



Hugh McDonald
SECRETARY OF COMMERCE

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COMMISSIONER,
ARKANSAS INSURANCE
DEPARTMENT

Rule 128 Reporting for Plans Covering More than 5000 Lives

Pharmacy Benefit Manager (PBM): PBM License Number:

Health Plan: Domicile State:

Number of Arkansas Lives Covered: Data Period:

Estimated annual percentage of total pharmacy reimbursements above or relative to National Average Drug Acquisition Cost (NADAC) or Wholesale Acquisition Cost (WAC) if NADAC was unavailable for the previous year	
Total annual average percentage of generic prescriptions with reimbursements at or above NADAC/WAC	<input type="text"/>
Total annual average percentage of brand name prescriptions with reimbursements at or above NADAC/WAC	<input type="text"/>
Median value for generic drugs filled in previous calendar year.	<input type="text"/>
25th percentile of generic drugs paid above NADAC/WAC for previous calendar year.	<input type="text"/>
75th percentile of generic drugs paid above NADAC/WAC for previous calendar year.	<input type="text"/>
Median value for brand name drugs filled in previous calendar year.	<input type="text"/>
25th percentile of brand name drugs paid above NADAC/WAC for previous calendar year.	<input type="text"/>
75th percentile of brand name drugs paid above NADAC/WAC for previous calendar year.	<input type="text"/>
Average dispensing fee paid to pharmacies for all reimbursements in previous calendar year:	
Average dispensing fee paid to pharmacies for generic drugs in previous calendar year	<input type="text"/>
Average dispensing fee paid to pharmacies for brand name drugs in previous calendar year	<input type="text"/>
Average dispensing fee paid to pharmacies for specialty drugs in previous calendar year	<input type="text"/>
Total number of drug reimbursement claims paid during previous calendar year:	
Total number of generic drug claims paid during previous calendar year	<input type="text"/>
Total number of brand name drug claims paid during previous calendar year	<input type="text"/>
Total number of specialty drug claims paid during previous calendar year	<input type="text"/>
Pharmacy Network Retention in previous calendar year; Please reference network data, most current network adequacy reports filed by health benefit plan, or the PBM administering the plan for the health benefits.	
Number of pharmacies lost in network in previous calendar year	<input type="text"/>
Number of pharmacies gained in network in previous calendar year	<input type="text"/>
Total number of adjustments made by the health benefit plan's PBM in response to appeals filed by pharmacies for initial payments below NADAC, WAC, or Maximum Allowable Cost (MAC) during the previous calendar year.	
NADAC or WAC	<input type="text"/>
MAC	<input type="text"/>

For health benefit plans contracting with PBMs who have affiliate pharmacies - the average annual reimbursement percentage of reimbursement to PBM affiliate pharmacies relative to non-affiliate pharmacies.

Annual percentage of reimbursement to PBM affiliate pharmacies:

Annual percentage of reimbursement to non-affiliate pharmacies:

Any proposed change to pharmacy reimbursement for plan year that may impact annual average pharmacy reimbursement:

Cost Impact Data

Total projected impact on drug costs incurred by **health benefit plan** if the below dispensing costs were applied to the drug payment transactions:

\$1

\$2

\$4

\$6

\$8

\$10.50

The projected **premium** impact if the below dispensing costs were applied to the plan for drug transactions:

\$1

\$2

\$4

\$6

\$8

\$10.50

The projected cost impact incurred monthly by the **member** if the below dispensing costs were applied to the plan for drug transactions:

\$1

\$2

\$4

\$6

\$8

\$10.50

Any other relevant data or certifications:

In addition to the data required under Sections I. A and B of this bulletin, a health benefit plan may submit any additional information - including but not limited to methodologies, reports, or actuarial certifications - addressing whether the pharmacy compensation program provides or shall provide fair and reasonable reimbursements, ensuring an adequate pharmacy network. If able, please attach.

Filed by: _____

Title: _____

Date submitted: _____