Officer or Director Attestation
Non-Discrimination of Formulary Drug List

For Policy Form(s) ____________________

Pursuant to Section 624.26, Florida Statutes, this is an attestation of the policy form’s compliance with:

- 45 CFR 156.122 (Prescription Drug Benefits)
- 45 CFR 156.125 (Prohibition on Discrimination)
- Section 627.429 or Section 641.3007, Florida Statutes (Prohibition on Discrimination regarding HIV/AIDS)

as they relate to the Policy Form’s Drug Formulary. More specifically, the Formulary Drug List:

1. Covers a range of drugs across a broad distribution of therapeutic categories and classes and recommended drug treatment regimens that treat all diseases where a drug treatment regimen is appropriate, and does not substantially discourage enrollment of any group of enrollees.

2. Provides appropriate access to drugs that are included in broadly accepted treatment guidelines and are consistent with general best practice formularies currently in widespread use.

3. Does not discourage enrollment of individuals with chronic health needs.

4. Does not use a benefit design that discriminates based on an individual’s age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions.

5. Does not place most or all drugs that treat a specific condition on the highest cost tiers.

6. Does not have drugs that are “mail order only;” all drugs are available through retail (brick-and-mortar or non-mail order) pharmacies, except as otherwise provided by law.

7. Does not discriminate on the basis of HIV or AIDS as required by Section 627.429 or Section 641.3007, Florida Statutes; and covers HIV/AIDS medications in a manner which is substantially similar to the benchmark plan or is otherwise compliant with Florida and federal law.

The Company:

8. Has procedures in place that allow enrollees to request and gain access to clinically appropriate drugs not covered by the plan.

9. Has developed and documented procedures to ensure appropriate drug review and inclusion on the formulary drug list, as well as make clinical decisions based on scientific evidence, such as peer-reviewed medical literature, and standards of practice, such as well-established clinical practice guidelines.

I __________________________, an officer or director of __________________________, (Printed Name) (Name of Company) am familiar with federal laws relating to non-discrimination of drug formulary lists as they relate to major medical products that are compliant with the Affordable Care Act and the requirements of Florida law regarding HIV and AIDS. To the best of my knowledge, __________________________, (Name of Company) is complying with these requirements.

______________________________
(Signature) Title