



Pricing Appeals Process

Pharmacy providers may appeal a reimbursement for all drugs and medical products or devices, and request a review of the pricing. All appeals and questions regarding should be directed to support@RxPreferred.com.

The pharmacy must file its appeal within seven (7) business days of its submission of the initial claim for reimbursement for the drug or medical product or device. The pharmacy benefits manager or covered entity must make a final determination resolving the pharmacy's appeal within seven (7) business days of the pharmacy benefits manager or covered entity's receipt of the appeal.

Pharmacies contracted directly with RXPREFERRED may appeal directly to RXPREFERRED using the process provided. If the pharmacy provider is member of a chain, franchise, Pharmacy Services Administrative Organization (PSAO), or similar organization, please direct your appeals to your corporate office or third party administrator office. Corporate HQs and PSAO groups can then appeal on behalf of all their member pharmacy providers.

Please submit the appeal via the procedure described below. All submissions are required in the electronic format provided. Invoices detailing the acquisition costs may be taken into consideration for the appeal, but are not required. The requesting party will receive an email response detailing whether the appeal has been approved for a price update or denied. For a copy of these instructions and forms, visit our website at www.rxpreferred.com/provider-resources.

Please note Tennessee pharmacies must submit a copy of their invoice for initial appeal.



Appeal Procedure:

1. Fill out the provided Appeal Form in its electronic format. Required fields are highlighted in yellow on the Appeal Form.
 - a. Fields
 - i. Contact Name*
 - ii. Contact Email Address*
 - iii. Pharmacy Provider NCPDP ID or NPI#*
 - iv. Rx #*
 - v. Fill Date*
 - vi. NDC*
 - vii. Quantity
2. Submit the completed file to support@rxpreferred.com