

Leonard Sorrin
Vice President

March 12, 2013

Representative Kurt Olson
State Capitol Room 24
Juneau, AK 99801

Dear Representative Olson:

On behalf of Premera Blue Cross, I am writing with respect to HB 125, *an act prohibiting a health care insurer from denying coverage for an additional limited quantity of prescription topical eye medication under certain circumstances*. We wanted to share our concerns with the current draft of the legislation.

We understand the challenges patients may face administering certain eye medications given their condition. To help address this challenge and provide flexibility to our members, Premera currently has a prescription refill policy in place for our members. The prescription refill policy permits a grace period for members to obtain a refill after 75% of the existing supply of medication has been used. This means that a member receiving a 30-day supply could obtain a refill on day 24.

Our concerns with the bill relate to patient safety. The bill would permit any eye medication prescription to be refilled "without regard to a coverage restriction for early refill of prescription renewals." Limitations regarding the timing of a prescription refill are intended to avoid risks associated with over-medication and excess drug supply. We believe our early refill policy fairly balances this concern with the member's ability to appropriately access their medication on a timely and effective basis.

In addition, the scope of the bill is broad and would include any diagnosis or condition and related topical eye medication. The proposal also does not align with current practices and standards for prescribing and refilling prescription medications. Safeguards for refilling prescriptions should be specified in the bill to avoid unintended consequences of refills being obtained when not authorized by the prescribing provider.

To address patient safety concerns and align to current refill practices, we recommend the following amendments to the bill for your consideration. We have attached a separate document with the proposed changes.

We appreciate your consideration of this input with respect to House Bill 125. Please feel free to give me a call if you have any questions.

Sincerely,



Leonard H. Sorrin

A BILL FOR AN ACT ENTITLED

"An Act prohibiting a health care insurer from denying coverage for an additional limited quantity of prescription topical eye medication under certain circumstances."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

*** Section 1.** AS 21.42 is amended by adding a new section to read:

Sec. 21.42.425. Coverage for prescription topical eye medication. A health care insurer that offers, issues for delivery, delivers, or renews a health care insurance plan in the group or individual market in the state that provides coverage for prescription topical eye medication shall allow for the limited refilling of a topical eye medication prescription to treat (insert condition) before the last day of the prescribed dosage period if all of the following are met:

- (a) The refill is requested by the covered person less than 30 days after the later of:
 - a. The date the original prescription was dispensed to the covered person; or
 - b. The date of the last prescription refill that was dispensed to the covered person.

[WITHOUT REGARD TO A COVERAGE RESTRICTION FOR EARLY REFILL OF PRESCRIPTION RENEWALS] (b) A refill-dispensed before the expiration of the prescribed and approved coverage period shall be limited in quantity [, TO THE EXTENT PRACTICABLE,] to the number of refills that the prescriber indicated [AMOUNT OF THE REMAINING DOSAGE] and initially approved for coverage. (c) The prescriber must indicate on the original prescription that a specific number of refills will be needed. (d) The prescription may not be refilled more than once during the 30-day period prior to the request for an early refill. (e) The prescription eye medication must be a covered benefit under the policy.

*** Sec. 2.** The uncodified law of the State of Alaska is amended by adding a new section to read:

APPLICABILITY. AS 21.42.425, enacted by sec. 1 of this Act, applies to a health care insurance plan offered, issued for delivery, delivered, or renewed on or after January 1, 2014. [AFTER THE EFFECTIVE DATE OF THIS ACT]