

MAC Appeals Process

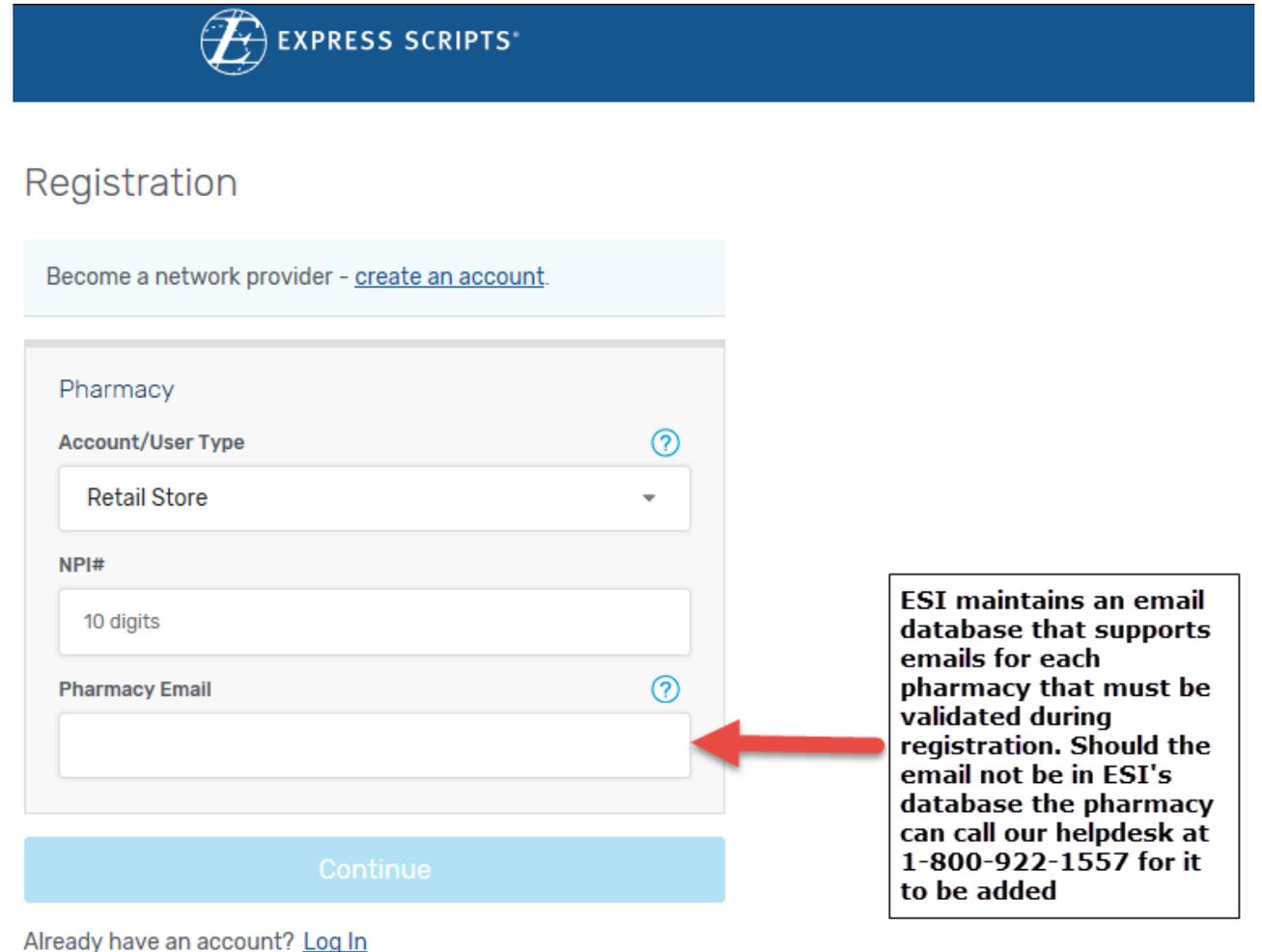
Create a PRC Account

- Navigate to the PRC website at <https://prc.express-scripts.com>
- Select the Register Button

The screenshot shows the Express Scripts Pharmacist Resource Center (PRC) website. At the top left is the Express Scripts logo. To the right are 'Log In' and 'Register' buttons. Below these is a navigation bar with 'FAQs', 'Resources', and 'Contact Us'. The main content area features a large blue banner with the text 'Pharmacist Resource Center' and a background image of a pharmacist at a computer. The computer screen displays the PRC search interface, including a search bar with 'Patient Name' and 'Cardholder ID' options, and a search form with fields for 'First Name', 'Last Name', 'DOB', and 'Zip'. Below the search form is a table with columns for 'Name', 'Cardholder ID', 'DOB', 'NPI/Group #', 'Effective', 'Exp Date', 'In Br', and 'Y/N'. The table contains one entry for 'Joaquín P. ...' with a Cardholder ID of 'ABC2012345' and a DOB of '01/01/1980'. At the bottom of the page are links for 'Terms of Use' and 'Privacy Policy', and a copyright notice: '©2019 Express Scripts. All Rights Reserved.'

Step 1: Pharmacy Validation

- Enter your Pharmacy NPI #
- Enter your Pharmacy Email Address



The screenshot shows the Express Scripts registration interface. At the top is the Express Scripts logo. Below it is the heading "Registration" and a link to "Become a network provider - create an account." The main form area is titled "Pharmacy" and contains three fields: "Account/User Type" with a dropdown menu set to "Retail Store", "NPI#" with a text input field containing "10 digits", and "Pharmacy Email" with an empty text input field. A red arrow points to the "Pharmacy Email" field. Below the form is a "Continue" button. At the bottom, there is a link for "Already have an account? Log In".

ES maintains an email database that supports emails for each pharmacy that must be validated during registration. Should the email not be in ESI's database the pharmacy can call our helpdesk at 1-800-922-1557 for it to be added

Step 2: Fill out Registration Form

User

User Role

Pharmacist

First Name

Last Name

Personal Email

Use pharmacy email

Account

Username

Cannot match first or last name

Password

show

Confirm Password

show

Please accept the [Terms of Use](#) and [Privacy Policy](#)

Register

Already have an account? [Log In](#)

Submitting MAC Appeals

Navigate to the MAC Appeals screen

The screenshot displays the Express Scripts Pharmacist Resource Center interface. At the top, the logo and name 'EXPRESS SCRIPTS Pharmacist Resource Center' are on the left, and 'Pharmacy Name' with a user icon is on the right. A blue navigation bar contains links for 'Home', 'Patients', 'Claims', 'Pricing/MAC Appeal', 'Resources', and 'Contact Us'. Below this, a 'Welcome Pharmacy Name' message is followed by three main service tiles: 'Patient Search' (check benefits, drug coverage, in-network pharmacies), 'Claim Search' (view processed and rejected claims), and 'Pricing/MAC Appeal' (check status of pricing / MAC reimbursement appeal). Two red arrows point from the 'Pricing/MAC Appeal' link in the navigation bar to the 'Pricing/MAC Appeal' tile. Below the main content, there are sections for 'Pharmacy Matters' (with dates August 29, 2019 and August 27, 2019, and a 'View Archive' link) and 'Recent Messages' (listing several emergency override notices for Refill Too Soon due to severe weather and flooding in Texas, Virginia Hurricane Dorian, and Hurricane Dorian in Florida and Georgia, along with a notice for Puerto Rico).

Step 1: Enter Claim information

Pricing / MAC Appeal

[Submit Inquiry](#) [Inquiry Status](#)

[Submit an AWP or MAC pricing inquiry.](#)

[Looking for TRICARE or Inside Rx MAC Appeals? Click here.](#) 

Pharmacy Information

Pharmacy Details

Pharmacy:

Address:

Phone:

NPI:

NCPDP:

[Information not accurate?](#)

Claim Information

Rx Number Of Claim:

6 or more digits

Date Of Service

10/4/2018 or later

[Continue to Pricing](#)

Step 2: Enter Appeals information

Claim Information

Prescription Number:
NDC Number:
Product Description:
Quantity:
Unit:
Days Supply:

Claim Details

Change Rx

Pharmacy Pricing Information

Acquisition cost 

\$ per

Desired reimbursement for this prescription 

\$

Primary reason for this pricing inquiry

I agree to send pricing coordination

By checking this box, I confirm my understanding that as part of the pricing inquiry submission process, Express Scripts requests that I fax my invoice showing the acquisition cost per unit. To ensure efficient handling, a customized fax cover sheet will be provided for printing once I submit my inquiry. (This customized fax cover sheet will also be available on the inquiry details page in the Check pricing/NAC Inquiry Status section of this website.)

Contact Information

Name

Email address 

Confirm email address

Phone number

Submit



Step 3: Print Fax Cover and Fax Invoice

EXPRESS SCRIPTS™ Pharmacist Resource Center Pharmacy Name - [icon]

[Home](#) [Patients](#) [Claims](#) [Pricing/MAC Appeal](#) [Resources](#) [Contact Us](#)

Pricing / MAC Appeal

[Submit Inquiry](#) [Inquiry Status](#)

[Submit an RMP or MAC pricing inquiry](#)

Confirmation

Express Scripts has received your pricing inquiry. An email message, which includes the case number noted below, has been sent to the email address shown below. Your inquiry should be completed within 90 business days. We will communicate with you via email any status changes on this inquiry.

[Check pricing/MAC inquiry status](#) [IT](#)

Please go to [Inquiry Status](#) and print your customized fax cover page and fax it with your invoice, showing the acquisition cost per unit related to this inquiry, to our toll-free fax line, 1-877-333-2020. Please use the fax cover page provided here, as it includes the case number of this inquiry and will ensure efficient handling of your pricing inquiry. The cover page also provides further direction about the expected invoice contents.

Inquiry Information

Request/Case Number	AP944-72914218226
Date Submitted	10/04/2019
Acquisition Cost Per Unit	\$ 5.00 per each
Desired Reimbursement	\$ 51.00
Primary Reason	product shortage

Claim Information

No. Number Of Claim	Claim Details
Date Of Service	
NDC Number	
Product Description	
Quantity	
Unit	
Days Supply	

Pharmacy Information

Pharmacy	Pharmacy Details
Address	
BN Number	
NCPDP Number	

Contact Information

Name	User Details
Email Address	
Phone Number	

[Inquiry Status](#) [Print this page](#)  [New Inquiry](#)

Email Confirmation



Pharmacist Resource Center

Pricing Inquiry Received

Thank you for contacting Express Scripts Pharmacy Services. We have received your pricing inquiry and have assigned it a case number. The case details are below. *We expect to resolve your inquiry in no more than 10 business days*, and will provide you with a status update as soon as we have further information to share.

Please [log-in](#) to **print a customized fax cover sheet** and then fax us the invoice showing your acquisition cost per unit.

Inquiry details	
Case number:	APMM-116xxxxxx
Status:	In Progress
Date submitted:	10/04/2019
Pharmacy:	Pharmacy Name address
NPI:	xxxxxxxxxxx
NCPDP:	xxxxxxx
Rx number:	00000xxxxxx
Date of service:	10/04/2019
Cardholder ID:	XXXXXX3266
Cardholder group number:	RX4xxxx
NDC:	xxxxxxxxxxx
Product description:	ESCITALOPRAM OXALATE 10 MG
Quantity:	90.000
Unit:	Each
Days supply:	90
Acquisition cost per unit:	\$5.00 per
Desired reimbursement for this prescription:	\$51.00
Primary reason for this pricing inquiry:	Product shortage
Contact name:	User Name
Submitter telephone number:	User Phone Number
Submitter email address:	User email Address

[check inquiry status](#)

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**.

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Email Resolution



Pharmacist Resource Center

Pricing inquiry resolved

Thank you for contacting Express Scripts Pharmacy Services.

[Click here](#) to see an explanation regarding the resolution of the pricing inquiry.

Case details

Case number:	APMM-11xxxxxxxx
Contact name:	User Name
Date submitted:	10/04/2019
Pharmacy:	Pharmacy Name Pharmacy Address
NPI:	XXXXXXXXXX
Rx number:	000000xxxxxx
Date of service:	10/04/2019
Cardholder ID:	XXXXXX3266
Cardholder group number:	RXXXXXX
Product description:	ESCITALOPRAM OXALATE 10 MG
Quantity:	90.000

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**.

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Checking MAC Appeals

Step 1: Select the Inquiry Status tab

Pricing / MAC Appeal

[Submit Inquiry](#)

[Inquiry Status](#)

Check the status of a previously submitted pricing/MAC inquiry.

[Check pricing/MAC inquiry status](#) 

Pricing/MAC inquiry status will open in a new window.

Step 2: Search for your Appeal

Inquiry status

To search for the status of a previously submitted pricing inquiry, please enter the Rx information below.

Search by case number

Please provide the case number of the pricing inquiry you want to review.

Case number:
(for example: APMM-12345)

or

Search by other criteria

Please complete at least two of the following criteria for the pricing inquiry(s) you want to review.

Rx number:

Date of service:
(within the past 16 months) From: To:

Inquiry submitted:
(within the past 120 days) From: To:

NDC number:
(for example: 99999-9999-99)

Step 3: Review your Appeal

Inquiry status

[Perform another search](#)

[Print Fax cover page](#)

[Print this page](#)

Below is the status of your inquiry.

Inquiry details

Inquiry information			
Case number:	A7994		
Status:	Completed		
Notes:	Text Appeal		
Last updated:	10/04/2019 12:10 PM		
Inquiry submitted:	10/04/2019	Submitted via:	Internet
If you have not already faxed your invoice showing the acquisition cost per unit, please download and print the customized fax cover page and fax it with your invoice to our toll-free fax line, 877.246.2926.			
Pharmacy information			
Pharmacy:	Pharmacy Details		
NPI number:			
NCPDP number:			
Claim information			
Rx number of claim:			
Date of service:	10/04/2019		
Cardholder Group Number:		Quantity:	90.000
NDC number:		Unit:	Each
Product description:	ESCITALOPRAH OXALATE 10 MG	Days supply:	90
Pharmacy pricing information			
Acquisition cost per unit:	\$5.00 per		
Desired reimbursement for this prescription:	\$51.00		
Primary reason for this pricing inquiry:	Product shortage		
Contact information			
Express Scripts' response to this inquiry will be provided to the contact below.			
Name:			
Email address:			
Phone number:			