements relating to the coverage of prescription drugs and pharmacy services under Chapter 58 applicable to health benefit plans are applicable to PBMs. Further, PBMs are subject to examination, investigation and enforcement under Article 63, Unfair Trade Practices. G.S. § 58-56A-55.**



# Submitting a Violation - Best Practices

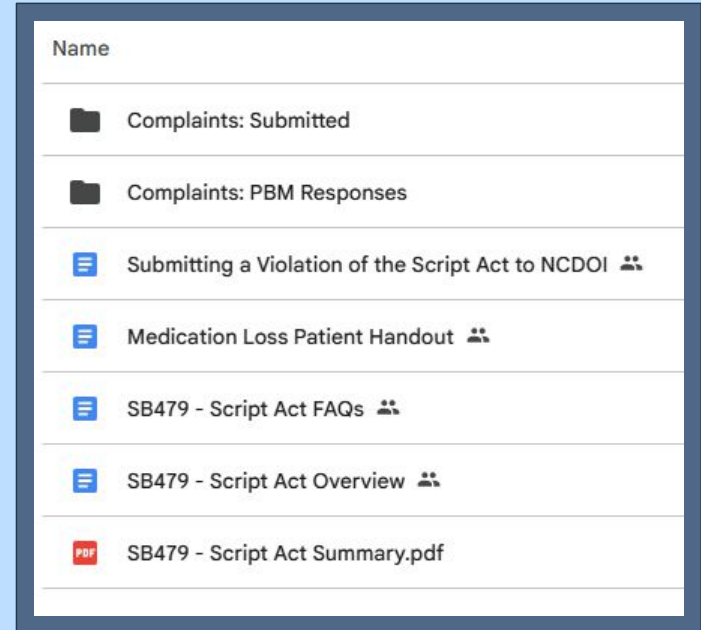
# Best Practices

- You are supposed to 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 Rx, CarelonRx)
  - 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
- I submit complaints as I'm checking prescriptions and notice a violation but a better practice may be to run a report on below-cost claims (for violations of Parts III & VI)
- Combine related issues for the same PBM into a single complaint (per DOI request)

Transmitted Date: 2/9/2026 9:16:25 AM	Message
Pay Method: Narus Health-Optum	
Rx Number: 6898921	
Help Desk Phone: (877) 635-9545	
Third Party Phone: (877) 635-9545 	
	Refills Exceed allowable Refills; Customer Service: 877-635-9545; MANDATORY MAIL ORDER AFTER 1 FILL AT RETAIL For RxLocal Coupon Price of: \$163.47 submit to BIN: 014798 PCN: CP Group: COUPON --Service provided at no cost and no switch fee to the pharmacy--

# Best Practices

- Keep your own log of submitted complaints (to NCDONI & the PBM)
- Keep a separate document that includes details from each complaint (you can't access the complaint once it's been submitted)
- Prepare standard language or templates for recurring complaint types to streamline submissions (NCAP is working on resources for this)
- 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

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)

# Best Practices

## Personal Complaint Log - DOI

A	B	C	D	E	F	G	H	I	J	K
Number	DOI File #	Date Submitted	PBM Response Date	PBM	Violation	Rx #	Rx Group	Denial Reason	Notes	
33	2026-03-00495	3/9/26		Caremark	Below cost & reimbursement disc		RX6896			
32	2026-02-01646	2/26/06		Caremark	Below cost & reimbursement disc		RX334		Submitted with 31	
31	2026-02-01646	2/26/06		Caremark	Below cost & reimbursement disc		RX0274		oops state health plan	
30	2026-02-01457	2/25/06		Caremark	Below cost & reimbursement disc		RX8715			
29	2026-02-01362	2/23/26		ESI	Below cost & reimbursement disc		2DEA		Ambetter plan	
28	2026-02-01292	2/20/26		Caremark	Below cost & reimbursement disc		RX2481			
27	2026-02-01079	2/18/26		Caremark	Below cost & reimbursement disc		50 RX7641		Submitted w/ 26	
26	2026-02-01079	2/18/26		Caremark	Below cost & reimbursement disc		RX1022		Submitted w/ 27	
25	2026-02-01015	2/17/26		Optum	Below cost & reimbursement disc		UHEALTH			
24	2026-02-00800	2/13/26		Caremark	Below cost & reimbursement disc		RX0837			
23	2026-02-00689	2/12/26		Caremark	Forced mail order		RX1276			
									Based on the definition of both "insurer" and "health plan" (3-167), the specific provisions within NCGS 58-56	
22	2026-02-00536	2/9/26	3/5/26	ProAct	Forced mail order		BHP	self-funded plan	to the use of mail order would not apply. As noted in the complaint, the insured entity and therefore does not meet the definition of an insurer.	
21	2026-02-00447	2/7/26	2/25/26	Caremark	Below cost & reimbursement disc		RX24CP	self-funded plan	response didn't address below cost reimbursement	
20	<b>2026-02-00732</b>	2/6/26		Caremark	Below cost & reimbursement disc		RX2738		DOI couldn't find - resubmitted 2/12	
19	2026-02-00400	2/6/26		Caremark	Reimbursement discrepancy		RX2408			
18	2026-02-00397	2/6/26		Caremark	Below cost & reimbursement disc		RX7700			
17	2026-02-00363	2/6/26		Prime	Below cost reimbursement		B0000002			
16	<b>2026-02-00732</b>	2/6/26		Caremark	Reimbursement discrepancy		RX0837		DOI couldn't find - resubmitted 2/12	
15	2026-02-00333	2/6/26		Caremark	Reimbursement discrepancy		RX5691			
14	2026-02-00183	2/4/26	2/24/26	Caremark	Reimbursement discrepancy		RX0837	self-funded plan		
13	2026-02-00055	2/2/26		ESI	Reimbursement discrepancy		EXLHPRX		Update from DOI 2/20: Provided clarification to ES	

# Best Practices

## Personal Complaint Log - MAC Appeals

Number	Date Submitted	PBM Response	PBM	Case #	Rx #	Notes
1	2/26/26		Optum	???		
2	3/6/26	3/9/26	ESI	APMM-26820182049		They said they will increase to 325.89 per unit!
3	3/9/26	3/16/26	ESI	APMM-26826205807		Also submitted to DOI - 3/17: went up by \$0.29
4	3/10/26	3/16/26	ESI	APMM-26841063658		This one worked! Went up by \$3.90
5	3/17/26		ESI	APMM-26904953220		still says in progress
6	3/17/26		ESI	APMM-26905073714		still says in progress
7	3/18/26	3/24/26	ESI	APMM-26916050851		Went up \$19!
8	3/18/26	3/24/26	ESI	APMM-26916161836		Went up \$3.50
9	3/19/26	3/24/26	ESI	APMM-26935515609		Went up not even enough to cover reverse/rebill fees
10	3/26/26		Caremark	P_48398e0339854885		

# Best Practices

## Create a template to re-use for 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.

# PBM MAC Appeal Process

# MAC Appeal Process - Below Cost Reimbursement

PBM	Appeal Link	Required data
ESI	<a href="https://prc.express-scripts.com/#/account/login">https://prc.express-scripts.com/#/account/login</a>	<ul style="list-style-type: none"><li>● Rx number</li><li>● Date of fill</li><li>● ACQ per unit</li><li>● Desired reimbursement per unit</li></ul>
Optum	<a href="https://business.optum.com/en/support/professionalrx-resources.html">https://business.optum.com/en/support/professionalrx-resources.html</a>	<ul style="list-style-type: none"><li>● Rx number</li><li>● Date of fill</li><li>● BIN</li><li>● NCPDP</li><li>● NDC</li><li>● Wholesaler</li><li>● ACQ per unit</li><li>● Net purchase price of drug</li><li>● Total reimbursement</li><li>● Drug name</li><li>● Drug strength</li></ul>
Caremark	<a href="https://rxservices.cvscaremark.com/">https://rxservices.cvscaremark.com/</a>	<ul style="list-style-type: none"><li>● Rx number</li><li>● Date of fill</li><li>● BIN</li><li>● PCN</li><li>● NCPDP</li></ul>

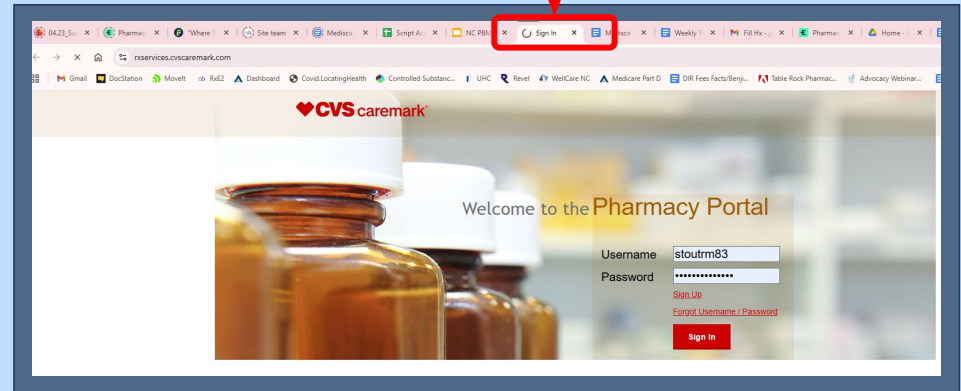
# MAC Appeal Process - Caremark

- Appeals [website](#)
- Logging in is difficult - takes forever & sometimes times out
- Have your invoice handy

Spinning circle of death

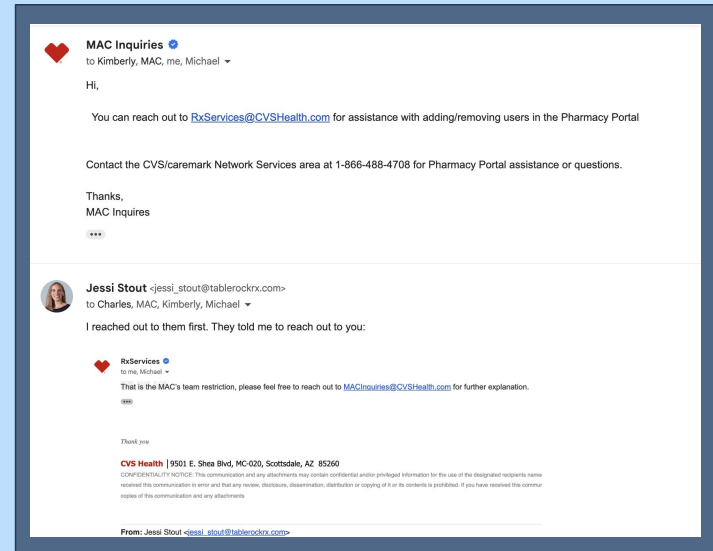
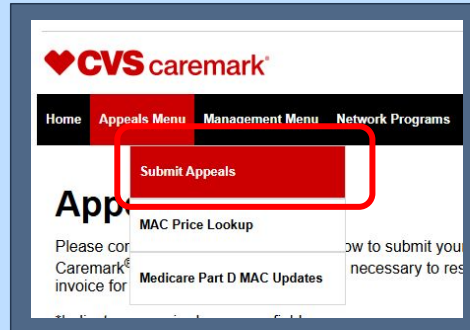
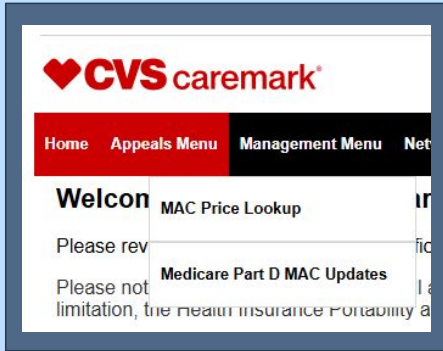


The screenshot shows the CVS Caremark Appeals page. The header includes the CVS Caremark logo and a 'Document Library' icon. The navigation menu has 'Home', 'Appeals Menu', 'Management Menu', 'Network Programs', 'Network Opt Out', and 'Secure Message'. The main heading is 'Appeal'. Below it, there is a paragraph of instructions: 'Please complete all of the information below to submit your Appeal. If any information for the required fields is invalid or missing, CVS Caremark® does not have the information necessary to respond. Where it is required by state law, please attach a wholesaler purchase invoice for review.' A note states: '\*Indicates a required response field.' The form is divided into two columns. The left column contains: 'Chain/Affiliation Code\*' (dropdown menu with 'A769' selected), 'Phone Number\*' (text input with '828-438-9355'), 'RXIN\*' (dropdown menu with a redacted value), 'Rx Number\*' (text input with a redacted value), 'Member ID' (text input with 'BRC0012704602'), 'PCN Number\*' (text input with 'ADV'), and 'Invoice NDC Package Size' (text input). The right column contains: 'Your Name\*' (text input with 'stoutm83'), 'Email Address\*' (text input with 'michael\_stout@tablerockrx.com'), 'Date of Fill\*' (text input with '03/16/2026' and a calendar icon), 'NCPDP (NABP) Number\*' (text input with '3471442'), 'Internal Issue Tracking Number' (text input), 'Invoice NDC Acquisition Cost (Total)' (text input with '39.40' and a red button 'Upload Official Invoice(s)'), and 'Invoice Effective Date' (text input with 'MM/DD/YYYY' and a calendar icon). At the bottom left, there is a 'Files' section with a red icon and the text 'bup invoice.jpg'.



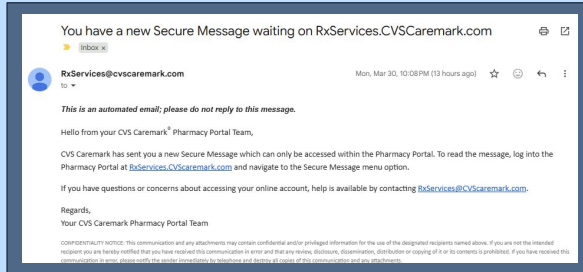
# MAC Appeal Process - Caremark

- 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](mailto:RxServices@cvshealth.com)
- Apparently only one user per store is granted the option to submit an appeal



# MAC Appeal Process - Caremark

- Sometimes appeals work!



**CVS caremark** Document Library

Home Appeals Menu Management Menu Network Programs Network Opt Out **Secure Message**

Inbox Archive **View Message**

Click on any other tab to close this view

Secure Message Detail

Post Date: 03/30/2026 07:07:47 PM From: MAC Team

Subject: MAC Appeals response for NCPDP: 3471442, Rx [redacted] DOF: 03/16/2026, Dispensed NDC: 50228017505

To: 3471442

To ID/User: +

Secure Message Content

Your Appeals response is as follows:

1. NCPDP: 3471442
2. Pharmacy Name: TABLE ROCK PHARMACY
3. Drug Name: BUPROP 12 SR TAB 150MG(W)
4. Appeal ID: 8573700 P\_483980339854883
5. Internal Issue Tracking Number:
6. Appeal Submit Date: 03/26/2026 11:21:58
7. DOF: 03/16/2026
8. Rx [redacted]
9. BIN: 004335
10. Dispensed NDC: 50228017505
11. Alternate NDC:
12. Appeal Completed Date: 03/30/2026 17:39:36
13. Exp Call Date:
14. Outcome: Price increase

Dispense [1] Image [2] Escrip [3] DUR/More [4] Workflow/Claims [5] Rx Edits [6] Fill Audit [7] Refill 1 time

Primary: (P)CVS/Caremark Commercial - 004335

Secondary: <None>

Item: Bupropion Hcl Sr 150 Mg Tablet (50228-0175-05) (Active) (Rx)

AWP: \$116.23 MAC: \$0.00 BOH / EOH: 93 / 93

Quantity: 60 PS: 500 EA Remaining: 0 0 EA

DS: 30

DAW: 0 - No Product Selection Indic Labels: 1

Exp: 6/30/2028 Do Not Use After: 3/16/2027

RPh: Jessi Stout Filled: 3/16/2026

Priority: Dispill Alert: <None>

Pricing: Use Pricing Rules \*Default AWP 30%

	Submitted	Paid
Base:	\$139.47	\$1.56
Fee:	\$9.99	\$0.10
Subtotal:	\$149.46	\$1.66
Tax:	\$0.00	\$0.00
Total:	\$149.46	\$1.66

Last Price: U&C: Copyay: Remit: Total Paid: Cost: Rebate: Net Cost: GP: DIR: SDRA: Net Profit: (\$1.60) Apply Discounts/Markups

Dispense [1] Image [2] Escrip [3] DUR/More [4] Workflow/Claims [5] Rx Edits [6] Fill Audit [7] Refill 1 time

Primary: (P)CVS/Caremark Commercial - 004335

Secondary: <None>

Item: Bupropion Hcl Sr 150 Mg Tablet (50228-0175-05) (Active) (Rx)

AWP: \$116.23 MAC: \$0.00 BOH / EOH: 93 / 93

Quantity: 60 PS: 500 EA Remaining: 0 0 EA

DS: 30

DAW: 0 - No Product Selection Indic Labels: 1

Exp: 6/30/2028 Do Not Use After: 3/16/2027

RPh: Jessi Stout Filled: 3/16/2026

Priority: Dispill Alert: <None>

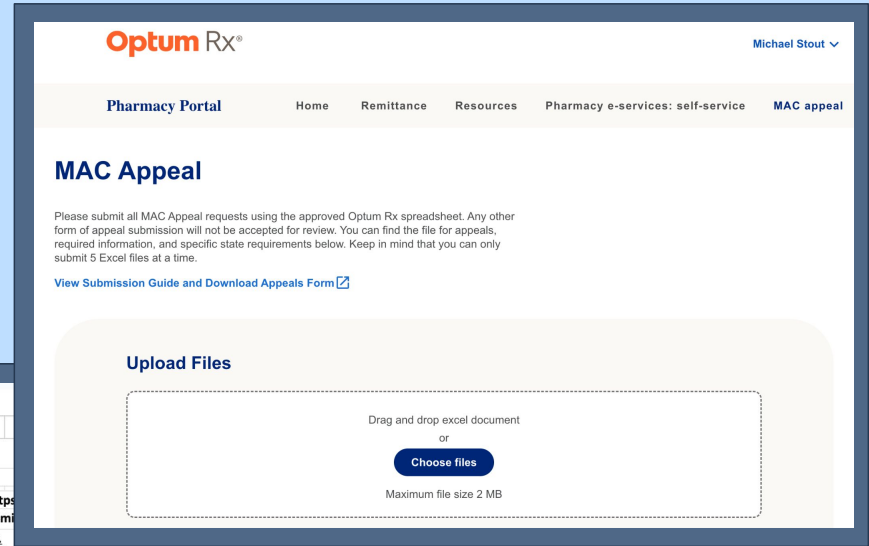
Pricing: Use Pricing Rules \*Default AWP 30%

	Submitted	Paid
Base:	\$139.47	\$4.33
Fee:	\$9.99	\$0.10
Subtotal:	\$149.46	\$4.33
Tax:	\$0.00	\$0.00
Total:	\$149.46	\$4.33

Last Price: U&C: Copyay: Remit: Total Paid: Cost: Rebate: Net Cost: GP: DIR: SDRA: Net Profit: \$1.57 Apply Discounts/Markups

# MAC Appeal Process - Optum

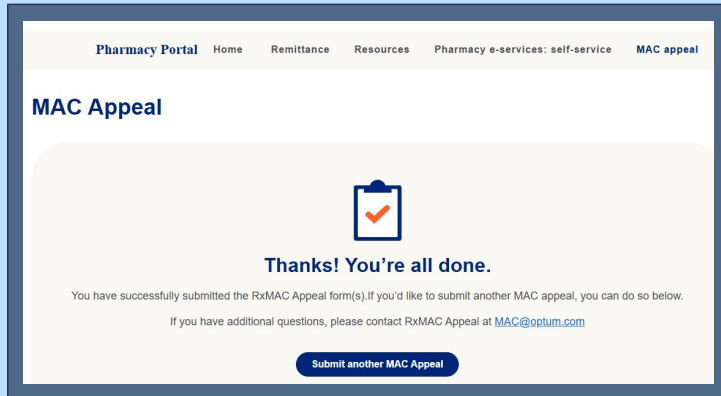
- Appeals [website](#)
- Fill out and submit the Excel sheet provided
- Submission guide [here](#)



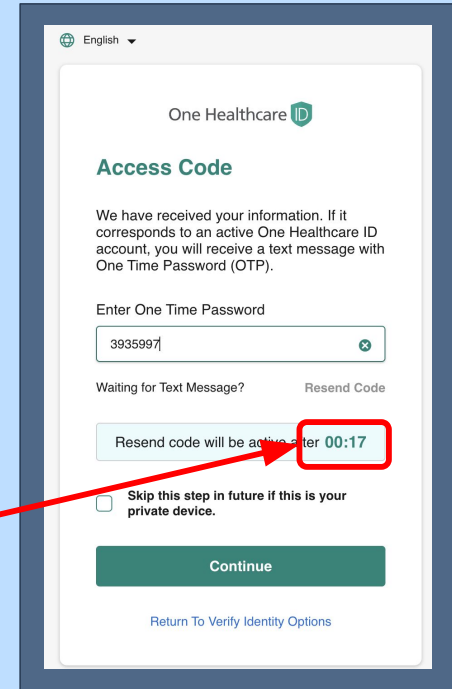
MAC Reimbursement Review Form											
Revised January 1, 2026											
Appeal process information can be found in the OptumRx Pharmacy Manual accessible online at <a href="#">https://www.optumrx.com/PharmacyManual</a> . For instructions on how to complete and submit this form, please refer to the OptumRx Appeal Submission Guide. All Information Requested Below where marked 'Required' is Mandatory for Claims to be Reviewed.											
MAC Appeal Detail											
Email Address:											
BIN	PCN	Carrier ID	NCPDP	RX Number	Filled Date	NDC 11	Compound Y/N	Reason for Review			
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	Required Select from Drop-Down Menu			Required: TN, providers, name of wholes pharmacy purchased the drug or medical States Provide any additional information.
012345	0123456789		0123456	001234567890	01/01/2016	00012345678	N	MAC Unit is below cost			Enter additional information or appeal
↓ Enter Data below this row ↓											

# MAC 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
- Npte: I submitted 1 appeal 2/26/26 and never heard anything back

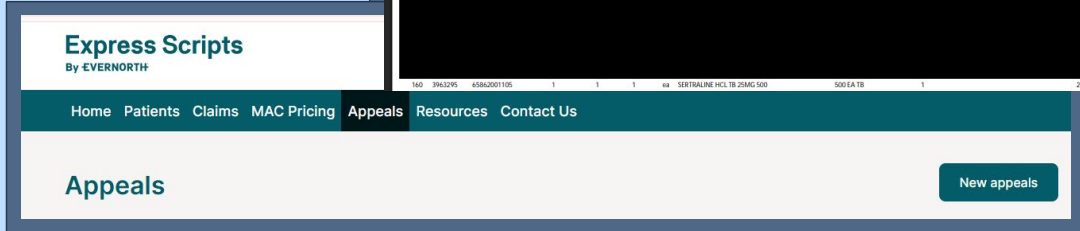
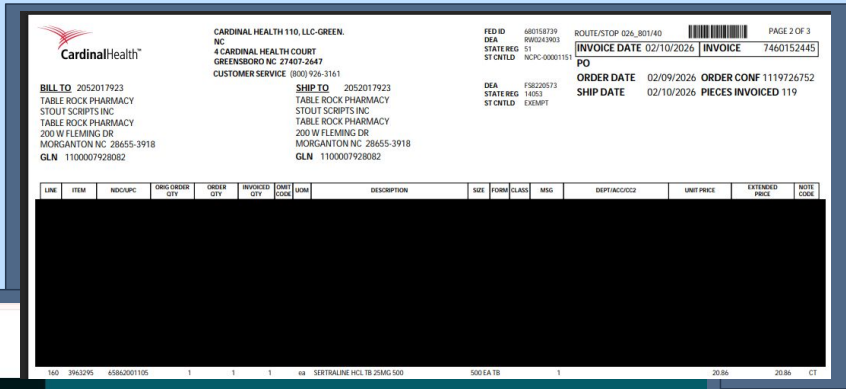


You only have 30 seconds to access and type in the code they text you when logging in!



# MAC Appeal Process - ESI

- Appeals [website](#)
- Have your invoice handy



## Enter Claim Information

Benefit Provider  Rx Number Of Claim  Date of Service

● This field is required Must be within the last 365 days

### ^ Appeal #1 - Claim#: 312703845071893454

Claim#: 312703845071893454 Product: OZEMPIC 2MG/0.75ML Qty / DS: 3.000 / 28 Day Supply  
 Rx#: XXXXXXXXXX NDC: 00169477212 Unit: Milliliter  
 Acquisition Cost  Desired Reimbursement  Reason for this pricing inquiry

## Step 2 of 2 - Send your Appeal Invoices

As part of the appeal process, you may submit an invoice showing your acquisition cost per unit. You may either upload the invoice as a PDF, JPEG, TIFF, or PNG, or fax a copy of the invoice along with the required cover sheet.

▲ You have within 10 business days or as mandated by law from the date of the appealed claim to submit all documentation supporting your appeal, including invoice(s) showing your acquisition cost per unit. Express-Scripts will respond within 10 business days or as mandated by law from the receipt of the completed appeal and supporting documentation.

### Appeal # APMM-26820182049 / Claim # 000006904667

Rx #: XXXXXXXXXX Qty: 3.000 Acquisition Cost: \$325.90  
 Product: OZEMPIC 2MG/0.75ML Days' Supply: 28 Desired Reimbursement: \$366.00  
 NDC: 00169477212 Unit: Milliliter Reason: Reason is not listed

# MAC 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)

Search below for appeals that have been successfully submitted.

Search By  Appeal #

[Advanced Search](#)

Submission Date	Date of Service	Appeal #	Rx #	NDC	Actions	Status
03/19/2026	03/19/2026	<a href="#">APMM-26935515609</a>	[REDACTED]	65862-0011-05		Completed

Rx #  NDC #

Date of Service Start Date  End Date  Submission Date Start Date  End Date

[Basic Search](#)

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

Case # APMM-26935515609 has been resolved External Inbox x

Express Scripts Pharmacy Services <PharmacyServices\_DoNotReply@express-script... Tue, Mar 24, 7:43 AM (2 days ago) ☆ 😊 ↶ ↷

**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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Express Scripts, One Express Way, St. Louis, MO 63121

# MAC Appeal Process - ESI

- Sometimes appeals work!

**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.

**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: \$1.00  
Reimbursement:  
Primary Reason: Reason is not listed

**Claim Information**

Rx # Of Claim: [REDACTED]  
Date Of Service: 03/09/2026  
NDC #: 55111-0293-36  
Product: SUMATRIPTAN SUCCINATE 100 MG  
Description:  
Quantity: 9,000  
Unit: each  
Days' Supply: 30

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Cover  
Sheet

Document Upload

Claim Type	Third Party	Transmitted	Copay	Total Paid	Status
Billing	PAID NON BLUE ...	3/17/2026 9:50 A...	\$1.86	\$6.04	Paid
Reversal	PAID NON BLUE ...	3/17/2026 9:50 A...		\$0.00	Approved
Billing	PAID NON BLUE ...	3/9/2026 5:01 PM	\$1.86	\$2.14	Paid

# MAC Appeal Process - ESI

- Sometimes appeals work!

Dispense [1] Image [2] Escript [3] DUR/More [4] Workflow/Claims [5] Rx Edits [6] Fill Audit [7] Original

Primary: (P)Express Scripts - BLRDGRX ✓  
Secondary: <None>

Item: Methyphenidate Hcl Er 36 Mg Tab (13811-0708-10) (Active) (Rx)  
AWP: \$296.31 MAC: \$0.00 BOH / EOH: 203 / 203  
Quantity: 30 PS: 100 EA Remaining: 0 0 EA  
DS: 30  
DAW: 0 - No Product Selection Indic Labels: 1

Exp: 8/31/2028 Do Not Use After: 3/18/2027

RPH: Jessi Stout Filled: 3/18/2026  
Priority: Returning Alert: <None>  
Pricing: Use Pricing Rules \*Default AWP 30%

Submitted	Paid
\$355.57	\$23.01
\$9.99	\$0.00
\$365.56	\$23.01
\$0.00	\$0.00
\$365.56	\$23.01
\$365.56 @ 30	\$0.00
\$365.56	\$0.00
\$20.00	\$0.00
\$3.01	\$0.00
\$23.01	\$23.01

Net Profit: (\$6.25)

Dispense [1] Image [2] Escript [3] DUR/More [4] Workflow/Claims [5] Rx Edits [6] Fill Audit [7] Original

Primary: (P)Express Scripts - BLRDGRX ✓  
Secondary: <None>

Item: Methyphenidate Hcl Er 36 Mg Tab (13811-0708-10) (Active) (Rx)  
AWP: \$296.31 MAC: \$0.00 BOH / EOH: 203 / 203  
Quantity: 30 PS: 100 EA Remaining: 0 0 EA  
DS: 30  
DAW: 0 - No Product Selection Indic Labels: 1

Exp: 8/31/2028 Do Not Use After: 3/18/2027

RPH: Jessi Stout Filled: 3/18/2026  
Priority: Returning Alert: <None>  
Pricing: Use Pricing Rules \*Default AWP 30%

Submitted	Paid
\$355.57	\$44.00
\$9.99	\$0.00
\$365.56	\$44.00
\$0.00	\$0.00
\$365.56	\$44.00
\$0.00	\$0.00
\$365.56 @ 30	\$0.00
\$365.56	\$0.00
\$2.00	\$0.00
\$2.40	\$0.00
\$4.40	\$44.00

Net Profit: \$13.14

Dispense [1] Image [2] Escript [3] DUR/More [4] Workflow/Claims [5] Rx Edits [6] Fill Audit [7] Refill 3 Refilled 3 times

Primary: (P)Express Scripts - BLRDGRX ✓  
Secondary: <None>

Item: Sertraline Hcl 25 Mg Tab (65862-0011-05) (Active) (Rx)  
AWP: \$85.45 MAC: \$0.00 BOH / EOH: 1581 / 1581  
Quantity: 30 PS: 500 EA Remaining: 2 240 EA  
DS: 30  
DAW: 0 - No Product Selection Indic Labels: 1

Exp: Enter a date Do Not Use After: 3/19/2027

RPH: Jessi Stout Filled: 3/19/2026  
Priority: Returning Alert: <None>  
Pricing: Use Pricing Rules \*Default AWP 30%

Submitted	Paid
\$102.54	\$0.96
\$9.99	\$0.00
\$112.53	\$0.96
\$0.00	\$0.00
\$112.53	\$0.96
\$112.53 @ 30	\$0.00
\$112.53	\$0.00
\$0.96	\$0.00
\$0.00	\$0.00
\$0.96	\$0.00
\$0.96	\$0.96

Net Profit: \$0.19

Dispense [1] Image [2] Escript [3] DUR/More [4] Workflow/Claims [5] Rx Edits [6] Fill Audit [7] Refill 3 Refilled 3 times

Primary: (P)Express Scripts - BLRDGRX ✓  
Secondary: <None>

Item: Sertraline Hcl 25 Mg Tab (65862-0011-05) (Active) (Rx)  
AWP: \$85.45 MAC: \$0.00 BOH / EOH: 1581 / 1581  
Quantity: 30 PS: 500 EA Remaining: 2 240 EA  
DS: 30  
DAW: 0 - No Product Selection Indic Labels: 1

Exp: Enter a date Do Not Use After: 3/19/2027

RPH: Jessi Stout Filled: 3/19/2026  
Priority: Returning Alert: <None>  
Pricing: Use Pricing Rules \*Default AWP 30%

Submitted	Paid
\$102.54	\$1.12
\$9.99	\$0.00
\$112.53	\$1.12
\$0.00	\$0.00
\$112.53	\$1.12
\$112.53 @ 30	\$0.00
\$112.53	\$0.00
\$0.96	\$0.00
\$0.16	\$0.00
\$1.12	\$1.12

Net Profit: \$0.35

Dispense [1] Image [2] Escript [3] DUR/More [4] Workflow/Claims [5] Rx Edits [6] Fill Audit [7] Original

Primary: (P)Paid - JONOCO1 ✓  
Secondary: <None>

Item: Amoxicillin 250 Mg/5ml Susp MI (00781-6041-46) (Active) (Rx)  
AWP: \$12.18 MAC: \$0.00 BOH / EOH: 200 / 350  
Quantity: 200 PS: 100 ML Remaining: 0 0 ML  
DS: 10  
DAW: 0 - No Product Selection Indic Labels: 1

Exp: Enter a date Do Not Use After: 3/18/2027

RPH: Jessi Stout Filled: 3/18/2026  
Priority: Returning Alert: <None>  
Pricing: Use Pricing Rules \*Default AWP 30%

Submitted	Paid
\$14.62	\$6.38
\$9.99	\$0.00
\$24.61	\$6.38
\$0.00	\$0.00
\$24.61	\$6.38
\$24.61 @ 200	\$0.00
\$24.61	\$0.00
\$6.38	\$0.00
\$0.00	\$0.00
\$6.38	\$6.38

Net Profit: (\$0.52)

Dispense [1] Image [2] Escript [3] DUR/More [4] Workflow/Claims [5] Rx Edits [6] Fill Audit [7] Original

Primary: (P)Paid - JONOCO1 ✓  
Secondary: <None>

Item: Amoxicillin 250 Mg/5ml Susp MI (00781-6041-46) (Active) (Rx)  
AWP: \$12.18 MAC: \$0.00 BOH / EOH: 200 / 350  
Quantity: 200 PS: 100 ML Remaining: 0 0 ML  
DS: 10  
DAW: 0 - No Product Selection Indic Labels: 1

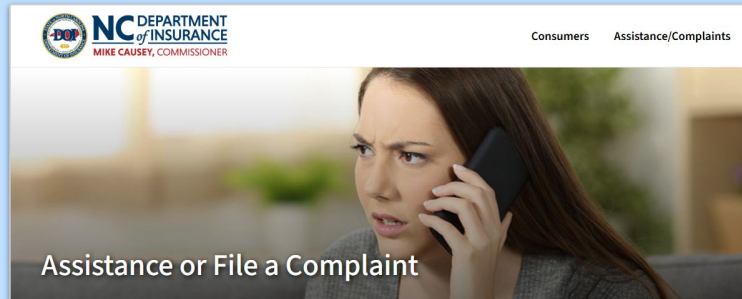
Exp: Enter a date Do Not Use After: 3/18/2027

RPH: Jessi Stout Filled: 3/18/2026  
Priority: Returning Alert: <None>  
Pricing: Use Pricing Rules \*Default AWP 30%

Submitted	Paid
\$14.62	\$10.00
\$9.99	\$0.00
\$24.61	\$10.00
\$0.00	\$0.00
\$24.61	\$10.00
\$24.61 @ 200	\$0.00
\$24.61	\$0.00
\$6.38	\$0.00
\$3.62	\$0.00
\$10.00	\$10.00

Net Profit: \$3.10

# Submitting a Violation - How To



# How to Report a Violation

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

**\*Please Note: If you are a medical/dental provider, DO NOT include any patient identifying information on the Request For Assistance/Complaint form. Such information can be included in any documentation that you attach to this complaint. (NC GS § 58-39)**

Online Request Assistance/ File A Complaint

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

← Back



NORTH CAROLINA  
DEPARTMENT OF INSURANCE  
MIKE CAUSEY, COMMISSIONER

4%

Are you represented by an attorney in this matter?

Yes

No

# How to Report a Violation

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



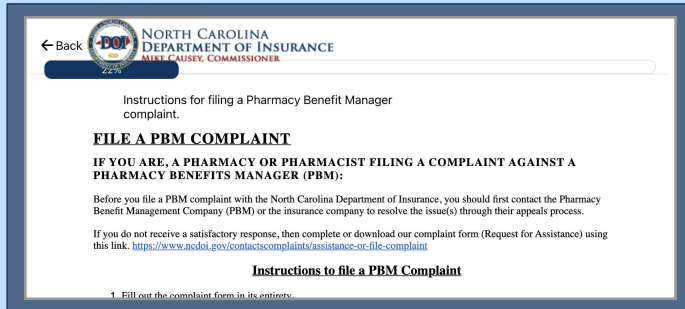
← Back  NORTH CAROLINA  
DEPARTMENT OF INSURANCE  
MIKE CAUSEY, COMMISSIONER


**Complaint Information**

Type of Complaint

Life Health Medicare Auto Homeowners **PBM** Other

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



← Back  NORTH CAROLINA  
DEPARTMENT OF INSURANCE  
MIKE CAUSEY, COMMISSIONER

Instructions for filing a Pharmacy Benefit Manager complaint.

**FILE A PBM COMPLAINT**

**IF YOU ARE, A PHARMACY OR PHARMACIST FILING A COMPLAINT AGAINST A PHARMACY BENEFITS MANAGER (PBM):**

Before you file a PBM complaint with the North Carolina Department of Insurance, you should first contact the Pharmacy Benefit Management Company (PBM) or the insurance company to resolve the issue(s) through their appeals process.

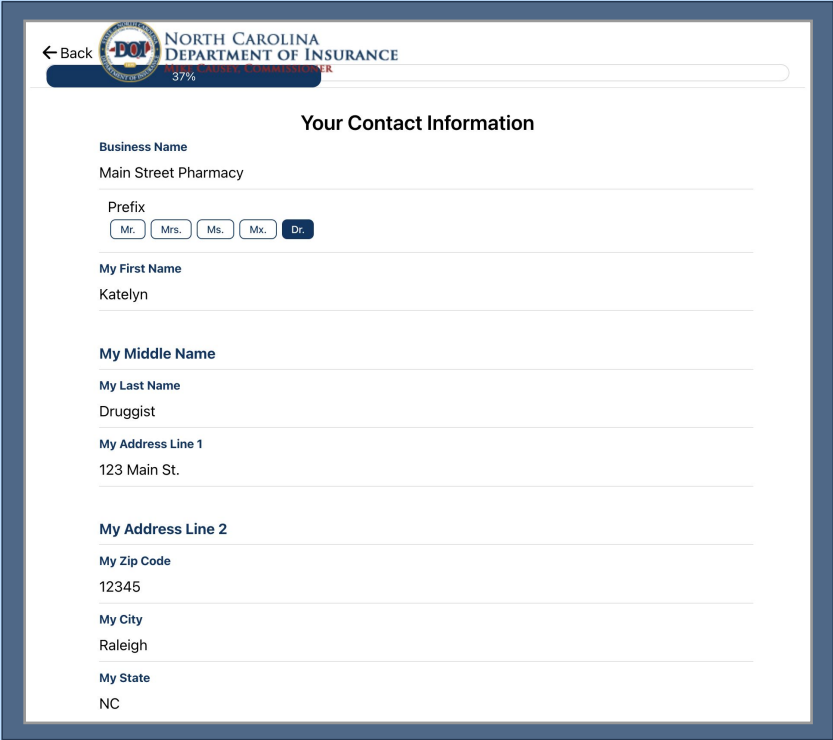
If you do not receive a satisfactory response, then complete or download our complaint form (Request for Assistance) using this link: <https://www.ncdoi.gov/contacts/complaints/assistance-or-file-complaint>

**Instructions to file a PBM Complaint**

1. Fill out the complaint form in its entirety.

# How to Report a Violation

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

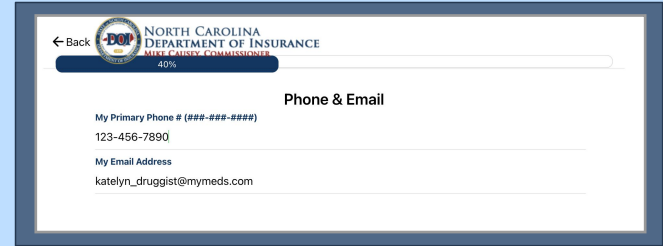



The screenshot shows a web form titled "Your Contact Information" from the North Carolina Department of Insurance. At the top left, there is a "← Back" link and the department's logo, which includes the text "NORTH CAROLINA DEPARTMENT OF INSURANCE" and "37%". The form fields are as follows:

- Business Name:** Main Street Pharmacy
- Prefix:** A row of buttons for "Mr.", "Mrs.", "Ms.", "Mx.", and "Dr.". The "Dr." button is selected.
- My First Name:** Katelyn
- My Middle Name:** (empty)
- My Last Name:** Druggist
- My Address Line 1:** 123 Main St.
- My Address Line 2:** (empty)
- My Zip Code:** 12345
- My City:** Raleigh
- My State:** NC

# How to Report a Violation

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



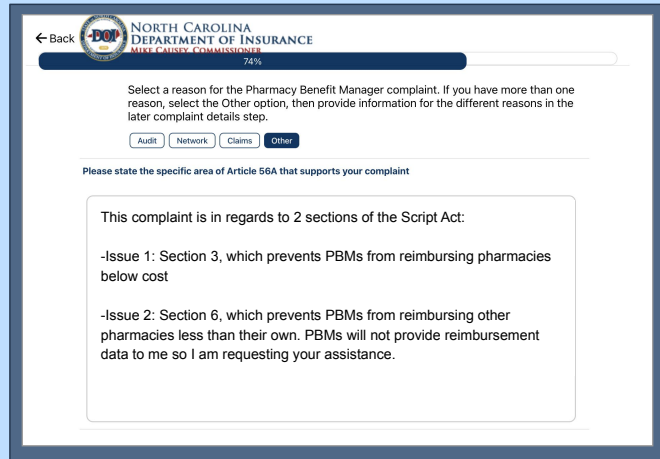
← Back  NORTH CAROLINA  
DEPARTMENT OF INSURANCE  
MIKE CAUSEY, COMMISSIONER  
40%


**Phone & Email**

My Primary Phone # (###-###-####)  
123-456-7890

My Email Address  
katelyn\_druggist@mymeds.com

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.



← Back  NORTH CAROLINA  
DEPARTMENT OF INSURANCE  
MIKE CAUSEY, COMMISSIONER  
74%

Select a reason for the Pharmacy Benefit Manager complaint. If you have more than one reason, select the Other option, then provide information for the different reasons in the later complaint details step.

Please state the specific area of Article 56A that supports your complaint

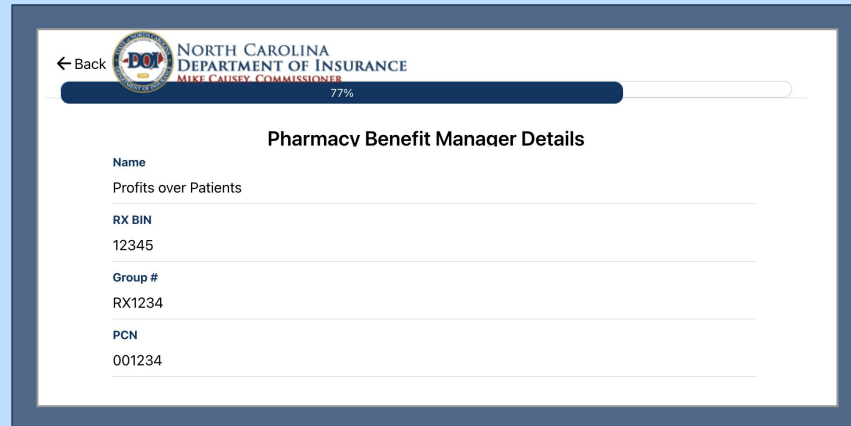
This complaint is in regards to 2 sections of the Script Act:

- Issue 1: Section 3, which prevents PBMs from reimbursing pharmacies below cost
- Issue 2: 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.

# How to Report a Violation

9. Fill out the PBM information then click **Next**.

- PBM name
- BIN
- Group
- PCN




The screenshot shows a web form titled "Pharmacy Benefit Manager Details" from the North Carolina Department of Insurance. The header includes the state seal, the text "NORTH CAROLINA DEPARTMENT OF INSURANCE", and "MIKE CAUSEY, COMMISSIONER". A progress bar indicates 77% completion. The form contains the following fields:

Name	
Profits over Patients	
RX BIN	12345
Group #	RX1234
PCN	001234

# How to Report a Violation

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

← Back  NORTH CAROLINA  
DEPARTMENT OF INSURANCE  
MIKE CAUSEY, COMMISSIONER

77%

### Pharmacy Benefit Manager Details

**Name**  
Caremark

**RX BIN**  
004336

**Group #**  
RX2738 (Laurie) and RX0837 (Cary)

**PCN**  
ADV

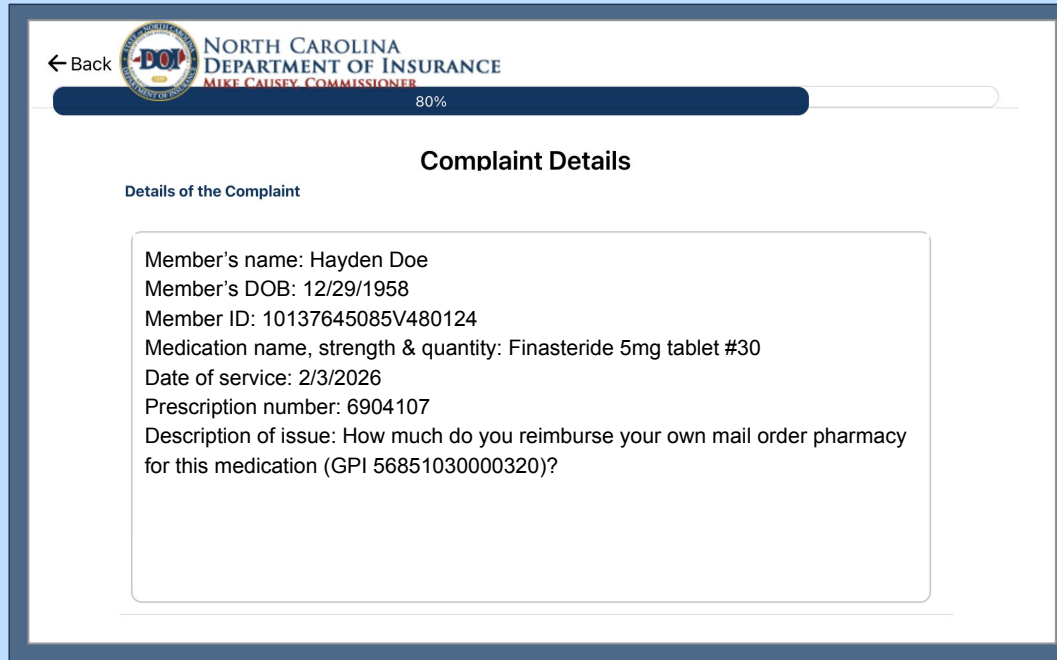
# How to Report a Violation

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

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

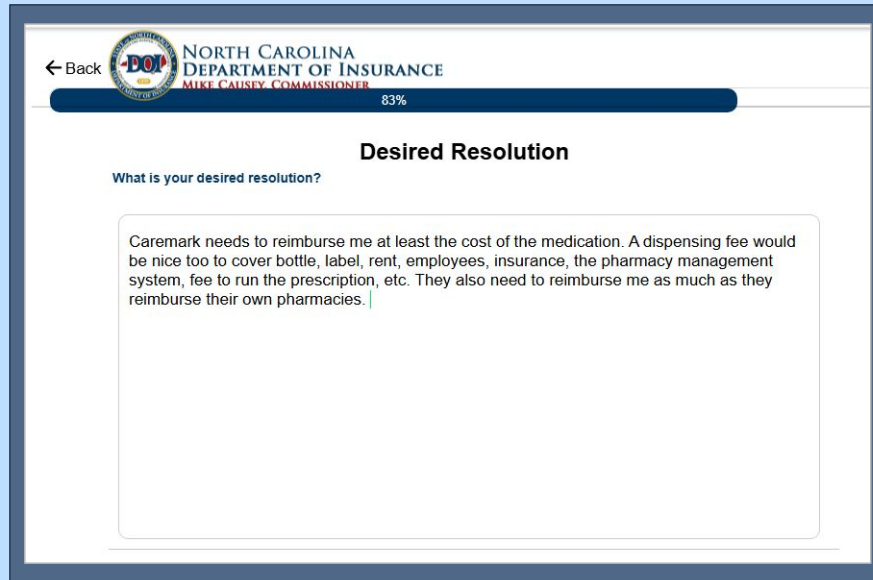


The screenshot shows a web interface for reporting a violation. At the top left, there is a back arrow and the text "Back". To the right is the North Carolina Department of Insurance logo, featuring a circular seal with "NORTH CAROLINA DEPARTMENT OF INSURANCE" and "MIKE CAUSEY, COMMISSIONER" below it. A progress bar below the logo is filled to 80%. The main heading is "Complaint Details". Underneath, the section is titled "Details of the Complaint". A large text box contains the following information:

Member's name: Hayden Doe  
Member's DOB: 12/29/1958  
Member ID: 10137645085V480124  
Medication name, strength & quantity: Finasteride 5mg tablet #30  
Date of service: 2/3/2026  
Prescription number: 6904107  
Description of issue: How much do you reimburse your own mail order pharmacy for this medication (GPI 56851030000320)?

# How to Report a Violation

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



The screenshot shows a web form for reporting a violation. At the top left, there is a 'Back' button and the North Carolina Department of Insurance logo. The logo includes the text 'NORTH CAROLINA DEPARTMENT OF INSURANCE' and 'MIKE CAUSEY, COMMISSIONER'. A progress bar indicates that 83% of the form has been completed. The main heading is 'Desired Resolution', followed by the question 'What is your desired resolution?'. A text area contains the following text: '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. They also need to reimburse me as much as they reimburse their own pharmacies.'

# How to Report a Violation

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

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86%

### Related Documents

Snap photos or attach copies of all documents related to this concern.

Attach Files

Use Camera

Attach Document

Claim Status - Rx: 6882088

Claim Summary EDI Sent EDI Received Compare Previously Paid Claim

Transmitted Date: 1/5/2026 9:30:47 AM  
Pay Method: CVS/Caremark Commercial  
Rx Number: 6882088  
Help Desk Phone: (866) 842-5178  
Third Party Phone: (800) 354-6331  
Third Party Website:

Message  
MUST FILL 90-DAY SUPPLY, IF UNABLE TO FILL, PLEASE HAVE CUSTOMER CALL NUMBER ON THEIR ID CARD. REFILLS ARE NOT COVERED (PHARMACY HELP DESK: 1-866-842-5178) For Rx Local Coupon Price of: \$11.45 submit to BIN: 014798 PCN: CP Group: COUPON --Service provided at no cost and no switch fee to the pharmacy--

Reject Codes [Check USQ For Alternatives](#)

Explanation	Possible Error
Refills Are Not Covered	Prescription Number (D2), Fill Number (D3)

DUR Response Messages

Item: Lisdexanfetamine 20 Mg Tb Chew (00480-9738-01) (Active) (I)

AWP: \$442.07 MAC: \$0.00 BOH / EOH: 40 / 40

Quantity:  PS: 100 EA Remaining: 0 0 EA

DS:  ...

DAW:  Labels:  ...

Exp:  Do Not Use After: 2/6/2027

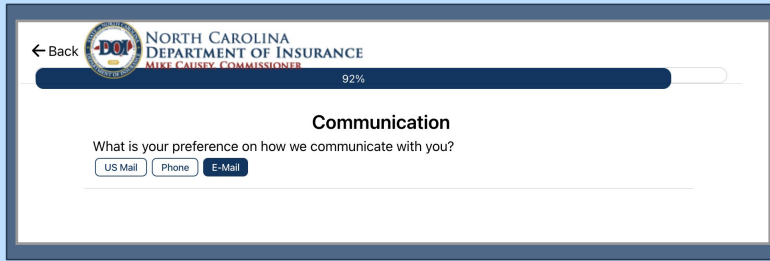
Sort by: Relevance ▾


Qty	Product name	Stock <a href="#">What's this?</a> <a href="#">View all allocations</a>	NDC	CIN	Manufacturer	Contract	Inv. cost
0	Lisdexanfetamine 20 mg Chewable Tablets, 100 EA C2 <a href="#">View subs &amp; alts</a>	IN STOCK	00480-9738-01	<a href="#">5945340</a>	TEVA PHARMA CS		\$1,117.03
	<input type="checkbox"/> Add to compare						

Copay:	\$176.28
Remit:	\$0.00
<b>Total Paid:</b>	<b>\$176.28</b>

# How to Report a Violation

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



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MIKE CAUSEY, COMMISSIONER

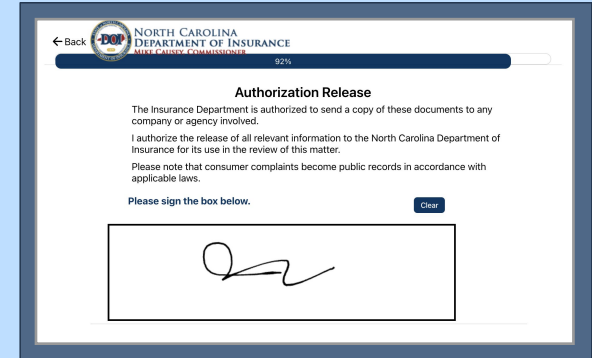
92%


**Communication**

What is your preference on how we communicate with you?

14. Sign the authorization release and then click **Finish**.

15. A confirmation page will display as follows:



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**Authorization Release**

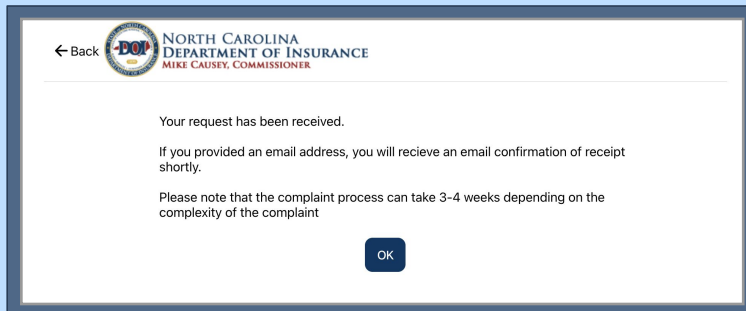
The Insurance Department is authorized to send a copy of these documents to any company or agency involved.


I authorize the release of all relevant information to the North Carolina Department of Insurance for its use in the review of this matter.

Please note that consumer complaints become public records in accordance with applicable laws.

Please sign the box below.





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Your request has been received.

If you provided an email address, you will receive an email confirmation of receipt shortly.

Please note that the complaint process can take 3-4 weeks depending on the complexity of the complaint

# How to Report a Violation

A live demo

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

# How You Can Help: Support PHAC, Support Patients

## Take Action with PHAC

PBMs are impacting both your business and your patients' health—your involvement matters.

## How to Get Involved:

**Join** – Stay informed and engaged

**Donate** – Every dollar helps support advocacy and lobbying efforts

**Share** – Spread the word to fellow pharmacists

## Make a Difference

Stand up for your patients, your community, and the future of pharmacy in NC.

## Join. Donate. Advocate.

patientshealthnc.com

[info@patientshealthnc.com](mailto:info@patientshealthnc.com)

(919) 322-8117