

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2015

H.B. 839  
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HOUSE PRINCIPAL CLERK

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HOUSE DRH10298-MM-102 (03/25)

Short Title: Pharm. Drug Cost/Utilization Reporting. (Public)

Sponsors: Representative Collins.

Referred to:

1 A BILL TO BE ENTITLED  
2 AN ACT TO REQUIRE MANUFACTURERS OF PHARMACEUTICAL DRUGS TO  
3 REPORT COST AND UTILIZATION INFORMATION.

4 The General Assembly of North Carolina enacts:

5 SECTION 1. Article 50 of Chapter 58 is amended by adding a new Part to read:

6 "Part 8. Pharmacy Cost Reporting.

7 "**§ 58-50-300. Purpose.**

8 It is the intent of the General Assembly to make information available to the public about  
9 the cost and utilization of pharmaceutical drugs. To fulfill this goal, the General Assembly  
10 finds that there should be annual reporting of drug costs and use that would be of use by  
11 policymakers, government agencies and others to understand pharmacy cost trends.

12 "**§ 58-50-305. Pharmacy cost reporting.**

13 (a) Each manufacturer of a brand medication that is made available in North Carolina  
14 shall file a report on pharmaceutical costs as outlined in this section.

15 (b) The report shall include the following for each drug required in subsection (c) of  
16 this section:

- 17 (1) Total costs derived in the production of the drug.  
18 (2) Average wholesale cost of the drug as filed with the Federal Food and Drug  
19 Administration and, for each drug, a five-year history of average wholesale  
20 price expressed as a percentage and the month each increase took effect.  
21 (3) Total research and development costs paid by the manufacturer in the  
22 production of the drug.  
23 (4) Total administrative costs, marketing and advertising costs for the promotion  
24 of the drug, and costs associated with direct-to-consumer coupons and  
25 amount redeemed.  
26 (5) Total profit as represented in total dollars and a percentage of total company  
27 profit derived from the sale of the drug.  
28 (6) Total amount of financial assistance the manufacturer has provided through  
29 patient prescription assistance programs if such programs are available.

30 (c) The annual report required in subsection (a) of this section shall include the  
31 following branded pharmaceutical drugs:

- 32 (1) Each orally administered anticancer medication used to kill or slow the  
33 growth of cancerous cells.  
34 (2) Each orally administered analgesics medication used for the treatment of  
35 pain.



- 1           (3)    Each orally administered medication used for the treatment of depression,  
2           including Selective serotonin reuptake inhibitors (SSRIs), commonly  
3           referred to as antidepressants.
- 4           (4)    Each orally administered bronchodilator, anticholinergics, anti-inflammatory  
5           drug such as inhaled corticosteroids or mast cell stabilizers, used for the  
6           treatment of asthma, allergies, and other respiratory problems.
- 7           (5)    Each orally administered statin drug used to lower the level of cholesterol in  
8           the blood.
- 9           (6)    Each medication administered by injection, including insulin.
- 10          (7)    Each biologic medication as defined under section 351 of the federal Public  
11          Health Services Act (42 U.S.C. § 262).

12          (d)    Information required in subsections (b) and (c) of this section shall be filed annually  
13          with the Department on a form prescribed by the Commissioner and shall be submitted no later  
14          than May 1 of each year.

15          (e)    The Commissioner shall issue annually a report outlining the information submitted  
16          under this section. The report shall be submitted to the General Assembly and shall be posted  
17          on the Department's Web site."

18                **SECTION 2.** The Commissioner of Insurance shall convene an advisory  
19 workgroup to make recommendations regarding the report form required under G.S. 58-50-305,  
20 as enacted by this act. The workgroup shall include representatives from the pharmaceutical  
21 industry, health insurance plans, pharmacy benefit managers, State agencies, consumer  
22 advocates, and physicians.

23                **SECTION 3.** This act is effective when it becomes law.