

March 15, 1999

S 347. PRES. DRUG FORMULARIES. TO REQUIRE HEALTH BENEFIT PLANS TO COVER NONFORMULARY DRUGS AND DEVICES WHEN MEDICALLY NECESSARY. Adds new GS 58-3-222, as title indicates. Requires insurer to provide all participating providers and pharmacists a complete list of its drug and device formularies by therapeutic category. Requires insurer to establish and use a process for enrollees to obtain, without penalty, coverage for a specific nonformulary drug or device determined to be medically necessary and appropriate by the primary care physician without prior approval from the insurer. Prohibits insurer from voiding a contract or refusing to renew a contract with a prescribing provider because the provider has prescribed a medically necessary and appropriate nonformulary drug or device. Defines health benefit plan and insurer. Applicable to health benefit plans delivered, issued for delivery, or renewed on or after Jan. 1 2000.

Intro. by Forrester and Purcell.

Ref. to Insurance

GS 58

April 14, 1999

S 347. PRES. DRUG FORMULARIES. Intro. 3/15/99. Senate committee substitute makes the following changes to 1st edition. Requires insurers to develop formularies in consultation and with the approval of a pharmacy and therapeutics committee, which will include participating providers who are licensed to prescribe prescription drugs or devices. Requires insurers to make available (was, provide) their complete formularies to participating providers and pharmacists. Requires participating physicians (was, primary care physicians) who wish to prescribe nonformulary drugs or devices to notify the insurer that that the formulary alternatives have been ineffective or will likely cause adverse effects and that the alternative drug is prescribed in accordance with any applicable clinical protocol or has been approved as an exception to the protocol.

April 15, 1999

S 347. PRES. DRUG FORMULARIES. Intro. 3/15/99. Senate amendment makes the following changes to Senate committee substitute for 1st edition. Makes new GS 58-3-221 applicable to closed or restrictive formularies.

May 24, 1999

S 347. PRES. DRUG FORMULARIES. Intro. 3/15/1999. House committee substitute makes the following changes to 3rd edition. Revises proposed new GS 58-3-221 to make it applicable only to closed formularies (formerly, closed or restrictive formularies) maintained by insurer.