

[La. Rev. Stat. Ann. § 22:1006.1.]

§ 22:1006.1. Prior authorization forms required; criteria: Health and Accident Insurance; Standards and Contract Requirements in General

A. As used in this Section:

(1) "Health benefit plan", "plan", "benefit", or "health insurance coverage" means services consisting of medical care, provided directly, through insurance or reimbursement, or otherwise, and including items and services paid for as medical care under any hospital or medical service policy or certificate, hospital or medical service plan contract, preferred provider organization, or health maintenance organization contract offered by a health insurance issuer. However, excepted benefits are not included as a "health benefit plan".

(2) "Health insurance issuer" means any entity that offers health insurance coverage through a plan, policy, or certificate of insurance subject to state law that regulates the business of insurance. "Health insurance issuer" shall also include a health maintenance organization, as defined and licensed pursuant to Subpart I of Part I of Chapter 2 of this Title.

(3) "Prior authorization" shall mean a utilization management criterion utilized to seek permission or waiver of a drug to be covered under a health benefit plan that provides prescription drug benefits.

(4) "Prior authorization form" shall mean a single uniform prescription drug prior authorization form used by all health insurance issuers, including any health insurance issuer pharmacy benefit managers, for the purpose of obtaining prior authorization.

B. Notwithstanding any other provision of law to the contrary, in order to establish uniformity in the submission of prescription drug prior authorization forms, on and after January 1, 2019, a health insurance issuer shall utilize only a single uniform prescription drug prior authorization form for obtaining any prior authorization for prescription drug benefits. The requirement for a single uniform prescription drug prior authorization form shall not apply to prior authorization of specialty drugs or in cases where electronic prescriptions are utilized. The form shall not exceed two pages in length, excluding any instructions or guiding documentation. The only form allowable for use shall be the form jointly promulgated by the Louisiana Board of Pharmacy and the Louisiana State Board of Medical Examiners. A health insurance issuer may include issuer specific information on the form, including but not limited to the issuer's name, address, logo, and other contact information for the issuer. A health insurance issuer may make the form accessible through multiple computer operating systems.

C. The Louisiana Board of Pharmacy and the Louisiana State Board of Medical Examiners shall promulgate rules and regulations prior to January 1, 2019, that establish the form that shall be utilized by all health insurance issuers. The boards may consult with the health insurance issuers, Medicaid managed care organizations, Louisiana Department of Health, and Department of Insurance as necessary in development of the prior authorization form.

D. The Department of Insurance, under its authority in this Title, shall assess sanctions against any health insurance issuer that directly, or through its pharmacy benefit managers, utilizes any prescription drug prior authorization form other than the single uniform prescription drug prior authorization form provided for in this Section.

E. The single uniform prescription drug prior authorization form provided for in this Section shall be the same as provided for in R.S. 46:460.33.