



To: Provider
From: MeridianHealth
State: Illinois
Line of Business: Medicaid
Date: 3/3/2021
Re: Important: Formulary Updates

Dear Provider,

The grid below provides details of upcoming negative formulary changes that may affect your patients. These changes will become effective 30 days from date of this notice.

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.

Medication	Current Formulary State	Future State/Utilization Management
Microgestin 21 1-20 Tablet	Preferred	Preferred; Limited to 30 tablets per 30 days; Limited to members between the ages of 10 and 55
Kurvelo-28 Tablet	Preferred; Limited to 30 tablets per 30 days	Preferred; Limited to 30 tablets per 30 days; Limited to members between the ages of 10 and 55
Westab Plus Tablet	Preferred	Preferred; Limited to members between the ages of 10 and 55

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

Thank you,

MeridianRx