RÉSUMÉ DIGEST

ACT 372 (SB 285) **2018 Regular Session** **Gary Smith**

Prior law defined "health insurance issuer" as an entity that offers a health benefit plan through a policy, contract, or certificate of insurance subject to state law that regulates the business of insurance.

Prior law defined "prescription drug" as:

(1) A substance for which federal or state law requires a prescription before the substance may be legally dispensed to the public.

(2) A drug or device that under federal law is required, before being dispensed or delivered, to be labeled with the statement: "Caution: Federal law prohibits dispensing without prescription" or "Rx only" or another legend that complies with federal law.

(3) A drug or device that is required by federal or state statute or regulation to be dispensed on prescriptions or that is restricted to use by a physician or other authorized prescriber.

New law prohibits a health insurance issuer from denying coverage of a non-opioid prescription drug in favor of an opioid prescription drug.

New law provides when opioids are deemed medically necessary by a licensed physician, it shall be unlawful for an insurer to deny a physician prescribed medication and recommend an alternative prescription which requires any of the following:

(1) An increased number of pills per prescription.

(2) A higher Drug Enforcement Administration schedule medication than the one prescribed.

(3) The substitution of an extended release medication that does not have defined abuse deterrent properties for a prescription of a medication that does have defined abuse deterrent properties.

Effective August 1, 2018.

(Adds R.S. 22:1060.7)