



Provider Notice

March 11, 2022

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 February 28, 2022:

LABEL NAME	THERAPEUTIC CLASS	PREFERRED FORMULARY ALTERNATIVE	PA REQUIRED (YES/NO)
VANDAZOLE VAGINAL 0.75% GEL	VAGINAL AGENTS	METRONIDAZOLE VAGINAL 0.75% GEL	NO

Effective March 7, 2022:

LABEL NAME	THERAPEUTIC CLASS	PREFERRED FORMULARY ALTERNATIVE	PA REQUIRED (YES/NO)
ALL OTHER INSULIN SYRINGES	GLUCOSE MONITORING SUPPLIES: DEVICES AND KITS	TRUEPLUS INSULIN SYRINGES	NO
ALL OTHER INSULIN PEN NEEDLES	GLUCOSE MONITORING SUPPLIES: DEVICES AND KITS	TRUEPLUS INSULIN PEN NEEDLES	NO

Effective April 1, 2022:

LABEL NAME	THERAPEUTIC CLASS	PREFERRED FORMULARY ALTERNATIVE	PA REQUIRED (YES/NO)
BEVESPI AEROSPHERE INHALER	ANTIASTHMATIC AND BRONCHODILATOR AGENTS	ANORO ELLIPTA INHALER	NO

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