Direct or indirect remuneration by pharmacy benefit managers -- Disclosure of customer costs -- Limit on customer payment for prescription drugs.

(1) As used in this section:
   (a) "Allowable claim amount" means the amount paid by an insurer under the customer's health benefit plan.
   (b) "Cost share" means the amount paid by an insured customer under the customer's health benefit plan.
   (c) "Direct or indirect remuneration" means any adjustment in the total compensation:
      (i) received by a pharmacy from a pharmacy benefit manager for the sale of a drug, device, or other product or service; and
      (ii) that is determined after the sale of the product or service.
   (d) "Health benefit plan" means the same as that term is defined in Section 31A-1-301.
   (e) "Pharmacy reimbursement" means the amount paid to a pharmacy by a pharmacy benefit manager for a dispensed prescription drug.
   (f) "Pharmacy services administration organization" means an entity that contracts with a pharmacy to assist with third-party payer interactions and administrative services related to third-party payer interactions, including:
      (i) contracting with a pharmacy benefit manager on behalf of the pharmacy; and
      (ii) managing a pharmacy's claims payments from third-party payers.
   (g) "Pharmacy service entity" means:
      (i) a pharmacy services administration organization; or
      (ii) a pharmacy benefit manager.
   (h) "Reimbursement report" means a report on the adjustment in total compensation for a claim.
      (i) "Reimbursement report" does not include a report on adjustments made pursuant to a pharmacy audit or reprocessing.
      (i) "Sale" means a prescription drug claim covered by a health benefit plan.
(2) If a pharmacy service entity engages in direct or indirect remuneration with a pharmacy, the pharmacy service entity shall make a reimbursement report available to the pharmacy upon the pharmacy's request.
(3) For the reimbursement report described in Subsection (2), the pharmacy service entity shall:
   (a) include the adjusted compensation amount related to a claim and the reason for the adjusted compensation; and
   (b) provide the reimbursement report:
      (i) in accordance with the contract between the pharmacy and the pharmacy service entity;
      (ii) in an electronic format that is easily accessible; and
      (iii) within 120 days after the day on which the pharmacy benefit manager receives a report of a sale of a product or service by the pharmacy.
(4) A pharmacy service entity shall, upon a pharmacy's request, provide the pharmacy with:
   (a) the reasons for any adjustments contained in a reimbursement report; and
   (b) an explanation of the reasons provided in Subsection (4)(a).
(5) A pharmacy benefit manager may not prohibit or penalize the disclosure by a pharmacist of:
   (i) an insured customer's cost share for a covered prescription drug;
   (ii) the availability of any therapeutically equivalent alternative medications; or
(iii) alternative methods of paying for the prescription medication, including paying the cash price, that are less expensive than the cost share of the prescription drug.

(b) Penalties that are prohibited under Subsection (5)(a) include increased utilization review, reduced payments, and other financial disincentives.

(6) A pharmacy benefit manager may not require an insured customer to pay, for a covered prescription drug, more than the lesser of:

(a) the applicable cost share of the prescription drug being dispensed;
(b) the applicable allowable claim amount of the prescription drug being dispensed;
(c) the applicable pharmacy reimbursement of the prescription drug being dispensed; or
(d) the retail price of the drug without prescription drug coverage.