

2019 ILLINOIS MEDICAID COVERAGE OF HIV AND HEPATITIS B & C MEDICATIONS

AIDS
FOUNDATION
OF CHICAGO

July 2019

Plan	STR	INSTI	PI	NRTI	HEP B	HEP C
Fee For Service	8 of 13	3 of 3	2 of 4	7 of 8	1 of 4	2 of 10
BCBS	3 of 13	3 of 3	2 of 4	7 of 8	2 of 4	2 of 10
Meridian	10 of 13	2 of 3	3 of 4	7 of 8	2 of 4	1 of 10
Molina	9 of 13	3 of 3	4 of 4	8 of 8	2 of 4	5 of 10
Illini Care	12 of 13	3 of 3	4 of 4	8 of 8	1 of 4	2 of 10
NextLevel	12 of 13	3 of 3	4 of 4	8 of 8	1 of 4	2 of 10
County Care	12 of 13	2 of 3	4 of 4	8 of 8	1 of 4	4 of 10

Information collected by AIDS Foundation of Chicago, July 2019. 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 notifying consumers.

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 specific 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: 8 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	Non 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	Non 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
Eduvant	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	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/PDLFinal.pdf>

Preferred Drug List Updated

July 1, 2019

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, 30/30 days	
Biktarvy	STR	Preferred			Yes, 30/30 days	
Complera	STR	Non Preferred				
Delstrigo	STR	Non Preferred				
Dovato	STR	Non Preferred				
Genvoya	STR	Preferred			Yes, 30/30 days	
Juluca	STR	Non Preferred				
Odefsey	STR	Non Preferred				
Stribild	STR	Non Preferred				
Symfi	STR	Non Preferred				
Symfi Lo	STR	Non Preferred				
Symtuza	STR	Non Preferred				
Triumeq	STR	Non Preferred				
Isentress	INSTI	Preferred			Yes, Various	
Isentress HD	INSTI	Preferred			Yes, 60/30 days	
Tivicay	INSTI	Preferred			Yes, 60/30 days	
Evotaz	PI	Non Preferred				
Prezcobix	PI	Non Preferred				
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Preferred			Yes, 240/30 days	
Trogarzo	AI	Non Preferred				
Norvir	PKE	Preferred- See Notes			Yes, 2 bottles/30 days	Solution is preferred, all other use generic.
ritonavir (generic Norvir)	PKE	Generic is Preferred			Yes, 180 tablets/30 days	
Tybost	PKE	Non Preferred				
Cimduo	NRTI/NtRTI	Non Preferred				
Descovy	NRTI/NtRTI	Preferred			Yes, 30/30 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, 30/30 day	
Truvada	NRTI/NtRTI	Preferred			Yes, 30/30 day	
Viread	NRTI/NtRTI	Preferred			Yes, Various	
Ziagen	NRTI/NtRTI	Non Preferred				
abacavir sulfate (generic Ziagen)	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Edurant	NNRTI	Preferred			Yes, 30/30 day	
Intelence	NNRTI	Preferred			Yes, Various	
Selzentry	NNRTI	Preferred			Yes, Various	
Sustiva	NNRTI	Non Preferred				
efavirenz (generic Sustiva)	NNRTI	Generic is Preferred			Yes, Various	
Baraclude	Hep B Agent	Preferred				
Epivir-HBV	Hep B Agent	Non Preferred				
lamivudine (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				
Harvoni	Hep C Agent	Non Preferred				
Mavyret	Hep C Agent	Preferred	Yes	Yes		
Olysio	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Preferred	Yes	Yes		
Technivie	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred				
Vosevi	Hep C Agent	Non Preferred				
Zepatier	Hep C Agent	Non Preferred				

MERIDIAN

STRS PREFERRED: 10 of 13
 INSTI PREFERRED: 2 of 3
 PI PREFERRED: 3 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				
<i>Biktarvy</i>	STR	Preferred				
Complera	STR	Preferred				
<i>Delstrigo</i>	STR	Preferred				
<i>Dovato</i>	STR	Non Preferred				
Genvoya	STR	Preferred				
<i>Juluca</i>	STR	Preferred	Yes			
Odefsey	STR	Preferred				
Stribild	STR	Preferred				
Symfi	STR	Non Preferred				
Symfi Lo	STR	Non Preferred				
<i>Symtuza</i>	STR	Preferred	Yes			
Triumeq	STR	Preferred				
Isentress	INSTI	Preferred				
<i>Isentress HD</i>	INSTI	Non Preferred				
Tivicay	INSTI	Preferred				
Evotaz	PI	Non Preferred				
<i>Prezcobix</i>	PI	Preferred				
Prezista	PI	Preferred				
Reyataz	PI	Preferred				
<i>Trogarzo</i>	AI	Non Preferred				
Norvir	PKE	Non Preferred				
<i>ritonavir</i> (generic <i>Norvir</i>)	PKE	Generic is Preferred				
Tybost	PKE	Non Preferred				
<i>Cimduo</i>	NRTI/NtRTI	Non Preferred				
<i>Descovy</i>	NRTI/NtRTI	Preferred				
Emtriva	NRTI/NtRTI	Preferred				
Epivir	NRTI/NtRTI	Preferred				
Epzicom	NRTI/NtRTI	Non Preferred				
<i>abacavir/lamivudine</i> (generic <i>Epzicom</i>)	NRTI/NtRTI	Generic is Preferred				
Truvada	NRTI/NtRTI	Preferred				
Viread	NRTI/NtRTI	Non Preferred				
<i>tenofovir disoproxil fumarate</i> (generic <i>Viread</i>)	NRTI/NtRTI	Generic is Preferred				
Ziagen	NRTI/NtRTI	Preferred			Yes, Various	
Edurant	NNRTI	Preferred				
Intelence	NNRTI	Preferred				
Selzentry	NNRTI	Preferred				
Sustiva	NNRTI	Non Preferred				
<i>efavirenz</i> (generic <i>Sustiva</i>)	NNRTI	Generic is Preferred	Yes			
<i>Baraclude</i>	Hep B Agent	Non Preferred				
<i>entecavir</i> (generic <i>Baraclude</i>)	Hep B Agent	Generic is Preferred				
<i>Epivir-HBV</i> <i>lamivudine</i> (generic <i>Epivir-HBV</i>)	Hep B Agent	Non Preferred				
<i>Hepsera</i>	Hep B Agent	Non Preferred				
<i>Vemlidy</i>	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		
<i>Olysio</i>	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Non Preferred				
<i>Technivie</i>	Hep C Agent	Non Preferred				
<i>Viekira</i>	Hep C Agent	Non Preferred				
<i>Vosevi</i>	Hep C Agent	Non Preferred				
Zepatier	Hep C Agent	Non Preferred				

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	Non Preferred				
Biktarvy	STR	Preferred			Yes, 30/30 days	
Complera	STR	Preferred			Yes, 30/30 days	
Delstrigo	STR	Non Preferred				
Dovato	STR	Non Preferred				
Genvoya	STR	Preferred			Yes, 30/30 days	
Juluca	STR	Preferred			Yes, 30/30 days	
Odefsey	STR	Preferred			Yes, 30/30 days	
Stribild	STR	Preferred			Yes, 30/30 days	
Symfi	STR	Preferred			Yes, 30/30 days	
Symfi Lo	STR	Preferred			Yes, 30/30 days	
Symtuza	STR	Non Preferred				
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	Preferred			Yes, 30/30 days	
Prezcobix	PI	Preferred			Yes, 30/30 days	
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Non Preferred				
atazanavir sulfate (generic Reyataz)	PI	Generic is Preferred			Yes, Various	
Trogarzo	AI	Non Preferred				
Norvir	PKE	Preferred- See Notes			Yes, 450 ML/30 days	Solution is preferred, all other use generic.
ritonavir (generic Norvir)	PKE	Generic is Preferred			Yes, 360/30 days	
Tybost	PKE	Preferred	Yes			
Cimduo	NRTI/NtRTI	Preferred			Yes, 30/30 days	
Descovy	NRTI/NtRTI	Preferred			Yes, 30/30 days	
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, 30/30 days	
Truvada	NRTI/NtRTI	Preferred			Yes, 30/30 days	
Viread	NRTI/NtRTI	Preferred			Yes, Various	
Ziagen	NRTI/NtRTI	Non Preferred				
abacavir sulfate (generic Ziagen)	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Edurant	NNRTI	Preferred			Yes, 30/30 days	
Intelence	NNRTI	Preferred			Yes, Various	
Selzentry	NNRTI	Preferred			Yes, 60/30 days	
Sustiva	NNRTI	Non Preferred				
efavirenz (generic Sustiva)	NNRTI	Generic is Preferred			Yes, Various	
Baraclude	Hep B Agent	Preferred			Yes, Various	
Epivir-HBV	Hep B Agent	Non Preferred				
Hepsera	Hep B Agent	Non Preferred				
adefovir dipivoxil (generic Hepsera)	Hep B Agent	Generic is Preferred			Yes, 30/30 days	
Vemlidy	Hep B Agent	Non Preferred				
Daklinza	Hep C Agent	Non Preferred				
Epclusa	Hep C Agent	Non Preferred				
sofosbuvir/velpatasvir (generic Epclusa)	Hep C Agent	Generic is Preferred	Yes	Yes	Yes, 30/30 days	Preferred Agent
Harvoni	Hep C Agent	Non Preferred				
ledipasvir/sofosbuvir (generic Harvoni)	Hep C Agent	Generic is Preferred	Yes	Yes	Yes, 30/30 days	Preferred Agent
Mavyret	Hep C Agent	Non Preferred				
Olysio	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Preferred	Yes	Yes	Yes, 30/30 days	Speciality Drug
Technivie	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred				
Vosevi	Hep C Agent	Preferred	Yes	Yes	Yes, 30/30 days	Speciality Drug
Zepatier	Hep C Agent	Preferred	Yes	Yes	Yes, 30/30 days	Speciality Drug

ILLINICARE

STRS PREFERRED: 12 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			Yes, 1/day	
Dovato	STR	Non Preferred				
Genvoya	STR	Preferred			Yes, 1/day	
Juluca	STR	Preferred			Yes, 1/day	
Odefsey	STR	Preferred			Yes, 1/day	
Stribild	STR	Preferred			Yes, 1/day	
Symfi	STR	Preferred			Yes, 1/day	
Symfi Lo	STR	Preferred				
Symtuza	STR	Preferred			Yes, 1/day	
Triumeq	STR	Preferred				
Isentress	INSTI	Preferred			Yes, Various	
Isentress HD	INSTI	Preferred			Yes, 2/day	
Tivicay	INSTI	Preferred				
Evotaz	PI	Preferred			Yes, 1/day	
Prezcobix	PI	Preferred			Yes, 1/day	
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Preferred- See Notes			Yes, 6/day	Only Reyataz Pack 50 mg is preferred, all other use generic.
<i>atazanavir sulfate</i> (generic Reyataz)	PI	Generic is Preferred			Yes, 2/day	
Trogarzo	AI	Non Preferred				
Norvir	PKE	Preferred- See Notes			Yes, Various	Capsules and solution is preferred, all other use generic.
<i>ritonavir</i> (generic Norvir)	PKE	Generic is Preferred			Yes, 12/day	
Tybost	PKE	Preferred			Yes, 1/day	
Cimduo	NRTI/NtRTI	Preferred			Yes, 1/day	
Descovy	NRTI/NtRTI	Preferred			Yes, 1/day	
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	Non Preferred				
<i>efavirenz</i> (generic Sustiva)	NNRTI	Generic is Preferred			Yes, Various	
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	Non Preferred				
Harvoni	Hep C Agent	Non Preferred				
Mavyret	Hep C Agent	Preferred	Yes	Yes	Yes, 3/day	Speciality Drug
Olysio	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Preferred	Yes	Yes		Speciality Drug
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://www.illinicare.com/members/medicaid/benefits-services/pharmacy.html>

Preferred Drug List Updated
 July 1, 2019

NEXTLEVEL

STRS PREFERRED: 12 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	Step Therapy- requires attempt with first-line drug prior to prescription
Delstrigo	STR	Preferred			Yes, 1/day	
Dovato	STR	Non Preferred				
Genvoya	STR	Preferred			Yes, 1/day	
Juluca	STR	Preferred				
Odefsey	STR	Preferred				
Stribild	STR	Preferred			Yes, 1/day	Step Therapy- requires attempt with first-line drug prior to prescription
Symfi	STR	Preferred			Yes, 1/day	
Symfi Lo	STR	Preferred				
Symtuza	STR	Preferred			Yes, 1/day	
Triumeq	STR	Preferred				
Isentress	INSTI	Preferred			Yes, Various	
Isentress HD	INSTI	Preferred			Yes, 2/day	
Tivicay	INSTI	Preferred				
Evotaz	PI	Preferred			Yes, 1/day	
Prezcobix	PI	Preferred			Yes, 1/day	
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	Non Preferred				
Norvir	PKE	Preferred- See Notes			Yes, Various	Capsules and solution is preferred, all other use generic.
ritonavir (generic Norvir)	PKE	Generic is Preferred			Yes, 12/day	
Tybost	PKE	Preferred			Yes, 1/day	
Cimduo	NRTI/NtRTI	Preferred			Yes, 1/day	
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	Preferred			Yes, Various	
Sustiva	NNRTI	Non Preferred				
efavirenz (generic Sustiva)	NNRTI	Generic is Preferred			Yes, Various	
Baraclude	Hep B Agent	Non 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	Preferred	Yes	Yes		Specialty Drug
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
 July 1, 2019

COUNTY CARE

STRS PREFERRED: 12 of 13
 INSTI PREFERRED: 2 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	Non Preferred				
Symfi Lo	STR	Preferred				
Symtuza	STR	Preferred				
Triumeq	STR	Preferred				
Isentress	INSTI	Preferred			Yes, 2/day	
Isentress HD	INSTI	Non Preferred				
Tivicay	INSTI	Preferred				
Evotaz	PI	Preferred				
Prezcobix	PI	Preferred				
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Non Preferred				
atazanavir sulfate (generic Reyataz)	PI	Generic is Preferred			Yes, Various	
Trogarzo	AI	Non Preferred				
Norvir	PKE	Preferred - See Notes			Yes, 480 ML/30 days	Solution is preferred, all other use generic.
ritonavir (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				
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	
Eduvant	NNRTI	Preferred			Yes, 1/day	
Intelence	NNRTI	Preferred			Yes, Various	
Selzentry	NNRTI	Preferred			Yes, Various	
Sustiva	NNRTI	Non Preferred				
efavirenz (generic Sustiva)	NNRTI	Generic is Preferred				
Baraclude	Hep B Agent	Non 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	Preferred	Yes	Yes		Specialty Drug
Harvoni	Hep C Agent	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