



317752

LEGISLATIVE ACTION

Senate

.
. .
. .
. .
. .

House

Senator Farmer moved the following:

Senate Amendment

Delete lines 58 - 128
and insert:

(a) The prescription drug is a non-opioid based analgesic drug product, and the insurer's step-therapy protocol would otherwise require the insured to be prescribed an opioid analgesic drug product or an abuse-deterrent opioid analgesic drug product; or

(b)1.~~(a)~~ The insured has previously been approved to receive the prescription drug through the completion of a step-



317752

therapy protocol required by a separate health coverage plan;
and

2. ~~(b)~~ The insured provides documentation originating from the health coverage plan that approved the prescription drug as described in subparagraph 1. ~~paragraph (a)~~ indicating that the health coverage plan paid for the drug on the insured's behalf during the 90 days immediately before the request.

(3) (a) A health insurer shall publish on its website and provide to an insured in writing a procedure for the insured and his or her health care provider to request a protocol exemption or an appeal of the health insurer's denial of a protocol exemption request. The procedure must include, at a minimum:

1. The manner in which the insured or health care provider may request a protocol exemption, including a form to request the protocol exemption.

2. The manner and timeframe in which the health insurer authorizes or denies a protocol exemption request, which must occur within a reasonable time.

3. The manner and timeframe in which the insured or health care provider may appeal the health insurer's denial of a protocol exemption request.

(b) An authorization of a protocol exemption request must specify the approved prescription drug, medical procedure, or course of treatment. A denial of a protocol exemption request must include a written explanation of the reason for the denial, the clinical rationale that supports the denial, and the procedure for appealing the health insurer's denial.

(c) A health insurer may request relevant medical records in support of a protocol exemption request.



317752

41 ~~(4)-(3)~~ This section does not require a health insurer to
42 add a drug to its prescription drug formulary or to cover a
43 prescription drug that the insurer does not otherwise cover.

44 Section 2. Subsection (46) of section 641.31, Florida
45 Statutes, is amended to read:

46 641.31 Health maintenance contracts.—

47 ~~(46) (a)-(46) (b)~~ As used in this subsection, the term:

48 1. "Health coverage plan" means any of the following which
49 previously provided or is currently providing major medical or
50 similar comprehensive coverage or benefits to the subscriber:

51 a.1- A health insurer or health maintenance organization.~~†~~

52 b.2- A plan established or maintained by an individual
53 employer as provided by the Employee Retirement Income Security
54 Act of 1974, Pub. L. No. 93-406.~~†~~

55 c.3- A multiple-employer welfare arrangement as defined in
56 s. 624.437.~~†~~~~or~~

57 d.4- A governmental entity providing a plan of self-
58 insurance.

59 2. "Protocol exemption" means a determination by a health
60 maintenance organization to authorize the use of another
61 prescription drug, medical procedure, or course of treatment
62 prescribed or recommended by the treating health care provider
63 for the subscriber's condition rather than the one specified by
64 the health maintenance organization's step-therapy protocol.

65 3. "Step-therapy protocol" means a written protocol that
66 specifies the order in which certain prescription drugs, medical
67 procedures, or courses of treatment must be used to treat a
68 subscriber's condition.

69 ~~(b)(a)~~ In addition to the protocol exemptions granted under



317752

paragraph (c), a health maintenance organization issuing major medical coverage through an individual or group contract may not require a step-therapy protocol under the contract for a covered prescription drug requested by a subscriber if:

1. The prescription drug is a non-opioid based analgesic drug product, and the health maintenance organization's step-therapy protocol would otherwise require the subscriber to be prescribed an opioid analgesic drug product or an abuse-deterrent opioid analgesic drug product; or

2.a.1. The subscriber has previously been approved to receive the prescription drug through the completion of a step-therapy protocol required by a separate health coverage plan; and

b.2. The subscriber provides documentation originating from the health coverage plan that approved the prescription drug as described in sub-subparagraph a. ~~subparagraph 1.~~ indicating that the health coverage plan paid for the drug on the subscriber's behalf during the 90 days immediately before the request.