304.17A-167 Processes and standards for electronic prior authorizations -- Prior authorization of drugs for ongoing medication therapy -- Requirements -- Time span of authorization -- Exemptions.

(1) On or before January 1, 2020, an insurer offering a health benefit plan shall develop, coordinate, or adopt a process for electronically requesting and transmitting prior authorization for a drug by providers. The process shall be accessible by providers and meet the most recent National Council for Prescription Drug Programs SCRIPT standards for electronic prior authorization transactions adopted by the United States Department of Health and Human Services. Facsimile, proprietary payer portals, and electronic forms shall not be considered electronic transmission.

(2) Unless otherwise provided in subsection (3) of this section or prohibited by state or federal law, if a provider receives a prior authorization for a drug prescribed to a covered person with a condition that requires ongoing medication therapy, and the provider continues to prescribe the drug, and the drug is used for a condition that is within the scope of use approved by the United States Food and Drug Administration or has been proven to be a safe and effective form of treatment for the patient's specific underlying condition based on clinical practice guidelines that are developed from peer-reviewed publications, the prior authorization received shall:

(a) Be valid for the lesser of:

1. One (1) year from the date the provider receives the prior authorization; or
2. Until the last day of coverage under the covered person's health benefit plan during a single plan year; and

(b) Cover any change in dosage prescribed by the provider during the period of authorization.

(3) (a) Except as provided in paragraph (b) of this subsection, the provisions of subsection (2) of this section shall not apply to:

1. Medications that are prescribed for a non-maintenance condition;
2. Medications that have a typical treatment period of less than twelve (12) months;
3. Medications where there is medical or scientific evidence that does not support a twelve (12) month approval; or
4. Medications that are opioid analgesics or benzodiazepines.

(b) Paragraph (a) of this subsection shall not apply to any medication that is prescribed to a patient in a community-based palliative care program.

Effective: January 1, 2020

History: Created 2019 Ky. Acts ch. 190, sec. 1, effective January 1, 2020.