

## Pharmacy Benefit Manager

### WHAT IS A PHARMACY BENEFIT MANAGER?

A Pharmacy Benefit Manager contracts with an insurer or other third-party payor, to manage the prescription drug coverage provided by the insurer or other third-party payor. This includes:

- Processing and payment of claims for prescription drugs
- Performing drug utilization review
- Processing drug prior authorization requests
- Adjudication of appeals or grievances related to prescription drug coverage
- Contracting with network pharmacies
- Controlling the cost of covered prescription drugs

### WHO MUST BE LICENSED?

All Pharmacy Benefit Managers who perform services for a health plan subject to Arizona jurisdiction are required to apply.

Workers' Compensation Insurers performing services under A.R.S. Title 23 are not required to apply for a Pharmacy Benefit Manager Certificate of Authority.

### BEFORE APPLYING:

See the [Arizona Revised Statutes Title 20, Chapter 25](#).

See Arizona Administrative Code Chapter 20 Article 25 (AAC R20-6-2501 et seq.)

**Form E-150: Application for Pharmacy Benefit Manager Certificate of Authority**

<b>SECTION A: Applicant Identity</b>			Date Application Completed	
<b>IMPORTANT</b>		A business-entity applicant must be organized in good standing with the appropriate government agency. Update outdated information with the other government agency before submitting this application to the Dept. of Insurance and Financial Institutions.		
Applicant Legal Name (per Arizona Corporation Commission records)			FEIN#	
DBA Name (if Applicable):			State Incorporated / Organized	
<b>Type of Entity:</b>		<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____		
<b>SECTION B: Contact Information</b>				
Mailing Address		City	State	Zip Code
Main Administrative Office Address		City	State	Zip Code
Area Code and Phone Number	Toll Free Phone Number		Fax Number	
<b>Designated Primary Contact Information</b>				
Contact Person – Name			E-mail Address	
Title			Phone Number	
<b>Service of Process</b>				
Contact Person – Name			E-mail Address	
Mailing Address		City	State	Zip Code
Title			Phone Number	
<b>SECTION C: Certificated of Good Standing</b>				
<p>To order a Certificate of Good Standing, go to the Arizona Corporation Commission Online Services page (<a href="https://ecorp.azcc.gov/OnlineMenu/GetMenuItems">https://ecorp.azcc.gov/OnlineMenu/GetMenuItems</a>) and select "Certificate of Good Standing". Document fees apply.</p> <p>A.R.S. § 20-3333(B)(1)(f)</p>				
<b>SECTION D: Organizational Documents</b>				
<p>Attach copies of all basic organizational documents of the Pharmacy Benefit Manager, including articles of incorporation, bylaws, articles of association and trade name certificate, any other similar documents and all amendments to the documents. A.R.S. § 20-3333(B)(1)(b)</p>				

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**SECTION E: Description of Pharmacy Benefit Manager and it's services, facilities and personnel**

**SECTION F: Administrative action of another state**

1. Has the Pharmacy Benefit Manager had a Pharmacy Benefit Manager certificate of authority or license revoked for cause in any other state? A.R.S. § 20-3333(E)
2.
  - YES. ENCLOSE a copy of the complaint and the filed adjudication or settlement for each matter.
  - NO.

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<b>SECTION G: Responsible Individual</b>	
<p>1. Does the Pharmacy Benefit Manager conduct Utilization Review in Arizona A.R.S. §20-2502?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>2. Is the Pharmacy Benefit Manager registered as a Utilization Review Agent in Arizona?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<b>SECTION H: Responsible Individuals</b>	
2. How many individuals are responsible for the Pharmacy Benefit Manager's affairs? Include in your count	Count
<p>1. All individuals who are responsible for the conduct of the activities of the pharmacy benefit manager.</p> <p>ENCLOSE Form E-150-B to report the name and title of each individual included in the count in this section (above) and ENCLOSE NAIC Biographical Affidavit Form 11 for each individual listed on Form E-150-B. A.R.S. § 20-3333(B)(d).</p> <p>IMPORTANT! The Department will investigate information provided and may deny a license if the applicant fails to provide complete and truthful information about itself and the individuals responsible for the Pharmacy Benefit Manager's affairs.</p>	
<p>2. Did any NAIC Biographical Affidavit Form 11 contain a "Yes" response to one or more questions in Item 11? A.R.S. § 20-3333(F)(4)</p> <p><input type="checkbox"/> YES, ENCLOSE a copy of the complaint and the filed adjudication or settlement for each matter.</p> <p><input type="checkbox"/> NO</p>	

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SECTION I: AFFIDAVIT of an officer of the applicant authorized by the applicant to verify the facts stated in the application A.R.S § 20-3333(B)(1)(h)	
<p>I, _____ (name of officer) being duly          Sword, depose and say that I am the _____ (title of Officer)          Of _____ (Applicant)</p> <p>AND that I am duly authorized to bind the applicant,          AND that all information provided in all sections of this application and in all enclosures herewith are true and correct to the best of my knowledge and belief,          AND that I understand any misrepresentation or omission of a material fact in this application or the enclosures herewith is a ground for denial or revocation of the Certificate of Authority,          AND that all business practices and each ongoing Arizona Contract comply with all Laws of the State of Arizona.          I acknowledge that I am familiar with the insurance laws and regulations of the State of Arizona, including but not limited to A.R.S. Title 20, Chapter 25, Articles 1, 2 and 3 (A.R.S. § 20-3321 et seq.), and I shall comply with the laws of the State of Arizona.</p> <p style="text-align: center;">           _____            Signature         </p> <p style="text-align: center;">           _____            Date         </p>	

**Filing Instructions**

Submit payment and all required document via OPTins.  
 Email a copy of the OPTins confirmation to [FinancialFilings@difi.az.gov](mailto:FinancialFilings@difi.az.gov).

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**A.R.S. § 41-1030(G) requires most Arizona government agencies to prominently print the provisions of A.R.S. § 41-1030(B), (D), (E) and (F) on all license applications.** The following is the language in A.R.S. § 41-1030(B), (D), (E) and (F): **B.** An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition. **D.** This section may be enforced in a private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section. **E.** A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency's adopted personnel policy. **F.** This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.