

Maine Bureau of Insurance
Bulletin 377
Any Willing Pharmacy Reporting Form
Network Administrators
Complete a new report form each year

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

Company Name:	Health Care Service Corporation, a Mutual Legal Reserve Company
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 X 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:	
Title:	
Mailing Address:	
Direct Phone Number:	
Fax: Number	
Email Address:	

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

Name:	
Mailing Address:	
Website:	

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:	Prime Therapeutics LLC
Mailing Address:	2900 Ames Crossing Road
	Suite 200
	Eagan, MN 55121
Website:	https://www.primetherapeutics.com/