

## LEGISLATIVE ACTION

Senate House

Comm: RCS 04/15/2011

The Committee on Budget (Sobel) recommended the following:

## Senate Amendment (with title amendment)

Between lines 4451 and 4452 insert:

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Section 52. Section 409.980, Florida Statutes, is created to read:

- 409.980 Prescribed drug services for qualified plans.—The agency shall ensure that a qualified plan has transparency and patient protections in its prescription drug benefit. The qualified plan must, at a minimum:
- (1) Include at least two products, when available, in each therapeutic class.
  - (2) Make available those drugs and dosage forms listed in



its preferred drug list.

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- (3) Make the prior-authorization process readily available to health care providers, including posting such process on its website.
- (4) Not arbitrarily deny or reduce the amount, duration, or scope of prescriptions based solely on the enrollee's diagnosis, type of illness, or condition. The qualified plan may place appropriate limits on prescriptions based on criteria such as medical necessity, or for the purpose of utilization control, if the plan reasonably expects such limits to achieve the purpose of the prescribed drug services set forth in the Medicaid state plan.
- (5) Make available those drugs not on its preferred drug list, when requested and approved, if drugs on the list have been used in a step therapy sequence or if other medical documentation is provided.
- (6) Cover the cost of a brand name drug if the prescriber writes in his or her own handwriting on the prescription that the brand name drug is medically necessary and submits a completed multisource drug and miscellaneous prior authorization form to the qualified plan indicating that the enrollee has had an adverse reaction to a generic drug or has had, in the prescriber's medical opinion, better results when taking the brand name drug.
- (7) Ensure that antiretroviral agents are not subject to the preferred drug list.

======= T I T L E A M E N D M E N T ========== And the title is amended as follows:



43	Delete line 255
44	and insert:
45	evaluation of dually eligible nursing home residents;
46	creating s. 409.980, F.S.; providing minimum
47	requirements for prescription drug benefits provided
48	by a qualified plan;