



# Provider Notice

June 3, 2026

## Reminder: Prior Authorization Requirement for Leuprolide Products Effective July 1, 2026

The Illinois Department of Healthcare and Family Services' preferred drug list (PDL) requires prior authorization (PA) for all leuprolide products. Effective July 1, 2026, new prescriptions for leuprolide will require a PA. This is intended to:

- Ensure appropriate, evidence-based use
- Align with clinical guidelines and best practices
- Promote safe and cost-effective therapy

### Grandfathering Policy (Continuation of Therapy)

Members who are ***actively receiving leuprolide products prior to July 1, 2026***, will be ***grandfathered and exempt from the prior authorization requirement***.

- These members will continue therapy without interruption.
- No prior authorization will be required for the duration of therapy (“lifetime grandfathering”).
- Standard utilization management requirements will apply if therapy is modified or a new product is initiated.

### Contact Us

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact CountyCare Provider Services at [countycareproviderservices@cookcountyhhs.org](mailto:countycareproviderservices@cookcountyhhs.org) or your assigned provider relations representative.