



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

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 and select the “Formulary” tab to the left on the provider homepage.

Illinois Medicaid			
Medication	Date of Change	Previous Formulary State	Current State/Utilization Management
Medication Additions			
Reditrex 10mg/0.4mL Syringe Reditrex 12.5mg/0.5mL Syringe Reditrex 15mg/0.6mL Syringe Reditrex 17.5mg/0.7mL Syringe Reditrex 20mg/0.8mL Syringe Reditrex 22.5mg/0.9mL Syringe Reditrex 25mg/mL Syringe Reditrex 7.5mg/0.3mL Syringe	01/29/2021	Non-Formulary	Non-preferred; PA required
Lyleq 0.35mg Tablet	01/29/2021	Non-Formulary	Preferred
Tri-Nymyo 28 Tablet	01/29/2021	Non-Formulary	Preferred
Twirla 120/30mcg/day Patch	01/29/2021	Non-Formulary	Preferred
Lubiprostone 8mcg Capsule Lubiprostone 24mcg Capsule	01/29/2021	Non-Formulary	Non-Preferred; PA required
Abiraterone 500mg Tablet	01/21/2021	Non-Formulary	Preferred
Utilization Criteria Updates			
Azithromycin 250mg Tablet Zithromax 250mg Tablet	01/15/2021	Limited to 6 tablets per 5 days; Limited to 1 treatment every 30 days	Limited to 60 tablets per 180 days
Azithromycin 500mg Tablet Zithromax 500mg Tablet	01/15/2021	Limited to 3 tablets per fill	Limited to 60 tablets per 180 days

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

Thank you,

MeridianRx