

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.

Company Name:	Express Scripts Administrators, L.L.C. dba Express Scripts
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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:	Thuy Pham
Title:	State PBM Compliance Officer
Mailing Address:	1 Express Way
	St Louis, MO 63121
Direct Phone Number:	(267) 314 - 4360
Fax: Number	
Email Address:	Thuy.Pham@evernorth.com

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

Name:	ESI Mail Pharmacy Serves, Inc. dba Express Scripts
Mailing Address:	1 Express Way
	St Louis, MO 63121
Website:	https://www.express-scripts.com
Name:	Accredo Health Group, Inc.
Mailing Address:	1 Express Way
	St. Louis, MO 63121
Website:	https://www.accredo.com

C: Pharmacy Contracting Contact Information:

Name:	
Title:	
Mailing Address:	
Direct Phone Number:	
Fax: Number	
Email Address:	

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:	