LRB094 18104 DRJ 53409 b

94TH GENERAL ASSEMBLY

State of Illinois

2005 and 2006

HB5272

Introduced 01/25/06, by Rep. Kathleen A. Ryg - Patricia R. Bellock

SYNOPSIS AS INTRODUCED:

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

Amends the Illinois Public Aid Code. Provides that reimbursement under the Medicaid program for prescription drugs shall be limited to reimbursement for 4 brand-name prescription drugs per patient per month. Provides that this limitation does not apply if (i) the brand-name drug was prescribed for an acute or urgent condition, (ii) the brand-name drug was prescribed for Alzheimer's disease, arthritis, diabetes, HIV/AIDS, a mental health condition, hemophilia, or respiratory diseases, (iii) the brand-name drug was prescribed for less than 30 days for acute infections, and (iv) a therapeutically equivalent generic medication has not been approved by the federal Food and Drug Administration. Effective July 1, 2006.

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FISCAL NOTE ACT
MAY APPLY

A BILL FOR

AN ACT concerning public aid.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

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

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

Sec. 5-5.12. Pharmacy payments.

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

(b) Pharmacies providing prescription drugs under this Article shall be reimbursed at a rate which shall include a professional dispensing fee as determined by the Illinois Department, plus the current acquisition cost of the prescription drug dispensed. The Illinois Department shall update its information on the acquisition costs of all prescription drugs no less frequently than every 30 days. However, the Illinois Department may set the rate of reimbursement for the acquisition cost, by rule, at a percentage of the current average wholesale acquisition cost.

(c) Reimbursement under this Article for prescription drugs shall be limited to reimbursement for 4 brand-name prescription drugs per patient per month. This subsection does not apply if (i) the brand-name drug was prescribed for an acute or urgent condition, (ii) the brand-name drug was prescribed for Alzheimer's disease, arthritis, diabetes, HIV/AIDS, a mental health condition, hemophilia, or respiratory diseases, (iii) the brand-name drug was prescribed for less than 30 days for acute infections, and (iv) a therapeutically equivalent generic medication has not been

approved by the federal Food and Drug Administration. ~~(Blank).~~

(d) The Department shall not impose requirements for prior approval based on a preferred drug list for anti-retroviral, anti-hemophilic factor concentrates, or any atypical antipsychotics, conventional antipsychotics, or anticonvulsants used for the treatment of serious mental illnesses until 30 days after it has conducted a study of the impact of such requirements on patient care and submitted a report to the Speaker of the House of Representatives and the President of the Senate.

(Source: P.A. 93-106, eff. 7-8-03; 94-48, eff. 7-1-05.)

Section 99. Effective date. This Act takes effect July 1, 2006.