

# Preferred Drug List Illinois Medicaid

January 1, 2014

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 Exelon Patch galantamine rivastigmine Namenda Namenda XR
<b>Angiotensin Blockers</b>	irbesartan irbesartan HCT losartan losartan HCT valsartan HCT*	Azor Benicar Benicar HCT candesartan candesartan HCT Diovan Edarbi Edarbyclor Exforge Exforge HCT Micardis Micardis HCT Teveten Teveten HCT Tribenzor Twynsta Valturna
<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	amox tr-k clv XR Cedax cefaclor tablets cefdinir capsules cefditoren cefepodoxime cefprozil tablets cefuroxime suspension cephalexin tablets Keflex 750mg Capsule Suprax Suspension Suprax Tablet

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<b>Antibiotics - Macrolides/Ketolides</b>	azithromycin clarithromycin clarithromycin XL erythromycin	Dificid Ketek Z-Max
<b>Antibiotics - Quinolones</b>	ciprofloxacin levofloxacin	Avelox ciprofloxacin XR Factive Noroxin ofloxacin
<b>Anticholinergics, Inhaled</b>	Atrovent HFA Combivent Respimat Spiriva	Tudorza Pressair
<b>Anticoagulants</b>	fondaparinux enoxaparin Fragmin heparin warfarin Xarelto (Prior Approval required; restricted to knee/hip replacement, atrial fibrillation, deep vein thrombosis, and pulmonary embolism)	Eliquis Pradaxa
<b>Anticonvulsants</b>	carbamazepine carbamazepine XR divalproex divalproex ER ethosuximide gabapentin lamotrigine levetiracetam levetiracetam XR mephobarbital oxcarbazepine phenobarbital phenytoin primidone topiramate valproic acid zonisamide	Banzel carbamazepine ER capsule Celontin felbamate Gabitril Lamictal ODT Lamictal Starter Pack lamotrigine XR Lyrica Onfi Oxtellar XR Peganone Potiga Sabril Stavzor Trokendi XR Vimpat

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<b>Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)</b>	citalopram escitalopram fluoxetine fluvoxamine paroxetine sertraline	fluoxetine 20 mg tablets fluoxetine 40 mg Caps fluoxetine weekly Luvox CR paroxetine CR Pexeva Sarafem
<b>Antidepressants - Other</b>	bupropion mirtazapine mirtazapine soltab trazodone venlafaxine immediate release tablets venlafaxine ER capsules	Aplenzin Brintellix duloxetine Emsam Fetzima Forfivo XL 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	Aloxi Antivert 50mg Anzemet Cesamet Diclegis dronabinol granisetron Metozolv ODT Sancuso 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 nystatin/triamcinolone ketoconazole 2% foam Mentax Naftin Oxistat Pedipirox-4 Nail Kit Vusion Xolegel
<b>Antiparkinson Agents</b>	amantadine benztropine bromocriptine 2.5mg carbidopa/levodopa Comtan pramipexole ropinirole selegiline trihexyphenidyl	Azilect bromocriptine 5mg carbidopa/levodopa/entacapone carbidopa/levodopa ODT Mirapex ER Neupro ropinirole XL Tasmar Zelapar
<b>Antivirals</b>  <b>Tamiflu, Relenza and rimantadine are preferred drugs during flu season only. Please refer to IDPH website for Flu Activity Reports at <a href="http://www.idph.state.il.us/flu/surveillance.htm">http://www.idph.state.il.us/flu/surveillance.htm</a></b>	acyclovir amantadine ganciclovir Relenza rimantadine Tamiflu Valcyte valacyclovir	famciclovir Valcyte Solution

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Category	Preferred	Non-Preferred
<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.</b>  <a href="#">Prior Approval Forms</a></p>	<p>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>Abilify                      Abilify Maintena ER                      clozapine 200mg                      Fanapt                      Fazaclo                      Invega ER                      Risperdal Consta                      Saphris                      Seroquel XR                      Zyprexa Relprevv</p>
<p><b>Beta-Adrenergic Agents</b></p>	<p>albuterol inhalation solution                      Foradil                      ProAir HFA                      Proventil HFA                      terbutaline</p>	<p>albuterol ER                      albuterol tablets                      Arcapta                      Brovana                      ipratropium/albuterol sulfate solution                      levalbuterol inhalation solution                      Maxair Autohaler                      metaproterenol syrup and tablets                      Perforomist                      Serevent Diskus                      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
<b>Biologic Response Modifiers</b> <b>Prior approval required for all Biologic Response Modifiers.</b>	Cimzia Enbrel Humira	Actemra Kineret Orencia 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. Refer to the 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)

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<b>Bone Resorption Suppression &amp; Related Agents</b>	alendronate calcitonin	Actonel Atelvia etidronate Evista Forteo Fortical Fosamax Plus D ibandronate Prolia Reclast Skelid Xgeva
<b>BPH Agents</b>	alfuzosin doxazosin finasteride tamsulosin terazosin	Avodart Jalyn Rapaflo
<b>Diabetes</b>	acarbose Avandia chlorpropamide glimepiride glipizide glipizide XL glyburide glyburide/metformin Glyset metformin (IR and ER) nateglinide pioglitazone tolazamide tolbutamide	ActoPlus Met XR Avandamet Avandaryl Duetact Fortamet ER glipizide/metformin Glumetza ER Oseni pioglitazone-metformin Prandimet repaglinide Riomet

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Category	Preferred	Non-Preferred
<b>DPP-4 Inhibitors</b>	Januvia	Janumet Janumet XR Jentadueto Kazano Kombiglyze XR Nesina Onglyza Oseni Tradjenta
<b>Erythropoietins</b>  <b>Prior Approval required for all Erythropoietins</b>	Aranesp Procrit	Epogen Omontys
<b>Growth Hormones</b>  <b>Prior Approval required for all Growth Hormones.</b>	Omnitrope	Genotropin Humatrope Norditropin Nutropin Nutropin AQ Saizen Serostim Tev-tropin



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<b>Hepatitis B and Hepatitis C Agents</b>  <b>Prior Approval required for all Hepatitis C Agents</b>	Baraclude Peg-Intron (Prior Approval Required) ribavirin 200mg (Prior Approval Required) Victrelis (Prior Approval Required)	Epivir HBV Hepsera Incivek Infergen Intron A Olysio Pegasys Sovaldi Tyzeka
<b>Hormone Replacement Therapy</b>	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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<b>Immunosuppressive/ Corticosteroid Agents – Topical</b>	<p><b>First-Line</b> most topical corticosteroids</p> <p>Refer to the <a href="#">list of topical corticosteroids</a>, categorized by potency.</p> <hr/> <p><b>Second-Line</b> Elidel Protopic</p>	
<b>Inhaled Steroids</b>	<p>Asmanex Dulera Flovent Qvar Symbicort</p>	<p>Advair Advair HFA Aerospan Alvesco Breo Ellipta budesonide respules (Prior approval NOT required for patients age 7 and under.) Pulmicort</p>
<b>Insulins</b>	<p>All Humalog Products All Humulin Products Lantus (vial only)</p>	<p>All Novolin Products All Novolog Products Apidra Levemir Relion</p>
<b>Leukotriene Antagonists</b>	<p>montelukast zafirlukast</p>	<p>Zyflo Zyflo CR</p>
<b>Lice Treatments</b>  <b>Patients age 21 and over must purchase OTC products out-of-pocket</b>	<p>malathion permethrin 1% OTC pyrethrin 0.33% OTC</p>	<p>Lindane Natroba Sklice Spinosad Ulesfia</p>

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

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<b>Narcotics</b>	codeine/acetaminophen fentanyl hydrocodone/acetaminophen hydrocodone/ibuprofen hydromorphone meperidine methadone morphine sulfate IR and ER oxycodone IR oxycodone/acetaminophen tramadol	Abstral Avinza buprenorphine (narcotic withdrawal agent) buprenorphine/naloxone (narcotic withdrawal agent) butalbital-caff-apap-codeine butorphanol Nasal Spray Butrans Embeda Exalgo ER fentanyl citrate lozenge Fentora Kadian Nucynta Nucynta ER Onsolis Opana ER oxycodone ER oxycodone/ibuprofen Oxycontin oxymorphone pentazocine/apap pentazocine/naloxone Suboxone (narcotic withdrawal agent) Subsys tramadol/apap tramadol ER Zubsolv (narcotic withdrawal agent)
<b>Nasal Steroids</b>	flunisolide fluticasone	Beconase AQ Nasonex Omnaris Qnasal Rhinocort Aqua triamcinolone AQ Veramyst Zetonna

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<b>Nasal Preparations - Other</b>	<b>First-Line</b> azelastine (For children through age 18) Patanase (For children through age 18) Non Sedating Antihistamines	Astepro Dymista ipratropium spray
	<b>Second-Line</b> azelastine (For patients over age 18) Patanase (For patients over age 18)	
<b>Ophthalmics – Allergic Conjunctivitis</b>	<b>Antihistamines and Antihistamine/ Mast Cell Stabilizer</b>	azelastine Pataday
	<b>Anti-Inflammatory Agents</b>	ketorolac Alrex
	<b>Mast Cell Stabilizers</b>	cromolyn sodium
<b>Ophthalmics – Antibiotics</b>	bacitracin ciprofloxacin erythromycin gentamicin Iquix levofloxacin ofloxacin tobramycin Zymar	Azasite Besivance Moxeza Vigamox Zymaxid
<b>Ophthalmics – Anti-Inflammatories</b>	generics Acular LS FML Forte FML S.O.P. Lotemax Maxidex Pred Mild	Acuvail bromfenac Durezol Ilevro Lotemax Ophthalmic Gel and Ointment Nevanac Vexol

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<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 (5 ml and 10 ml) brimonidine Alphagan P (15 ml) Combigan Simbrinza
	<b>Direct-Acting Miotics</b>	pilocarpine Isopto Carbachol
	<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
<b>Pancreatic Enzymes</b>	Creon DR Pancrelipase Zenpep DR	Pancreaze DR Pertzye
<b>Phosphate Binders</b>	calcium acetate Fosrenol Renagel	Magnebind Renvela
<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

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<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 ( <a href="#">see criteria and forms</a> ) 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 (formerly Kapidex) 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>	Adcirca (Prior Authorization Required) epoprostenol Letairis sildenafil (Prior Authorization Required) Tracleer	Adempas Opsumit Remodulin Tyvaso Veletri Ventavis
<b>Retinoids - Topical</b>	<b>First Line</b> generic tretinoin products (PA not required for ages 10 to 20yrs)  <b>Second Line</b> adapalene 0.1% Retin-A Micro	Atralin Differin 0.3% Tazorac Fabior Veltin Ziana

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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> methylphenidate ER – 10mg, 20mg methylphenidate SR – 20mg Metadate CD Brand - Temporary due to shortage Metadate ER – 20mg Methylin ER – 10mg, 20mg Ritalin SR – 20mg</p> <p>*short acting stimulants are 1<sup>st</sup> line treatment for children ages 3-5 years old</p> <p>All Stimulants/ADHD Agents require prior approval for patients 19 years of age and older.</p>	<p>Adderall XR Concerta Daytrana Desoxyn dextroamphetamine dextroamp-amphet ER Cap Focalin XR Intuniv Kapvay Metadate CD generic Methylin Chewable and Solution modafinil Nuvigil Quillivant XR Ritalin LA Strattera Vyvanse Zenzedi</p>
<p><b>Ulcerative Colitis Agents</b></p>	<p>basalazide Canasa mesalamine Pentasa sulfasalazine</p>	<p>Apriso Asacol Asacol HD Delzicol Dipentum Giazo Lialda Uceris</p>



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<b>Urinary Anti-Incontinence Agents</b>	oxybutynin oxybutynin XL	Detrol LA Enablex flavoxate Gelnique Myrbetriq Oxytrol Patch Sanctura XR tolterodine 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