

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

E-mail your response as a PDF attachment to [Barbra.L.Garboski@maine.gov](mailto:Barbra.L.Garboski@maine.gov).

Company Name:	<u>CarelonRx</u>
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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:	Christine Swick
Title:	Staff Vice President & Pharmacy Compliance Officer
Mailing Address:	233 S. Wacker Drive, Suite 3700 Chicago, IL 60606
Direct Phone Number:	630-360-0576
Fax: Number	
Email Address:	Christine.Swick@carelon.com

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

Name:	CarelonRx Pharmacy
Mailing Address:	4821 N. Stone Ave., Suite C Tucson, AZ 85704
Website:	<a href="#">CarelonRx   PBM &amp; Home Delivery Pharmacy</a>

**C: Pharmacy Contracting Contact Information:**

Name:	CaremarkPCS Health, L.L.C.
Title:	
Mailing Address:	
Direct Phone Number:	866-488-4708
Fax: Number	
Email Address:	<a href="#">Pharmacists &amp; medical professionals</a> (home page for pharmacy resources) <a href="#">CVS Caremark Pre-Enrollment Questionnaire</a> (specific page to complete on-line pre-enrollment questionnaire)

**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:	