

15-830.

(A) (1) IN THIS SECTION THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.

(2) "AUTHORIZED PRESCRIBER" HAS THE MEANING STATED IN § 12-101 OF THE HEALTH OCCUPATIONS ARTICLE.

(3) (3) "FORMULARY" MEANS A LIST OF PRESCRIPTION DRUGS OR DEVICES THAT ARE COVERED BY AN ENTITY SUBJECT TO THIS SECTION.

(4) (1) "MEMBER" MEANS AN INDIVIDUAL ENTITLED TO HEALTH CARE BENEFITS FOR PRESCRIPTION DRUGS OR DEVICES UNDER A POLICY ISSUED OR DELIVERED IN THE STATE BY AN ENTITY SUBJECT TO THIS SECTION.

(II) "MEMBER" INCLUDES A SUBSCRIBER.

(B) (1) THIS SECTION APPLIES TO:

(I) INSURERS AND NONPROFIT HEALTH SERVICE PLANS THAT PROVIDE COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES UNDER HEALTH INSURANCE POLICIES OR CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE; AND

(II) HEALTH MAINTENANCE ORGANIZATIONS THAT PROVIDE COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES UNDER CONTRACTS THAT ARE ISSUED OR DELIVERED IN THE STATE.

(2) AN INSURER, NONPROFIT HEALTH SERVICE PLAN, OR HEALTH MAINTENANCE ORGANIZATION THAT PROVIDES COVERAGE FOR PRESCRIPTION DRUGS AND DEVICES THROUGH A PHARMACY BENEFIT MANAGER IS SUBJECT TO THE REQUIREMENTS OF THIS SECTION.

(3) THIS SECTION DOES NOT APPLY TO A MANAGED CARE ORGANIZATION AS DEFINED IN § 15-101 OF THE HEALTH - GENERAL ARTICLE.

(C) EACH ENTITY SUBJECT TO THIS SECTION THAT LIMITS ITS COVERAGE OF PRESCRIPTION DRUGS OR DEVICES TO THOSE IN A FORMULARY SHALL ESTABLISH AND IMPLEMENT A PROCEDURE BY WHICH A MEMBER MAY RECEIVE A PRESCRIPTION DRUG OR DEVICE THAT IS NOT IN THE ENTITY'S FORMULARY IN ACCORDANCE WITH THIS SECTION.

(D) THE PROCEDURE SHALL PROVIDE FOR COVERAGE FOR A PRESCRIPTION DRUG OR DEVICE THAT IS NOT IN THE FORMULARY IF, IN THE JUDGMENT OF THE PHYSICIAN WHO IS CARING FOR THE MEMBER AUTHORIZED PRESCRIBER:

(1) ~~(1) THE PRESCRIPTION DRUG OR DEVICE THAT IS NOT IN THE FORMULARY IS MEDICALLY NECESSARY, AND~~

~~(2) THERE IS NO EQUIVALENT PRESCRIPTION DRUG OR DEVICE IN THE ENTITY'S FORMULARY, OR~~