



DOMESTIC/FOREIGN INSURERS BULLETIN NO. 67

TO: ALL INSURERS PROVIDING HEALTH INSURANCE COVERAGE IN DELAWARE

RE: SPECIALTY TIER PRESCRIPTION DRUG COVERAGE


DATED: September 17, 2013

The purpose of this bulletin is to inform all insurers providing health insurance coverage in Delaware of the passage of [Senate Substitute 1 for Senate Bill 35](#) (“SB 35”) pertaining to Specialty Tier Prescription Drug Coverage (which was enacted on July 23, 2013, and goes into effect on January 1, 2014).

Senate Bill 35 imposes dollar limits on the health plan practice of prescription drug cost-sharing known as specialty tiers. Patients’ co-insurance or co-payment fees for specialty tier drugs will be limited to \$150 per month for up to a 30-day supply of any single specialty tier drug. An exception can be requested to obtain a specialty tier drug not otherwise available on a health plan formulary. In addition, SB 35 applies whether administered through a third-party administrator (TPA), insurance company, or a Pharmacy Benefit Manager (PBM).

The Department will not be promulgating a regulation at this time. This bulletin and the enacted law provide adequate guidance for compliance.

This bulletin shall be effective immediately and shall remain in effect unless withdrawn or superseded by subsequent law, regulation or bulletin.


Karen Weldin Stewart, CIR-ML
Insurance Commissioner