



275242

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
04/06/2011	.	
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The Committee on Budget Subcommittee on Health and Human Services Appropriations (Sobel) recommended the following:

**Senate Amendment (with title amendment)**

Between lines 4394 and 4395  
insert:  
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) Make all meetings of the plan's formulary committee open to the public and permit public comment before the



275242

13 committee establishes or modifies the plan's formulary or  
14 preferred drug list or places any other restrictions or  
15 limitations on an enrollee's access to prescription drugs.

16 (2) Include at least two products, when available, in each  
17 therapeutic class.

18 (3) Make available those drugs and dosage forms listed in  
19 its preferred drug list.

20 (4) Make the prior-authorization process readily available  
21 to health care providers, including posting such process on its  
22 website.

23 (5) Not arbitrarily deny or reduce the amount, duration, or  
24 scope of prescriptions solely based on the enrollee's diagnosis,  
25 type of illness, or condition. The qualified plan may place  
26 appropriate limits on prescriptions based on criteria such as  
27 medical necessity, or for the purpose of utilization control, if  
28 the plan reasonably expects such limits to achieve the purpose  
29 of the prescribed drug services set forth in the Medicaid state  
30 plan.

31 (6) Make available those drugs not on its preferred drug  
32 list, when requested and approved, if drugs on the list have  
33 been used in a step therapy sequence or if other medical  
34 documentation is provided.

35 (7) Cover the cost of a brand-name drug if the prescriber  
36 writes in his or her own handwriting on the prescription that  
37 the brand name is medically necessary and submits a completed  
38 multisource drug and miscellaneous prior authorization form to  
39 the qualified plan indicating that the enrollee has had an  
40 adverse reaction to a generic drug or has had, in the  
41 prescriber's medical opinion, better results when taking the



275242

42 brand-name drug.

43 (8) Ensure that antiretroviral agents are not subject to  
44 the preferred drug list.

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

47 And the title is amended as follows:

48 Delete line 251

49 and insert:

50 evaluation of dually eligible nursing home residents;

51 creating s. 409.980, F.S.; providing minimum

52 requirements for prescription drug benefits provided

53 by a qualified plan;