

NC PBM Reform: Reporting Violations of the Script Act

Jessi Stout - Pharmacist / Table Rock Pharmacy Owner

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)

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

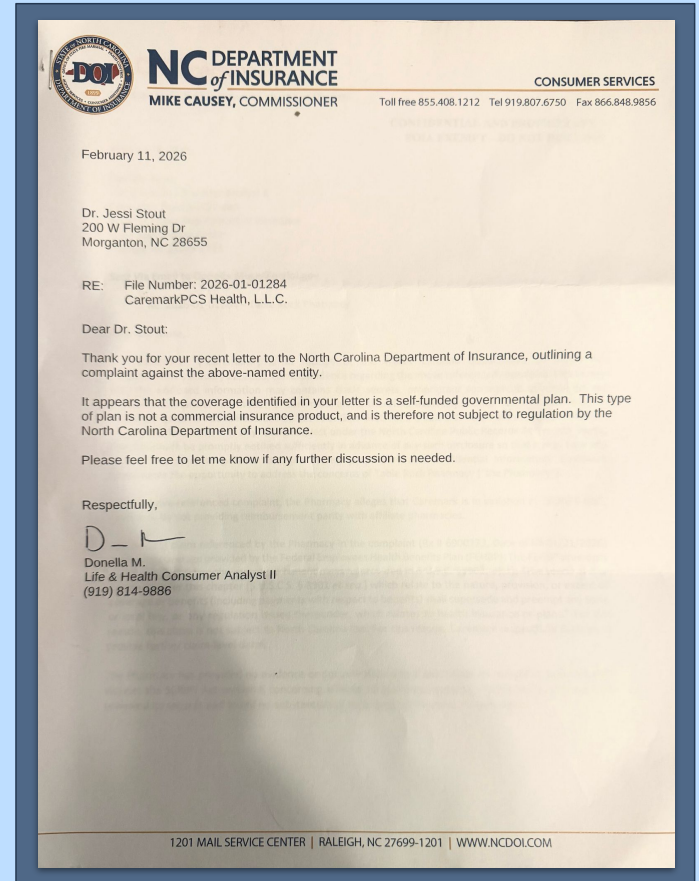
But how do I know PBMs reimburse themselves more than me?

- 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:

	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

Important Considerations

(Based on my Experience)



Important Considerations

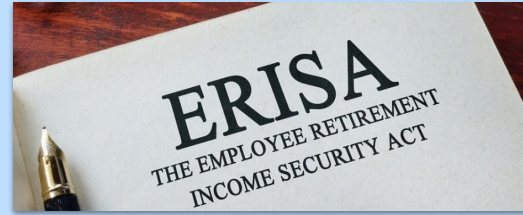
- The majority of the [Script Act](#) became effective October 1, 2025.
- Most provisions apply to contracts entered into or amended on or after October 1.
- Section VI became effective immediately on October 1 and prohibits PBMs from reimbursing affiliated pharmacies at a higher rate than non-affiliated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

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 Service: 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.

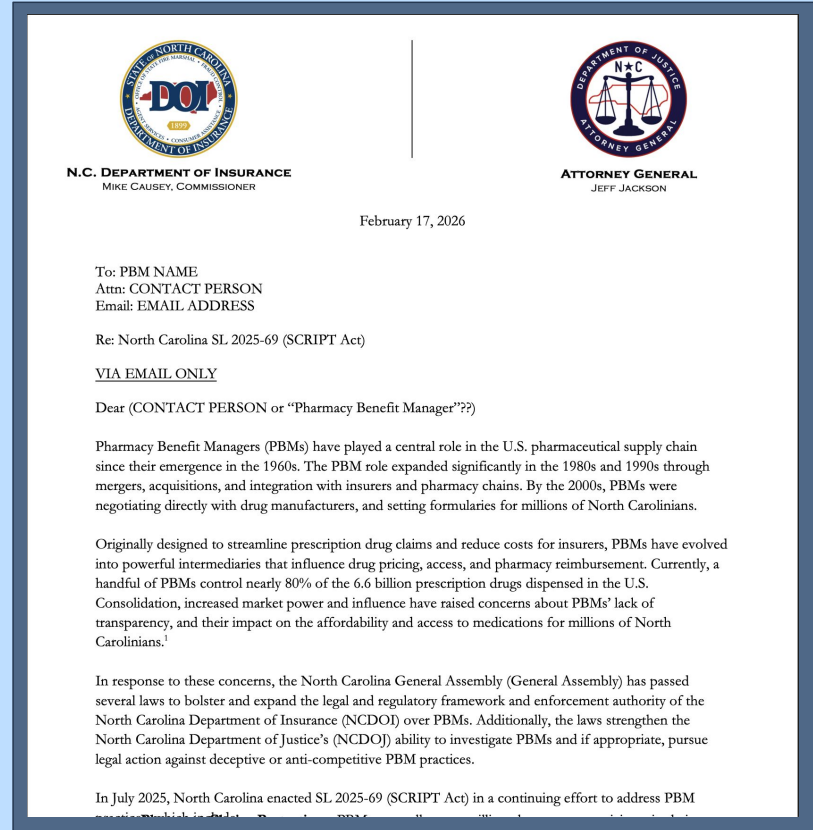
Issue Date: 12/02/2024

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

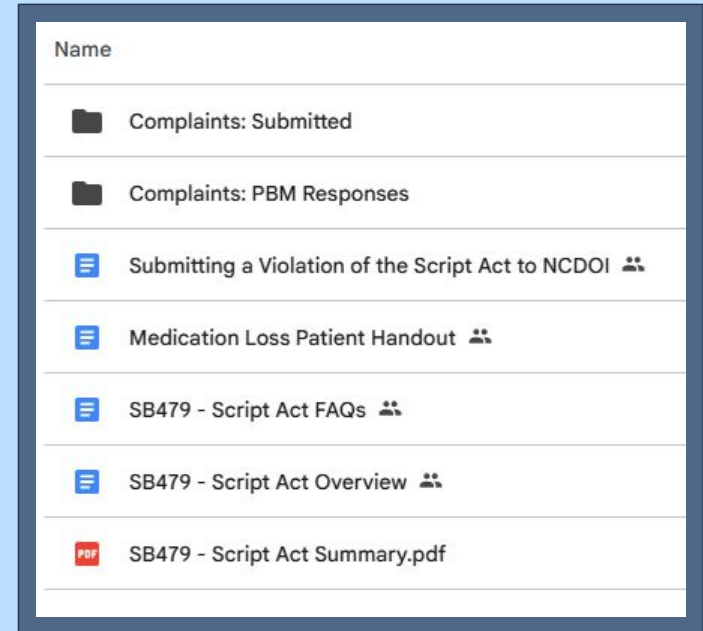
Best Practices

- 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 a health plan.	
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	2026-02-00732	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	2026-02-00732	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.

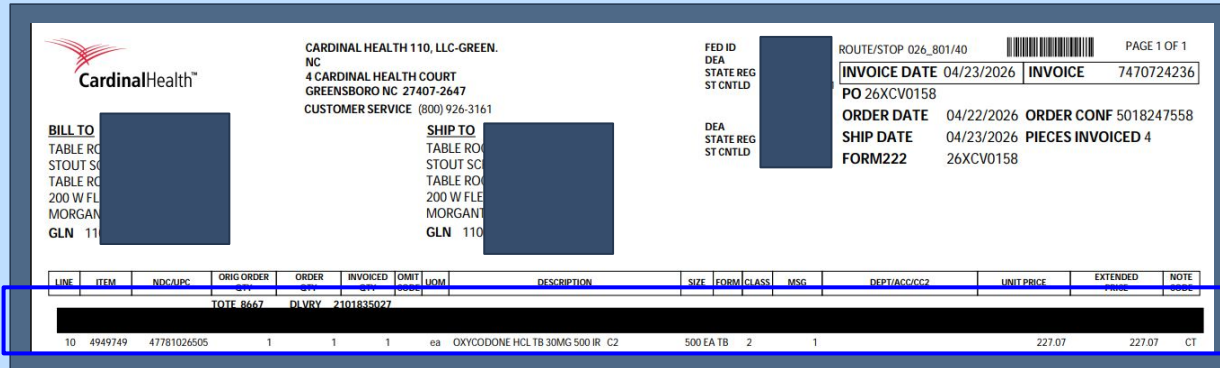
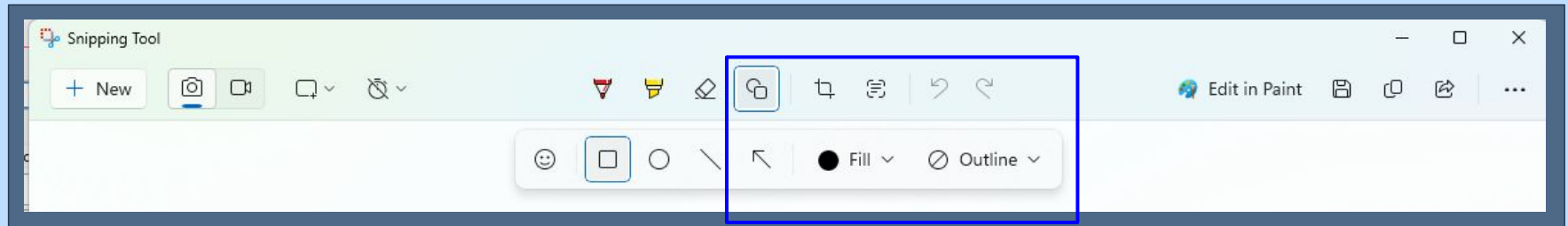
PBM Appeal Process

Appeal Process - Recent Learnings

- Reimbursement increases may result in only a higher patient copay—report these to DOI & the PBM
- Monthly appeal submissions may be required; this has been reported to DOI (4/14/26)
- 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
- Birth control: make sure the last 2 digits of the NDC match on your Rx and invoice

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 black out all meds other than the one you are submitting an appeal for



Note: slide added 5/6/26

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

Note: slide added 4/20/26; updated 4/24/26

Appeal Process - Below Cost Reimbursement

PBM	Appeal Link	Required data
ESI	https://prc.express-scripts.com/#/account/login	<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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/	<ul style="list-style-type: none">• 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.
- Pharmacy NPI:
- NCPDP:
- Member ID:
- Rx #:
- Date of fill:
- Generic drug name:
- NDC #:
- Brief explanation as to the nature of the appeal:

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

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



The screenshot shows the 'Appeal' form on the CVS Caremark website. The form includes several fields for user identification and invoice details. A red box highlights the 'Upload Official Invoice(s)' button.

Chain/Affiliation Code*	Your Name*
A769	stoutm83
Phone Number*	Email Address*
828-438-9355	michael.stout@staterockrx.com
RXIN*	Date of Fill*
Select	03/16/2026
Rx Number*	NCPDP (NABP) Number*
[Redacted]	3471442
Member ID	Internal Issue Tracking Number
[Redacted]	
PCN Number*	Invoice NDC Acquisition Cost (Total)
ADV	39.40 Upload Official Invoice(s)
Invoice NDC Package Size	Invoice Effective Date
	MM/DD/YYYY

The screenshot shows the CVS Caremark Pharmacy Portal login page. A modal window titled 'Upload Official Invoice(s)' is open, displaying instructions for uploading an invoice. A red box highlights the 'Browse Document(s)' button, and another red box highlights the file 'IMG_9869.jpeg' in the file list. A separate box shows a CAPTCHA image with the text 'ZOXLPD' and a text input field with the instruction 'Please enter the text shown in image above in the textbox and click Submit.'

Upload Official Invoice(s)

Please submit the following information:

1. Copy of the wholesaler, buying group or drug supplier/seller invoice for the drug, which must include:
 - Wholesaler's name
 - Pharmacy name
 - Invoice date
 - Drug product name
 - Drug product National Drug Code (NDC): must match the NDC submitted on the appealed claim.
 - NDC purchase unit cost
2. Confirmation that you are entitled to discounts under the terms of your wholesaler, buying group or other supplier/seller agreement, for example, based upon volume, prompt pay, generic compliance to wholesaler or buying group program, wholesaler program enrollment, whether or not per drug or in aggregate; please identify the types of discounts
3. Statements, reports or other documents from your wholesaler, buying group, other drug supplier/seller reflecting the actual discounts incremental to the invoice price of the drug

Upload File: (File max: 5MB, Supported documents: .xls, .xlsx, .gif, .jpeg, .jpg, .png, .tif, .tiff, .pdf, .bmp, .docx, .doc, .csv, Documents limit: 10)

Supported characters for a file name are letters, numbers, spaces, hyphens, and underscores. File names should not include any other special characters.

Browse Document(s)

Files

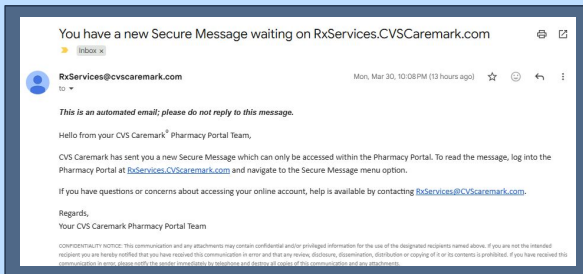
- IMG_9869.jpeg

ZOXLPD

Please enter the text shown in image above in the textbox and click Submit.

Appeal Process - Caremark

- Sometimes appeals work!



CVS caremark® Document Library

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

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:

- NCPDP: 3471442
- Pharmacy Name: TABLE ROCK PHARMACY
- Drug Name: BUPROP 12 SR TAB 150MG(W)
- Appeal ID: 8573700 P_483980339854883
- Internal Issue Tracking Number:
- Appeal Submit Date: 03/26/2026 11:21:58
- DOF: 03/16/2026
- Rx: [redacted]
- BIN: 004335
- Dispensed NDC: 50228017505
- Alternate NDC:
- Appeal Completed Date: 03/30/2026 17:39:36
- Exp Call Date:
- 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 - 004336- [redacted]

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

Total Paid: [redacted]

Cost: [redacted]

Rebate: [redacted]

Net Cost: [redacted]

GP: [redacted]

DIR: [redacted]

SDRA: [redacted]

Net Profit: [redacted] (\$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 - 004336- [redacted]

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

Total Paid: [redacted]

Cost: [redacted]

Rebate: [redacted]

Net Cost: [redacted]

GP: [redacted]

DIR: [redacted]


SDRA: [redacted]

Net Profit: [redacted] \$1.57

Apply Discounts/Markups

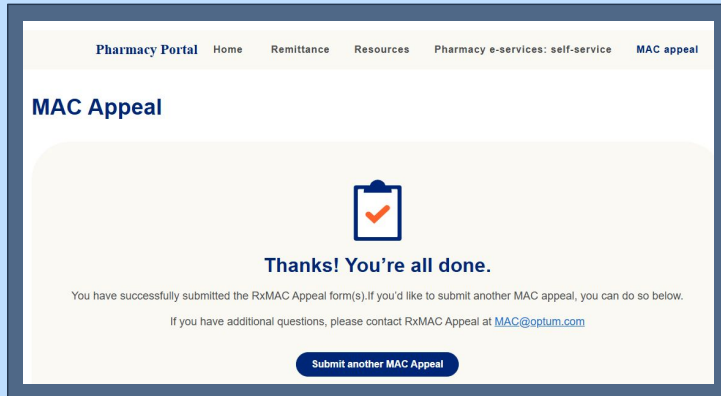
Appeal Process - Optum

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

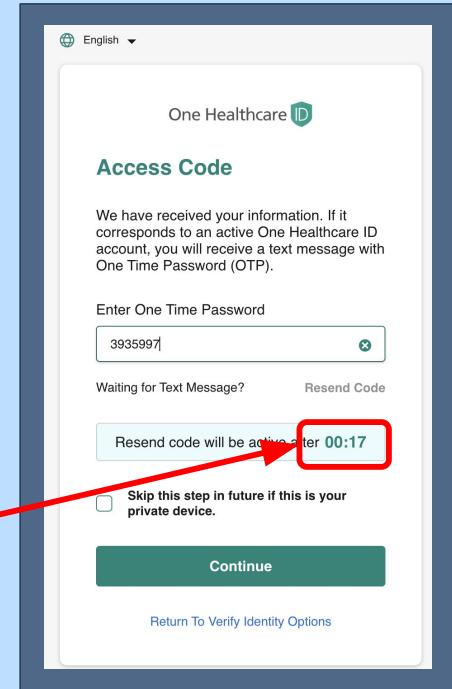
MAC Reimbursement Review Form										
Revised January 1, 2026										
 Appeal process information can be found in the OptumRx Pharmacy Manual accessible online at https://www.optumrx.com/PharmacyManual/PharmacyManual.aspx . For instructions on how to complete and submit this form, please refer to 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 ↓										

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

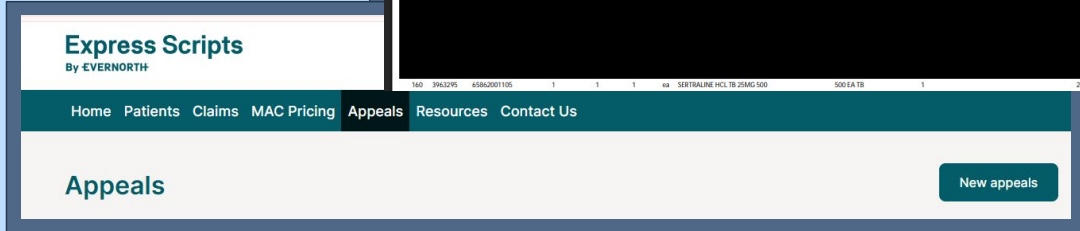
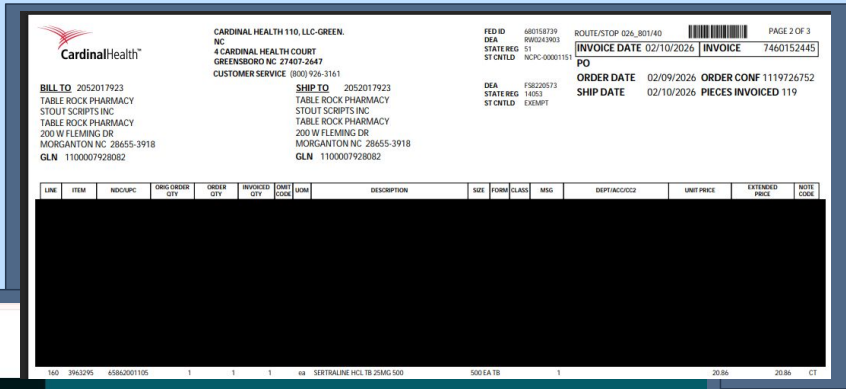


You only have 30 seconds to access and type in the code they text you when logging in!



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

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	APMM-26935515609	[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	APMM-26935515609	[REDACTED]	65862-0011-05		Completed
03/18/2026	03/18/2026	APMM-26916161836	[REDACTED]	00781-6041-46		Completed
03/18/2026	03/18/2026	APMM-26916050851	[REDACTED]	13811-0708-10		Completed
03/17/2026	03/17/2026	APMM-26905073714	[REDACTED]	13811-0709-10		In Progress
03/17/2026	03/17/2026	APMM-26904953220	[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

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.

[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: \$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 Description: SUMATRIPTAN SUCCINATE 100 MG
Quantity: 9,000
Unit: each
Days' Supply: 30

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

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) (F)

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
Fee: \$9.99	\$0.00
Subtotal: \$365.56	\$23.01
Tax: \$0.00	\$0.00
Total: \$365.56	\$23.01
Last Price: \$365.56 @ 30	
U&C: \$365.56	\$0.00
Copy: \$0.00	\$20.00
Remit: \$365.56	\$3.01
Total Paid:	\$23.01

Rebate: Net Cost: GP: DIR: SDR: Net Profit: (\$6.25) Apply Discounts/Markups

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) (F)

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	\$4.40
Fee: \$9.99	\$0.00
Subtotal: \$365.56	\$4.40
Tax: \$0.00	\$0.00
Total: \$365.56	\$4.40
Last Price: \$365.56 @ 30	
U&C: \$365.56	\$0.00
Copy: \$0.00	\$2.00
Remit: \$365.56	\$2.40
Total Paid:	\$4.40

Rebate: Net Cost: GP: DIR: SDR: Net Profit: \$13.14 Apply Discounts/Markups

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
Fee: \$9.99	\$0.00
Subtotal: \$112.53	\$0.96
Tax: \$0.00	\$0.00
Total: \$112.53	\$0.96
Last Price: \$112.53 @ 30	
U&C: \$112.53	\$0.00
Copy: \$0.00	\$0.96
Remit: \$112.53	\$0.00
Total Paid:	\$0.96

Rebate: Net Cost: GP: DIR: SDR: Net Profit: \$0.19 Apply Discounts/Markups

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
Fee: \$9.99	\$0.00
Subtotal: \$112.53	\$1.12
Tax: \$0.00	\$0.00
Total: \$112.53	\$1.12
Last Price: \$112.53 @ 30	
U&C: \$112.53	\$0.00
Copy: \$0.00	\$0.96
Remit: \$112.53	\$0.16
Total Paid:	\$1.12

Rebate: Net Cost: GP: DIR: SDR: Net Profit: \$0.35 Apply Discounts/Markups

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
Fee: \$9.99	\$0.00
Subtotal: \$24.61	\$6.38
Tax: \$0.00	\$0.00
Total: \$24.61	\$6.38
Last Price: \$24.61 @ 200	
U&C: \$24.61	\$0.00
Copy: \$0.00	\$6.38
Remit: \$24.61	\$0.00
Total Paid:	\$6.38

Rebate: Net Cost: GP: DIR: SDR: Net Profit: (\$0.52) Apply Discounts/Markups

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

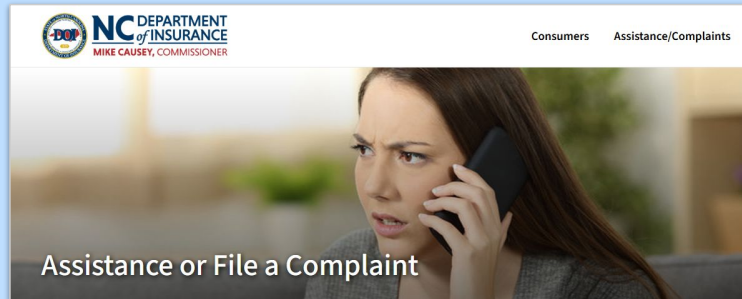
Exp: Enter a date Do Not Use After: 3/18/2027

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

Submitted	Paid
\$14.62	\$10.00
Fee: \$9.99	\$0.00
Subtotal: \$24.61	\$10.00
Tax: \$0.00	\$0.00
Total: \$24.61	\$10.00
Last Price: \$24.61 @ 200	
U&C: \$24.61	\$0.00
Copy: \$0.00	\$6.38
Remit: \$24.61	\$3.62
Total Paid:	\$10.00

Rebate: Net Cost: GP: DIR: SDR: Net Profit: \$3.10 Apply Discounts/Markups

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*.



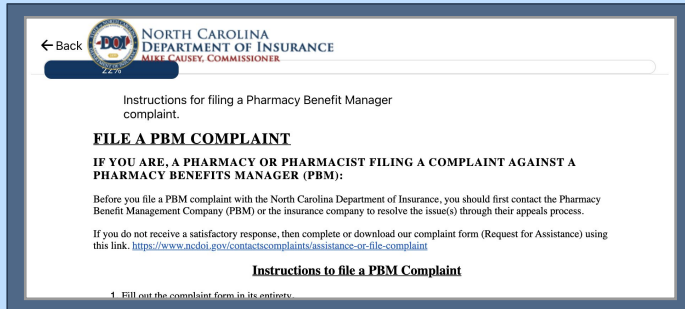
← Back  NORTH CAROLINA
DEPARTMENT OF INSURANCE
MIKE CAUSEY, COMMISSIONER


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.

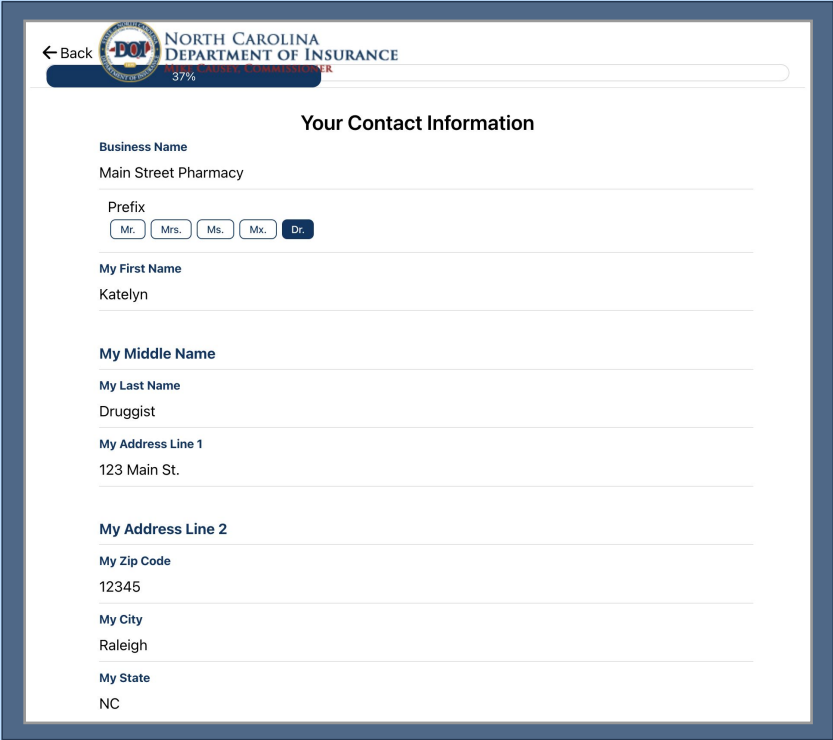
If you do not receive a satisfactory response, then complete or download our complaint form (Request for Assistance) using this link: <https://www.ncdoi.gov/contacts/complaints/assistance-or-file-complaint>

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*.

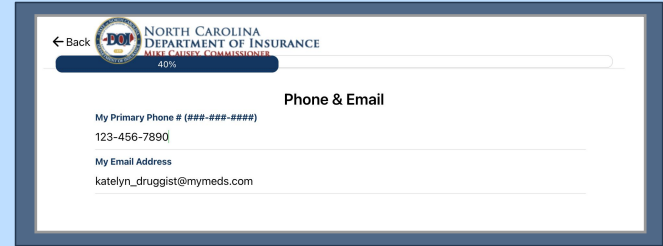



The screenshot shows a web form titled "Your Contact Information" from the North Carolina Department of Insurance. At the top left, there is a "← Back" link and the department's logo, which includes the text "NORTH CAROLINA DEPARTMENT OF INSURANCE" and "37%". The form fields are as follows:

- 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**.



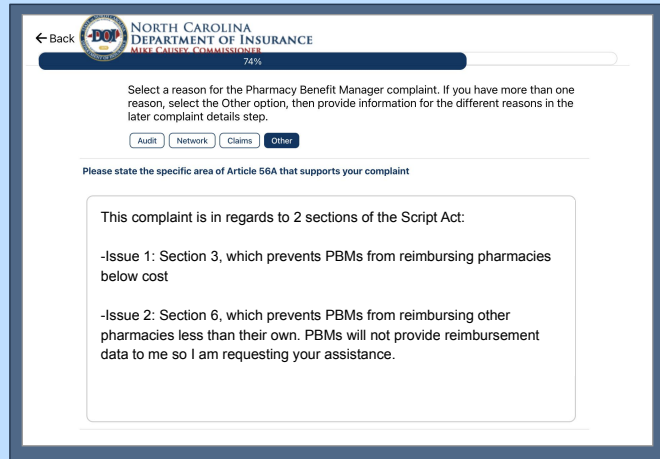
← Back  NORTH CAROLINA
DEPARTMENT OF INSURANCE
MIKE CAUSEY, COMMISSIONER
40%


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

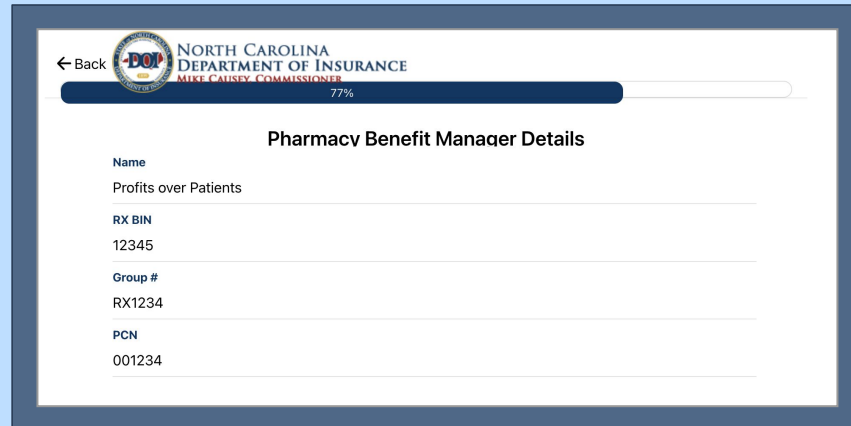
This complaint is in regards to 2 sections of the Script Act:

- 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 displays a web form 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, which includes the text 'NORTH CAROLINA DEPARTMENT OF INSURANCE' and 'MIKE CAUSEY, COMMISSIONER'. Below the logo is a progress bar showing '77%' completion. The main heading of the form is 'Pharmacy Benefit Manager Details'. The form contains five input fields, each with a label and a value:

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

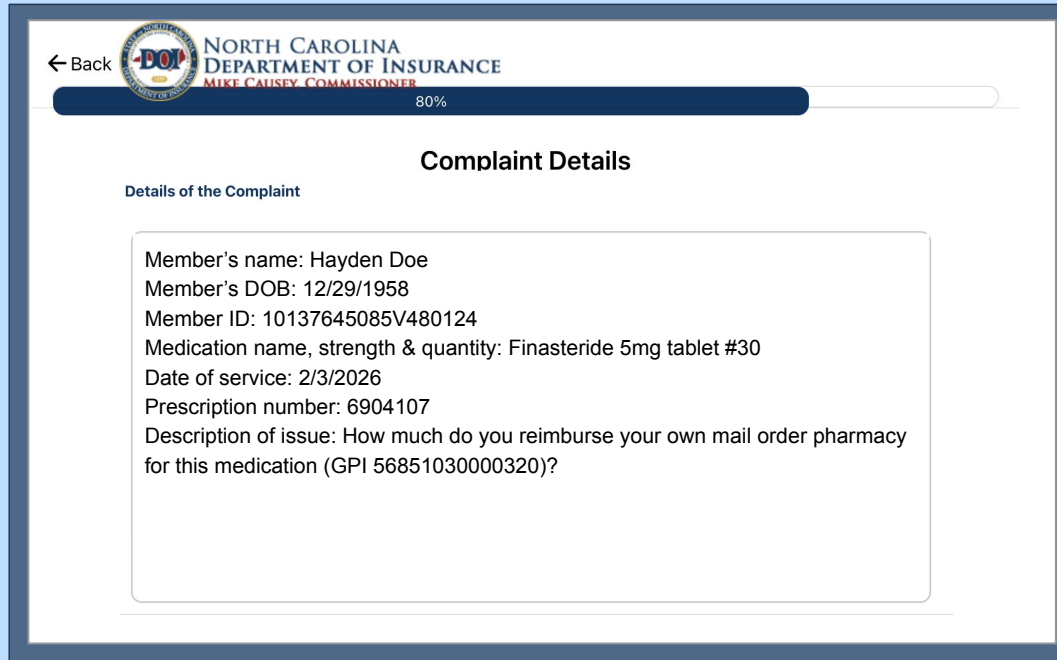
How to Report a Violation

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**.

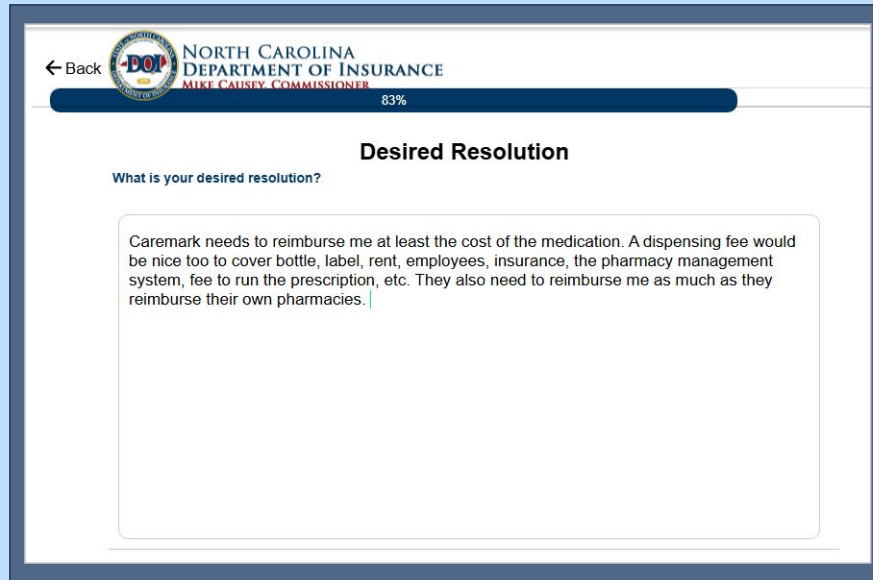


The screenshot shows a web interface for reporting a violation. At the top left, there is a back arrow and the text "Back". To the right is the North Carolina Department of Insurance logo, featuring the state seal and the text "NORTH CAROLINA DEPARTMENT OF INSURANCE" and "MIKE CAUSEY, COMMISSIONER". Below the logo is a progress bar showing "80%". The main heading is "Complaint Details". Underneath, it says "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 arrow and the text 'Back'. To the right is the North Carolina Department of Insurance logo, featuring the state seal and the text 'NORTH CAROLINA DEPARTMENT OF INSURANCE' and 'MIKE CAUSEY, COMMISSIONER'. Below the logo is a progress bar showing '83%'. The main heading is 'Desired Resolution'. Below this is 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**.

← Back NORTH CAROLINA DEPARTMENT OF INSURANCE
MIKE CAUSEY, COMMISSIONER

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: 30

DAW: 0 - No Product Selection Indic Labels: 1

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

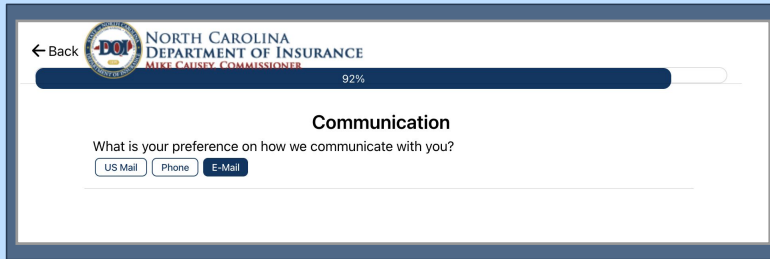
Copay:	\$176.28
Remit:	\$0.00
Total Paid:	\$176.28


Sort by: Relevance

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

How to Report a Violation

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



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92%

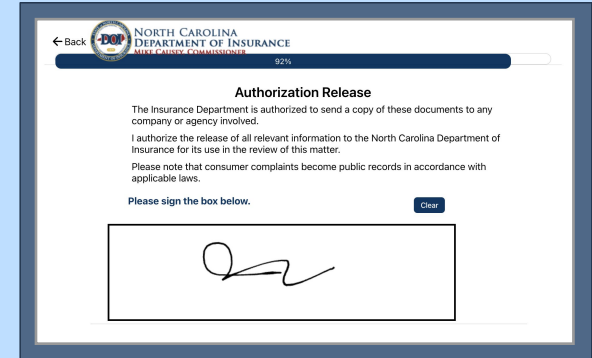
Communication

What is your preference on how we communicate with you?

US Mail Phone E-Mail

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

15. A confirmation page will display as follows:



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MIKE CAUSEY, COMMISSIONER

92%

Authorization Release

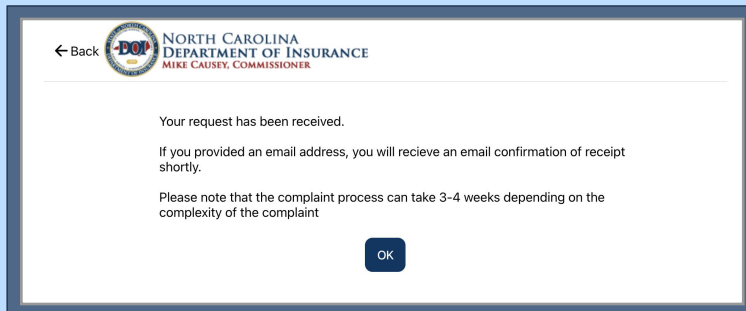
The Insurance Department is authorized to send a copy of these documents to any company or agency involved.


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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MIKE CAUSEY, COMMISSIONER

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

(919) 322-8117