



**To:** Provider  
**From:** MeridianHealth  
**State:** Michigan  
**Line of Business:** Medicaid  
**Date:** April 2021  
**Re:** Important: Formulary Updates

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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/michigan/meridianhealthplan](http://corp.mhplan.com/en/provider/michigan/meridianhealthplan) and select the "Formulary" tab to the left on the provider homepage.

Michigan Medicaid			
Medication	Date of Change	Previous Formulary State	Current State/Utilization Management
<b>Medication Additions</b>			
Hydrocodone ER 20mg Tablet Hydrocodone ER 30mg Tablet Hydrocodone ER 40mg Tablet Hydrocodone ER 60mg Tablet Hydrocodone ER 80mg Tablet Hydrocodone ER 100mg Tablet Hydrocodone ER 120mg Tablet	3/19/2021	Not Covered	Non-Preferred; Prior Authorization Required
Brinzolamide 1% Eye Drops	3/24/2021	Not Covered	Non-Preferred; Prior Authorization Required
Prolate 10mg-300mg/5mL Soln	3/24/2021	Not Covered	Preferred; Prior Authorization Required

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

Thank you,

MeridianRx