



Louisiana Board of Pharmacy

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Application for Renewal of Louisiana Pharmacy Benefit Manager Permit

To submit this application for renewal, mail the completed application to the Board office with the required **\$1,000.00** fee made payable to the Louisiana Board of Pharmacy by check or money order with all required attachments. In the event a pharmacy benefit manager does not submit a properly completed renewal application to the board prior to the expiration of the permit, the permit shall be rendered null and void. The continued operation of a pharmacy benefit manager with an expired permit shall constitute sufficient basis for the board to issue a finding for the operation of a pharmacy benefit manager without a valid permit, in violation of R.S. 40:2865. A pharmacy benefit manager permit not renewed by 30 days after the expiration date shall be automatically terminated by the board and further fees or requirements may be needed to reinstate.

Section 1 – Identification of PBM Permit Holder

1.1 Name of Legal Entity: _____

1.2 Louisiana PBM Permit No.: _____

Section 2 – Required Registrations

2.1 Is the permit holder currently registered, confirming the corporate existence, and in good standing with the proper domiciliary state official such as the Secretary of State?

Yes No

2.2 Does the permit holder maintain current licensure as a third-party administrator with the Louisiana Department of Insurance?

Yes No

Section 3 – Disciplinary History

3.1 Has the permit holder violated or been found guilty of violating any local, state, or federal pharmacy laws since the issuance of the PBM permit or the last renewal of the PBM permit, whichever was most recent??

Yes No

*** An affirmative reply to any of the questions in this Section requires two attachments: (a) your personal letter of explanation, and (b) copies of documents from the relevant court or government agency.**

Section 7 – Attestations

I certify that I am the Owner's Managing Officer for the legal entity holding this permit. On behalf of the permit holder, I submit this Application for Renewal New Pharmacy Benefit Manager (PBM) Permit to the Board. I understand the submission of any false information or misrepresentation in this application shall constitute a basis for the Board to deny the renewal and refuse to renew the permit, or if the permit has already been renewed, then its suspension or revocation.

Signature _____ Date _____