

Pharmacy Benefit Manager Contract Form Filing Instructions

Insurance Article §15-1628 requires Pharmacy Benefit Managers (PBMs) to file Contract forms with the Commissioner before use.

Contract forms which must be filed include contract forms and amendments between a PBM and a:

- Pharmacy; and
- Pharmacy Services Administration Organization (“PSAO”).

PBMs should file electronically as noted below. The MIA will accept paper filings. Both electronic and paper forms submissions must be filed according to the following instructions:

1. Each filing must include:
 - A cover letter that contains:
 - a. a list of the contract forms and amendments being submitted,
 - b. a brief description of the purpose of each form. For example, if the filing is for a completely new contract template, is a Maryland specific amendment form, or the form will only be used when contracting with a certain type of pharmacy.
 - A completed Pharmacy Benefits Manager Contract Checklist.
 - A signed certification from an officer of the company in accordance with COMAR 31.10.48.03H
2. Each form should be identified by a form number placed in the lower left hand corner of the forms.
3. Forms and amendments, along with the cover letter, certification and Pharmacy Benefits Manager Contract Checklist should be submitted to pbmsubmissions.mia@maryland.gov.
4. All items in the Submittal Form must be completed. All submitted documents must be attached and must be in PDF format. PDFs should not be submitted with security features that block the “Compare Documents” tool in Adobe Acrobat, unless the PBM provides a password to disable those features.
5. If submitting paper copies, forms and amendments should be mailed to:

Maryland Insurance Administration
Life and Health Division/Rates and Forms
200 St. Paul Place, Suite 2700
Baltimore, Maryland 21202

Questions related to filing these forms may be submitted to the Maryland Insurance Administration at pbmsubmissions.mia@maryland.gov or by calling Karen Lam at 410-468-2212.