

HB 1425

2026

A bill to be entitled
An act relating to the practice of pharmacy; amending
s. 465.0125, F.S.; revising the definition of "health
care facility"; authorizing consultant pharmacists to
provide medication management services in clinics
owned by a hospital or by one or more physicians who
are employed by a hospital; amending s. 626.8825,
F.S.; defining the term "covered prescription drug";
authorizing the administration and dispensing of
covered prescription drugs as part of outpatient care;
providing an effective date.

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

Section 1. Paragraph (e) of subsection (1) of section 465.0125, Florida Statutes, is amended to read:

465.0125 Consultant pharmacist license; application, renewal, fees; responsibilities; rules.-

(1) The department shall issue or renew a consultant pharmacist license upon receipt of an initial or renewal application that conforms to the requirements for consultant pharmacist initial licensure or renewal as adopted by the board by rule and a fee set by the board not to exceed \$250. To be licensed as a consultant pharmacist, a pharmacist must complete additional training as required by the board.

26 (e) For purposes of this subsection, the term "health care
27 facility" means an ambulatory surgical center or hospital
28 licensed under chapter 395, an alcohol or chemical dependency
29 treatment center licensed under chapter 397, an inpatient
30 hospice licensed under part IV of chapter 400, a nursing home
31 licensed under part II of chapter 400, an ambulatory care center
32 as defined in s. 408.07, ~~or~~ a nursing home component under
33 chapter 400 within a continuing care facility licensed under
34 chapter 651, or a health care clinic licensed under part X of
35 chapter 400 that is owned by a hospital or by one or more
36 physicians that are employed by a hospital.

37 **Section 2. Paragraphs (e) through (x) of subsection (1) of**
38 **section 626.8825, Florida Statutes, are redesignated as**
39 **paragraphs (f) through (y), respectively, and a new paragraph**
40 **(e) is added to that subsection, and paragraph (e) of subsection**
41 **(2) of that section is amended, to read:**

42 626.8825 Pharmacy benefit manager transparency and
43 accountability.—

44 (1) DEFINITIONS.—As used in this section, the term:

45 (e) "Covered prescription drug" means any drug or biologic
46 included in the pharmacy benefit manager's formulary that is
47 paid as a pharmacy benefit at any of the pharmacy benefits plan
48 or program network pharmacies.

49 (2) CONTRACTS BETWEEN A PHARMACY BENEFIT MANAGER AND A
50 PHARMACY BENEFITS PLAN OR PROGRAM.—In addition to any other

51 requirements in the Florida Insurance Code, all contractual
52 arrangements executed, amended, adjusted, or renewed on or after
53 July 1, 2023, which are applicable to pharmacy benefits covered
54 on or after January 1, 2024, between a pharmacy benefit manager
55 and a pharmacy benefits plan or program must include, in
56 substantial form, terms that ensure compliance with all of the
57 following requirements and that, except to the extent not
58 allowed by law, shall supersede any contractual terms to the
59 contrary:

60 (e) Include network adequacy requirements that meet or
61 exceed Medicare Part D program standards for convenient access
62 to the network pharmacies set forth in 42 C.F.R. s.

63 423.120(a)(1) and that:

64 1. Do not limit a network to solely include affiliated
65 pharmacies;

66 2. Require a pharmacy benefit manager to offer a provider
67 contract to licensed pharmacies physically located on the
68 physical site of providers that are:

69 a. Within the pharmacy benefits plan's or program's
70 geographic service area and that have been specifically
71 designated as essential providers by the Agency for Health Care
72 Administration pursuant to s. 409.975(1)(a);

73 b. Designated as cancer centers of excellence under s.
74 381.925, regardless of the pharmacy benefits plan's or program's
75 geographic service area;

76 c. Organ transplant hospitals, regardless of the pharmacy
77 benefits plan's or program's geographic service area;

78 d. Hospitals licensed as specialty children's hospitals as
79 defined in s. 395.002; or

80 e. Regional perinatal intensive care centers as defined in
81 s. 383.16(2), regardless of the pharmacy benefits plan's or
82 program's geographic service area.

83
84 Such provider contracts must be solely for the administration
85 and ~~or~~ dispensing of covered prescription drugs, including
86 ~~biological products, which are administered through infusions,~~
87 ~~intravenously injected, or inhaled during a surgical procedure~~
88 ~~or are covered parenteral drugs,~~ as part of ~~onsite~~ outpatient
89 care;

90 3. Do not require a covered person to receive a
91 prescription drug by United States mail, common carrier, local
92 courier, third-party company or delivery service, or pharmacy
93 direct delivery unless the prescription drug cannot be acquired
94 at any retail pharmacy in the pharmacy benefit manager's network
95 for the covered person's pharmacy benefits plan or program. This
96 subparagraph does not prohibit a pharmacy benefit manager from
97 operating mail order or delivery programs on an opt-in basis at
98 the sole discretion of a covered person, provided that the
99 covered person is not penalized through the imposition of any
100 additional retail cost-sharing obligations or a lower allowed-

101 quantity limit for choosing not to select the mail order or
102 delivery programs;

103 4. For the in-person administration of covered
104 prescription drugs, prohibit requiring a covered person to
105 receive pharmacist services from an affiliated pharmacy or an
106 affiliated health care provider; and

107 5. Prohibit offering or implementing pharmacy networks
108 that require or provide a promotional item or an incentive,
109 defined as anything other than a reduced cost-sharing amount or
110 enhanced quantity limit allowed under the benefit design for a
111 covered drug, to a covered person to use an affiliated pharmacy
112 or an affiliated health care provider for the in-person
113 administration of covered prescription drugs; or advertising,
114 marketing, or promoting an affiliated pharmacy to covered
115 persons. Subject to the foregoing, a pharmacy benefit manager
116 may include an affiliated pharmacy in communications to covered
117 persons regarding network pharmacies and prices, provided that
118 the pharmacy benefit manager includes information, such as links
119 to all nonaffiliated network pharmacies, in such communications
120 and that the information provided is accurate and of equal
121 prominence. This subparagraph may not be construed to prohibit a
122 pharmacy benefit manager from entering into an agreement with an
123 affiliated pharmacy to provide pharmacist services to covered
124 persons.

125 **Section 3.** This act shall take effect July 1, 2026.