MHIL Provider Memo

Molina Healthcare of Illinois, Inc. | March 14, 2025

Medicaid Formulary PDL Changes, First Quarter 2025

Molina Healthcare of Illinois (Molina) has made the following changes to the Medicaid Preferred Drug List (PDL), **effective March 21, 2025**. 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 it means for you

If you prescribe any of the non-preferred products listed below for a Molina member, consider replacing it with a preferred product, if possible, on/after March 21, 2024. 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.

Product Name	Change	Notes	Effective Date
HUMIRA	Changing from preferred with PA to non-preferred	PA required	3/21/25
SIMLANDI	Add to formulary as preferred	PA required	3/21/25
ADALUMUMAB-ADBM	Changing from non-preferred to preferred	PA required	3/21/25
CONTOUR PLUS	Changing from non-preferred to preferred		3/21/25
ONE TOUCH	Changing from preferred to non-preferred	PA required	3/21/25
PERMETHRIN 5% CREAM	Changing from preferred to non-preferred	PA required	3/21/25
INSULIN DEGLUDEC	Changing from non-preferred to preferred		3/21/25
CARBAGLU	Changing from non-preferred to preferred	PA required	3/21/25
VRAYLAR	Changing from non-preferred to preferred		3/21/25
SIKLOS	Changing from non-preferred to preferred	Age limit: 2–17	3/21/25
AIRSUPRA	Changing from non-preferred to preferred		3/21/25
PROAIR DIGIHALER	Changing from non-preferred to preferred		3/21/25
PULMICORT FLEXHALER	Changing from non-preferred to preferred		3/21/25
ARNUITY ELLIPTA	Changing from non-preferred to preferred		3/21/25
FLUTICASONE PROPIONATE DISKUS	Changing from non-preferred to preferred		3/21/25

Product Name	Change	Notes	Effective Date
REXULTI	Changing from non-preferred to preferred		3/21/25
CAPLYTA	Changing from non-preferred to preferred		3/21/25
REZDIFFRA	Add to formulary as preferred	PA required	3/21/25
GLUCAGEN HYPOKIT	Changing from non-preferred to preferred		3/21/25
GLUCAGON EMERGENCY KIT	Changing from non-preferred to preferred		3/21/25
TEZSPIRE	Changing from non-preferred to preferred	PA required	3/21/25
CINQAIR	Changing from non-preferred to preferred	PA required	3/21/25
MYRBETRIQ	Changing from non-preferred to preferred		3/21/25
GEMTASA	Changing from non-preferred to preferred		3/21/25
GLATOPA	Changing from non-preferred to preferred		3/21/25
CABENUVA	Changing from preferred with PA to preferred	PA no longer required	3/21/25
PIFELTRO	Changing from non-preferred to preferred		3/21/25
PREZCOBIX	Changing from non-preferred to preferred		3/21/25
JULUCA	Changing from non-preferred to preferred		3/21/25
ZURZUVAE	Changing from non-preferred to preferred		3/21/25
RUKOBIA 600MG ER TAB	Changing from preferred with PA to preferred		3/21/25
MARAVIROC	Changing from non-preferred to preferred		3/21/25
SELZENTRY 25MG/75MG TAB, 20MG/ML SOLN	Changing from non-preferred to preferred		3/21/25
DIDANOSINE	Changing from preferred to non-preferred	PA required	3/21/25
INVIRASE	Changing from preferred to non-preferred	PA required	3/21/25
STAVUDINE	Changing from preferred to non-preferred	PA required	3/21/25
GUARDIAN 3/4 SENSOR	Changing from non-preferred to preferred	PA required	3/21/25
GUARDIAN LINK 3 TRANSMITTER GUARDIAN 4/CONNECT TRANSMITTER	Changing from non-preferred to preferred	PA required	3/21/25
OMNIPOD 5 G7, OMNIPOD CLASSIC, OMNIPOD DASH KIT	Changing from preferred with PA to non-preferred	PA required	3/21/25

Product Name	Change	Notes	Effective Date
CEQUR	Add to formulary as preferred	PA required	3/21/25
ILET KITS	Add to formulary as preferred	PA required	3/21/25
FIRST-OMEPRAZOLE SUSPENSION	Remove from formulary list		3/21/25
FUROSCIX KIT	Remove from formulary list		3/21/25
LANSOPRAZOLE SUSPENSION	Remove from formulary list		3/21/25
LICART	Remove from formulary list		3/21/25
NEFFY	Remove from formulary list		3/21/25
TIROSINT	Remove from formulary list		3/21/25
XTAMPZA	Remove from formulary list		3/21/25
AUSTEDO XR	Changing from non-preferred to preferred with PA	PA required	3/21/25
HEMLIBRA	Changing from non-preferred to preferred with PA	PA required	3/21/25
XOLAIR	Changing from non-preferred to preferred with PA	PA required	3/21/25

Questions?

We're here to help! Contact your dedicated provider relations manager or email the Provider Relations team at MHILProviderNetworkManagement@MolinaHealthcare.com. To help identify your dedicated provider relations manager, visit Molina's Service Area page.

Provider portal alert

Availity Essentials is the exclusive provider portal for Molina Healthcare. Log in today to ensure that you and your staff have access to streamlined claims management, authorizations, eligibility/benefit verification, and more.

Get critical updates

Receive news and updates about Molina services, plan requirements, and more delivered straight to your inbox! Click here to receive information curated exclusively for Molina's Illinois providers.