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1-877-256-4677
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SeniorCare Preferred Drug List

- Effective **06/01/2002**, Illinois Department of Public Aid (IDPA) SeniorCare prescription drug program will be administered by Express Scripts, Inc.
- Please find a list of drugs, identified by class, for which prior authorization (PA) will be required 6/1/2002.
- Prior authorization requests for drugs in the **Prior Approval** column must include documentation regarding the patient's failure on treatment using drugs from the **No Prior Approval** column or other acceptable medical information in support of the use of the drug requiring prior authorization.
- Coverage of prescription drugs is limited to products from companies that have signed rebate agreements with the Centers for Medicare and Medicaid Services (CMS), formerly known as the Health Care Financing Administration (HCFA).
- Additional information on the SeniorCare Program may be found on the IDPA website at: www.seniorcareillinois.com. The website will be operational on 5/31/02.

Please use the following steps to enter **SeniorCare** claims.

Step 1	Enter BIN Number: 003858
Step 2	Enter Processor Control Number: A4
Step 3	Enter Rx Group Number: IDRA
Step 4	Enter Member ID Number: 9 digit SS # + 00
Step 5	Enter Date of Birth: MM/DD/YYYY
Step 6	Prescriber's ID #: DEA #

Illinois SeniorCare Preferred Drug List Effective June 1, 2002

Category	No Prior Approval	Prior Approval
<u>ACE Inhibitors</u> Effective Date: 06/01/02	Accupril Accuretic Captopril Captopril HCTZ Enalapril Enalapril HCTZ Lotensin Lotensin HCT Lotrel Mavik Monopril Monopril HCT Tarka Uniretic Univasc Zestoretic Zestril	Aceon Altace Lexxel Prinivil Prinzide
<u>Angiotensin Blockers</u> Effective Date: 06/01/02	Diovan Diovan HCT Micardis Micardis HCT	Atacand Atacand HCT Avalide Avapro Cozaar Hyzaar Teveten
<u>Calcium Channel Blockers</u> Effective Date: 06/01/02	Diltiazem HCL Diltiazem SR Nicardipine HCL Nifedipine Nifedipine SR Plendil Sular Verelan Verelan PM Verapamil HCL Verapamil SR	Cardene SR Covera – HS Dynacirc Dynacirc CR Norvasc Vascor
<u>Quinolones</u> Effective Date: 06/01/02	Avelox Avelox ABC Pack Cipro Levaquin	Floxin Maxaquin Neggram Noroxin Penetrex Tequin Zagam
<u>Histamine2 Antagonist</u> Effective Date: 06/01/02	Cimetidine Famotidine Ranitidine 150, 300mg	Axid Pepcid RPD Zantac EFFERdose
<u>Triptans</u> Effective Date: 06/01/02	Axert Imitrex Zomig Zomig ZMT	Amerge Frova Maxalt Maxalt MLT

Category	No Prior Approval	Prior Approval
<u>Inhaled Sterioids</u> Effective Date: 06/01/02	Flovent Flovent Rotadisk Vanceril	Advair Diskus Aerobid Aerobid-M Azmacort Becloment Pulmicort Inhaler Pulmicort Respules Qvar Vanceril DS
<u>Leukotriene Antagonists</u> Effective Date: 06/01/02	Accolate	Singulair* Zyflo
<u>Lipotropics</u> Effective Date: 06/01/02	Cholestyramine Clofibrate Gemfibrozil Lescol Lescol XL Lipitor 10 mg. Lovastatin Niaspan Tricor	Advicor Colestid Lipitor (all other strengths) Pravachol Welchol Zocor
<u>Nasal Steroids</u> Effective Date: 06/01/02	Flonase Tri-Nasal	Beconase Beconase AQ Nasacort Nasacort AQ Nasalide Nasarel Nasonex Rhinocort Rhinocort Aqua Vancenase Vancenase AQ
<u>Non-Sedating Antihistamines</u> Effective Date: 06/01/02	Clarinx Claritin	Allegra Allegra-D Claritin-D Zyrtec Zyrtec-D
<u>Other Nasal Preparations</u> Effective Date: 06/01/02	Oral Antihistamines	Astelin Atrovent Nasal Spray
<u>COX-2's</u> Effective Date: 06/01/02	Bextra Celebrex	Vioxx
<u>Proton Pump Inhibitors</u> Effective Date: 06/01/02	Aciphex Prevacid	Nexium Prilosec Protonix

Other Drugs that Require Prior Approval

Adderall
Bactroban Cream/Ointment
Collagenase
DDAVP (excluding injectable dosage form)
Desoxyn
Growth Hormones
Lamisil tablets
Lidoderm Patches
Regranex Gel
Sporanox capsules
Zyprexa Zydis
Zyvox
Erectile Dysfunction Drugs