

Preferred Drug List Illinois Medicaid

July 1, 2017

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

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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-olmesartan amlodipine-olmesartan-HCT amlodipine-valsartan amlodipine-valsartan-HCT candesartan candesartan HCT Edarbi Edarbyclor olmesartan olmesartan HCT telmisartan telmisartan HCT telmisartan-amlodipine valsartan
Antibiotics - Cephalosporins & Related Antibiotics	amox tr-k clv cefaclor cefadroxil cefdinir suspension cefprozil suspension ceftriaxone cefuroxime cephalexin Suprax Capsule (Quantity limit of 1 capsule. Preferred for the treatment of STDs only)	amox tr-k clv XR cefaclor tablets cefdinir capsules cefixime suspension and chewable cefpodoxime cefprozil tablets ceftibuten cefuroxime suspension cephalexin 750mg capsule
Antibiotics - Macrolides/Ketolides	azithromycin clarithromycin clarithromycin XL erythromycin	Dificid Ketek Z-Max
Antibiotics - Quinolones	ciprofloxacin levofloxacin	ciprofloxacin XR moxifloxacin ofloxacin

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Anticholinergics, Inhaled	Atrovent HFA Bevespi* Combivent Respimat Spiriva	Anoro Ellipta 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>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 Lyrica* oxcarbazepine phenobarbital phenytoin primidone topiramate valproic acid zonisamide	Aptiom Banzel Briviact carbamazepine ER capsule Celontin felbamate Fycompa lamotrigine ODT lamotrigine Starter Pack lamotrigine XR Onfi Oxtellar XR Peganone Potiga Qudexy XR Sabril Spritam tiagabine Trokendi XR Vimpat
<p>Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)</p>	citalopram escitalopram fluoxetine fluvoxamine paroxetine sertraline	fluoxetine tablets fluoxetine 40 mg Caps fluoxetine weekly fluvoxamine CR paroxetine CR Pexeva

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Antidepressants - Other	bupropion duloxetine* mirtazapine mirtazapine soltab trazodone venlafaxine immediate release tablets venlafaxine ER capsules	Aplenzin desvenlafaxine duloxetine 40mg Emsam Fetzima Forfivo XL nefazodone Oleptro trazodone 300mg Trintellix venlafaxine ER tablets Viibryd
Antiemetic/Antivertigo Agents	Emend Bi-Fold Pack Brand Only Emend Tripack Brand Only meclizine metoclopramide ondansetron ondansetron ODT prochlorperazine promethazine Transderm Scop	Akynzeo Aloxi Anzemet aprepitant Cesamet Diclegis dronabinol granisetron metoclopramide ODT Sancuso Varubi Zuplenz

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

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Antiretrovirals	abacavir abacavir-lamivudine abacavir-lamivudine-zidovudine Aptivus Atripla Crixivan Descovy didanosine Edurant Emtriva 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	<u>Oral:</u> clozapine Latuda olanzapine quetiapine IR risperidone + ziprasidone <u>Injectable:</u> Abilify Maintena ER (Prior Approval Required) Aristada (Prior Approval Required) Invega Sustenna (Prior Approval Required) Invega Trinza* (Prior Approval Required) + risperidone is the 1 st line agent indicated for children ages 5-7 years	<u>Oral :</u> aripiprazole clozapine 200mg Fanapt Nuplazid paliperidone ER quetiapine XR Rexulti Saphris Vraylar <u>Injectable :</u> Risperdal Consta Zyprexa Relprevv

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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
Beta-Adrenergic Receptor Blocking Agents	acebutolol atenolol betaxolol bisoprolol carvedilol labetalol metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	Bystolic Coreg CR Innopran XL propranolol LA sotalol AF Sotylize
Biologic Response Modifiers Prior approval required for all Biologic Response Modifiers.	Cimzia Enbrel Humira	Actemra Entyvio Inflectra Kineret Orencia Otezla Remicade Simponi Stelara Xeljanz

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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)
Bone Resorption Suppression & Related Agents	alendronate calcitonin	Binosto etidronate Forteo Fosamax Plus D ibandronate Prolia raloxifene risedronate Xgeva zoledronic acid solution
BPH Agents	alfuzosin doxazosin finasteride tamsulosin terazosin	dutasteride dutasteride/tamsulosin Rapaflo

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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
DPP-4 Inhibitors	Januvia Tradjenta	alogliptin alogliptin/metformin alogliptin/pioglitazone Janumet Janumet XR 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 lamivudine HBV Tyzeka Vemlidy
Hepatitis C Prior Approval required for all Hepatitis C Agents	ribavirin 200mg Epclusa (preferred for genotypes 2 and 3) Sovaldi Zepatier	Daklinza Harvoni Olysio Pegasys Technivie Viekira Pak Viekira XR
Hormone Replacement Therapy	Combipatch estradiol estradiol - norethindrone estradiol transdermal patches estropipate Menest Premarin Premphase Prempro	Angeliq Climara Pro Divigel Elestrin Enjuvia ethinyl estradiol - norethindrone Evamist Menostar Prefest

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Inhaled Steroids	Asmanex Dulera Flovent Qvar Symbicort	Advair Advair HFA Aerospan Airduo Alvesco Arnuity Ellipta Asmanex HFA Breo Ellipta budesonide respules (Prior approval NOT required for participants age 7 and under.) Pulmicort
Insulins	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
Leukotriene Antagonists	montelukast zafirlukast	zileuton CR Zyflo
Lice Treatments Participants age 21 and over must purchase OTC products out-of-pocket	permethrin 1% OTC pyrethrin 0.33% OTC Natroba* Brand Only Sklice	lindane malathion spinosad*

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Lipotropics – Statins & Combinations	atorvastatin lovastatin pravastatin simvastatin	Altoprev ezetimibe - simvastatin fluvastatin fluvastatin XL Livalo rosuvastatin simvastatin 80mg
Lipotropics – Other	cholestyramine fenofibrate capsules: 43, 67, 130, 134 and 200mg fenofibrate tablets: 48, 54, 145, and 160mg gemfibrozil Zetia	Antara capsules: 30 and 90mg colestipol fenofibrate capsules: 50 and 150mg fenofibrate tablets: 40 and 120mg fenofibric acid Juxtapid niacin ER omega-3 ethyl esters 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 Ocrevus Plegridy Tecfidera Tysabri Zinbryta

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Narcotics	<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 > 325mg APAP per dose due to safety risks with APAP</p>	<p>Abstral Belbuca butorphanol nasal spray buprenorphine patches fentanyl citrate lozenges fentanyl patches Click here for more information Fentora hydrocodone/apap 2.5/325, 5/300, 7.5/300, 10/300 hydrocodone/ibuprofen hydromorphone ER Hysingla ER Lazanda Levorphanol methadone morphine sulfate ER capsules Nucynta Nucynta ER Opana ER Oxaydo 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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Nasal Steroids	flunisolide fluticasone Rx		Beconase AQ budesonide fluticasone OTC mometasone Omnaris Qnasal triamcinolone AQ Veramyst Zetonna
Nasal Preparations - Other	azelastine olopatadine Non Sedating Antihistamines		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 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	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 Ciprodex neomycin-polymyxin-HC ofloxacin		acetic acid/hydrocortisone Cipro HC Coly-Mycin S cortisporin-TC Otovel
Pancreatic Enzymes	Creon DR Pancrelipase Zenpep DR		Pancreaze DR Pertzye Viokace

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Phosphate Binders	calcium acetate Fosrenol Chewable Tablets Renagel	Auryxia Fosrenol Powder Packets Magnebind Renvela Velphoro
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 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 magnesium esomeprazole strontium lansoprazole lansoprazole Solutabs (PA not required for children through age 10) omeprazole-bicarbonate rabeprazole
Pulmonary Arterial Hypertension Agents <u>Prior approval</u> required for all PAH Drugs	Adcirca epoprostenol Letairis sildenafil Tracleer	Adempas Opsumit Orenitram ER Remodulin Tyvaso Uptravi Veletri Ventavis
Retinoids - Topical	<u>First Line</u> generic tretinoin products (PA not required for ages 10 to 20yrs)	adapalene 0.3% clindamycin - tretinoin Tazorac Fabior

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	<p>Second Line adapalene 0.1% tretinoin microsphere gel</p>	tretinoin 0.05% gel
<p>Stimulants/ADHD Agents</p> <p>All medications require prior approval for children under 6 yrs. Prior Approval Forms</p>	<p>Short Acting: amphetamine salts methylphenidate dexmethylphenidate</p> <p>Long Acting: Adderall XR Brand Only Concerta* 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>Adderall XR generic Adzenys XR-ODT Aptensio XR armodafinil atomoxetine clonidine ER Concerta generic Daytrana dextroamphetamine Dyanavel XR Evekeo Focalin XR generic guanfacine ER Metadate CD generic methamphetamine methylphenidate chewable and solution methylphenidate LA modafinil Mydayis Quillivant XR Vyvanse Zenedi</p>
<p>Ulcerative Colitis Agents</p>	<p>balsalazide Canasa mesalamine Pentasa sulfasalazine</p>	<p>Apriso Delzicol Dipentum Giazo Lialda mesalamine HD Uceris</p>

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