

## Miss. Code Ann. § 73-21-179

Current with 2023 Regular Session legislation signed by the Governor and effective upon passage through March 18, 2023. The final official version of the statutes affected by 2023 legislation will appear on Lexis Advance and Lexis+ in the fall of 2023.

[Mississippi Code 1972 Annotated](#)>[Title 73. Professions and Vocations \(Chs. 1 — 79\)](#)>[Chapter 21. Pharmacists \(§§ 73-21-1 — 73-21-205\)](#)>[Pharmacy Audit Integrity Act \(§§ 73-21-175 — 73-21-191\)](#)

### § 73-21-179. Definitions.

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For purposes of Sections 73-21-175 through 73-21-189:

- (a)** “Entity” means a pharmacy benefit manager, a managed care company, a health plan sponsor, an insurance company, a third-party payor, or any company, group or agent that represents or is engaged by those entities.
- (b)** “Health insurance plan” means benefits consisting of prescription drugs, other products and supplies, and pharmacist services provided directly, through insurance or reimbursement, or otherwise and including items and services paid for as prescription drugs, other products and supplies, and pharmacist services under any hospital or medical service policy or certificate, hospital or medical service plan contract, preferred provider organization agreement, or health maintenance organization contract offered by a health insurance issuer.
- (c)** “Individual prescription” means the original prescription for a drug signed by the prescriber, and excludes refills referenced on the prescription.
- (d)** “Pharmacy benefit manager” means a business that administers the prescription drug/device portion of pharmacy benefit management plans or health insurance plans on behalf of plan sponsors, insurance companies, unions and health maintenance organizations. Pharmacy benefit managers may also provide some, all, but may not be limited to, the following services either directly or through outsourcing or contracts with other entities:

  - (i)** Adjudicate drug claims or any portion of the transaction.
  - (ii)** Contract with retail and mail pharmacy networks.
  - (iii)** Establish payment levels for pharmacies.

- (iv)** Develop formulary or drug list of covered therapies.
- (v)** Provide benefit design consultation.
- (vi)** Manage cost and utilization trends.
- (vii)** Contract for manufacturer rebates.
- (viii)** Provide fee-based clinical services to improve member care.
- (ix)** Third-party administration.

**(e)** “Pharmacy benefit management plan” means an arrangement for the delivery of pharmacist’s services in which a pharmacy benefit manager undertakes to administer the payment or reimbursement of any of the costs of pharmacist’s services for an enrollee on a prepaid or insured basis that (i) contains one or more incentive arrangements intended to influence the cost or level of pharmacist’s services between the plan sponsor and one or more pharmacies with respect to the delivery of pharmacist’s services; and (ii) requires or creates benefit payment differential incentives for enrollees to use under contract with the pharmacy benefit manager.

**(f)** “Pharmacist,” “pharmacist services” and “pharmacy” or “pharmacies” shall have the same definitions as provided in Section 73-21-73.

## History

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Laws, 2008, ch. 431, § 3; Laws, 2012, ch. 479, § 1, eff from and after July 1, 2012.