

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES

12a. PRESCRIBED DRUGS

10/08 Illinois shall provide coverage for covered outpatient drugs when prescribed by a licensed provider within the scope of their license and practice as allowed by State law within the meaning of Section 1927(k) of Title XIX of the *Social Security Act* of any manufacturer which has entered into and complies with a rebate agreement with the federal Centers for Medicare & Medicaid Services (CMS). The Department may require prior authorization for the reimbursement of any covered outpatient drugs. Drug prior authorization is administered under the provisions of Section 1927 (d)(5) of the *Social Security Act*. For certain classes of drug therapy, the process for deciding which drugs, of those determined to be of similar therapeutic efficacy, will require prior authorization (are not preferred drugs) will include a comparison of net drug cost. Net drug cost is determined considering published drug wholesale prices and federal and State Supplemental or other rebate amounts. For drugs requiring prior authorization, an automated voice response system is used to meet the requirements for providing a response within 24 hours. Up to a 72-hour supply of medication requiring prior authorization may be dispensed in an emergency. Providers may request prior approval for other items subject to the medical necessity of the client and the issuance of a valid prescription or medication order by the prescriber.

The State is in compliance with Section 1927 of the *Social Security Act*. Based on the requirements for Section 1927 of the Act, the State has the following policies for supplemental rebates:

- 10/08
 - Supplemental rebate agreements between the state and drug manufacturers that are separate from the drug rebate agreements of Section 1927 are authorized by the Centers for Medicare & Medicaid Services.
- 10/08
 - The State may negotiate supplemental rebates in addition to the federal rebates provided for in Title XIX. Supplemental rebate agreements between the State and a pharmaceutical manufacturer are separate from the federal rebates. The separate agreement must provide for rebates that are at least as large as the rebates set forth in the national rebate agreement. That is, the agreement cannot reduce current rebates.
 - The State reports rebates from separate agreements to the Secretary for Health and Human Services. The State will remit the federal portion of any supplemental rebates collected on the same percentage basis as applied under the national rebate agreement.
- 10/08
 - CMS has authorized the State of Illinois to enter into supplemental rebate agreements with drug manufacturers for drugs provided to Medicaid beneficiaries. The "State of Illinois Supplemental Rebate Agreement" template was submitted to CMS on September 16, 2009, and has been authorized by CMS.

The following drugs or classes of drugs are excluded from coverage: anorexia and weight gain/loss drugs, agents used to promote fertility, agents for cosmetic purposes or hair growth, most vitamins except prenatal vitamins for pregnant women and fluoride preparations, most OTC products, DESI-ineffective products, toiletries, personal care items, oral antiseptics, dentifrices, contact lens supplies and investigational drugs.

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07/95 All services or treatments, which are medically necessary to correct or lessen health problems detected by the screening process, will be provided to EPSDT recipients.

12b. DENTURES

07/95 All services or treatments, which are medically necessary as detected by the screening process will be provided to EPSDT recipients.

12c. PROSTHETIC DEVICES

Prior approval for purchase, repair and replacement is required unless the recipient is eligible for Medicare and the item is covered under the Medicare Program; or

- The cost of repairs does not exceed 75 percent of the purchase price; or
- The item is being loaned while the recipient's own item is being repaired or replaced; or
- Items are replaced within 24 months of the purchase date and all of the following conditions are met:
 - = The item is not under warranty
 - = The item was not faulty at the time of purchase
 - = The original purchase was made by the Department for the same recipient or for whom the replacement is needed
 - = The original item is either not repairable or the cost of repairs is more than or equal to the replacement; and
 - = The replacement item is new and of equal value to the original item.

All services or treatments, which are medically necessary to correct or lessen health problems detected or suspected by the screening process, will be provided to EPSDT recipients.

12d. EYEGLASSES AND OTHER OPTICAL MATERIALS

10/00 Eyeglasses and other optical materials are available to recipients of all ages, with the following limitations:

- Single vision lenses only when the following conditions are met:
 - The power is at least 0.75 diopters in either the sphere or cylinder component; or
 - The difference between the old and new prescription is at least 0.75 diopters in either the sphere or cylinder component.