

Attestation Pharmacy Benefit Manager Reporting to the  
Oklahoma Office of the Attorney General

In compliance with Title 36 O.S. §§ 6958 - 6968, the Oklahoma Pharmacy Benefits Manager \_\_\_\_\_ herein attached is submitted to be filed with the Oklahoma Office of the Attorney General on behalf of \_\_\_\_\_. I hereby attest to the accuracy of the data and facts represented within this document as of \_\_\_\_\_.

I further attest that the attached reports include data for all claims adjudicated by the PBM at Oklahoma pharmacies, regardless of whether the plan originated in Oklahoma or not, including those claims involving any discount card or discount program.