[**806 KAR 17:575. Pharmacy benefit managers.**](https://apps.legislature.ky.gov/Law/KAR/806/017/575.pdf#xml=https://apps.legislature.ky.gov/LRCSiteSessionSearch/dtSearch/dtisapi6.dll?cmd=getpdfhits&u=4d6e955&DocId=32484&Index=E%3a%5cProduction%5cDTSearch%5cDTSearchIndex%5cKY%5fAdministrative%5fReg&HitCount=5&hits=6cb+6cc+6cd+6ce+6cf+&SearchForm=&.pdf)

Annual reports are due by March 31st every year and may be emailed to DOI.UtilizationReview@ky.gov or mailed to the address below.

Kentucky Department of Insurance

PO Box 517

500 Mero Street, 2 SE 11

Frankfort, KY 40602

Pharmacy Benefit Managers must use the [Kentucky Department of Insurance Pharmacy Benefit Manager Annual Report form](http://insurance.ky.gov/ppc/Documents/PBMAnnualReportFinal2017.PDF).

If any part of the process is contracted out to another company, please specify which company is contracted.