510C.1 Definitions.

As used in this chapter unless the context otherwise requires:

- 1. "Administrative fees" means a fee or payment, other than a rebate, under a contract between a pharmacy benefits manager and a pharmaceutical drug manufacturer in connection with the pharmacy benefits manager's management of a third-party payor's prescription drug benefit, that is paid by a pharmaceutical drug manufacturer to a pharmacy benefits manager or is retained by the pharmacy benefits manager.
- 2. "Aggregate retained rebate percentage" means the percentage of all rebates received by a pharmacy benefits manager that is not passed on to the pharmacy benefits manager's third-party payor clients.
 - 3. "Commissioner" means the commissioner of insurance.
 - 4. "Covered person" means the same as defined in section 510B.1.
- 5. *"Formulary"* means a complete list of prescription drugs eligible for coverage under a health benefit plan.
 - 6. "Health benefit plan" means the same as defined in section 510B.1.
 - 7. "Health carrier" means the same as defined in section 510B.1.
 - 8. "Pharmacy benefits manager" means the same as defined in section 510B.1.
 - 9. "Prescription drug benefit" means the same as defined in section 510B.1.
 - 10. "Rebate" means the same as defined in section 510B.1.
 - 11. "Third-party payor" means the same as defined in section 510B.1.
- 12. "Third-party payor administrative service fee" means a fee or payment under a contract between a pharmacy benefits manager and a third-party payor in connection with the pharmacy benefits manager's administration of the third-party payor's prescription drug benefit that is paid by a third-party payor to a pharmacy benefits manager or is otherwise retained by a pharmacy benefits manager.

2019 Acts, ch 88, \$1; 2020 Acts, ch 1063, \$279 - 281; 2022 Acts, ch 1113, \$17, 23