



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

February 13, 2015

Dear Managed Care Plan:

Re: Prescribed Drugs/Pharmacy Services

This letter is to inform managed care plans of the opportunity for individuals to apply for membership on the Florida Medicaid Pharmaceutical and Therapeutics (P & T) committee and to communicate other efforts the Agency for Health Care Administration (Agency) has undertaken to address concerns raised by the managed care plans in their administration of the Medicaid pharmacy benefit.

Florida law establishes the P&T committee within the Agency for the purpose of developing a Medicaid preferred drug list (PDL) (see section 409.91195, Florida Statutes). The P&T committee is comprised of 11 members, each appointed by the Governor of Florida for a two-year term. Committee members include: four physicians licensed under Chapter 458, F.S., one physician licensed under Chapter 459, F.S., five pharmacists licensed under Chapter 465, F.S., and one consumer representative. The P&T committee meets quarterly, reviews all drug classes included in the formulary at least every 12 months, and may recommend additions to and deletions from the formulary, such that the formulary provides for medically appropriate drug therapies for Medicaid recipients.

Current committee member terms end on June 30, 2015. Interested parties (including new applicants and current members seeking reappointment) should visit the Governor's Appointments website (www.flgov.com/appointments/) and select the link "Gubernatorial Appointments Questionnaire". All sections of the "Gubernatorial Appointments Questionnaire" must be completed. To apply for the membership on the P&T committee, use the following selections under the "Boards of Interest" tab.

- **Functional Category:** Select "Medical & Health"
- **Board Name:** Select "Medicaid Pharmaceutical and Therapeutics Committee"
- **Board Description:** Will populate automatically
- **Seat Qualification:** Select which applies to them (1 consumer, 1 physician (459), 4 physicians (458), 5 pharmacists (465)).

Additional efforts that the Agency has undertaken to address concerns expressed by the managed care plans are highlighted below.

The Agency is amending Statewide Medicaid Managed Care plan contracts to allow managed care plans to 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



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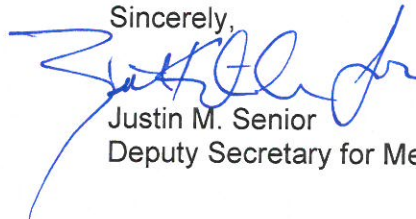
the Agency's Medicaid PDL. This change was communicated to managed care plans on February 13, 2015.

The Agency has informed managed care plans of the opportunity to apply for membership on the Agency's Drug Utilization Review board. This board assists the Agency in reviewing and recommending clinical criteria for drugs requiring prior authorization.

The Agency has received recommended changes from managed care plans regarding the prior authorization criteria currently utilized by the Agency (and its Pharmacy Benefits Manager) for drugs that are not on the Agency's Medicaid PDL. The Agency welcomes such feedback. To that end, the Agency will be convening a quarterly meeting with managed care plans to review and discuss their recommendations. The first meeting is tentatively scheduled to occur in the first week of March 2015.

If you need additional assistance, please contact your Agency contract manager at (850) 412-4004.

Sincerely,

A handwritten signature in blue ink, appearing to read "Justin M. Senior". The signature is stylized and fluid, with a long horizontal stroke extending to the left.

Justin M. Senior
Deputy Secretary for Medicaid

JMS/sr