

nursing homes to implement a model similar to the one used in North Carolina. The department shall implement the program by April 1, 2005. Further provided that the appropriation for Medical Care Provider Reimbursements, M00Q01.03, shall be reduced by \$200,000 of general funds and \$200,000 of federal funds to recognize savings from the program.

Further provided that the Medical Care Programs Administration shall limit adult Medicaid recipients to four brand name drugs per month. This restriction will not apply to antiretroviral agents and atypical antipsychotic medications. The administration may authorize exceptions to the brand name drug restriction based upon the treatment needs of the patients, when such exceptions are based on prior consultation provided by the administration or an administration contractor.

Further provided that the administration must establish procedures to ensure that: (1) there will be a response to a request for prior consultation by telephone or other telecommunication device within 24 hours; (2) a 72-hour supply of the drug prescribed will be provided in an emergency or when the agency does not provide a response within 24 hours; and (3) prior authorization for an exception to the brand name drug restriction is sought by the prescriber and not by the pharmacy.

When prior authorization is granted for a patient in an institutional setting beyond the brand name drug restriction, such approval is authorized for 12 months and monthly prior authorization is not required for that patient.

Further provided that the appropriation provided for Medical Care Provider Reimbursements, M00Q01.03, shall be