



To: Provider
From: MeridianHealth
State: Illinois
Line of Business: Medicaid
Date: September 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/Utilization Management
Medication Additions			
Desvenlafaxine Succinate ER 50mg Tablet Desvenlafaxine Succinate ER 100mg Tablet	8/4/2020	Non-Formulary	Non-Preferred; Prior Authorization Required
Sumatriptan 6mg/0.5mL Cartridge	8/4/2020	Non-Formulary	Preferred
Prizopak II 2.5%-2.5% Cream Kit Aprizo Pak II 2.5%-2.5% Cream	8/4/2020	Non-Formulary	Non-Preferred; Prior Authorization Required
Ortikos ER 6mg, 9mg Capsule	8/4/2020	Non-Formulary	Non-Preferred; Prior Authorization Required
Enbrel 25mg/0.5mL Vial	8/11/2020	Non-Formulary	Preferred; Prior Authorization Required
Afluria Quad 2020-2021 Vial	8/11/2020	Non-Formulary	Preferred; 1 shot per 180 days
Afluria Quad 2020-2021 (3YR UP)	8/11/2020	Non-Formulary	Preferred; Min age 3; 1 shot per 180 days
Afluria Quad 2020-2021 (6-35MO)	8/11/2020	Non-Formulary	Preferred; Max age 3; 1 shot per 180 days

IMPORTANT: This facsimile transmission may contain confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule (45 C.F.R. Part 160; Subparts A and E of Part 164). This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is proprietary, privileged, confidential and/or exempt from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone at 313-324-3800 to arrange the return or destruction of the information and all copies.

Fluad 2020-2021 Syringe	8/11/2020	Non-Formulary	Preferred; Min age 65; 1 shot per 180 days
Fluad Quad 2020-2021 Syringe	8/11/2020	Non-Formulary	Preferred; Min age 65; 1 shot per 180 days
Fluarix Quad 2020-2021 Syringe	8/11/2020	Non-Formulary	Preferred; 1 shot per 180 days
Flucelvax Quad 2020-2021 Syringe	8/11/2020	Non-Formulary	Preferred; Min age 4; 1 shot per 180 days
Flucelvax Quad 2020-2021 Vial	8/11/2020	Non-Formulary	Preferred; Min age 4; 1 shot per 180 days
Flulaval Quad 2020-2021 Syringe	8/11/2020	Non-Formulary	Preferred; 1 shot per 180 days
Flumist Quad Nasal 2020-2021 Vaccine	8/11/2020	Non-Formulary	Preferred; Min age 2 & Max age 49; 1 shot per 180 days
Fluzone High-Dose Quad 2020-2021	8/11/2020	Non-Formulary	Preferred; Min age 65; 1 shot per 180 days
Fluzone Quad 2020-2021 Syringe	8/11/2020	Non-Formulary	Preferred; 1 shot per 180 days
Fluzone Quad 2020-2021 Vial	8/11/2020	Non-Formulary	Preferred; 1 shot per 180 days
Deferasirox 90mg Granule Deferasirox 180mg Granule Deferasirox 360mg Granule	8/25/2020	Non-Formulary	Non-preferred; Prior Authorization Required
Desvenlafaxine Succinate ER 50mg Tablet Desvenlafaxine Succinate ER 100mg Tablet	8/4/2020	Non-Formulary	Non-Preferred; Prior Authorization Required
Sumatriptan 6mg/0.5mL Cartridge	8/4/2020	Non-Formulary	Preferred
Prizopak II 2.5%-2.5% Cream Kit Aprizo Pak II 2.5%-2.5% Cream	8/4/2020	Non-Formulary	Non-Preferred; Prior Authorization Required
Ortikos ER 6mg, 9mg Capsule	8/4/2020	Non-Formulary	Non-Preferred; Prior Authorization Required
Enbrel 25mg/0.5mL Vial	8/11/2020	Non-Formulary	Preferred; Prior Authorization Required
Afluria Quad 2020-2021 Vial	8/11/2020	Non-Formulary	Preferred; 1 shot per 180 days
Afluria Quad 2020-2021 (3YR UP)	8/11/2020	Non-Formulary	Preferred; Min age 3; 1 shot per 180 days
Afluria Quad 2020-2021 (6-35MO)	8/11/2020	Non-Formulary	Preferred; Max age 3; 1 shot per 180 days
Fluad 2020-2021 Syringe	8/11/2020	Non-Formulary	Preferred; Min age 65; 1 shot per 180 days

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Fluzone Quad 2020-2021 Syringe	8/11/2020	Non-Formulary	Preferred; 1 shot per 180 days
Fluzone Quad 2020-2021 Vial	8/11/2020	Non-Formulary	Preferred; 1 shot per 180 days
Deferasirox 90mg Granule Deferasirox 180mg Granule Deferasirox 360mg Granule	8/25/2020	Non-Formulary	Non-preferred; Prior Authorization Required
Utilization Criteria Updates			
Ubrelvy 50mg Tablet Ubrelvy 100mg Tablet	7/31/2020	Non-Preferred; Prior Authorization Required	Non-Preferred; Prior Authorization Required; Quantity limit 10 tablets per 30 days
Nurtec ODT 75mg Tablet	7/31/2020	Non-Preferred; Prior Authorization Required	Non-Preferred; Prior Authorization Required; Quantity limit 8 tablets per 30 days

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

Thank you,

MeridianRx

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