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Other Components To Be Added

Other components should be added if the committee supports the bill. Those components are:

1. Specify that rebates received from manufacturers must be used to expand or offset the prescription drug costs of programs administered by the DHR and in accordance with federal law.
2. Specify that the provisions of the Preferred Drug List and the prior authorization requirements apply to new patients and only after these items are established for any particular class of drugs. *The intent is to ensure that no patient who is already on a specific drug regimen is subject to a new drug regimen. It further allows a transition to the Preferred Drug List and the prior authorization requirements for physicians, pharmacists, patients, and the DHR.*
3. Establish minimum standards for prior authorization, if such standards are permissible pursuant to federal law. Such standards must: (1) require the DHR to develop a process for responding within 24 hours to physician authorization requests and to provide a 72-hour emergency supply of any drug on the prior authorization list when such situations warrant emergency approval; and (2) require the DHR to conduct yearly evaluations concerning the efficacy and efficiency of the prior authorization process.
4. Require the DHR to submit a Medicaid State Plan Amendment seeking approval of the Preferred Drug List and the prior authorization requirements by July 1, 2004. Further, the DHR is required to make regular reports to the Legislative Committee on Health Care concerning its progress with developing the State Plan Amendment.
5. Require Nevada's Department of Administration to conduct a study to determine the feasibility of using the Preferred Drug List and prior authorization requirements for all state programs that provide prescription drug benefits. The study should consider prescription drug purchases for Nevada's Department of Corrections for inmates, the prescription drug benefits of the Public Employees' Benefits Plan, and any other state programs that provide for prescription drugs. The study should be completed by June 1, 2004, and the results of the study should be reported to the Legislative Committee on Health Care and to the Legislative Commission.

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ASSEMBLY HEALTH AND HUMAN SERVICES
DATE: 04/09 ROOM: 3138 EXHIBIT J
SUBMITTED BY: Marta McBade Williams