

HB 1159 -- MO HEALTHNET PHARMACY PROGRAM

SPONSOR: Morris

This bill modifies provisions of the MO HealthNet pharmacy program.

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. 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, RSMo).

PRESCRIPTION DRUG PRICE INCREASES

This bill requires the Drug Utilization Review Board to annually identify up to 10 prescription drugs on which the state spends significant health care dollars and for which the wholesale acquisition cost has increased 50% or more over the past five years or by 15% or more over the past 12 months. The board shall provide the list to the Department of Social Services, to be posted on the department's website, and the Attorney General. The Attorney General shall require the drugs' manufacturers to provide a justification for the increase in the wholesale acquisition cost of the drug and the Attorney General shall provide a report to the General Assembly and post the report on the Attorney General's website, subject to the confidentiality provisions specified. The Attorney General may bring a civil action to impose a civil penalty of \$10,000 per violation against a manufacturer that fails to provide the information required under this bill.

The Drug Utilization Review Board shall advise the MO HealthNet Division as to suggested remediations for the drug price increases, including the use of a more restrictive prior authorization process (Section 208.228).

PRESCRIPTION DRUG DISPENSATION

This bill requires any covered outpatient drug that is newly prescribed to a MO HealthNet participant who has not previously been prescribed such drug to be subject to prior authorization and be limited to a 15-day trial supply for the first dispensation.

This bill also limits the number of prescriptions of a covered outpatient drug that may be filled or refilled in a month to five, subject to exceptions for certain drugs commonly prescribed for long-term chronic medical conditions and for prior authorized drugs (Section 208.229).

This bill is similar to HB 986 and SB 433 (2017).