~~(I) THE TERMS, CONDITIONS, FEES, BENEFIT DESIGNS, PROCESS, AND PROCEDURES FOR ACCESSING THE PHARMACY BENEFITS MANAGEMENT SERVICES PROVIDED BY THE PHARMACY BENEFITS MANAGER; AND~~

~~(II) THE PHARMACY BENEFITS MANAGER'S PROCEDURES FOR HANDLING DISPUTES; AND~~

~~(2) PROVIDE AT LEAST 30 DAYS' WRITTEN NOTICE TO THE PHARMACY PROVIDER OF BENEFIT CHANGES, INCLUDING ADDITIONS OR DELETIONS TO COVERED PRESCRIPTION DRUGS, WITH THE EXCEPTION OF NEW DRUGS APPROVED BY THE U.S. FOOD AND DRUG ADMINISTRATION.~~

~~(E) THE FOLLOWING PROVISIONS SHALL APPLY TO AUDITS OF PHARMACIES OR CLAIMS FROM PHARMACIES CARRIED OUT BY PHARMACY BENEFITS MANAGERS OR THE AGENTS OF PHARMACY BENEFITS MANAGERS:~~

~~(1) A PHARMACY BENEFITS MANAGER OR THE AGENT OF A PHARMACY BENEFITS MANAGER SHALL PROVIDE WRITTEN NOTICE TO A PHARMACY AT LEAST 2 WEEKS BEFORE BEGINNING THE AUDIT;~~

~~(2) ONLY CLAIMS THAT HAVE BEEN SPECIFICALLY REQUESTED FOR AUDITING MAY BE SUBJECT TO AN AUDIT;~~

~~(3) A PHARMACY BENEFITS MANAGER MAY NOT REQUIRE EXTRAPOLATION AUDITS AS A CONDITION OF A CONTRACT OR PARTICIPATION IN A NETWORK OR PROGRAM OF THE PHARMACY BENEFITS MANAGER;~~

~~(4) (I) ANY AUDIT FINDING OF AN OVERPAYMENT OR UNDERPAYMENT SHALL BE BASED ON AN ACTUAL OVERPAYMENT OR UNDERPAYMENT FOUND IN CLAIMS SUBJECT TO AUDIT; AND~~

~~(II) THE OVERPAYMENT OR UNDERPAYMENT MAY NOT BE A PROJECTED AMOUNT BASED ON THE NUMBER OF PATIENTS WITH A SIMILAR DIAGNOSIS WHO PURCHASE DRUGS AT THE PHARMACY OR ON THE NUMBER OF SIMILAR ORDERS OR REFILLS FOR SIMILAR DRUGS;~~

~~(5) A CLAIM MAY NOT BE SUBJECTED TO AN AUDIT MORE THAN 1 YEAR AFTER THE CLAIM WAS ADJUDICATED BY THE PHARMACY BENEFITS MANAGER;~~

~~(6) A PHARMACY BENEFITS MANAGER MAY NOT RECOUP BY SETOFF ANY MONEYS THAT THE PHARMACY BENEFITS MANAGER CONTENDS~~