



To: Provider
From: Meridian
State: Illinois
Line of Business: Medicaid
Date: February 2, 2022
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](#) and select the “2022 Formulary”.

Medication	Current Formulary State	Future State/Utilization Management
OZOBAX 5 MG/5 ML SOLUTION	Covered	Not Covered
ADVOCATE INS 0.3 ML 31GX5/16'''	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ADVOCATE INS 0.5 ML 30GX5/16'''	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ADVOCATE INS 0.5 ML 31GX5/16'''	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ADVOCATE INS 1 ML 31GX5/16'''	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ADVOCATE PEN NEEDLE 4MM 33G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ADVOCATE PEN NEEDLES 5MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ADVOCATE PEN NEEDLES 8MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INS SYR 0.3 ML 8MMX31G(1/2)	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INS SYR UF 0.3ML 12.7MMX30G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INS SYR UF 0.5ML 12.7MMX30G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INS SYRN UF 1 ML 12.7MMX30G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INS SYRNG 0.3 ML 29GX12.7MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INS SYRNG 0.5 ML 29GX12.7MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INS SYRNG UF 0.3 ML 8MMX31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INS SYRNG UF 0.5 ML 8MMX31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INSULIN SYR 0.5 ML 28GX1/2'''	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INSULIN SYR 1 ML 25GX1'''	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INSULIN SYR 1 ML 25GX5/8'''	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INSULIN SYR 1 ML 27GX12.7MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INSULIN SYR 1 ML 27GX5/8'''	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INSULIN SYR 1 ML 28GX1/2'''	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD INSULIN SYR 1 ML 29GX12.7MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred

BD INSULIN SYR UF 1 ML 8MMX31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD NANO 2 GEN PEN NDL 32GX4MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD SAFETGLD INS 0.3 ML 8MMX31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD SAFETGLD INS 0.3ML 13MMX29G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD SAFETGLD INS 0.5ML 13MMX29G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD SAFETYGLD INS 1 ML 13MMX29G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD UF MICRO PEN NEEDLE 6MMX32G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD UF MINI PEN NEEDLE 5MMX31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD UF NANO PEN NEEDLE 4MMX32G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD UF ORIG PEN NDL 12.7MMX29G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD UF SHORT PEN NEEDLE 8MMX31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD VEO INS 0.3ML 6MMX31G (1/2)	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD VEO INS SYRING 1 ML 6MMX31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD VEO INS SYRN 0.3 ML 6MMX31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
BD VEO INS SYRN 0.5 ML 6MMX31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
CAREFINE PEN NEEDLE 5MM 32G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
CAREFINE PEN NEEDLE 6MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
CAREFINE PEN NEEDLE 8MM 30G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
COMFORT EZ PEN NEEDLES 4MM 32G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
COMFORT EZ PEN NEEDLES 5MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
COMFORT EZ PEN NEEDLES 8MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
DROPLET PEN NEEDLE 31GX1/4""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
DROPLET PEN NEEDLE 31GX3/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
DROPLET PEN NEEDLE 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
DROPLET PEN NEEDLE 32GX5/32""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY COMFORT PEN NDL 33G 4MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY COMFORT PEN NDL 33G 5MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY COMFORT PEN NDL 33G 6MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY GLIDE INS 0.5 ML 31GX6MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY GLIDE INS 1 ML 31GX6MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY TOUCH INSULIN SYR 0.3 ML	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY TOUCH INSULIN SYR 0.5 ML	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY TOUCH INSULIN SYR 1 ML	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY TOUCH PEN NEEDLE 29GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY TOUCH PEN NEEDLE 31GX1/4""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY TOUCH PEN NEEDLE 31GX3/16	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY TOUCH PEN NEEDLE 31GX5/16	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY TOUCH PEN NEEDLE 32GX1/4""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY TOUCH PEN NEEDLE 32GX3/16	Tier 4 - Supplemental	Tier 3 – Non-Preferred
EASY-TOUCH INS 1 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
GS PEN NEEDLE 31G X 8MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
HEALTHWISE PEN NEEDLE 31G 8MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
HM ULTICARE PEN NEEDLE 4MM 32G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
HM ULTICARE PEN NEEDLE 6MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
HM ULTICARE PEN NEEDLE 8MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
INSULIN 1 ML SYRINGE	Tier 4 - Supplemental	Tier 3 – Non-Preferred
INSULIN 1/2 ML SYRINGE	Tier 4 - Supplemental	Tier 3 – Non-Preferred

INSULIN 3/10 ML SYRINGE	Tier 4 - Supplemental	Tier 3 – Non-Preferred
INSULIN SYRIN 0.3 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
INSULIN SYRIN 0.5 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
INSULIN SYRINGE 1 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
LITE TOUCH 31GX1/4"" PEN NEEDLE	Tier 4 - Supplemental	Tier 3 – Non-Preferred
MINI ULTRA-THIN II PEN NDL 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
MONOJECT INSUL SYR U100 1 ML	Tier 4 - Supplemental	Tier 3 – Non-Preferred
MONOJECT INSULIN SYR 1 ML	Tier 4 - Supplemental	Tier 3 – Non-Preferred
MONOJECT INSULIN SYR U-100	Tier 4 - Supplemental	Tier 3 – Non-Preferred
MS PEN NEEDLE 6MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
NOVOFINE 32G NEEDLES	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PEN NEEDLE 30G X 5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PEN NEEDLE 31G X 1/4""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PEN NEEDLE 31G X 3/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PEN NEEDLE 31G X 5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PEN NEEDLE 32G X 5/32""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PEN NEEDLES 12MM 29G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PEN NEEDLES 8MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PENTIPS PEN NEEDLE 31GX3/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PENTIPS PEN NEEDLE 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PENTIPS PEN NEEDLE 32GX5/32""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PENTIPS PEN NEEDLE 6MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PRO COMFORT 0.5 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PRO COMFORT PEN NDL 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PRO COMFORT PEN NDL 32G X 1/4""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
PRO COMFORT PEN NDL 4MM 32G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
RELION INS SYR 0.5 ML 29GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
RELION INS SYR 1 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
RELION MINI PEN 31G X 1/4"" NDL	Tier 4 - Supplemental	Tier 3 – Non-Preferred
RELION PEN NEEDLES 32GX5/32""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
RELION SYRING 0.3 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
RELION SYRING 0.5 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
SURE COMFORT 0.3 ML SYRINGE	Tier 4 - Supplemental	Tier 3 – Non-Preferred
SURE COMFORT 0.5 ML SYRINGE	Tier 4 - Supplemental	Tier 3 – Non-Preferred
SURE COMFORT 1 ML SYRINGE	Tier 4 - Supplemental	Tier 3 – Non-Preferred
SURE COMFORT 3/10 ML SYRINGE	Tier 4 - Supplemental	Tier 3 – Non-Preferred
SURE COMFORT 30G PEN NEEDLE	Tier 4 - Supplemental	Tier 3 – Non-Preferred
SURE COMFORT 31G PEN NEEDLE	Tier 4 - Supplemental	Tier 3 – Non-Preferred
SURE COMFORT PEN NDL 29GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
SURE COMFORT PEN NDL 31GX3/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
SURE COMFORT PEN NDL 32GX1/4""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
SURE COMFORT PEN NDL 32GX5/32""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE 0.3 ML 31GX6MM (1/2)	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE 0.5 ML 31GX8MM (1/2)	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE INS SYR 1 ML 30GX12MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE INS SYR 1 ML 30GX8MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred

TECHLITE INS SYR 1 ML 31GX6MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE INS SYR 1 ML 31GX8MM	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE PEN NEEDLE 29GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE PEN NEEDLE 31GX1/4""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE PEN NEEDLE 31GX3/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE PEN NEEDLE 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE PEN NEEDLE 32GX1/4""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TECHLITE PEN NEEDLE 32GX5/32""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TODAY'S HLTH PN NEEDLE 6MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
TRUE COMFORT 0.5 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE INS SYR 1 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE INS 0.3 ML 30GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE INS 0.5 ML 30GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE INS SYR 1 ML 28GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE INS SYR 1 ML 29GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE INS SYR 1 ML 30GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE PEN NDL 12.7 MM 29G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE PEN NEEDLE 31GX3/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE PEN NEEDLE 4MM 32G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE PEN NEEDLE 6MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE PEN NEEDLE 8MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE PEN NEEDLES 12MM 29G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE PEN NEEDLES 4MM 32G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE PEN NEEDLES 6MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE PEN NEEDLES 6MM 32G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE PEN NEEDLES 8MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE SYR 0.3 ML 30GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE SYR 0.3 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE SYR 0.5 ML 29GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE SYR 0.5 ML 30GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE SYR 0.5 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE SYR 1 ML 30GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE SYR 1 ML 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE SYRIN 0.3 ML 29GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTICARE SYRIN 0.5 ML 28GX1/2""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
ULTRA-THIN II PEN NDL 31GX5/16	Tier 4 - Supplemental	Tier 3 – Non-Preferred
UNIFINE PENTIPS 12MM 29G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
UNIFINE PENTIPS 31GX3/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
UNIFINE PENTIPS 32GX5/32""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
UNIFINE PENTIPS 6MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
UNIFINE PENTIPS 8MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
UNIFINE PENTIPS PLUS 31GX1/4""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
UNIFINE PENTIPS PLUS 31GX3/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
UNIFINE PENTIPS PLUS 31GX5/16""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
UNIFINE PENTIPS PLUS 32GX5/32""	Tier 4 - Supplemental	Tier 3 – Non-Preferred
YOURX ULTICARE PEN NDL 4MM 32G	Tier 4 - Supplemental	Tier 3 – Non-Preferred
YOURX ULTICARE PEN NDL 6MM 31G	Tier 4 - Supplemental	Tier 3 – Non-Preferred

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

Thank you,

MeridianRx