

**ATTN: PBM COMPLAINT**

Contact department using information below

Arkansas Insurance Department  
1 Commerce Way Little Rock, AR 72202

Email:  
[aid.pbmcomplaint@arkansas.gov](mailto:aid.pbmcomplaint@arkansas.gov)

**Pharmacy:** \_\_\_\_\_

**NCPDP:** \_\_\_\_\_

**Pharmacy contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

PBM:	Caremark	Express Scripts	OptumRx
	Humana	MedImpact	Prime Therapeutics
	Navitus	WellDyne	Other: _____

**NADAC Complaint**

Please use AR AID NADAC spreadsheet with entered information or formstack submission

**MAC Complaint**

Before you file a request for assistance with a Maximum Allowable Cost Appeal, you must first file an appeal with the Pharmacy Benefit Manager (PBM). The PBM has 30 days to reply to you (or your PSAO).

- Did you provide an invoice to the PBM?    Yes    No
- Is the PBM informed of the Wholesaler from whom you purchase the majority of sales?    Yes    No

After the 30th business day if the response is not satisfactory, then you may submit to AID:

1. This completed form;
2. Correspondence from the Pharmacy Benefit Manger denying the appeal; and
3. Invoice including the drug with prices for all other drugs redacted.

**Rx:** \_\_\_\_\_ **Quantity:** \_\_\_\_\_

**NDC (no dashes):** \_\_\_\_\_ **Amount Paid:** \_\_\_\_\_

**Date of Fill:** \_\_\_\_\_ **Drug Name:** \_\_\_\_\_

**Other type of complaint or additional details:** \_\_\_\_\_

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