

§4314-A. Coverage for early refills of prescription eye drops

1. Required coverage. A carrier offering a health plan in this State shall provide coverage for one early refill of a prescription for eye drops if the following criteria are met:

A. The enrollee requests the refill no earlier than the date on which 70% of the days of use authorized by the prescribing health care provider have elapsed; [PL 2015, c. 91, §1 (NEW); PL 2015, c. 91, §2 (AFF).]

B. The prescribing health care provider indicated on the original prescription that a specific number of refills are authorized; [PL 2015, c. 91, §1 (NEW); PL 2015, c. 91, §2 (AFF).]

C. The refill requested by the enrollee does not exceed the number of refills indicated on the original prescription; [PL 2015, c. 91, §1 (NEW); PL 2015, c. 91, §2 (AFF).]

D. The prescription has not been refilled more than once during the period authorized by the prescribing health care provider prior to the request for an early refill; and [PL 2015, c. 91, §1 (NEW); PL 2015, c. 91, §2 (AFF).]

E. The prescription eye drops are a covered benefit under the enrollee's health plan. [PL 2015, c. 91, §1 (NEW); PL 2015, c. 91, §2 (AFF).]
[PL 2015, c. 91, §1 (NEW); PL 2015, c. 91, §2 (AFF).]

2. Cost sharing. A carrier may impose a deductible, copayment or coinsurance requirement for an early refill under this section as permitted under the health plan.
[PL 2015, c. 91, §1 (NEW); PL 2015, c. 91, §2 (AFF).]

SECTION HISTORY

PL 2015, c. 91, §1 (NEW). PL 2015, c. 91, §2 (AFF).

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