

Administration of Claims by PBMs

§33-64-10* of Official Code of Georgia Annotated requires PBMs to include any amounts paid by or on behalf of an insured for a prescription drug when calculating the insured's contribution to their cost-sharing obligations.

**Effective July 1, 2021*

Exception

A PBM can decline to count amounts paid by or on behalf of a patient if the prescription drug in question has a generic equivalent. **This exception does not apply if the prescription drug with a generic equivalent was obtained through prior authorization, a step therapy protocol, or the exceptions and appeals process.**

Generic equivalent means:

- A drug that has an identical amount of the same active chemical ingredients in the same dosage form, that meets applicable standards of strength, quality, and purity according to the United States Pharmacopeia or other nationally recognized compendium, and that, if administered in the same amounts, will provide comparable therapeutic effects (O.C.G.A. § 33-64-10); and
- Does not include a drug that is listed by the federal Food and Drug Administration as having unresolved bioequivalence concerns according to the administration's most recent publication of approved drug products with therapeutic equivalence evaluations. (O.C.G.A. § 33-64-10)..

Complaints

Contact the Office of Commissioner of Insurance and Fire Safety at 404.656.2070 or visit <https://oci.georgia.gov/insurance-resources/complaints-fraud>.