



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

February 13, 2015

## Statewide Medicaid Managed Care (SMMC) Contract Interpretation

### Contract Interpretation: 15-01

#### Re: Preferred Drug List

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children's Medical Services Network (CMSN) Plan

Managed care plans serving Managed Medical Assistance enrollees must provide those products and services associated with the dispensing of medicinal drugs pursuant to a valid prescription, as defined in Chapter 465, F.S. Prescribed drug services must include all prescription drugs listed in the Agency for Health Care Administration's (Agency) Medicaid Preferred Drug List (PDL). (Attachment II, Exhibit II-A, Section V.A.1.a.(25)(a)<sup>1</sup>) The purpose of this contract interpretation is to instruct managed care plans serving Managed Medical Assistance enrollees on which drugs they may reimburse in addition to those listed on the Agency's Medicaid PDL.

The managed care plan may make available generic drugs in a therapeutic category that are not on the Agency's Medicaid PDL, unless a brand-name drug containing the same active ingredient is on the Agency's Medicaid PDL. The managed care plan must make available those brand name drugs that are not on the Agency's Medicaid PDL, when medically necessary. The managed care plan must develop prior authorization criteria and protocols for reviewing requests for brand name drugs that are not on the Agency's Medicaid PDL. The managed care plan's prior authorization criteria and protocols may not be more restrictive than that used by the Agency as indicated in the Florida Statutes, the Florida Administrative Code, the Medicaid State Plan and those posted on the Agency website.

Pursuant to Attachment II, Section XII.I<sup>2</sup>. Disputes, the managed care plan must submit, within twenty-one (21) days after the interpretation of the Contract, a written dispute of the Contract interpretation directly to the Deputy Secretary; this submission shall include all arguments, materials, data, and information necessary to resolve the dispute (to include all evidence, documentation and exhibits). All other provisions in this section apply.

<sup>1</sup> The citation for the CMSN plan is Attachment I, Section V.A.3.a.(25)(a).

<sup>2</sup> The citation for the CMSN plan is Attachment I. Section XI.F.



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Please submit such written requests to the following address:

Attn: Mr. Justin Senior  
Deputy Secretary for Medicaid  
Agency for Healthcare Administration  
Managed Care Appeals/Disputes, MS #70  
2727 Mahan Drive  
Tallahassee, FL 32308

If you have questions or concerns, please contact your contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth Kidder". The signature is fluid and cursive, with a large initial "B" and "K".

Beth Kidder  
Assistant Deputy Secretary for  
Medicaid Operations

BK/dp