

To: MeridianRx Prescribers

From: MeridianRx

State: ALL

Date: 4/1/2019

Re: Notice of Formulary Changes

Please review the formulary changes below effective April 1, 2019.

The specialty indicator was removed from the antiretroviral class of medications in February 2018. Members are now able to fill their covered antiretroviral prescriptions at their local innetwork retail pharmacies.

Effective April 1st the following changes will be reflected on the Illinois Medicaid Formulary:

Drug Removals	Covered Formulary Alternative	Formulary Alterative Criteria
Humalog 100U/mL vial	Admelog 100U/mL vial	Quantity limit; 60mL (6 vials)
		per 30 days
Humalog 100U/mL	Admelog Solostar 100U/mL	Quantity limit; 60mL (4 boxes)
cartridge		per 30 days
Humalog 100U/mL	Basaglar 100U/mL Kwikpen	Quantity limit; 60mL (4 boxes)
cartridge		per 30 days
Humalog 100U/mL	Ventolin HFA 90 mcg inhaler	Quantity limit: 2 inhalers per
Kwikpen		month
Humalog 200U/mL	Albuterol Sulfate HFA 90 mcg	Quantity limit: 2 inhalers per
Kwikpen	inhaler	month
Lantus 100U/mL vial		
Proair HFA 90mcg		
inhaler		
Proair Respiclick		
inhaler		

For questions or assistance with finding an in-network pharmacy, you can contact our Pharmacy Help Desk at **855-580-1688 or** visit our website:

https://www.meridianrx.com/en/pharmacy-lookup

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