

SENATE AMENDMENT NO. _____

Offered by _____ of _____

Amend SS/SCS/HS/House Bill No. 432, Page 65, Section 376.1228, Line 26,

2 by inserting after all of said line the following:

3 "376.2034. 1. If coverage of a prescription drug for
 4 the treatment of any medical condition is restricted for use
 5 by a health carrier, health benefit plan, or utilization
 6 review organization via a step therapy protocol, a patient,
 7 through his or her health care provider, shall have access
 8 to a clear, convenient, and readily accessible process to
 9 request a step therapy override exception determination. A
 10 health carrier, health benefit plan, or utilization review
 11 organization may use its existing medical exceptions process
 12 to satisfy this requirement. The process shall be disclosed
 13 to the patient and health care provider, which shall include
 14 the necessary documentation needed to process such request
 15 and be made available on the health carrier plan or health
 16 benefit plan website.

17 2. A step therapy override exception determination
 18 shall be granted if the patient has tried the step therapy
 19 required prescription drugs while under his or her current
 20 or previous health insurance or health benefit plan, and
 21 such prescription drugs were discontinued due to lack of
 22 efficacy or effectiveness, diminished effect, or an adverse
 23 event, or if the patient's treating health care provider
 24 attests that coverage of the prescribed prescription drug is
 25 necessary to save the life of the patient. Pharmacy drug
 26 samples shall not be considered trial and failure of a

27 preferred prescription drug in lieu of trying the step
28 therapy required prescription drug.

29 3. The health carrier, health benefit plan, or
30 utilization review organization may request relevant
31 documentation from the patient or provider to support the
32 override exception request.

33 4. Upon the granting of a step therapy override
34 exception request, the health carrier, health benefit plan,
35 or utilization review organization shall authorize
36 dispensation of and coverage for the prescription drug
37 prescribed by the patient's treating health care provider,
38 provided such drug is a covered drug under such policy or
39 contract.

40 5. This section shall not be construed to prevent:

41 (1) A health carrier, health benefit plan, or
42 utilization review organization from requiring a patient to
43 try a generic equivalent or other brand name drug prior to
44 providing coverage for the requested prescription drug; or

45 (2) A health care provider from prescribing a
46 prescription drug he or she determines is medically
47 appropriate."; and

48 Further amend the title and enacting clause accordingly.