Regular Session, 2014

ACT No. 453

ENROLLED

SENATE BILL NO. 165

BY SENATOR MURRAY

AN ACT

To enact R.S. 22:1060.5, relative to prescription drug specialty tiers; to provide with respect to limits on coinsurance; to provide for limits on out-of-pocket expenses for prescription drugs; and to provide for related matters.

Be it enacted by the Legislature of Louisiana:

Section 1. R.S. 22:1060.5 is hereby enacted to read as follows:

§1060.5. Specialty drug tiers; prohibitions; limits on co-payments

A. A health insurance issuer of a health benefit plan that covers prescription drugs, as defined in R.S. 22:1060.1(8), and utilizes a formulary tier that is higher than a preferred or non-preferred brand drug tier, sometimes known as a specialty drug tier, shall limit any required co-payment or coinsurance applicable to drugs on such tier to an amount not to exceed one hundred and fifty dollars per month for each drug up to a thirty-day supply of any single drug. This limit shall be inclusive of any co-payment or coinsurance. This limit shall be applicable after any deductible is reached and until the individual's maximum out-of-pocket limit has been reached.

B. A health care issuer of a health benefit plan that covers prescription drugs, as defined in R.S. 22:1060.1(8), and utilizes specialty tiers shall be required to implement an exceptions process that allows enrollees to request an exception to the formulary. Under such an exception, a non-formulary specialty drug could be deemed covered under the formulary if the prescribing physician determines that the formulary drug for treatment of the same condition either would not be as effective for the individual, would have adverse effects for the

Coding: Words which are ~~struck through~~ are deletions from existing law; words in **boldface type and underscored** are additions.

individual, or both. In the event an enrollee is denied an exception, such denial shall be considered an adverse event and shall be subject to the health plan internal review process and the state external review process.

C. The provisions of this Section shall not apply to the Office of Group Benefits or to the claims of the Office of Group Benefits enrollees administered by health insurance issuers.

Section 2. The provisions of this Section shall become effective on January 1, 2015.

PRESIDENT OF THE SENATE

SPEAKER OF THE HOUSE OF REPRESENTATIVES

GOVERNOR OF THE STATE OF LOUISIANA

APPROVED: ____________

Coding: Words which are ~~struck through~~ are deletions from existing law; words in **boldface type and underscored** are additions.