

1 AN ACT concerning public aid.

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

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

6 (305 ILCS 5/5-5.12b new)

7 Sec. 5-5.12b. Interferon-free therapy; prior approval.

8 (a) Prior approval by the Department to administer to a
9 recipient of medical assistance any interferon-free therapy
10 for the treatment of the hepatitis C virus shall be limited to
11 the following criteria:

12 (1) The recipient must be 18 years of age.

13 (2) The recipient must have a diagnosis of chronic
14 hepatitis C infection, genotype 1, 2, 3, or 4, confirmed by
15 stage 2 fibrosis.

16 (3) The recipient may not have been previously denied a
17 prescription for any interferon-free therapy for the
18 treatment of the hepatitis C virus.

19 (4) The recipient may not have end-stage renal disease
20 requiring dialysis.

21 (5) The recipient must have sufficient kidney function
22 as defined by the Department by rule.

23 (6) The recipient may not have evidence of a known and

1 incurable disease, with a life expectancy of less than 12
2 months.

3 (7) The recipient may not be receiving hospice care.

4 (8) The recipient may not be taking another treatment
5 that is harmful to take in combination with any
6 interferon-free therapy for the treatment of the hepatitis
7 C virus.

8 (9) The recipient may not have abused a controlled
9 substance within the past 6 months.

10 (10) The recipient must take a drug test no more than
11 15 days prior to submission of the prior approval request.

12 (b) The Department may not use the following criteria as a
13 basis for requiring prior approval to administer to a recipient
14 of medical assistance any interferon-free therapy for the
15 treatment of the hepatitis C virus:

16 (1) The fact that the recipient or any female partner
17 of the recipient is pregnant.

18 (2) The recipient's mental capacity or any
19 determination related to the recipient's ability to make
20 appropriate decisions about the interferon-free therapy
21 treatment or to comply with related instructions.

22 (3) Any evidence or known diagnosis of malignancy of
23 any body organ.

24 (4) The fact that the recipient is receiving or has
25 received chemotherapy or radiation therapy.

26 (5) The fact that the recipient was previously

1 administered an interferon-free therapy for the treatment
2 of the hepatitis C virus.

3 (c) A prescriber of any interferon-free therapy for the
4 treatment of the hepatitis C virus to a recipient of medical
5 assistance shall be one of the following:

6 (1) A gastroenterologist or physician practicing in a
7 relevant sub-specialty.

8 (2) An infectious disease specialist.

9 (3) Any physician licensed to practice medicine in all
10 its branches with a current license who has received a
11 written consultation report from a board-certified
12 gastroenterologist or specialist in a relevant
13 sub-specialty or from an infectious disease specialist. A
14 formal request for prior approval to administer to a
15 medical assistance recipient any interferon-free therapy
16 for the treatment of the hepatitis C virus shall not be
17 submitted to the Department without a written consultation
18 report as provided in this paragraph.

19 (d) The prescriber must submit lab results to the
20 Department before the treatment begins, at the end of therapy,
21 and 12 weeks after the treatment.

22 (e) The Department shall establish an appeals process for
23 recipients who either fail to meet the criteria established in
24 subsection (a) but who demonstrate a reasonable consideration
25 for continuing treatment, or who received a positive drug test
26 within 15 days of the submission of the prior approval request.

1 The Department shall review cases involving recipients who
2 received a positive drug test and who have documentation of a
3 drug interaction that would indicate a positive reading from a
4 urine test or other drug test.

5 (f) The Department shall pay managed care entities a
6 monthly non-capitated rate for any interferon-free therapy for
7 the treatment of the hepatitis C virus that is prescribed to a
8 recipient of medical assistance. The Department may consider
9 the fee-for-service cost of the prescription, the cost
10 differential of alternative treatments, and the utilization of
11 the drug being prescribed in the development of that rate.

12 Section 99. Effective date. This Act takes effect upon
13 becoming law.