

NORTH CAROLINA GENERAL ASSEMBLY **AMENDMENT**

House Bill 1274

AMENDMENT NO.	/	
(to be filled in by		
Principal Clerk)		

H1274-ALN-129 [v.12]

Comm. Sub. [YES] Amends Title [NO] Fourth Edition

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2009

Senator Rand

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Moves to amend the bill on page 3, lines 17 and 18, by rewriting the lines to read:

"SECTION 3.(e) G.S. 135-45.6(b)(4), as amended by Section 2(c) of S.L. 2009-16, reads as rewritten:

> Allowable charges shall not be greater than the lesser of copayments provided under this subsection or a pharmacy's usual and confirm shares to the general public for a particular prescription. A Plan member shall pay the lesser of copayments provided under this subsection or a pharmacy's cash price to the general public for a particular prescription. The Plan's pharmacy benefit manager may remove from the pharmacy network any pharmacy that charges an amount in violation of this subdivision. Prescriptions shall be for no more than a 30-day supply for the purposes of the copayments paid by each covered individual. By accepting the copayments and any remaining allowable charges provided by this subsection, pharmacies shall not balance bill an individual covered by the Plan. A prescription legend drug is defined as an article the label of which, under the Federal Food, Drug, and Cosmetic Act, is required to bear the legend: "Caution: Federal Law Prohibits Dispensing Without Prescription." Such articles may not be sold to or purchased by the public without a prescription order. Benefits are provided for insulin even though a prescription is not required. The Plan may adopt utilization management procedures for certain drugs, but in no event shall the Plan provide coverage for sexual dysfunction or hair growth drugs or nonmedically necessary drugs used for cosmetic purposes. Any formulary used by the Plan's Executive Administrator and pharmacy benefit manager shall be an open formulary. Plan members shall not be assessed more than two thousand five hundred dollars (\$2,500) per person per fiscal year in copayments required by this subsection. The Plan's Pharmacy Benefit Manager, or any pharmacy or vendor participating in the Plan shall charge the Plan for any prescription legend drug dispensed under the Plan's pharmacy benefit based upon the original National Drug Code (NDC) as established by the manufacturer of the prescription legend drug and published by the United States Food and Drug Administration.

Co-payments and other allowable charges under this subsection shall be the lesser of the Plan's discounted cost of the drug or the co-payment amount or allowable charge and apply to



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all optional alternative plans available under the Plan.'	
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SECTION 4. Section 3(e) of this act becomes eff	
to prescription drugs purchased on and after that date. The	e remainder of this act is effective
when it becomes law and applies to Plan years beginning July	v 1, 2009.
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Amendment Sponsor	1
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