



To: Provider
From: MeridianHealth
State: Illinois
Line of Business: Medicaid
Date: January 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			
Lyllana 0.025mg patch Lyllana 0.0375mg patch Lyllana 0.075mg patch Lyllana 0.1mg patch	12/23/2020	Not Formulary	Preferred
Retacrit 20,000 Unit/mL Vial Retacrit 20,000 Unit/2mL Vial	12/23/2020	Not Formulary	Not Preferred; Prior Authorization Required
Dificid 40 mg/mL Suspension	1/1/2021	Not Formulary	Not Preferred; Prior Authorization Required
Nitazoxanide 500 mg Tablet	1/1/2021	Not Formulary	Not Preferred; Prior Authorization Required
Astrazeneca COVID-19 Vaccine Moderna COVID-19 Vaccine	1/1/2021	Not Formulary	Supplemental Coverage

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Pfizer COVID-19 Vaccine			
Utilization Criteria Updates			
Accu-Chek Test Strips Accutrend Test Strips Advocate Test Strips Assure Test Strips Clever Choice Test Strips Contour Test Strips Easy Test Strips Easymax Test Strips Element Test Strips Embrace Test Strips Evencare Test Strips Fora Test Strips Freestyle Test Strips Glucocard Test Strips Optium Test Strips Precision Test Strips Truetrack Test Strips True Matrix Test Strips Unistrip Test Strip Wavesense Test Strip	12/10/2020	Limited to 300 Test strips per 90 days	Limited to 360 Test strips per 90 days

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

Thank you,

MeridianRx

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