

PBM ANNUAL REPORT
FOR THE YEAR ENDED DECEMBER 31, 2023

PBM Name: _____ License Number: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Report Contact Name: _____ Telephone Number: _____

Contact Email Address: _____

Number of initial appeals filed with the PBM: _____

Number of initial appeals resolved in favor of pharmacies: _____

Number of initial appeals resolved against pharmacies: _____

Total amount paid to appealing pharmacies as a result
of initial appeals resolved in favor of pharmacies: _____

Total amount paid to similarly situated pharmacies as a
result of initial appeals resolved in favor of pharmacies: _____

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

(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: _____

**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.**