

Illinois Medicaid Formulary Updates

OCTOBER 2020

ILLINOIS

Dear Providers,

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			
Magnesium Citrate Solution	9/11/2020	Not Covered	Preferred
Hyperrho S-D 1,500 Unit Syringe	9/24/2020	Not Covered	Preferred; Limited to 2 ea per 270 days
Hyperrho S-D 250 Unit Syringe	9/24/2020	Not Covered	Preferred; Limited to 2 ea per 270 days
Micrhogam Ultra-Filt'd Plus Syringe	9/24/2020	Not Covered	Preferred; Limited to 2 ea per 270 days
RHO GAM ULTRA-FILTERED PLUS SYR	9/24/2020	Not Covered	Preferred; Limited to 2 ea per 270 days
RHOPHYLAC 300 MCG/2 ML SYRINGE	9/24/2020	Not Covered	Preferred; Limited to 4 mL per 270 days
WINRHO SDF 1,500 UNIT VIAL	9/24/2020	Not Covered	Preferred; Limited to 2.6 mL per 270 days
WINRHO SDF 15,000 UNIT VIAL	9/24/2020	Not Covered	Preferred; Limited to 26 mL per 270 days
WINRHO SDF 2,500 UNIT VIAL	9/24/2020	Not Covered	Preferred; Limited to 4.4 mL per 270 days
WINRHO SDF 5,000 UNIT VIAL	9/24/2020	Not Covered	Preferred; Limited to 8.8 mL per 270 days
Utilization Criteria Updates			
Aciphex DR 20 MG Tablet	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Aciphex Sprinkle DR 10 MG Capsule	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Aciphex Sprinkle DR 5 MG Capsule	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Dexilant DR 60 MG Capsule	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6

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			fills per 365 days
Esomeprazole DR 10 MG Packet	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Esomeprazole DR 20 MG Packet	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Esomeprazole DR 24.65 MG Capsule	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Esomeprazole DR 40 MG Packet	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Esomeprazole DR 49.3 MG Capsule	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Esomeprazole Mag DR 20 MG Capsule	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Esomeprazole Mag DR 40 MG CAP	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Prevacid 15 MG Solutab	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Prevacid 30 MG Solutab	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Rabeprazole Sod DR 20 MG Tablet	9/11/2020	Non Preferred	Non preferred; Limited to 30 ea per 30 days, 6 fills per 365 days
Dexilant DR 30 MG Capsule	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Dexilant DR 60 MG Capsule	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Lansoprazole ODT 15 MG Tablet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Lansoprazole ODT 30 MG Tablet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Nexium DR 10 MG Packet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6

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Nexium DR 2.5 MG Packet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Nexium DR 20 MG Capsule	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Nexium DR 20 MG Packet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Nexium DR 40 MG Capsule	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Nexium DR 40 MG Packet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Nexium DR 5 MG Packet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Omeprazole DR 10 MG Capsule	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Omeprazole DR 20 MG Capsule	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Omeprazole DR 40 MG Capsule	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Pantoprazole Sod DR 20 MG Tablet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Pantoprazole Sod DR 40 MG Tablet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Protonix 40 MG Suspension	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Protonix DR 20 MG Tablet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Protonix DR 40 MG Tablet	9/11/2020	Non Preferred	Non Preferred; Limited to 60 ea per 30 days, 6 fills per 365 days
Prilosec DR 10 MG Suspension	9/11/2020	Non Preferred	Non Preferred; Limited to 120 ea per 30 days, 6



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PriLOSEC DR 2.5 MG Suspension	9/11/2020	Non Preferred	Non Preferred; Limited to 120 ea per 30 days, 6 fills per 365 days

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

Sincerely,

Meridian