



Medicaid Preferred Drug List (PDL) Changes – Molina Healthcare of Illinois April 1, 2023

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
4/1/2023	AUSTEDO TAB 6 MG	Update to preferred with PA	
4/1/2023	AUSTEDO TAB 9 MG	Update to preferred with PA	
4/1/2023	AUSTEDO TAB 12 MG	Update to preferred with PA	
4/1/2023	INGREZZA CAP 40–80 MG	Update to preferred with PA	
4/1/2023	INGREZZA CAP 40 MG	Update to preferred with PA	
4/1/2023	INGREZZA CAP 80 MG	Update to preferred with PA	
4/1/2023	INGREZZA CAP 60 MG	Update to preferred with PA	
4/1/2023	BERINERT INJ 500 UNIT	Add to formulary, preferred with PA	
4/1/2023	RUCONEST INJ 2100 UNIT	Add to formulary, non-preferred with PA	
4/1/2023	SOLIRIS INJ 10 MG/ML	Add to formulary, non-preferred with PA	
4/1/2023	ULTOMIRIS INJ 100 MG/ML	Add to formulary, non-preferred with PA	
4/1/2023	TAVNEOS CAP 10 MG	Add to formulary, non-preferred with PA	
4/1/2023	ENJAYMO SOL	Add to formulary, non-preferred with PA	
4/1/2023	CINRYZE SOL 500 UNIT	Add to formulary, non-preferred with PA	