

## PBM COMPLAINTS

**Email to:** beth.barrington@arkansas.gov  
(501)683-6587

**Mail Address:** 1 Commerce Way Ste102  
Little Rock, AR 72202

**PBM:**            **CVS/Caremark**      **Express Scripts**      **OptumRX**      **Other** \_\_\_\_\_

**PHARMACY** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**MAC Complaint** \_\_\_\_\_

**Waive MAC for NADAC** \_\_\_\_\_

**NADAC Complaint** \_\_\_\_\_

**OTHER** \_\_\_\_\_

**RX#** \_\_\_\_\_ **NDC#** \_\_\_\_\_ **DRUG** \_\_\_\_\_

**QUANTITY** \_\_\_\_\_ **FILL DATE** \_\_\_\_\_ **AMOUNT PAID** \_\_\_\_\_

Please include copies of invoices, MAC appeals and replies.

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