



Sen. William Delgado

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09800SB1807sam001

LRB098 08608 KTG 42352 a

1 AMENDMENT TO SENATE BILL 1807

2 AMENDMENT NO. _____. Amend Senate Bill 1807 as follows:

3 on page 1, line 4, after "by", by inserting "changing Section
4 5-5.12 and by"; and

5 on page 1, by inserting immediately below line 5 the following:

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

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

8 (c) (Blank).

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

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

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

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

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

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

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

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

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

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

1 accordance with Section 5-5e.

2 ~~(i) (Blank).~~

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

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

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

1 Program under Section 340B of the federal Public Health
2 Services Act may exclude Medicaid from their participation in
3 that program, although the Department may exclude entities
4 defined in Section 1905(1)(2)(B) of the Social Security Act
5 from this requirement.

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