Preferred Drug List
Illinois Medicaid and Illinois Cares Rx Plus

July 1, 2006

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 Uniretic
ACE Inhibitor/Calcium Channel Blocker Combination	Lotrel Tarka	Lexxel
Alzheimer's Drugs	Aricept Aricept ODT Exelon Namenda Razadyne (formerly Reminyl) Razadyne ER	Cognex
Angiotensin Blockers	Avalide Avapro Benicar Benicar HCT Diovan Diovan HCT Micardis Micardis HCT	Atacand Atacand HCT Cozaar Hyzaar 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	Biaxin XL Dynabac Ketek Z-Max
Antibiotics - Quinolones	Avelox Avelox ABC Pack Cipro XR ciprofloxacin Levaquin	Factive Maxaquin Neggram Noroxin ofloxacin Tequin Zagam
Anticholinergics, Inhaled	Atrovent HFA Combivent Spiriva	

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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 12 and under)
Antidepressants - Selective Serotonin Reuptake Inhibitors (SSRIs)	citalopram fluoxetine 10mg Caps fluoxetine 20mg Caps fluoxetine 10mg Tabs fluoxetine Liquid fluvoxamine Lexapro Paxil CR Paxil Suspension paroxetine Zoloft	fluoxetine 20 mg tablets fluoxetine 40 mg Caps Pexeva Prozac Weekly Sarafem Zoloft 50 mg
Antidepressants - Other	bupropion (immediate release & SR) Effexor Effexor XR mirtazapine Remeron Soltab trazodone **Wellbutrin XL***	Cymbalta **Emsam*** mirtazapine Soltab nefazodone

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Antiemetic/Antivertigo Agents	Emend (Tripack only – 1 every 2 weeks) Marinol meclizine metoclopramide prochlorperazine promethazine Scopace Transderm Scop Zofran (PA required for pregnant women)	Aloxi Antivert 50mg Anzemet Compazine Syrup Kytril Torecan Zofran ODT
Antifungals - Oral	clotrimazole troche fluconazole griseofulvin Grifulvin V ketoconazole Lamisil nystatin	Ancobon griseofulvin suspension (Branded product is preferred and available without prior approval) itraconazole
Antifungals - Topical	clotrimazole econazole Ertaczo ketoconazole Nizoral 2% Shampoo nystatin nystatin/triamcinolone	clotrimazole/betamethasone Exelderm Formalyde-10 Lamisil Solution Loprox Gel, Cream, Solution (and generics) 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 pergolide Stalevo Tasmar

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Antivirals	acyclovir amantadine Cytovene Valtrex		Famvir Relenza rimantadine Tamiflu Valcyte
Atypical Antipsychotics **Prior Approval Forms and Transition Period Information click here**	Abilify clozapine Fazaclo Geodon Risperdal Zyprexa	(Specialized formulations including injectable, orally disintegrating, and solutions that currently require prior approval will continue to require prior approval)	Seroquel
Beta-Adrenergic Agents	albuterol (Inhalation & Oral) Serevent/Diskus terbutaline Xopenex Inhalation Solution Xopenex HFA		Accuneb albuterol HFA Duoneb Foradil Maxair Autohaler metaproterenol Sulfate (Inhalation) Proventil HFA Ventolin HFA Vospire ER
Beta-Adrenergic Receptor Blocking Agents	acebutolol atenolol betaxolol bisoprolol Coreg labetalol metoprolol nadolol pindolol propranolol sotalol timolol Toprol XL		Cartrol Innopran XL Inderal LA Levatol sotalol AF

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July 1, 2006

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Blood Glucose Monitors and Test Strips **NDCs for Institutional or DME use are not billable through pharmacy POS system.** **For a list of preferred NDCs, please click here**	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)
Bone Resorption Suppression & Related Agents	Fosamax Miacalcin	Actonel Boniva Didronel Evista Forteo Fortical
BPH Agents	Avodart doxazosin Flomax terazosin Uroxatral	Proscar
Calcium Channel Blockers	Caduet diltiazem HCL diltiazem SR felodipine nicardipine HCL nifedipine nifedipine SR Norvasc Sular Verelan Verelan PM verapamil HCL verapamil SR	Cardene SR Cardizem CD 360 mg. Cardizem LA Covera – HS Dynacirc Dynacirc CR
Diabetes - Alpha-Glucosidase Inhibitors	Glyset Precose	

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Diabetes - Biguanide & Combination	Avandamet glyburide/metformin metformin	ActoPlus Met Fortamet ER Glucophage XR Metaglip Riomet
Diabetes - Glitazones (TZD)	Avandaryl Avandia Actos	
Diabetes - Meglitinides	Starlix	Prandin
Diabetes - Sulfonylureas	acetohexamide 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 Gynodiol 1.5 mg Menostar
Growth Hormones	Nutropin AQ Nutropin Depot Saizen Tev-tropin ***(Prior Approval required for all growth hormones.)***	Genotropin Humatrope Norditropin Norditropin Nordiflex Nutropin Protropin Serostim

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Hepatitis C Agents	Copegus Peg-Intron Pegasys Rebetol Roferon-A	Infergen Intron A Rebetron
Histamine2 Antagonist	cimetidine famotidine nizatidine ranitidine tablets	Pepcid RPD ranitidine capsules (effective 5-12-05) Zantac EFFERdose
Immunosuppressive/ Corticosteroid Agents – Topical **Patients must try ONE 1st line product before approval will be given for 2nd line products**	1st Line topical corticosteroids 2nd Line Elidel Protopic	
Inhaled Steriods	Advair Diskus Aerobid Aerobid-M Asmanex Azmacort Flovent Qvar	Pulmicort Respules *(Prior approval NOT required for patients under age 8.)* Pulmicort Turbuhaler
Insulins – Long Acting	**Lantus (vial only)***	**Levemir***
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***

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July 1, 2006

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Lipotropics – Statins & Combinations	Advicor Altoprev Caduet Crestor Lescol Lescol XL Lipitor lovastatin pravastatin Vytorin Zocor	**simvastatin***
Lipotropics – Other	Antara cholestyramine gemfibrozil Lofibra Niaspan Tricor Zetia	Colestid Welchol Triglide
LMWH's and Related	Heparin Fragmin (prefilled syringes only) Lovenox (prefilled syringes only) Arixtra (prefilled syringes only)	
Multiple Sclerosis Agents	Avonex Betaseron Copaxone Rebif	

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July 1, 2006

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Narcotics	Most Generics Duragesic Patches (limit of 15 per month) Brand Only Oxycontin Roxicet	Actiq Avinza butorphanol Nasal Spray butalbital/Caff/APAP/Codiene #3 Cap Capital Suspension Combunox Darvocet A500 Darvocet N 50 Darvon-N Fentanyl Patches (limit of 15 per month) generic only Hycet Kadian Maxidone Numorphan Palladone Panlor DC Panlor SS pentazocine/APAP pentazocine/Naloxone Reprexain Stagesic-10 Synalgos-DC Ultracet Ultram ER Vopac Xodol Zydone Tab
Nasal Steriods	**flunisolide*** **Nasacort AQ***	Beconase AQ **Flonase*** **fluticasone*** Nasarel **Nasonex*** Rhinocort Aqua
Nasal Preparations - Other	Oral Antihistamines	Astelin Atrovent Nasal Spray

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Non-Sedating Antihistamines **OTC loratadine is not a covered product for adults age 21 and over. Patients age 21 and over must purchase out-of-pocket and fail on 1st line products before approval will be given for 2nd line products.**	**1st Line** loratadine loratadine Syrup *(For children through age 10)* Zyrtec Syrup *(For children through age 2.)*		Allegra-D Clarinex Clarinex-D Claritin-D fexofenadine Zyrtec-D
	2nd Line Zyrtec Zyrtec Syrup *(For children through age 10.)*		
NSAIDs ***Effective 5-2-05*** ***(Patients must try 1st line products before approval will be given for 2nd line products)*** ***Prior Approval required for all ages for 2nd line therapy.***	**1st Line** All Generics		Arthrotec Ponstel
	2nd Line Celebrex Mobic		
Ophthalmics – Allergic Conjunctivitis	**Antihistamine/ Mast Cell Stabilizer**	Elestat	Patanol Zaditor
	Anti-Inflammatory Agents	Alrex	Acular
	Mast Cell Stabilizers	cromolyn sodium	Alamast Alocril Alomide
	Topical Antihistamines	Livostin Optivar	Emadine

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Ophthalmics – Antibiotics	bacitracin ciprofloxacin erythromycin gentamicin ofloxacin Quixin Tobramycin Vigamox Zymar		
Ophthalmics – Anti-Inflammatories	Generics FML Forte FML S.O.P. HMS Maxidex Pred Mild Voltaren		Acular LS Acular PF Lotemax Vexol
Ophthalmics – Glaucoma Agents	**Prostaglandins**	Lumigan Travatan	Rescula 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 Pediotic	Cipro HC Coly-Mycin S Cortisporin-TC Floxin Singles
Phosphate Binders	Phoslo Renagel	Fosrenol Magnebind
Platelet Aggregation Inhibitors	Aggrenox aspirin dipyridamole Plavix	ticlopidine
Proton Pump Inhibitors **OTC Prilosec is not a covered product for adults age 21 and over. Patients age 21 and over must purchase out-of-pocket and fail on 1st line products before approval will be given for 2nd line products.**	**1st Line** Prilosec OTC Prevacid Solutabs (For children through age 10) **2nd Line** Prevacid	Aciphex Nexium omeprazole Prevacid Suspension Protonix Zegerid
Sedative/Hypnotics **8 tablets per month**	doxylamine OTC (Unisom) estazolam Restoril 7.5mg temazepam triazolam	Ambien Ambien CR Doral Flurazepam Lunesta Rozerem Sonata
Skeletal Muscle Relaxants	Generics	Dantrium Flexeril 5 mg Skelaxin

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Stimulants/ADHD Agents	Adderall XR amphetamine Salts Concerta Focalin Focalin XR Metadate CD Methylphenidate tab Methylphenidate tab ER Methylphenidate tab SR	dextroamphetamine methamphetamine pemoline (Cylert) Provigil Ritalin LA Strattera
TNF – Alpha Blockers	Enbrel Humira ***(Prior Approval required for all TNF-Alpha Blockers)***	Remicade
Triptans	Imitrex (limit of 9 per month) Imitrex Nasal Spray (limit of 6 per month) Imitrex Injection (limit of 2 kits per month) Relpax (limit of 6 per month) Zomig (limit of 6 per month for 2.5mg and 3 per month for 5mg) Zomig ZMT (limit of 6 per month for 2.5mg and 3 per month for 5mg)	Amerge (limit of 9 per month) Axert (limit of 6 per month) Frova (limit of 9 per month) Maxalt (limit of 9 per month) Maxalt MLT (limit of 9 per month) Zomig Nasal Spray (limit of 6 per month)
Ulcerative Colitis Agents	Asacol Dipentum mesalamine Pentasa sulfasalazine	Canasa Colazal
Urinary Anti-Incontinence Agents	Enablex Oxytrol Patch Vesicare	Detrol Detrol LA Ditropan XL (Prior approval NOT required for patients 17 and under) oxybutynin Sanctura Urispas