

Provider Memorandum

First Quarter 2016 Updates to the Preferred Drug List (PDL)

Revised Preferred Drug List (PDL)

Listed below are key changes that will go into effect on January 1, 2016 for Molina Healthcare of Illinois Medicaid membership. The Preferred Drug List is updated once every quarter with the next update to be done on 01/01/2016.

The Preferred Drug List (PDL), also known as the Formulary, is available on our website at

<http://www.molinahealthcare.com/providers/il/medicaid/drug/Pages/formulary.aspx>.

It is important for you or your patient to check this information when your patient needs to fill or refill a medication.

- Emergency Contraception
 - Add ulipristal (Ella) to Formulary with a quantity limit (QL) of 4 tabs/year
- Antihyperlipidemics
 - Add micronized fenofibrate 43mg to Formulary
 - Add ezetimibe (Zetia) to Formulary with a prior authorization (PA) required
- Remove econazole cream from Formulary
- Albendazole (Albenza) to require a prior authorization (PA)
- COPD
 - Add umeclidinium (Incruse Ellipta) to Formulary
 - Add albuterol/ipratropium nebulizer solution (DuoNeb) with a quantity limit of 240mL/month
- Antidiabetics
 - DPP-4s
 - Remove saxagliptin (Onglyza) and saxagliptin/metformin ext-rel (Kombiglyze XR) from Formulary
 - Rapid-acting Insulins
 - Remove insulin glulisine (Apidra) from Formulary
- Epinastin (Elestat) to require a prior authorization (PA)

If you have general questions about pharmacy for Molina Members or this update, please contact the Provider Services department by telephone at (855) 866-5462 or via email at: illinoisproviders@molinahealthcare.com

Thank you for your continued participation and providing high-quality service to our common customer, your patients and our Members.