



**THE STATE OF NEW HAMPSHIRE  
INSURANCE DEPARTMENT**

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CONCORD, NEW HAMPSHIRE 03301

Christopher R. Nicolopoulos  
Commissioner

David J. Bettencourt  
Deputy Commissioner

Bulletin

Docket No: INS 21-104-AB

To: All Registered Pharmacy Benefits Managers  
From: Christopher R. Nicolopoulos, Esq., Commissioner *C.R.N.*  
Date: December 17, 2021  
Re: Annual PBM Data Reporting Requirements

This bulletin is intended to remind all registered Pharmacy Benefit Managers (PBMs) of their annual data reporting obligations and to provide additional guidance regarding how to submit the required data to the Department. PBMs are required to submit, annually, with their renewal applications an electronic workbook that includes certain data. *See* RSA 402-N:6 and Administrative Rule Ins 2704.04. This reporting requirement is separate and distinct from the insurer reporting requirement relating to rebates provided in RSA 415-A:7.

PBMs must submit the required data using the “PBM Annual Rebate Summary Template” available on the Department’s website at: <https://www.nh.gov/insurance/companies/applications/documents/pbm-annual-rebate-summary-template.xlsx>. The completed PBM Annual Rebate Summary Template and a PBM renewal application must be emailed to Tracey Russo, Financial Records Auditor at [Tracey.L.Russo@ins.nh.gov](mailto:Tracey.L.Russo@ins.nh.gov). Renewal fees must be mailed to the Financial Regulation Division, Insurance Department, 21 South Fruit St., Suite 14, Concord, NH 03301. Any renewal applications submitted without the PBM Annual Rebate Summary Template or renewal fee will be considered incomplete. Complete renewal applications must be received by the Department no later than March 1 each year.

Any entity that manages the prescription drug coverage provided by the health carrier is encouraged to review the Department’s prior bulletins INS 19-028-AB (“Registration of all Pharmacy Benefit Managers”) and INS 21-001-AB (“Clarification of Registration Requirements”) to ensure they are in compliance with state law.