



**PHARMACY BENEFITS MANAGER (PBM)  
FILING INSTRUCTIONS and REGISTRATION CHECKLIST  
18 DE Admin. Code 1411**

**FILING INSTRUCTIONS:**

Please submit a cover letter, **\$1,000 non-refundable** registration fee, completed checklist and all required registration materials.

**Registration items must be clearly marked with the corresponding # from the checklist.** (i.e. 1.1, 1.2 etc.) Failure to submit all items as requested will result in the registration being denied.

Make checks payable to **Delaware Department of Insurance** and mail to:

Delaware Department of Insurance  
Attn: BERG  
1351 West North Street, Suite 101  
Dover, DE 19904

PBM General Information	
PBM Name:	
Trade/DBA Name: (must register with the Prothonotary of each County in which company does business)	
Domiciled State:	
FEIN#:	
Date of Incorporation/Formation:	
Address:	
Phone Number:	
Email Address:	
Website:	

PBM Application Contact Person or Registration Preparer Information (required)			
Name:			
Address:			
Phone Number:		Email Address:	

**CHECKLIST:**

✓	REQUIRED ITEMS
<b>1. Applicant Information</b>	
<input type="checkbox"/>	1.1. Name, address, telephone and email address
<input type="checkbox"/>	1.2. Agent for Service of Process – <a href="#">UCAA Form 12</a>
<input type="checkbox"/>	1.3. Name and address of each person beneficially interested in the applicant's business (e.g. ownership of 10% or more)
<input type="checkbox"/>	1.4. Name and address of each office and director
<input type="checkbox"/>	1.5. Registration fee \$1,000 pursuant to <a href="#">18 Del. C. 3353A (c)(2)</a>
<b>2. Organization and Background Information</b>	
<input type="checkbox"/>	2.1. All basic organizational documents of the applicant, including any of following that are applicable to the applicant's organization: <ul style="list-style-type: none"> <li><input type="checkbox"/> Articles of Incorporation and all amendments</li> <li><input type="checkbox"/> Articles of Association and all amendments</li> <li><input type="checkbox"/> Partnership Agreement and all amendments</li> <li><input type="checkbox"/> Trade Name Certificate and all amendments</li> <li><input type="checkbox"/> Trust Agreement and all amendments</li> <li><input type="checkbox"/> Shareholder Agreement and all amendments</li> <li><input type="checkbox"/> Other applicable documents and all amendments</li> </ul>
<input type="checkbox"/>	2.2. The bylaws, rules, regulations or similar documents regulating the internal affairs of the applicant
<input type="checkbox"/>	2.3. Biographical affidavit ( <a href="#">UCAA Form 11</a> ) of each individual responsible for the conduct of affairs of the applicant, including; <ul style="list-style-type: none"> <li>2.3.1. All members of the board of trustees, executive committee or other governing board or committee;</li> <li>2.3.2. The principal officers in the case of a corporation or the partners or members in the case of a partnership, association or limited liability company;</li> <li>2.3.3. Any shareholders or members holding directly or indirectly ten percent (10%) or more of the voting stock, voting securities or voting interest of the applicant; and</li> <li>2.3.4. Any other person who exercises control or influence over the affairs of the applicant.</li> </ul>
<b>3. Business Plan Information - Statement describing business plan to include:</b>	
<input type="checkbox"/>	3.1. Staffing levels and activities proposed in Delaware and nationwide; and
<input type="checkbox"/>	3.2. Details concerning the applicant's capability for providing a sufficient number of experienced and qualified personnel in the areas of claims processing and record keeping; and
<input type="checkbox"/>	3.3. A list of all insurers for whom applicant provides pharmacy benefits management services in this State.

<b>4. Information on the applicant's compliance with 18 Del.C. Ch. 33A requirements, to include:</b>	
<input type="checkbox"/>	<p>4.1. A copy of the PBM's standard, generic contract template, provider manual or other appropriate items incorporated by reference that the PBM uses for contracts entered into by the PBM with pharmacists, pharmacies or pharmacy service administration organizations in this State in administration of pharmacy benefits for insurers.</p> <p>Initial here ____ to certify that the PBM's contract provisions with their contracted pharmacies comply with Chapter 33A.</p>
<input type="checkbox"/>	<p>4.2. A copy of the PBM's written policies and procedures which demonstrate the applicant has compliant processes established to adhere to the following:</p> <p>4.2.1. Appeals and dispute resolution process as required by <a href="#">18 Del.C. § 3324A</a>;</p> <p>4.2.2. The requirements for maximum allowable cost pricing set forth in <a href="#">18 Del.C. § 3323A</a>;</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No – Does your company engage in MAC pricing?  If you answered yes, please initial here ____ to certify your company's understanding of, and compliance with, the requirements of Section 3323A.</p> <p>4.2.3. Audit Integrity Program set forth in <a href="#">18 Del. C. §§ 3301A-3310A</a>.  Initial here ____ to certify that the PBM has procedures in place to comply with the Audit Integrity Program and the appeals process.</p>
<input type="checkbox"/>	<p>4.3. Such other pertinent information as may be required by the Commissioner. <i>Note:</i> The applicant will be contacted directly if additional information is required.</p>
<b>5. Responses to additional questions pursuant to 18 DE Admin Code 1411-5.3.1 and 6.1.1.3</b> Please read the following very carefully and answer each question. All written statements submitted by the Applicant must include an original signature.	
<input type="checkbox"/>	<p>5.1 Has the PBM or any owner, partner, officer or director of the PBM, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p>

	<p>If you answer yes to any of these questions, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a.) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,</li> <li>b) a copy of the charging document,</li> <li>c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</li> </ul>
<input type="checkbox"/>	<p>5.2 Is the PBM or any owner, partner, officer or director of the PBM, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident,</li> <li>b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and</li> <li>c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.</li> </ul>
<p><b>6. Attestation and Notarization – refer to page 5</b></p>	

**NOTE:**

A PBM who is registered or who is applying for registration as a PBM shall, **within 15 business days**, notify the Commissioner of any material change in its ownership, control, or other fact or circumstance affecting its qualification for a registration certificate in this state.

Additionally, a pharmacy benefits manager who is applying for registration or who is registered as a PBM shall make available for inspection by the Commissioner copies of each permit issued to each nonresident pharmacy under [24 Del. C. §2535](#) that the pharmacy benefits manager uses to ship, mail, or deliver prescription drugs or devices in this state.

Questions may be directed to [doipbm@delaware.gov](mailto:doipbm@delaware.gov).

**ATTESTATION AND NOTARIZATION**

I subscribe and affirm, under penalty of perjury, that the statements made in this application, 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, and that I am duly authorized to execute this affirmation.

\_\_\_\_\_  
(Authorized Representative - Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

**NOTARIZATION**

SWORN TO AND SUBSCRIBED before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Commission Expires: \_\_\_\_\_