

# STATE OF NEW YORK

9012

## IN ASSEMBLY

January 10, 2020

Introduced by M. of A. GOTTFRIED, ABINANTI, PHEFFER AMATO, SOLAGES, JAFFEE, GARBARINO, STECK, SEAWRIGHT, ASHBY, BYRNE, McDONALD, BUTTENS-CHON -- Multi-Sponsored by -- M. of A. HEVESI -- read once and referred to the Committee on Health

AN ACT to amend the social services law, in relation to synchronization of multiple prescriptions

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivision 9 of section 367-a of the social services law  
2 is amended by adding a new paragraph (i) to read as follows:

3 (i)(i) The department of health shall establish a program for synchro-  
4 nization of medications when it is agreed among the recipient, a provid-  
5 er and a pharmacist that synchronization of multiple prescriptions for  
6 the treatment of a chronic illness is in the best interest of the  
7 patient for the management or treatment of a chronic illness provided  
8 that the medications:

9 (A) are covered by the department of health pursuant to this title;

10 (B) are used for treatment and management of chronic conditions that  
11 are subject to refills;

12 (C) are not a schedule II controlled substance, nor a schedule III  
13 controlled substance that contains hydrocodone;

14 (D) meet all prior authorization criteria specific to the medications  
15 at the time of the synchronization request;

16 (E) are of a formulation that can be effectively split over required  
17 short fill periods to achieve synchronization; and

18 (F) do not have quantity limits or dose optimization criteria or  
19 requirements that would be violated in fulfilling synchronization.

20 (ii) The department of health shall not deny coverage for the dispens-  
21 ing of a medication by a pharmacy for a partial supply when it is for  
22 the purpose of synchronizing the patient's medications. When applicable  
23 to permit synchronization, the department of health shall allow a phar-  
24 macy to override any denial codes indicating that a prescription is  
25 being refilled too soon for the purposes of medication synchronization.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets  
[-] is old law to be omitted.

LBD14664-01-0

1 (iii) To permit synchronization, the department of health shall apply  
2 a prorated daily cost-sharing rate to any medication dispensed by a  
3 pharmacy pursuant to this section.

4 (iv) The dispensing fee paid to a pharmacy contracted to provide  
5 services pursuant to this section for a partial supply associated with a  
6 medication synchronization shall be paid in full and shall not be  
7 prorated.

8 (v) The requirement of this paragraph applies only once for each  
9 prescription drug subject to medication synchronization except when  
10 either of the following occurs:

11 (I) the prescriber changes the dosage or frequency of administration  
12 of the prescription drug subject to a medication synchronization; or

13 (II) the prescriber prescribes a different drug.

14 (vi) Nothing in this paragraph shall be deemed to require health care  
15 practitioners and pharmacists to synchronize the refilling of multiple  
16 prescriptions for a recipient.

17 § 2. Subdivision 4 of section 364-j of the social services law is  
18 amended by adding a new paragraph (w) to read as follows:

19 (w)(i) The department of health or a managed care organization  
20 contracted to provide services pursuant to this section shall establish  
21 a program for synchronization of medications when it is agreed among the  
22 recipient, a provider and a pharmacist that synchronization of multiple  
23 prescriptions for the treatment of a chronic illness is in the best  
24 interest of the patient for the management or treatment of a chronic  
25 illness provided that the medications:

26 (A) are covered by Medicaid services or a managed care organization  
27 contracted to provide services pursuant to this chapter;

28 (B) are used for treatment and management of chronic conditions that  
29 are subject to refills;

30 (C) are not a schedule II controlled substance, nor a schedule III  
31 controlled substance that contains hydrocodone;

32 (D) meet all prior authorization criteria specific to the medications  
33 at the time of the synchronization request;

34 (E) are of a formulation that can be effectively split over required  
35 short fill periods to achieve synchronization; and

36 (F) do not have quantity limits or dose optimization criteria or  
37 requirements that would be violated in fulfilling synchronization.

38 (ii) The department of health or a managed care organization  
39 contracted to provide services under this section shall not deny cover-  
40 age for the dispensing of a medication by a pharmacy for a partial  
41 supply when it is for the purpose of synchronizing the patient's medica-  
42 tions. When applicable to permit synchronization, the department of  
43 health or a managed care organization contracted to provide services  
44 under this title shall allow a pharmacy to override any denial codes  
45 indicating that a prescription is being refilled too soon for the  
46 purposes of medication synchronization.

47 (iii) To permit synchronization, the department of health or a managed  
48 care organization contracted to provide services pursuant to this title  
49 shall apply a prorated daily cost-sharing rate to any medication  
50 dispensed by a pharmacy pursuant to this section.

51 (iv) The dispensing fee paid to a pharmacy contracted to provide  
52 services pursuant to this section for a partial supply associated with a  
53 medication synchronization shall be paid in full and shall not be  
54 prorated.

1     (v) The requirement of this paragraph applies only once for each  
2     prescription drug subject to medication synchronization except when  
3     either of the following occurs:

4     (A) the prescriber changes the dosage or frequency of administration  
5     of the prescription drug subject to a medication synchronization; or

6     (B) the prescriber prescribes a different drug.

7     (vi) Nothing in this paragraph shall be deemed to require health care  
8     practitioners and pharmacists to synchronize the refilling of multiple  
9     prescriptions for a covered individual.

10    § 3. This act shall take effect on the one hundred twentieth day after  
11    it shall have become a law. The amendments to subdivision 9 of section  
12    367-a of the social services law, made by section one of this act, shall  
13    not affect the expiration of that subdivision, and shall expire there-  
14    with.

15    The amendments to section 364-j of the social services law, made by  
16    section two of this act, shall not affect the repeal of that section,  
17    and shall be deemed repealed therewith. Effective immediately, the  
18    commissioner of health shall make regulations and take other actions  
19    reasonably necessary to implement this act on that date.