



Sen. Deanna Demuzio

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LRB095 04329 DRJ 34280 a

1 AMENDMENT TO SENATE BILL 147

2 AMENDMENT NO. _____. Amend Senate Bill 147, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

5 "Section 1. Short title. This Act may be cited as the
6 Patient Prescription Fulfillment Act.

7 Section 5. Definition. In this Act:

8 "Drug interchange" means a change from one prescription
9 drug to another.

10 "Pharmacy benefit manager" means a third party
11 administrator of a prescription drug program that is
12 responsible for processing and paying prescription drug
13 claims. The term includes, without limitation, insurers,
14 self-insured entities, managed care organizations, and
15 government programs.

1 Section 10. Patient prescription fulfillment.

2 (a) When a patient presents a prescription written by his
3 or her physician for a brand-name drug to a pharmacy to be
4 filled, the pharmacy shall give the patient a 30-day supply of
5 the prescribed drug. The pharmacy shall charge the patient the
6 lowest copayment amount for brand-name drugs according to the
7 prescription drug formulary adopted by the patient's pharmacy
8 benefit manager.

9 (b) Within 30 days after a prescription is filled in
10 accordance with subsection (a), the patient's pharmacy benefit
11 manager shall contact the patient's physician who wrote the
12 prescription to inform the physician of the current
13 prescription drug formulary choices available to the patient.
14 The information provided by the pharmacy benefit manager must
15 include the copayment amounts for the various drug choices, any
16 material differences between alternative drug choices with
17 respect to side effects and patient health and safety, the
18 current prescribing information for those alternative drug
19 choices approved by the federal Food and Drug Administration,
20 and the current evidence-based research underlying the
21 formulary committee's determination of therapeutic
22 equivalence.

23 (c) Upon reviewing the information provided by a pharmacy
24 benefit manager under subsection (b), a physician may either
25 accept or reject a drug interchange proposed by the pharmacy
26 benefit manager based on the alternative drug choices set forth

1 in the prescription drug formulary.

2 (d) If a pharmacy benefit manager does not seek a drug
3 interchange with respect to a patient's prescription order
4 within 30 days after the prescription is filled in accordance
5 with subsection (a), the pharmacy benefit manager may not
6 impose a drug interchange and must treat the prescription as if
7 written for a brand-name drug having the lowest copayment
8 amount according to the pharmacy benefit manager's
9 prescription drug formulary.

10 Section 15. Drug interchange.

11 (a) A pharmacy benefit manager may not impose a drug
12 interchange without the express verifiable authorization of
13 the patient's physician.

14 (b) A pharmacy benefit manager must reverse a drug
15 interchange upon instructions from the prescribing physician
16 or the patient unless the originally prescribed drug is not in
17 the pharmacy benefit manager's prescription drug formulary or
18 unless the patient is unwilling to pay the higher copayment for
19 the originally prescribed drug.

20 (c) If a pharmacy demands from a patient any additional
21 copayment for a prescription drug during the 30 days following
22 the filling of a prescription in accordance with subsection (a)
23 of Section 10 on account of a drug interchange, the patient's
24 pharmacy benefit manager shall reimburse the patient for that
25 additional amount for up to 6 months after the drug

1 interchange.

2 Section 20. Records. A pharmacy benefit manager must
3 maintain records of all physician contacts made under Section
4 10 and all physician authorizations for drug interchanges for a
5 minimum of 2 years following the date of any such contact or
6 authorization.

7 Section 99. Effective date. This Act takes effect upon
8 becoming law.".