

SENATE BILL NO. 173

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR WHITE.

0413S.01H

ADRIANE D. CROUSE, Secretary

AN ACT

To repeal section 208.227, RSMo, and to enact in lieu thereof two new sections relating to antipsychotic drugs.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 208.227, RSMo, is repealed and two new sections enacted in lieu thereof, to be known as sections 208.226 and 208.227, to read as follows:

208.226. 1. No restrictions to access shall be imposed that preclude availability of any individual antipsychotic medication.

2. The provisions of this section shall not prohibit the division from utilizing clinical edits to ensure clinical best practices, including, but not limited to:

(1) Drug safety and avoidance of harmful drug interactions;

(2) Compliance with nationally recognized and juried clinical guidelines from national medical associations using medical evidence and emphasizing best practice principles;

(3) Detection of patients receiving prescription drugs from multiple prescribers; and

(4) Detection, prevention, and treatment of substance use disorders.

3. The division shall issue a provider update no less than twice annually to enumerate treatment and utilization

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

18 principles for MO HealthNet providers, including, but not
19 limited to:

20 (1) Treatment with antipsychotic drugs, as with any
21 other form of treatment, should be individualized in order
22 to optimize the patient's recovery and stability;

23 (2) Treatment with antipsychotic drugs should be as
24 effective, safe, and well-tolerated as supported by best
25 medical evidence;

26 (3) Treatment with antipsychotic drugs should consider
27 the individual patient's needs, preferences, and
28 vulnerabilities;

29 (4) Treatment with antipsychotic drugs should support
30 an improved quality of life for the patient; and

31 (5) Treatment choices should be informed by the best
32 current medical evidence and should be updated consistent
33 with evolving nationally recognized best practice guidelines.

34 4. If the division implements any new policy or
35 clinical edit for an antipsychotic drug, the division shall
36 continue to allow MO HealthNet participants access to any
37 antipsychotic drug that they utilize and on which they are
38 stable or that they have successfully utilized previously.
39 The division may recommend a resource list with no
40 restrictions to access.

208.227. 1. [No restrictions to access shall be
2 imposed that preclude availability of any individual
3 atypical antipsychotic monotherapy for the treatment of
4 schizophrenia, bipolar disorder, or psychosis associated
5 with severe depression.] The division shall establish a
6 pharmaceutical case management or polypharmacy program for
7 high risk MO HealthNet participants with numerous or
8 multiple prescribed drugs. The division shall also
9 establish a behavioral health pharmacy and opioid

10 surveillance program to encourage the use of best medical
11 evidence-supported prescription practices. The division
12 shall communicate with providers, as such term is defined in
13 section 208.164, whose prescribing practices deviate from or
14 do not otherwise utilize best medical evidence-supported
15 prescription practices. The communication may be
16 telemetric, written, oral, or some combination thereof.
17 These programs shall be established and administered through
18 processes established and supported under a memorandum of
19 understanding between the department of mental health and
20 the department of social services, or their successor
21 entities.

22 2. The provisions of this section shall not prohibit
23 the division from utilizing clinical edits to ensure
24 clinical best practices, including, but not limited to:

25 (1) Drug safety and avoidance of harmful drug
26 interactions;

27 (2) Compliance with nationally recognized and juried
28 clinical guidelines from national medical associations using
29 medical evidence and emphasizing best practice principles;

30 (3) Detection of patients receiving prescription drugs
31 from multiple prescribers; and

32 (4) Detection, prevention, and treatment of substance
33 use disorders.

34 3. [The division shall issue a provider update no less
35 than twice annually to enumerate treatment and utilization
36 principles for MO HealthNet providers including, but not
37 limited to:

38 (1) Treatment with antipsychotic drugs, as with any
39 other form of treatment, should be individualized in order
40 to optimize the patient's recovery and stability;

41 (2) Treatment with antipsychotic drugs should be as
42 effective, safe, and well-tolerated as supported by best
43 medical evidence;

44 (3) Treatment with antipsychotic drugs should consider
45 the individual patient's needs, preferences, and
46 vulnerabilities;

47 (4) Treatment with antipsychotic drugs should support
48 an improved quality of life for the patient;

49 (5) Treatment choices should be informed by the best
50 current medical evidence and should be updated consistent
51 with evolving nationally recognized best practice
52 guidelines; and

53 (6) Cost considerations in the context of best
54 practices, efficacy, and patient response to adverse drug
55 reactions should guide antipsychotic medication policy and
56 selection once the preceding principles have been maximally
57 achieved.

58 4. If the division implements any new policy or
59 clinical edit for an antipsychotic drug, the division shall
60 continue to allow MO HealthNet participants access to any
61 antipsychotic drug that they utilize and on which they are
62 stable or that they have successfully utilized previously.
63 The division shall adhere to the following:

64 (1) If an antipsychotic drug listed as "nonpreferred"
65 is considered clinically appropriate for an individual
66 patient based on the patient's previous response to the drug
67 or other medical considerations, prior authorization
68 procedures, as such term is defined in section 208.164,
69 shall be simple and flexible;

70 (2) If an antipsychotic drug listed as "nonpreferred"
71 is known or found to be safe and effective for a given
72 individual, the division shall not restrict the patient's

73 access to that drug. Such nonpreferred drug shall, for that
74 patient only and if that patient has been reasonably
75 adherent to the prescribed therapy, be considered
76 "preferred" in order to minimize the risk of relapse and to
77 support continuity of care for the patient;

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

82 (4) Patients transferring from state psychiatric
83 hospitals to community-based settings, including patients
84 previously found to be not guilty of a criminal offense by
85 reason of insanity or who have previously been found to be
86 incompetent to stand trial, shall be permitted to continue
87 the medication regimen that aided the stability and recovery
88 so that such patient was able to successfully transition to
89 the community-based setting.

90 5. The division's medication policy and clinical edits
91 shall provide MO HealthNet participants initial access to
92 multiple Food and Drug Administration-approved antipsychotic
93 drugs that have substantially the same clinical differences
94 and adverse effects that are predictable across individual
95 patients and whose manufacturers have entered into a federal
96 rebate agreement with the Department of Health and Human
97 Services. Clinical differences may include, but not be
98 limited to, weight gain, extrapyramidal side effects,
99 sedation, susceptibility to metabolic syndrome, other
100 substantial adverse effects, the availability of long-acting
101 formulations, and proven efficacy in the treatment of
102 psychosis. The available drugs for an individual patient
103 shall include, but not be limited to, the following
104 categories:

- 105 (1) At least one relatively weight-neutral atypical
106 antipsychotic medication;
- 107 (2) At least one long-acting injectable formulation of
108 an atypical antipsychotic;
- 109 (3) Clozapine;
- 110 (4) At least one atypical antipsychotic medication
111 with relatively potent sedative effects;
- 112 (5) At least one medium-potency typical antipsychotic
113 medication;
- 114 (6) At least one long-acting injectable formulation of
115 a high-potency typical antipsychotic medication;
- 116 (7) At least one high-potency typical antipsychotic
117 medication; and
- 118 (8) At least one low-potency typical antipsychotic
119 medication.

120 6. Nothing in subsection 5 of this section shall be
121 construed to require any of the following:

- 122 (1) Step therapy or a trial of a typical antipsychotic
123 drug before permitting a patient access to an atypical drug
124 or antipsychotic medication;
- 125 (2) A limit of one atypical antipsychotic drug as an
126 open-access, first-choice agent; or
- 127 (3) A trial of one of the eight categories of drugs
128 listed in subsection 5 of this section before having access
129 to the other seven categories.

130 7.] The department of social services may promulgate
131 rules and regulations to implement the provisions of this
132 section. Any rule or portion of a rule, as that term is
133 defined in section 536.010, that is created under the
134 authority delegated in this section shall become effective
135 only if it complies with and is subject to all of the
136 provisions of chapter 536 and, if applicable, section

137 536.028. This section and chapter 536 are nonseverable and
138 if any of the powers vested with the general assembly
139 pursuant to chapter 536 to review, to delay the effective
140 date, or to disapprove and annul a rule are subsequently
141 held unconstitutional, then the grant of rulemaking
142 authority and any rule proposed or adopted after August 28,
143 2017, shall be invalid and void.

144 [8.] 4. The department shall submit such state plan
145 amendments and waivers to the Centers for Medicare and
146 Medicaid Services of the federal Department of Health and
147 Human Services as the department determines are necessary to
148 implement the provisions of this section.

149 [9. As used in this section, the following terms mean:

150 (1) "Division", the MO HealthNet division of the
151 department of social services;

152 (2) "Reasonably adherent", a patient's adherence to
153 taking medication on a prescribed schedule as measured by a
154 medication position ratio of at least seventy-five percent;

155 (3) "Successfully utilized previously", a drug or drug
156 regimen's provision of clinical stability in treating a
157 patient's symptoms.]

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