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HEALTH BENEFIT AMENDMENTS

31A-22-660. Health benefit plan procedures related to prescription drugs.



| 26 | (1) As used in this section, "long-term drug" means an enrollee's prescription drug |
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| 27 | where the prescription has been active for at least 180 days with the health benefit plan. |
| 28 | (2) (a) Except as provided in Subsection (2)(b), before a health benefit plan requires an |
| 29 | enrollee to change from a prescribed long-term drug to another drug, the health benefit plan |
| 30 | shall: |
| 31 | (i) at least 30 days before the day on which the health benefit plan will require the |
| 32 | enrollee to change from the long-term drug to another drug, provide notice that the health |
| 33 | benefit plan will require the individual to change to another drug; and |
| 34 | (ii) provide a justification for the change upon request. |
| 35 | (b) Subsection (2)(a) does not apply if: |
| 36 | (i) the change requires the individual to try a generic or a biosimilar of the long-term |
| 37 | drug; or |
| 38 | (ii) the long-term drug is not on the health benefit plan's formulary. |
| 39 | (3) A health benefit plan shall provide an enrollee a justification as to why an enrollee |
| 40 | must try a certain drug before a health benefit plan will cover a different prescribed drug. |
| 41 | (4) This section does not apply to a drug that is provided under the health benefit plan's |
| 12 | medical benefit. |
| 43 | Section 2. Effective date. |
| 14 | This bill takes effect on May 1, 2024. |