## Bill No. CS for CS for SB 792

Amendment No. \_\_\_\_ Barcode 471714

CHAMBER ACTION Senate House 1 2 3 4 5 6 7 8 9 10 Senator Silver moved the following amendment: 11 12 13 Senate Amendment On page 58, lines 19-28, delete those lines 14 15 16 and insert: 17 (7) The agency may establish a preferred drug formulary in accordance with 42 U.S.C. s. 1396r-8, and, 18 19 pursuant to the establishment of such formulary, it is 20 authorized to negotiate supplemental rebates from manufacturers that are in addition to those required by Title 21 22 XIX of the Social Security Act and at no less than 10 percent of the average manufacturer price as defined in 42 U.S.C. s. 23 24 1936 on the last day of a quarter unless the federal or supplemental rebate, or both, equals or exceeds 25 percent. 25 26 There is no upper limit on the supplemental rebates the agency 27 may negotiate. The agency may determine that specific products, brand-name or generic, are competitive at lower 28 rebate percentages. Agreement to pay the minimum supplemental 29 30 rebate percentage will guarantee a manufacturer that the

Medicaid Pharmaceutical and Therapeutics Committee will

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consider a product for inclusion on the preferred drug
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    formulary. However, a pharmaceutical manufacturer is not
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    guaranteed placement on the formulary by simply paying the
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    minimum supplemental rebate. Agency decisions will be made on
    the clinical efficacy of a drug and recommendations of the
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    Medicaid Pharmaceutical and Therapeutics Committee, as well as
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    the price of competing products minus federal and state
   rebates. The agency is authorized to contract with an outside
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    agency or contractor to conduct negotiations for supplemental
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    rebates. For the purposes of this section, the term
   "supplemental rebates" may include, at the agency's
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   discretion, cash rebates and other program benefits that
    offset a Medicaid expenditure. Such other program benefits may
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    include, but are not limited to, disease management programs,
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    drug product donation programs, drug utilization control
    programs, prescriber and beneficiary counseling and education,
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    fraud and abuse initiatives, and other services or
    administrative investments with guaranteed savings to the
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    Medicaid program in the same year the rebate reduction is
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    included in the General Appropriations Act. The agency is
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    authorized to seek any federal waivers to implement this
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    initiative.
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