

Provider Notice

June 30, 2023

Illinois Preferred Drug List - Formulary Update

January 1, 2020 all MCO's were required to adopt the Illinois HFS Preferred Drug List to align with the Fee for Service program. As a result of a few changes to the Illinois HFS Preferred Drug List, albuterol sulfate syrup will no longer be preferred. Prior authorization requirements for preferred Hepatitis C drugs will also be removed. The tables below detail which agents will be affected.

Effective July 1, 2023 [All Changes]

Table 1. Albuterol sulfate syrup is changing to Non-preferred:

LABEL NAME	DOSE/ DOSAGE FORM	THERAPEUTIC CLASS	PREVIOUS FORMULARY STATUS	NEW FORMULARY STATUS
ALBUTEROL SULFATE	SYRUP 2MG/5ML	ANTIASTHMATIC AND BRONCHODILATOR AGENTS: BETA ADRENERGICS	PREFERRED	NON-PREFERRED

Table 2. The following agents are changing to Preferred:

LABEL NAME	DOSE/ DOSAGE FORM	THERAPEUTIC CLASS	PREVIOUS FORMULARY STATUS	NEW FORMULARY STATUS
LURASIDONE HYDROCHLORIDE	TABLETS 20MG, 40MG, 60MG, 80MG, 120MG	ANTIPSYCHOTICS / ANTIMANIC AGENTS: MISC	NONPREFERRED	PREFERRED
MAVYRET* (glecaprevir/ pibrentasvir)	PACKET 50-20MG TABLETS 100-40 MG	ANTIVIRALS: HEPATITIS C AGENTS	PREFERRED WITH PA	PREFERRED
SOFOSBUVIR/ VELPATASVIR*	TABLETS 400-100MG	ANTIVIRALS: HEPATITIS C AGENTS	PREFERRED WITH PA	PREFERRED

^{*}See previous provider notice from 6/23/23.



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Table 3. The following agents are changing to Preferred with PA:

LABEL NAME	DOSE/ DOSAGE FORM	THERAPEUTIC CLASS	PREVIOUS FORMULARY STATUS	NEW FORMULARY STATUS
SUNLENCA® (lenacapavir)	TABLET THERAPY PACK 30MG; SOLUTION 309MG/ML	ANTIVIRALS: ANTIRETROVIRALS (HIV)	NONPREFERRED	PREFERRED WITH PA
EMGALITY® (galcanezumab- gnlm)	PEN 120MG/ML SYRINGE 100MG/ML 120MG/ML	MIGRAINE PRODUCTS: CALCITONIN GENE- RELATED PEPTIDE (CGRP) RECEPTOR ANTAG	NONPREFERRED	PREFERRED WITH PA

We look forward to working with you to ensure uninterrupted care for our members. Please contact CountyCarePharmacy@cookcountyhhs.org for additional information or assistance.