

# Preferred Drug List Illinois Medicaid

January 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
<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-valsartan amlodipine-valsartan-HCT Azor Benicar Benicar HCT candesartan candesartan HCT Edarbi Edarbyclor telmisartan telmisartan HCT telmisartan-amlodipine Teveten Teveten HCT 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 cefepodoxime cefprozil tablets ceftibuten cefuroxime suspension Keflex 750mg Capsule Suprax Suspension
<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 Factive moxifloxacin ofloxacin
<b>Anticholinergics, Inhaled</b>	Atrovent HFA Combivent Respimat Spiriva	Anoro Ellipta 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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<b>Anticonvulsants</b>	carbamazepine carbamazepine XR divalproex divalproex ER ethosuximide gabapentin lamotrigine levetiracetam levetiracetam XR oxcarbazepine phenobarbital phenytoin primidone topiramate valproic acid zonisamide	Aptiom Banzel carbamazepine ER capsule Celontin Duopa Felbamate Fycompa Gabitril Lamictal ODT Lamictal Starter Pack lamotrigine XR Lyrica Onfi Oxtellar XR Peganone Potiga Qudexy XR Sabril Stavzor Trokendi XR Vimpat
<b>Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	citalopram escitalopram fluoxetine fluvoxamine paroxetine sertraline	<b>fluoxetine 10mg tablets*</b> fluoxetine 20 mg tablets fluoxetine 40 mg Caps fluoxetine weekly fluvoxamine CR paroxetine CR Peveva Sarafem

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<b>Antidepressants - Other</b>	bupropion mirtazapine mirtazapine soltab trazodone venlafaxine immediate release tablets venlafaxine ER capsules	Aplenzin Brintellix duloxetine Emsam Fetzima Forfivo XL Irenka nefazodone Oleptro Pristiq trazodone 300mg 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 Metozolv 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 Pedipirox-4 Nail Kit Vusion
<b>Antiparkinson Agents</b>	amantadine benztropine bromocriptine 2.5mg carbidopa/levodopa entacapone pramipexole ropinirole selegiline trihexyphenidyl	Azilect bromocriptine 5mg carbidopa/levodopa/entacapone carbidopa/levodopa ODT Mirapex ER Neupro ropinirole XL Rytary Tasmar Zelapar
<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

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<p><b>Atypical Antipsychotics</b></p> <p><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></p>	<p>Abilify Maintena ER (Prior Approval Required) Aristada (Prior Approval Required) clozapine Invega Sustenna (Prior Approval Required) Latuda olanzapine quetiapine IR risperidone + ziprasidone</p> <p>+ risperidone is the 1<sup>st</sup> line agent indicated for children ages 5-7 years</p>	<p>aripiprazole clozapine 200mg Fanapt Fazaclo Invega Trinza paliperidone ER Rexulti Risperdal Consta Saphris Seroquel XR Vraylar Zyprexa Relprevv</p>
<p><b>Beta-Adrenergic Agents</b></p>	<p>albuterol inhalation solution ipratropium/albuterol sulfate solution Foradil ProAir HFA Proventil HFA terbutaline</p>	<p>albuterol ER albuterol tablets Arcapta Brovana levalbuterol inhalation solution metaproterenol syrup and tablets Perforomist Serevent Diskus Striverdi Ventolin HFA Xopenex HFA</p>

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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 Kineret Orencia Otezla Remicade Simponi Stelara Xeljanz

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<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	Accu-Chek (Roche) Accu-Chek Aviva (Roche) Ascensia (Bayer) Contour (Bayer) Evolution (Infopia) Fora (Fora Care) Freestyle Insulinx (Abbott) Freestyle Lite (Abbott) Gdrive Blood Glucose System (Genesis) Glucolab (Infopia) Precision (Abbott) Prodigy AutoCode (Diagnostic Device ) Smartest Meters (Progressive HEA) Smartest Talking Meter (Progressive HEA) True2Go (Nipro Diagnostics) TrueResult (Nipro Diagnostics)
<b>Bone Resorption Suppression &amp; Related Agents</b>	alendronate calcitonin	Atelvia Binosto etidronate Forteo Fortical Fosamax Plus D ibandronate Prolia raloxifine risedronate Reclast Xgeva
<b>BPH Agents</b>	alfuzosin doxazosin finasteride tamsulosin terazosin	dutasteride Jalyn Rapaflo



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<b>Diabetes</b>	acarbose Avandia chlorpropamide glimepiride glipizide glipizide XL glyburide glyburide/metformin Glyset metformin (IR and ER) nateglinide pioglitazone tolazamide tolbutamide	Avandamet Avandaryl Fortamet ER glipizide/metformin Glumetza ER pioglitazone/glimepiride pioglitazone/metformin Prandimet repaglinide Riomet
<b>DPP-4 Inhibitors</b>	Tradjenta	Janumet Janumet XR Januvia Jentadueto Kazano Kombiglyze XR Nesina Onglyza Oseni
<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 Tev-tropin

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<b>Hepatitis B</b>	entecavir	Epivir HBV Hepsera Tyzeka
<b>Hepatitis C</b>  <b>Prior Approval required for all Hepatitis C Agents</b>	Peg-Intron ribavirin 200mg Harvoni Sovaldi	Daklinza Infergen Olysio Pegasys Technivie VICTRELIS Viekira Pak
<b>Hormone Replacement Therapy</b>	Activella Cenestin 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>Immunosuppressive/ Corticosteroid Agents – Topical</b>	<b>First-Line</b> most topical corticosteroids  Click here for a list of topical corticosteroids, categorized by potency.	
	<b>Second-Line</b> Elidel tacrolimus	
<b>Inhaled Steroids</b>	Asmanex Dulera Flovent Qvar Symbicort	Advair Advair HFA Aerospan HFA Alvesco Arnuity Ellipta Breo Ellipta budesonide respules (Prior approval NOT required for patients age 7 and under.) Pulmicort
<b>Insulins</b>	All Humalog Products All Humulin Products Lantus (vial only)	Afrezza All Novolin Products All Novolog Products Apidra Levemir Relion Toujeo Tresiba
<b>Leukotriene Antagonists</b>	montelukast zafirlukast	Zyflo Zyflo CR
<b>Lice Treatments</b>  <b>Patients age 21 and over must purchase OTC products out-of-pocket</b>	malathion permethrin 1% OTC pyrethrin 0.33% OTC	Lindane Natroba Sklice Spinosad Ulesfia

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

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<b>Narcotics</b>	codeine/acetaminophen fentanyl hydrocodone/acetaminophen hydrocodone/ibuprofen 7.5-200 hydromorphone meperidine methadone morphine sulfate IR and 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 Avinza Belbuca butalbital-caff-apap-codeine butorphanol Nasal Spray Conzip Butrans Embeda ER fentanyl citrate lozenge Fentora Hysingla ER hydromorphone ER Lazanda morphine sulfate ER capsules Nucynta Nucynta ER Opana ER oxycodone ER oxycodone/ibuprofen Oxycontin oxymorphone pentazocine/apap pentazocine/naloxone Subsys tramadol/apap tramadol ER Xartemis XR Zohydro ER

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<b>Nasal Steroids</b>	flunisolide fluticasone Rx	Beconase AQ budesonide Flonase OTC Nasonex 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 patients over age 18) Patanase (For patients 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 Alex 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 metipranolol 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

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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
<b>Platelet Aggregation Inhibitors</b>	Aggrenox clopidogrel dipyridamole	Brilinta (will be approved in patients with Acute Coronary Syndrome) Effient (will be approved in patients 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 powder Makena – Requires Prior Approval (see criteria and forms) progesterone capsules progesterone oil	
<b>Proton Pump Inhibitors</b>  <b>Patients 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 Veletri Ventavis



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Retinoids - Topical	<b>First Line</b> generic tretinoin products (PA not required for ages 10 to 20yrs)	adapalene 0.3% Atralin Tazorac Fabior Veltin Ziana
	<b>Second Line</b> adapalene 0.1% Retin-A Micro	
Stimulants/ADHD Agents  <b>All medications require prior approval for children under 6 yrs. <a href="#">Prior Approval Forms</a></b>	<b>Short Acting:</b> amphetamine salts methylphenidate dexmethylphenidate  <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  All Stimulants/ADHD Agents require prior approval for patients 19 years of age and older.	Aptensio XR Concerta Daytrana Desoxyn dextroamphetamine dextroamp-amphet ER Cap Evekeo guanfacine ER Kapvay Metadate CD generic Methylin Chewable and Solution modafinil Nuvigil Quillivant XR Ritalin LA Strattera Vyvanse Zenedi
Ulcerative Colitis Agents	balsalazide Canasa mesalamine Pentasa sulfasalazine	Apriso Asacol Asacol HD Delzicol Dipentum Giazo Lialda Uceris

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<b>Urinary Anti-Incontinence Agents</b>	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:

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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