



Sen. William Delgado

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1 AMENDMENT TO SENATE BILL 1807

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 1807 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by  
5 changing Section 5-5.12 as follows:

6 (305 ILCS 5/5-5.12) (from Ch. 23, par. 5-5.12)

7 Sec. 5-5.12. Pharmacy payments.

8 (a) Every request submitted by a pharmacy for reimbursement  
9 under this Article for prescription drugs provided to a  
10 recipient of aid under this Article shall include the name of  
11 the prescriber or an acceptable identification number as  
12 established by the Department.

13 (b) Pharmacies providing prescription drugs under this  
14 Article shall be reimbursed at a rate which shall include a  
15 professional dispensing fee as determined by the Illinois  
16 Department, plus the current acquisition cost of the

1 prescription drug dispensed. The Illinois Department shall  
2 update its information on the acquisition costs of all  
3 prescription drugs no less frequently than every 30 days.  
4 However, the Illinois Department may set the rate of  
5 reimbursement for the acquisition cost, by rule, at a  
6 percentage of the current average wholesale acquisition cost.

7 (c) (Blank).

8 (d) The Department shall review utilization of narcotic  
9 medications in the medical assistance program and impose  
10 utilization controls that protect against abuse.

11 (e) When making determinations as to which drugs shall be  
12 on a prior approval list, the Department shall include as part  
13 of the analysis for this determination, the degree to which a  
14 drug may affect individuals in different ways based on factors  
15 including the gender of the person taking the medication.

16 (f) The Department shall cooperate with the Department of  
17 Public Health and the Department of Human Services Division of  
18 Mental Health in identifying psychotropic medications that,  
19 when given in a particular form, manner, duration, or frequency  
20 (including "as needed") in a dosage, or in conjunction with  
21 other psychotropic medications to a nursing home resident or to  
22 a resident of a facility licensed under the ID/DD Community  
23 Care Act, may constitute a chemical restraint or an  
24 "unnecessary drug" as defined by the Nursing Home Care Act or  
25 Titles XVIII and XIX of the Social Security Act and the  
26 implementing rules and regulations. The Department shall

1 require prior approval for any such medication prescribed for a  
2 nursing home resident or to a resident of a facility licensed  
3 under the ID/DD Community Care Act, that appears to be a  
4 chemical restraint or an unnecessary drug. The Department shall  
5 consult with the Department of Human Services Division of  
6 Mental Health in developing a protocol and criteria for  
7 deciding whether to grant such prior approval.

8 (g) The Department may by rule provide for reimbursement of  
9 the dispensing of a 90-day supply of a generic or brand name,  
10 non-narcotic maintenance medication in circumstances where it  
11 is cost effective.

12 (g-5) On and after July 1, 2012, the Department may require  
13 the dispensing of drugs to nursing home residents be in a 7-day  
14 supply or other amount less than a 31-day supply. The  
15 Department shall pay only one dispensing fee per 31-day supply.

16 (h) Effective July 1, 2011, the Department shall  
17 discontinue coverage of select over-the-counter drugs,  
18 including analgesics and cough and cold and allergy  
19 medications.

20 (h-5) On and after July 1, 2012, the Department shall  
21 impose utilization controls, including, but not limited to,  
22 prior approval on specialty drugs, oncolytic drugs, drugs for  
23 the treatment of HIV or AIDS, immunosuppressant drugs, and  
24 biological products in order to maximize savings on these  
25 drugs. The Department may adjust payment methodologies for  
26 non-pharmacy billed drugs in order to incentivize the selection

1 of lower-cost drugs. For drugs for the treatment of AIDS, the  
2 Department shall take into consideration the potential for  
3 non-adherence by certain populations, and shall develop  
4 protocols with organizations or providers primarily serving  
5 those with HIV/AIDS, as long as such measures intend to  
6 maintain cost neutrality with other utilization management  
7 controls such as prior approval. For hemophilia, the Department  
8 shall develop a program of utilization review and control which  
9 may include, in the discretion of the Department, prior  
10 approvals. The Department may impose special standards on  
11 providers that dispense blood factors which shall include, in  
12 the discretion of the Department, staff training and education;  
13 patient outreach and education; case management; in-home  
14 patient assessments; assay management; maintenance of stock;  
15 emergency dispensing timeframes; data collection and  
16 reporting; dispensing of supplies related to blood factor  
17 infusions; cold chain management and packaging practices; care  
18 coordination; product recalls; and emergency clinical  
19 consultation. The Department may require patients to receive a  
20 comprehensive examination annually at an appropriate provider  
21 in order to be eligible to continue to receive blood factor.

22 (i) On and after July 1, 2012, the Department shall reduce  
23 any rate of reimbursement for services or other payments or  
24 alter any methodologies authorized by this Code to reduce any  
25 rate of reimbursement for services or other payments in  
26 accordance with Section 5-5e.

1       ~~(i) (Blank).~~

2       (j) On and after July 1, 2012, the Department shall impose  
3 limitations on prescription drugs such that the Department  
4 shall not provide reimbursement for more than 4 prescriptions,  
5 including 3 brand name prescriptions, for distinct drugs in a  
6 30-day period, unless prior approval is received for all  
7 prescriptions in excess of the 4-prescription limit. Drugs in  
8 the following therapeutic classes shall not be subject to prior  
9 approval as a result of the 4-prescription limit:  
10 immunosuppressant drugs, oncolytic drugs, and anti-retroviral  
11 drugs. Antipsychotic and anticonvulsant drugs used to treat  
12 severe mental illness shall not be subject to prior approval as  
13 a result of the 4-prescription limit and shall not count toward  
14 the monthly prescription limit when used for the following  
15 mental disorders: post-traumatic stress disorder,  
16 schizophrenia, schizoaffective disorder, bipolar disorder, or  
17 panic disorder.

18       (k) No medication therapy management program implemented  
19 by the Department shall be contrary to the provisions of the  
20 Pharmacy Practice Act.

21       (l) Any provider enrolled with the Department that bills  
22 the Department for outpatient drugs and is eligible to enroll  
23 in the federal Drug Pricing Program under Section 340B of the  
24 federal Public Health Services Act shall enroll in that  
25 program. No entity participating in the federal Drug Pricing  
26 Program under Section 340B of the federal Public Health

1 Services Act may exclude Medicaid from their participation in  
2 that program, although the Department may exclude entities  
3 defined in Section 1905(1)(2)(B) of the Social Security Act  
4 from this requirement.

5 (Source: P.A. 96-1269, eff. 7-26-10; 96-1372, eff. 7-29-10;  
6 96-1501, eff. 1-25-11; 97-38, eff. 6-28-11; 97-74, eff.  
7 6-30-11; 97-333, eff. 8-12-11; 97-426, eff. 1-1-12; 97-689,  
8 eff. 6-14-12; 97-813, eff. 7-13-12; revised 8-3-12.)".

9 Section 99. Effective date. This Act takes effect upon  
10 becoming law.".