



Medicaid Preferred Drug List (PDL) Changes – Molina Healthcare of Illinois October 1, 2022

Key			
AL = Age Limit	ST = Step Therapy	OTC = Over the Counter	PA = Prior Authorization
PA, QL = Quantity Limit is applied after Prior Authorization approval	QL = Quantity Limit	SP = Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
10/1/2022	INVEGA HAFYE INJ 1092MG	Update from non-preferred to preferred with PA	
10/1/2022	INVEGA HAFYE INJ 1560MG	Update from non-preferred to preferred with PA	
10/1/2022	DYANAVEL XR SUS 2.5MG/ML	Update from non-preferred to preferred with PA	
10/1/2022	DAYTRANA DIS 10MG/9HR	Update from non-preferred to preferred with PA	
10/1/2022	DAYTRANA DIS 15MG/9HR	Update from non-preferred to preferred with PA	
10/1/2022	DAYTRANA DIS 20MG/9HR	Update from non-preferred to preferred with PA	
10/1/2022	DAYTRANA DIS 30MG/9HR	Update from non-preferred to preferred with PA	
10/1/2022	JORNAY PM CAP 20MG ER	Update from non-preferred to preferred with PA	
10/1/2022	JORNAY PM CAP 40MG ER	Update from non-preferred to preferred with PA	
10/1/2022	JORNAY PM CAP 60MG ER	Update from non-preferred to preferred with PA	
10/1/2022	JORNAY PM CAP 80MG ER	Update from non-preferred to preferred with PA	
10/1/2022	JORNAY PM CAP 100MG ER	Update from non-preferred to preferred with PA	
10/1/2022	MODAFINIL TAB 100MG	Update from non-preferred to preferred	
10/1/2022	MODAFINIL TAB 200MG	Update from non-preferred to preferred	