Article 56A.
Pharmacy Benefits Management.

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.


(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).)