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1 AN ACT relating to patient access to pharmacy benefits. 2 Be it enacted by the General Assembly of the Commonwealth of Kentucky: 3 → Section 1. KRS 304.17A-535 is amended to read as follows: 4 A managed care plan shall include a drug utilization review program, the primary (1) 5 emphasis of which shall be to enhance quality of care for enrollees by assuring 6 appropriate drug therapy within the health care provider's legally authorized scope 7 of practice, that: 8 Includes the following: (a) 9 1. Retrospective review of prescription drugs furnished to enrollees; 2. 10 Education of health care providers and enrollees regarding the 11 appropriate use of prescription drugs; and 12 3. Ongoing periodic examination of data on outpatient prescription drugs 13 to ensure quality therapeutic outcomes for enrollees; and 14 (b) Complies with KRS 304.17A-163 and 304.17A-1631. 15 (2) The drug utilization review program shall utilize the following to effectuate the 16 purposes of subsection (1) of this section: 17 Relevant clinical criteria and standards for drug therapy; (a)

- 18 Nonproprietary criteria and standards developed and revised through input (b) 19 from participating health care providers;
- 20 Intervention that focuses on improving therapeutic outcomes; and (c)

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- 21 (d) Measures to ensure the confidentiality of the relationship between an enrollee 22 and a health care provider.
- When, in the professional opinion of a provider with prescriptive authority, the (3) provider determines that generic substitution of a pharmaceutical product is medically inappropriate, the provider shall prescribe the pharmaceutical product the 26 provider determines medically appropriate with the indication "Do Not Substitute," and no substitution shall be made without the provider's approval.

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1 (4) A managed care plan that restricts <u>any</u> pharmacy benefits to a drug formulary shall

- 2 have an exceptions policy through which the managed care plan may cover a
- 3 prescription drug not included on the formulary.