

Preferred Drug List Illinois Medicaid

July 1, 2016

Changes are highlighted in blue and marked with an asterisk (*)

***For drugs not found on this list, go to the drug search engine at: <http://ilpriorauth.com/>

Category	Preferred	Non-Preferred
Alzheimer's Agents	donepezil	donepezil 23mg galantamine memantine rivastigmine Namenda XR Namzaric
Angiotensin Blockers	irbesartan irbesartan HCT losartan losartan HCT valsartan HCT	amlodipine-valsartan amlodipine-valsartan-HCT Azor Benicar Benicar HCT candesartan candesartan HCT Edarbi Edarbyclor telmisartan telmisartan HCT telmisartan-amlodipine Tribenzor valsartan
Antibiotics - Cephalosporins & Related Antibiotics	amox tr-k clv cefaclor cefadroxil cefdinir suspension (for children through age 10) cefprozil suspension (for children through age 10) ceftriaxone cefuroxime cephalexin Suprax Capsule and Tablet (Quantity limit of 1 tablet or capsule. Preferred for the treatment of STDs only)	amox tr-k clv XR cefaclor tablets cefdinir capsules cefditoren cefixime suspension cefpodoxime cefprozil tablets ceftibuten cefuroxime suspension cephalexin 750mg capsule
Antibiotics - Macrolides/Ketolides	azithromycin clarithromycin clarithromycin XL erythromycin	Dificid Ketek Z-Max

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Antibiotics - Quinolones	ciprofloxacin levofloxacin	ciprofloxacin XR moxifloxacin ofloxacin
Anticholinergics, Inhaled	Atrovent HFA Combivent Respimat Spiriva	Anoro Ellipta Bevespi Incruse Ellipta Spiriva Respimat Stiolto Respimat Tudorza Pressair Utibron Neohaler
Anticoagulants, Injectable	enoxaparin fondaparinux Fragmin heparin	
Anticoagulants, Oral	warfarin	
Anticoagulants, NOAC	Eliquis (Prior Approval required; restricted to knee/hip replacement, atrial fibrillation, deep vein thrombosis, and pulmonary embolism) Xarelto (Prior Approval required; restricted to knee/hip replacement, atrial fibrillation, deep vein thrombosis, and pulmonary embolism)	Pradaxa Savaysa

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<p>Anticonvulsants</p> <p style="color: red;">Prior authorization is not required for non-preferred epilepsy agents for those participants with a diagnosis of epilepsy or seizure disorder in Department records</p>	carbamazepine carbamazepine XR divalproex divalproex ER ethosuximide gabapentin lamotrigine levetiracetam levetiracetam XR oxcarbazepine phenobarbital phenytoin primidone topiramate valproic acid zonisamide	Aptiom Banzel Briviact carbamazepine ER capsule Celontin Duopa felbamate Fycompa lamotrigine ODT lamotrigine Starter Pack lamotrigine XR Lyrica Onfi Oxtellar XR Peganone Potiga Qudexy XR Sabril tiagabine Trokendi XR Vimpat
<p>Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)</p>	citalopram escitalopram fluoxetine fluvoxamine paroxetine sertraline	fluoxetine 10mg tablets fluoxetine 20 mg tablets fluoxetine 40 mg Caps fluoxetine weekly fluvoxamine CR paroxetine CR Pexeva

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Antidepressants - Other	bupropion mirtazapine mirtazapine soltab trazodone venlafaxine immediate release tablets venlafaxine ER capsules	Aplenzin duloxetine Emsam Fetzima Forfivo XL Irenka nefazodone Oleptro Pristiq trazodone 300mg Trintellix (formerly Brintellix) venlafaxine ER Viibryd
Antiemetic/Antivertigo Agents	Emend Bi-Fold Pack Emend Tripack meclizine metoclopramide ondansetron ondansetron ODT prochlorperazine promethazine Transderm Scop	Akynzeo Aloxi Anzemet Cesamet Diclegis dronabinol granisetron metoclopramide ODT Sancuso Varubi Zuplenz

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Antifungals - Topical	clotrimazole econazole ketoconazole nystatin	ciclopirox 8% solution ciclopirox cream, gel, shampoo, solution ciclopirox 8% kit Ertaczo Exelderm Luzu nystatin/triamcinolone Jublia ketoconazole 2% foam Mentax Naftin Oxistat Vusion
Antiparkinson Agents	amantadine benztropine bromocriptine 2.5mg carbidopa/levodopa entacapone pramipexole ropinirole selegiline trihexyphenidyl	Azilect bromocriptine 5mg carbidopa/levodopa/entacapone carbidopa/levodopa ODT Neupro pramipexole ER ropinirole XL Rytary tolcapone Zelapar

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Antiretrovirals*	abacavir abacavir-lamivudine-zidovudine Aptivus Atripla Crixivan Descovy didanosine Edurant Emtriva Epzicom Genvoya Intelence Invirase Isentress Kaletra lamivudine lamivudine-zidovudine Lexiva nevirapine Norvir Prezista Rescriptor Reyataz stavudine Sustiva Tivicay Truvada Viracept Viread zidovudine	Complera Evotaz Fuzeon Odefsey Prezcobix Selzentry Stribild Triumeq Tybost Vitekta

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Antivirals Tamiflu, Relenza and rimantadine are preferred drugs during flu season only. Please refer to IDPH website for Flu Activity Reports	acyclovir amantadine ganciclovir Relenza Tamiflu valacyclovir valganciclovir	famciclovir rimantadine Rapivab Sitavig Valcyte Solution
Atypical Antipsychotics All medications require prior approval for children under 8 years AND long-term care residents. Specialized formulations also require prior approval for all ages. Prior Approval Forms	Abilify Maintena ER (Prior Approval Required) Aristada (Prior Approval Required) clozapine Invega Sustenna (Prior Approval Required) Latuda olanzapine quetiapine IR risperidone + ziprasidone + risperidone is the 1 st line agent indicated for children ages 5-7 years	aripiprazole clozapine 200mg Fanapt Fazaclo Invega Trinza paliperidone ER Rexulti Risperdal Consta Saphris Seroquel XR Vraylar Zyprexa Relprevv
Beta-Adrenergic Agents	albuterol inhalation solution ipratropium/albuterol sulfate solution Foradil ProAir HFA Proventil HFA Serevent Diskus* terbutaline	albuterol ER albuterol tablets Arcapta Brovana levalbuterol inhalation solution metaproterenol syrup and tablets Perforomist ProAir Respiclick Striverdi Ventolin HFA Xopenex HFA

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Beta-Adrenergic Receptor Blocking Agents	acebutolol atenolol betaxolol bisoprolol carvedilol labetalol metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	Bystolic Coreg CR Innopran XL Levatol propranolol LA sotalol AF Sotylize
Biologic Response Modifiers Prior approval required for all Biologic Response Modifiers.	Cimzia Enbrel Humira	Actemra Entyvio Kineret Orencia Otezla Remicade Simponi Stelara Xeljanz
Blood Glucose Monitors and Test Strips NDCs for Institutional or DME use are not billable through pharmacy POS system. Click here for a list of preferred NDCs.	One Touch Ultra (Lifescan) Approval of non-preferred test strips for use with insulin pumps is limited to clients who are less than 14 years of age or who have a condition that makes them unable to enter blood glucose levels into the pump	Freestyle Lite (Abbott) Glucocard Shine (Arkray) Breeze 2 (Bayer) Contour Next (Bayer) Fora V10 (Fora Care) One Touch Verio (Lifescan) Prodigy Autocode (Prodigy Diabetes) Accu-Chek Aviva (Roche) Accu-Chek Nano Smartview (Roche) True Metrix (Trividia, formerly Nipro Diagnostics)

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Bone Resorption Suppression & Related Agents	alendronate calcitonin	Binosto etidronate Forteo Fortical Fosamax Plus D ibandronate Prolia raloxifene risedronate Xgeva zoledronic acid solution
BPH Agents	alfuzosin doxazosin finasteride tamsulosin terazosin	dutasteride dutasteride/tamsulosin Rapaflo
Diabetes	acarbose Avandia chlorpropamide glimepiride glipizide glipizide XL glyburide glyburide/metformin metformin (IR and ER) miglitol nateglinide pioglitazone tolazamide tolbutamide	Fortamet ER glipizide/metformin Glumetza ER pioglitazone/glimepiride pioglitazone/metformin repaglinide repaglinide/metformin Riomet

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DPP-4 Inhibitors	Tradjenta	alogliptin alogliptin/metformin alogliptin/pioglitazone Janumet Janumet XR Januvia Jentadueto Kombiglyze XR Onglyza
Erythropoietins Prior Approval required for all Erythropoietins	Aranesp Procrit	Epogen
Growth Hormones Prior Approval required for all Growth Hormones.	Omnitrope	Genotropin Humatrope Norditropin Nutropin AQ Saizen Serostim Zomacton

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Hepatitis B	entecavir	adefovir dipivoxil Epivir HBV Tyzeka
Hepatitis C Prior Approval required for all Hepatitis C Agents	ribavirin 200mg Harvoni Sovaldi Zepatier	Daklinza Epclusa Infergen Olysio Pegasys Technivie Viekira Pak
Hormone Replacement Therapy	Activella Combipatch estradiol estradiol transdermal patches estropipate Menest Premarin Premphase Prempro	Angeliq Climara Pro Divigel Elestrin Enjuvia Evamist Femhrt Menostar Prefest

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Immunosuppressive/ Corticosteroid Agents – Topical	First-Line most topical corticosteroids Click here for a list of topical corticosteroids, categorized by potency.	
	Second-Line Elidel tacrolimus	
Inhaled Steroids	Asmanex Dulera Flovent Qvar Symbicort	Advair Advair HFA Aerospan Alvesco Arnuity Ellipta Breo Ellipta budesonide respules (Prior approval NOT required for participants age 7 and under.) Pulmicort
Insulins	All Humalog Products All Humulin Products Lantus (vial only)	Afrezza All Novolin Products All Novolog Products Apidra Levemir Relion Toujeo Tresiba
Leukotriene Antagonists	montelukast zafirlukast	Zflo Zflo CR
Lice Treatments Participants age 21 and over must purchase OTC products out-of-pocket	malathion permethrin 1% OTC pyrethrin 0.33% OTC	lindane Sklice spinosad Ulesfia

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Lipotropics – Statins & Combinations	atorvastatin lovastatin pravastatin simvastatin	Altoprev fluvastatin fluvastatin XL Livalo rosuvastatin simvastatin 80mg Vytorin
Lipotropics – Other	cholestyramine fenofibrate gemfibrozil Zetia	Antara colestipol fenofibrate, nanocrystallized fenofibric acid Fenoglide Lipofen Niaspan omega-3 ethyl esters Triglide Vascepa Welchol
LMWH's and Related* *See Anticoagulants		
Multiple Sclerosis Agents	Avonex Copaxone 20mg Rebif	Ampyra ER Aubagio Betaseron* Copaxone 40mg Extavia Gilenya Glatopa Lemtrada Plegridy Tecfidera Tysabri Zinbryta

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Narcotics	codeine/acetaminophen codeine sulfate Embeda ER* hydrocodone/acetaminophen hydrocodone/ibuprofen 7.5-200 hydromorphone meperidine morphine sulfate IR morphine sulfate ER tablets oxycodone IR oxycodone/acetaminophen tramadol ***Narcotics with greater than 325mg APAP are non-preferred. The FDA no longer permits manufacturers to produce combinations of narcotics with > 325mg APAP per dose due to safety risks with APAP	Abstral Belbuca butalbital-caff-apap-codeine butorphanol nasal spray Butrans fentanyl citrate lozenge fentanyl patches* Click here for more information Fentora hydrocodone/ibuprofen hydromorphone ER Hysingla ER Lazanda Levorphanol methadone morphine sulfate ER capsules Nucynta Nucynta ER Opana ER oxycodone ER oxycodone/acetaminophen 2.5-325 oxycodone/ibuprofen oxymorphone IR pentazocine/naloxone Primlev Subsys tramadol ER tramadol/acetaminophen Xartemis XR Xtampza ER Zohydro ER

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Nasal Steroids	flunisolide fluticasone Rx	Beconase AQ budesonide Flonase OTC mometasone Omnaris Qnasal triamcinolone AQ Veramyst Zetonna	
Nasal Preparations - Other	<p>First-Line azelastine (For children through age 18) olopatadine (For children through age 18) Non Sedating Antihistamines</p> <p>Second-Line azelastine (For participants over age 18) olopatadine (For participants over age 18)</p>	azelastine 0.15% Dymista ipratropium spray	
Ophthalmics – Allergic Conjunctivitis	Antihistamines and Antihistamine/ Mast Cell Stabilizer	azelastine Pazeo	Bepreve Emadine epinastine Lastacaft olopatadine Pataday
	Anti-Inflammatory Agents	ketorolac Alrex Lotemax	Lotemax Ophthalmic Gel and Ointment
	Mast Cell Stabilizers	cromolyn sodium	Alocril Alomide
Ophthalmics – Antibiotics	bacitracin ciprofloxacin erythromycin gentamicin levofloxacin ofloxacin tobramycin	Azasite Besivance gatifloxacin Moxeza Vigamox	

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Ophthalmics – Anti-Inflammatories	generics FML Forte FML S.O.P. ketorolac LS Lotemax Maxidex Pred Mild		Acuvail bromfenac Durezol Ilevro Lotemax Ophthalmic Gel and Ointment Nevanac Prolensa Vexol
Ophthalmics – Glaucoma Agents	Prostaglandins	latanoprost	Lumigan Travatan Z Zioptan
	Carbonic Anhydrase Inhibitors	dorzolamide dorzolamide-timolol	Azopt Cosopt PF
	Alpha-2 Adrenoreceptor Agonists	Alphagan P brimonidine	Combigan Simbrinza
	Direct-Acting Miotics	pilocarpine	
	Beta-Adrenergic Blockers	betaxolol carteolol timolol maleate	Betimol Betoptic S Istalol
Ophthalmics – Steroid/Antibiotic Combinations	neomycin/polymyx B /dexamethasone neomycin/bacitracin Zn/polymyxin B/HC neomycin/polymyxin B /HC tobramycin/dexamethasone		Pred-G Tobradex Ointment Tobradex ST Zylet
Otic Anti-Infectives	acetic acid Cetraxal Ciprodex neomycin-polymyxin-HC ofloxacin		acetic acid/hydrocortisone Cipro HC Coly-Mycin S Cortisporin-TC
Pancreatic Enzymes	Creon DR Pancrelipase Zenpep DR		Pancreaze DR Pertyze

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Phosphate Binders	calcium acetate Fosrenol Renagel	Auryxia Magnebind Renvela Ultresa
Platelet Aggregation Inhibitors	Aggrenox clopidogrel dipyridamole	Brilinta (will be approved in participants with Acute Coronary Syndrome) Effient (will be approved in participants with Acute Coronary Syndrome) ticlopidine Zontivity
Progesterone/ Hydroxyprogesterone Agents	Crinone Gel – Requires Prior Approval (will not be approved for use to promote fertility) hydroxyprogesterone caproate powder Makena – Requires Prior Approval (see criteria and forms) progesterone capsules progesterone oil	
Proton Pump Inhibitors Participants age 21 and over must purchase OTC products out-of-pocket	omeprazole RX (for children through age 20) pantoprazole (for children through age 20)	Aciphex Sprinkle Dexilant esomeprazole strontium lansoprazole lansoprazole Solutabs (PA not required for children through age 10) Nexium omeprazole OTC omeprazole 10mg omeprazole-bicarbonate rabeprazole
Pulmonary Arterial Hypertension Agents Prior approval required for all PAH Drugs	Adcirca epoprostenol Letairis sildenafil Tracleer	Adempas Opsumit Orenitram ER Remodulin Tyvaso Uptravi Veletri Ventavis

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Retinoids - Topical	First Line generic tretinoin products (PA not required for ages 10 to 20yrs)	adapalene 0.3% Tazorac Fabior tretinoin 0.05% gel Veltin Ziana
	Second Line adapalene 0.1% Retin-A Micro	
Stimulants/ADHD Agents All medications require prior approval for children under 6 yrs. Prior Approval Forms	Short Acting: amphetamine salts methylphenidate dexamethylphenidate Long Acting: Adderall XR Brand Only Focalin XR Brand Only methylphenidate ER – 10mg, 20mg methylphenidate SR – 20mg Metadate CD Brand Only Metadate ER – 20mg All Stimulants/ADHD Agents require prior approval for participants 19 years of age and older.	Adzenys XR-ODT Aptensio XR clonidine ER Concerta Daytrana dextroamphetamine dextroamp-amphet ER Cap Dyanavel XR Evekeo Focalin XR generic guanfacine ER Metadate CD generic methamphetamine methylphenidate chewable and solution modafinil Nuvigil Quillivant XR Ritalin LA Strattera Vyvanse Zenzedi
Ulcerative Colitis Agents	balsalazide Canasa mesalamine Pentasa sulfasalazine	Apriso Asacol HD Delzicol Dipentum Giazio Lialda Uceris

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Urinary Anti-Incontinence Agents	oxybutynin oxybutynin XL	Enablex flavoxate Gelnique Myrbetriq Oxytrol Patch Sanctura XR tolterodine tolterodine ER Toviaz trospium Vesicare

***The following classes have been removed from the PDL as they are all or almost all generic.

We cover most generics in these classes. In order to check the prior approval status of a drug not on the PDL, please go to the Prior Authorization Search Engine at:

<http://ilpriorauth.com/>

1. Ace Inhibitors
2. Antifungals – Oral
3. Calcium Channel Blockers
4. Histamine 2 Antagonists
5. Intermittent Claudication Agents
6. Non-Sedating Antihistamines
7. NSAID's
8. Prenatal Vitamins
9. Sedative/Hypnotics
10. Skeletal Muscle Relaxants
11. Triptans