

Provider Memorandum

Third Quarter Pharmacy Formulary Change Notice—Illinois Medicaid

Molina Healthcare of Illinois (Molina) has made the following changes to the Medicaid Preferred Drug List (PDL), effective July 1, 2022. This is in alignment with the Illinois Department of Healthcare and Family Services (HFS). Updates are located on the [Medicaid Formulary page](#) of the website.

What Does This Mean For You?

If you prescribe for a Molina member any of the non-preferred products that may be listed below, consider replacing it with a preferred product, if possible, after July 1, 2022. If a change is not possible, you should complete and submit a [Pharmacy Prior Authorization form](#), including documentation explaining why it is not possible to change to the preferred drug.

Date Effective	Product Name	Change
7/1/2022	Apretude SUER 600MG/3ML	Update from Non-Preferred to Preferred
7/1/2022	Carglumic Acid TBSO 200MG	Update from Non-Preferred to Preferred with PA
7/1/2022	Livtency TABS 200MG	Update from Non-Preferred to Preferred with PA
7/1/2022	Kerendia TABS 10MG	Add to formulary, Preferred with PA
7/1/2022	Kerendia TABS 20MG	Add to formulary, Preferred with PA

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit [Molina's Service Area](#) page at MolinaHealthcare.com.

Availity Provider Portal

We continue our transition to the Molina Availity Provider Portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered? [Click here](#).

Get Critical Updates

Receive news and updates about Molina services and plan requirements delivered straight to your inbox! [Click here](#) to join Molina's provider email list.

Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.