

# Hepatitis C: State of Medicaid Access Report Card

## Illinois

Estimated Number of Individuals Living with Hepatitis C: 68,400<sup>1</sup>



Grade	Summary
<p style="font-size: 2em; font-weight: bold; color: #8B4513;">B-</p>	<p><b>Liver Damage (Fibrosis) Restrictions:</b> Fee-For-Service (FFS) does not impose liver damage requirements. Two Managed Care Organizations (MCOs), BlueCross Community Health Plan and Illinicare, also do not impose liver damage requirements. One MCO, Molina, requires severe liver damage (F3 or greater). Three MCOs, Meridian Health Plan, CountyCare Health Plan, and NextLevelHealth, do not provide hepatitis C coverage information publicly.</p> <p><b>Sobriety Restrictions:</b> FFS requires screening for active substance use. One MCO, BlueCross Community Health Plan, also requires screening. Two MCOs, Illinicare and Molina require six months of sobriety. Three MCOs, Meridian Health Plan, CountyCare Health Plan, and NextLevelHealth, do not provide hepatitis C coverage information publicly.</p> <p><b>Prescriber Restrictions:</b> FFS requires a prescription to be written by or in consultation with a specialist. One MCOs, BlueCross Community Health Plan also requires a specialist to prescribe or consult. One MCO, Illinicare, requires a specialist to prescribe. One MCO, Molina, does not appear to impose prescriber requirements. Three MCOs, Meridian Health Plan, CountyCare Health Plan, and NextLevelHealth, do not provide hepatitis C coverage information publicly.</p> <p><b>Recommendations to Improve Patient Access:</b></p> <ul style="list-style-type: none"> <li>• Eliminate sobriety and prescriber restrictions.</li> <li>• Ensure parity across FFS and MCOs and transparency regarding hepatitis C coverage requirements for MCOs.</li> </ul> <p><i>Grade Rationale: Illinois FFS has moved to eliminate restrictions and provides moderate access. However, some MCOs appear to have more stringent coverage requirements, and transparency is lacking regarding coverage requirements for some MCOs. Because many MCOs have unclear or no public information about hepatitis C coverage, a “minus” has been added to the state’s B grade.</i></p>

### Background

As of March 2019, Illinois had 2,784,943 individuals enrolled in Medicaid and Children Health Insurance Program.<sup>2</sup> The Illinois Department of Healthcare and Family Services (HFS) administers the Medicaid program. HFS operates the FamilyCare program for parents or caretakers and their children under 18 years old and the Integrated Care Program for seniors and individuals with disabilities not enrolled in Medicare.<sup>3</sup> HFS delivers health care services through Fee-For-Service (FFS) and MCOs, with 80 percent of beneficiaries enrolled in an MCO.<sup>4</sup> Illinois contracts with the following six MCOs for beneficiaries not dually eligible for Medicare: BlueCross Community Health Plans, CountyCare Health Plan, Illinicare, Meridian Health Plan, Molina, and NextLevelHealth.<sup>5</sup>

### State of Medicaid Hepatitis C Treatment Access

Illinois Medicaid FFS provides moderate access to hepatitis C medications. Due to pressure from legal advocates, FFS has made improvements in opening access by removing past restrictions.<sup>6</sup> While beneficiaries’ fibrosis score must be documented, FFS does not require a minimum level of liver damage to qualify for treatment.<sup>7</sup> FFS does not require a minimum period of sobriety prior to treatment. However, the FFS PA requires the prescriber to attest that “he or she is addressing the ongoing misuse of alcohol and/or continued use of illicit IV drugs,” and the clinical criteria states that the provider is responsible for addressing ongoing substance use.<sup>8</sup> FFS requires a prescription to be written either by a specialist (gastroenterologist, hepatologist, transplant hepatologist, or infectious disease specialist) or with a one-time consultation with a specialist within the 3 months prior to requesting treatment.<sup>9</sup> Additionally, the prescriber must submit

a signed patient commitment letter that includes a dosing and follow-up schedule, a description of the schedule for refilling prescriptions, and information on how to reduce risk of exposure and transmission.<sup>10</sup> The Preferred Drug List (PDL) includes Epclusa and Mavyret as preferred and Harvoni, Sovaldi, Viekira Pak, Vosevi, and Zepatier as non-preferred.<sup>11</sup>

MCOs coverage requirements vary. Transparency is lacking as three MCOs do not provide coverage requirements publicly.

BlueCross follows the FFS criteria: the prior authorization form and criteria do not require a minimum level of liver damage prior to requesting treatment.<sup>12</sup> Similarly, BlueCross's prior authorization form asks if the prescriber is addressing ongoing misuse of alcohol and/or continues use of illicit IV drugs, but does not require a minimum period of sobriety prior to treatment.<sup>13</sup> BlueCross requires a prescription to be written either by a specialist (gastroenterologist, hepatologist, transplant hepatologist, or infectious disease specialist) or with a one-time consultation with a specialist within the 3 months prior to requesting treatment.<sup>14</sup>

Illinicare's only publicly available prior authorization form appears outdated as of 2015 and indicates stricter criteria than the FFS program. The form asks about the patient's liver damage level, but does not specify a minimum fibrosis score.<sup>15</sup> Illinicare's form requires that the patient has documented sobriety from alcohol and/or illicit drug use for six months prior to treatment.<sup>16</sup> The form also requires that a prescription is written by a gastroenterologist, hepatologist, or infectious disease specialist.<sup>17</sup>

Molina imposes stricter coverage requirements than the FFS program. Molina's PA form requires severe liver damage (F3 or greater) and at least 6 months sobriety from alcohol and substance use.<sup>18</sup> Additionally, a urine drug screen must be "administered within 30 days prior" submitting the PA request.<sup>19</sup> Also within 30 days prior to the submitting the PA request, the prescriber must conduct a screen for substance use utilizing a validated screening tool.<sup>20</sup> Molina asks about prescriber specialty but does not appear to impose a specialist requirement.<sup>21</sup>

Meridian Health Plan, CountyCare Health Plan, and NextLevelHealth, do not provide hepatitis C coverage information publicly.

## Liver Damage (Fibrosis) Restrictions

---

FFS does not require a minimum level of liver damage to qualify for treatment.<sup>22</sup>

BlueCross does not require a minimum level of liver damage prior to requesting treatment.<sup>23</sup>

Illinicare's form asks about the patient's liver damage level, but does not specify a minimum fibrosis score.<sup>24</sup>

Molina's PA form requires severe liver damage (F3 or greater).<sup>25</sup>

Meridian Health Plan, CountyCare Health Plan, and NextLevelHealth, do not provide hepatitis C coverage information publicly.

## Sobriety Restrictions

---

FFS does not require a minimum period of sobriety prior to treatment. However, the FFS PA requires the prescriber to attest that "he or she is addressing the ongoing misuse of alcohol and/or continued use of illicit IV drugs," and the clinical criteria states that the provider is responsible for addressing ongoing substance use.<sup>26</sup>

BlueCross's prior authorization form asks if the prescriber is addressing ongoing misuse of alcohol and/or continues use of illicit IV drugs, but does not require a minimum period of sobriety prior to treatment.<sup>27</sup>

Illinicare's requires that a patient has documented sobriety from alcohol and/or illicit drug use for six months prior to treatment.<sup>28</sup>

Molina's PA form requires at least 6 months of sobriety.<sup>29</sup>

Meridian Health Plan, CountyCare Health Plan, and NextLevelHealth, do not provide hepatitis C coverage information publicly.

## Prescriber Restrictions

---

FFS requires a prescription to be written either by a specialist (gastroenterologist, hepatologist, transplant hepatologist, or infectious disease specialist) or with a one-time consultation with a specialist within the 3 months prior to requesting treatment.<sup>30</sup> Aetna requires a prescription to be written by a "infectious disease, HIV, gastroenterology, hepatology, or transplant specialist."<sup>31</sup>

BlueCross requires a prescription to be written either by a specialist (gastroenterologist, hepatologist, transplant hepatologist, or infectious disease specialist) or with a one-time consultation with a specialist within the 3 months prior to requesting treatment.<sup>32</sup>

Illinicare requires that a prescription is written by a gastroenterologist, hepatologist, or infectious disease specialist.<sup>33</sup>

Molina asks about prescriber specialty but does not appear to impose a specialist requirement.<sup>34</sup>

Meridian Health Plan, CountyCare Health Plan, and NextLevelHealth, do not provide hepatitis C coverage information publicly.

## Points of Contact for Questions & Concerns about Illinois' State of Medicaid Hepatitis C Access

### Medicaid<sup>35</sup>: Doug Elwell, Medicaid Administrator, Division of Medical Programs, Department of Healthcare and Family, State of Illinois

201 South Grand Avenue East, 3rd Floor, Springfield, IL 62763-0001;  
Telephone: (217) 782-2570

### Committee on Drug and Therapeutics<sup>36</sup>: Mary Lynn Moody, BSPHarm, Director, Drug Information Center, Clinical Assistant Professor, Department of Pharmacy Practice, University of Illinois at Chicago, College of Pharmacy

833 S. Wood Street, Chicago, IL 60611; Telephone: (312) 996-2351

<sup>1</sup> Illinois, State Profile, HepVu (Accessed September 2017): <https://hepvu.org/state/illinois/>

<sup>2</sup> Medicaid and CHIP in Illinois, By State, Medicaid.gov: <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=illinois>

<sup>3</sup> FamilyCare, Medical Programs, Illinois Department of Healthcare and Family Services (HFS) (Accessed September 2017): <https://www.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/FamilyCare.aspx>; See also: Integrated Care Program Frequently Asked Questions, Medical Programs, HFS (Accessed September 2017): <https://www.illinois.gov/hfs/MedicalClients/ManagedCare/Pages/IntegratedCareProgramFAQ.aspx>; See also: About Us Home, HFS (Accessed September 2017): <https://www.illinois.gov/hfs/About/Pages/default.aspx>

<sup>4</sup> Share of Medicaid Population Covered Under Different Delivery Systems, Medicaid Market Tracker, Henry J. Kaiser Family Foundation: <http://www.kff.org/medicaid/state-indicator/share-of-medicaid-population-covered-under-different-delivery-systems/?currentTimeframe=0&sortModel=%7B%22colld%22:%22Location%22,%22sort%22:%22asc%22%7D>

<sup>5</sup> Health Plan Contact Information for Members, Illinois Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/MedicalClients/ManagedCare/Pages/HealthPlanContacts.aspx>; See also Illinois Department of Healthcare and Family Services Medicaid Managed Care Program Map: <https://www.illinois.gov/hfs/SiteCollectionDocuments/StatewideHealthChoiceIllinoisPlansMAP1119.pdf>. Dually eligible beneficiaries follow Medicare rules and are thus outside the scope of this report.

<sup>6</sup> Illinois Medicaid Finally to Provide Life-Saving Medication to Cure Hepatitis C, Dani Hunter, Legal Council for Health Justice: <https://legalcouncil.org/illinois-medicaid-hepatitis-c-cure/>

<sup>7</sup> Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSHepCDAACriteriaWordFINAL11012018.pdf>. See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSWEB034HepCR121821419.pdf>.

<sup>8</sup> Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSHepCDAACriteriaWordFINAL11012018.pdf>. See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSWEB034HepCR121821419.pdf>.

<sup>9</sup> Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSHepCDAACriteriaWordFINAL11012018.pdf>. See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSWEB034HepCR121821419.pdf>.

<sup>10</sup> Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSHepCDAACriteriaWordFINAL11012018.pdf>. See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSWEB034HepCR121821419.pdf>. Illinois does not provide a standard patient commitment letter.

<sup>11</sup> Preferred Drug List, Illinois Medicaid, 4/1/2019 <https://www.illinois.gov/hfs/SiteCollectionDocuments/PDLFinal412019.pdf>; See also: Medicaid Preferred Drug List, Pharmacy, Medical Providers, HFS:

<https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/preferred/Pages/default.aspx>

<sup>12</sup> Hepatitis C Second Generation Antivirals Prior Authorization – Through Preferred Oral Agent(s), BlueCross BlueShield of Illinois:

[https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HCS/Program\\_Summaries/HCS\\_C\\_S\\_HepC\\_SecGen\\_PA\\_ProgSum.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HCS/Program_Summaries/HCS_C_S_HepC_SecGen_PA_ProgSum.pdf). See Also Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois: [https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL\\_MCD/ILMC\\_HepC\\_PA.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL_MCD/ILMC_HepC_PA.pdf).

<sup>13</sup> Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois:

[https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL\\_MCD/ILMC\\_HepC\\_PA.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL_MCD/ILMC_HepC_PA.pdf).

<sup>14</sup> Hepatitis C Second Generation Antivirals Prior Authorization – Through Preferred Oral Agent(s), BlueCross BlueShield of Illinois:

[https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HCS/Program\\_Summaries/HCS\\_C\\_S\\_HepC\\_SecGen\\_PA\\_ProgSum.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HCS/Program_Summaries/HCS_C_S_HepC_SecGen_PA_ProgSum.pdf). See Also Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois: [https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL\\_MCD/ILMC\\_HepC\\_PA.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL_MCD/ILMC_HepC_PA.pdf).

<sup>15</sup> Hepatitis C Therapy Prior Authorization Form/Prescription, Illinicare Health: <https://www.illinicare.com/content/dam/centene/prior-auth-forms/il/Hepatitis-C-Therapy-PA-Form-3-24-15-IlliniCare.pdf>.

<sup>16</sup> Hepatitis C Therapy Prior Authorization Form/Prescription, Illinicare Health: <https://www.illinicare.com/content/dam/centene/prior-auth-forms/il/Hepatitis-C-Therapy-PA-Form-3-24-15-IlliniCare.pdf>.

<sup>17</sup> Hepatitis C Therapy Prior Authorization Form/Prescription, Illinicare Health: <https://www.illinicare.com/content/dam/centene/prior-auth-forms/il/Hepatitis-C-Therapy-PA-Form-3-24-15-IlliniCare.pdf>.

<sup>18</sup> Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx>. See also Formulary, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx>.

<sup>19</sup> Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/PDF/Medicaid/treatment-of-chronic-hepatitis-c.pdf>. See also Formulary, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx>.

<sup>20</sup> Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/PDF/Medicaid/treatment-of-chronic-hepatitis-c.pdf>. See also Formulary, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx>.

<sup>21</sup> Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/PDF/Medicaid/treatment-of-chronic-hepatitis-c.pdf>. See also Formulary, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx>.

<sup>22</sup> Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSHepCDAACriteriaWordFINAL11012018.pdf>. See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSWEB034HepCR121821419.pdf>.

<sup>23</sup> Hepatitis C Second Generation Antivirals Prior Authorization – Through Preferred Oral Agent(s), BlueCross BlueShield of Illinois:

[https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HCS/Program\\_Summaries/HCS\\_C\\_S\\_HepC\\_SecGen\\_PA\\_ProgSum.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HCS/Program_Summaries/HCS_C_S_HepC_SecGen_PA_ProgSum.pdf). See Also Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois: [https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL\\_MCD/ILMC\\_HepC\\_PA.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL_MCD/ILMC_HepC_PA.pdf).

<sup>24</sup> Hepatitis C Therapy Prior Authorization Form/Prescription, Illinicare Health: <https://www.illinicare.com/content/dam/centene/prior-auth-forms/il/Hepatitis-C-Therapy-PA-Form-3-24-15-IlliniCare.pdf>.

<sup>25</sup> Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/PDF/Medicaid/treatment-of-chronic-hepatitis-c.pdf>. See also Formulary, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx>.

<sup>26</sup> Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSHepCDAACriteriaWordFINAL11012018.pdf>. See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSWEB034HepCR121821419.pdf>.

<sup>27</sup> Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois:

[https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL\\_MCD/ILMC\\_HepC\\_PA.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL_MCD/ILMC_HepC_PA.pdf).

<sup>28</sup> Hepatitis C Therapy Prior Authorization Form/Prescription, Illinicare Health: <https://www.illinicare.com/content/dam/centene/prior-auth-forms/il/Hepatitis-C-Therapy-PA-Form-3-24-15-IlliniCare.pdf>.

<sup>29</sup> Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/PDF/Medicaid/treatment-of-chronic-hepatitis-c.pdf>. See also Formulary, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx>.

<sup>30</sup> Criteria for Prior Approval of Direct-Acting Antivirals (DAAs) for Hepatitis C, Illinois Department of Healthcare and Family Services:

<https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSHepCDAACriteriaWordFINAL11012018.pdf>. See also Prior Authorization Request Form Direct Acting Antivirals (DAA) for Hepatitis C, Illinois Department of Healthcare and Family Services: <https://www.illinois.gov/hfs/SiteCollectionDocuments/HFSWEB034HepCR121821419.pdf>.

<sup>31</sup> Hepatitis C Clinical Guideline, Pharmacy Prior Authorization, Aetna, Updated: 10/2016

<sup>32</sup> Hepatitis C Second Generation Antivirals Prior Authorization – Through Preferred Oral Agent(s), BlueCross BlueShield of Illinois:

[https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HCS/Program\\_Summaries/HCS\\_C\\_S\\_HepC\\_SecGen\\_PA\\_ProgSum.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/HCS/Program_Summaries/HCS_C_S_HepC_SecGen_PA_ProgSum.pdf). See Also Hepatitis C Prior Authorization Request Prescriber Fax Form, Blue Cross Community Health Plan Illinois: [https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL\\_MCD/ILMC\\_HepC\\_PA.pdf](https://www.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/IL_MCD/ILMC_HepC_PA.pdf).

<sup>33</sup> Hepatitis C Therapy Prior Authorization Form/Prescription, Illinicare Health: <https://www.illinicare.com/content/dam/centene/prior-auth-forms/il/Hepatitis-C-Therapy-PA-Form-3-24-15-IlliniCare.pdf>.

<sup>34</sup> Medications for Treatment of Chronic Hepatitis C Prior Authorization Request Form, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/PDF/Medicaid/treatment-of-chronic-hepatitis-c.pdf>. See also Formulary, Molina Healthcare of Illinois: <https://www.molinahealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx>.

<sup>35</sup> Illinois, Medicaid Directors, National Association of Medicaid Directors: <http://medicaiddirectors.org/about/medicaid-directors/>; Executive Staff, Department of Healthcare and Family Services):

<https://www.illinois.gov/hfs/About/Pages/ExecutiveStaff.aspx>

<sup>36</sup> Committee on Drugs and Therapeutics, Medical Providers, HFS (Accessed September 2017): <https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/Pages/CommitteeonDrugsandTherapeutics.aspx>