

## ILLINOIS MEDICAID QUARTERLY UPDATES

| <b>Impacted Medication</b>                       | <b>Change</b>   | <b>Preferred or New Agent Limits</b>  | <b>Effective Date</b> |
|--|-----------------|---|-----------------------|
| All Multivitamins and Vitamins                   | New Limits      | Vitamins are limited to \$300 per claim<br>Multivitamins are limited to \$450 per claim | 12/1/2024             |
| Alprazolam Conc 1 MG/ML                          | New Limits      | 10 mL per day   | 11/1/2024             |
| Amiloride HCl Tab 5 MG                           | New Limits      | 12 per day  | 11/1/2024             |
| Amiodarone HCl Tab 100 MG                        | New Limits      | 4 per day   | 11/1/2024             |
| Amiodarone HCl Tab 200 MG                        | New Limits      | 4 per day   | 11/1/2024             |
| Amiodarone HCl Tab 400 MG                        | New Limits      | 4 per day   | 11/1/2024             |
| AMLADEX TAB                                      | Coverage Change | Removed from Preferred Drug list  | 12/1/2024             |
| Amlodipine Besylate-Benazepril HCl Cap 10-20 MG  | New Limits      | 1 per day   | 11/1/2024             |
| Amlodipine Besylate-Benazepril HCl Cap 10-40 MG  | New Limits      | 1 per day   | 11/1/2024             |
| Amlodipine Besylate-Benazepril HCl Cap 2.5-10 MG | New Limits      | 2 per day   | 11/1/2024             |
| Amlodipine Besylate-Benazepril HCl Cap 5-10 MG   | New Limits      | 2 per day   | 11/1/2024             |
| Amlodipine Besylate-Benazepril HCl Cap 5-20 MG   | New Limits      | 2 per day   | 11/1/2024             |
| Amlodipine Besylate-Benazepril HCl Cap 5-40 MG   | New Limits      | 2 per day   | 11/1/2024             |
| Ampicillin Cap 500 MG                            | New Limits      | 4 per day   | 11/1/2024             |
| Atazanavir Sulfate Cap 150 MG (Base Equiv)       | New Limits      | 1 per day   | 11/1/2024             |
| Atazanavir Sulfate Cap 200 MG (Base Equiv)       | New Limits      | 2 per day   | 11/1/2024             |
| Atazanavir Sulfate Cap 300 MG (Base Equiv)       | New Limits      | 1 per day   | 11/1/2024             |

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| Benazepril HCl Tab 10 MG  | New Limits    | 2 per day                            | 11/1/2024             |
| Benazepril HCl Tab 20 MG  | New Limits    | 2 per day                            | 11/1/2024             |
| Benazepril HCl Tab 40 MG  | New Limits    | 2 per day                            | 11/1/2024             |
| Benazepril HCl Tab 5 MG   | New Limits    | 2 per day                            | 11/1/2024             |
| Bictegravir-<br>Emtricitabine-<br>Tenofovir AF Tab 30-<br>120-15 MG | New Limits    | 1 per day                            | 11/1/2024             |
| Bictegravir-<br>Emtricitabine-<br>Tenofovir AF Tab 50-<br>200-25 MG | New Limits    | 1 per day                            | 11/1/2024             |
| Buspirone HCl Tab 10 MG   | New Limits    | 6 per day                            | 11/1/2024             |
| Buspirone HCl Tab 15 MG   | New Limits    | 4 per day                            | 11/1/2024             |
| Buspirone HCl Tab 30 MG   | New Limits    | 3 per day                            | 11/1/2024             |
| Buspirone HCl Tab 5 MG  | New Limits    | 3 per day                            | 11/1/2024             |
| Buspirone HCl Tab 7.5 MG  | New Limits    | 3 per day                            | 11/1/2024             |
| Canagliflozin Tab 100 MG  | New Limits    | 1 per day                            | 11/1/2024             |
| Canagliflozin Tab 300 MG  | New Limits    | 1 per day                            | 11/1/2024             |
| Captopril Tab 100 MG  | New Limits    | 3 per day                            | 11/1/2024             |
| Captopril Tab 12.5 MG   | New Limits    | 3 per day                            | 11/1/2024             |
| Captopril Tab 25 MG   | New Limits    | 3 per day                            | 11/1/2024             |
| Captopril Tab 50 MG   | New Limits    | 3 per day                            | 11/1/2024             |
| Chlorthalidone Tab 25 MG  | New Limits    | 4 per day                            | 11/1/2024             |
| Chlorthalidone Tab 50 MG  | New Limits    | 4 per day                            | 11/1/2024             |
| Clarithromycin For<br>Susp 125 MG/5ML                               | New Limits    | 280 mL per fill                      | 11/1/2024             |

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| Clarithromycin For Susp 250 MG/5ML                    | New Limits      | 280 mL per fill                      | 11/1/2024             |
| Clindamycin Phosphate Swab 1%                         | New Limits      | 2 per day                            | 11/1/2024             |
| Cromolyn Sodium Soln Nebu 20 MG/2ML                   | New Limits      | 8 mL per day                         | 11/1/2024             |
| Dapagliflozin Propanediol Tab 10 MG (Base Equivalent) | New Limits      | 1 per day                            | 11/1/2024             |
| Dapagliflozin Propanediol Tab 5 MG (Base Equivalent)  | New Limits      | 1 per day                            | 11/1/2024             |
| Darunavir Tab 600 MG                                  | New Limits      | 2 per day                            | 11/1/2024             |
| Darunavir Tab 800 MG                                  | New Limits      | 1 per day                            | 11/1/2024             |
| DEFLAZACORT SUS 22.75MG                               | Coverage        | Non-preferred                        | 11/1/2024             |
| DEFLAZACORT TAB 6MG, 18 MG, 30 MG, 36 MG              | Coverage        | Non-preferred                        | 11/1/2024             |
| DERMACINRX FOLIFLEX CAPLET                            | Coverage Change | Removed from Preferred Drug list     | 12/1/2024             |
| DERMACINRX VITRAMYN CAPLET                            | Coverage Change | Removed from Preferred Drug list     | 12/1/2024             |
| DERMACINRX VITRANOL CAPLET                            | Coverage Change | Removed from Preferred Drug list     | 12/1/2024             |
| DERMACINRX VITREXATE CAPLET                           | Coverage Change | Removed from Preferred Drug list     | 12/1/2024             |
| Diclofenac Potassium Tab 50 MG                        | New Limits      | 4 per day                            | 11/1/2024             |
| Diclofenac Sodium Tab Delayed Release 25 MG           | New Limits      | 4 per day                            | 11/1/2024             |
| Diclofenac Sodium Tab Delayed Release 50 MG           | New Limits      | 4 per day                            | 11/1/2024             |
| Diclofenac Sodium Tab Delayed Release 75 MG           | New Limits      | 2 per day                            | 11/1/2024             |
| Diclofenac Sodium Tab ER 24HR 100 MG                  | New Limits      | 2 per day                            | 11/1/2024             |

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| Diflunisal Tab 500 MG                                    | New Limits    | 3 per day                            | 11/1/2024             |
| Dimethyl Fumarate Capsule Delayed Release 120 MG         | New Limits    | 2 per day                            | 11/1/2024             |
| Dimethyl Fumarate Capsule Delayed Release 240 MG         | New Limits    | 2 per day                            | 11/1/2024             |
| Dolutegravir Sodium-Lamivudine Tab 50-300 MG (Base Eq)   | New Limits    | 1 per day                            | 11/1/2024             |
| Doravirine-Lamivudine-Tenofovir DF Tab 100-300-300 MG    | New Limits    | 1 per day                            | 11/1/2024             |
| Efavirenz-Lamivudine-Tenofovir DF Tab 400-300-300 MG     | New Limits    | 1 per day                            | 11/1/2024             |
| EMFLAZA SUS 22.75/ML                                     | Coverage      | Non-preferred                        | 11/1/2024             |
| EMFLAZA TAB 6MG, 18 MG, 30 MG, 36 MG                     | Coverage      | Non-preferred                        | 11/1/2024             |
| Emtricitabine Caps 200 MG                                | New Limits    | 1 per day                            | 11/1/2024             |
| Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG | New Limits    | 1 per day                            | 11/1/2024             |
| ENDARI POW 5GM   | Coverage      | Preferred                            | 11/1/2024             |
| Etodolac Cap 200 MG                                      | New Limits    | 4 per day                            | 11/1/2024             |
| Etodolac Cap 300 MG                                      | New Limits    | 4 per day                            | 11/1/2024             |
| Etodolac Tab 400 MG                                      | New Limits    | 3 per day                            | 11/1/2024             |
| Etodolac Tab 500 MG                                      | New Limits    | 2 per day                            | 11/1/2024             |
| Etodolac Tab SR 24HR 400 MG                              | New Limits    | 1 per day                            | 11/1/2024             |
| Etodolac Tab SR 24HR 500 MG                              | New Limits    | 1 per day                            | 11/1/2024             |
| Etodolac Tab SR 24HR 600 MG                              | New Limits    | 1 per day                            | 11/1/2024             |
| Ezetimibe Tab 10 MG                                      | New Limits    | 1 per day                            | 11/1/2024             |
| Flurbiprofen Tab 100 MG                                  | New Limits    | 3 per day                            | 11/1/2024             |

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| Fosamprenavir Calcium Tab 700 MG (Base Equiv) | New Limits    | 4 per day                            | 11/1/2024             |
| Glipizide Tab SR 24HR 10 MG                   | New Limits    | 2 per day                            | 11/1/2024             |
| Glipizide Tab SR 24HR 2.5 MG                  | New Limits    | 3 per day                            | 11/1/2024             |
| Glipizide Tab SR 24HR 5 MG                    | New Limits    | 3 per day                            | 11/1/2024             |
| Glipizide-Metformin HCl Tab 2.5-250 MG        | New Limits    | 3 per day                            | 11/1/2024             |
| Glipizide-Metformin HCl Tab 2.5-500 MG        | New Limits    | 3 per day                            | 11/1/2024             |
| Glipizide-Metformin HCl Tab 5-500 MG          | New Limits    | 4 per day                            | 11/1/2024             |
| Glyburide-Metformin Tab 1.25-250 MG           | New Limits    | 3 per day                            | 11/1/2024             |
| Glyburide-Metformin Tab 2.5-500 MG            | New Limits    | 3 per day                            | 11/1/2024             |
| Glyburide-Metformin Tab 5-500 MG              | New Limits    | 4 per day                            | 11/1/2024             |
| Hydroxyzine HCl Tab 10 MG                     | New Limits    | 8 per day                            | 11/1/2024             |
| Hydroxyzine HCl Tab 25 MG                     | New Limits    | 8 per day                            | 11/1/2024             |
| Hydroxyzine HCl Tab 50 MG                     | New Limits    | 8 per day                            | 11/1/2024             |
| Hydroxyzine Pamoate Cap 100 MG                | New Limits    | 4 per day                            | 11/1/2024             |
| Hydroxyzine Pamoate Cap 25 MG                 | New Limits    | 8 per day                            | 11/1/2024             |
| Hydroxyzine Pamoate Cap 50 MG                 | New Limits    | 8 per day                            | 11/1/2024             |
| Indomethacin Cap 25 MG                        | New Limits    | 6 per day                            | 11/1/2024             |
| Indomethacin Cap 50 MG                        | New Limits    | 4 per day                            | 11/1/2024             |
| Indomethacin Cap CR 75 MG                     | New Limits    | 2 per day                            | 11/1/2024             |
| Indomethacin Suppos 50 MG                     | New Limits    | 4 per day                            | 11/1/2024             |

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| Itraconazole Cap 100 MG                                 | New Limits     | 6 per day                            | 11/1/2024             |
| KETOROLAC   | Quantity Limit | 20 tablets every 30 days             | 1/15/2025             |
| L-GLUTAMINE POW 5GM                                     | Coverage       | Non-preferred                        | 11/1/2024             |
| LIRAGLUTIDE INJ 18MG/3ML                                | Coverage       | Preferred                            | 11/1/2024             |
| Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG         | New Limits     | 2 per day                            | 11/1/2024             |
| Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG         | New Limits     | 2 per day                            | 11/1/2024             |
| Lisinopril & Hydrochlorothiazide Tab 20-25 MG           | New Limits     | 2 per day                            | 11/1/2024             |
| Lisinopril Tab 10 MG                                    | New Limits     | 2 per day                            | 11/1/2024             |
| Lisinopril Tab 2.5 MG                                   | New Limits     | 2 per day                            | 11/1/2024             |
| Lisinopril Tab 20 MG                                    | New Limits     | 2 per day                            | 11/1/2024             |
| Lisinopril Tab 30 MG                                    | New Limits     | 2 per day                            | 11/1/2024             |
| Lisinopril Tab 40 MG                                    | New Limits     | 2 per day                            | 11/1/2024             |
| Lisinopril Tab 5 MG                                     | New Limits     | 2 per day                            | 11/1/2024             |
| Medroxyprogesterone Acetate Susp Pref Syr 104 MG/0.65ML | New Limits     | 1 mL per 84 days                     | 11/1/2024             |
| Miglitol Tab 100 MG                                     | New Limits     | 3 per day                            | 11/1/2024             |
| Miglitol Tab 25 MG                                      | New Limits     | 3 per day                            | 11/1/2024             |
| Miglitol Tab 50 MG                                      | New Limits     | 3 per day                            | 11/1/2024             |
| MIRABEGRON TAB 25MG ER and 50 MG ER                     | Coverage       | Preferred                            | 11/1/2024             |
| MYRBETRIQ SUS 8MG/ML                                    | Coverage       | Non-preferred                        | 11/1/2024             |
| MYRBETRIQ TAB 25MG and 50 mg                            | Coverage       | Non-preferred                        | 11/1/2024             |
| Nabumetone Tab 500 MG                                   | New Limits     | 4 per day                            | 11/1/2024             |
| Nabumetone Tab 750 MG                                   | New Limits     | 3 per day                            | 11/1/2024             |

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| Nevirapine Susp 50 MG/5ML                                | New Limits    | 40 mL per day                        | 11/1/2024             |
| Nevirapine Tab 200 MG                                    | New Limits    | 2 per day                            | 11/1/2024             |
| Nevirapine Tab ER 24HR 100 MG                            | New Limits    | 4 per day                            | 11/1/2024             |
| Nevirapine Tab ER 24HR 400 MG                            | New Limits    | 1 per day                            | 11/1/2024             |
| Oxazepam Cap 10 MG                                       | New Limits    | 4 per day                            | 11/1/2024             |
| Oxazepam Cap 15 MG                                       | New Limits    | 4 per day                            | 11/1/2024             |
| Oxazepam Cap 30 MG                                       | New Limits    | 4 per day                            | 11/1/2024             |
| Propafenone HCl Tab 150 MG                               | New Limits    | 4 per day                            | 11/1/2024             |
| Propafenone HCl Tab 225 MG                               | New Limits    | 3 per day                            | 11/1/2024             |
| Propafenone HCl Tab 300 MG                               | New Limits    | 3 per day                            | 11/1/2024             |
| Pyridostigmine Bromide Tab CR 180 MG                     | New Limits    | 2 per day                            | 11/1/2024             |
| Quetiapine Fumarate Tab SR 24HR 150 MG                   | New Limits    | 3 per day                            | 11/1/2024             |
| Quetiapine Fumarate Tab SR 24HR 200 MG                   | New Limits    | 3 per day                            | 11/1/2024             |
| Quetiapine Fumarate Tab SR 24HR 300 MG                   | New Limits    | 4 per day                            | 11/1/2024             |
| Quetiapine Fumarate Tab SR 24HR 400 MG                   | New Limits    | 3 per day                            | 11/1/2024             |
| Quetiapine Fumarate Tab SR 24HR 50 MG                    | New Limits    | 3 per day                            | 11/1/2024             |
| Sofosbuvir-Velpatasvir Tab 400-100 MG                    | New Limits    | 1 per day                            | 11/1/2024             |
| Sulindac Tab 150 MG                                      | New Limits    | 2 per day                            | 11/1/2024             |
| Sulindac Tab 200 MG                                      | New Limits    | 2 per day                            | 11/1/2024             |
| Terbutaline Sulfate Tab 2.5 MG                           | New Limits    | 6 per day                            | 11/1/2024             |
| Terbutaline Sulfate Tab 5 MG                             | New Limits    | 3 per day                            | 11/1/2024             |
| Tiotropium Bromide Monohydrate Inhal Aerosol 2.5 MCG/ACT | New Limits    | 0.134 g per day                      | 11/1/2024             |

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| Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv) | New Limits    | 1 per day                            | 11/1/2024             |
| Umeclidinium-Vilanterol Aero Powd BA 62.5-25 MCG/INH         | New Limits    | 2 blisters per day                   | 11/1/2024             |
| VICTOZA INJ 18MG/3ML   | Coverage      | Preferred                            | 11/1/2024             |