

**Fees**

New Permit Fee	\$500.00
New Permit Fee - 2nd year of 2 year term	\$500.00
	<b>Total</b>
<b>Fees:</b>	<b>\$1,000.00</b>

**OnlineConvenienceFees**
**Online Convenience Fees - EFFECTIVE JULY 5, 2023:**

Like so many businesses today that are significantly impacted by the costs of credit card processing fees, the Board had to implement a convenience fee schedule for online services. Convenience fees will be added at checkout as follows:

**ACH payments (electronic bank transfer) & similar types: a flat \$2.00 fee for each payment**

**Credit Card payments & similar types: \$2.00 transaction fee, plus 2.5 % of total charge.**

**The option of submitting your application through the mail or in person with a check or money order at no additional cost is still available as an alternative to using the online services.**

**PBM.Section.Directions**

**You are strongly encouraged to visit the Application Transparency page for Pharmacy Benefit Managers prior to attempting to complete this application. That page can be found at <https://www.pharmacy.la.gov/page/application-process-transparency-pharmacy-benefit-manager-permit>. A summary of all requirements and attachments is provided.**

**The authorizing legislation for this permit is Act 124 of the 2019 Louisiana Legislature, the effective date of which was July 1, 2020. The Pharmacy Benefit Manager Licensing Law requires any pharmacy benefit manager which administers, develops, maintains, or performs one or more of the pharmacy services itemized in La. R.S. 40:2868 for the benefit of a Louisiana resident to obtain and maintain a PBM permit from the Louisiana Board of Pharmacy.**

**The authorizing legislation required the Board to promulgate administrative rules to implement the PBM Licensing Law. The Board promulgated Chapter 30 – Pharmacy Benefit Managers on May 20, 2021. All of the Board’s laws and rules are available on the Laws & Rules page of the Board’s website at [www.pharmacy.la.gov](http://www.pharmacy.la.gov).**

**This application shall be valid for up to one year after the date of its receipt in the Board office. In the event the permit is not issued by that date, the application shall become null and void and any fees attached hereto shall be forfeited. The permit fee is \$1,000 (\$500 per year; valid for two years after the date of issuance). After completing the application, you must pay the invoice. Your application will not submit until the required fee has been paid.**

**Please do not use entries such as "See attached"; an appropriate entry shall be made in each section.**

**We encourage you to review your application and attachments prior to submission to the Board. Our experience shows the most common reason to return an application is for incomplete documents. This will only delay the processing of your application.**

**Upon issuance, the initial PBM permit shall be valid for two years. A permit renewed timely shall expire two years thereafter, on the anniversary date of its initial issuance.**

<b>PBM.Section.ReasonForPermit</b>
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**1. Are you applying for a new permit or ownership transfer?**

New Permit

**2. If this application is being submitted due to an ownership transfer, enter the existing permit number.**

Question not answered

**3. Is the Applicant a pharmacy benefit manager as defined in La. R.S. 40:2863?**

Yes

**4. Which of the following services described in La. R.S. 40:2868 does the Applicant administer, develop, maintain, perform or provide? Select all that apply.**

Adjudication appeals/grievance related to prescription drug coverage, Disease management programs, Drug formularies, Drug regimen reviews, Prescription drug management programs, Processing of prior authorization requests, Quality care dosing services, Step therapy procedures, Utilization management and utilization review

<b>PBM.Section.ApplicantInformation</b>
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**5. Enter the applicant's trade name [d/b/a].**

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**6. Enter the physical address of the applicant.**

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**7. Enter the mailing address at which you would like to receive mail from the Louisiana Board of Pharmacy. Please note that mailing addresses are a matter of public record; we are required to make them available. If you have security**

**concerns, we encourage your use of alternative services, e.g., post office boxes, etc.**

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**8. Enter the telephone number of the applicant.**

(225) 923-5660

**9. Enter a facsimile number for the applicant.**

(225) 923-5660

**10. Enter the email address of the applicant.**

licensing@pharmacy.la.gov

**11. Enter the URL of the applicant's website.**

www.pharmacy.la.gov

**12. Does the Applicant own, operate or affiliate with any pharmacy to dispense or deliver, in any manner, prescription drugs or devices, controlled substances or durable medical equipment to Louisiana residents?**

Yes

**13. If you provided an affirmative answer to the question above, please upload a list with all names, contact information, and Louisiana permit numbers for the pharmacies.**

**14. Please upload verification of current licensure as a third party administrator by the Louisiana Department of Insurance.**

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<b>PBM.Section.PriorHistory</b>
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**15. Has the Applicant ever violated or been found guilty of violating any local, state, or federal pharmacy laws?**

No

**16. An affirmative reply to the question above requires two uploads: (1) a letter of explanation, and (2) certified copies of decision documents from the relevant administrative or judicial agency. You may upload those documents now, if applicable.**

<b>PBM.Section.Ownership</b>
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**17. Enter the legal name of permit owner.**

**18. For the legal entity identified as the "Legal Name of Permit Owner" above, please identify the owner(s) and provide the following information for each such natural person and legal entity identified:**

- 1. Full legal name (no initials) and mailing address, as well as the percentage of the total ownership held by that natural person or legal entity.**
- 2. In the event an owner holds 20% or more of the ownership, please provide the Social Security Number (SSN) if a natural person or the Federal Employer Identification Number (FEIN) if a legal entity. Further, in the event an owner holding 20% or more of the ownership also holds, or has ever held, a professional license from any state or federal licensing or regulatory authority, please indicate the type of credential, its current status, and whether or not that credential has ever been the subject of any disciplinary action by the state or federal licensing or regulatory authority. If there has been action, please provide a copy of the decision, judgment, or other similar document.**
- 3. In the event no owner holds 20% or more of the ownership, a statement to that effect is required.**

**In the event that the applicant or its owner corporation are a publicly traded organization(s), you are required to upload the most recent 10K or equivalent filing.**

**You may upload this information now.**

[PDF TEST.pdf](#)

**19. For the legal entity identified in above, please provide the full legal name (no initials), mailing address and position with the applicant for all natural persons responsible for the applicant's conduct of affairs. This list should include all officers, directors, partners (in the case of a partnership), trustees, executive committee members, and any other person who exercises control or influence over the affairs of the applicant.**

**You may upload this information now.**

[PDF TEST.pdf](#)

**20. Enter the US Internal Revenue Federal Employer Identification Number (FEIN) for the applicant below.**

**Note: Later in the application, you will be required to upload one of the following documents: the US Internal Revenue Service Assignment of Federal Employer Identification Number, or in the alternative, a signed copy of the W-9 form dated within 90 days prior to your application date. All W-9 forms must be the current version.**

123456789

**21. Please upload a copy of U.S. Internal Revenue Service Assignment of Federal Employer Identification Number, or in the alternative, a signed W-9 form, using the current version of that form.**

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**22. Enter the applicant's Louisiana Secretary of State Charter Number.**

LA-9999999

**23. Please upload the Certificate of Good Standing issued by the Louisiana Secretary of State and dated within the 90-day period preceding the date of this application.**

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<b>PBM.Section.ApplicationContact</b>
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**The Board will communicate only with the application contact person during the credentialing process. Answer the follow questions regarding the designated application contact person.**

**24. Enter the name of the application contact person.**

Sarah Stevens

**25. Enter the title / position of the application contact person.**

Licensing Director

**26. Enter the mailing address including city, state, and zip for the application contact person.**

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**27. Enter the telephone number for the application contact person.**

(225) 923-5660

**28. Enter the facsimile number for the application contact person.**

(225) 923-5600

**29. Enter the email address for the application contact person.**

licensing@pharmacy.la.gov

<b>PBM.Section.OwnersManagingOfficer</b>
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**After issuance of the permit, the Board will address all requests for information to the owner's managing officer.**

**30. Enter the name of the owner's managing officer.**

Sarah Stevens

**31. Enter the title / position of the owner's managing officer.**

Licensing Director

**32. Enter the mailing address including city, state, and zip of the owner's managing officer.**

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**33. Enter the telephone number of the owner's managing officer.**

(225) 923-5660

**34. Enter the facsimile number of the owner's managing officer.**

(225) 923-5660

**35. Enter the email address of the owner's managing officer.**

licensing@pharmacy.la.gov

**36. In the event this person holds, or has ever held, a professional license from any state or federal licensing or regulatory authority, please indicate the type of credential, its current status, and whether or not that credential has ever been the subject of any disciplinary action by the state or federal regulatory authority. If there has been action, please provide a copy of the decision, judgment, or other similar document.**

**You may upload this information now.**

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<b>PBM.Section.ConsumerComplaintContact</b>
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**The Board will direct all consumer complaints to the designated complaint contact.**

**37. Enter the name of the consume complaint contact.**

Sarah Stevens

**38. Enter the title / position of the consume complaint contact.**

Licensing Director

**39. Enter the mailing address including city, state, and zip of the consume complaint contact.**

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**40. Enter the telephone number of the consume complaint contact.**

(225) 923-5660

**41. Enter the facsimile number of the consume complaint contact.**

(225) 923-5660

**42. Enter the email address of the consume complaint contact.**

licensing@pharmacy.la.gov

<b>PBM.Section.Attestations</b>
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**43. All attestations and signatures must be completed by the Chief Executive Officer.**

**I certify that I am the Chief Executive Officer for the legal entity listed in Section 2 of this application.**

**On behalf of Applicant, I submit this Application for New Pharmacy Benefit Manager (PBM) Permit to the Board for the purpose of obtaining a PBM permit.**

**I understand the information required by this application is continuing in nature and that I am responsible for ensuring amendments thereto are communicated to the Board in a timely manner.**

**I understand the submission of any false information or misrepresentation in this application or any of its exhibits shall constitute a basis for the Board to deny the application and refuse to issue the permit, or if the permit has already been issued, then its suspension or revocation.**

Yes

**44. The use of this electronic application or form fully satisfies any requirement that it be provided to me in written form. I agree that I am responsible for understanding this application or form, and I agree to conduct business by electronic means. I agree that my use of an electronic signature to sign the application form legally binds me in the same manner as if I had manually signed the form. I verify that I have read, printed, and/or saved the application form and that I do not need a copy to be mailed to me.**

Yes

**45. As a component of your electronic signature, please type your name in the text box below.**

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**46. As a component of your electronic signature, please enter today's date in the text box below.**

02/26/2024