

1 **MEDICAID DRUG UTILIZATION**

2 **AMENDMENTS**

3 2008 GENERAL SESSION

4 STATE OF UTAH

5 **Chief Sponsor: Rebecca D. Lockhart**

6 Senate Sponsor: Curtis S. Bramble

8 **LONG TITLE**

9 **General Description:**

10 This bill amends the Medical Assistance Act.

11 **Highlighted Provisions:**

12 This bill:

13 ▸ prohibits the inclusion of immunosuppressive drugs used to prevent transplanted
14 organ rejection:

- 15 • on a preferred drug list for the State Medicaid Program;
- 16 • in step therapy requirements of the Drug Utilization Board; and
- 17 • in generic substitution requirements of the State Medicaid Program.

18 **Monies Appropriated in this Bill:**

19 None

20 **Other Special Clauses:**

21 None

22 **Utah Code Sections Affected:**

23 AMENDS:

24 **26-18-2.4**, as last amended by Laws of Utah 2007, Chapter 385

26 *Be it enacted by the Legislature of the state of Utah:*

27 Section 1. Section **26-18-2.4** is amended to read:

28 **26-18-2.4. Medicaid drug program.**

29 (1) A Medicaid drug program developed by the department under Subsection 26-18-2.3

30 (2)(f):

31 (a) shall, notwithstanding Subsection 26-18-2.3(1)(b), be based on clinical and
32 cost-related factors which include medical necessity as determined by a provider in accordance
33 with administrative rules established by the Drug Utilization Review Board;

34 (b) may include therapeutic categories of drugs that may be exempted from the drug
35 program;

36 (c) may include placing some drugs, except [~~psychotropic or anti-psychotic drugs~~] the
37 drugs described in Subsection (3), on a preferred drug list to the extent determined appropriate
38 by the department; and

39 (d) (i) except as prohibited by Subsections 58-17b-606(4) and (5), shall permit a health
40 care provider with prescriptive authority to override the restrictions of a preferred drug list
41 provided that the medical necessity for the override is documented in the patient's medical file
42 and by handwriting on the prescription "medically necessary - dispense as written"; and

43 (ii) shall not permit a health care provider with prescriptive authority to override the
44 restrictions of a preferred drug list with any preprinted instructions for dispense as written, or
45 no substitutions allowed.

46 (2) If the department implements a drug program under the provisions of Subsection
47 (1)(c), the department shall:

48 (a) determine the percentage of prescriptions that are paid for by the department which
49 are overrides to the preferred drug list under Subsection (1)(d)(i);

50 (b) include the information required by Subsection (2)(a) in the report required by
51 Subsection (2)(c); and

52 (c) report its findings regarding the drug program to the Legislative Health and Human
53 Services Interim Committee by August 30, 2008, and to the Legislative Health and Human
54 Services Appropriations Subcommittee during the 2009 General Session.

55 (3) (a) For purposes of this Subsection (3), "immunosuppressive drug":

56 (i) means a drug that is used in immunosuppressive therapy to inhibit or prevent activity
57 of the immune system to aid the body in preventing the rejection of transplanted organs and

58 tissue; and

59 (ii) does not include drugs used for the treatment of autoimmune disease or diseases
60 that are most likely of autoimmune origin.

61 (b) A preferred drug list developed under the provisions of this section may not include:

62 (i) a psychotropic or anti-psychotic drug; or

63 (ii) an immunosuppressive drug.

64 (c) The state Medicaid program shall reimburse for a prescription for an
65 immunosuppressive drug as written by the health care provider for a patient who has undergone
66 an organ transplant. For purposes of Subsection 58-17b-606(4), and with respect to patients
67 who have undergone an organ transplant, the prescription for a particular immunosuppressive
68 drug as written by a health care provider meets the criteria of demonstrating to the Department
69 of Health a medical necessity for dispensing the prescribed immunosuppressive drug.

70 (d) Notwithstanding the requirements of Part 2, Drug Utilization Review Board, the
71 state Medicaid drug program may not require the use of step therapy for immunosuppressive
72 drugs without the written or oral consent of the health care provider and the patient.