



# Provider Notice

April 15, 2022

## Illinois Preferred Drug List – Formulary Update

Effective January 1, 2020, all MCOs 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, the following agents (label name) will no longer be preferred. The list below details which agents (label name) will no longer be preferred and the preferred formulary alternatives for transitioning members to new options.

### Effective April 18, 2022:

LABEL NAME	THERAPEUTIC CLASS	PREFERRED FORMULARY ALTERNATIVE	PA REQUIRED (YES/NO)
FLUTICASONE PROPRIONATE / SALMETEROL (GENERIC FOR ADVAIR DISKUS)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS: ADRENERGIC COMBINATIONS	ADVAIR DISKUS (BRAND)	NO
WIXELA INHUB (GENERIC FOR ADVAIR DISKUS)	ANTIASTHMATIC AND BRONCHODILATOR AGENTS: ADRENERGIC COMBINATIONS	ADVAIR DISKUS (BRAND)	NO

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](mailto:CountyCarePharmacy@cookcountyhhs.org) for additional information or assistance.