

2020 ILLINOIS MEDICAID COVERAGE OF HIV AND HEPATITIS B & C MEDICATIONS



January 2020

Plan	STR	INSTI	PI	NRTI	HEP B	HEP C
Fee For Service	10 of 13	3 of 3	2 of 4	7 of 8	1 of 4	2 of 10
BCBS	10 of 13	3 of 3	2 of 4	7 of 8	1 of 4	2 of 10
Meridian	10 of 13	3 of 3	2 of 4	7 of 8	2 of 4	2 of 10
Molina	10 of 13	3 of 3	2 of 4	7 of 8	1 of 4	1 of 10
Illinicare	10 of 13	3 of 3	2 of 4	7 of 8	1 of 4	2 of 10
NextLevel	10 of 13	3 of 3	2 of 4	7 of 8	2 of 4	1 of 10
County Care	13 of 13	3 of 3	4 of 4	8 of 8	1 of 4	4 of 10

Information collected by AIDS Foundation of Chicago, January 2020. Contact Meg McElroy, mmcelroy@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 B & 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 notification.

UNIFORM PDL: As of Jan. 1, 2020, prescription drug coverage has changed in Illinois. Every Medicaid plan in the state has to cover the same drugs outlined on the Uniform Preferred Drug List (PDL). This transition means some medications might not be covered. If someone is taking a medication now, which is not covered on the new formulary, they may keep taking it for one year. Coverage may be renewed after that year (this is called “grandfathering”). Only certain drug classes will be considered for grandfathering, of which HIV, Hepatitis B & C medications are all able to be grandfathered. Individuals new to Medicaid, those having a gap in coverage, or switching to a different managed care plan, will have to take one of the medications on the Uniform PDL. However, health care provider may be able to get exceptions if there is special medical need. Managed care plans are allowed to have their own rules about how people can access medications, called utilization management policies. For example, there might be different limits on the number of pills per drug per month. Plans might require a provider get permission (also known as prior authorization) before prescribing specific medication. If the health plan’s policy is less restrictive than the Illinois Medicaid fee-for-service policy, this is allowable.

GENERIC DRUGS: Generic drugs have the same active ingredient and work the same as brand name drugs. When generic drugs are available, the brand name drug may not be covered. Please be sure to discuss your medication needs with your medical provider or pharmacist.

SPECIALTY DRUGS & PHARMACY: Some medications listed are considered specialty drugs. Many, if not all, of these drugs will require prior authorization from your provider. Additionally, specialty drugs may require use of a specialty pharmacy. Please be sure to discuss your specific medication needs with your care providers.

FEE FOR SERVICE

STRS PREFERRED: 10 of 13
 INSTI PREFERRED: 3 of 3
 PI PREFERRED: 2 of 4
 NRTI/PREFERRED: 7 of 8

KEY: **NEWLY REVIEWED** **NON-PREFERRED TO PREFERRED** **PREFERRED TO NON-PREFERRED** **GENERIC IS PREFERRED**

DRUG NAME	CATEGORY	PREFERRED/ NON-PREFERRED	REQUIRES PRIOR AUTH.	SPECIALTY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred				
Biktarvy	STR	Preferred				
Complera	STR	Preferred				
Delstrigo	STR	Preferred				
Dovato	STR	Preferred				
Genvoya	STR	Preferred				
Juluca	STR	Non Preferred				
Odefsey	STR	Preferred				
Stribild	STR	Non Preferred				
Symfi	STR	Preferred				
Symfi Lo	STR	Preferred				
Symtuza	STR	Non Preferred				
Triumeq	STR	Preferred				
Isentress	INSTI	Preferred				
Isentress HD	INSTI	Preferred				
Tivicay	INSTI	Preferred				
Evotaz	PI	Non Preferred				
Prezcobix	PI	Non Preferred				
Prezista	PI	Preferred				
Reyataz	PI	Preferred				
Trogarzo	AI	Preferred	Yes			
Norvir	PKE	Preferred				
Tybost	PKE	Non Preferred				
Cimduo	NRTI/NtRTI	Non Preferred				
Descovy	NRTI/NtRTI	Preferred				
Emtriva	NRTI/NtRTI	Preferred				
Epivir	NRTI/NtRTI	Non Preferred				
<i>lamivudine</i> (generic Epivir)	NRTI/NtRTI	Generic is Preferred				
Epzicom	NRTI/NtRTI	Non Preferred				
<i>abacavir/lamivudine</i> (generic Epzicom)	NRTI/NtRTI	Generic is Preferred				
Truvada	NRTI/NtRTI	Preferred				
Viread	NRTI/NtRTI	Preferred				
Ziagen	NRTI/NtRTI	Preferred- See Notes				Ziagen Sol 20MG/ML is Preferred, Ziagen Tab 300MG is Non Preferred
Edurant	NNRTI	Preferred				
Intelence	NNRTI	Preferred				
Selzentry	NNRTI	Non Preferred				
Sustiva	NNRTI	Preferred				
Baraclude	Hep B Agent	Non Preferred				
Epivir-HBV	Hep B Agent	Non Preferred				
<i>lamivudine</i> (generic Epivir-HBV)	Hep B Agent	Generic is Preferred				
Hepsera	Hep B Agent	Non Preferred				
Vemlidy	Hep B Agent	Non Preferred				
Daklinza	Hep C Agent	Non Preferred				
Epclusa	Hep C Agent	Non Preferred				
<i>sofosbuvir/velpatasvir</i> (generic Epclusa)	Hep C Agent	Generic is Preferred	Yes			
Harvoni	Hep C Agent	Non Preferred				
Mavyret	Hep C Agent	Preferred	Yes			
Olysio	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Non Preferred				
Technivie	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred				
Vosevi	Hep C Agent	Non Preferred				
Zepatier	Hep C Agent	Non Preferred				

Source

<https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/preferred/Pages/default.aspx>
<https://www.illinois.gov/hfs/SiteCollectionDocuments/01012020PDLFinalUpdated01032020.pdf>

Preferred Drug List Updated
 January 3, 2020

KEY: **NEWLY REVIEWED** **NON-PREFERRED TO PREFERRED** **PREFERRED TO NON-PREFERRED** **GENERIC IS PREFERRED**

DRUG NAME	CATEGORY	PREFERRED/ PREFERRED	NON-	REQUIRES PRIOR AUTH.	SPECIALTY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred				Yes, 30/30 days	
Biktarvy	STR	Preferred				Yes, 30/30 days	
Complera	STR	Preferred				Yes, 30/30 days	
Delstrigo	STR	Preferred				Yes, 30/30 days	
Dovato	STR	Preferred				Yes, 30/30 days	
Genvoya	STR	Preferred				Yes, 30/30 days	
Juluca	STR	Non Preferred		Yes		Yes, 30/30 days	
Odefsey	STR	Preferred				Yes, 30/30 days	
Stribild	STR	Non Preferred		Yes		Yes, 30/30 days	
Symfi	STR	Preferred				Yes, 30/30 days	
Symfi Lo	STR	Preferred				Yes, 30/30 days	
Symtuza	STR	Non Preferred		Yes		Yes, 30/30 days	
Triumeq	STR	Preferred				Yes, 30/30 days	
Isentress	INSTI	Preferred				Yes, Various	
Isentress HD	INSTI	Preferred				Yes, 60/30 days	
Tivicay	INSTI	Preferred				Yes, 60/30 days	
Evotaz	PI	Non Preferred		Yes		Yes, 30/30 days	
Prezcobix	PI	Non Preferred		Yes		Yes, 30/30 days	
Prezista	PI	Preferred				Yes, Various	
Reyataz	PI	Preferred				Yes, Various	
Trogarzo	AI	Non Preferred					
Norvir	PKE	Preferred				Yes, Various	
Tybost	PKE	Non Preferred		Yes		Yes, 30/30 days	
Cimduo	NRTI/NtRTI	Non Preferred		Yes		Yes, 30/30 days	
Descovy	NRTI/NtRTI	Preferred				Yes, 30/30 days	
Emtriva	NRTI/NtRTI	Preferred				Yes, Various	
Epivir	NRTI/NtRTI	Non Preferred		Yes		Yes, Various	
<i>lamivudine</i> (generic Epivir)	NRTI/NtRTI	Generic is Preferred				Yes, Various	
Epzicom	NRTI/NtRTI	Non Preferred		Yes		Yes, 30/30 days	
<i>abacavir/lamivudine</i> (generic Epzicom)	NRTI/NtRTI	Generic is Preferred				Yes, 30/30 day	
Truvada	NRTI/NtRTI	Preferred				Yes, 30/30 day	
Viread	NRTI/NtRTI	Preferred				Yes, Various	
Ziagen	NRTI/NtRTI	Preferred- See Notes				Yes, Various	Solution preferred, all other generic is preferred
<i>abacavir sulfate</i> (generic Ziagen)	NRTI/NtRTI	Generic is Preferred				Yes, Various	
Edurant	NNRTI	Preferred				Yes, 30/30 day	
Intelence	NNRTI	Preferred				Yes, Various	
Selzentry	NNRTI	Non Preferred		Yes		Yes, Various	
Sustiva	NNRTI	Preferred				Yes, Various	
Baraclude	Hep B Agent	Non Preferred		Yes			
<i>entecavir</i> (generic Baraclude)	Hep B Agent	Generic is Preferred					
Epivir-HBV	Hep B Agent	Non Preferred		Yes			
<i>lamivudine</i> (generic Epivir-HBV)	Hep B Agent	Non Preferred		Yes			
Hepsera	Hep B Agent	Non Preferred		Yes			
Vemlidy	Hep B Agent	Non Preferred		Yes			
Daklinza	Hep C Agent	Non Preferred					
Epclusa	Hep C Agent	Non Preferred		Yes	Yes		
<i>sofosbuvir/velpatasvir</i> (generic Epclusa)	Hep C Agent	Generic is Preferred		Yes	Yes		
Harvoni	Hep C Agent	Non Preferred		Yes	Yes		
Mavyret	Hep C Agent	Preferred		Yes	Yes		
Olysio	Hep C Agent	Non Preferred					
Sovaldi	Hep C Agent	Non Preferred		Yes	Yes		
Technivie	Hep C Agent	Non Preferred					
Viekira	Hep C Agent	Non Preferred		Yes	Yes		
Vosevi	Hep C Agent	Non Preferred		Yes	Yes		
Zepatier	Hep C Agent	Non Preferred		Yes	Yes		

Source

<https://enrollhfs.illinois.gov/choose/plans-by-county/cook>
https://www.bcbsil.com/bcchp/pdf/bcchp_drug_list_il.pdf

Preferred Drug List Updated
 January 1, 2020

MERIDIAN

STRS PREFERRED: 10 of 13
 INSTI PREFERRED: 3 of 3
 PI PREFERRED: 2 of 4
 NRTI/PREFERRED: 7 of 8

KEY: **NEWLY REVIEWED** **NON-PREFERRED TO PREFERRED** **PREFERRED TO NON-PREFERRED** **GENERIC IS PREFERRED**

DRUG NAME	CATEGORY	PREFERRED/ NON-PREFERRED	REQUIRES PRIOR AUTH.	SPECIALTY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred				
Biktarvy	STR	Preferred				
Complera	STR	Preferred				
Delstrigo	STR	Preferred				
Dovato	STR	Preferred				
Genvoya	STR	Preferred				
Juluca	STR	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Odefsey	STR	Preferred				
Stribild	STR	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Symfi	STR	Preferred				
Symfi Lo	STR	Preferred				
Symtuza	STR	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Triumeq	STR	Preferred				
Isentress	INSTI	Preferred				
Isentress HD	INSTI	Preferred				
Tivicay	INSTI	Preferred				
Evotaz	PI	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Prezcobix	PI	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Prezista	PI	Preferred				
Reyataz	PI	Preferred				
Trogarzo	AI	Preferred	Yes			
Norvir	PKE	Preferred				
Tybost	PKE	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Cimduo	NRTI/NtRTI	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Descovy	NRTI/NtRTI	Preferred				
Emtriva	NRTI/NtRTI	Preferred				
Epivir	NRTI/NtRTI	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
<i>lamivudine</i> (generic Epivir)	NRTI/NtRTI	Generic is Preferred				
Epzicom	NRTI/NtRTI	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
<i>abacavir/lamivudine</i> (generic Epzicom)	NRTI/NtRTI	Generic is Preferred				
Truvada	NRTI/NtRTI	Preferred				
Viread	NRTI/NtRTI	Preferred				
Ziagen	NRTI/NtRTI	Preferred- See Notes	Yes		Yes, Various	Ziagen Sol 20MG/ML is Preferred, Ziagen Tab 300MG is Non Preferred
<i>abacavir sulfate</i> (generic Ziagen)	NRTI/NtRTI	Generic is Preferred			Yes, 60/30 days	
Edurant	NNRTI	Preferred				
Intelence	NNRTI	Preferred				
Selzentry	NNRTI	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Sustiva	NNRTI	Preferred				
Baraclude	Hep B Agent	Non Preferred	Yes	Yes		Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
<i>entecavir</i> (generic Baraclude)	Hep B Agent	Generic is Preferred				
Epivir-HBV	Hep B Agent	Non Preferred	Yes			Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
<i>lamivudine</i> (generic Epivir-HBV)	Hep B Agent	Generic is Preferred				
Hepsera	Hep B Agent	Non Preferred	Yes	Yes		Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Vemlidy	Hep B Agent	Non Preferred	Yes	Yes		Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Daklinza	Hep C Agent	Non Preferred				
Epclusa	Hep C Agent	Non Preferred	Yes	Yes		Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
<i>sofosbuvir/velpatasvir</i> (generic Epclusa)	Hep C Agent	Generic is Preferred	Yes			
Harvoni	Hep C Agent	Non Preferred	Yes	Yes		Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Mavyret	Hep C Agent	Preferred	Yes	Yes		
Olysio	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Non Preferred	Yes	Yes		Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Technivie	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred	Yes	Yes		Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Vosevi	Hep C Agent	Non Preferred	Yes	Yes		Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.
Zepatier	Hep C Agent	Non Preferred	Yes	Yes		Active members utilizing this agent may be subject to ongoing coverage of their current dosage and/or therapeutic regimen.

Source
<https://enrollhfs.illinois.gov/choose/plans-by-county/cook>
<https://corp.mhplan.com/en/member/illinois/meridianhealthplan/pharmacy/pharmacy-benefits/formulary>

Preferred Drug List Updated
 January 1, 2020

MOLINA

STRS PREFERRED: 10 of 13
 INSTI PREFERRED: 3 of 3
 PI PREFERRED: 2 of 4
 NRTI/PREFERRED: 7 of 8

KEY: **NEWLY REVIEWED** **NON-PREFERRED TO PREFERRED** **PREFERRED TO NON-PREFERRED** **GENERIC IS PREFERRED**

DRUG NAME	CATEGORY	PREFERRED/ NON-PREFERRED	REQUIRES PRIOR AUTH.	SPECIALTY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred				
Biktarvy	STR	Preferred			Yes, 30/30 days	
Complera	STR	Preferred			Yes, 30/30 days	
Delstrigo	STR	Preferred				
Dovato	STR	Preferred			Yes, 30/30 days	
Genvoya	STR	Preferred			Yes, 30/30 days	
Juluca	STR	Non Preferred	Yes		Yes, 30/30 days	
Odefsey	STR	Preferred			Yes, 30/30 days	
Stribild	STR	Non Preferred	Yes		Yes, 30/30 days	
Symfi	STR	Preferred			Yes, 30/30 days	
Symfi Lo	STR	Preferred			Yes, 30/30 days	
Symtuza	STR	Non Preferred	Yes			
Triumeq	STR	Preferred			Yes, 30/30 days	
Isentress	INSTI	Preferred			Yes, Various	
Isentress HD	INSTI	Preferred			Yes, 60/30 days	
Tivicay	INSTI	Preferred			Yes, Various	
Evotaz	PI	Non Preferred	Yes		Yes, 30/30 days	
Prezcobix	PI	Non Preferred	Yes		Yes, 30/30 days	
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Preferred			Yes, Various	
Trogarzo	AI	Preferred	Yes	Yes		
Norvir	PKE	Preferred			Yes, Various	
Tybost	PKE	Non Preferred	Yes			
Cimduo	NRTI/NtRTI	Non Preferred	Yes		Yes, 30/30 days	
Descovy	NRTI/NtRTI	Preferred			Yes, 30/30 days	
Emtriva	NRTI/NtRTI	Preferred			Yes, Various	
Epivir	NRTI/NtRTI	Non Preferred	Yes		Yes, Various	
<i>lamivudine</i> (generic Epivir)	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Epzicom	NRTI/NtRTI	Non Preferred	Yes		Yes, 30/30 days	
<i>abacavir/lamivudine</i> (generic Epzicom)	NRTI/NtRTI	Generic is Preferred			Yes, 30/30 days	
Truvada	NRTI/NtRTI	Preferred			Yes, 30/30 days	
Viread	NRTI/NtRTI	Preferred			Yes, Various	
Ziagen	NRTI/NtRTI	Preferred- See Notes	Yes		Yes, 30mL/day	Solution is preferred, all others use generic
<i>abacavir sulfate</i> (generic Ziagen)	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Edurant	NNRTI	Preferred			Yes, 30/30 days	
Intelence	NNRTI	Preferred			Yes, Various	
Selzentry	NNRTI	Non Preferred	Yes		Yes, Various	
Sustiva	NNRTI	Preferred			Yes, Various	
Baraclude	Hep B Agent	Non Preferred	Yes		Yes, Various	
<i>entecavir</i> (generic Baraclude)	Hep B Agent	Generic is Preferred			Yes, 30/30 days	
Epivir-HBV	Hep B Agent	Non Preferred	Yes		Yes, Various	
<i>lamivudine</i> (generic Epivir-HBV)	Hep B Agent	Non Preferred	Yes		Yes, 90/30 days	
Hepsera	Hep B Agent	Non Preferred	Yes		Yes, 30/30 days	
<i>adefovir dipivoxil</i> (generic Hepsera)	Hep B Agent	Non Preferred	Yes		Yes, 30/30 days	
Vemlidy	Hep B Agent	Non Preferred	Yes			
Daklinza	Hep C Agent	Non Preferred				
Epclusa	Hep C Agent	Non Preferred	Yes	Yes	Yes, 30/30 days	
Harvoni	Hep C Agent	Non Preferred	Yes	Yes	Yes, Various	
Mavyret	Hep C Agent	Preferred	Yes	Yes		
Olysio	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Non Preferred	Yes	Yes	Yes, 30/30 days	
Technivie	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred	Yes	Yes		
Vosevi	Hep C Agent	Non Preferred	Yes	Yes	Yes, 30/30 days	
Zepatier	Hep C Agent	Non Preferred	Yes	Yes	Yes, 30/30 days	

Source
<https://enrollhfs.illinois.gov/choose/plans-by-county/cook>
[https://www.molinahealthcare.com/members/il/en-US/PDF/Medicaid/Molina-IL-2308-0120-120519\(41\)-fmt-sec.pdf](https://www.molinahealthcare.com/members/il/en-US/PDF/Medicaid/Molina-IL-2308-0120-120519(41)-fmt-sec.pdf)

Preferred Drug List Updated
 January 1, 2020

ILLINICARE

STRS PREFERRED: 10 of 13
 INSTI PREFERRED: 3 of 3
 PI PREFERRED: 2 of 4
 NRTI/PREFERRED: 7 of 8

KEY: **NEWLY REVIEWED** **NON-PREFERRED TO PREFERRED** **PREFERRED TO NON-PREFERRED** **GENERIC IS PREFERRED**

DRUG NAME	CATEGORY	PREFERRED/ NON-PREFERRED	REQUIRES PRIOR AUTH.	SPECIALTY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred				
Biktarvy	STR	Preferred				
Complera	STR	Preferred				
Delstrigo	STR	Preferred				
Dovato	STR	Preferred				
Genvoya	STR	Preferred				
Juluca	STR	Non Preferred				
Odefsey	STR	Preferred				
Stribild	STR	Non Preferred				
Symfi	STR	Preferred				
Symfi Lo	STR	Preferred				
Symtuza	STR	Non Preferred				
Triumeq	STR	Preferred				
Isentress	INSTI	Preferred				
Isentress HD	INSTI	Preferred				
Tivicay	INSTI	Preferred				
Evotaz	PI	Non Preferred				
Prezcobix	PI	Non Preferred				
Prezista	PI	Preferred				
Reyataz	PI	Preferred				
Trogarzo	AI	Preferred				
Norvir	PKE	Preferred				
Tybost	PKE	Non Preferred				
Cimduo	NRTI/NtRTI	Non Preferred				
Descovy	NRTI/NtRTI	Preferred				
Emtriva	NRTI/NtRTI	Preferred				
Epivir	NRTI/NtRTI	Non Preferred				
<i>lamivudine</i> (generic Epivir)	NRTI/NtRTI	Generic is Preferred				
Epzicom	NRTI/NtRTI	Non Preferred				
<i>abacavir/lamivudine</i> (generic Epzicom)	NRTI/NtRTI	Generic is Preferred				
Truvada	NRTI/NtRTI	Preferred				
Viread	NRTI/NtRTI	Preferred				
Ziagen	NRTI/NtRTI	Preferred-See Notes				Solution is preferred, all other generic is preferred
<i>abacavir sulfate</i> (generic Ziagen)	NRTI/NtRTI	Generic is Preferred				
Edurant	NNRTI	Preferred				
Intelence	NNRTI	Preferred				
Selzentry	NNRTI	Non Preferred				
Sustiva	NNRTI	Preferred				
Baraclude	Hep B Agent	Non Preferred				
<i>entecavir</i> (generic Baraclude)	Hep B Agent	Generic is Preferred				
Epivir-HBV	Hep B Agent	Non Preferred				
<i>lamivudine</i> (generic Epivir-HBV)	Hep B Agent	Non Preferred				
Hepsera	Hep B Agent	Non Preferred				
Vemlidy	Hep B Agent	Non Preferred				
Daklinza	Hep C Agent	Non Preferred				
Epclusa	Hep C Agent	Non Preferred				
<i>sofosbuvir/velpatasvir</i> (generic Epclusa)	Hep C Agent	Generic is Preferred				
Harvoni	Hep C Agent	Non Preferred				
Mavyret	Hep C Agent	Preferred				
Olysio	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Non Preferred				
<i>sofosbuvir</i> (generic Sovaldi)	Hep C Agent	Non Preferred				
Technivie	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred				
Vosevi	Hep C Agent	Non Preferred				
Zepatier	Hep C Agent	Non Preferred				

Source

<https://enrollhfs.illinois.gov/choose/plans-by-county/cook>

<https://pharmacy.envolvehealth.com/content/dam/centene/envolve-pharmacy-solutions/pdfs/PDL/FORMULARY-IllinicareHealth.pdf>

Preferred Drug List Updated

January 1, 2020

KEY: NEWLY REVIEWED NON-PREFERRED TO PREFERRED PREFERRED TO NON-PREFERRED GENERIC IS PREFERRED

DRUG NAME	CATEGORY	PREFERRED/ NON-PREFERRED	REQUIRES PRIOR AUTH.	SPECIALTY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred			Yes, 1/day	
Biktarvy	STR	Preferred			Yes, 1/day	
Complera	STR	Preferred			Yes, 1/day	Step Therapy- requires attempt with first-line drug prior to prescription
Delstrigo	STR	Preferred			Yes, 1/day	
Dovato	STR	Preferred				
Genvoya	STR	Preferred			Yes, 1/day	
Juluca	STR	Non Preferred				
Odefsey	STR	Preferred				
Stribild	STR	Non Preferred				
Symfi	STR	Preferred			Yes, 1/day	
Symfi Lo	STR	Preferred				
Symtuza	STR	Non Preferred				
Triumeq	STR	Preferred				
Isentress	INSTI	Preferred			Yes, Various	
Isentress HD	INSTI	Preferred			Yes, 2/day	
Tivicay	INSTI	Preferred				
Evotaz	PI	Non Preferred				
Prezcobix	PI	Non Preferred				
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Preferred- See Notes			Yes, 6/day	Only Reyataz Pack 50 mg is preferred, all other use generic.
atazanavir sulfate (generic Reyataz)	PI	Generic is Preferred			Yes, 2/day	
Trogarzo	AI	Preferred	Yes			
Norvir	PKE	Preferred- See Notes			Yes, Various	Capsules, pack, and solution is preferred, all other use generic.
ritonavir (generic Norvir)	PKE	Generic is Preferred			Yes, 12/day	
Tybost	PKE	Non Preferred				
Cimduo	NRTI/NtRTI	Non Preferred				
Descovy	NRTI/NtRTI	Preferred			Yes, 1/day	
Emtriva	NRTI/NtRTI	Preferred			Yes, Various	
Epivir	NRTI/NtRTI	Non Preferred				
lamivudine (generic Epivir)	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Epzicom	NRTI/NtRTI	Non Preferred				
abacavir/lamivudine (generic Epzicom)	NRTI/NtRTI	Generic is Preferred			Yes, 1/day	
Truvada	NRTI/NtRTI	Preferred			Yes, 1/day	
Viread	NRTI/NtRTI	Preferred- See Notes			Yes, Various	150mg, 200mg, 250mg, & powder are preferred, all other use generic.
tenofovir disoproxil fumarate (generic Viread)	NRTI/NtRTI	Generic is Preferred			Yes, 1/day	
Ziagen	NRTI/NtRTI	Non Preferred				
abacavir sulfate (generic Ziagen)	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Edurant	NNRTI	Preferred			Yes, 1/day	
Intelence	NNRTI	Preferred			Yes, Various	
Selzentry	NNRTI	Non Preferred				
Sustiva	NNRTI	Non Preferred				
efavirenz (generic Sustiva)	NNRTI	Generic is Preferred			Yes, Various	
Baraclude	Hep B Agent	Non Preferred				
entecavir (generic Baraclude)	Hep B Agent	Generic is Preferred				
Epivir-HBV	Hep B Agent	Non Preferred				
lamivudine (generic Epivir-HBV)	Hep B Agent	Generic is Preferred			Yes, Various	
Hepsera	Hep B Agent	Non Preferred				
Vemlidy	Hep B Agent	Non Preferred				
Daklinza	Hep C Agent	Non Preferred				
Epclusa	Hep C Agent	Non Preferred				
Harvoni	Hep C Agent	Non Preferred				
Mavyret	Hep C Agent	Preferred	Yes	Yes	Yes, 3/day	Specialty Drug
Olysio	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Non Preferred				
Technivie	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred				
Vosevi	Hep C Agent	Non Preferred				
Zepatier	Hep C Agent	Non Preferred				

Source
<https://enrollhfs.illinois.gov/choose/plans-by-county/cook>
<https://nextlevelhealthil.com/pdl/>

Preferred Drug List Updated
 January 1, 2020

COUNTY CARE

STRS PREFERRED: 13 of 13
 INSTI PREFERRED: 3 of 3
 PI PREFERRED: 4 of 4
 NRTI/PREFERRED: 8 of 8

KEY: **NEWLY REVIEWED** **NON-PREFERRED TO PREFERRED** **PREFERRED TO NON-PREFERRED** **GENERIC IS PREFERRED**

DRUG NAME	CATEGORY	PREFERRED/ NON-PREFERRED	REQUIRES PRIOR AUTH.	SPECIALTY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred			Yes, 1/day	
Biktarvy	STR	Preferred			Yes, 1/day	
Complera	STR	Preferred			Yes, 1/day	
Delstrigo	STR	Preferred				
Dovato	STR	Preferred			Yes, 1/day	
Genvoya	STR	Preferred				
Juluca	STR	Preferred				
Odefsey	STR	Preferred				
Stribild	STR	Preferred			Yes, 1/day	
Symfi	STR	Preferred				
Symfi Lo	STR	Preferred				
Symtuza	STR	Preferred				
Triumeq	STR	Preferred				
Isentress	INSTI	Preferred			Yes, 2/day	
Isentress HD	INSTI	Preferred				
Tivicay	INSTI	Preferred				
Evotaz	PI	Preferred				
Prezcobix	PI	Preferred				
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Preferred			Yes, Various	
<i>atazanavir sulfate</i> (generic Reyataz)	PI	Generic is Preferred			Yes, Various	
Trogarzo	AI	Preferred	Yes			
Norvir	PKE	Preferred- See Notes			Yes, 480 ML/30 days	Solution is preferred, all other use generic.
<i>ritonavir</i> (generic Norvir)	PKE	Generic is Preferred			Yes, 12/day	
Tybost	PKE	Preferred				
Cimduo	NRTI/NtRTI	Preferred				
Descovy	NRTI/NtRTI	Preferred				
Emtriva	NRTI/NtRTI	Preferred			Yes, Various	
Epivir	NRTI/NtRTI	Non Preferred				
<i>lamivudine</i> (generic Epivir)	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Epzicom	NRTI/NtRTI	Non Preferred				
<i>abacavir/lamivudine</i> (generic Epzicom)	NRTI/NtRTI	Generic is Preferred			Yes, 1/day	
Truvada	NRTI/NtRTI	Preferred			Yes, 1/day	
Viread	NRTI/NtRTI	Preferred- See Notes			Yes, Various	150mg, 200mg, 250mg, & powder are preferred, all other use generic.
<i>tenofovir disoproxil fumarate</i> (generic Viread)	NRTI/NtRTI	Generic is Preferred			Yes, 1/day	
Ziagen	NRTI/NtRTI	Non Preferred				
<i>abacavir sulfate</i> (generic Ziagen)	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Edurant	NNRTI	Preferred			Yes, 1/day	
Intelence	NNRTI	Preferred			Yes, Various	
Selzentry	NNRTI	Preferred			Yes, Various	
Sustiva	NNRTI	Preferred				
<i>efavirenz</i> (generic Sustiva)	NNRTI	Generic is Preferred				
Baraclude	Hep B Agent	Non Preferred				
Epivir-HBV	Hep B Agent	Non Preferred				
<i>lamivudine</i> (generic Epivir-HBV)	Hep B Agent	Generic is Preferred			Yes, Various	
Hepsera	Hep B Agent	Non Preferred				
Vemlidy	Hep B Agent	Non Preferred				
Daklinza	Hep C Agent	Non Preferred				
Epclusa	Hep C Agent	Preferred	Yes	Yes		Specialty Drug
Harvoni	Hep C Agent	Non Preferred				
<i>ledipasvir-sofosbuvir</i> (generic Harvoni)	Hep C Agent	Generic is Preferred	Yes	Yes		Specialty Drug
Mavyret	Hep C Agent	Preferred	Yes	Yes		Specialty Drug
Olysio	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Non Preferred				
Technivie	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred				
Vosevi	Hep C Agent	Non Preferred				
Zepatier	Hep C Agent	Preferred	Yes	Yes		Specialty Drug

Source
<https://enrollhfs.illinois.gov/choose/plans-by-county/cook>
<http://www.countycare.com/pdl>

Preferred Drug List Updated
 January 1, 2020