

2019 ILLINOIS MEDICAID COVERAGE OF HIV AND HEPATITIS C MEDICATIONS

March 2019

Plan	SRTs	INSTI	PI	NRTI	HEP C
Fee For Service	3 of 11	2 of 2	3 of 5	4 of 7	2 of 7
BCBS	2 of 11	2 of 2	3 of 5	7 of 7	1 of 7
Meridian	6 of 11	2 of 2	3 of 5	4 of 7	1 of 7
Molina	9 of 11	2 of 2	5 of 5	7 of 7	5 of 7
Illini Care	11 of 11	2 of 2	5 of 5	7 of 7	2 of 7
NextLevel	10 of 11	2 of 2	5 of 5	7 of 7	2 of 7
County Care	10 of 11	2 of 2	5 of 5	7 of 7	4 of 7
Harmony WellCare	Harmony is no longer available. Current Harmony members will be enrolled with Meridian with a begin date of 1/1/19. You can call after 1/1/19 to switch plans if you do not want to be enrolled in Meridian.				

Information collected by AIDS Foundation of Chicago, February 2019. Contact Meg McElroy, mmcelroy@aidschicago.org

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FEE FOR SERVICE

STRS PREFERRED: 3 of 11
 INSTI PREFERRED: 2 of 2
 PI PREFERRED: 3 of 5
 NRTI/PREFERRED: 4 of 7

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

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALITY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred				
Genvoya	STR	Preferred				
Complera	STR	Non Preferred				
Odefsey	STR	Non Preferred				
Stribild	STR	Non Preferred				
Triumeq	STR	Non Preferred				
Biktarvy	STR	Preferred				
Juluca	STR	Non Preferred				
Symfi Lo	STR	Non Preferred				
Symfi	STR	Non Preferred				
Symtuza	STR	Non Preferred				
Isentress	INSTI	Preferred				
Tivicay	INSTI	Preferred				
Evotaz	PI	Non Preferred				
Kaletra	PI	Preferred				
Prezcobix	PI	Non Preferred				
Prezista	PI	Preferred				
Reyataz	PI	Preferred				
Tybost	PKE	Non Preferred				
Norvir	PKE	Preferred				
Emtriva	NRTI/NtRTI	Preferred				
Epivir	NRTI/NtRTI	Non Preferred				
Epzicom	NRTI/NtRTI	Non Preferred				
Truvada	NRTI/NtRTI	Preferred				
Viread	NRTI/NtRTI	Preferred				
Ziagen	NRTI/NtRTI	Non Preferred				
Descovy	NRTI/NtRTI	Preferred				
Edurant	NNRTI	Preferred				
Intelence	NNRTI	Preferred				
Sustiva	NNRTI	Preferred				
Selzentry	NNRTI	Non Preferred				
Harvoni	Hep C Agent	Non Preferred				
Zepatier	Hep C Agent	Non Preferred				
Epclusa	Hep C Agent	Preferred	Yes			
Daklinza	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Non Preferred				
Mavyret	Hep C Agent	Preferred	Yes			

Source

<https://www.illinois.gov/hfs/MedicalProviders/Pharmacy/preferred/Pages/default.aspx>
<https://www.illinois.gov/hfs/SiteCollectionDocuments/PDLFinal112019.pdf>
<https://www.illinois.gov/hfs/SiteCollectionDocuments/DTmeetingresults21319forWebsite.pdf>

Updated

January 1, 2019

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.

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

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALITY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred			Yes, 30/30 days	
Genvoya	STR	Preferred			Yes, 30/30 days	
Complera	STR	Non Preferred				
Odefsey	STR	Non Preferred				
Stribild	STR	Non Preferred				
Triumeq	STR	Non Preferred				
Biktarvy	STR	Non Preferred				
Juluca	STR	Non Preferred				
Symfi Lo	STR	Non Preferred				
Symfi	STR	Non Preferred				
Symtuza	STR	Non Preferred				
Isentress	INSTI	Preferred			Yes, Various	
Tivicay	INSTI	Preferred			Yes, 60/30 days	
Evotaz	PI	Non Preferred				
Kaletra	PI	Preferred			Yes, Various	
Prezcobix	PI	Non Preferred				
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Preferred			Yes, 240/30 days	
Norvir	PKE	Preferred			Yes, Various	
Tybost	PKE	Non Preferred				
Emtriva	NRTI/NtRTI	Preferred			Yes, Various	
Epivir	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Epzicom	NRTI/NtRTI	Generic is Preferred			Yes, 30/30 day	
Truvada	NRTI/NtRTI	Preferred			Yes, 30/30 day	
Viread	NRTI/NtRTI	See Notes- Preferred & Generic is Preferred			Yes, Various	Viread 150mg, 200mg, and 250mg are Preferred. Viread 300mg Generic is Preferred.
Ziagen	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Descovy	NRTI/NtRTI	Preferred			Yes, 30/30 day	
Edurant	NNRTI	Preferred			Yes, 30/30 day	
Intelence	NNRTI	Preferred			Yes, Various	
Sustiva	NNRTI	Generic is Preferred			Yes, Various	
Selzentry	NNRTI	Preferred			Yes, Various	
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	Preferred	Yes	Yes		
Mavyret	Hep C Agent	Non Preferred				

Source

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

Updated

March 1, 2019

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MERIDIAN

STRS PREFERRED: 6 of 11
 INSTI PREFERRED: 2 of 2
 PI PREFERRED: 3 of 5
 NRTI/PREFERRED: 4 of 7

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

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALITY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred				
Genvoya	STR	Preferred				
Complera	STR	Preferred				
Odefsey	STR	Preferred				
Stribild	STR	Preferred				
Triumeq	STR	Preferred				
Biktarvy	STR	Non Preferred				
Juluca	STR	Non Preferred				
Symfi Lo	STR	Non Preferred				
Symfi	STR	Non Preferred				
Symtuza	STR	Non Preferred				
Isentress	INSTI	Preferred				
Tivicay	INSTI	Preferred				
Evotaz	PI	Non Preferred				
Kaletra	PI	Preferred				
Prezcobix	PI	Non Preferred				
Prezista	PI	Preferred				
Reyataz	PI	Preferred				
Norvir	PKE	Non Preferred				
Tybost	PKE	Non Preferred				
Emtriva	NRTI/NtRTI	Preferred				
Epivir	NRTI/NtRTI	Preferred				
Epzicom	NRTI/NtRTI	Non Preferred				
Truvada	NRTI/NtRTI	Preferred				
Viread	NRTI/NtRTI	Non Preferred				
Ziagen	NRTI/NtRTI	Preferred			Yes, Various	
Descovy	NRTI/NtRTI	Non Preferred				
Edurant	NNRTI	Preferred				
Intelence	NNRTI	Preferred				
Sustiva	NNRTI	Non 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	Yes		

Source

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

Updated

February 27, 2019

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DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALITY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Non-Preferred				
Genvoya	STR	Preferred			Yes, Max 30/month	
Complera	STR	Preferred			Yes, Max 30/month	
Odefsey	STR	Preferred			Yes, Max 30/month	
Stribild	STR	Preferred			Yes, Max 30/month	
Triumeq	STR	Preferred			Yes, Max 30/month	
Biktarvy	STR	Preferred			Yes, Max 30/month	
Juluca	STR	Preferred			Yes, Max 30/month	
Symfi Lo	STR	Preferred			Yes, Max 30/month	
Symfi	STR	Preferred			Yes, Max 30/month	
Symtuza	STR	Non Preferred				
Isentress	INSTI	Preferred			Yes, Various	
Tivicay	INSTI	Preferred			Yes, Max 60/month	
Evotaz	PI	Preferred			Yes, Max 30/month	
Kaletra	PI	Preferred			Yes, Various	
Prezcobix	PI	Preferred			Yes, Max 30/month	
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Preferred			Yes, Various	
Norvir	PKE	Preferred			Yes, Various	
Tybost	PKE	Preferred	Yes		Yes, Max 30/month	
Emtriva	NRTI/NtRTI	Preferred			Yes, Various	
Epivir	NRTI/NtRTI	Preferred			Yes, Various	
Epzicom	NRTI/NtRTI	Preferred			Yes, Max 30/month	
Truvada	NRTI/NtRTI	Preferred			Yes, Max 30/month	
Viread	NRTI/NtRTI	Preferred			Yes, Various	
Ziagen	NRTI/NtRTI	Preferred			Yes, Various	
Descovy	NRTI/NtRTI	Preferred			Yes, Max 30/month	
Edurant	NNRTI	Preferred			Yes, Max 30/month	
Intelence	NNRTI	Preferred			Yes, Various	
Sustiva	NNRTI	Preferred			Yes, Various	
Selzentry	NNRTI	Preferred			Yes, Max 60/month	
Harvoni	Hep C Agent	Preferred	Yes	Yes		Speciality Drug
Zepatier	Hep C Agent	Preferred	Yes	Yes		Speciality Drug
Epclusa	Hep C Agent	Preferred	Yes	Yes		Speciality Drug
Daklinza	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Preferred	Yes	Yes		Speciality Drug
Mavyret	Hep C Agent	Preferred	Yes	Yes		Speciality Drug

Source

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

<http://www.molinahealthcare.com/members/il/en-us/pdf/medicaid/formulary.pdf>

Updated

January 1, 2019

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ILLINICARE

STRS PREFERRED: 11 of 11
 INSTI PREFERRED: 2 of 2
 PI PREFERRED: 5 of 5
 NRTI/PREFERRED: 7 of 7

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

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALITY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred			Yes, 1/day	Step Therapy
Genvoya	STR	Preferred			Yes, 1/day	
Complera	STR	Preferred			Yes, 1/day	Step Therapy
Odefsey	STR	Preferred				Step Therapy
Stribild	STR	Preferred			Yes, 1/day	Step Therapy
Triumeq	STR	Preferred				
Biktarvy	STR	Preferred			Yes, 1/day	
Juluca	STR	Preferred			Yes, 1/day	
Symfi Lo	STR	Preferred				
Symfi	STR	Preferred			Yes, 1/day	
Symtuza	STR	Preferred			Yes, 1/day	Step Therapy
Isentress	INSTI	Preferred			Yes, Various	
Tivicay	INSTI	Preferred				
Evotaz	PI	Preferred			Yes, 1/day	
Kaletra	PI	Preferred			Yes, Various	
Prezcobix	PI	Preferred			Yes, 1/day	
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Generic is Preferred			Yes, Various	
Norvir	PKE	Preferred			Yes, Various	
Tybost	PKE	Preferred			Yes, 1/day	
Emtriva	NRTI/NtRTI	Preferred			Yes, Various	
Epivir	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Epzicom	NRTI/NtRTI	Generic is Preferred			Yes, 1/day	
Truvada	NRTI/NtRTI	Preferred			Yes, 1/day	
Viread	NRTI/NtRTI	See Notes- Preferred & Generic is Preferred			Yes, Various	Viread 150mg, 200mg, and 250mg are Preferred. Viread 300mg Generic is Preferred.
Ziagen	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Descovy	NRTI/NtRTI	Preferred			Yes, 1/day	
Edurant	NNRTI	Preferred			Yes, 1/day	
Intelence	NNRTI	Preferred			Yes, Various	
Sustiva	NNRTI	Generic is Preferred			Yes, Various	
Selzentry	NNRTI	Preferred			Yes, Various	
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	Preferred	Yes	Yes		Speciality Drug
Mavyret	Hep C Agent	Preferred	Yes	Yes	Yes, 3/day	Speciality Drug

Source

<https://enrollhfs.illinois.gov/choose/plans-by-county/cook>
<https://www.illinicare.com/members/medicaid/benefits-services/pharmacy.html>

Updated

February 1, 2019

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NEXTLEVEL

STRS PREFERRED: 10 of 11
 INSTI PREFERRED: 2 of 2
 PI PREFERRED: 5 of 5
 NRTI/PREFERRED: 7 of 7

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

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALITY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred			Yes, 1/day	
Genvoya	STR	Preferred			Yes, 1/day	
Complera	STR	Preferred			Yes, 1/day	Step Therapy
Odefsey	STR	Preferred				
Stribild	STR	Preferred			Yes, 1/day	Step Therapy
Triumeq	STR	Preferred				
Biktarvy	STR	Preferred			Yes, 1/day	
Juluca	STR	Preferred				
Symfi Lo	STR	Preferred				
Symfi	STR	Preferred			Yes, 1/day	
Symtuza	STR	Non Preferred				
Isentress	INSTI	Preferred			Yes, Various	
Tivicay	INSTI	Preferred				
Evotaz	PI	Preferred			Yes, 1/day	
Kaletra	PI	Preferred			Yes, Various	
Prezcobix	PI	Preferred			Yes, 1/day	
Prezista	PI	Preferred			Yes, Various	
Reyataz	PI	Preferred			Yes, 6/day	
Norvir	PKE	Preferred			Yes, Various	
Tybost	PKE	Preferred			Yes, 1/day	
Emtriva	NRTI/NtRTI	Preferred			Yes, Various	
Epivir	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Epzicom	NRTI/NtRTI	Generic is Preferred			Yes, 1/day	
Truvada	NRTI/NtRTI	Preferred			Yes, 1/day	
						Viread 150mg, 200mg, and 250mg are Preferred. Viread 300mg Generic is Preferred.
Viread	NRTI/NtRTI	See Notes- Preferred & Generic is Preferred			Yes, Various	
Ziagen	NRTI/NtRTI	Generic is Preferred			Yes, Various	
Descovy	NRTI/NtRTI	Preferred			Yes, 1/day	
Edurant	NNRTI	Preferred			Yes, 1/day	
Intelence	NNRTI	Preferred			Yes, Various	
Sustiva	NNRTI	Generic is Preferred			Yes, Various	
Selzentry	NNRTI	Preferred			Yes, Various	
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	Preferred	Yes	Yes		Specialty Drug
Mavyret	Hep C Agent	Preferred	Yes	Yes	Yes, 3/day	Specialty Drug

Source

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

<https://nextlevelhealthil.com/pdl/>

Updated

February 1, 2019

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COUNTY CARE

STRS PREFERRED: 10 of 11
 INSTI PREFERRED: 2 of 2
 PI PREFERRED: 5 of 5
 NRTI/PREFERRED: 7 of 7

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

DRUG NAME	CATEGORY	PREFERRED/NON-PREFERRED	PREFERRED, REQUIRES PA	SPECIALITY PHARMACY	QUANTITY LIMIT	NOTES
Atripla	STR	Preferred			Yes 1/day	
Genvoya	STR	Preferred				
Complera	STR	Preferred			Yes 1/day	
Odefsey	STR	Preferred				
Stribild	STR	Preferred			Yes 1/day	
Triumeq	STR	Preferred				
Biktarvy	STR	Preferred			Yes 1/day	
Juluca	STR	Preferred				
Symfi Lo	STR	Preferred				
Symfi	STR	Non Preferred				
Symtuza	STR	Preferred				
Isentress	INSTI	Preferred			Yes 1/day	
Tivicay	INSTI	Preferred				
Evotaz	PI	Preferred				
Kaletra	PI	Preferred			Yes 1/day	
Prezcobix	PI	Preferred				
Prezista	PI	Preferred			Yes 1/day	
Reyataz	PI	Generic is Preferred			Yes 1/day	
Norvir	PKE	Preferred			Yes 1/day	
Tybost	PKE	Preferred				
Emtriva	NRTI/NtRTI	Preferred			Yes 1/day	
Epivir	NRTI/NtRTI	Generic is Preferred			Yes 1/day	
Epzicom	NRTI/NtRTI	Generic is Preferred			Yes 1/day	
Truvada	NRTI/NtRTI	Preferred			Yes 1/day	
Viread	NRTI/NtRTI	Generic is Preferred			Yes 1/day	
Ziagen	NRTI/NtRTI	Generic is Preferred			Yes 1/day	
Descovy	NRTI/NtRTI	Preferred				
Edurant	NNRTI	Preferred			Yes 1/day	
Intelence	NNRTI	Preferred			Yes 1/day	
Sustiva	NNRTI	Generic is Preferred			Yes 1/day	
Selzentry	NNRTI	Preferred			Yes 1/day	
Harvoni	Hep C Agent	Preferred	Yes			Specialty Drug
Zepatier	Hep C Agent	Preferred	Yes			Specialty Drug
Epclusa	Hep C Agent	Preferred	Yes			Specialty Drug
Daklinza	Hep C Agent	Non Preferred				
Viekira	Hep C Agent	Non Preferred				
Sovaldi	Hep C Agent	Non Preferred				
Mavyret	Hep C Agent	Preferred	Yes			Specialty Drug

Source

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

Updated

January 1, 2019

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