

1.1 moves to amend H.F. No. 2414, the delete everything amendment
1.2 (A19-0349), as follows:

1.3 Page 626, after line 16, insert:

1.4 "Sec. 38. Minnesota Statutes 2018, section 256B.0625, subdivision 13g, is amended to
1.5 read:

1.6 Subd. 13g. **Preferred drug list.** (a) The commissioner shall adopt and implement a
1.7 preferred drug list by January 1, 2004. The commissioner may enter into a contract with a
1.8 vendor for the purpose of participating in a preferred drug list and supplemental rebate
1.9 program. The commissioner shall ensure that any contract meets all federal requirements
1.10 and maximizes federal financial participation. The commissioner shall publish the preferred
1.11 drug list annually in the State Register and shall maintain an accurate and up-to-date list on
1.12 the agency website.

1.13 (b) The commissioner may add to, delete from, and otherwise modify the preferred drug
1.14 list, after consulting with the Formulary Committee and appropriate medical specialists and
1.15 providing public notice and the opportunity for public comment.

1.16 (c) The commissioner shall adopt and administer the preferred drug list as part of the
1.17 administration of the supplemental drug rebate program. Reimbursement for prescription
1.18 drugs not on the preferred drug list may be subject to prior authorization.

1.19 (d) For purposes of this subdivision, "preferred drug list" means a list of prescription
1.20 drugs within designated therapeutic classes selected by the commissioner, for which prior
1.21 authorization based on the identity of the drug or class is not required.

1.22 (e) The commissioner, when implementing a preferred drug list for enrollees of managed
1.23 care and county-based purchasing plans starting July 1, 2019, and for the remainder of the
1.24 plan year, must allow individuals receiving coverage for a prescription drug from a managed

2.1 care organization that is categorized as a nonpreferred drug on the preferred drug list to
2.2 continue coverage for that drug without prior authorization, as long as continued use of the
2.3 drug is medically appropriate, and the individual maintains continuous enrollment in medical
2.4 assistance. An individual who does not maintain continuous enrollment shall be subject to
2.5 all preferred drug list and prior authorization requirements, when reenrolling in the medical
2.6 assistance program.

2.7 ~~(e)~~ (f) The commissioner shall seek any federal waivers or approvals necessary to
2.8 implement this subdivision."

2.9 Renumber the sections in sequence and correct the internal references

2.10 Amend the title accordingly