



To: Provider
From: MeridianHealth
State: Illinois
Line of Business: Medicaid
Date: November 2020
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/UM
Medication Additions			
KLOR-CON 10 MEQ TABLET	10/15/2020	Covered; Addition of NDCs required	Covered
KLOR-CON M20 TABLET	10/15/2020	Covered; Addition of NDCs required	Covered
Medication Deletions			
EMBEDA ER 20-0.8 MG CAPSULE	10/21/2020	Preferred; Prior authorization required; limited to 30 ea per 30 days	Not Covered
EMBEDA ER 30-1.2 MG CAPSULE	10/21/2020	Preferred; Prior authorization required; limited to 30 ea per 30 days	Not Covered
EMBEDA ER 50-2 MG CAPSULE	10/21/2020	Preferred; Prior authorization required; limited to 30 ea per 30 days	Not Covered
EMBEDA ER 60-2.4 MG CAPSULE	10/21/2020	Preferred; Prior authorization required; limited to 30 ea per 30 days	Not Covered
EMBEDA ER 80-3.2 MG CAPSULE	10/21/2020	Preferred; Prior authorization required; limited to 30 ea per 30 days	Not Covered
EMBEDA ER 100-4 MG	10/21/2020	Preferred; Prior	Not Covered

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CAPSULE		authorization required; limited to 30 ea per 30 days	
TANZEUM 30 MG PEN INJECT	10/21/2020	Non-preferred; Prior authorization required	Not Covered

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

Thank you,

MeridianRx

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