



To: Provider
From: MeridianHealth
State: Michigan
Line of Business: Medicaid
Date: January 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			
Retacrit 20,000 mg/mL vial Retacrit 20,000 mg/2mL vial	12/4/2020	Not Covered	Preferred; Prior Authorization Required
Astrazeneca COVID-19 Vaccine Moderna COVID-19 Vaccine Pfizer COVID-19 Vaccine	1/1/2021	Not Covered	Supplemental Coverage
Medication Deletions			
Methocarbamol 500mg Tablet	12/4/2020	Prior Authorization Required	Preferred

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

Thank you,

MeridianRx

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