(A) established by the licensed facility in which the prescription drug or device is to be administered on an inpatient basis; or

(B) approved by the division, in collaboration with the board and, when appropriate Ŝ→ , ←Ŝ the Physicians Licensing Board, created in Section 58-67-201, if the prescription drug or device is to be administered on an outpatient basis solely by a licensed pharmacist;

(d) participating in drug utilization review;

(e) ensuring proper and safe storage of drugs and devices;

(f) maintaining records of drugs and devices in accordance with state and federal law and the standards and ethics of the profession;

(g) providing information on drugs or devices, which may include advice relating to therapeutic values, potential hazards, and uses;

(h) providing drug product equivalents;

(i) supervising pharmacist's supportive personnel, pharmacy interns, and pharmacy technicians;

(j) providing patient counseling, including adverse and therapeutic effects of drugs;

(k) providing emergency refills as defined by rule;

(l) telepharmacy;

(m) formulary management intervention; and

(n) prescribing and dispensing a self-administered hormonal contraceptive in accordance with Title 26, Chapter 64, Family Planning Access Act.

(58) "Practice of telepharmacy" means the practice of pharmacy through the use of telecommunications and information technologies.

(59) "Practice of telepharmacy across state lines" means the practice of pharmacy through the use of telecommunications and information technologies that occurs when the patient is physically located within one jurisdiction and the pharmacist is located in another jurisdiction.

(60) "Practitioner" means an individual currently licensed, registered, or otherwise authorized by the appropriate jurisdiction to prescribe and administer drugs in the course of professional practice.

(61) "Prescribe" means to issue a prescription:

(a) orally or in writing; or

benzodiazepines;

(b) are prepackaged by the original manufacturer;

(c) are provided to the prescribing practitioner free of charge and provided to the patient free of any direct or indirect charge;

(d) do not exceed a 30-day supply for:

(i) controlled substances; or

(ii) non-controlled substances, unless a prescribing practitioner documents that providing more than a 30-day supply is medically necessary; and

(e) (i) are marked on the immediate container to indicate that the drug is a sample; or

(ii) are recorded in the patient's chart with the name and number of samples provided.

(3) A prescribing practitioner who provides samples for a patient shall comply with Subsection (2).

Section 6. Section **58-17b-622** is amended to read:

58-17b-622. Pharmacy benefit management services -- Auditing of pharmacy records -- Appeals.

(1) For purposes of this section:

(a) "Audit" means a review of the records of a pharmacy by or on behalf of an entity that finances or reimburses the cost of health care services or pharmaceutical products.

(b) "Audit completion date" means:

(i) for an audit that does not require an on-site visit at the pharmacy, the date on which the pharmacy, in response to the initial audit request, submits records or other documents to the entity conducting the audit, as determined by:

(A) postmark or other evidence of the date of mailing; or

(B) the date of transmission if the records or other documents are transmitted electronically; and

(ii) for an audit that requires an on-site visit at a pharmacy, the date on which the auditing entity completes the on-site visit, **Ĥ→ [~~which may not:~~] including any follow-up visits or analysis which shall be completed within 60 days after the day on which the on-site visit begins.**

[~~(A) include any follow-up visits or analysis; and~~

~~(B) exceed 48 hours after the auditing entity arrives on-site at the pharmacy.~~] ←Ĥ

[~~(b)~~] (c) "Entity" includes:

(i) a pharmacy benefits manager or coordinator;

[~~(a)~~] Ĥ→ **(i)** [**f**] **electronic or physical copies of records of a health care facility, or a health care provider with prescribing authority;** [**t**] ←Ĥ [~~and~~]

[~~(b)~~] Ĥ→ **(ii)** [**f**] **any prescription that complies with state law** [**t**] ←Ĥ [**-**] Ĥ→ **;** ←Ĥ

Ĥ→ [~~(i)~~] **(iii)** ←Ĥ the pharmacy's own physical or electronic records; or

Ĥ→ [~~(ii)~~] **(iv)** ←Ĥ the physical or electronic records, or valid copies of the physical or electronic records, of a practitioner or health care facility as defined in Section 26-21-2; and

(b) may not be required to provide the following records to validate a claim for a prescription, refill, or change in a prescription:

(i) if the prescription was handwritten, the physical handwritten version of the prescription; or

(ii) a note from the practitioner regarding the patient or the prescription that is not otherwise required for a prescription under state or federal law.

(6) (a) (i) An entity that audits a pharmacy shall establish:

(A) a maximum time for the pharmacy to submit records or other documents to the entity following receipt of an audit request for records or documents; and

(B) a maximum time for the entity to provide the pharmacy with a preliminary audit report following submission of records under Subsection (6)(a)(i)(A).

(ii) The time limits established under Subsections (6)(a)(i)(A) and (B):

(A) shall be identical; and

(B) may not be less than seven days or more than 60 days.

Ĥ→ **(iii) An entity that audits a pharmacy may not, after the audit completion date, request additional records or other documents from the pharmacy to complete the preliminary audit report described in Subsection (6)(b).** ←Ĥ

[~~(6) (a)~~] (b) An entity that audits a pharmacy shall provide the pharmacy with a preliminary audit report, delivered to the pharmacy or its corporate office of record, within [~~60 days after completion of the audit~~] the time limit established under Subsection (6)(a)(i)(B).

[~~(b)~~] (c) (i) [~~A~~] Except as provided in Subsection (6)(c)(ii), a pharmacy has 30 days following receipt of the preliminary audit report to respond to questions, provide additional documentation, and comment on and clarify findings of the audit.

(ii) Ĥ→ [~~an~~] **An** ←Ĥ entity may grant a reasonable extension under Subsection (6)(c)(i) upon request by the pharmacy.

(iii) Receipt of the report under Subsection (6)(c)(i) shall be [~~based on the~~] determined by:

(A) postmark [~~date~~] or other evidence of the date of mailing; or

(B) the date of [~~a computer~~] transmission if [~~transferred~~] the report is transmitted electronically.

(iv) If a dispute exists between the records of the auditing entity and the pharmacy, the records maintained by the pharmacy shall be presumed valid for the purpose of the audit.

(7) If an audit results in the dispute or denial of a claim, the entity conducting the audit shall allow:

(a) the pharmacy to resubmit a claim using any commercially reasonable method, including fax, mail, or electronic claims submission **Ĥ→ [.] provided that the period of time when a claim may be resubmitted has not expired under the rules of the plan sponsor [.] ←Ĥ** [.]; and

(b) the health benefit plan or other entity that finances or reimburses the cost of health care services or pharmaceutical products to rerun the claim if the health benefit plan or other entity chooses to rerun the claim at no cost to the pharmacy.

(8) (a) Within [~~120~~] 60 days after the completion of the appeals process under Subsection (9), a final audit report shall be delivered to the pharmacy or its corporate office of record.

(b) The final audit report shall include a disclosure of any money recovered by the entity that conducted the audit.

(9) (a) An entity that audits a pharmacy shall establish a written appeals process for appealing a preliminary audit report and a final audit report, and shall provide the pharmacy with notice of the written appeals process.

(b) If the pharmacy benefit manager's contract or provider manual contains the information required by this Subsection (9), the requirement for notice is met.

Section 7. Section **58-17b-625** is amended to read:

58-17b-625. Administration of a long-acting injectable and naloxone.

(1) A pharmacist may, in accordance with this section, administer a drug described in Subsection (2).

(2) Notwithstanding the provisions of Subsection 58-17b-102(57)(c)(ii)(B), the division shall make rules[;] in collaboration with the board and, when appropriate **Ŝ→ , ←Ŝ** the **Ŝ→ [~~physician's licensing board~~] Physicians Licensing Board ←Ŝ** created in Section 58-67-201, and in accordance with Title 63G, Chapter 3, Utah Administrative Rulemaking Act, [~~establishing~~] to establish training for a pharmacist to administer [~~the following~~] naloxone and long-acting injectables