



Provider Notice

May 13, 2021

CountyCare Drug List – Update

January 1, 2020, all MCOs were required to adopt the Illinois Department of Healthcare and Family Services Preferred Drug List to align with the Fee-for-Service program. **Beginning June 14, 2021, the status of the agents below is changing. A prior authorization (PA) request will need to be initiated if these alternatives are not used.**

Link to CountyCare Formulary for review:

https://countycare.com/wp-content/uploads/Formulary_April-2021.pdf

| LABEL NAME | THERAPEUTIC CLASS | DRUG ALTERNATIVES | PA REQUIRED (YES/NO) |
|--------------------------------|--|--|----------------------|
| ARTIFICIAL TEARS DROPS | OPHTHALMIC AGENTS | ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 %, GENTEAL TEARS MILD OPHTHALMIC (EYE) DROPS 0.1-0.3 % | N |
| SYSTANE 0.3-0.4% EYE DROP | OPHTHALMIC AGENTS | GENTEAL TEARS MILD OPHTHALMIC (EYE) DROPS 0.1-0.3 % | N |
| CALCITRATE 200 MG (950 MG) TAB | GASTROINTESTINAL AGENTS: PHOSPHATE BINDER AGENTS | CALCIUM CARBONATE (SUSPENSION), OYSTER SHELL CALCIUM 500 (TABLET) | N |
| LIDOCAINE 4% CREAM | DERMATOLOGICALS: MISC; TOPICAL ANALGESICS | LIDOCAINE 3% CREAM, LIDOCAINE 5% OINTMENT, LIDOCAINE 5% PATCH | N |
| LIQUID WART REMOVER 17% LIQUID | DERMATOLOGICALS: MISC | SAL-PLANT 17% GEL, SALICYLIC ACID 27.5% TOPICAL FILM | N |
| LIDOCAINE PAIN RELIEF 4% PATCH | DERMATOLOGICALS: MISC; TOPICAL ANALGESICS | LIDOCAINE PATCH 5% | N |
| BUDESONIDE 32 MCG NASAL SPRAY | ALLERGY, NASAL ANTI-INFLAMMATORY STEROIDS | ALLERGY RELIEF FLUTICASONE NASAL SPRAY (SUSPENSION) | N |
| FERROUS SULF 300 MG/5 ML LIQ | VITAMIN AND/OR MINERAL DEFICIENCY; RON REPLACEMENT | FERROUS SULFATE ELIXIR (220MG/5ML), FERROUS SULFATE SOLUTION (220MG/5ML) | N |