

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

This checklist must be submitted with the Pharmacy Benefit Manager Application.

These standards are summaries only. Review of the entire statute may be necessary. Complete the far-right column to direct reviewers to the page of your submitted documents that demonstrates compliance with the described standard. Submitted documents include compliance standards directly or indirectly performed through subcontracts.

<b>APPLICANT: PLEASE TYPE INFORMATION IN THE AREA DIRECTLY BELOW.</b>				
Company name:				
Federal ID Number:				
<b>(DOI reviewer) Check as completed</b>	<b>Standard</b>	<b>Reference (§ 44 refers to Neb. Rev. Stat. Chapter 44, Nebraska's Insurance Code)</b>	<b>Description</b>	<b>Applicant: Provide page number and specific reference to the contract provision</b>
<b>Pharmacist/Pharmacy Participation Contracts</b>				
<b>Application Question 9(f)</b>				
<b>Show how the referenced document is incorporated into your pharmacy contract.</b>				
1-1	Maximum Allowable Cost (MAC) price list	<a href="#">§ 44-4608(1)(c)</a>	Contract states how pharmacies can <u>access</u> the <u>MAC list</u> ; must be in a readily accessible format that can be used by the contracted pharmacy.	Document: Page #: Section:
2-1	MAC price list updated at least every seven business days	<a href="#">§ 44-4608(1)(a)</a>	Contract includes commitment that MAC list will be updated at least every seven business days with changes in price from previous list specifically noted.	Document: Page #: Section:
3-1	MAC price lookup	<a href="#">§ 44-4608(1)(a)</a>	Contract states the <u>means</u> a pharmacy can use <u>to review</u> a current price in an electronic, print, or telephonic format within one business day of any such change at no cost to the pharmacy.	Document: Page #: Section:
4-1	Prescription drug not allowed on Mac list	<a href="#">§ 44-4608(2)</a>	Contract includes statement that a drug will not be placed on the MAC list unless that drug is available for purchase by pharmacies in Nebraska from a national or regional drug wholesaler and is not obsolete.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-2	Process to appeal, investigate, and resolve disputes over MAC prices	<a href="#">§ 44-4608(3)</a>	Contract must <u>include</u> a <u>process to appeal</u> , investigate, and resolve disputes regarding any MAC price.	Document: Page #: Section:
2-2	15 business day limit on right to appeal MAC price	<a href="#">§ 44-4608(3)(a)</a>	Pharmacy cannot appeal an initial claim after 15 business days (for appeals of MAC price).	Document: Page #: Section:
3-2	Seven business day investigation and resolution after appeal of MAC price	<a href="#">§ 44-4608(3)(b)</a>	MAC price appeals must be investigated and resolved within 7 business days after receipt by PBM.	Document: Page #: Section:
4-2	Reason for any MAC price list appeal denial and national drug code	<a href="#">§ 44-4608(3)(c)</a>	Denial of a MAC price appeal must include a reason and identify the national drug code for the drug that may be purchased by the pharmacy at a price at or below the price on the MAC price list as determined by the PBM.	Document: Page #: Section:
5-2	Valid MAC price appeals one day price adjustment and pharmacy reverse and rebill	<a href="#">§ 44-4608(4)</a>	Contract states that if a pharmacy's MAC price appeal is successful, the price will be adjusted no later than one day after the appeal is resolved.	Document: Page #: Section:
6-2	Gag clause prohibitions	<a href="#">§ 44-4606(1)</a>	Contract cannot prohibit or restrict disclosure, or penalize for disclosing: Nature of treatment, risks, and alternatives to treatment; Availability of an alternative therapy, consultation, or test; Decision of utilization reviewer to authorize or deny a service; The process used to authorize or deny a service or benefit; Information on any financial incentive or structure used by the health carrier.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-3	Gag clause prohibitions	<a href="#">§ 44-4606(2)</a>	Pharmacy is allowed to discuss information regarding total cost for a service for a drug; pharmacy is allowed to sell a more affordable alternative to the covered person if a more affordable alternative is available. Also see § 44-4606(5)(a), PBMs cannot require covered persons to pay more than the lesser of their cost sharing or the cash price.	Document: Page #: Section:
2-3	Gag clause prohibitions	<a href="#">§ 44-4606(3)</a>	Contract cannot prohibit, restrict, or limit disclosure of information to the director, law enforcement, or government officials if: Recipient of information represents they have authority to maintain proprietary information as confidential; Prior to disclosure, the pharmacy marks documents containing proprietary information as confidential or requests confidential treatment for any oral communication of the information.	Document: Page #: Section:
3-3	Termination as a penalty for disclosing information	<a href="#">§ 44-4606(4)</a>	Contract states that the pharmacy cannot be terminated for disclosing information about a PBM practice unless: The pharmacist discloses trade secret information. Contract states that sharing any portion of the contract with the director is not grounds for termination.	Document: Page #: Section:
4-3	PBM audits of claims	<a href="#">§ 44-4607</a>	If included, contract language related to the PBM's right to audit claims will be reviewed for compliance with the audit parameters set forth in §44-4607.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-4	Written appeals process and procedures for audits	<a href="#">§ 44-4607(5)</a>	<u>Contract states the written appeal process</u> which shall include <u>procedures for appealing both a preliminary audit report and a final audit report.</u>	Document: Page #: Section:
<p><b>Compliance Plan</b>  <b>Application Question 9(e)</b>  <b>Please provide the internal claims processing or operational guidelines the PBM will use so that reviewers will be able to see that compliance has been built into PBM operations.</b></p>				
2-4	Prescription drug payments by a covered person	<a href="#">§ 44-4606(5)</a>	Covered persons do not pay more than the lesser of cost sharing or cash price; payments are attributed toward deductible or MOOP.	Document: Page #: Section:
3-4	Maximum Allowable Cost (MAC) price list updates in a usable format	<a href="#">§ 44-4608(1)(a) and (c)</a> <a href="#">§ 44-5905(2)(B)</a>	Describes how the applicant plans to <u>provide</u> timely updates and <u>maintenance of historical records.</u>	Document: Page #: Section:
4-4	Procedure to eliminate a product from the MAC price list	<a href="#">§ 44-4608(1)(b)</a>	<u>Describes</u> how updates will be made in a <u>timely manner</u> to be consistent with any change in the marketplace.	Document: Page #: Section:
5-4	MAC price list drug availability	<a href="#">§ 44-4608(2)</a>	<u>Describes</u> how purchase <u>availability</u> will be <u>documented.</u>	Document: Page #: Section:
6-4	Pharmacy audit requirements	<a href="#">§ 44-4607(1)</a>	Includes a document that provides a <u>detailed description</u> of the pharmacy <u>audit process</u> and <u>includes all required provisions.</u> The audit requirements of § 44-4607 do not apply to investigative audits involving suspected fraud, willful misrepresentation, or abuse, or any audit completed by a state-funded health care program.	Document: Page #: Section:
7-4	Investigative audits	<a href="#">§ 44-4607(8)</a>	<u>Describes</u> how the <u>auditing entity</u> will <u>distinguish</u> and document an <u>investigative audit</u> to investigate suspected fraud, willful misrepresentation, or abuse.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-5	15 business day prior notice of onsite audits	<a href="#"><u>§ 44-4607(1)(a)</u></a>	Provides fifteen business days notice to any pharmacy prior to conducting an initial onsite audit.	Document: Page #: Section:
2-5	Claims involving clinical or professional judgment	<a href="#"><u>§ 44-4607(1)(b)</u></a>	Requires any audit that involves clinical or professional judgment must be conducted by or in consultation with a pharmacist.	Document: Page #: Section:
3-5	Audit standards and parameters	<a href="#"><u>§ 44-4607(1)(c)</u></a>	Requires each pharmacy to be audited under the same standards and parameters used for other similarly situated pharmacies.	Document: Page #: Section:
4-5	Twenty-four month audit period	<a href="#"><u>§ 44-4607(2)(a)</u></a>	Limits the audit period to twenty-four months from the date that the claim was submitted to the auditing entity unless a longer period is required under state or federal law.	Document: Page #: Section:
5-5	Random sampling method to determine sample size	<a href="#"><u>§ 44-4607(2)(b)</u></a>	Requires the auditing entity using random sampling as a method for selecting a set of claims for examination to ensure the sample size is appropriate for a statistically reliable sample.	Document: Page #: Section:
6-5	Masked list with prescription number or date range	<a href="#"><u>§ 44-4607(2)(c)</u></a>	Provides the pharmacy a masked list containing any prescription number or date range that the auditing entity is seeking to audit.	Document: Page #: Section:
7-5	Onsite audit restriction during first five business days of the month	<a href="#"><u>§ 44-4607(2)(d)</u></a>	Restricts onsite audit from taking place during the first five business days of the month without the consent of the pharmacy.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-6	Onsite auditor restricted locations	<a href="#"><u>§ 44-4607(2)(e)</u></a>	Requires an auditor be escorted by a pharmacy employee in order to enter the area of any pharmacy where patient-specific information is available and, to the extent possible, each auditor is required to remain out of the sight and hearing range of any pharmacy customer.	Document: Page #: Section:
2-6	Statements or records allowed to validate a pharmacy record and delivery of a pharmacy service	<a href="#"><u>§ 44-4607(4)</u></a>	Permits the pharmacy to use an authentic and verifiable statement or record, including a medication administration record of a nursing home, assisted-living facility, hospital, physician, or other authorized practitioner or an additional audit documentation parameter located in the provider manual to validate a pharmacy record and the delivery of a pharmacy service. Any legal prescription including a medication administration record, fax, e-prescription, or documented telephone call from the prescriber to the prescriber's agent may be used to validate a claim in connection with a prescription, refill, or change in a prescription.	Document: Page #: Section:
3-6	Prohibition on requiring additional information written on a prescription	<a href="#"><u>§ 44-4607(2)(g)</u></a>	Provides that the PBM will not require information to be written on a prescription unless required by state or federal law.	Document: Page #: Section:
4-6	Interest accrual prohibited during audit period	<a href="#"><u>§ 44-4607(3)(h)</u></a>	Prohibits interest accrual during the audit period for either party, beginning with the notice of the audit and ending with the final audit report.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-7	Preliminary audit report delivery	<a href="#">§ 44-4607(6)(a)</a>	Requires the preliminary audit report to be delivered to the pharmacy within one hundred twenty days after the conclusion of the audit.	Document: Page #: Section:
2-7	Preliminary audit report appeal process	<a href="#">§ 44-4607(5)</a>	Includes the <u>written appeal process with procedures for appealing a preliminary audit.</u>	Document: Page #: Section:
3-7	Pharmacy allowed thirty days to provide documentation to address discrepancy in preliminary audit	<a href="#">§ 44-4607(6)(b)</a>	Provides a pharmacy at least thirty days following receipt of a preliminary audit report to provide documentation to address any discrepancy found in the audit.	Document: Page #: Section:
4-7	Final audit report delivered within 120 days after receipt of preliminary audit or exhaustion of the appeals process	<a href="#">§ 44-4607(6)(c)</a>	Requires the final audit report to be delivered to the pharmacy within one hundred twenty days after receipt of the preliminary audit report or the appeal process has been exhausted, whichever is later.	Document: Page #: Section:
5-7	Final audit report appeal process	<a href="#">§ 44-4607(5)</a>	Includes the <u>written appeal process with procedures for appealing a final audit.</u>	Document: Page #: Section:
6-7	Remit money for underpayments of a claim within 45 days	<a href="#">§ 44-4607(6)(d)</a>	Requires an auditing entity to remit any money due to a pharmacy or pharmacist as the result of an underpayment of a claim within forty-five days after the appeal process has been exhausted and the final audit report has been issued.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-8	Recoupment for information not written on a prescription	<a href="#">§ 44-4607(2)(h)</a>	Prohibits recoupment for information not written on a prescription unless the information is required in the provider manual or the information is required by the federal Food and Drug Administration or the drug manufacturer's product safety program and the information required is not readily available for the auditing entity at the time of the audit. No auditing entity or agent shall receive payment based on a percentage of any recoupment.	Document: Page #: Section:
2-8	Recoupment timing	<a href="#">§ 44-4607(2)(f)</a>	Prohibits recoupment from being deducted from or applied against a future remittance until after the appeal process is complete and both parties receive the results of the final audit.	Document: Page #: Section:
3-8	Audit recoupment requirements	<a href="#">§ 44-4607(3)(a)</a>	Includes consumer-oriented parameters based on manufacturer listings in the audit parameters.	Document: Page #: Section:
4-8	Compounded medication reimbursable cost methodology	<a href="#">§ 44-4607(3)(b)</a>	Considers the pharmacy's usual and customary price for a compounded medication as the reimbursable cost unless the pricing method is outlined in the pharmacy provider contract.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-9	Projections prohibited to determine overpayment or underpayment	<a href="#">§ 44-4607(3)(c)</a>	Overpayment or underpayment findings are based on the actual overpayment or underpayment and not a projection that relies on the number of patients served who have a similar diagnosis, the number of similar orders, or the number of refills for similar drugs.	Document: Page #: Section:
2-9	Extrapolation prohibited for recoupment or penalties	<a href="#">§ 44-4607(3)(d)</a>	Audits cannot use extrapolation to calculate the recoupment or penalties unless required by state or federal law.	Document: Page #: Section:
3-9	Overpayments involving dispensing fees	<a href="#">§ 44-4607(3)(e)</a>	Dispensing fees are not included in the calculation of an overpayment unless: A prescription was not actually dispensed; The prescriber denied authorization; The prescription dispensed was a medication error by the pharmacy; The identified overpayment is solely based on an extra dispensing fee.	Document: Page #: Section:
4-9	Record-keeping errors are not considered fraud	<a href="#">§ 44-4607(3)(f)</a>	Provides any clerical or record-keeping error, such as a typographical error, scrivener's error, or computer error regarding a required document or record is not considered fraud. Such error may be subject to recoupment.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-10	When recoupment for errors is prohibited	<a href="#"><u>§ 44-4607(3)(g)</u></a>	Prohibits recoupment for an error resulting in no actual financial harm to the covered person or health benefit plan. An error that is the result of the pharmacy failing to comply with a formal corrective action plan may be subject to recoupment.	Document: Page #: Section:
2-10	Pharmacy audit reports and recoupments	<a href="#"><u>§ 44-4607(7)</u></a>	States whether an auditing entity is contractually required to provide a copy of the pharmacy audit to the plan sponsor for any of the plan sponsor's claims that were included in the audit and any recouped money must be returned to the health benefit plan or plan sponsor.	Document: Page #: Section:
3-10	Prohibits 340B Price Discrimination	<a href="#"><u>§ 44-4609(1)</u></a>	Provides for reimbursements of a 340B entity or a 340B contract pharmacy at the same rate paid for the same drug to similarly situated pharmacies that are not 340B entities or 340B contract pharmacies	Document: Page #: Section:
4-10	Prohibits assessing a fee, chargeback, or other adjustment upon 340B entities	<a href="#"><u>§ 44-4609(1)</u></a>	Does not assess any fee, chargeback, or other adjustment upon the 340B entity or 340B contract pharmacy on the basis that the 340B entity or 340B contract pharmacy participates in the program.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-11	Allows the consumer the choice to use a 340B entity	<a href="#">§ 44-4609(2)</a>	Does not discriminate against a 340B entity or 340B contract pharmacy in a manner that prevents or interferes with a covered individual's choice to receive such drug from the corresponding 340B entity or 340B contract pharmacy	Document: Page #: Section:
<b>Plan Sponsor and Pharmacy Contracts &amp; Compliance</b>				
2-11	Shared ownership exception	<a href="#">§ 44-4613(3)</a>	If the specialty pharmacy and the health care provider administering the clinician-administered drug have shared ownership, you may disregard the following Sections until §44-4613(5).	<input type="checkbox"/> Exempt <input type="checkbox"/> Not Exempt  If Exempt, go to §44-4613(5) or 1-13.
3-11	Specialty pharmacy White-Bagging policy	<a href="#">§ 44-4613</a>	Specialty pharmacies will ship medication directly to location in which drug will be administered.	Document: Page #: Section:
4-11	Specialty pharmacy White Bagging Federal Law requirements	<a href="#">§ 44-4613(1)(a)</a>	Specialty pharmacies will comply with all federal laws regulating the shipment of drugs, including, but not limited to, general chapter 800 of the United States Pharmacopeia.	Document: Page #: Section:
5-11	Specialty pharmacy White Bagging Nurse/Pharmacist access requirements	<a href="#">§ 44-4613(1)(b)</a>	Specialty pharmacies will have a nurse or pharmacist available 24 hours a day, seven days a week to respond to questions from a health care provider or pharmacy.	Document: Page #: Section:
6-11	Specialty pharmacy White Bagging refill requirements	<a href="#">§ 44-4613(1)(c)</a>	Specialty pharmacies will allow a covered person or a health care provider to request a refill of a clinician-administered drug on behalf of a covered person in accordance with the pharmacy benefit manager's or health carrier's utilization review procedures.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-12	Specialty pharmacy White Bagging Trace & Track requirements	<a href="#">§ 44-4613(1)(d)</a>	Specialty pharmacies will adhere to the track and trace requirements, as described in the Federal Drug Supply Chain Security Act, 21 U.S.C. 360eee et seq., for a clinician-administered drug that needs to be compounded or manipulated and, if requested by the health care provider or the provider's designee, provide the track and trace information.	Document: Page #: Section:
2-12	Specialty pharmacy Track Documentation requirements	<a href="#">§ 44-4613(2)</a>	Specialty pharmacies shall require a signature from the health care provider or provider's designee upon receipt of the shipment after being provided with the requested date, approximate time, and place of delivery at least 5 business days before date of delivery.	Document: Page #: Section:
3-12	Process to Appeal/Request Exception to dispense through a specialty pharmacy	<a href="#">§ 44-4613(4)</a>	Provide the process and how it is disclosed to a health care provider or pharmacy to appeal and have exceptions when dispensing clinician administered drugs through a specialty pharmacy.	Document: Page #: Section:
4-12	Specialty pharmacies Appeal Procedures	<a href="#">§ 44-4613(4)</a>	Provide the appeal procedures for health care providers and pharmacies if a drug is not delivered on time.	Document: Page #: Section:
5-12	Specialty pharmacies Expedient Appeal	<a href="#">§ 44-4613(4)</a>	Provide where health care providers and pharmacies can appeal if an attending health care provider reasonably believes a covered person may experience harm without the immediate use of a clinician-administered drug that a health care provider or pharmacy has in stock.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-13	Prohibit PBMs & healthcare providers	<a href="#"><u>§ 44-4613(5)</u></a>	Do you have any current contracts containing prohibited language specific to clinician-administered drugs as shown below?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, proceed to §44-4614 or 3-13.
2-13	Prohibit PBMs & healthcare providers	<a href="#"><u>§ 44-4613(5)</u></a>	(a) Allow covered person/patient to transport clinician-administered drug; (b) Refuse to reimburse a participating provider if costs are similar to the drug being offered by a specialty pharmacy. (c) Refuse to reimburse a participating provider pursuant to the network agreement for the administration of a clinician-administered drug. (d) Penalize/remove a network participating provider solely for refusing to administer a drug provided by a specialty pharmacy. (e) Require a patient to obtain a drug from a specialty pharmacy if a participating provider of the patient's choice can source a drug at substantially similar cost.	Document: Page #: Section:  Document: Page #: Section:  Document: Page #: Section:  Document: Page #: Section:
3-13	Prohibit PBMs & healthcare providers	<a href="#"><u>§ 44-4614</u></a>	Do you have any current contracts containing prohibited language as shown below?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, proceed to §44-4615 or 2-14.

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-14	Prohibit PBMs & healthcare providers	<a href="#"><u>§ 44-4614</u></a>	<ul style="list-style-type: none"> <li>(a) Require drugs be obtained through only mail order or PBM affiliate or auto-enroll refills to mail order.</li> <li>(b) Prohibit patient from obtaining drug at their pharmacy of choice.</li> <li>(c) Transfer prescriptions from network pharmacy to a different pharmacy without patient's directive.</li> <li>(d) Use financial incentives to drive members to PBM-affiliated pharmacies.</li> <li>(e) Require use of a network specialty pharmacy; auto-enroll refills using mail order; require patients to use mail order or PBM affiliated pharmacy.</li> <li>(f) Patients must have the ability to opt out of mail order at any time.</li> <li>(g) Patients can be informed of lower cost pharmacies.</li> </ul>	<p>Document: Page #: Section:</p> <p>Document: Page #: Section:</p> <p>Document: Page #: Section:</p> <p>Document: Page #: Section:</p> <p>Document: Page #: Section:</p> <p>Document: Page #: Section:</p>
2-14	Pharmacy right to decline distribution	<a href="#"><u>§ 44-4615</u></a>	Provide where a pharmacy has the right to decline to distribute a prescription based upon reimbursement amount.	Document: Page #: Section:
3-14	Fees for Pharmacy delivery	<a href="#"><u>§ 44-4616</u></a>	Provide where the contract allows the delivery of prescription drugs to a covered person upon request by the covered person if delivery is requested prior to the prescription being filled. Delivery fees are expressly passed through to the patient/responsible party.	Document: Page #: Section:

**PHARMACY BENEFIT MANAGER APPLICATION CHECKLIST  
2025**

1-15	Prohibition of Spread Pricing	<a href="#">§ 44-4617</a>	Attach a list of all current Insurers and Plan Sponsor (direct, indirect, or subcontractor) contracts that contain spread pricing as an option for reimbursement. Please indicate each contract's effective date, termination date, and any applicable extension provisions.	<input type="checkbox"/> Attached
2-15	Prohibit spread pricing	<a href="#">§ 44-4617</a>	If spread pricing is an option for reimbursement in your current contracts, provide steps you will take after January 1, 2026 to communicate with pharmacies that spread pricing will no longer be an acceptable method of reimbursement. Provide the sample statement that will be used in contracts issued on or after January 1, 2026, prohibiting spread pricing.	

**CERTIFICATION OF COMPLIANCE**

I, the undersigned authorized filer, hereby certify this application and related contracts comply with applicable Nebraska statutes to the best of my knowledge. This filing contains no prohibited content according to the statutes. I am authorized to sign on behalf of the Company identified below.

\_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Typed Name of Authorized Applicant (Electronic Signature)

\_\_\_\_\_  
Date