

Preferred Drug List

Illinois Medicaid and Illinois Cares Rx Plus

April 1, 2007

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

Category	Preferred	Non-Preferred
ACE Inhibitors	benazepril benazepril HCTZ captopril captopril HCTZ enalapril enalapril HCTZ fosinopril fosinopril HCTZ lisinopril lisinopril HCTZ moexipril quinapril quinapril HCTZ	Aceon Altace Mavik moexipril HCTZ
ACE Inhibitor/Calcium Channel Blocker Combinations	Lotrel Tarka	Lexxel
Alzheimer's Agents	Aricept Aricept ODT Exelon Namenda Razadyne Razadyne ER	Cognex
Angiotensin Blockers	Avalide Avapro Benicar Benicar HCT Cozaar Diovan Diovan HCT Hyzaar Micardis Micardis HCT	Atacand Atacand HCT Teveten Teveten HCT

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Antibiotics - Cephalosporins & Related Antibiotics	amox tr-k clv cefaclor cefadroxil cefprozil suspension (for children through age 10) ceftriaxone cefuroxime cephalexin Omnicef Suspension (for children through age 10) Suprax Suspension (for children through age 10)	Augmentin XR Cedax cefprozil tablets Ceftin Suspension Lorabid Omnicef Capsules Spectracef Vantin
Antibiotics - Macrolides/Ketolides	azithromycin clarithromycin erythromycin	clarithromycin XL Ketek Z-Max
Antibiotics - Quinolones	Avelox Cipro XR ciprofloxacin Levaquin	Factive Noroxin ofloxacin Proquin XR Tequin
Anticholinergics, Inhaled	Atrovent HFA Combivent Spiriva	
Anticonvulsants	carbamazepine Carbatrol Celontin Depakote Depakote ER ethosuximide gabapentin Gabitril Keppra Lamictal Lyrica Mebaral Peganone phenytoin primidone Tegretol XR Trileptal valproic acid zonisamide	Felbatol Topamax (Prior approval NOT required for patients age 12 and under)

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Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)	citalopram fluoxetine fluvoxamine Lexapro Paxil Suspension paroxetine Zoloft - brand only	fluoxetine 20 mg tablets fluoxetine 40 mg Caps Paxil CR Pexeva Prozac Weekly Sarafem sertraline Zoloft 50 mg
Antidepressants - Other	Cymbalta bupropion (immediate release & SR) Effexor XR mirtazapine mirtazapine soltab trazodone venlafaxine Wellbutrin XL	Emsam nefazodone
Antiemetic/Antivertigo Agents	Emend (Tripack only – limited to 1 every two weeks) Marinol meclizine metoclopramide ondansetron (Prior approval required for pregnant women) prochlorperazine promethazine Scopace Transderm Scop	Aloxi Antivert 50mg Anzemet Cesamet Kytril ondansetron ODT
Antifungals - Oral	clotrimazole troche fluconazole griseofulvin Grifulvin V ketoconazole Lamisil nystatin	Ancobon griseofulvin suspension (Branded product is preferred) itraconazole

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Antifungals - Topical	clotrimazole econazole Ertaczo ketoconazole nystatin nystatin/triamcinolone	clotrimazole/betamethasone Exelderm Formalyde-10 Lamisil Solution Loprox (ciclopirox) Gel, Cream, Solution Loprox Shampoo Mentax Naftin Oxistat Penlac Versiclear
Antiparkinson Agents	amantadine benztropine bromocriptine 2.5mg Comtan diphenhydramine levodopa/carbidopa Mirapex Requip selegiline trihexyphenidyl	Akineton Kemadrin Parlodel 5mg Stalevo Tasmar
Antivirals	acyclovir amantadine Cytovene Valcyte Valtrex	Famvir Relenza rimantadine Tamiflu
Atypical Antipsychotics Specialized formulations, including injectable, orally-disintegrating, and solutions require prior approval. Prior Approval Forms click here	Abilify clozapine Fazaclo Geodon Risperdal Seroquel Zyprexa	Invega

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Beta-Adrenergic Agents	albuterol (Inhalation solution & Oral) metaproterenol syrup and tablets Proventil HFA* Serevent Diskus terbutaline Ventolin HFA* Xopenex Inhalation Solution Xopenex HFA	Accuneb Duoneb Foradil Maxair Autohaler metaproterenol Sulfate (Inhalation) ProAir HFA Vospire ER
Beta-Adrenergic Receptor Blocking Agents	acebutolol atenolol betaxolol bisoprolol Coreg Coreg CR labetalol metoprolol metoprolol XL nadolol pindolol propranolol sotalol timolol Toprol XL	Cartrol Innopran XL Levatol propranolol LA sotalol AF
Biologic Response Modifiers Prior approval required for all Biologic Response Modifiers.	Enbrel Humira	Orencia Remicade
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.	Accu-Chek (Roche) Accu-Chek Aviva (Roche) Ascensia (Bayer) BD Logic (Becton Dickinson) FreeStyle (Abbott TheraSense) Precision (Abbott MediSense) Prestige Smart System (Store Brands by Home Diagnostics) TrueTrack Smart System (Store Brands by Home Diagnostics) Most Store Brands	Advance (Hypoguard) Assure II, Assure 3 (Hypoguard) One Touch (Lifescan) QuickTek (Hypoguard) Supreme (Hypoguard)

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Bone Resorption Suppression & Related Agents	Fosamax Miacalcin	Actonel Boniva Didronel Evista Forteo Fortical
BPH Agents	Avodart doxazosin Flomax terazosin Uroxatral	finasteride
Calcium Channel Blockers	Caduet diltiazem HCL diltiazem SR felodipine nifedipine - short acting nifedipine SR Norvasc verapamil HCL verapamil SR	Cardene SR Cardizem CD 360 mg. Cardizem LA Covera – HS Dynacirc CR isradipine nicardipine HCL Sular Verelan PM
Diabetes - Alpha-Glucosidase Inhibitors	Glyset Precose	
Diabetes - Biguanide & Combination	glyburide/metformin metformin (IR and ER*)	Fortamet ER glipizide/metformin Glumetza ER Riomet
Diabetes - Glitazones & Combinations (TZD)	Avandamet Avandaryl Avandia Actos	ActoPlus Met Duetact
Diabetes - Meglitinides	Starlix	Prandin

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Diabetes - Sulfonylureas	acetoexamide chlorpropamide glimepiride glipizide glipizide XL glyburide tolazamide tolbutamide	
Erythropoietins	Aranesp Procrit	Epogen
Estrogen Agents - Combination	Activella Combipatch Premphase Prempro	Climara Pro Femhrt Prefest
Estrogen Agents – Oral and Transdermal	Cenestin Climara Patch estradiol estropipate Menest Premarin estradiol Transdermal Patches	Estrogel Menostar
Growth Hormones Prior Approval required for all Growth Hormones.	Nutropin AQ Saizen Tev-tropin	Genotropin Humatrope Norditropin Norditropin Nordiflex Nutropin Serostim

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Hepatitis B* and Hepatitis C Agents	Hepsera Pegasys ribavirin tablets	Baraclude Epivir HBV* Infergen Intron A Peg-Intron* (Current patients will be grandfathered) Rebetol* Rebetron ribavirin capsules* (Current patients will be grandfathered) Roferon-A* Tyzeka
Histamine2 Antagonist	cimetidine famotidine nizatidine ranitidine tablets	ranitidine capsules Zantac EFFERdose
Immunosuppressive/ Corticosteroid Agents – Topical Patients must try and fail one first-line product before second-line products will be approved.	<u>First Line</u> most topical corticosteroids Click Here for a list of topical corticosteroids, categorized by potency, that includes prior approval status and other coverage information. <u>Second Line</u> Elidel Protopic	
Inhaled Steroids	Advair Advair HFA Aerobid Aerobid-M Asmanex Azmacort Flovent Qvar	Pulmicort Respules (Prior approval NOT required for patients age 7 and under.) Pulmicort Turbuhaler
Insulins – Long Acting	Lantus (vial only)	Levemir

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Insulins – Short Acting	All Humalog Products All Humulin Products	Apidra Exubera All Novolin Products All Novolog Products Relion
Intermittent Claudication Agents	pentoxifylline	cilostazol
Leukotriene Antagonists	Accolate Singulair	Zyflo
Lice Treatments	Ovide pyrethrin 0.33% OTC	lindane permethrin 1% OTC
Lipotropics – Statins & Combinations	Advicor Caduet Crestor Lescol Lescol XL Lipitor lovastatin pravastatin simvastatin Vytorin	Altoprev
Lipotropics – Other	Antara cholestyramine fenofibrate gemfibrozil Niaspan Triglide Zetia	Colestid Omacor Tricor Welchol
LMWH's and Related	Heparin Fragmin (prefilled syringes only) Lovenox (prefilled syringes only) Arixtra (prefilled syringes only)	
Multiple Sclerosis Agents	Avonex Betaseron Copaxone Rebif	Tysabri

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Narcotics	Most Generics Duragesic Patches (limit of 15 per month) Brand Only Kadian Roxicet	Alcet Avinza Balacet butorphanol Nasal Spray carisoprodol cpd/codeine Capital Suspension Combunox Darvocet A500 Darvon-N fentanyl citrate lozenge fentanyl patches (limit of 15 per month) generic only Fentora Hycet Lynox Narvox Opana Opana ER Oxycodone ER Oxycontin Panlor DC Panlor SS pentazocine/apap pentazocine/naloxone Perloxx Reprexain Stagesic-10 Suboxone (Indicated for opioid dependence) Subutex Synalgos-DC tramadol/apap Trycet Ultram ER Vopac Xodol Zydone Tab

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Nasal Steroids	flunisolide (Bausch and Lomb product only) Nasacort AQ Nasonex (For children 2 to 5 years of age)	Beconase AQ Flonase fluticasone Nasarel Nasonex Rhinocort Aqua
Nasal Preparations - Other	First-Line Astelin (For children through age 18) loratadine (see Non-Sedating Antihistamines)	ipratropium spray
	Second-Line Astelin (For patients over age 18)	
Non-Sedating Antihistamines OTC loratadine is not a covered product for adults age 21 and over. Adults age 21 and over must purchase out-of-pocket and fail on 1st line products before approval will be given for 2nd line products.	First-Line loratadine loratadine Syrup (For children through age 10) Zyrtec Syrup (For children through age 2)	Allegra-D Clarinet Clarinet-D Clarinet-D fexofenadine Zyrtec-D
	Second-Line Zyrtec Zyrtec Syrup (For children through age 10)	
NSAIDs Patients must try and fail first-line products before second-line products will be approved.	First-Line All Generics	Arthrotec Ponstel
	Second-Line Celebrex meloxicam	

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Ophthalmics – Allergic Conjunctivitis	Antihistamines and Antihistamine/ Mast Cell Stabilizer	Optivar Pataday Patanol	Elestat Emadine ketotifen
	Anti-Inflammatory Agents	Alrex	Acular
	Mast Cell Stabilizers	cromolyn sodium	Alamast Alocril Alomide
Ophthalmics – Antibiotics	bacitracin ciprofloxacin erythromycin gentamicin ofloxacin Quixin Tobramycin Zymar		Vigamox
Ophthalmics – Anti-Inflammatories	Generics Acular LS FML Forte FML S.O.P. Lotemax Maxidex Pred Mild Voltaren		Acular PF Nevanac Vexol Xibrom
Ophthalmics – Glaucoma Agents	Prostaglandins	Lumigan Travatan	Xalatan
	Carbonic Anhydrase Inhibitors	Azopt Cosopt	Trusopt
	Alpha-2 Adrenoreceptor Agonists	Alphagan P (5 ml and 10 ml) brimonidine	Alphagan P (15 ml)
	Direct-Acting Miotics	pilocarpine	Isopto Carbachol
	Beta-Adrenergic Blockers	Generics Betimol	Betoptic S
Ophthalmics – Steroid/Antibiotic Combinations	generics Tobradex		Poly-Pred Pred-G Zylet

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Otic Anti-Infectives	generics Ciprodex Floxin Pediatic	Cipro HC Coly-Mycin S Cortisporin-TC Floxin Singles
Phosphate Binders	Fosrenol Phoslo Renagel	Magnebind
Platelet Aggregation Inhibitors	Aggrenox Aspirin clopidogrel dipyridamole Plavix	ticlopidine
Proton Pump Inhibitors Prilosec OTC is not a covered product for adults age 21 and over. Adults age 21 and over must purchase out-of-pocket and fail on first-line products before second-line products will be approved.	<p>First Line Prilosec OTC Prevacid Solutabs (For children through age 10)</p> <hr/> <p>Second Line Prevacid</p>	Aciphex Nexium omeprazole Prevacid Suspension Protonix Zegerid
Sedative/Hypnotics All sedative/hypnotics are subject to a quantity limit of 8 tablets per month.	doxylamine OTC (Unisom) estazolam Lunesta* Restoril 7.5mg temazepam triazolam	Ambien Ambien CR Doral flurazepam Rozerem Sonata
Skeletal Muscle Relaxants	Most Generics	carisoprodol* cyclobenzaprine 5mg dantrolene Skelaxin

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Stimulants/ADHD Agents	Adderall XR amphetamine salts Concerta Focalin Focalin XR Metadate CD 10,20,30mg only methylphenidate	Daytrana Desoxyn dextroamphetamine Metadate CD 40,50,60mg Methylin pemoline (Cylert) Provigil Ritalin LA Strattera
Triptans All triptans are subject to quantity limits.	Imitrex (limit of 9/month) Imitrex Nasal Spray (limit of 6/month) Imitrex Injection (limit of 2 kits per month) Maxalt (limit of 6/month) Maxalt MLT (limit of 6/month) Relpax (limit of 6/month) Zomig (limit of 6/month for 2.5mg and 3/month for 5mg) Zomig ZMT (limit of 6/month for 2.5mg and 3/month for 5mg)	Amerge (limit of 9/month) Axert (limit of 6/month) Frova (limit of 9/month) Zomig Nasal Spray (limit of 6/month)
Ulcerative Colitis Agents	Asacol Canasa* Dipentum mesalamine Pentasa sulfasalazine	Colazal Lialda
Urinary Anti-Incontinence Agents	Enablex oxybutynin Oxytrol Patch Vesicare	Detrol Detrol LA flavoxate oxybutynin XL (Prior approval NOT required for patients age 17 and under) Sanctura