

## Article 56A.

### Pharmacy Benefits Management.

#### § 58-56A-1. Definitions.

The following definitions apply in this Article:

- (1) 340B contract pharmacy. – Any pharmacy under contract with a 340B covered entity to dispense drugs on behalf of the 340B covered entity.
- (2) 340B covered entity. – Any entity defined in 42 U.S.C. § 256b(a)(4)(A), 42 U.S.C. § 256b(a)(4)(C), 42 U.S.C. § 256b(a)(4)(D), 42 U.S.C. § 256b(a)(4)(E), 42 U.S.C. § 256b(a)(4)(I), 42 U.S.C. § 256b(a)(4)(J), 42 U.S.C. § 256b(a)(4)(K), 42 U.S.C. § 256b(a)(4)(N), or 42 U.S.C. § 256b(a)(4)(O).
- (3) Claim. – A request from a pharmacy or pharmacist to be reimbursed for the cost of filling or refilling a prescription for a drug or for providing a medical supply or device.
- (4) Claims processing service. – The administrative services performed in connection with the processing and adjudicating of claims relating to pharmacist services that include either or both of the following activities:
  - a. Receiving payments for pharmacist services.
  - b. Making payments to pharmacists or pharmacies for pharmacist services.
- (5) Health benefit plan. – As defined in G.S. 58-3-167.
- (6) Insured. – An individual covered by a health benefit plan.
- (7) Insurer. – As defined in G.S. 58-3-167.
- (8) Maximum allowable cost list. – A listing of generic or multiple source drugs used by a pharmacy benefits manager to set the maximum allowable cost on which reimbursement of a pharmacy is made.
- (9) Maximum allowable cost price. – The maximum amount that a pharmacy benefits manager will reimburse a pharmacy for the cost of generic or multiple source prescription drugs, medical products, or devices.
- (10) Out-of-pocket costs. – With respect to the acquisition of a drug, the amount to be paid by the insured under the plan or coverage, including any cost-sharing, copayment, coinsurance, or deductible.
- (11) Pharmacist. – A person licensed to practice pharmacy under Article 4A of Chapter 90 of the General Statutes.
- (12) Pharmacist services. – Products, goods, or services provided as a part of the practice of pharmacy.
- (13) Pharmacy. – As defined in G.S. 90-85.3(q).
- (14) Pharmacy benefits manager. – An entity who contracts with a pharmacy on behalf of an insurer or third-party administrator to administer or manage prescription drug benefits to perform any of the following functions:
  - a. Negotiating rebates with manufacturers for drugs paid for or procured as described in this Article.
  - b. Processing claims for prescription drugs or medical supplies or providing retail network management for pharmacies or pharmacists.
  - c. Paying pharmacies or pharmacists for prescription drugs or medical supplies.
- (15) Pharmacy benefits manager affiliate. – A pharmacy or pharmacist that directly or indirectly, through one or more intermediaries, owns or controls or is owned or controlled by a pharmacy benefits manager.

- (16) Pharmacy service administrative organization (PSAO). – An organization that assists community pharmacies and pharmacy benefits managers or third-party payors in achieving administrative efficiencies, including contracting and payment efficiencies.
- (17) Third-party administrator. – As defined in G.S. 58-56-2. (2014-120, s. 20(a); 2017-116, s. 1; 2021-161, s. 1(b).)