



Medicaid Preferred Drug List (PDL) Changes – Molina Healthcare of Illinois January 1, 2024

Key			
AGE = 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
1/1/2024	DIFICID TAB 200 MG	Update to preferred	
1/1/2024	DIFICID SUS	Update to preferred	
1/1/2024	PREVYMIS TAB 240 MG	Update to preferred with PA	
1/1/2024	PREVYMIS TAB 480 MG	Update to preferred with PA	
1/1/2024	PERSERIS INJ 90 MG	Update to preferred with PA	
1/1/2024	PERSERIS INJ 120 MG	Update to preferred with PA	
1/1/2024	UZEDY INJ 50 MG	Update to preferred with PA	
1/1/2024	UZEDY INJ 75 MG	Update to preferred with PA	
1/1/2024	UZEDY INJ 100 MG	Update to preferred with PA	
1/1/2024	UZEDY INJ 125 MG	Update to preferred with PA	
1/1/2024	UZEDY INJ 150 MG	Update to preferred with PA	
1/1/2024	UZEDY INJ 200 MG	Update to preferred with PA	
1/1/2024	UZEDY INJ 250 MG	Update to preferred with PA	
1/1/2024	ABILIFY ASIM INJ 720 MG	Update to preferred with PA	
1/1/2024	ABILIFY ASIM INJ 960 MG	Update to preferred with PA	
1/1/2024	AUSTEDO XR TAB 6 MG	Update to preferred with PA	
1/1/2024	AUSTEDO XR TAB 12 MG	Update to preferred with PA	
1/1/2024	AUSTEDO XR TAB 24 MG	Update to preferred with PA	
1/1/2024	AUSTEDO XR TAB TITR KIT	Update to preferred with PA	