



## Medicaid Preferred Drug List (PDL) Changes – Molina Healthcare of Illinois July 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
7/1/2023	ALBUTEROL SYP 2MG/5ML	Update to non-preferred with PA	
7/1/2023	EMGALITY INJ 100MG/ML	Update to preferred with PA	
7/1/2023	EMGALITY INJ 120MG/ML	Update to preferred with PA	
7/1/2023	LURASIDONE TAB 120MG	Update to preferred, remove PA	
7/1/2023	LURASIDONE TAB 20MG	Update to preferred, remove PA	
7/1/2023	LURASIDONE TAB 40MG	Update to preferred, remove PA	
7/1/2023	LURASIDONE TAB 60MG	Update to preferred, remove PA	
7/1/2023	LURASIDONE TAB 80MG	Update to preferred, remove PA	
7/1/2023	MAVYRET PAK 50-20MG	Remove PA	
7/1/2023	MAVYRET TAB 100-40MG	Remove PA	
7/1/2023	SOFOS/VELPAT TAB 400-100	Remove PA	
7/1/2023	SUNLENCA INJ	Add, preferred with PA	
7/1/2023	SUNLENCA TAB 300MG	Add, preferred with PA	