Amend **CSSB 1** (house committee printing) in Article II of the bill, following the appropriations to the Health and Human Services Commission, by striking Rider 48 (Physician-administered Biologics and Drugs Rider, page II-89) and substituting the following:

48. Physician-administered Biologics and Drugs. To the extent compatible with state and federal law, drugs and biological products are deemed covered benefits of Medicaid if those products are approved for sale by the U.S. Food and Drug Administration and satisfy the criteria of the Omnibus Budget Reconciliation Act of 1990 and the Deficit Reduction Act of 2005. The manufacturers of drugs and biological products which are deemed covered benefits under Medicaid shall obtain a unique HCPCS code of C, Q, or J and a National Drug Code that will enable the state Medicaid office to track the product for the purpose of receiving Medicaid rebates.

HHSC shall develop and make available a process to analyze new, "first-in-class," physician-administered drugs and biological products for the purpose of issuing a Medicaid coverage report or opinion.

For new physician-administered drugs and biological products slated for inclusion in an existing class covered by Medicaid, HHSC shall develop and make available an expedited process to analyze fiscal impact and incremental cost over current drug treatment and therapy.

HHSC shall develop and make available a process for approving new FDA-approved indications of physician-administered drugs and biological products covered by Medicaid.

HHSC may apply any reasonable administrative measures, including medical policy development and utilization controls that it deems prudent as the conditions of coverage that apply to each physician-administered drug or biological product.