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

E-mail your response as a PDF attachment to <a href="mailto:Barbra.L.Garboski@maine.gov">Barbra.L.Garboski@maine.gov</a>.

Company Name:	Smith Health, Inc.	
Check here if you	r company does NOT provide or administer network pharmacy benefits in	ı
Maine.		
A. Compliance Officer	with Responsibility for Maine Pharmacy Operations:	
Name:	Amy Morrissey	
Title:	Compliance Director	
Mailing Address:	300 Brannan Street, Suite 601	
	San Francisco, CA 94107	
Di ani	(0.1.1) 15.1.0400	
Direct Phone Number:	(844) 454-0123	ŀ
Fax: Number	1: 0 ::1	
Email Address:	compliance@smithrx.com	j
B. Please identify any as needed for additional Name:	mail order pharmacies that participate in your network. (copy and paste table participant) PillPack LLC dba Amazon Pharmacy	·
Mailing Address:	250 Commercial St.	
	Suite 2012	
	Manchester, NH 03101	
Website:	www.amazon.com/smithrx	
Name:	Walmart Mail Order Pharmacy	
Mailing Address:	1025 W Trinity Mills Rd.	
	Carrollton, TX, 75006	
Website:	https://www.walmart.com/cp/pharmacy/5431	
Name:	Mark Cuban Cost Plus Drug Company, PBC	
Mailing Address:	320 S Walton St.	
_	Dallas, TX 75226	
Website:	https://costplusdrugs.com	
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**C: Pharmacy Contracting Contact Information:** 

Name:	Sovanny May, CPhT	
Title:	Director, Pharmacy Network	
Mailing Address:	1331 W Powell Way, 4 <sup>th</sup> Floor	
	Lehi, UT 84043	
Direct Phone Number:	(801) 503-1998	
Fax: Number	(866) 441-4290	
Email Address:	Pharmacynetwork@smithrx.com or Sovanny.may@smithrx.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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Name:	Smith Health, Inc.	
Mailing Address:	300 Brannan St #601	
	San Francisco, CA 94107	
Website:	https://smithrx.com	