



**July 9, 2024**

This is an update to the YouthCare HealthChoice Illinois (YouthCare) Preferred Drug List.

Coverage of the medications listed below will change, **effective August 15, 2024**, for all members. Please reference the table for changes.

**Note:** Active prior authorizations for the medication(s) listed will not be affected.

For questions, please call YouthCare Provider Services at **844-289-2264**.

<b>Impacted Medication</b>	<b>Change</b>	<b>Preferred Agents or New Limits</b>
Wellfola	New Status	Non-preferred