



South Carolina Department of Insurance
 1201 Main Street Suite 1000
 Columbia, SC 29201

Office of PBM Oversight
 P.O. Box 100105, Columbia, S.C. 29202-3105
 Telephone: (803) 734-0398
 Fax: (803) 737-1605
 Email: PBMDept@doi.sc.gov

Pharmacy Benefit Manager (PBM) Complaints Form

This complaint form is for pharmacies or interested parties to file complaints with the South Carolina Department of Insurance relating to pharmacy benefit manager (PBM) services. Please complete all fields and mail, email or fax the completed form to the address above with associated documentation.

Note: SC law requires pharmacies to make reasonable efforts to exhaust a PBM’s internal appeal requirements prior to filing a complaint with the SCDOI. You must provide a copy of the appeal outcome with your complaint submission or explain why you have not exhausted the internal appeals process as a part of your complaint submission.

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|-------------------------|-----------------------|
| Pharmacy Name: | NCPDP#: |
| Mailing Address: | Contact Email: |
| Contact Person: | Phone #: |

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|--------------------------------------|-----------------------|
| Name of PSAO (if applicable): | Contact Email: |
| Contact Person: | Phone #: |

| | |
|---|-------------------|
| Name of Health Plan (if known): _____ | PCN: _____ |
| Member/Subscriber ID: _____ | BIN: _____ |
| <p>Please Note: The SCDOI does not have regulatory authority over the following health plan types: ♦Self-Insured Groups ♦Out-of-State Plans ♦Federal Healthcare Programs (e.g., Medicaid, Medicare, TRICARE, Veterans Health Administration, Indian Health Services, Children’s Health Insurance Program)</p> | |

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| Name of PBM: <input type="checkbox"/> CVS/Caremark <input type="checkbox"/> Express Scripts <input type="checkbox"/> OptumRx <input type="checkbox"/> Other: _____ |
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