

**Pharmacy Benefit Manager**

**Annual Transparency Report**

**Due July 1st Beginning in 2026**

Act 77 of 2024, the Pharmacy Benefit Reform Act, was signed into law on July 17, 2024. Act 77 expands the Insurance Department's (“Department”) regulatory authority over Pharmacy Benefit Managers (PBMs), which includes submitting an annual transparency report to the Insurance Department.

Beginning July 1, 2026, and annually thereafter, Section 7 of Act 77 requires each registered PBM to submit to the Department a transparency report which contains data for each health insurer client in the Commonwealth regarding rebates received, administrative fees received, retained rebates, and data regarding reimbursements of affiliated entities.

Submission instructions will be announced closer to July 1, 2026. All questions regarding the report should be submitted to the Insurance Department by emailing [ra-in-pbm@pa.gov](mailto:in-pbm@pa.gov). All submissions are privileged and will be given confidential treatment. Consistent with the law, within 60 days of receipt, the Department will aggregate and deidentify the data to post a transparency report on:

<https://www.pa.gov/agencies/insurance/posted-filings-reports-company-orders/posted-reports.html>.

Please complete the following form to identify the pharmacy network the PBM currently uses and any anticipated pharmacy network changes.

A completed PBM Network Identification Filing Form should be submitted by the PBM annually by April 1, 2026.

**Network Identification:** Network name, Unique ID.

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**PBM Contact Information:**

Name of PBM: Click or tap here to enter text.

PBM Contact Name: Click or tap here to enter text.

PBM Contact Email: Click or tap here to enter text.

Under section 103, the transparency report data should contain information on each health insurer client, which is defined as both a health insurer and a health benefit plan offered by a health insurer.

"Health benefit plan" Is defined as a policy, contract or certificate entered into, offered, issued or renewed by a health insurer to provide, deliver, arrange for, pay for or reimburse any of the costs of physical, mental or behavioral health care services. The term does **not** include Medicare supplement or accident only, fixed indemnity, limited benefit, credit, dental, vision, specified disease, TRICARE supplemental insurance, long-term care or disability income, workers' compensation or automobile medical payment insurance.