

NADAC or Other PBM COMPLAINT

Arkansas Insurance Department
ATTN: PBM Complaint
1 Commerce Way, Suite 102
Little Rock, AR 72202
FAX: 501-371-2639
aid.pbmcomplaint@arkansas.gov

Pharmacy: _____

Pharmacist or Authorized Contact: _____

Address: _____

Phone number: _____

- PBM: CVS/Caremark Express Scripts OptumRx
 Magellan MedImpact RxSense
 Southern Scripts WellDyne Elixir

Other:

NADAC Complaint

Please use AR AID NADAC spreadsheet with entered information for multiple complaints

RX: _____ Date of Fill: _____

QTY: _____ NDC (no dashes): _____

Drug Name: _____ Primary Third-Party Bin: _____

Primary Third Party PCN: _____ Primary Group Number: _____

Total Price Paid to Pharmacy: _____ Dispensed NADAC on DOF: _____

Net difference from 'Total Price Paid to Pharmacy' and 'NADAC on DOF': _____

Other Type of Complaint

Include any other relatable information, correspondence and/or documentation that relates to the complaint:
