



Medicaid Preferred Drug List (PDL) Changes – Molina Healthcare of Illinois

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
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	Livtencity 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	