



General Assembly

**Substitute Bill No. 6096**

January Session, 2019



**AN ACT LIMITING CHANGES TO PRESCRIPTION DRUG FORMULARIES AND LISTS OF COVERED DRUGS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective January 1, 2020*) (a) For the purposes of  
2 this section:

3 (1) "Affordable Care Act" has the same meaning as provided in  
4 section 38a-1080 of the general statutes;

5 (2) "Health benefit plan" has the same meaning as provided in  
6 section 38a-1080 of the general statutes, except that such term shall not  
7 include a grandfathered health plan as such term is used in the  
8 Affordable Care Act; and

9 (3) "Health carrier" has the same meaning as provided in section  
10 38a-1080 of the general statutes.

11 (b) Notwithstanding any provision of the general statutes and  
12 except as provided in subsection (c) of this section, no health carrier  
13 offering a health benefit plan in this state on or after January 1, 2020,  
14 that includes a pharmacy benefit and uses a drug formulary or list of  
15 covered drugs shall:

16 (1) Remove a prescription drug from the drug formulary or list of

17 covered drugs during a plan year; or

18 (2) Move a prescription drug from a cost-sharing tier that imposes a  
19 lesser coinsurance, copayment or deductible for the prescription drug  
20 to a cost-sharing tier that imposes a greater coinsurance, copayment or  
21 deductible for such prescription drug during a plan year.

22 (c) A health carrier offering a health benefit plan in this state on or  
23 after January 1, 2020, that includes a pharmacy benefit and uses a drug  
24 formulary or list of covered drugs may:

25 (1) Remove a prescription drug from the drug formulary or list of  
26 covered drugs if:

27 (A) The prescription drug is not approved by the federal Food and  
28 Drug Administration;

29 (B) The federal Food and Drug Administration issues an  
30 announcement, guidance, notice, warning or statement concerning the  
31 prescription drug that calls into question the clinical safety of such  
32 prescription drug; or

33 (C) The prescription drug is approved by the federal Food and Drug  
34 Administration for use without a prescription; and

35 (2) Move a brand name prescription drug from a cost-sharing tier  
36 that imposes a lesser coinsurance, copayment or deductible for the  
37 brand name prescription drug to a cost-sharing tier that imposes a  
38 greater coinsurance, copayment or deductible for such brand name  
39 prescription drug if the health carrier adds to such drug formulary or  
40 list of covered drugs a generic prescription drug:

41 (A) That is approved by the federal Food and Drug Administration  
42 for use as an alternative to such brand name prescription drug; and

43 (B) In a cost-sharing tier that will impose a coinsurance, copayment  
44 or deductible for the generic prescription drug that is lesser than the

45 coinsurance, copayment or deductible that will be imposed for such  
46 brand name prescription drug.

47 (d) Nothing in this section shall be construed to prevent or prohibit  
48 a health carrier from adding a prescription drug to a formulary or list  
49 of covered drugs at any time.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>January 1, 2020</i>	New section

**INS**      *Joint Favorable Subst.*