

**APPLICATION FORM FOR PHARMACY BENEFIT MANAGER CONDITIONAL  
LICENSE CALIFORNIA HEALTH AND SAFETY CODE SECTION 1385.009<sup>1, 2</sup>  
KNOX-KEENE HEALTH CARE SERVICE PLAN ACT**

Date Submitted:

Original Application Form for Pharmacy Benefit Manager License

Please confirm the Pharmacy Benefit Manager understands the following by checking the boxes below:

A Pharmacy Benefit Manager (PBM)<sup>3</sup> applying for licensure shall reimburse the director for the actual cost of processing the application, including overhead, up to an amount not to exceed twenty-five thousand dollars (\$25,000). The cost shall be billed not more frequently than monthly and shall be remitted by the Applicant to the director within 30 days of the date of billing. The Director shall not issue a license to an Applicant before receiving payment in full from the Applicant for all amounts charged pursuant to this subdivision. (Section 1385.0016(a).)

A Pharmacy Benefit Manager License obtained pursuant to Section 1385.009 is not transferable and after January 1, 2027, a person shall not engage in business as a pharmacy benefit manager for a payer in this state unless that person has first secured a license from the director. (Section 1385.008.) Additionally, submission of information within this form does not satisfy the requirement to submit each exhibit as requested as part of the application for licensure process.

1. Legal name of the PBM (Person or Entity) (Sections 1385.009 and 1351):

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<sup>1</sup> California Health and Safety Code sections 1340 et seq. (the "Act"). References herein to "Section" are to sections of the Act. References to "Rule" refer to the California Code of Regulations, title 28.

<sup>2</sup> This Form is created to assist in obtaining a conditional license to operate as a Pharmacy Benefit Manager beginning on 1/1/2027. A Pharmacy Benefit Manager is required to complete the filing for a license prior to the expiration of the conditional license.

<sup>3</sup> Pharmacy Benefit Manager (PBM) is defined at Section 1385.001(t).

Fictitious name(s) used in connection with the operation of the PBM:

*If none, specify "N/A"*

2. Address of the PBM:

*Street Address or PO Box Number*

*City, State and Zip Code*

Mailing Address, if different:

*Street Address or PO Box Number*

*City, State and Zip Code*

Phone Number of PBM (include area code):

Email Address of PBM:

3. Identify by legal name and dba each payer<sup>4</sup> with which the PBM contracts in the state of California. (If space is insufficient, please file an attachment to the application form and title the attachment "Response to Item 3").

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<sup>4</sup> Payer is defined under Section 1385.001(m).

- 4. Identify all of the health care service plans' product lines for which the PBM contracts in the state of California. Check all that apply.

Cross Border Products	EPO Individual	EPO Large Group
EPO Small Group	HMO Individual	HMO Large Group
HMO Small Group	HSP Individual	HSP Large Group
HSP Small Group	Medi-Cal	POS Individual
POS Large Group	POS Small Group	PPO Individual
PPO Large Group	PPO Small Group	
Other (please specify)		

- 5. Name of the PBM's agent for service of process in the state of California<sup>5</sup> (if not domiciled in this State, please insert "See attachment" and file an Exhibit G-1 as referenced in Rule 1300.51.2:

Address of the PBM's agent for service of process in the state of California:

*Street Address or PO Box Number*

*City, State and Zip Code*

Mailing Address, if different:

*Street Address or PO Box Number*

*City, State and Zip Code*

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<sup>5</sup> For an applicant not domiciled in this State, a power of attorney duly executed appointing the director the true and lawful attorney in fact of the applicant for the purposes of service of all lawful process in a legal action or proceeding against the pharmacy benefit manager on a cause of action arising in this state. (See Section 1385.009(e).)

6. Affirm the Applicant has included as part of this filing the basic organizational documents of the Applicant, such as the articles of incorporation, articles of association, partnership agreement, trust agreement, or other applicable documents, and all amendments to those documents. (Section 1385.009(a).)

Yes

No

7. Affirm the Applicant has included as part of this filing a copy of the bylaws, rules and regulations, or similar documents regulating the conduct of the internal affairs of the Applicant. (Section 1385.009(b).)

Yes

No

8. Affirm the Applicant has included as part of this filing a list of the names, addresses, and official positions of the persons who are to be responsible for the conduct of the affairs of the Applicant, including all members of the board of directors, board of trustees, executive committee, or other governing board or committee, the principal officers, each shareholder with more than 5 percent interest in the case of a corporation, all partners or members in the case of a partnership or association, and each person who has loaned funds to the Applicant for the operations of its business. (Section 1385.009(c).)

Yes

No

9. Has the Applicant, its management company, an affiliate of the Applicant, a controlling person, officer, director, or other person occupying a principal management or supervisory position in the PBM, management company, or affiliate, or a person intended to hold that relationship or position, been convicted of or pleaded nolo contendere to a felony, been held to have committed an act involving dishonesty, fraud, or deceit in a judicial or administrative proceeding to which the person was a party, or has had a license or certificate to operate as a PBM denied or revoked in another jurisdiction within the preceding 10 years? (Section 1385.009(d).)

Yes

No

If yes, explain (if additional space is needed, state "see attached" and provide a separate document to include the required information):

10. Affirm the Applicant has included as part of this filing financial statements accompanied by a report, certificate, or opinion of an independent certified public accountant that demonstrates the financial viability of the Applicant in the manner described in the Pharmacy Benefit Manager Licensure Application Checklist. (Section 1385.009(f).)

Yes

No

11. Affirm the Applicant's business practices and contracts comply with the applicable provisions of this chapter, including the requirements of PBM contracts and business practices set forth in Article 6.1 of the Act. (Section 1385.009(g).)

Yes

No

12. Affirm the Applicant shall comply with all requirements for reporting data to the Department of Health Care Access and Information in accordance with Article 6.1 of the Act and Chapter 8.5 (commencing with Section 127671) of Part 2 of Division 107. (Section 1385.009(h).)

Yes

No

13. Affirm the Applicant has included as part of this filing in an Exhibit E-2 a description of the business operations of the Applicant, including descriptions of its services, facilities and personnel. (Section 1385.009(i).)

Yes

No

14. Affirm the Applicant has included as part of this filing a list of all jurisdictions in which the Applicant operates as a PBM, including those in which the Applicant holds a license, registration or certification as a PBM as described in the Pharmacy Benefit Manager Licensure Application Checklist. (Section 1385.009(j).)

Yes

No

15. Affirm the Applicant has included as part of this filing the Applicant's organization chart or charts that show the lines of responsibility and authority in the administration of the Applicant's business as a PBM in the manner described in the Pharmacy Benefit Manager Licensure Application Checklist. (Section 1385.009(k).)

Yes

No

16. Affirm the Applicant has included as part of this filing a narrative explanation of the organization chart, including the responsibility and authority of each entity, board, committee, and position, and identify the persons who serve on the boards and committees and in those positions in the manner described in Pharmacy Benefit Manager Licensure Application Checklist. (Section 1385.009(k).)

Yes

No

17. Affirm the Applicant has included as part of this filing a list of all pharmaceutical supply chain entities, including drug manufacturers, wholesalers, and distributors, that are contracted or affiliated with the Applicant in the manner described in Pharmacy Benefit Manager Licensure Application Checklist. (Section 1385.009(l).)

Yes

No

18. Affirm the Applicant has included as part of this filing a list of all health care providers, including pharmacies and pharmacists, that are contracted or affiliated with the Applicant in the manner described in Pharmacy Benefit Manager Licensure Application Checklist. (Section 1385.009(m).)

Yes

No

19. Affirm the Applicant has included as part of this filing a list of each payer with which the Applicant is affiliated or has a contract for the provision of pharmacy benefit manager services, including a description of all services provided and the number of individual enrollees covered under the contract or contracts with each payer, in the manner described in Pharmacy Benefit Manager Licensure Application Checklist. (Section 1385.009(n).)

Yes

No

20. Affirm the Applicant has included as part of this filing a description of how the Applicant shall provide for a separation of medical and clinical decision making from fiscal and administrative management to ensure that medical and clinical decisions shall not be unduly influenced by fiscal and administrative management as an Exhibit O-1. (Section 1385.009(o).)

Yes

No

21. Affirm the applicant has included as part of this filing an authorization for disclosure to the director of financial records of the Applicant, including the financial records of an association, partnership, or corporation controlling, controlled by, or otherwise affiliated with the Applicant in the manner outlined in Section 7473 of the Government Code. (Section 1385.0010.)

Yes

No

**Application Form for a Pharmacy Benefit Manager Conditional License Declaration**

*I certify (or declare) under penalty of perjury under the laws of the State of California that I have read the information contained in this Application Form for a Pharmacy Benefit Manager Conditional License including its attachments and know the contents thereof and that the statements therein are true and correct.*

PBM Name:

Signature of Authorized Person:

Printed Name and Title of Authorized Person:

Executed at (City, State and Country):

Date: