By Senator Garcia

38-00409-15 2015860

A bill to be entitled

An act relating to pharmacy; creating s. 465.1862, F.S.; defining terms; providing requirements for contracts between pharmacy benefit managers and contracted pharmacies; requiring a pharmacy benefit manager to ensure that a prescription drug has met certain requirements to be placed on a maximum allowable cost pricing list; requiring the pharmacy benefit manager to disclose certain information to a plan sponsor; requiring a contract between a pharmacy benefit manager and a pharmacy to include an appeal process; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 465.1862, Florida Statutes, is created to read:

465.1862 Pharmacy benefit managers.-

- (1) As used in this section, the term:
- (a) "Contracted pharmacy" means a pharmacy or network of pharmacies that has executed a contract, which includes maximum allowable cost pricing requirements, with a pharmacy benefit manager and acts on behalf of a plan sponsor.
- (b) "Maximum allowable cost" means the upper limit or maximum amount that an insurer or managed care plan will pay for generic prescription drugs or brand-name prescription drugs with available generic versions, which are included on a list of products generated by the pharmacy benefit manager.
  - (c) "Pharmacy benefit manager" means a person, business, or

38-00409-15 2015860

other entity that provides administrative services related to processing and paying prescription claims for pharmacy benefit and coverage programs. Such services may include, but are not limited to, contracting with a pharmacy or network of pharmacies; establishing payment levels for pharmacies; dispensing prescription drugs to plan sponsor beneficiaries; negotiating discounts and rebate arrangements with drug manufacturers; developing and managing prescription formularies, preferred drug lists, and prior authorization programs; ensuring audit compliance; and providing management reports.

- (d) "Plan sponsor" means an employer, insurer, managed care organization, prepaid limited health service organization, third-party administrator, or other entity contracting for pharmacy benefit manager services.
- (2) A contract between a pharmacy benefit manager and a contracted pharmacy must require the pharmacy benefit manager to:
- (a) Update the maximum allowable cost pricing information at least every 7 calendar days and establish a reasonable process for the prompt notification of any pricing updates to the contracted pharmacy.
- (b) Maintain a procedure to remain consistent with pricing changes in the marketplace by promptly modifying the maximum allowable cost pricing information or, if necessary, eliminating products from the cost pricing list within 3 calendar days after a change if such products no longer meet the requirements of this section.
- (3) A pharmacy benefit manager, to place a prescription drug on a maximum allowable cost pricing list, at a minimum,

38-00409-15 2015860

must ensure that the drug has at least three or more nationally available, therapeutically equivalent, multiple-source generic drugs that:

- (a) Have a significant cost difference.
- (b) Are listed as therapeutically and pharmaceutically equivalent or "A" or "B" rated in the most recent version of Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations published by the United States Food and Drug Administration.
- (c) Are available for purchase from national or regional wholesalers without limitation by all pharmacies in the state.
  - (d) Are not obsolete or temporarily unavailable.
- (4) In a contract between a pharmacy benefit manager and a plan sponsor, the pharmacy benefit manager must disclose the following to the plan sponsor:
- (a) The basis of the methodology and sources used to establish applicable maximum allowable cost pricing. A pharmacy benefit manager shall promptly update applicable maximum allowable cost pricing lists and provide the plan sponsor with an updated list upon any pricing change.
- (b) Whether the pharmacy benefit manager uses a maximum allowable cost pricing list for drugs dispensed at retail but does not use such a list for drugs dispensed by mail order. If such practice is adopted after a contract is executed, the pharmacy benefit manager shall disclose such practice to the plan sponsor within 21 business days after implementation of the practice.
- (c) Whether the pharmacy benefit manager uses an identical maximum allowable cost pricing list to bill the plan sponsor and

38-00409-15 2015860

to reimburse a contracted pharmacy. If more than one maximum allowable cost pricing list is used, the pharmacy benefit manager shall disclose to the contracted pharmacy any difference between the amount billed to the plan sponsor and the amount paid as reimbursement to a contracted pharmacy.

- (5) (a) Each contract between a pharmacy benefit manager and a contracted pharmacy must include a process for appeal, investigation, and resolution of disputes regarding maximum allowable cost pricing. The process must:
- 1. Limit the right to appeal to 90 calendar days after an initial claim is made by the contracted pharmacy.
- 2. Require investigation and resolution of a dispute within 7 days after an appeal is received by the pharmacy benefit manager.
- 3. Include a telephone number at which a contracted pharmacy may contact the pharmacy benefit manager regarding an appeal.
- (b) If an appeal is denied, the pharmacy benefit manager shall provide the reasons for denial and shall identify the national drug code for the prescription drug that may be purchased by the contracted pharmacy at a price at or below the disputed maximum allowable cost pricing.
- (c) If an appeal is upheld, the pharmacy benefit manager shall adjust the maximum allowable cost pricing retroactive to the date that the claim was adjudicated. The pharmacy benefit manager shall apply the adjustment retroactively to any similarly situated contracted pharmacy.
  - Section 2. This act shall take effect July 1, 2015.