

Date: April 1, 2021

Illinois Preferred Drug List – Formulary Update

January 1, 2020 all MCOs were required to adopt the Illinois HFS Preferred Drug List to align with the Fee-for-Service program. Beginning April 1, 2021, the following agents will no longer be preferred. The list below details which agents will no longer be preferred and the preferred drugs for transitioning members to new options.

Changes that will occur, effective April 1, 2021:

GENERIC NAME	THERAPEUTIC CLASS	DRUG ALTERNATIVE	PA REQUIRED (YES/NO)
METFORMIN ER GASTRIC (GLUMETZA)	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	METFORMIN (EXTENDED RELEASE) 24HR TABLET / METFORMIN (IMMEDIATE RELEASE) TABLET	YES
METFORMIN ER OSMOTIC (FORTAMET)	ANTIHYPERGLYCEMIC, BIGUANIDE TYPE	METFORMIN (EXTENDED RELEASE) 24HR TABLET / METFORMIN (IMMEDIATE RELEASE) TABLET	YES

Current CountyCare Formulary can be found here:

[https://countycare.com/wp-content/uploads/CCX01 CCX1A 01012021 v12-with-Preamble.pdf](https://countycare.com/wp-content/uploads/CCX01_CCX1A_01012021_v12-with-Preamble.pdf)

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



Provider Notice

March 30, 2021