

STATE OF OKLAHOMA

1st Session of the 47th Legislature (1999)

SENATE BILL NO. 333

By: Morgan

AS INTRODUCED

An Act relating to public health and safety; defining terms; allowing certain managed care organizations, health maintenance organizations, and prepaid health plans to develop and maintain certain formulary subject to certain provisions; requiring exceptions policy and certain procedures by specified health care providers; requiring annual provision of certain data; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 2528.1 of Title 63, unless there is created a duplication in numbering, reads as follows:

A. As used in this act:

1. "Formulary" means a list of preferred prescription medications for use by a managed care organization, health maintenance organization or prepaid health plan. A formulary may be either open or closed;

2. "Open formulary" means a list of drugs recommended by a managed care organization, health maintenance organization or prepaid health plan which is intended to encourage the prescription of appropriate drugs; however, all drugs will be covered;

3. "Closed formulary" means a restricted list of drugs issued by a managed care organization, health maintenance organization or prepaid health plan; and

4. "Department" means the State Department of Health.

B. 1. Any managed care organization, health maintenance organization or prepaid health plan licensed to do business in this state shall be allowed to develop and maintain a formulary as such term is defined in this act.

2. A formulary so developed shall be subject to the following provisions:

a. the formulary must be:

- (1) based on sound clinical information with input from actively practicing practitioners,
- (2) clearly documented. Copies of the formulary must be provided to contracted providers, maintained at the central and ancillary administrative offices of the managed care organization, health maintenance organization or prepaid health plan, and made available to enrollees of the plan upon request, and
- (3) reviewed, at a minimum, at least annually.

3. Any managed care organization, health maintenance organization or prepaid health plan using a closed formulary shall provide an exceptions policy, and procedures for the special authorization of medications not included in the formulary.

C. Each managed care organization, health maintenance organization or prepaid health plan licensed to do business in this state shall annually provide utilization data to the State Department of Health.

SECTION 2. This act shall become effective November 1, 1999.

47-1-863 CJ 6/12/2015 1:47:35 AM