57	(i) "Immunosuppressive drug":
58	[(i)] (A) means a drug that is used in immunosuppressive therapy to inhibit or prevent
59	activity of the immune system to aid the body in preventing the rejection of transplanted organs
60	and tissue; and
61	[(ii)] (B) does not include drugs used for the treatment of autoimmune disease or
62	diseases that are most likely of autoimmune origin.
63	(ii) "Psychotropic drug" means the following classes of drugs: atypical anti-psychotic,
64	anti-depressants, anti-convulsant/mood stabilizer, anti-anxiety, Attention Deficit Hyperactivity
65	Disorder stimulants, or sedative/hypnotics.
66	(iii) "Stabilized" means a health care provider has documented in the patient's medical
67	chart that a patient has achieved a stable or steadfast medical state within the past 90 days using
68	a particular psychotropic drug.
69	(b) A preferred drug list developed under the provisions of this section may not
70	include:
71	(i) except as provided in Subsection (2)(e), a psychotropic or anti-psychotic drug; or
72	(ii) an immunosuppressive drug.
73	(c) The state Medicaid program shall reimburse for a prescription for an
74	immunosuppressive drug as written by the health care provider for a patient who has undergone
75	an organ transplant. For purposes of Subsection 58-17b-606(4), and with respect to patients
76	who have undergone an organ transplant, the prescription for a particular immunosuppressive
77	drug as written by a health care provider meets the criteria of demonstrating to the Department
78	of Health a medical necessity for dispensing the prescribed immunosuppressive drug.
79	(d) Notwithstanding the requirements of Part 2, Drug Utilization Review Board, the
80	state Medicaid drug program may not require the use of step therapy for immunosuppressive
81	drugs without the written or oral consent of the health care provider and the patient.
82	(e) \$→ [(i)] ←\$ The department may include a sedative hypnotic on a preferred drug list in
83	accordance with Subsection (2)(f).
84	\$→ [(ii) The department may study and develop, but not implement, a preferred drug list for
85	other psychotropic or anti-psychotic drugs. If the department studies a preferred drug list under
86	this Subsection (2)(e)(ii), the department shall report to the Legislature in accordance with
87	Subsection (3).] ←Ŝ

- 3 -

88	(f) The department shall grant a prior authorization for a Ĥ→ [psychotropic drug] sedative
88a	<u>hypnotic</u> ←Ĥ that is not
89	on the preferred drug list under Subsection (2)(e), if the health care provider has documentation
90	related to one of the following conditions for the Medicaid client:
91	(i) a trial and failure of at least one preferred agent in the drug class, including the
92	name of the preferred drug that was tried, the length of therapy, and the reason for the
93	discontinuation;
94	(ii) detailed evidence of a potential drug interaction between current medication and
95	the preferred drug;
96	(iii) detailed evidence of a condition or contraindication that prevents the use of the
97	preferred drug;
98	(iv) objective clinical evidence that a patient is at high risk of adverse events due to a
99	therapeutic interchange with a preferred drug;
100	(v) the patient is a new or previous Medicaid client with an existing diagnosis
101	previously stabilized with a nonpreferred drug; or
102	(vi) other valid reasons as determined by the department.
103	(g) A prior authorization granted under Subsection (2)(f) is valid for one year from the
104	date the department grants the prior authorization and shall be renewed in accordance with
105	Subsection (2)(f).
106	(3) The department shall report to the Health and Human Services Interim Committee
107	and to the Health and Human Services Appropriations Subcommittee prior to November 1,
108	[2010] 2013, regarding the savings to the Medicaid program resulting from the use of the
109	preferred drug list permitted by Subsection (1).