

**Subject** Pharmacist disclosure; synchronization of refills

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## Overview

This bill provides that health plan company and pharmacy benefit manager contracts with a pharmacy or pharmacist shall not prohibit the pharmacist from disclosing specified information on the cost of medications, payment criteria, and alternative medications and methods of payment. The bill also requires contracts between a pharmacy benefit manager and a pharmacy to allow for the synchronization of refills.

## Summary

Section	Description
1	<p><b>Reimbursement criteria.</b></p> <p>Amends § 151.214, by adding subd. 3.</p> <p>(a) Provides that a contract between a pharmacist or pharmacy and a health plan company or pharmacy benefit manager (PBM) shall not prohibit a pharmacist from, or penalizing a pharmacist for, disclosing to individual purchasing a drug:</p> <p>(1) the cost of the prescription medication to the individual;</p> <p>(2) the payment criteria used by the health plan company or the PBM; or</p> <p>(3) the availability of any therapeutically equivalent alternative medications, or alternative methods of purchasing the medication, including but not limited to paying a cash price that is less expensive than the cost of the medication recommended by the health plan company or PBM.</p> <p>(b) States that prohibiting or penalizing includes, but is not limited to, reduced payments, increased utilization review, or other financial disincentives.</p>
2	<p><b>Synchronization of refills.</b></p> <p>Amends § 151.71, by adding subd. 3.</p> <p>(a) Defines “synchronization” as the coordination of prescription drug refills for a patient taking two or more medications for one or more chronic conditions, to allow the medications to be refilled on the same schedule for a given period of time.</p>

Section	Description
	<p>(b) Requires a contact between a pharmacy benefit manager (PBM) and a pharmacy to allow for synchronization of refills for a patient on at least one occasion per year, if the following criteria are met:</p> <ul style="list-style-type: none"><li>(1) the drugs are covered under the health plan or approved as a formulary exception;</li><li>(2) the drugs are maintenance medications and have one or more refills available;</li><li>(3) the drugs are not Schedule II, III, or IV controlled substances;</li><li>(4) the patient meets all utilization management criteria relevant to the drug;</li><li>(5) the drugs can be safely split into short-fill periods; and</li><li>(6) the drugs do not have special handling or sourcing needs.</li></ul> <p>(c) Requires the PBM to apply a prorated, daily patient cost-sharing rate when necessary to permit synchronization. Prohibits the dispensing fee from being prorated, and requires dispensing fees to be based on the number of prescriptions filled or refilled.</p>



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