



Medicaid Preferred Drug List (PDL) Changes – Molina Healthcare of Illinois January 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
1/1/2023	COSENTYX INJ 150MG/ML	Update to preferred with PA	
1/1/2023	COSENTYX INJ 300DOSE	Update to preferred with PA	
1/1/2023	COSENTYX INJ 75MG/0.5	Update to preferred with PA	
1/1/2023	COSENTYX PEN INJ 150MG/ML	Update to preferred with PA	
1/1/2023	COSENTYX PEN INJ 300DOSE	Update to preferred with PA	
1/1/2023	ENBREL INJ 25/0.5ML	Update to non-preferred	
1/1/2023	ENBREL INJ 50MG/ML	Update to non-preferred	
1/1/2023	ENBREL MINI INJ 50MG/ML	Update to non-preferred	
1/1/2023	ENBREL SRCLK INJ 50MG/ML	Update to non-preferred	
1/1/2023	ENBREL INJ 25MG	Update to non-preferred	
1/1/2023	STRATTERA CAP 18MG	Update to preferred	
1/1/2023	STRATTERA CAP 40MG	Update to preferred	
1/1/2023	STRATTERA CAP 100MG	Update to preferred	
1/1/2023	STRATTERA CAP 25MG	Update to preferred	
1/1/2023	STRATTERA CAP 80MG	Update to preferred	
1/1/2023	STRATTERA CAP 10MG	Update to preferred	
1/1/2023	STRATTERA CAP 60MG	Update to preferred	