

CONFIDENTIAL AND PROPRIETARY August 23, 2024

## Appeals

The following is intended to assist pharmacies when navigating within the CVS Caremark<sup>®</sup> Pharmacy Portal ("Pharmacy Portal") in order to submit MAC and non-MAC appeals. The appeal function is restricted to one Pharmacy Portal Account per NCPDP.

To access the Pharmacy Portal, go to: rxservices.cvscaremark.com

- If you are an individual pharmacy and not already registered to use the Pharmacy Portal, click the <u>Sign</u>
   <u>Up</u> link, complete the validation procedures, and create a user name and password.
- If your pharmacy has previously registered, enter your Username and Password and click on the "Sign In" button.
- If you are a chain or PSAO headquarters and not already registered, contact your CVS Caremark Network Account Manager to receive login instructions.

## Screen 1: Log-in Page



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# **CVS** caremark<sup>®</sup>

## Screen 2: Disclosure Page

# <section-header><text><text><text><text>

Once login information is entered, disclosures regarding Pharmacy Portal Terms of Use display.

In order to proceed, check the box agreeing to the Terms of Use of the Pharmacy Portal and click on the "Continue" button.

## Screen 3: Welcome Page



To access the Appeal form, click on "Appeals Menu", then "Submit Appeals".

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## **Screen 4: Appeal Form**

| Appeal                                                                                                                                                                   |                                                                                                                                                           |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Please complete all of the required information below to s<br>Caremark does not have the information necessary to de<br>attach a wholesaler purchase invoice for review. | ubmit your Appeal. If any information for the required fields is invalid, CVS termine the outcome of an appeal. Where it is required by state law, please | Complete all required    |
| -indicates a required response field.                                                                                                                                    |                                                                                                                                                           | neius accuratery.        |
| Chain/Affiliation Code*                                                                                                                                                  | Your Name*                                                                                                                                                |                          |
| Select V                                                                                                                                                                 | 013                                                                                                                                                       |                          |
| Phone Number*                                                                                                                                                            | Email Address*                                                                                                                                            |                          |
| 480-391-4600                                                                                                                                                             | samantha.telschow@cvshealth.com                                                                                                                           |                          |
| BIN*                                                                                                                                                                     | Date of Fill*                                                                                                                                             |                          |
| Select V                                                                                                                                                                 | MM/DD/YYYY                                                                                                                                                |                          |
| Rx Number*                                                                                                                                                               | NCPDP (NABP) Number*                                                                                                                                      |                          |
|                                                                                                                                                                          |                                                                                                                                                           |                          |
| Member ID                                                                                                                                                                | Internal Issue Tracking Number                                                                                                                            |                          |
|                                                                                                                                                                          |                                                                                                                                                           |                          |
| PCN Number*                                                                                                                                                              | Invoice Cost Upload Invoice(s)                                                                                                                            |                          |
|                                                                                                                                                                          |                                                                                                                                                           |                          |
| Invoice NDC Package Size                                                                                                                                                 |                                                                                                                                                           |                          |
|                                                                                                                                                                          |                                                                                                                                                           |                          |
|                                                                                                                                                                          |                                                                                                                                                           |                          |
| LBX3HO                                                                                                                                                                   |                                                                                                                                                           | Before submitting your   |
| lease enter the text shown in image above in the textbox and                                                                         |                                                                                                                                                           | appeal, enter the        |
|                                                                                                                                                                          | P                                                                                                                                                         | text/characters shown in |
| Reset Submit                                                                                                                                                             |                                                                                                                                                           | the text box.            |



## **Screen 5: Appeal Confirmation**



For troubleshooting the Pharmacy Portal registration and/or login process only, please email:

### **RxServices@CVShealth.com**

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