

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

(a) 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:

- (1) The medications are covered by the clinical coverage policy.
- (2) The medications are used for treatment and management of chronic conditions, and the medications are subject to refills.
- (3) The medications are not a Schedule II controlled substance or a Schedule III controlled substance containing hydrocodone.
- (4) The medications meet all prior authorization criteria specific to the 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.
- (6) The medications do not have quantity limits or dose optimization criteria or requirements that would be violated in fulfilling synchronization.

(b) When applicable to permit synchronization, the health benefit plan shall apply a 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:

- (1) Health benefit plan. – As defined in G.S. 58-3-167. The phrase also applies to limited-scope dental and vision insurance.
- (2) Health care provider or provider. – As defined in G.S. 58-3-225(a)(4).
- (3) Insured. – An individual who is eligible to receive benefits from the health benefit plan.
- (4) Insurer. – As defined in G.S. 58-3-225(a)(5). (2015-241, s. 20.2(a).)