

Maine Bureau of Insurance
Bulletin 377
Any Willing Pharmacy Reporting Form
Insurance Companies

E-mail your response as a PDF attachment to Barbra.L.Garboski@maine.gov.

Company Name:	Aetna Health Management, LLC
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___ Check here if your company does **NOT** provide or administer network pharmacy benefits in Maine.

A. Compliance Officer with Responsibility for Maine Pharmacy Operations:

Name:	Joy L. Gittens
Title:	Compliance Lead, Corporate Compliance
Mailing Address:	9 Entin Road, Suite 203 Parsippany, NJ 07054
Direct Phone Number:	973.244.3710
Fax: Number	
Email Address:	gittensj@aetna.com

B. Please identify any mail order pharmacies that participate in your network. *(copy and paste table as needed for additional participant)*

Name:	CVS Mail Order Pharmacy
Mailing Address:	CVS Health 1 CVS Drive Woonsocket, RI 02895
Website:	https://www.cvshealth.com/services/pharmacy/mail-order-pharmacy.html

Name:	CVS Specialty Pharmacy
Mailing Address:	CVS Health 1 CVS Drive Woonsocket, RI 02895
Website:	https://www.cvsspecialty.com

Name:	CVS Caremark (for Pharmacists/Medical Professionals)
Mailing Address:	CVS Health 1 CVS Drive Woonsocket, RI 02895
Website:	https://www.caremark.com/pharmacists-medical-professionals

C: Pharmacy Contracting Contact Information:

Name:	CVS Caremark Pharmacy
Title:	
Mailing Address:	CVS Health
	1 CVS Drive
	Woonsocket, RI 02895
Direct Phone Number:	1.800.552.8159
Fax: Number	
Email Address:	You can send an email using the form at the link below after sign in. https://www.caremark.com/about-us/contact-us.html

D. Please identify any pharmacy benefit administrators (PBMs) that administer pharmacy benefits through your pharmacy network. (copy and paste table as needed for additional participant)

Name:	
Mailing Address:	
Website:	

Maine Bureau of Insurance
Bulletin 377
Any Willing Pharmacy Reporting Form
Network Administrators

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Company Name:	Aetna Health Management, LLC
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A. Compliance Officer with Responsibility for Maine Pharmacy Operations:

Name:	Shawn Smith, CVS Caremark
Title:	Director of Network Operations
Mailing Address:	9501 E. Shea Blvd., MC080 Scottsdale, AZ 85260
Direct Phone Number:	480.391.4844
Fax: Number	480.314.6964
Email Address:	Shawn.Smith@CVScaremark.com

B. Please identify any mail order pharmacies that participate in your network. *(copy and paste table as needed for additional participant)*

Name:	CVS Mail Order Pharmacy
Mailing Address:	CVS Health 1 CVS Drive Woonsocket, RI 02895
Website:	https://www.cvshealth.com/services/pharmacy/mail-order-pharmacy.html

Name:	CVS Specialty Pharmacy
Mailing Address:	CVS Health 1 CVS Drive Woonsocket, RI 02895
Website:	https://www.cvsspecialty.com

Name:	CVS Caremark (for Pharmacists/Medical Professionals)
Mailing Address:	CVS Health 1 CVS Drive Woonsocket, RI 02895
Website:	https://www.caremark.com/pharmacists-medical-professionals

C: Pharmacy Contracting Contact Information:

Name:	Shawn Smith, CVS Caremark
Title:	Director of Network Operations
Mailing Address:	9501 E. Shea Blvd., MC080
	Scottsdale, AZ 85260
Direct Phone Number:	480.391.4844
Fax: Number	480.314.6964
Email Address:	Shawn.Smith@CVScaremark.com

D. Please identify any pharmacy benefit administrators (PBMs) that administer pharmacy benefits through your pharmacy network. (copy and paste table as needed for additional participant)

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