



# Pharmacy Benefit Manager Annual Report Form

## A. Introduction

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New York law requires that each Pharmacy Benefit Manager (PBM) complete and submit an Annual Report to the New York State Department of Financial Services' (DFS) Bureau of Pharmacy Benefits by no later than July 1 each year.

Completion of this Annual Report Form and the Annual Report spreadsheet, and submission of both as well as the other required documents will constitute the first annual report. The first annual report is due on or before July 1, 2022.

Failure to complete an Annual Report may result in a civil penalty.

## B. General PBM Information

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PBM's Full Legal Name
New York State PBM Registration Number

## C. Instructions

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The documents in the checklist under Part D must be completed and/or compiled and submitted, using the naming conventions listed for each document. **Do not change the file format** in this Annual Report Form or the Annual Report Spreadsheet.

Definitions of terms, phrases, and field names used throughout this form and the accompanying spreadsheet are located in the [Definitions] and [Data Dictionary] tabs of the spreadsheet.

Read the Industry Letter published May 3, 2022 for further guidance.

The primary contact person listed in the PBM registration application will receive a link shortly after the application is submitted to file the Annual Report. If a link is not received within one week of submission, contact the Department.

All documents must be compressed into a single zip folder for upload, using the following naming convention for the folder: "(PBM's Full Legal Name) AR 2022".

For questions, email [pbm@dfs.ny.gov](mailto:pbm@dfs.ny.gov).

## D. Checklist

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Complete/compile the documents listed below and then check the boxes:

<input type="checkbox"/> Annual Report Form (this document) <ul style="list-style-type: none"> <li>▪ “Form AR 2022 (PBM’s Full Legal Name).pdf”</li> <li>▪ Note: Must be submitted in PDF format</li> </ul>
<input type="checkbox"/> Annual Report Spreadsheet <ul style="list-style-type: none"> <li>▪ “Spreadsheet AR 2022 (PBM’s Full Legal Name).xlsx”</li> <li>▪ Note: Must be submitted in Excel format</li> </ul>
<input type="checkbox"/> A detailed corporate/ownership organizational chart (schematic or table format) displaying a reporting and relationship hierarchy and structure beginning at the PBM and continuing until no party owns 10% or greater of the previous company <ul style="list-style-type: none"> <li>▪ “Organizational Chart AR 2022 (PBM’s Full Legal Name).pdf”</li> <li>▪ Note: Must be submitted in PDF format</li> </ul>
<input type="checkbox"/> A copy of <b>each</b> contract or arrangement entered into or agreed upon between the PBM and a State-regulated health plan, as defined in the [Definitions] and [Data Dictionary] tabs of the spreadsheet, that was in effect during the prior calendar year <ul style="list-style-type: none"> <li>▪ “(State-Regulated Health Plan Name (NAIC)) AR 2022 (PBM’s Full Legal Name).pdf”</li> <li>▪ Note: Must be submitted in PDF format</li> </ul>
<input type="checkbox"/> The most recently concluded fiscal year-end financial statement for the PBM prepared on a generally accepted accounting basis including assets, liabilities, and net worth (balance sheet); and the results of operations (income statement) <ul style="list-style-type: none"> <li>▪ “Financial Statement AR 2022 (PBM’s Full Legal Name).pdf”</li> <li>▪ Note: Must be submitted in PDF format</li> </ul>

**E. Pharmacies in New York State**

Read the statements below and then check the applicable box for each statement.

<p>I hereby certify that all contracts with pharmacies located in New York State, directly or through a pharmacy services administrative organization, comply with section 280-a(4) of the Public Health Law.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>
<p>I hereby certify that all contracts with pharmacies located in New York State, directly or through a pharmacy services administrative organization, comply with section 280-a(5) of the Public Health Law.</p> <p><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>

**F. Attestation**

The Annual Report must be signed and sworn to by an individual who is the Chief Executive of the PBM.

Full Legal Name of Chief Executive of the PBM
Position/Role

Read the statements below carefully and then check the boxes:

- I swear and affirm, under penalty of perjury, that the statements made in this Annual Report, including statements made in accompanying papers, have been examined by me and to the best of my knowledge and belief are true, correct, and complete.
- I understand that false statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

Signature

Date