

HCS SCS SB 139 -- CONTROLLED SUBSTANCES

SPONSOR: Sater (Wood)

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Budget by a vote of 20 to 9. Voted "Do Pass" by the Standing Committee on Rules- Legislative Oversight by a vote of 9 to 2.

This bill modifies provisions of the MO HealthNet pharmacy program.

REGULATION OF CONTROLLED SUBSTANCES

This bill creates a "Controlled Substance Abuse Prevention Fund" within the state treasury that is funded using fees collected by the Department of Health and Senior Services when issuing registrations to manufacture, distribute, or dispense controlled substances. Any money appropriated, gifted, granted, donated, bequested, or contributed for the purpose of funding the Bureau of Narcotics and Dangerous Drugs within the department must be deposited in the fund. The bureau is required to employ no less than one investigator for every 2,500 controlled substance registrants (Sections 195.430 and 195.435, RSMo).

This is the same as HCS HB 1608 (2016).

POLYPHARMACY AND ANTIPSYCHOTIC MEDICATIONS

This bill modifies existing language relating to psychotropic medications and requires the MO HealthNet Division to establish a polypharmacy program for high-risk MO HealthNet participants with numerous or multiple prescribed drugs or medications and establish a behavioral health pharmacy and opioid surveillance program to encourage the use of best medical evidence-supported prescription practices. No restrictions to access are imposed that preclude availability of any individual atypical antipsychotic monotherapy for the treatment of schizophrenia, bipolar disorder, or psychosis associated with severe depression. The division shall issue provider updates to enumerate specified treatment and utilization principles for MO HealthNet providers, including treatment principles relating to antipsychotic drugs or medications.

If the division implements any new policy or point-of-sale clinical edit for an antipsychotic drug or medication, the division shall continue to allow MO HealthNet participants access to any antipsychotic drug or medication that they use and on which they are stable or that they have successfully used in the past. Additionally, the following shall apply to the prescribing of antipsychotics:

(1) If an antipsychotic drug or medication is listed as "non-preferred" in the MO HealthNet pharmacy formulary and is considered clinically appropriate for an individual patient, prior authorization shall be simple and flexible;

(2) If an antipsychotic drug or medication is listed as "non-preferred" and is known or found to be safe and effective for a patient, the division shall not restrict the patient's access to the drug or medication and such drug or medication shall be considered "preferred" for that patient;

(3) A patient shall not be required to change antipsychotic drugs or medications due to changes in medication management policy, prior authorization, or a change in the payor responsible for the benefit; and

(4) Patients transferring from state psychiatric hospitals to community-based settings shall be permitted to continue their medication regimens.

The division's medication policy and clinical edits shall provide MO HealthNet participants initial access to multiple FDA-approved antipsychotic drugs or medications that have substantially the same clinical differences and adverse effects that are predictable across patients and whose manufacturers have entered into rebate agreements with the federal Department of Health and Human Services and specify the categories of available drugs or medications that shall be made available to participants (Section 208.227).

PRESCRIPTION DRUG REBATES

This bill requires pharmaceutical manufacturers to pay to the state, in accordance with federal law, rebates on eligible utilization of covered outpatient drugs dispensed to MO HealthNet participants as follows:

(1) For single source drugs and innovator multiple source drugs, rebates shall reflect the manufacturer's best price; and

(2) For single source drugs and innovator and noninnovator multiple source drugs, any additional rebates as necessary to account for certain price increases in excess of inflation (Section 208.229).

MO RX PROGRAM

This bill modifies provisions relating to the Missouri Rx Prescription Drug Program by requiring applicants household income

limits for eligibility to only apply to Medicaid dual eligible individuals (Section 208.790).

The provisions of the MO Rx program will sunset in five years on August 28, 2022.

This is similar to SCS SB 433 (2017).

Rx CARES FOR MISSOURI PROGRAM

This bill creates the Rx Cares for Missouri Program to be administered by the Board of Pharmacy in consultation with the Department of Health and Senior Services. The goals of the program are to promote medication safety and prevent prescription drug abuse. The board may expend funds appropriated to the board to private and public entities for the development of programs and education in order to meet these goals. Funds shall not be used for any state prescription drug monitoring program.

The Board of Pharmacy may enter into interagency agreements with the Department of Health and Senior Services so that the department may assist in the operation of the program. The program shall expire on August 28, 2019 (Sections 338.700 and 338.710).

This is similar to SB 1136 (2016).

PROPONENTS: Supporters say that the Board of Pharmacy asked for this bill for medication safety and to reduce medication abuse. There is no cost because the board will pay all costs with the license fees. House Bill 986 could be added to this bill to include the anti-phycotrophic drugs. A preferred drug list has federal rebates while non-preferred drugs do not. Missouri doesn't have a formulary list. We want people to use the preferred list so Missouri can save money, but want people to be healthy.

Testifying for the bill was Senator Sater.

OPPONENTS: There was no opposition voiced to the committee.

OTHERS: Others testifying on the bill were present to answer any questions.

Testifying on the bill was the Department of Mental Health.