Department of Commerce & Insurance | Insurance Division

PBM ANNUAL REPORT

FOR THE YEAR ENDED DECEMBER 31, 2026

If a field does not apply, please enter "NA." If the value for a field is zero, enter "0."
Blank entries will be counted as incomplete.
Instructions for completing the Annual Report Summary Page and the Annual Report Excel Workbook can be found on the PBM Annual Report website: https://www.tn.gov/commerce/insurance/pbm/report.html

PBM Name: _____ License Number: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Report Contact Name: _____ Telephone Number: _____

Contact Email Address: _____

Total number of all claims, not limited to Tennessee, paid by the PBM for Prescription drugs or devices: _____

All questions that follow apply only to Tennessee residents unless otherwise specified

Total number of claims paid by the PBM on behalf of Tennessee residents for prescription drugs or devices, regardless of pharmacy location, including retail, mail order, and specialty pharmacies: _____

Total number of claims for which the PBM paid the low volume enhanced dispensing fee: _____

Number of initial appeals filed with the PBM: _____

Number of initial appeals resolved in favor of pharmacies: _____

Number of initial appeals resolved against pharmacies: _____

What is the additional amount paid to pharmacies as a result of initial appeals resolved in their favor? _____

What is the additional amount paid to similarly situated pharmacies as a result of initial appeals resolved in their favor? _____

Number of initial appeals that were appealed to the Commissioner of which the PBM received notice: _____

Number of Tennessee residents covered by PBM pharmacy benefits: _____

An email address that pharmacies can use to submit low volume attestations or where they can request assistance with the attestation process: _____

Link to the PBM's appeal process: _____

(PBMs may exclude information from the report if the information pertains exclusively to plans referenced in Tenn. Comp. R. & Regs. 0780-01-95-.17.)

The PBM certifies that it currently meets the requirements of Tenn. Comp. R. & Regs. 0780-01-95-.05(1)(c).

Officer Signature: _____

Officer Printed Name:_____

Officer Title:_____

Date: _____

On additional pages, attach timestamped screenshots of the PBM's website showing the information required by Tenn. Comp. R. & Regs. 0780-01-95-.05(1)(c) is on the PBM's website and is readily accessible by pharmacies.