



To: Provider
From: MeridianHealth
State: Illinois
Line of Business: Medicaid
Date: 5/11/2021
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 <https://www.ilmeridian.com/providers.html> and select the "Pharmacy" tab to the left on the provider homepage.

Medication	Current Formulary State	Future State/Utilization Management
GAVISCON 80-14.2 MG TAB CHEW	Covered	Not Covered

For any questions, please call our Pharmacy Help Desk at **866-984-6462**.

Thank you,

MeridianRx