RÉSUMÉ DIGEST

ACT 706 (HB 1154) **2026 Regular Session** **Glorioso**

New law establishes provisions regarding prior authorization requirements for certain prescription medications under health insurance plans.

New law defines essential terminology, including "board-certified physician", "commercial insurer", "generic medication", and "prior authorization", for the purpose of regulating utilization review processes applicable to prescription drug coverage.

New law prohibits a commercial insurer from requiring prior authorization for the dispensing or reimbursement of a non-opioid generic medication, if all the following conditions are satisfied:

(1) The prescription is issued by a board-certified physician or an authorized provider whose specialty certification encompasses the medical indication for which the medication is prescribed.

(2) The medication is chemically equivalent to a brand-name drug and has been approved as interchangeable by the United States Food and Drug Administration.

(3) The wholesale acquisition cost of the medication does not exceed $250 per prescription.

New law provides that the prohibition on prior authorization will apply to health insurance policies, contracts, or plans issued on or after Jan. 1, 2027. Existing policies must be brought into compliance at the time of renewal but no later than Jan. 1, 2028.

Effective January 1, 2027.

(Adds R.S. 22:1060.1(9)-(12) and 1060.9)