64th Legislature

SENATE BILL NO. 292
INTRODUCED BY M. ROSENDALE
A BILL FOR AN ACT ENTITLED: "AN ACT REVISING WORKERS' COMPENSATION LAWS APPLYING TO
INSURANCE PAYMENT OF PRESCRIPTION DRUGS; AUTHORIZING A DRUG FORMULARY APPLYING TO
INJURED WORKERS; PROVIDING RULEMAKING AUTHORITY TO THE DEPARTMENT OF LABOR AND
INDUSTRY; AMENDING SECTION 39-71-727, MCA; AND PROVIDING A DELAYED EFFECTIVE DATE AND
AN APPLICABILITY DATE."
BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:
Section 1. Section 39-71-727, MCA, is amended to read:
"39-71-727. Payment for prescription drugs <u>drug formulary</u> limitations <u> rulemaking</u> . (1) For
payment of prescription drugs, an insurer is liable only for the purchase of generic-name drugs if the
generic-name product is the therapeutic equivalent of the brand-name drug prescribed by the physician, unless
the generic-name drug is unavailable. (1) (a) By July 1, 2016, the department shall establish rules implementing
an outpatient drug formulary that lists drugs that are payable for the treatment of compensable injuries and
occupational diseases.
(b) The department may establish rules for payment and reimbursement for compound prescription
drugs.
(c) The department may establish rules for maximum morphine equivalent dosage that are payable for
schedule II and schedule III narcotic pain medications within the formulary.
(d) (i) An insurer is not liable for the purchase of brand-name drugs if a generic-name product, which is
the therapeutic equivalent within the class, is available.
(2)(ii) If an injured worker prefers a brand-name drug, the worker may pay directly to the pharmacist the
difference in the reimbursement rate between the brand-name drug and the generic-name product, and the
pharmacist may bill the insurer only for the reimbursement rate of the generic-name drug.
(e) An insurer is not responsible for payment of prescription drugs that are not included in the formulary
unless the treating physician documents that a drug not included in the formulary is medically necessary to treat
an injured worker and the treating physician receives prior authorization by the insurer. HOWEVER, PRIOR



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1	AUTHORIZATION REQUIRED UNDER THIS SUBSECTION IS NOT REQUIRED FOR INPATIENT OR EMERGENCY TREATMENTS.
2	(f) The department shall establish rules implementing an independent medical review process for
3	prescription drugs denied by an insurer pursuant to this subsection (1). A party aggrieved by the department's
4	independent medical review process may, after mediation, file a petition with the workers' compensation court.
5	(3) The pharmacist may bill only for the cost of the generic-name product on a signed itemized billing,
6	except if purchase of the brand-name drug is allowed as provided in subsection (1).
7	(4) When billing for a brand-name drug, the pharmacist shall certify that the generic-name drug was
8	unavailable.
9	(5)(2) The department shall establish a schedule of fees for prescription drugs. The schedule of fees
10	does not apply to an agreement between a preferred provider organization and an insurer.
11	(6)(3) Except as provided in subsection (8) (4) or the drug formulary, a pharmacist may not dispense
12	MEDICATIONS MAY NOT BE DISPENSED FOR more than a 30-day supply at any one time.
13	(7) For purposes of this section, the terms "brand name" and "generic name" have the meanings
14	provided in 37-7-502.
15	(8)(4) An insurer may not require a worker receiving benefits under this chapter to obtain medications
16	from an out-of-state mail service pharmacy. However, an insurer may authorize up to a 90-day supply of
17	medications from an in-state mail service pharmacy.
18	(9) The provisions of this section do not apply to an agreement between a preferred provider
19	organization and an insurer."
20	
21	NEW SECTION. Section 2. Effective date. [This act] is effective July 1, 2016.
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23	NEW SECTION. Section 3. Applicability. [This act] applies to injuries or occupational diseases that
24	occur on or after [the effective date of this act].
25	- END -

