

1 A bill to be entitled
2 An act relating to the state employees' prescription
3 drug program; amending s. 110.12315, F.S.; requiring
4 the Department of Management Services to implement
5 formulary management cost-saving measures; providing
6 requirements for such measures; amending ch. 99-255,
7 Laws of Florida; removing a provision that prohibits
8 the department from implementing a restricted
9 prescription drug formulary or prior authorization
10 program in the state employees' prescription drug
11 program; providing an effective date.

12
13 Be It Enacted by the Legislature of the State of Florida:
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15 Section 1. Section 110.12315, Florida Statutes, as amended
16 by section 123 of chapter 2016-62, Laws of Florida, and section
17 1 of chapter 2016-224, Laws of Florida, is amended to read:

18 110.12315 Prescription drug program.—The state employees'
19 prescription drug program is established. This program shall be
20 administered by the Department of Management Services, according
21 to the terms and conditions of the plan as established by the
22 relevant provisions of the annual General Appropriations Act and
23 implementing legislation, subject to the following conditions:

24 (1) The department shall allow prescriptions written by
25 health care providers under the plan to be filled by any

26 | licensed pharmacy and reimbursed pursuant to subsection (2)
27 | ~~contractual claims processing provisions~~. Nothing in this
28 | section may be construed as prohibiting a mail order
29 | prescription drug program distinct from the service provided by
30 | retail pharmacies.

31 | (2) In providing for reimbursement of pharmacies for
32 | prescription drugs and supplies ~~medicines~~ dispensed to members
33 | of the state group health insurance plan and their dependents
34 | under the state employees' prescription drug program:

35 | (a) Retail, mail order, and specialty pharmacies
36 | participating in the program must be reimbursed at a rate
37 | established by contract and ~~uniform rate and subject to uniform~~
38 | ~~conditions~~, according to the terms and conditions of the plan.

39 | (b) There shall be a 30-day supply limit for retail
40 | pharmacy fills and a ~~prescription card purchases~~ and 90-day
41 | supply limit for mail order fills and retail pharmacy fills by
42 | retail pharmacies that participate in the 90-day supply network
43 | ~~or mail order prescription drug purchases~~.

44 | (c) The ~~current~~ pharmacy dispensing fee shall be
45 | negotiated by the department ~~remains in effect~~.

46 | (d) The department shall establish the reimbursement
47 | schedule for prescription drugs and supplies dispensed under the
48 | program. The reimbursement rate for a prescription drug or
49 | supply must be based on the cost of the generic equivalent drug
50 | if a generic equivalent exists, unless the physician, advanced

51 registered nurse practitioner, or physician assistant
52 prescribing the drug or supply clearly states on the
53 prescription that the brand name drug or supply is medically
54 necessary or that the product is included in the formulary of
55 drug products that may not be interchanged pursuant to chapter
56 465, in which case reimbursement must be based on the cost of
57 the brand name drug or supply as specified in the reimbursement
58 schedule.

59 (3) The department shall maintain the generic, preferred
60 brand name, and nonpreferred brand name drug and supply lists to
61 be used in the administration of the state employees'
62 prescription drug program.

63 (4) The department shall maintain a list of maintenance
64 drugs and supplies.

65 (a) Preferred provider organization health plan members
66 may have prescriptions for maintenance drugs and supplies filled
67 up to three times as an up to 30-day supply through a retail
68 pharmacy; thereafter, prescriptions for the same maintenance
69 drug or supply must be filled as an up to 90-day supply through
70 the department's contracting mail order pharmacy or through a
71 participating 90-day retail pharmacy.

72 (b) Health maintenance organization health plan members
73 may have prescriptions for maintenance drugs and supplies filled
74 as an up to 90-day supply either through a mail order pharmacy
75 or through a participating 90-day retail pharmacy.

76 (5) Copayments made by health plan members for an up to
77 90-day supply through a participating 90-day retail pharmacy
78 shall be the same as copayments made by health plan members for
79 an up to 90-day supply through the department's contracting mail
80 order pharmacy.

81 (6) The department shall conduct a prescription
82 utilization review program. In order to participate in the state
83 employees' prescription drug program, retail pharmacies
84 dispensing prescription drugs to members of the state group
85 health insurance plan or their covered dependents, or to
86 subscribers of a health maintenance organization plan under the
87 state group insurance program or their covered dependents, shall
88 make their records available for such review.

89 (7) The department shall implement the following cost-
90 saving measures which shall not restrict access to the most
91 clinically appropriate, clinically effective, and lowest net
92 cost prescription drugs and supplies:

93 (a) Formulary management. Prescription drugs and supplies
94 shall be subject to formulary inclusion and exclusion.
95 Prescription drugs and supplies that are excluded may be made
96 available to an individual member of the state employee
97 prescription drug program or their covered dependents for
98 inclusion by medical necessity review.

99 (b) Adjustments as may be required to balance program
100 funding within appropriations provided.

101 ~~(3) The Department of Management Services shall establish~~
102 ~~the reimbursement schedule for prescription pharmaceuticals~~
103 ~~dispensed under the program. Reimbursement rates for a~~
104 ~~prescription pharmaceutical must be based on the cost of the~~
105 ~~generic equivalent drug if a generic equivalent exists, unless~~
106 ~~the physician, advanced registered nurse practitioner, or~~
107 ~~physician assistant prescribing the pharmaceutical clearly~~
108 ~~states on the prescription that the brand name drug is medically~~
109 ~~necessary or that the drug product is included on the formulary~~
110 ~~of drug products that may not be interchanged as provided in~~
111 ~~chapter 465, in which case reimbursement must be based on the~~
112 ~~cost of the brand name drug as specified in the reimbursement~~
113 ~~schedule adopted by the Department of Management Services.~~

114 ~~(4) The Department of Management Services shall conduct a~~
115 ~~prescription utilization review program. In order to participate~~
116 ~~in the state employees' prescription drug program, retail~~
117 ~~pharmacies dispensing prescription medicines to members of the~~
118 ~~state group health insurance plan or their covered dependents,~~
119 ~~or to subscribers or covered dependents of a health maintenance~~
120 ~~organization plan under the state group insurance program, shall~~
121 ~~make their records available for this review.~~

122 ~~(5) The Department of Management Services shall implement~~
123 ~~such additional cost saving measures and adjustments as may be~~
124 ~~required to balance program funding within appropriations~~
125 ~~provided, including a trial or starter dose program and~~

126 ~~dispensing of long-term-maintenance medication in lieu of acute~~
 127 ~~therapy medication.~~

128 (8)~~(6)~~ Participating pharmacies must use a point-of-sale
 129 device or an online computer system to verify a participant's
 130 eligibility for coverage. The state is not liable for
 131 reimbursement of a participating pharmacy for dispensing
 132 prescription drugs and supplies to any person whose current
 133 eligibility for coverage has not been verified by the state's
 134 contracted administrator or by the Department of Management
 135 Services.

136 (9)~~(7)~~ Under the state employees' prescription drug
 137 program copayments must be made as follows:

138 (a) Effective July 1, 2017 ~~January 1, 2006~~, for the State
 139 Group Health Insurance Standard Plan:

- 140 1. For an up to 30-day supply of a generic drug at a
 141 retail pharmacy with card.....\$7 ~~\$10~~.
- 142 2. For an up to 30-day supply of a preferred brand name
 143 drug at a retail pharmacy with card.....\$30 ~~\$25~~.
- 144 3. For an up to 30-day supply of a nonpreferred brand name
 145 drug at a retail pharmacy with card.....\$50 ~~\$40~~.
- 146 4. For an up to 90-day supply of a generic drug from a
 147 mail order pharmacy or up to a 90-day supply of a generic drug
 148 at a retail pharmacy that participates in a 90-day supply
 149 network drug.....\$14 ~~\$20~~.
- 150 5. For an up to 90-day supply of a preferred brand name

151 drug from a mail order pharmacy or up to a 90-day supply of a
 152 preferred brand name drug at a retail pharmacy that participates
 153 in a 90-day supply network drug.....\$60 ~~\$50~~.

154 6. For an up to 90-day supply of a nonpreferred brand name
 155 drug from a mail order pharmacy or up to a 90-day supply of a
 156 nonpreferred brand name drug at a retail pharmacy that
 157 participates in a 90-day supply network drug.....\$100 ~~\$80~~.

158 (b) Effective July 1, 2017 ~~January 1, 2006~~, for the State
 159 Group Health Insurance High Deductible Plan:

160 1. ~~Retail~~ Coinsurance for an up to 30-day supply of a
 161 generic drug at a retail pharmacy with card.....30%.

162 2. ~~Retail~~ Coinsurance for an up to 30-day supply of a
 163 preferred brand name drug at a retail pharmacy with card.....30%.

164 3. ~~Retail~~ Coinsurance for an up to 30-day supply of a
 165 nonpreferred brand name drug at a retail pharmacy with card..50%.

166 4. ~~Mail order~~ Coinsurance for an up to 90-day supply of a
 167 generic drug from a mail order pharmacy or up to a 90-day supply
 168 of a generic drug at a retail pharmacy that participates in a
 169 90-day supply network.....30%.

170 5. ~~Mail order~~ Coinsurance for an up to 90-day supply of a
 171 preferred brand name drug from a mail order pharmacy or up to a
 172 90-day supply of a preferred brand name drug at a retail
 173 pharmacy that participates in a 90-day supply network.....30%.

174 6. ~~Mail order~~ Coinsurance for an up to 90-day supply of a
 175 nonpreferred brand name drug from a mail order pharmacy or up to

176 | a 90-day supply of a nonpreferred brand name drug at a retail
 177 | pharmacy that participates in a 90-day supply network.....50%.

178 | ~~(c) The Department of Management Services shall create a~~
 179 | ~~preferred brand name drug list to be used in the administration~~
 180 | ~~of the state employees' prescription drug program.~~

181 | Section 2. Section 8 of chapter 99-255, Laws of Florida,
 182 | is amended to read:

183 | ~~Section 8. The Department of Management Services shall not~~
 184 | ~~implement a prior authorization program or a restricted~~
 185 | ~~formulary program that restricts a non-HMO enrollee's access to~~
 186 | ~~prescription drugs beyond the provisions of paragraph (b)~~
 187 | ~~related specifically to generic equivalents for prescriptions~~
 188 | ~~and the provisions in paragraph (d) related specifically to~~
 189 | ~~starter dose programs or the dispensing of long-term maintenance~~
 190 | ~~medications. The prior authorization program expanded pursuant~~
 191 | ~~to section 8 of the 1998-1999 General Appropriations Act is~~
 192 | ~~hereby terminated. If this section conflicts with any General~~
 193 | ~~Appropriations Act or any act implementing a General~~
 194 | ~~Appropriations Act, the Legislature intends that the provisions~~
 195 | ~~of this section shall prevail. This section shall take effect~~
 196 | ~~upon becoming law.~~

197 | Section 4. This act shall take effect July 1, 2017.