

PBM Complaints (Pharmacy Submitted)

Your First Name *

Your Middle Name

Your Last Name *

Pharmacy Name *

NCPDP / NABP Number

Pharmacy Address *

Pharmacy Address (line 2 if needed)

City *

State *

Zip *

Pharmacy Phone (your phone number) *

+1 (____)_____-____

Pharmacy Email Address *

How do you prefer to be contacted? *

- Phone
 Email

Is the insured/patient aware of this complaint? *

- Yes
 No

Insured's First Name *

Insured's Middle Name

Insured's Last Name *

Insured's Address

Insured's City

Insured's Zip

Insured's Date of Birth

Insured's Phone Number *

+1 (____) _____ - _____

Insured's Email Address

Name of Insurance Company

Pharmacy Benefit Manager *

Insured's Member ID Number *

Prescription RxBIN *

Prescription Rx Group Number *

Prescription Rx PCN

Network Reimbursement ID (if known)

This info should be returned from the PBM with associated reimbursement information.

Prescription Rx Number *

Medication Name *

National Drug Code (NDC) *

Date Filled *

Days Supplied *

Quantity Filled *

What is the nature of your complaint? (Select all that apply) *

Licensure

- PBM is not licensed. [Neb. Rev. Stat. §44-4605; 1](#)

MAC List

- PBM did not provide price source information within one business day of pharmacy's request. [Neb. Rev. Stat. §44-4608](#)
- PBM did not update MAC price every seven days, and/or note comparison to the prior list. [Neb. Rev. Stat. §44-4608; 1a](#)
- PBM did not provide access to current price information. [Neb. Rev. Stat. §44-4608; 1a, 1c](#)
- Products did not remove products from the MAC list that should not be listed. [Neb. Rev. Stat. §44-4608; 1b, 2](#)

Appeals

- PBM granted appeal but did not apply retroactively. [Neb. Rev. Stat. §44-4608; 4b](#)
- PBM did not provide an NDC number of a product that can be purchased/available at or below the price provided. [Neb. Rev. Stat. §44-4608; 3c](#)
- PBM did not provide a reason for the denial or denied appeal. [Neb. Rev. Stat. §44-4608; 3c](#)
- PBM did not respond to appeal within statutory timeframe. [Neb. Rev. Stat. §44-4608; 3a, 3b](#)
- PBM did not provide a contact number where pharmacy can reach PBM personnel processing of appeals or provide reasonable appeal process/procedure. [Neb. Rev. Stat. §44-4608; 3](#)
- Medication cost was different from another in-network location. [Neb. Rev. Stat. §44-4607; 1c](#)
- Contract restriction related to consumer cost share (copay) discussion. [Neb. Rev. Stat. §44-4606; 2, 5a, 5b](#)
- PBM contract that disincentivizes Pharmacy staff from discussing price and copay comparisons with consumers. [Neb. Rev. Stat. §44-4606; 1e, 2](#)
- Network consumer share (copay) differential. [Neb. Rev. Stat. §44-4606; 5a](#)
- Pharmacy Requested and Not Offered or Denied Entry to Network. [Neb. Rev. Stat. §44-4606; 1 & Neb. Rev. Stat. §44-4609; 1](#)
- PBM Retroactively Denied or Reduced Rx Claim Payment or reimbursement under cost. [Neb. Rev. Stat. §44-4609; 1](#)
- Issue concerning a Discount Card (GoodRx, CheaperRx, SinglecareRx, WellRx, etc.). [Neb. Rev. Stat. §44-4609; 1, 2](#)

Audits

- Potential violation of the Nebraska Audit Requirements. [Neb. Rev. Stat. §44-4607](#)
- Received any audit or review of a claim prior to reimbursement (Daily Claim Review, Claim Audit, Prepay Validation Request, Quality Assurance Review, etc.). [Neb. Rev. Stat. §44-4607](#)

Other

- Something else (please enter a brief description of issue)

Fill out the Pharmacy Benefit Manager (PBM) complaint form and return it to the Department at doi.insurancecomplaints@nebraska.gov or mail to:

Nebraska Department of Insurance
P.O. Box 95087
Lincoln, NE 68509-5087