

Amend CSHB 1 by adding the following appropriately numbered rider to Part ____ of Article II of the bill:

Sec. ____ (a) In this section, "prescription drug benefits" means any prescription drug benefits paid by the state under the Medicaid vendor drug program, the child health plan program, the kidney health care program, the children with special health care needs program, or another state program administered by the Health and Human Services commission.

(b) Effective September 1, 2011, the commission shall implement the following cost-savings measures in order to limit the expenditure of appropriated funds:

(1) continue to internally administer prescription drug benefits through the vendor drug program in a fee-for-service model;

(2) require uniform limits for prescription drug benefits requiring thirty four days supply as to brand name prescription drug utilization regardless of whether the patient receives prescription drug benefits under a fee-for-service model or a managed care model, including a primary care case management model;

(3) maximize generic prescription drug utilization over brand name prescription drug utilization in order to achieve a ten percent or greater increase in generic prescription drug utilization, and a corresponding decrease in brand name prescription drug utilization, as compared to the state's prescription drug benefits paid for fiscal year ending August 31, 2011;

(4) implement a mandatory generic formulary to the greatest extent permitted by existing preferred drug list contracts, and, as soon as practicable, re-negotiate or terminate existing preferred drug list contracts to allow for the full implementation of a mandatory generic formulary;

(5) eliminate off-label use of anticonvulsants and antipsychotic drugs;

(6) maximize the collection and retainment of all manufacturer rebates, including federal and supplemental rebates, and to the extent authorized by federal Medicaid laws;

(7) maximize medication therapy management practices in order to reduce adverse drug events and related medical costs for high-risk patients;

(8) promote appropriate medication adherence;

(9) maximize utilization of over-the-counter dispensing rather than prescription for appropriate products; and

(10) include diabetic equipment and supplies in the pharmacy preferred drug list defined in Section 531.072.

(c) If before implementing any provision the commission determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.