

Preferred Drug List Illinois Medicaid

October 1, 2011

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	Aricept 23mg donepezil	Exelon* Exelon Patch* galantamine* Namenda* (current patients will be grandfathered)
Angiotensin Blockers	Avalide Avapro Benicar Benicar HCT Diovan Diovan HCT losartan losartan HCT Micardis Micardis HCT	Atacand Atacand HCT Azor Edarbi Exforge Exforge HCT Teveten Teveten HCT Tribenzor Twynsta Valturna
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 Tablet (Quantity limit of 1 tablet. Preferred for the treatment of STDs only)	Augmentin XR Cedax cefaclor tablets cefdinir capsules cefditoren cefpodoxime cefprozil tablets cefuroxime suspension cephalexin tablets Keflex 750mg Capsule Suprax Suspension
Antibiotics - Macrolides/Ketolides	azithromycin clarithromycin erythromycin	clarithromycin XL Dificid Ketek Z-Max
Antibiotics - Quinolones	Avelox ciprofloxacin levofloxacin	ciprofloxacin XR Factive Noroxin ofloxacin Proquin XR

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Anticholinergics, Inhaled	Atrovent HFA Combivent Spiriva	
Anticoagulants	Arixtra Fragmin Heparin Lovenox warfarin Xarelto* (Prior Approval Required – will only be approved for knee/hip replacement)	Brilinta Pradaxa
Anticonvulsants	carbamazepine carbamazepine XR divalproex divalproex ER ethosuximide gabapentin lamotrigine levetiracetam mephobarbital oxcarbazepine phenobarbital phenytoin primidone topiramate valproic acid zonisamide	Banzel Carbatrol Celontin Felbatol Gabitril Keppra XR Lamictal ODT Lamictal XR Lamictal Starter Pack Lyrica Peganone Sabril Stavzor Vimpat
Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)	citalopram fluoxetine fluvoxamine paroxetine sertraline	fluoxetine 20 mg tablets fluoxetine 40 mg Caps fluoxetine weekly Lexapro Luvox CR paroxetine CR Pexeva Sarafem

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Antidepressants - Other	bupropion mirtazapine mirtazapine soltab trazodone venlafaxine immediate release tablets venlafaxine ER capsules	Aplenzin Cymbalta Effexor XR Emsam nefazodone Oleptro Pristiq trazodone 300mg venlafaxine ER tablets Viibryd
Antiemetic/Antivertigo Agents	Emend Bi-Fold Pack Emend Tripack meclizine metoclopramide ondansetron ondansetron ODT prochlorperazine promethazine Scopace Transderm Scop	Aloxi Antivert 50mg Anzemet Cesamet dronabinol* granisetron Metozolv ODT Sancuso* Zuplenz
Antifungals - Topical	clotrimazole econazole Ertaczo ketoconazole nystatin nystatin/triamcinolone	ciclopirox 8% solution ciclopirox cream, gel, shampoo, solution clotrimazole/betamethasone CNL 8 Nail Kit Exelderm Extina Mentax Naftin Oxistat Versiclear Vusion Xolegel

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Antiparkinson Agents	amantadine benztropine bromocriptine 2.5mg carbidopa/levodopa Comtan pramipexole ropinirole selegiline trihexyphenidyl	Azilect bromocriptine 5mg carbidopa/levodopa ODT Mirapex ER Neupro Requip XL Stalevo Tasmar Zelapar
Antivirals Tamiflu, Relenza and rimantadine are preferred drugs during flu season only. Please refer to IDPH Web site for Flu Activity Reports	acyclovir amantadine ganciclovir Relenza rimantadine Tamiflu Valcyte valacyclovir	famciclovir 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	clozapine Geodon Invega Sustenna (Prior Approval Required) risperidone + Zyprexa + risperidone is the 1 st line agent indicated for children ages 5-7 years	Abilify clozapine 50mg clozapine 200mg Fanapt Fazaclo Invega ER Latuda Risperdal Consta Saphris Seroquel Seroquel XR Zyprexa Relprevv

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Beta-Adrenergic Agents	albuterol inhalation solution ProAir HFA Proventil HFA terbutaline	albuterol ER albuterol tablets Arcapta Brovana Foradil ipratropium/albuterol sulfate solution Maxair Autohaler metaproterenol syrup and tablets Perforomist Serevent Diskus Ventolin HFA Xopenex Inhalation Solution Xopenex HFA
Beta-Adrenergic Receptor Blocking Agents	acebutolol atenolol betaxolol bisoprolol carvedilol Coreg CR labetalol metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol	Bystolic Innopran XL Levatol propranolol LA sotalol AF
Biologic Response Modifiers Prior approval required for all Biologic Response Modifiers.	Cimzia Enbrel Humira	Actemra Kineret Orencia Remicade Simponi Stelara

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Category	Preferred	Non-Preferred
Blood Glucose Monitors and Test Strips NDCs for Institutional or DME use are not billable through pharmacy POS system. Refer to the list of Preferred NDCs	Freestyle Lite (Abbott) Precision (Abbott) True2Go (Nipro Diagnostics – formerly Home Diagnostics) TrueResult (Nipro Diagnostics – formerly Home Diagnostics)	Accu-Chek (Roche) Accu-Chek Aviva (Roche) Ascensia (Bayer) Contour (Bayer) Evolution (Infopia) Fora (Fora Care) Gdrive Blood Glucose System (Genesis) Glucolab (Infopia) One Touch (Lifescan) Prodigy AutoCode (Diagnostic Device) Smartest Meters (Progressive HEA) Smartest Talking Meter (Progressive HEA)
Bone Resorption Suppression & Related Agents	alendronate Fosamax Plus D Miacalcin	Actonel Actonel with Calcium Atelvia Boniva etidronate Evista Forteo Fortical Prolia Reclast Skelid Xgeva
BPH Agents	Avodart doxazosin tamsulosin terazosin	alfuzosin finasteride Jalyn Rapaflo

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Diabetes	acarbose Actos Avandia chlorpropamide glimepiride glipizide glipizide XL glyburide glyburide/metformin Glyset metformin (IR and ER) nateglinide tolazamide tolbutamide	ActoPlus Met ActoPlus Met XR Avandamet Avandaryl Duetact Fortamet ER glipizide/metformin Glumetza ER Prandimet Prandin Riomet
DPP-4 Inhibitors*	Januvia	Janumet Kombliglyze XR Onglyza Tradjenta
Erythropoietins	Aranesp Procrit	Epogen
Growth Hormones Prior Approval required for all Growth Hormones.	Nutropin AQ	Genotropin Humatrope Norditropin Nutropin Omnitrope Saizen Serostim Tev-tropin

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Category	Preferred	Non-Preferred
Hepatitis B and Hepatitis C Agents	Baraclude Pegasys Peg-Intron ribavirin 200mg Victrelis*	Epivir HBV Hepsera Incivek Infergen Intron A Tyzeka
Hormone Replacement Therapy	Activella Cenestin Combipatch estradiol estradiol Transdermal Patches estropipate Menest Premarin Premphase Prempro	Angeliq Climara Pro Divigel Elestrin Enjuvia Estrasorb Evamist Femhrt Femtrace Menostar Prefest

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Category	Preferred	Non-Preferred
Immunosuppressive/ Corticosteroid Agents – Topical Patients must try and fail one first-line product before second-line products will be approved.	First-Line most topical corticosteroids Click here for a list of topical corticosteroids, categorized by potency.	
	Second-Line Elidel Protopic	
Inhaled Steroids	Advair Advair HFA Asmanex Dulera Flovent Qvar Symbicort	Alvesco Pulmicort Respules (Prior approval NOT required for patients age 7 and under.) Pulmicort
Insulins	All Humalog Products All Humulin Products Lantus (vial only)	All Novolin Products All Novolog Products Apidra Levemir Relion
Leukotriene Antagonists	Singulair zafirlukast	Zyflo Zyflo CR
Lice Treatments Patients age 21 and over must purchase OTC products out-of-pocket	Ovide permethrin 1% OTC pyrethrin 0.33% OTC	Lindane Natroba Ulesfia

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Lipotropics – Statins & Combinations	Crestor lovastatin pravastatin simvastatin	Advicor Altoprev Lescol Lescol XL Lipitor Livalo Simcor Vytorin
Lipotropics – Other	Antara cholestyramine fenofibrate gemfibrozil Niaspan Trilipix Zetia	Colestid Fenoglide Fibricor Lipofen Lovaza Tricor Triglide Welchol
LMWH's and Related* *See Anticoagulants		
Multiple Sclerosis Agents	Avonex Betaseron Copaxone Extavia Rebif	Ampyra ER Gilenya Tysabri

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Narcotics	Most Generics fentanyl patches (limit of 15 per month) generic only Kadian Roxicet	Abstral Avinza buprenorphine butalbital-caff-apap-codeine butorphanol Nasal Spray Butrans Embeda Exalgo ER fentanyl citrate lozenge Fentora Nucynta Nucynta ER Onsolis Opana ER oxycodone ER oxycodone/ibuprofen Oxycontin oxymorphone pentazocine/apap pentazocine/naloxone Suboxone (Indicated for opioid dependence) tramadol/apap tramadol ER
Nasal Steroids	flunisolide fluticasone	Beconase AQ Nasacort AQ* Nasonex* Omnaris Rhinocort Aqua Veramyst
Nasal Preparations - Other	<u>First-Line</u> Astepro (For children through age 18) Patanase* (For children through age 18) <u>Second-Line</u> Patanase (For patients over age 18) Astepro (For patients over age 18)	Astelin ipratropium spray

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Ophthalmics – Allergic Conjunctivitis	Antihistamines and Antihistamine/ Mast Cell Stabilizer	Bepreve Optivar Pataday	Emadine epinastine Lastacaft Patanol
	Anti-Inflammatory Agents	Alrex	ketorolac
	Mast Cell Stabilizers	cromolyn sodium	Alamast Alocril Alomide
Ophthalmics – Antibiotics	bacitracin ciprofloxacin erythromycin gentamicin Iquix ofloxacin Quixin tobramycin Zymar		Azasite Besivance Moxeza Vigamox Zymaxid
Ophthalmics – Anti-Inflammatories	Generics Acular LS FML Forte FML S.O.P. Lotemax Maxidex Pred Mild		Acuvail Bromday Durezol Nevanac Vexol Xibrom

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Ophthalmics – Glaucoma Agents	Prostaglandins	latanoprost* Lumigan Travatan Z	
	Carbonic Anhydrase Inhibitors	Azopt dorzolamide-timolol	dorzolamide
	Alpha-2 Adrenoreceptor Agonists	Alphagan P (5 ml and 10 ml) brimonidine Combigan	Alphagan P (15 ml)
	Direct-Acting Miotics	pilocarpine	Isopto Carbachol
	Beta-Adrenergic Blockers	Generics Betimol	Betoptic S Istalol
Ophthalmics – Steroid/Antibiotic Combinations	generics Tobradex	Poly-Pred Pred-G Tobradex ST Zylet	
Otic Anti-Infectives	generics Cetraxal Ciprodex	acetic acid/hydrocortisone Cipro HC Coly-Mycin S Cortisporin-TC	
Pancreatic Enzymes	Creon DR Pancrelipase Zenpep DR	Pancreaze DR	
Phosphate Binders	calcium acetate Fosrenol Renagel	Magnebind Renvela	
Platelet Aggregation Inhibitors	Aggrenox dipyridamole Plavix	Effient ticlopidine	

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Proton Pump Inhibitors OTC Products are not covered for adults age 21 and over.	First Line omeprazole OTC pantoprazole (for children through age 20) Prilosec OTC	Aciphex Dexilant (formerly Kapidex) lansoprazole lansoprazole Solutabs (PA not required for children through age 10) Nexium omeprazole RX Zegerid
	Second Line pantoprazole (for patients over age 20)	
Pulmonary Arterial Hypertension Agents	Adcirca (Prior Authorization Required) epoprostenol Letairis Tracleer Revatio (Prior Authorization Required)	Remodulin Tyvaso Ventavis
Retinoids - Topical	First Line generic tretinoin products (PA not required for ages 10 to 20yrs)	Atralin Differin 0.3% Tazorac 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	amphetamine salts + dexmethylphenidate methylphenidate + methylphenidate SR Metadate ER Methylin ER Ritalin SR +short acting stimulants are 1 st line agents for children ages 3-5 years old All Stimulants/ADHD Agents require prior approval for patients 19 years of age and older.	Adderall XR Concerta Daytrana Desoxyn dextroamphetamine dextroamp-amphet ER Cap Focalin XR Intuniv Kapvay Metadate CD Methylin Chewable and Solution Nuvigil Provigil Ritalin LA Strattera Vyvanse

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Ulcerative Colitis Agents	Canasa mesalamine Pentasa sulfasalazine	Apriso Asacol Asacol HD balsalazide Dipentum Lialda
Urinary Anti-Incontinence Agents	oxybutynin oxybutynin XL Oxytrol Patch Vesicare	Detrol Detrol LA Enablex flavoxate Gelnique Sanctura XR Toviaz trospium

***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](http://www.ilpriorauth.com/) at: <http://www.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