

**BEFORE THE INSURANCE COMMISSIONER OF THE  
STATE OF OKLAHOMA**

**FILED**

MAY 11 2016

INSURANCE COMMISSIONER  
OKLAHOMA

STATE OF OKLAHOMA, ex rel. JOHN D. )  
DOAK, Insurance Commissioner, )  
 )  
Petitioner, )  
 )  
vs. )  
 )  
MEDALIST RX LLC, )  
a licensed pharmacy benefits manager doing )  
business in the State of Oklahoma, )

Case No. 16-0417-DIS

Respondent.

**CONDITIONAL ADMINISTRATIVE ORDER**  
**AND NOTICE OF RIGHT TO BE HEARD**

COMES NOW the State of Oklahoma, ex rel. John D. Doak, Insurance Commissioner, by and through undersigned counsel, and alleges and states as follows:

**JURISDICTION**

1. John D. Doak is the Insurance Commissioner of the State of Oklahoma and as such is charged with the duty of administering and enforcing all provisions of the Oklahoma Insurance Code, 36 O.S. §§ 101-7301, 59 O. S. §§ 357 et seq. Pharmacy Benefit Plans and O.A.C. 365:25-29-1 et seq. Pharmacy Benefits Managers.

2. Respondent Medalist Rx LLC (“Respondent”) is a licensed pharmacy benefits manager doing business in the State of Oklahoma holding license number 864593. Its address of record with the Department is 10810 E. 45<sup>th</sup> Street, Suite 300, Tulsa, Oklahoma 74146.

**FINDINGS OF FACT**

1. Before March 1 of each year, every PBM providing pharmacy benefits management shall submit to the Insurance Commissioner a report of its financial condition verified by the oath of an executive officer. The report shall be prepared using generally

accepted accounting principles and consist of a balance sheet, income statement, and statement of cash flows. The report may be supplemented by any additional information required by the Insurance Commissioner. O.A.C. 365:25-29-8.

2. The Oklahoma Insurance Department (the “Department”) sent an email to all licensed PBMs on February 11, 2016, instructing where and how to file the report of financial condition. Thereafter, on March 9, 2016, the Department sent an email to all PBM companies who failed to timely file the report of financial condition by March 1 extending the due date for fifteen (15) days.

3. As of the date of this Order, Respondent has failed to file its report of financial condition with the Department as required by O.A.C. 365:25-29-8 nor has it responded with a request for extension of this mandated requirement.

### **CONCLUSIONS OF LAW**

1. Respondent has violated O.A.C. 365:25-29-8 for failing to file its report of financial condition with the Department by March 1.

### **ORDER**

**IT IS THEREFORE ORDERED** that Medalist Rx LLC. is **FINED** in the amount of Five Hundred Dollars (\$500.00) for failing to file its report of financial condition with the Department by March 1.

Respondent is further notified that it may request a hearing within thirty (30) days of the receipt of this Order concerning this action, and upon such request, the Oklahoma Insurance Department shall conduct a hearing before an independent hearing examiner. A request for hearing shall be made in writing to Julie Meaders, Deputy General Counsel, Oklahoma Insurance Department, Legal Division, 3625 NW 56<sup>th</sup> St., Suite 100, Oklahoma City, Oklahoma 73112. If

Respondent does not request a hearing within the thirty (30) days allotted, this Order shall become a **FINAL ORDER** on the 31<sup>st</sup> day following receipt of the Order and the fine ordered shall be due.

The Department may suspend, revoke or refuse to issue or renew a license for nonpayment of a renewal fee or fine. 59 O.S. § 358(D).

WITNESS My Hand and Official Seal this 11 day of May, 2016.



JOHN D. DOAK  
INSURANCE COMMISSIONER  
STATE OF OKLAHOMA

A handwritten signature in blue ink that reads "Julie Meaders".

Julie Meaders  
Deputy General Counsel  
3625 NW 56<sup>th</sup> Street, Suite 100  
Oklahoma City, Oklahoma 73112  
Tel. (405) 522-6330

**CERTIFICATE OF MAILING**

I hereby certify that a true and correct copy of the above and foregoing *Conditional Administrative Order and Notice of Right to Be Heard* was mailed certified, return receipt requested, on this 11 day of May 2016, to:

Medalist Rx LLC  
10810 E. 45<sup>th</sup> Street  
Suite 300  
Tulsa, OK 74146

Certified Mail No.  
7015 3010 0001 4604 0327

Copy to: DeAnn Robinson, APIR  
Financial Division  
Oklahoma Insurance Department

  
\_\_\_\_\_  
Julie Meaders

U.S. Postal Service™  
**CERTIFIED MAIL® RECEIPT**  
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 Adult Signature Restricted Delivery \$ \_\_\_\_\_



Postage  
 \$ \_\_\_\_\_  
**Total Postage and Fees**  
 \$ \_\_\_\_\_

Sent To **Medalist Rx LLC**  
 10810 E. 45th St., Suite 300  
 Tulsa, OK 74146  
 Street and Apt. No., or PO Box No. **rg/16-0417-DIS(JAM)/Cond Adm Ord**  
 City, State, ZIP+4® \_\_\_\_\_

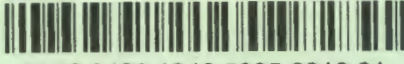
PS Form 3800, April 2015 PSN 7530-02-000-9053

7015 3010 0001 4604 0327

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Medalist Rx LLC  
 10810 E. 45th St., Suite 300  
 Tulsa, OK 74146  
 rg/16-0417-DIS(JAM)/Cond Adm Ord



9590 9402 1346 5285 6010 21

2. Article Number (Transfer from service label)  
**7015 3010 0001 4604 0327**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *C. Roberts*  Agent  
 Addressee  
 B. Received by (Printed Name) **C. Roberts**  
 C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
 MAY 11 2016  
 Legal Division

3. Service Type  
 Adult Signature  Priority Mail Express®  
 Adult Signature Restricted Delivery  Registered Mail™  
 Certified Mail®  Registered Mail Restricted Delivery  
 Certified Mail Restricted Delivery  Return Receipt for Merchandise  
 Collect on Delivery  Signature Confirmation™  
 Collect on Delivery Restricted Delivery  Signature Confirmation Restricted Delivery  
 Insured Mail  
 Insured Mail Restricted Delivery (over \$500)

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt