



Louisiana Board of Pharmacy

3388 Brentwood Drive
Baton Rouge, Louisiana 70809-1700
Telephone 225.925.6496 ~ E-mail: info@pharmacy.la.gov



Request for New Account to Apply for Pharmacy Benefit Manager (PBM) Permit

The application form for a Pharmacy Benefit Manager (PBM) permit is electronic in nature and available only at the Board's website at www.pharmacy.la.gov. Access to that application requires an online user account. Please provide the requested information, then email the completed request form to licensing@pharmacy.la.gov. Portable Document Format (PDF) files are preferable. We will accept this form by mail. We will not accept, acknowledge or act on forms received by facsimile. Staff will establish the online user account and then provide account login credentials to the contact person identified within Section 3 of this request.

Section 1 – Reason for Application

Application for New Permit Transfer of Ownership of Existing Permit No. _____

Section 2 – Applicant Information

Legal Name of Permit Owner: _____

Trade Name [d/b/a]: _____

Physical Address: _____

City, State, ZIP: _____

Section 3 – Application Contact Person

The Board will communicate only with the application contact person during the credentialing process.

Name: _____

Title / Position: _____

Mailing Address: _____

City, State, ZIP: _____

Telephone: _____ Facsimile: _____ Email: _____

Section 4 – Signature

On behalf of Applicant, I submit this Request for New Account to Apply for Pharmacy Benefit Manager (PBM) Permit to the Board for the purpose of obtaining an online account to facilitate the submission of an application for a PBM permit.

Printed Name of Chief Executive Officer

Date of Signature

Signature of Chief Executive Officer