

Effective 5/13/2014

31A-22-643 Prescription synchronization -- Copay and dispensing fee restrictions.

- (1) For purposes of this section:
 - (a) "Copay" means the copay normally charged for a prescription drug.
 - (b) "Health insurer" means an insurer, as defined in Subsection 31A-22-634(1).
 - (c) "Network pharmacy" means a pharmacy included in a health insurance plan's network of pharmacy providers.
 - (d) "Prescription drug" means a prescription drug, as defined in Section 58-17b-102, that is prescribed for a chronic condition.
- (2) A health insurance plan may not charge an amount in excess of the copay for the dispensing of a prescription drug in a quantity less than the prescribed amount if:
 - (a) the pharmacy dispenses the prescription drug in accordance with the health insurer's synchronization policy; and
 - (b) the prescription drug is dispensed by a network pharmacy.
- (3) A health insurance plan that includes a prescription drug benefit:
 - (a) shall implement a synchronization policy for the dispensing of prescription drugs to the plan's enrollees; and
 - (b) may not base the dispensing fee for an individual prescription on the quantity of the prescription drug dispensed to fill or refill the prescription unless otherwise agreed to by the plan and the contracted pharmacy at the time the individual requests synchronization.
- (4) This section applies to health benefit plans renewed or entered into on or after January 1, 2015.

Enacted by Chapter 111, 2014 General Session