



# Provider Notice

December 1, 2022

## Illinois Preferred Drug List – Upcoming 2023 Formulary Updates

On 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 changes to the Illinois HFS Preferred Drug List, the following agents (label name) will no longer be preferred. Table 1. below details which agents (label name) will no longer be preferred and the preferred formulary alternatives for transitioning members to new options. Table 2. details agents changing to Preferred or Preferred with PA.

**Table 1. Effective February 1, 2023, ENBREL products will REQUIRE PRIOR AUTHORIZATION:**

LABEL NAME	THERAPEUTIC CLASS	PREFERRED FORMULARY ALTERNATIVES <sup>1</sup>	PA REQUIRED (YES/NO)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML), RECON SOLN 25 MG (1 ML)	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	<b>HUMIRA (BRAND):</b> <b>HUMIRA &amp; HUMIRA (CF) PEN CROHNS-UC-HS STARTER PEN INJECTOR KIT &amp; SC PEN INJECTOR KIT 40 MG/0.8 ML, 80 MG/0.8 ML</b>	NO
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML		<b>HUMIRA PEN PSOR-UVEITS-ADOL HS &amp; (CF) SC PEN INJECTOR KIT 40 MG/0.8 ML, 40MG/0.4 ML, 80MG/0.8ML</b>	
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)		<b>HUMIRA &amp; HUMIRA CF PEN SC PEN INJECTOR KIT 40MG /0.4 ML, 80MG/0.8 ML</b>	
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)		<b>HUMIRA SC SYRINGE KIT 40 MG/0.8 ML</b>  <b>HUMIRA(CF) PEDI CROHNS STARTER SC SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML</b>  <b>HUMIRA(CF) PEN PEDIATRIC UC SC PEN INJECTOR KIT 80 MG/0.8 ML</b>  <b>HUMIRA(CF) SC SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML</b>	
		<b>CIMZIA (BRAND):</b> <b>CIMZIA STARTER KIT SC SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)</b>  <b>CIMZIA SC SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)</b>	YES

<sup>1</sup>SC = Subcutaneous

**Current** CountyCare Formulary [ Effective October 2022] can be found here:

<https://countycare.com/wp-content/uploads/October-2022-Formulary.pdf>

**Table 2. EFFECTIVE JANUARY 1, 2023**



# Provider Notice

December 1, 2022

LABEL NAME	THERAPEUTIC CLASS	PREVIOUS FORMULARY STATUS	NEW FORMULARY STATUS
<p>HUMIRA &amp; HUMIRA (CF) PEN CROHNS-UC-HS STARTER PEN INJECTOR KIT &amp; SC PEN INJECTOR KIT 40 MG/0.8 ML, 80 MG/0.8 ML</p> <p>HUMIRA PEN PSOR-UVEITS-ADOL HS &amp; (CF) SC PEN INJECTOR KIT 40 MG/0.8 ML, 40MG/0.4 ML, 80MG/0.8ML</p> <p>HUMIRA &amp; HUMIRA CF PEN SC PEN INJECTOR KIT 40MG /0.4 ML, 80MG/0.8 ML</p> <p>HUMIRA SC SYRINGE KIT 40 MG/0.8 ML</p> <p>HUMIRA(CF) PEDI CROHNS STARTER SC SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML</p> <p>HUMIRA(CF) PEN PEDIATRIC UC SC PEN INJECTOR KIT 80 MG/0.8 ML</p> <p>HUMIRA(CF) SC SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML</p>	<p>ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR</p>	<p>PREFERRED WITH PA</p>	<p>PREFERRED</p>
<p>COSENTYX SENSOREADY AUTO-INJECTOR PEN 150MG/ML</p> <p>COSENTYX PRE-FILLED SYRINGE 75MG/0.5ML, 150MG/1ML</p>	<p>DERMATOLOGICALS: ANTIPSORIATICS</p>	<p>NON- PREFERRED</p>	<p>PREFERRED WITH PA</p>

Note: Above Formulary changes would be reflected in the January 2023 PDL document.

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.