

# Preferred Drug List Illinois Medicaid

April 1, 2017

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

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Category	Preferred	Non-Preferred
<b>Alzheimer's Agents</b>	donepezil	donepezil 23mg galantamine memantine rivastigmine Namenda XR Namzaric
<b>Angiotensin Blockers</b>	irbesartan irbesartan HCT losartan losartan HCT valsartan HCT	amlodipine-olmesartan amlodipine-valsartan amlodipine-valsartan-HCT candesartan candesartan HCT Edarbi Edarbyclor olmesartan olmesartan HCT telmisartan telmisartan HCT telmisartan-amlodipine Tribenzor valsartan
<b>Antibiotics - Cephalosporins &amp; Related Antibiotics</b>	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
<b>Antibiotics - Macrolides/Ketolides</b>	azithromycin clarithromycin clarithromycin XL erythromycin	Dificid Ketek Z-Max

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<b>Antibiotics - Quinolones</b>	ciprofloxacin levofloxacin	ciprofloxacin XR moxifloxacin ofloxacin
<b>Anticholinergics, Inhaled</b>	Atrovent HFA Combivent Respimat Spiriva	Anoro Ellipta Bevespi Incruse Ellipta Spiriva Respimat Stiolto Respimat Tudorza Pressair Utibron Neohaler
<b>Anticoagulants, Injectable</b>	enoxaparin fondaparinux Fragmin heparin	
<b>Anticoagulants, Oral</b>	warfarin	
<b>Anticoagulants, NOAC</b>	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><b>Anticonvulsants</b></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 Spritam tiagabine Trokendi XR Vimpat
<p><b>Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)</b></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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<b>Antidepressants - Other</b>	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
<b>Antiemetic/Antivertigo Agents</b>	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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<b>Antifungals - Topical</b>	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
<b>Antiparkinson Agents</b>	amantadine benztropine bromocriptine 2.5mg carbidopa/levodopa entacapone pramipexole ropinirole selegiline trihexyphenidyl	bromocriptine 5mg carbidopa/levodopa/entacapone carbidopa/levodopa ODT Neupro pramipexole ER rasagiline ropinirole XL Rytary tolcapone Zelapar

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<b>Antiretrovirals</b>	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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<b>Antivirals</b>  <b>Tamiflu, Relenza and rimantadine are preferred drugs during flu season only. Please refer to IDPH website for <a href="#">Flu Activity Reports</a></b>	acyclovir amantadine ganciclovir Relenza Tamiflu valacyclovir valganciclovir	famciclovir rimantadine Rapivab Sitavig Valcyte Solution
<b>Atypical Antipsychotics</b>  <b>All medications require prior approval for children under 8 years AND long-term care residents. Specialized formulations also require prior approval for all ages. <a href="#">Prior Approval Forms</a></b>	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 <sup>st</sup> 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
<b>Beta-Adrenergic Agents</b>	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 Performist ProAir Respiclick Striverdi Ventolin HFA Xopenex HFA

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<b>Beta-Adrenergic Receptor Blocking Agents</b>	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
<b>Biologic Response Modifiers</b> <b>Prior approval required for all Biologic Response Modifiers.</b>	Cimzia Enbrel Humira	Actemra Entyvio Inflectra Kineret Orencia Otezla Remicade Simponi Stelara Xeljanz
<b>Blood Glucose Monitors and Test Strips</b>  <b>NDCs for Institutional or DME use are not billable through pharmacy POS system. Click here for a list of <a href="#">preferred NDCs</a>.</b>	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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<b>Bone Resorption Suppression &amp; Related Agents</b>	alendronate calcitonin	Binosto etidronate Forteo Fortical Fosamax Plus D ibandronate Prolia raloxifine risedronate Xgeva zoledronic acid solution
<b>BPH Agents</b>	alfuzosin doxazosin finasteride tamsulosin terazosin	dutasteride dutasteride/tamsulosin Rapaflo
<b>Diabetes</b>	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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<b>DPP-4 Inhibitors</b>	Januvia Tradjenta	alogliptin alogliptin/metformin alogliptin/pioglitazone Janumet Janumet XR Jentadueto Kombiglyze XR Onglyza
<b>Erythropoietins</b>  <b>Prior Approval required for all Erythropoietins</b>	Aranesp Procrit	Epogen
<b>Growth Hormones</b>  <b>Prior Approval required for all Growth Hormones.</b>	Omnitrope	Genotropin Humatrope Norditropin Nutropin AQ Saizen Serostim Zomacton

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<b>Hepatitis B</b>	entecavir	adefovir dipivoxil Epivir HBV Tyzeka Vemlidy
<b>Hepatitis C</b>  <b>Prior Approval required for all Hepatitis C Agents</b>	ribavirin 200mg Epclusa (preferred for genotypes 2 and 3) Sovaldi Zepatier	Daklinza Harvoni Infergen Olysio Pegasys Technivie Viekira Pak Viekira XR
<b>Hormone Replacement Therapy</b>	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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<b>Inhaled Steroids</b>	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
<b>Insulins</b>	Most Humalog Products All Humulin Products Lantus (vial only)	Afrezza All Novolin Products All Novolog Products Apidra Basaglar Humalog 200U Kwikpen Levemir Relion Soliqua Toujeo Tresiba Xultophy
<b>Leukotriene Antagonists</b>	montelukast zafirlukast	Zyflo Zyflo CR
<b>Lice Treatments</b>  <b>Participants age 21 and over must purchase OTC products out-of-pocket</b>	permethrin 1% OTC pyrethrin 0.33% OTC Sklice spinosad	lindane malathion Ulesfia

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

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<b>Narcotics</b>	<p>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</p> <p>***Narcotics with greater than 325mg APAP are non-preferred. The FDA no longer permits manufacturers to produce combinations of narcotics with &gt; 325mg APAP per dose due to safety risks with APAP</p>	<p>Abstral Belbuca butalbital-caff-apap-codeine butorphanol nasal spray Butrans fentanyl citrate lozenge fentanyl patches <a href="#">Click here for more information</a> 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</p>

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

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<b>Ophthalmics – Anti-Inflammatories</b>	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
<b>Ophthalmics – Glaucoma Agents</b>	<b>Prostaglandins</b>	latanoprost	Lumigan Travatan Z Zioptan
	<b>Carbonic Anhydrase Inhibitors</b>	dorzolamide dorzolamide-timolol	Azopt Cosopt PF
	<b>Alpha-2 Adrenoreceptor Agonists</b>	Alphagan P brimonidine	Combigan Simbrinza
	<b>Direct-Acting Miotics</b>	pilocarpine	
	<b>Beta-Adrenergic Blockers</b>	betaxolol carteolol timolol maleate	Betimol Betoptic S Istalol
<b>Ophthalmics – Steroid/Antibiotic Combinations</b>	neomycin/polymyx B /dexamethasone neomycin/bacitracin Zn/polymyxin B/HC neomycin/polymyxin B /HC tobramycin/dexamethasone		Pred-G Tobradex Ointment Tobradex ST Zylet
<b>Otic Anti-Infectives</b>	acetic acid Cetraxal Ciprodex neomycin-polymyxin-HC ofloxacin		acetic acid/hydrocortisone Cipro HC Coly-Mycin S Cortisporin-TC Otovel



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<b>Pancreatic Enzymes</b>	Creon DR Pancrelipase Zenpep DR	Pancreaze DR Pertzye
<b>Phosphate Binders</b>	calcium acetate Fosrenol Renagel	Auryxia Magnebind Renvela Ultresa Velphoro
<b>Platelet Aggregation Inhibitors</b>	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
<b>Progesterone/ Hydroxyprogesterone Agents</b>	Crinone Gel – Requires Prior Approval (will not be approved for use to promote fertility) hydroxyprogesterone caproate Makena – Requires Prior Approval (see criteria and forms) progesterone capsules progesterone oil	

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<b>Proton Pump Inhibitors</b>  <b>Participants age 21 and over must purchase OTC products out-of-pocket</b>	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
<b>Pulmonary Arterial Hypertension Agents</b>  <b><u>Prior approval</u> required for all PAH Drugs</b>	Adcirca epoprostenol Letairis sildenafil Tracleer	Adempas Opsumit Orenitram ER Remodulin Tyvaso Upravi Veletri Ventavis
<b>Retinoids - Topical</b>	<u><b>First Line</b></u> generic tretinoin products (PA not required for ages 10 to 20yrs)	adapalene 0.3% Tazorac Fabior tretinoin 0.05% gel Veltin Ziana
	<u><b>Second Line</b></u> adapalene 0.1% Retin-A Micro	

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<p><b>Stimulants/ADHD Agents</b></p> <p><b>All medications require prior approval for children under 6 yrs. <a href="#">Prior Approval Forms</a></b></p>	<p><b>Short Acting:</b> amphetamine salts methylphenidate dexmethylphenidate</p> <p><b>Long Acting:</b>  Adderall XR Brand Only Focalin XR Brand Only methylphenidate ER – 10mg, 20mg methylphenidate SR – 20mg Metadate CD Brand Only Metadate ER – 20mg</p> <p>All Stimulants/ADHD Agents require prior approval for participants 19 years of age and older.</p>	<p>Adzenys XR-ODT Aptensio XR armodafinil 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 Quillivant XR Ritalin LA Strattera Vyvanse Zenedi</p>
<p><b>Ulcerative Colitis Agents</b></p>	<p>balsalazide Canasa mesalamine Pentasa sulfasalazine</p>	<p>Apriso Asacol HD Delzicol Dipentum Giazo Lialda Uceris</p>

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<b>Urinary Anti-Incontinence Agents</b>	oxybutynin oxybutynin XL	darifenacin ER flavoxate Gelnique Myrbetriq Oxytrol Patch Sanctura XR tolterodine tolterodine ER Toviaz trospium Vesicare