

Provider Memorandum

Pharmacy Formulary Change Notice—Illinois Medicaid

Molina Healthcare of Illinois (Molina) has made the following changes to the Medicaid Preferred Drug List (PDL), effective April 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 listed, consider replacing it with a preferred product, if possible, after April 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
4/1/2022	ADVAIR DISKU AER 100/50	Change to preferred
4/1/2022	ADVAIR DISKU AER 250/50	Change to preferred
4/1/2022	ADVAIR DISKU AER 500/50	Change to preferred
4/1/2022	ADVAIR HFA AER 115/21	Change to preferred
4/1/2022	ADVAIR HFA AER 230/21	Change to preferred
4/1/2022	ADVAIR HFA AER 45/21	Change to preferred
4/1/2022	AIRDUO DGHLR INH 113-14	Change to preferred
4/1/2022	AIRDUO DGHLR INH 232-14	Change to preferred
4/1/2022	AIRDUO DGHLR INH 55-14	Change to preferred
4/1/2022	AIRDUO RESPI INH 113-14	Change to preferred
4/1/2022	AIRDUO RESPI INH 232-14	Change to preferred
4/1/2022	AIRDUO RESPI INH 55-14	Change to preferred
4/1/2022	ANORO ELLIPT AER 62.5-25	Change to preferred
4/1/2022	APO-VARENICLINE TAB 0.5MG	Remove from PDL
4/1/2022	APO-VARENICLINE TAB 1MG	Remove from PDL
4/1/2022	BEVESPI AER 9-4.8MCG	Change to non-preferred with PA
4/1/2022	FLUTIC/SALME AER 100/50	Change to non-preferred with PA
4/1/2022	FLUTIC/SALME AER 250/50	Change to non-preferred with PA
4/1/2022	FLUTIC/SALME AER 500/50	Change to non-preferred with PA
4/1/2022	INCRUSE ELPT INH 62.5MCG	Change to preferred
4/1/2022	MYFEMBREE TAB	Change to preferred with PA required
4/1/2022	QULIPTA TAB 10MG	Change to preferred with PA required
4/1/2022	QULIPTA TAB 30MG	Change to preferred with PA required
4/1/2022	QULIPTA TAB 60MG	Change to preferred with PA required
4/1/2022	SPIRIVA SPR 2.5MCG	Change to preferred
4/1/2022	WIXELA INHUB AER 100/50	Change to non-preferred with PA
4/1/2022	WIXELA INHUB AER 250/50	Change to non-preferred with PA
4/1/2022	WIXELA INHUB AER 500/50	Change to non-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.