



## 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
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	