



**To:** Provider  
**From:** MeridianHealth  
**State:** Michigan  
**Line of Business:** Medicaid  
**Date:** March 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.

<b>Michigan Medicaid</b>			
<b>Medication</b>	<b>Date of Change</b>	<b>Previous Formulary State</b>	<b>Current State/Utilization Management</b>
<b>Medication Additions</b>			
<b>Albendazole 200mg Tablet</b>	2/19/2021	Not Formulary	Supplemental; Limited to 4 tablets per fill, up to 2 fills per year
<b>Utilization Criteria Updates</b>			
<b>Nexium DR 2.5mg Packet Nexium DR 5mg Packet Nexium DR 10mg Packet Nexium DR 20mg Packet Nexium DR 40mg Packet</b>	2/1/2021	Non-Preferred; PA required	Preferred
<b>Nitrofurantoin Mcr 50mg Cap Nitrofurantoin Mcr 100mg Cap</b>	2/19/2021	Preferred; Limited to 60 capsules per 30 days	Preferred; Limited to 120 capsules per 30 days
<b>Medication Deletions</b>			
<b>Carisoprodol 350mg Tablet</b>	2/19/2021	Supplemental	Not Formulary
<b>Flavoxate HCL 100mg Tablet</b>	2/19/2021	Supplemental	Not Formulary
<b>Niacin SA 250mg Capsule</b>	2/19/2021	Supplemental	Not Formulary
<b>Semglee 100Unit/mL Pen</b>	2/19/2021	Supplemental; Limited to 30mL per 30 days	Not Formulary
<b>Semglee 100Unit/mL Vial</b>	2/19/2021	Supplemental; Limited to 60mL per 30 days	Not Formulary

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

Thank you,

MeridianRx