



**To:** Provider  
**From:** MeridianHealth  
**State:** Illinois  
**Line of Business:** Medicaid  
**Date:** December 2020  
**Re:** Important: Formulary Updates

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Dear Provider,

The grid below shows recent formulary changes that may affect your patients. For the most up-to-date information regarding formulary coverage and medication management, please visit our website at [corp.mhplan.com/en/provider/illinois/meridianhealthplan](http://corp.mhplan.com/en/provider/illinois/meridianhealthplan) and select the “Formulary” tab to the left on the provider homepage.

<b>Illinois Medicaid</b>			
<b>Medication</b>	<b>Date of Change</b>	<b>Previous Formulary State</b>	<b>Current State/Utilization Management</b>
<b>Medication Additions</b>			
<b>ALKINDI SPRINKLE 0.5 MG CAP</b>	11/3/2020	Not Formulary	Not preferred; PA Required
<b>ALKINDI SPRINKLE 1 MG CAPSULE</b>	11/3/2020	Not Formulary	Not preferred; PA Required
<b>ALKINDI SPRINKLE 2 MG CAPSULE</b>	11/3/2020	Not Formulary	Not preferred; PA Required
<b>ALKINDI SPRINKLE 5 MG CAPSULE</b>	11/3/2020	Not Formulary	Not preferred; PA Required
<b>TOLVAPTAN 15 MG TABLET</b>	11/3/2020	Not Formulary	Not preferred; PA Required
<b>TOLVAPTAN 15 MG TABLET</b>	11/3/2020	Not Formulary	Not preferred; PA Required
<b>EPCLUSA 200 MG-50 MG TABLET</b>	11/10/2020	Not Formulary	Not preferred; PA Required

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

Thank you,

MeridianRx