



ARKANSAS
Insurance Department

ARKANSAS INSURANCE DEPARTMENT

ATTN: PBM Legal Division

1 Commerce Way

Little Rock, AR 72202

501-371-2820 FAX: 501-371-2639

Pharmacy Benefit Manager License Renewal Application

Business Entity Name: _____

Mailing Address: _____
Street or P.O. Box City State Zip

Phone Number: _____

Please provide the information a month prior to the PBM license expiration date:

- 1) Evidence that the PBM's surety bond is still in force.
- 2) Most recent fiscal year-end audited financial statement of the PBM, including a breakout schedule showing the financial position of the PBM and its subsidiaries with a list identifying any parent company (or companies), any subsidiaries, and/or any affiliate(s). If not applicable, please reply "N/A".
- 3) If any PBM functions are contracted out, please identify the company (or companies) and the function(s) performed by each applicable company on behalf of the PBM.
- 4) Contact information for the individuals below - including names, titles, mail addresses, email addresses, emails, and phone numbers as applicable:
 - a) MAC and NADAC Complaints Contact for AR;
 - b) PBM Licensing Contact for AR;
 - c) Government Relations / Legal Contact for AR.
- 5) Current number of enrollees or beneficiaries administered by the PBM in AR: _____

Projected number of enrollees or beneficiaries to be administered by the PBM in AR in the coming year: _____

- 6) A non-refundable renewal fee of \$20,000 submitted via check or online payment.
- 7) Documentation of any applicable changes within the past year which affect the following:
 - a) PBM Board Members
 - b) PBM Board of Trustees
 - c) PBM Executive Committee
 - d) PBM Principal Officers
 - e) PBM Policies and Procedures
 - f) PBM Partners or Members
- 8) A report of each pharmacy claims bank identification number (BIN), group number, and processor control number (PCN) used by the PBM. Distinguish all unique combinations thereof, along with the number of lives covered and plan type as described in Attachment 1.
- 9) Any requirements not already on file with the department, as defined by the PBM Licensure Act

Non-redacted submissions are considered confidential under Ark. Code Ann. § 23-61-103, 23-61-107(a)(4), 23-61-207 and are exempt from disclosure under the Freedom of Information Act of 1967.

AFFIDAVIT

I, the undersigned, do hereby swear or affirm under oath that the information submitted herein is true and accurate to the best of my knowledge and belief.

Officer Name: _____
Printed Name

Sign Date

NOTARY SECTION

Subscribed and sworn to before me, by the said _____
Name and Title

this ____ day of _____, 20____, to certify which witness by hand and seal of office.

NOTARY PUBLIC

My Commission expires: _____