

Illinois Medicaid Quarterly Update		
Medication	Strength & Formulation	Limitations
<b>Antihistamine Agents</b>		
Cetirizine	Tablet: 5mg & 10mg Chew Tab: 5mg Solution: 1mg/mL & 5mg/5 mL	
Loratadine	Tablet: 10mg Chew Tab: 5mg Solution: 5mg/5 mL	
<b>Antibiotic Agents</b>		
Amox-Clav	Chew Tab: 200-28.5mg, 400-57.5mg Suspension: 200-28.5mg/5mL, 250-62.5mg/5mL, 400-57 mg/5mL, 600mg-42.9mg/5mL Tablet: 250-125mg, 500-125mg, 875-125mg	
Amoxicillin	Chew Tab: 125mg, 250mg, 400mg Suspension: 125mg/5mL, 200mg/5mL, 250mg/5mL, 400mg/5mL Capsule: 250mg, 500mg Tablet: 875mg	
Azithromycin	Suspension: 100mg/5mL & *200mg/5mL Tablet: 250mg & 500mg	* Limited to members age 8 and under. Prior authorization required for members greater than age 8 <i>Tablet (250mg):</i> Limited to one treatment per 30 days of 6 tablets per 5 days <i>Tablet (500mg):</i> Limited to 1 treatment per 30 days of 3 tablets per 3 days
Cefdinir	Suspension: 125mg/5mL, 250mg/5mL Capsule: 300 mg	Must have prior use of Amoxicillin in the past 60 days
Cephalexin	Suspension: 125mg/5mL & 250mg/5mL Capsule: 250mg & 500mg	
Ciprofloxacin	Tablet: 100mg, 250mg, 500mg & 750mg	Limited to members 18 and older; Prior authorization required for member younger than age of 18
Clindamycin	*Solution: 75mg/5mL Capsule: 150mg & 300mg	* Limited to 250 mL per 10 days; Limited to 1 fill per 30 days; Limited to members age 8 and under. Prior authorization required for members greater than age 8.
Doxycycline Monohydrate	Capsule: 50mg & 100mg	
Levofloxacin	Tablet: 500mg	
Minocycline	Capsule: 50mg, 75mg, & 100mg	
Penicillin VK	Solution: 125mg/5mL & 250mg/5mL Suspension: 250mg/5mL Tablet: 250mg & 500mg	
Sulfamethoxazole-TMP	Tablet: SS & DS Suspension	
Vancomycin	Capsule: 125mg Vial: 500mg, 75mg, 1g, 5g, & 10 g	
<b>Asthma/COPD Agents</b>		
<i>Oral</i>		
Montelukast	Tablet: 10mg Chew Tab: 4mg & 5mg Granules: 4mg	<i>Tablet &amp; Chew Tab:</i> Limited to 30 tablets per 30 days <i>Granules:</i> Limited to members under the age of 5; Limited to 30 per 30 days
Theophylline	Solution: 80 mg/15mL ER Tablet: 100 mg, 200mg, 300 mg, 400mg & 450mg	
Zafirlukast	Tablet: 10mg & 20 mg	Limited to 60 tablets per 30 days
<b>Nebulizer Solutions</b>		
Albuterol	Solution: 15mg/3mL, 2.5mg/0.5mL, 20mg/4mL, 5mg/mL, 0.63 mg/3mL, *1.25mg/3mL, 2.5mg/3mL	*Limited to 390mL per 30 days

Budesonide	Suspension: 0.25mg/2mL & 0.5mg/2mL	Covered for patient up to age 8 without prior authorization. Patient greater than age 8 must have tried and failed steroid inhaler in the past 90 days or have documented inability to use an inhaler. Limited to 60 respules per 30 days
Cromolyn	Solution: 20mg/2mL	
Ipratropium Bromide	Solution: 0.2%	
Ipratropium-Albuterol	0.5-3(2.5) mg/3mL	
<b>Corticosteroid</b>		
Aerospan	Inhaler: 80mcg	
Qvar Redihaler	Inhaler: 40mcg & 80 mcg	Limited to 1 inhaler per 30 days
Flovent Diskus	Inhaler: *50mcg, 100mcg, & 200mcg	*Limited to 1 inhaler per 30 days
Flovent HFA	Inhaler: *44mcg, 110mcg, & 220mcg	*Covered for ages 17 and under; Limited to 1 inhaler per 30 days
<b>Short Acting Beta Agonist</b>		
Albuterol HFA	Inhaler: 90 mcg	Limited to 2 inhalers per month
<b>Long Acting Muscarinic Antagonist</b>		
Incruse Ellipta	Inhaler: 62.5 mcg	Limited to 1 inhaler per 30 days
<b>Short Acting Muscarinic Antagonist</b>		
Atrovent HFA	Inhaler: 17 mcg	Limited to 1 inhaler per 30 days
<b>Combination Therapy</b>		
Fluticasone-Salmeterol (generic Airduo)	Inhaler: 55/14mcg, 113/14mcg, & 232/14mcg	
<b>Cardiovascular Agents</b>		
Amlodpine	Tablet: 2.5mg, 5mg & 10mg	Limited to 30 tablets per 30 days
Amlodpine-Benzazepril	Capsule: 2.5-10mg, 5-10mg, 5-20mg, 5-40mg, 10-20mg, 10-40mg	
Clonidine	Tablet: 0.1mg, 0.2mg & 0.3mg	
Digitek Digox Digoxin Lanoxin	Solution: 0.05mg/mL, 0.125mg/2.5mL, & 0.25mg/5mL Syringe: 0.25mg/mL Tablet: 125mcg & 250mcg	
Diltiazem	Tablet: 30mg, 60mg, 90mg & 120mg *12H ER capsule: 60mg & 120mg **ER capsule: 120mg, 180mg, & 240mg *24H CD capsule: 120mg, 180mg, 240mg, 300mg **24H ER capsule: 120mg, 180mg, 240mg, 300mg, 360mg	*Limited to 60 capsules per 30 days **Limited to 30 capsules per 30 days
Epaned	Solution: 1mg/mL	
Qbrexis	Solution: 1mg/mL	Limited to children under the age of 8; Limited to 150mL per 30 days
Lisinopril	Tablet: 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	
Lisinopril-Hydrochlorothiazide	Tablet: 10-12.5mg, 20-12.5mg, 20-25mg	
Losartan	Tablet: 25mg, 50mg, 100mg	
Losartan-Hydrochlorothiazide	Tablet: 50-12.5mg, 100-12.5mg, 100-25mg	
Nifedipine	Capsule: 10mg & 20mg *ER Tablet: 30mg, 60mg, & 90mg	*Limited to 30 tablets per 30 days
Verapamil	Cap Pellet: 360mg *ER Tablet: 120mg, 180mg, & 240mg *ER Capsule: 100mg, 120mg, 180mg, 200mg, 240mg, & 300mg; *SR Capsule: 120mg, 180mg, & 240mg	*Limited to 30 tablets/capsules per 30 days
<b>Cholesterol Lowering Agents</b>		
Atorvastatin	Tablet: 10 mg, 20 mg, 40mg, 80 mg	Limited to 30 tablets per 30 days
Ezetimibe	Tablet: 10mg	PA; Must provide documentation of three consecutive fills of preferred formulary

		statin therapy
Fenofibrate	Tablet: 54mg, 145mg, & 160mg	
Gemfibrozil	Tablet: 600 mg	
Simvastatin	Tablet: 5mg, 10mg, 20mg, 40mg, & 80mg	Limited to 30 tablets per 30 days
Rosuvastatin	Tablet: 5mg, 10mg, 20mg, & 40mg	Limited to 30 tablets per 30 days
<b>Diabetic Agents</b>		
Acarbose	Tablet: 25mg, 50mg, & 100mg	Limited to 90 tablets per 30 days
Admelog	Vial: 100U/mL Solostar: 100U/mL	Limited to 60mL per 30 days
Basaglar	Kwikpen: 100 U/mL	Limited to 60mL per 30 days
Byetta	Pen: 5mcg & 10mcg	Prior authorization required
Glimepiride	Tablet: 1mg, 2mg, & 4mg	
Glipizide	Tablet: 5mg & 10mg ER/XL Tablet: 2mg, 5mg, & 10mg	
Glyburide	Tablet: 1.25mg, 2.5mg, & 5mg Micro Tablet: 1.5mg, 3mg, & 6mg	
Glyburide-Metformin	Tablet: 2.5-500mg & 5-500 mg	
Humalog Vial	Vial: 50-50 mix & 75-25 mix	Limited to 30mL per 30 days
Janumet	Tablet: 50-500mg & 50-1000mg XR Tablet: 50-500mg, 50-1000 mg, & 100-1000mg	Limited to 60 tablets per 30 days
Metformin	Tablet: 500 mg, 850 mg, 1000 mg ER Tablet: 500 mg & 750 mg	
Pioglitazone	Tablet: 15mg, 30mg, & 45mg	Limited to 30 tablets per 30 days
Steglatro	Tablet: 5mg & 15mg	Limited to 30 tablets per 30 days
<b>*Diabetic Testing Supplies</b>		
OneTouch Ultra OneTouch Ultra Mini One Touch Ultra 2 OneTouch Verio OneTouch Verio Flex One Touch Verio IQ	Meter	Limited to 1 meter per year. To receive a free OneTouch Meter please call Lifescan at 800-789-7022 and provide order code 738WEL001. If you are bringing a prescription to your pharmacy have the pharmacist use BIN# 601341, PCN# OHS, Group ID# LVWEL538 and ID# NOCHARGEMETR for OneTouch Verio Flex, Verio or Verio IQ meters. For OneTouch Ultra 2 or Ultra Mini meters use BIN# 601341, PCN# OHS, Group ID# LVWCR539 and ID# NOCHARGEMETR. Any questions please call 855-580-1688.
OneTouch Ultra Blue OneTouch Verio	Test Strips	Limited to 3 strips per day
OneTouch Delica Plus	Lancets: 33G	Limited to 100 lancets per fill
OneTouch Delica	Lancing Device	Limited to 1 device per year
<b>GERD/Dyspepsia Agents</b>		
Cimetidine	Tablet: 200mg, 300mg, 400mg, 800mg Solution: 300mg/5mL	
Famotidine	Tablet: 10mg & 40mg	
Omeprazole	Capsule: 20 mg & 40 mg	20mg: Limited to 120 capsules for 30 days. Limited to 6 fills per 365 days 40mg: limited to 60 capsules for 30 days. Limited to 6 fills per 365 days.
Ranitidine	*Syrup: 15mg/mL & 150mg/10mL Tablet 150mg & 300mg Capsule: 150mg & 300mg	*Limited to members age 11 and younger. Prior authorization required for members greater than age 11.
<b>Antiemetic Agents</b>		
Dramamine	Tablet: 25mg & 50mg	
Meclizine	Tablet: 12.5 mg & 25 mg	
Ondansetron	Tablet: 4 mg, 8 mg, & 24 mg ODT Tablet: 4 mg & 8 mg	Limited to 30 tablets per 30 days
Prochlorperazine	Suppository: 25mg	

**Please note:** This formulary is subject to change and is not a complete list. For electronic access to the formulary please go to [www.mhplan.com](http://www.mhplan.com). If you have any questions, please contact MeridianRx at 866-984-6462.

**Appeals:**

- Standard appeals require the member's signature. The authorized representative appeal forms can be found on [www.meridianrx.com](http://www.meridianrx.com)

**Generic Mandate**

- Prior authorization is needed for brand name & must specify that request is for brand only

**\*Diabetic Testing Supplies**

- Diabetic Testing Supplies may be filled through retail pharmacy as a pharmacy benefit or through Healthy Living Medical Supply as a medical benefit
- Glucose Meters are a medical benefit and may also be filled through Healthy Living Medical Supply
- Healthy Living contact information
  - Phone: 866-779-8512
  - Fax: 866-779-8511

**CHAMPS** – disclaimer to register with State. How to register.

- All providers must be enrolled through the state Medicaid program. To enroll in the state Medicaid program please enroll using the state's online Medicaid enrollment and billing system, Community Health Automated Processing System (CHAMPS)