



To: Provider
From: MeridianHealth
State: Illinois
Line of Business: Medicaid
Date: 5/19/2021
Re: Important: Formulary Updates

Dear Provider,

The grid below provides details of an upcoming negative formulary change(s) that may affect your patients. This change(s) will become effective 30 days from date of this notice.

For the most up-to-date information regarding formulary coverage and medication management, please visit our website at www.ilmeridian.com/providers/pharmacy.html and select the "Pharmacy" tab to the left on the provider homepage.

Medication	Current Formulary State	Future State/Utilization Management
3-DAY VAGINAL CREAM	Covered	Not Covered
CHLORPROPAMIDE 100 MG TABLET	Covered	Not Covered
CHLORPROPAMIDE 250 MG TABLET	Covered	Not Covered
CLOTRIMAZOLE-3 2% CREAM	Covered	Not Covered
CVS CLOTRIMAZOLE-3 2% CREAM	Covered	Not Covered
MICONAZOLE 2% VAGINAL CREAM	Covered	Not Covered
MICONAZOLE 3 COMBO PACK	Covered	Not Covered
MICONAZOLE 7 100 MG VAG SUPP	Covered	Not Covered
MICONAZOLE 7 CREAM	Covered	Not Covered
QC MICONAZOLE-7 CREAM	Covered	Not Covered
SM 3-DAY VAGINAL CREAM	Covered	Not Covered
SM MICONAZOLE 2% VAGINAL CREAM	Covered	Not Covered
SM MICONAZOLE 7 100 MG VAG SUP	Covered	Not Covered
SM MICONAZOLE 7 CREAM	Covered	Not Covered

For any questions, please call our Pharmacy Help Desk at **855-580-1688**.

Thank you,

MeridianRx