



**To:** Provider  
**From:** MeridianHealth  
**State:** Michigan  
**Line of Business:** Medicaid  
**Date:** November 2020  
**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/UM
<b>Medication Additions</b>			
<b>ACETAZOLAMIDE 125 MG TABLET</b>	10/19/2020	Covered; Addition of NDCs required	Limited to 120 tablets per 30 days
<b>ACETAZOLAMIDE 250 MG TABLET</b>	10/19/2020	Covered; Addition of NDCs required	Limited to 120 tablets per 30 days
<b>ACETAZOLAMIDE ER 500 MG CAP</b>	10/19/2020	Covered; Addition of NDCs required	Limited to 60 capsules per 30 days
<b>ANASTROZOLE 1 MG TABLET</b>	10/19/2020	Covered; Addition of NDCs required	Covered
<b>CELECOXIB 100 MG CAPSULE</b>	10/19/2020	Covered; Addition of NDCs required	Requires prior trial and failure of a 30-day supply each with 2 or more NSAIDs covered on the Common Formulary in the last 180 days. Limited to 1 capsule per day.
<b>CELECOXIB 200 MG CAPSULE</b>	10/19/2020	Covered; Addition of NDCs required	Requires prior trial and failure of a 30-day supply each with 2 or more NSAIDS covered on the Common Formulary in the last 180 days. Limited to 1 capsule per day.
<b>CELECOXIB 400 MG</b>	10/19/2020	Covered; Addition of NDCs	Requires prior trial and

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<b>CAPSULE</b>		required	failure of a 30-day supply each with 2 or more NSAIDS covered on the Common Formulary in the last 180 days. Limited to 1 capsule per day.
<b>CELECOXIB 50 MG CAPSULE</b>	10/19/2020	Covered; Addition of NDCs required	Requires prior trial and failure of a 30-day supply each with 2 or more NSAIDS covered on the Common Formulary in the last 180 days. Limited to 1 capsule per day.
<b>CLOTRIMAZOLE 1% SOLUTION</b>	10/19/2020	Covered; Addition of NDCs required	Covered
<b>DICLOFENAC SODIUM 1% GEL</b>	10/19/2020	Covered; Addition of NDCs required	Covered
<b>DICYCLOMINE 10 MG/5 ML SOLN</b>	10/19/2020	Covered; Addition of NDCs required	Restricted to members age 64 and younger.
<b>DICYCLOMINE 20 MG TABLET</b>	10/19/2020	Covered; Addition of NDCs required	Restricted to members age 64 and younger.
<b>MIDODRINE HCL 10 MG TABLET</b>	10/19/2020	Covered; Addition of NDCs required	Limited to 90 tablets per 30 days
<b>MIDODRINE HCL 2.5 MG TABLET</b>	10/19/2020	Covered; Addition of NDCs required	Limited to 90 tablets per 30 days
<b>MIDODRINE HCL 5 MG TABLET</b>	10/19/2020	Covered; Addition of NDCs required	Limited to 90 tablets per 30 days
<b>PEG-3350 AND ELECTROLYTES SOLN</b>	10/19/2020	Covered; Addition of NDCs required	Covered
<b>SUCRALFATE 1 GM/10 ML SUSP</b>	10/19/2020	Covered; Addition of NDCs required	Covered

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

Thank you,

MeridianRx

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