



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.

Table with 2 columns: Pharmacy Name, Mailing Address, Contact Person, NCPDP#, Contact Email, Phone #.

Table with 2 columns: Name of PSAO (if applicable), Contact Person, Contact Email, Phone #.

Name of Health Plan (if known): PCN:
Member/Subscriber ID: BIN:
Please Note: The SCDOI does not have regulatory authority over the following health plan types:
Out-of-State Plans Government Healthcare Programs (e.g., Medicaid, Medicare, TRICARE, Veterans Health Administration, Indian Health Services, Children's Health Insurance Program and State Health Insurance)

Name of PBM:
CVS/Caremark Express Scripts OptumRx Other:



