

# 2018 ILLINOIS MEDICAID COVERAGE OF HIV AND HEPATITIS C MEDICATIONS

APRIL 2018

PLAN	STRs	INSTI	PI PREFERRED	NRTI	HEP C
FFS	2 of 6	2 of 2	3 of 6	6 of 10	3 of 7
BCBS	6 of 6	2 of 2	6 of 6	9 of 10	6 of 7
Meridian	3 of 6	2 of 2	4 of 6	9 of 10	1 of 7
Molina	6 of 6	2 of 2	6 of 6	10 of 10	5 of 7
Illini Care	6 of 6	2 of 2	6 of 6	8 of 10	2 of 7
Harmony WellCare	6 of 6	2 of 2	5 of 6	10 of 10	1 of 7
Next Level	6 of 6	2 of 2	6 of 6	10 of 10	3 of 7
County Care	6 of 6	2 of 2	6 of 6	7 of 10	3 of 7

# FEE FOR SERVICE

STRS PREFERRED: 2 OF 6  
 INSTI PREFERRED: 2 OF 2  
 PI PREFERRED: 3 OF 6  
 NRTI/PREFERRED: 6 OF 10

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALTY PHARMACY	QUANTITY LIMIT
ATRIPLA	STR	PREFERRED			
GENVOYA	STR	PREFERRED			
COMPLERA	STR	NON-PREFERRED			
ODEFSEY	STR	NON-PREFERRED			
STRIBILD	STR	NON-PREFERRED			
TRIUMEQ	STR	NON-PREFERRED			
ISENTRESS	INSTI	PREFERRED			
TIVICAY	INSTI	PREFERRED			
EVOTAZ	PI	NON-PREFERRED			
KALETRA	PI	NON-PREFERRED			
NORVIR	PI	PREFERRED			
PREZCOBIX	PI	NON-PREFERRED			
PREZISTA	PI	PREFERRED			
REYATAZ	PI	PREFERRED			
TYBOST	PKE	NON-PREFERRED			
EMTRIVA	PKE	PREFERRED			
EPIVIR	NRTI/NRTI	NON-PREFERRED			
EPZICOM	NRTI/NRTI	NON-PREFERRED			
TRUVADA	NRTI/NRTI	PREFERRED			
VIREAD	NRTI/NRTI	PREFERRED			
ZIAGEN	NRTI/NRTI	NON-PREFERRED			
DESCOVY	NRTI/NRTI	PREFERRED			
EDURANT	NNRTI	PREFERRED			
INTELENCE	NNRTI	PREFERRED			
SUSTIVA	NNRTI	PREFERRED			
SELZENTRY	NNRTI	NON-PREFERRED			
HARVONI	HEP C AGENT	NON-PREFERRED			
ZEPATIER	HEP C AGENT	PREFERRED	YES		
EPCLUSA	HEP C AGENT	PREFERRED	YES		
DAKLINZA	HEP C AGENT	NON-PREFERRED			
VIEKIRA	HEP C AGENT	NON-PREFERRED			
SOVALDI	HEP C AGENT	PREFERRED	YES		
MAVYRET	HEP C AGENT	NON-PREFERRED			

# MERIDIAN

STRS PREFERRED: 3 OF 6  
 INSTI PREFERRED: 2 OF 2  
 PI PREFERRED: 4 OF 6  
 NRTI/PREFERRED: 9 OF 10

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALTY PHARMACY	QUANTITY LIMIT
ATRIPLA	STR	PREFERRED		YES	
GENVOYA	STR	NON PREFERRED			
COMPLERA	STR	PREFERRED		YES	
ODEFSEY	STR	NON PREFERRED			
STRIBILD	STR	PREFERRED		YES	
TRIUMEQ	STR	NON PREFERRED			
ISENTRESS	INSTI	PREFERRED		YES	
TIVICAY	INSTI	PREFERRED		YES	
EVOTAZ	PI	NON PREFERRED			
KALETRA	PI	PREFERRED		YES	
NORVIR	PI	PREFERRED		YES	
PREZCOBIX	PI	NON PREFERRED			
PREZISTA	PI	PREFERRED		YES	
REYATAZ	PI	PREFERRED		YES	
TYBOST	PKE	NON PREFERRED			
EMTRIVA	PKE	PREFERRED		YES	
EPIVIR	NRTI/NIRTI	PREFERRED		YES	
EPZICOM	NRTI/NIRTI	PREFERRED		YES	
TRUVADA	NRTI/NIRTI	PREFERRED		YES	
VIREAD	NRTI/NIRTI	PREFERRED		YES	
ZIAGEN	NRTI/NIRTI	PREFERRED		YES	
DESCOVY	NRTI/NIRTI	NON PREFERRED			
EDURANT	NNRTI	PREFERRED		YES	
INTELENCE	NNRTI	PREFERRED		YES	
SUSTIVA	NNRTI	PREFERRED		YES	
SELZENTRY	NNRTI	PREFERRED		YES	
HARVONI	HEP C AGENT	NON PREFERRED			
ZEPATIER	HEP C AGENT	NON PREFERRED			
EPCLUSA	HEP C AGENT	NON PREFERRED			
DAKLINZA	HEP C AGENT	NON PREFERRED			
VIEKIRA	HEP C AGENT	NON PREFERRED			
SOVALDI	HEP C AGENT	NON PREFERRED			
MAVYRET	HEP C AGENT	PREFERRED	YES	YES	

# BCBS

STRS PREFERRED: 6 OF 6  
 INSTI PREFERRED: 2 OF 2  
 PI PREFERRED: 6 OF 6  
 NRTI/PREFERRED: 9 OF 10

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALTY PHARMACY	QUANTITY LIMIT
ATRIPLA	STR	PREFERRED			YES (30P/30D)
GENVOYA	STR	PREFERRED			YES (30P/30D)
COMPLERA	STR	PREFERRED			YES (30P/30D)
ODEFSEY	STR	PREFERRED			YES (30P/30D)
STRIBILD	STR	PREFERRED			YES (30P/30D)
TRIUMEQ	STR	PREFERRED			YES (30P/30D)
ISENTRESS	INSTI	PREFERRED			YES (VARIOUS)
TIVICAY	INSTI	PREFERRED			YES (VARIOUS)
EVOTAZ	PI	PREFERRED			YES (30P/30D)
KALETRA	PI	PREFERRED			YES (VARIOUS)
NORVIR	PI	PREFERRED			YES (VARIOUS)
PREZCOBIX	PI	PREFERRED			YES (30P/30D)
PREZISTA	PI	PREFERRED			YES (VARIOUS)
REYATAZ	PI	PREFERRED			YES (VARIOUS)
TYBOST	PKE	PREFERRED			YES (30P/30D)
EMTRIVA	PKE	PREFERRED			YES (VARIOUS)
EPIVIR	NRTI/NIRTI	PREFERRED			
EPZICOM	NRTI/NIRTI	NON PREFERRED			
TRUVADA	NRTI/NIRTI	PREFERRED			YES (30P/30D)
VIREAD	NRTI/NIRTI	PREFERRED			YES (VARIOUS)
ZIAGEN	NRTI/NIRTI	PREFERRED			YES (VARIOUS)
DESCOVY	NRTI/NIRTI	PREFERRED			YES (30P/30D)
EDURANT	NNRTI	PREFERRED			YES (30P/30D)
INTELENCE	NNRTI	PREFERRED			YES (VARIOUS)
SUSTIVA	NNRTI	PREFERRED			YES (VARIOUS)
SELZENTRY	NNRTI	PREFERRED			YES (VARIOUS)
HARVONI	HEP C AGENT	PREFERRED	YES		
ZEPATIER	HEP C AGENT	PREFERRED	YES		
EPCLUSA	HEP C AGENT	PREFERRED	YES		
DAKLINZA	HEP C AGENT	PREFERRED	YES		
VIEKIRA	HEP C AGENT	PREFERRED	YES		
SOVALDI	HEP C AGENT	PREFERRED	YES		
MAVYRET	HEP C AGENT	NON PREFERRED			

# MOLINA

STRS PREFERRED: 6 OF 6  
 INSTI PREFERRED: 2 OF 2  
 PI PREFERRED: 6 OF 6  
 NRTI/PREFERRED: 10 OF 10

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALTY PHARMACY	QUANTITY LIMIT
ATRIPLA	STR	PREFERRED			YES (30P/MONTH)
GENVOYA	STR	PREFERRED			YES (30P/MONTH)
COMPLERA	STR	PREFERRED			YES (30P/MONTH)
ODEFSEY	STR	PREFERRED			YES (30P/MONTH)
STRIBILD	STR	PREFERRED			YES (30P/MONTH)
TRIUMEQ	STR	PREFERRED			YES (30P/MONTH)
ISENTRESS	INSTI	PREFERRED			YES (VARIOUS)
TIVICAY	INSTI	PREFERRED			YES (60P/MONTH)
EVOTAZ	PI	PREFERRED			YES (30P/MONTH)
KALETRA	PI	PREFERRED			YES (VARIOUS)
NORVIR	PI	PREFERRED			YES (VARIOUS)
PREZCOBIX	PI	PREFERRED			YES (30P/MONTH)
PREZISTA	PI	PREFERRED			YES (VARIOUS)
REYATAZ	PI	PREFERRED			YES (VARIOUS)
TYBOST	PKE	NON PREFERRED			YES (30P/MONTH)
EMTRIVA	PKE	PREFERRED			YES (VARIOUS)
EPIVIR	NRTI/NIRTI	PREFERRED			YES (VARIOUS)
EPZICOM	NRTI/NIRTI	PREFERRED			YES (30P/MONTH)
TRUVADA	NRTI/NIRTI	PREFERRED			YES (30P/MONTH)
VIREAD	NRTI/NIRTI	PREFERRED			YES (VARIOUS)
ZIAGEN	NRTI/NIRTI	PREFERRED			YES (VARIOUS)
DESCOVY	NRTI/NIRTI	PREFERRED			YES (30P/MONTH)
EDURANT	NNRTI	PREFERRED			YES (30P/MONTH)
INTELENCE	NNRTI	PREFERRED			YES (VARIOUS)
SUSTIVA	NNRTI	PREFERRED			YES (VARIOUS)
SELZENTRY	NNRTI	PREFERRED			YES (60P/MONTH)
HARVONI	HEP C AGENT	PREFERRED	YES	YES	
ZEPATIER	HEP C AGENT	PREFERRED	YES	YES	
EPCLUSA	HEP C AGENT	PREFERRED	YES	YES	
DAKLINZA	HEP C AGENT	NON PREFERRED			
VIEKIRA	HEP C AGENT	NON PREFERRED			
SOVALDI	HEP C AGENT	PREFERRED	YES	YES	
MAVYRET	HEP C AGENT	PREFERRED	YES	YES	

# ILLINICARE

STRS PREFERRED: 6 OF 6  
 INSTI PREFERRED: 2 OF 2  
 PI PREFERRED: 6 OF 6  
 NRTI/PREFERRED: 8 OF 10

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALTY PHARMACY	QUANTITY LIMIT	NOTES
ATRIPLA	STR	PREFERRED			YES (1/DAY)	
GENVOYA	STR	PREFERRED			YES (1/DAY)	
COMPLERA	STR	PREFERRED			YES (1/DAY)	
ODEFSEY	STR	PREFERRED			YES (1/DAY)	
STRIBILD	STR	PREFERRED			YES (1/DAY)	
TRIUMEQ	STR	PREFERRED				
ISENTRESS	INSTI	PREFERRED			YES (VARIOUS)	
TIVICAY	INSTI	PREFERRED				
EVOTAZ	PI	PREFERRED			YES (1/DAY)	
KALETRA	PI	PREFERRED			YES (VARIOUS)	
NORVIR	PI	PREFERRED			YES (VARIOUS)	
PREZCOBIX	PI	PREFERRED			YES (1/DAY)	
PREZISTA	PI	PREFERRED			YES (VARIOUS)	
REYATAZ	PI	PREFERRED			YES (VARIOUS)	
TYBOST	PKE	PREFERRED			YES (1/DAY)	AT LEAST 18 YR
EMTRIVA	PKE	PREFERRED			YES (VARIOUS)	
EPIVIR	NRTI/NIRTI	NON PREFERRED				
EPZICOM	NRTI/NIRTI	NON PREFERRED				
TRUVADA	NRTI/NIRTI	PREFERRED			YES (1/DAY)	
VIREAD	NRTI/NIRTI	PREFERRED			YES (VARIOUS)	
ZIAGEN	NRTI/NIRTI	PREFERRED			YES (VARIOUS)	
DESCOVY	NRTI/NIRTI	PREFERRED			YES (1/DAY)	
EDURANT	NNRTI	PREFERRED			YES (1/DAY)	
INTELENCE	NNRTI	PREFERRED			YES (VARIOUS)	
SUSTIVA	NNRTI	PREFERRED			YES (VARIOUS)	
SELZENTRY	NNRTI	PREFERRED			YES (VARIOUS)	
HARVONI	HEP C AGENT	NON PREFERRED				
ZEPATIER	HEP C AGENT	PREFERRED	YES		YES (1/DAY)	
EPCLUSA	HEP C AGENT	PREFERRED	YES		YES (1/DAY)	
DAKLINZA	HEP C AGENT	NON PREFERRED				
VIEKIRA	HEP C AGENT	NON PREFERRED				
SOVALDI	HEP C AGENT	NON PREFERRED				
MAVYRET	HEP C AGENT	NON PREFERRED				

# HARMONY WELLCARE

STRS PREFERRED: 6 OF 6  
 INSTI PREFERRED: 2 OF 2  
 PI PREFERRED: 5 OF 6  
 NRTI/PREFERRED: 10 OF 10

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALTY PHARMACY	QUANTITY LIMIT	NOTES
ATRIPLA	STR	PREFERRED				
GENVOYA	STR	PREFERRED			YES (31P/31D)	
COMPLERA	STR	PREFERRED				
ODEFSEY	STR	PREFERRED			YES (31P/31D)	
STRIBILD	STR	PREFERRED			YES (31P/31D)	
TRIUMEQ	STR	PREFERRED			YES (31P/31D)	3 PREFERRED ALTERNATIVE GENERICS
ISENTRESS	INSTI	PREFERRED				
TIVICAY	INSTI	PREFERRED			YES (62P/31D)	
EVOTAZ	PI	NON PREFERRED				
KALETRA	PI	PREFERRED				
NORVIR	PI	PREFERRED				
PREZCOBIX	PI	PREFERRED				
PREZISTA	PI	PREFERRED				
REYATAZ	PI	PREFERRED			YES (62P/31D)	
TYBOST	PKE	PREFERRED			YES (31P/31D)	
EMTRIVA	PKE	PREFERRED			YES (VARIOUS)	
EPIVIR	NRTI/NIRTI	PREFERRED				
EPZICOM	NRTI/NIRTI	PREFERRED			YES (31P/31D)	
TRUVADA	NRTI/NIRTI	PREFERRED			YES (VARIOUS)	
VIREAD	NRTI/NIRTI	PREFERRED				
ZIAGEN	NRTI/NIRTI	PREFERRED				
DESCOVY	NRTI/NIRTI	PREFERRED			YES (31P/31D)	
EDURANT	NNRTI	PREFERRED			YES (31P/31D)	
INTELENCE	NNRTI	PREFERRED				
SUSTIVA	NNRTI	PREFERRED				
SELZENTRY	NNRTI	PREFERRED				
HARVONI	HEP C AGENT	NON PREFERRED				
ZEPATIER	HEP C AGENT	NON PREFERRED				
EPCLUSA	HEP C AGENT	NON PREFERRED				
DAKLINZA	HEP C AGENT	NON PREFERRED				
VIEKIRA	HEP C AGENT	NON PREFERRED				
SOVALDI	HEP C AGENT	NON PREFERRED				
MAVYRET	HEP C AGENT	PREFERRED	YES			

# NEXTLEVEL

STRS PREFERRED: 6 OF 6  
 INSTI PREFERRED: 2 OF 2  
 PI PREFERRED: 6 OF 6  
 NRTI/PREFERRED: 10 OF 10

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALTY PHARMACY	QUANTITY LIMIT
ATRIPLA	STR	PREFERRED			YES (1/DAY)
GENVOYA	STR	PREFERRED			YES (1/DAY)
COMPLERA	STR	PREFERRED			YES (1/DAY)
ODEFSEY	STR	PREFERRED			
STRIBILD	STR	PREFERRED			YES (1/DAY)
TRIUMEQ	STR	PREFERRED			
ISENTRESS	INSTI	PREFERRED			YES (6/DAY)
TIVICAY	INSTI	PREFERRED			
EVOTAZ	PI	PREFERRED			YES (1/DAY)
KALETRA	PI	PREFERRED			YES (10.67 ML/DAY)
NORVIR	PI	PREFERRED			YES (12/DAY)
PREZCOBIX	PI	PREFERRED			YES (1/DAY)
PREZISTA	PI	PREFERRED			YES (12 ML/DAY)
REYATAZ	PI	PREFERRED			YES (VARIOUS)
TYBOST	PKE	PREFERRED			YES (1/DAY)
EMTRIVA	PKE	PREFERRED			YES (VARIOUS)
EPIVIR	NRTI/NIRTI	PREFERRED			YES (VARIOUS)
EPZICOM	NRTI/NIRTI	PREFERRED			YES (1/DAY)
TRUVADA	NRTI/NIRTI	PREFERRED			YES (1/DAY)
VIREAD	NRTI/NIRTI	PREFERRED			YES (VARIOUS)
ZIAGEN	NRTI/NIRTI	PREFERRED			YES (VARIOUS)
DESCOVY	NRTI/NIRTI	PREFERRED			YES (1/DAY)
EDURANT	NNRTI	PREFERRED			YES (1/DAY)
INTELENCE	NNRTI	PREFERRED			YES (VARIOUS)
SUSTIVA	NNRTI	PREFERRED			YES (VARIOUS)
SELZENTRY	NNRTI	PREFERRED			YES (VARIOUS)
HARVONI	HEP C AGENT	PREFERRED	YES	YES	
ZEPATIER	HEP C AGENT	NON PREFERRED		YES	YES (1/DAY)
EPCLUSA	HEP C AGENT	PREFERRED			YES (1/DAY)
DAKLINZA	HEP C AGENT	NON PREFERRED			
VIEKIRA	HEP C AGENT	NON PREFERRED			
SOVALDI	HEP C AGENT	PREFERRED	YES	YES	
MAVYRET	HEP C AGENT	NON PREFERRED			YES (3/DAY)



# COUNTY CARE

STRS PREFERRED: 5 OF 6  
 INSTI PREFERRED: 2 OF 2  
 PI PREFERRED: 6 OF 6  
 NRTI/PREFERRED: 7 OF 10

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALTY PHARMACY	QUANTITY LIMIT
ATRIPLA	STR	PREFERRED			YES
GENVOYA	STR	PREFERRED			
COMPLERA	STR	PREFERRED			YES
ODEFSEY	STR	NON PREFERRED			
STRIBILD	STR	PREFERRED			YES
TRIUMEQ	STR	PREFERRED			
ISENTRRESS	INSTI	PREFERRED			YES
TIVICAY	INSTI	PREFERRED			
EVOTAZ	PI	PREFERRED			
KALETRA	PI	PREFERRED			YES
NORVIR	PI	PREFERRED			YES
PREZCOBIX	PI	PREFERRED			YES
PREZISTA	PI	PREFERRED			YES
REYATAZ	PI	PREFERRED			
TYBOST	PKE	NON PREFERRED			
EMTRIVA	PKE	PREFERRED			YES
EPIVIR	NRTI/NIRTI	NON PREFERRED			
EPZICOM	NRTI/NIRTI	NON PREFERRED			
TRUVADA	NRTI/NIRTI	PREFERRED			YES
VIREAD	NRTI/NIRTI	PREFERRED			YES
ZIAGEN	NRTI/NIRTI	NON PREFERRED			
DESCOVY	NRTI/NIRTI	PREFERRED			
EDURANT	NNRTI	PREFERRED			YES
INTELENCE	NNRTI	PREFERRED			YES
SUSTIVA	NNRTI	PREFERRED			YES
SELZENTRY	NNRTI	PREFERRED			YES
HARVONI	HEP C AGENT	PREFERRED	YES	YES	
ZEPATIER	HEP C AGENT	PREFERRED	YES	YES	
EPCLUSA	HEP C AGENT	PREFERRED	YES	YES	
DAKLINZA	HEP C AGENT	NON PREFERRED			
VIEKIRA	HEP C AGENT	NON PREFERRED			
SOVALDI	HEP C AGENT	NON PREFERRED			
MAVYRET	HEP C AGENT	NON PREFERRED			

SOURCE: [HTTP://WWW.COUNTYCARE.COM/PDL](http://www.countycare.com/pdl)  
 DATE ACCESSED FOR ALL: 3/20/18  
 EFFECTIVE DATES: NOT STATED

\*COOK COUNTY ONLY

Information collected by AIDS Foundation of Chicago, March 2018. Contact Daniel Frey, [dfrey@aidschicago.org](mailto:dfrey@aidschicago.org).

**DISCLAIMER:** To help people with HIV choose Medicaid health insurance plans, the AIDS Foundation of Chicago (AFC) has collected information on HIV and Hepatitis C medications. Keep in mind: Do not rely solely on the information in this document to choose a plan – it is only a guide. Consult a trained enrollment assister for help in selecting a plan. You can reach AFC’s navigators at 312-784-9060. Always verify medication coverage directly with a plan before enrolling. Insurance companies can change their coverage without notifying consumers.