

**49-20-502 Definitions.**

As used in this part:

- (1) "Health benefit plan" means:
  - (a) a health benefit plan as defined in Section 31A-1-301; or
  - (b) a health, dental, medical, Medicare supplement, or conversion program offered under Title 49, Chapter 20, Public Employees' Benefit and Insurance Program Act.
- (2) "Pharmacist" is as defined in Section 58-17b-102.
- (3) "Pharmacy" is as defined in Section 58-17b-102.
- (4) "Pharmacy benefits management service" means any of the following services provided to a health benefit plan, or to a participant of the health benefit plan:
  - (a) negotiating the amount to be paid by a health benefit plan for a prescription drug; or
  - (b) administering or managing prescription drug benefits provided by the health benefit plan for the benefit of a participant of the health benefit plan, including:
    - (i) mail service pharmacy;
    - (ii) specialty pharmacy;
    - (iii) claims processing;
    - (iv) payment of a claim;
    - (v) retail network management;
    - (vi) clinical formulary development;
    - (vii) clinical formulary management services;
    - (viii) rebate contracting;
    - (ix) rebate administration;
    - (x) a participant compliance program;
    - (xi) a therapeutic intervention program;
    - (xii) a disease management program; or
    - (xiii) a service that is similar to, or related to, a service described in Subsection (4)(a) or (4)(b)(i) through (xii).
- (5) "Pharmacy benefits manager" means a person that provides a pharmacy benefits management service to a health benefit plan.
- (6) "Pharmacy service" means a product, good, or service provided by a pharmacy or pharmacist to an individual.

Enacted by Chapter 83, 2011 General Session