

NORTH CAROLINA GENERAL ASSEMBLY **AMENDMENT**

House Bill 97

AMENDMENT NO. A 28 (to be filled in by Principal Clerk)

H97-AMM-85 [v.5]

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Amends Title [NO] 6th Edition	Date	,2015

Senator Tucker

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moves to amend the bill on page 355 by inserting the following between lines 12 and 13:

"SYNCHRONIZATION OF PRESCRIPTION REFILLS

SECTION 20.1.(a) Article 3 of Chapter 58 of the General Statutes is amended by adding a new section to read:

"§ 58-3-181. Synchronization of prescription refills.

- Every health benefit plan that provides coverage for prescription drugs shall provide for synchronization of medication when it is agreed among the insured, the provider, and a pharmacist that synchronization of multiple prescriptions for the treatment of a chronic illness is in the best interest of the insured for the management or treatment of a chronic illness, provided all of the following apply:
 - The medications are covered by the clinical coverage policy. (1)
 - The medications are used for treatment and management of chronic (2) conditions and the medications are subject to refills.
 - The medications are not a Schedule II controlled substance or a Schedule III (3) controlled substance containing hydrocodone.
 - The medications meet all prior authorization criteria specific to the (4) medications at the time of the synchronization request.
 - (5) The medications are of a formulation that can be effectively split over required short fill periods to achieve synchronization.
 - The medications do not have quantity limits or dose optimization criteria or (6) requirements that would be violated in fulfilling synchronization.
- When applicable to permit synchronization, the health benefit plan shall apply a (b) prorated daily cost-sharing rate to any medication dispensed by a network pharmacy pursuant to this section. Any dispensing fee shall not be prorated and shall be based on an individual prescription filled or refilled.
 - (c) The following definitions apply in this section:
 - Health benefit plan. As defined in G.S. 58-3-167. The phrase also applies (1) to limited-scope dental and vision insurance.
 - Health care provider or provider. As defined in G.S. 58-3-225(a)(4). <u>(2)</u>
- 30 (3) <u>Insured – An individual who is eligible to receive benefits from the health</u> 31 benefit plan.
 - (4) <u>Insurer. – As defined in G.S. 58-3-225(a)(5).</u>"



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ADOPTED

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1 2		ECTION 20.2(b) This section becomes effective January intracts issued, renewed, or amended on or after that dates	
	SIGNED _		_
		Amendment Sponsor	
	SIGNED _		_
		Committee Chair if Senate Committee Amendment	
	ADOPTED	FAIL FD	TARLED

The official copy of this document, with signatures and vote information, is available in the Senate Principal Clerk's Office