

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:	<u>Taro Health Plan of Maine, Inc.</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:	Paige Schmidt
Title:	Counsel, Regulatory and Compliance
Mailing Address:	421 8 th Avenue
	PO Box 1174
	New York, NY 10116
Direct Phone Number:	610-888-2003
Fax: Number	
Email Address:	paige@mending.com

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

Name:	Serve You DirectRx Mail Order
Mailing Address:	10201 West Innovation Drive, Ste 600
	Milwaukee, WI 53226
Website:	https://serveyourx.com/

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/

C: Pharmacy Contracting Contact Information:

Name:	Sovanny May, CPhT
Title:	Senior Pharmacy Network Manager

Mailing Address:	1331 W Powell Way, 4th Floor
	Lehi, UT 84043
Direct Phone Number:	801-503-1998
Fax: Number	866-441-4290
Email Address:	Pharmacynetwork@smithrx.com ; 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)

Name:	Smith Health Inc.
Mailing Address:	300 Brannan St. Suite 601
	San Francisco, CA 94107
Website:	https://smithrx.com/