

**Kentucky Department of Insurance**  
**Pharmacy Benefit Manager Annual Report**

PBM Name: \_\_\_\_\_

PBM License No.: \_\_\_\_\_

Reporting Period: \_\_\_\_\_

**CLAIM & APPEAL REPORT**

Total drug claims in Kentucky adjudicated subject to maximum allowable cost pricing:	
Total maximum allowable cost appeals received from Kentucky entities:	
Maximum allowable cost appeals granted for Kentucky entities:	
Maximum allowable cost appeals denied for Kentucky entities:	
Number of payments adjusted based on granted appeals (whether initial appeal or entities reversing and resubmitting following a granted appeal):	
Total dollar amount of adjusted payments to contracted for granted appeals:	

---

**Signature of Authorized Representative for PBM**

---

**Date**

---

**Printed Name**

---

**Phone**