



To: Provider
From: MeridianHealth
State: Michigan
Line of Business: Medicaid
Date: February 2021
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/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
Medication Additions			
Palforzia 3mg Powder Palforzia 12mg Powder Palforzia 20mg Powder Palforzia 120mg Powder Palforzia 160mg Powder Palforzia 200mg Powder Palforzia 240mg Powder	01/01/2021	Non-Formulary	Prior Authorization Required; Restricted to members between the ages of 4 and 17; Restricted to specialty pharmacies
Medication Deletions			
Jardiance 10mg Tablet Jardiance 25mg Tablet	01/01/2021	Preferred; Prior Authorization Required	Preferred
Invokana 100mg Tablet Invokana 300mg Tablet	01/01/2021	Preferred; Prior Authorization Required	Preferred
Farxiga 5mg Tablet Farxiga 10mg Tablet	01/01/2021	Preferred; Prior Authorization Required	Preferred

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

Thank you,

MeridianRx