SENATE AMENDMENT

Bill No. HB 2151, 1st Eng.

Amendment No. 1

CHAMBER ACTION

Senate	House
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The Committee on Health, Aging and Long-Term Care recommended the following amendment:

Senate Amendment (with title amendment)

Delete everything after the enacting clause

and insert:

Section 1. Subsection (37) is added to section 409.912, Florida Statutes, to read:

409.912 Cost-effective purchasing of health care.--The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the

inappropriate or unnecessary use of high-cost services.

(37)(a) The agency shall implement a Medicaid prescribed-drug spending-control program that includes the following components:

1. Medicaid prescribed-drug coverage for brand-name drugs for adult Medicaid recipients not residing in nursing homes or other institutions is limited to the dispensing of four brand-name drugs per month per recipient. Persons with Alzheimer's disease, children, and institutionalized adults are exempt from this restriction. Antiretroviral agents are excluded from this limitation. No requirements for prior authorization or other restrictions on medications used to treat mental illnesses such as schizophrenia, severe depression, or bipolar disorder may be imposed on Medicaid recipients. Medications that will be available without restriction for persons with mental illnesses include atypical antipsychotic medications, conventional antipsychotic medications, selective serotonin re-uptake inhibitors, and other medications used for the treatment of serious mental illnesses. The agency shall also limit the amount of a prescribed drug dispensed to no more than a 34-day supply. The agency shall continue to provide unlimited generic drugs, contraceptive drugs and items, and diabetic supplies. The agency may authorize exceptions to the brand-name-drug restriction only when such exceptions are based on prior consultation provided by the agency or an agency contractor, but the agency must establish procedures to ensure that:

a. There will be a response to a request for prior consultation by telephone or other telecommunication device within 24 hours after receipt of a request for prior consultation;

b. 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 as required by sub-subparagraph a.; and

c. A process is established for the provision of medically necessary drugs in excess of the limit.

2. Reimbursement to pharmacies for Medicaid prescribed drugs shall be set at the average wholesale price less 14 percent.

3. The agency shall develop and implement a process for managing the drug therapies of Medicaid recipients who are using significant numbers of prescribed drugs each month. The management process may include, but is not limited to, comprehensive, physician-directed medical-record reviews, claims analyses, and case evaluations to determine the medical necessity and appropriateness of a patient's treatment plan and drug therapies. The agency may contract with a private organization to provide drug-program-management services.

4. The agency is authorized to establish pharmacy network controls directed only at reducing fraud, such as establishing minimum initial pharmacy drug inventories. The agency may not limit the size of its pharmacy network based on need, competitive bidding, price negotiations, credentialing, or similar criteria.

5. The agency shall develop and implement a program that requires Medicaid practitioners who prescribe drugs to use a counterfeit-proof prescription pad for Medicaid prescriptions. The agency shall require the use of standardized counterfeit-proof prescription pads by Medicaid-participating prescribers. The agency may implement the program in targeted geographic areas or statewide. If a

pharmacist receives a request to fill a prescription that is not written on a counterfeit-proof prescription form and the pharmacist is unable to verify authorization for the prescription with the prescriber, a pharmacist may dispense, on a one-time basis, up to a 72-hour supply of the prescribed medication if:

a. The prescription is not a medicinal drug listed in Schedule II in chapter 893;

b. The medication is essential to the maintenance of life or the continuation of therapy for a chronic condition;

c. In the pharmacist's professional judgment, the interruption of therapy might reasonably produce undesirable health consequences or may cause physical or mental discomfort;

d. The pharmacist creates a second written order that contains all of the prescription information required by chapters 465, 499, and 893 and signs that order; and

e. The pharmacist notifies the prescriber within a reasonable time after dispensing the medication and notifies the agency that the prescription was not written on a counterfeit-proof prescription form.

6. Manufacturers of generic drugs prescribed to Medicaid recipients must guarantee the state a rebate of at least 15.1 percent of the total Medicaid payment for their generic products. Generic-drug manufacturers who pay federal rebates for Medicaid-reimbursed drugs at a level below 15.1 percent must provide a supplemental rebate to the state in an amount necessary to achieve a 15.1-percent rebate level. If a generic-drug manufacturer raises its price in excess of the Consumer Price Index (Urban), the excess amount shall be included in the supplemental rebate to the state.

(b) The agency shall implement this subsection to the extent that funds are appropriated to administer the Medicaid prescribed-drug spending-control program. The agency may contract all or any part of this program to private organizations.

(c) The agency shall submit a report to the Governor, the Speaker of the House of Representatives, and the President of the Senate by January 15 of each year. The report must include, but need not be limited to, the progress made in implementing Medicaid cost-containment measures and their effect on Medicaid prescribed-drug expenditures.

Section 2. There is created a Medicaid Pharmaceutical and Therapeutics Committee. The committee shall develop and implement a voluntary Medicaid preferred prescribed drug designation program. The program shall provide information to Medicaid providers on medically appropriate and cost efficient prescription drug therapies through the development and publication of a voluntary Medicaid preferred prescribed drug list.

(1) The Medicaid Pharmaceutical and Therapeutics Committee shall be comprised of seven members appointed as follows: one practicing physician licensed under chapter 458, Florida Statutes, appointed by the Speaker of the House of Representatives from a list of recommendations from the Florida Medical Association; one practicing physician licensed under chapter 459, Florida Statutes, appointed by the Speaker of the House of Representatives from a list of recommendations from the Florida Osteopathic Medical Association; one practicing physician licensed under chapter 458, Florida Statutes, appointed by the President of the Senate from a list of recommendations from the Florida Academy of Family

Physicians; one practicing dentist licensed under chapter 466, Florida Statutes, appointed by the President of the Senate from a list of recommendations from the Florida Dental Association; one practicing pharmacist licensed under chapter 465, Florida Statutes, appointed by the Governor from a list of recommendations from the Florida Pharmacy Association; one practicing pharmacist licensed under chapter 465, Florida Statutes, appointed by the Governor from a list of recommendations from the Florida Society of Health System Pharmacists; and one representative of the Pharmaceutical Research and Manufacturers Association with expertise in clinical pharmacology appointed by the Governor from a list of recommendations from that association. The members shall be appointed to serve for terms of 2 years from the date of their appointment. The Agency for Health Care Administration shall serve as staff for the committee and assist them with all ministerial duties.

(2) Upon recommendation by the committee, the Agency for Health Care Administration shall establish the voluntary Medicaid preferred prescribed drug list by rule. Upon further recommendation by the committee, the agency shall add to, delete from, or modify the list by rule. Notwithstanding any provision of chapter 120, Florida Statutes, to the contrary, the list shall become effective 60 days after the date it is filed with the Secretary of State. The committee shall also review requests for additions to, deletions from, or modifications of the list. The list shall be adopted by the committee in consultation with medical specialists, when appropriate, using the following criteria: use of the list shall be voluntary by providers, and the list must provide for medically appropriate drug therapies for Medicaid patients

which achieve cost savings in the Medicaid program.

(3) The Agency for Health Care Administration shall publish and disseminate the voluntary Medicaid preferred prescribed drug list to all Medicaid providers in the state.

Section 3. This act shall take effect July 1, 2000.

========== T I T L E A M E N D M E N T ==========

And the title is amended as follows:

On page 1, line 10, after the second semicolon

insert:

creating the Medicaid Pharmaceutical Therapeutics Committee; providing for membership; providing for the adoption by rule of a voluntary preferred prescribed drug list by the committee;