

**Pharmacy Benefit Manager Network Adequacy Report**

***Network Narrative (Part 2)***

Act 77 of 2024, the Pharmacy Benefit Reform Act, was signed into law on July 17, 2024. Act 77 expands the Insurance Department's regulatory authority over Pharmacy Benefit Managers (PBMs), which includes an annual submission of a network adequacy report describing the PBM network's accessibility in this Commonwealth.

The PBM Network Adequacy Report is comprised of two parts. The first part is an excel template needed to capture data and details about the PBM Network (Part 1). The second part is a word document to collect more narrative details, the PBM Network Narrative (Part 2). Parts 1 and 2 of the PBM Network Report are due April 1, 2026, and annually thereafter.

Submission Instructions:

To be announced closer to April 1, 2026. All questions should be submitted to the Insurance Department by emailing [RA-IN-PBM@pa.gov](mailto:RA-IN-PBM@pa.gov). Consistent with the law, the Department will post the reports 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.

**PBM Details:**

PBM Mail Order Distributor Name: Click or tap here to enter text.

Is the Mail Order Distributor an affiliate of the PBM? Choose an item.

**Network Change Impact Analysis:**

1. List all material changes in this network submission from the PBM’s previous network submission. Examples include but are not limited to: Material changes to the number of pharmacies, a reduction of pharmacies within a specific geographic location, a reduction of a type(s) of pharmacy(ies), or the removal of a pharmacy chain serving multiple locations. Click or tap here to enter text.
2. List all material changes the PBM is planning to make or anticipates may occur in the next twelve months. Include details regarding discussions or negotiations that may result in a loss of in-network pharmacies. The PBM may assert confidentiality as to this response; if confidentiality is asserted, a redacted version of the Network Narrative should be provided for public posting. Click or tap here to enter text.

**Accessibility Analysis:**

1. Describe the process for a pharmacy to join the PBM’s network or participate in a single case agreement. Click or tap here to enter text.
2. Describe how cost sharing, coinsurance, copays, etc. vary for consumers when filling their drugs at different in-network pharmacies. Click or tap here to enter text.
3. Describe if out of pocket costs will differ if filling the same prescription at different pharmacies within the same tier. Click or tap here to enter text.
4. List all counties the PBM is looking to expand into and indicate the type of in-network pharmacy(ies) to be added (Retail, Specialty, Mail Order). The PBM may assert confidentiality as to this response; if confidentiality is asserted, a redacted version of the Network Narrative should be provided for public posting.

Click or tap here to enter text.

1. Explain how your company and affiliates comply with Sections 602 and 603 of Act 77 of 2024. Click or tap here to enter text.

**Transparency Details:**

1. Provide the URL where consumers can find the PBMs Drug Exception procedures. Click or tap here to enter text.
2. Provide the URL where consumers can find out how to submit a complaint to the PBM, insurer, and/or Insurance Department. Click or tap here to enter text.
3. Upon submission of this Network Narrative, include a copy of your Drug Exception Policy relating to the Drug Exception process.
4. Consumer Complaints – For the previous plan year, identify the following for each health benefit plan covered by the PBM network. Add more columns if needed.

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| --- | --- | --- |
| **Health Benefit Plan Client Name (Health Insurer)** | **Number of Consumer Complaints Regarding Access to Pharmacies** | **Number of Consumer Complaints Resolved** |
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