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LEGISLATIVE ACTION

Senate . House

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Senator Bean moved the following:

Senate Amendment (with title amendment)

Delete lines 2420 - 2425
and insert:
4. Managed care plans must permit an enrollee who was receiving a prescription drug and was on the plan's formulary and subsequently removed or changed, to continue receiving that drug if the provider submits a written request demonstrating that the drug is medically necessary and that the enrollee meets clinical criteria to receive the drug.
5. Managed care plans must establish procedures to ensure that:
a. There is a response to a request for prior consultation


931602

by telephone or other telecommunication device within 24 hours after receipt of a request for prior consultation.

b. A 72-hour supply of the drug prescribed is provided in an emergency or if the managed care plan does not provide a response within 24 hours.

c. The prior authorization process for prescribed drugs is readily accessible to health care providers, including posting appropriate contact information on the managed care plan's website and providing timely responses to providers.

d. If a drug, determined to be medically necessary and prescribed for an enrollee by a physician using sound clinical judgment, is subject to prior authorization and approved, a managed care plan provides for sufficient refills to complete the duration of the prescription. If the medication is still clinically appropriate for ongoing therapy after the initial prior authorization expires, the plan must provide a process of expedited review to evaluate ongoing therapy.

6. Managed care plans shall implement a step-therapy prior authorization approval process for medications excluded from the preferred drug list. Medications on the preferred drug list must be used within the previous 12 months before using alternative medications that are not listed. The trial period between the specified steps may vary according to the medical indication. The step-therapy approval process shall be developed in accordance with the Medicaid Pharmaceutical and Therapeutics Committee, as provided in s. 409.91195(7) and (8). A drug product may be approved without meeting the step-therapy prior authorization criteria if the prescribing physician provides the managed care plan with additional written medical or clinical

931602

documentation that the product is medically necessary because:

a. There is no acceptable clinical alternative drug on the preferred drug list to treat the disease or medical condition;

b. The alternatives have been ineffective in the treatment of the beneficiary's disease; or

c. Based on historic evidence and known characteristics of the patient and the drug, the drug is likely to be ineffective, or the number of doses have been ineffective.

Managed care plans shall work with physicians to determine the best alternative for patients. The agency may adopt rules waiving the requirements for written clinical documentation for specific drugs in limited clinical situations.

========== T I T L E A M E N D M E N T ==========

And the title is amended as follows:

Delete line 215

and insert:

plan's formulary; requiring managed care plans to establish procedures relating to prior authorization review and to ensure that patients receive a sufficient supply of drugs to complete ongoing therapy; providing criteria for the implementation of a step-therapy prior authorization process; requiring managed care plans to work with physicians regarding alternative treatments; providing for the adoption of rules; revising references to certain