



# STATE OF INDIANA

ERIC J. HOLCOMB, GOVERNOR

## Indiana Department of Insurance

Holly W. Lambert, Commissioner  
311 W. Washington Street, Suite 103  
Indianapolis, Indiana 46204-2787  
Telephone: 317-232-3520  
Fax: 317-232-5251  
Website: [in.gov/doi](http://in.gov/doi)

Dear Complainant:

Thank you for taking the time to contact the Indiana Department of Insurance. The Department will keep you informed of the status and disposition of your complaint. The complaint process is as follows:

- The complaint is processed within three (3) business days of receipt.
- You will receive a confirmation letter from the PBM Division acknowledging receipt of your complaint. In the confirmation letter your case number is listed along with the name of the PBM Division Investigator handling your complaint. Please refer to this case number for any further correspondence to the Division regarding your complaint.
- Your complaint, along with a letter from the Department, is sent to the pharmacy benefit manager the complaint is against. In accordance with Indiana law, the pharmacy benefit manager has twenty (20) business days to respond in writing back to the IDOI.
- After receipt of the response, the IDOI will send you a copy of the company's response along with our response or recommendation.
- During the investigation, the PBM Division may ask for additional responses or documentation regarding the compliant.
- **If you are a consumer with a complaint against a PBM, please submit your complaint via the Consumer Services Division at <https://www.in.gov/doi/consumer-services/complaints/>**

ACCREDITED BY THE NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES 317-232-2389    COMPANY COMPLIANCE 317-232-3495    CONSUMER SERVICES 317-232-2395/1-800-622-4461    FINANCIAL SERVICES 317-232-2390    MEDICAL MALPRACTICE 317-232-5253    COMPANY RECORDS 317-232-2383    STATE HEALTH INSURANCE PROGRAM 1-800-452-4800



INDIANA DEPARTMENT OF INSURANCE  
PHARMACY BENEFIT MANAGER DIVISION  
311 West Washington Street, Indianapolis, Indiana 46204  
(317) 232-2395 or (800) 622-4461

Send completed form to [pbmcompliance@idoi.in.gov](mailto:pbmcompliance@idoi.in.gov)

### **Pharmacy Benefit Manager Complaint Form**

In accordance with Indiana Code §27-1-24.5-22.6, before you file a request for assistance with a Maximum Allowable Cost Appeal, you must first file an appeal with the Pharmacy Benefit Manager (PBM). For complaints related to drugs on the MAC list this complaint form should only be used after you have exhausted all appeal rights with the PBM.

#### **1.) Complainant Information:**

Pharmacist/Authorized Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Pharmacy Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of PSAO (if applicable): \_\_\_\_\_

**2.)** Is this complaint related to an unlawful contractual provision regarding reimbursement rates? **Yes No**

If yes, then skip to number 4

**3.) Appeal Information:**

PBM: \_\_\_\_\_

Health Plan Name: \_\_\_\_\_

BIN/PCN/Group/ID: \_\_\_\_\_

Date of the Appeal and Date of PBM Response: \_\_\_\_\_

Rx Number: \_\_\_\_\_

Product Name/NDC: \_\_\_\_\_ Qty Dispensed \_\_\_\_\_

Date of Service: \_\_\_\_\_ Date of Denial: \_\_\_\_\_

Reimbursed Amount: \_\_\_\_\_

Synopsis of Complaint, please provide specific details including the reason for denial, and any details of previous contact with the PBM regarding the matter:

Have you previously reported this problem to us or any other governmental agency? **Yes** **No**  
If yes, which agency and what action was taken? \_\_\_\_\_

Expected Resolution: \_\_\_\_\_

Attach a copy of the denial and any other additional documents that help verify or explain the complaint.

**4.) Please send completed form to [pbmcompliance@idoi.in.gov](mailto:pbmcompliance@idoi.in.gov)**