



June 18, 2024

This is an important message from Meridian Medicaid Plan (Meridian).

Meridian would like to inform you that the coverage of the medications listed below has changed, effective **August 15, 2024**, for all members. Please reference the table for information regarding medication changes.

**Please note:** Active prior authorizations for this medication will not be affected. If you have questions, please call the pharmacy help desk at **855-580-1688**.

Impacted Medication	Change	Preferred Agents or New Limits
ACCU-CHEK FASTCLIX LANCETS	Coverage Change	Removed from Preferred Drug List
ACCU-CHEK SAFE-T-PRO LANCETS	Coverage Change	Removed from Preferred Drug List
ACCU-CHEK SOFTCLIX LANCETS	Coverage Change	Removed from Preferred Drug List
ACTI-LANCE LANCETS 28G	Coverage Change	Removed from Preferred Drug List
ACTI-LANCE LITE SAFETY LANCETS 28G	Coverage Change	Removed from Preferred Drug List
ACTI-LANCE SPECIAL SAFETY LANCETS 17G	Coverage Change	Removed from Preferred Drug List
ACTI-LANCE UNIVERSAL SAFETY LANCETS 23G	Coverage Change	Removed from Preferred Drug List
ADVOCATE LANCETS	Coverage Change	Removed from Preferred Drug List
ADVOCATE SAFETY LANCETS 26G	Coverage Change	Removed from Preferred Drug List
AGAMATRIX ULTRA-THIN LANCETS 33G	Coverage Change	Removed from Preferred Drug List
AIMSCO TWIST LANCETS 33G	Coverage Change	Removed from Preferred Drug List
ASSURE COMFORT LANCETS ULTRA THIN 28G	Coverage Change	Removed from Preferred Drug List
ASSURE HAEMOLANCE PLUS HIGH FLOW 18G	Coverage Change	Removed from Preferred Drug List
ASSURE HAEMOLANCE PLUS LOW FLOW 25G	Coverage Change	Removed from Preferred Drug List
ASSURE LANCE LANCETS 21G	Coverage Change	Removed from Preferred Drug List
ASSURE LANCE PLUS SAFETYLANCETS 25G	Coverage Change	Removed from Preferred Drug List
AURORA LANCET SUPER THIN30G	Coverage Change	Removed from Preferred Drug List



AURORA LANCET THIN 23G	Coverage Change	Removed from Preferred Drug List
BD MICROTAINER LANCETS	Coverage Change	Removed from Preferred Drug List
CAREONE LANCET SUPER THIN/30G	Coverage Change	Removed from Preferred Drug List
CARESENS LANCETS	Coverage Change	Removed from Preferred Drug List
CARETOUCH TWIST LANCETS 28G	Coverage Change	Removed from Preferred Drug List
CARETOUCH TWIST LANCETS 30G	Coverage Change	Removed from Preferred Drug List
CARETOUCH TWIST LANCETS 33G	Coverage Change	Removed from Preferred Drug List
CLEANLET LANCETS 28G	Coverage Change	Removed from Preferred Drug List
CLEVER CHEK LANCETS ULTRATHIN 30G	Coverage Change	Removed from Preferred Drug List
CLEVER CHOICE COMFORT EZLANCETS 21G	Coverage Change	Removed from Preferred Drug List
COAGUCHEK LANCETS	Coverage Change	Removed from Preferred Drug List
COMFORT ASSURED LANCETS SUPER THIN 28G	Coverage Change	Removed from Preferred Drug List
COMFORT TOUCH LANCETS ULTRA THIN 31G	Coverage Change	Removed from Preferred Drug List
COMFORT TOUCH PLUS SAFETY LANCETS PRESSURE ACTIVATED 28G	Coverage Change	Removed from Preferred Drug List
CVS LANCETS 21G	Coverage Change	Removed from Preferred Drug List
CVS LANCETS MICRO-THIN 33G	Coverage Change	Removed from Preferred Drug List
CVS LANCETS ORIGINAL	Coverage Change	Removed from Preferred Drug List
CVS LANCETS THIN 26G	Coverage Change	Removed from Preferred Drug List
CVS LANCETS ULTRA-THIN 30G	Coverage Change	Removed from Preferred Drug List
CVS ULTRA THIN LANCETS	Coverage Change	Removed from Preferred Drug List
DIATHRIVE LANCETS ULTRA THIN 30G	Coverage Change	Removed from Preferred Drug List
DROPLET LANCETS ULTRA THIN 30G	Coverage Change	Removed from Preferred Drug List
DRUG MART LANCETS THIN	Coverage Change	Removed from Preferred Drug List
DRUG MART ON-THE-GO LANCETS GENTLE 30G	Coverage Change	Removed from Preferred Drug List
DRUG MART UNILET LANCETSSUPER THIN 30G	Coverage Change	Removed from Preferred Drug List
DRUG MART UNILET LANCETSULTRA THIN 28G	Coverage Change	Removed from Preferred Drug List



EASY COMFORT LANCETS 30G/PULL TOP	Coverage Change	Removed from Preferred Drug List
EASY COMFORT LANCETS 30G/THIN TOP	Coverage Change	Removed from Preferred Drug List
EASY COMFORT LANCETS TWIST TOP	Coverage Change	Removed from Preferred Drug List
EASY TOUCH LANCETS 21G/PRESSURE ACTIVATED	Coverage Change	Removed from Preferred Drug List
EASY TOUCH LANCETS 23G/PRESSURE ACTIVATED	Coverage Change	Removed from Preferred Drug List
EASY TOUCH LANCETS 28G/PRESSURE ACTIVATED	Coverage Change	Removed from Preferred Drug List
EASY TOUCH LANCETS 28G/PULL-TOP	Coverage Change	Removed from Preferred Drug List
EASY TOUCH LANCETS 30G/BUTTON-ACTIVATED	Coverage Change	Removed from Preferred Drug List
EASY TOUCH LANCETS 30G/TWIST	Coverage Change	Removed from Preferred Drug List
EASY TOUCH LANCETS 32G/TWIST	Coverage Change	Removed from Preferred Drug List
EASY TOUCH LANCETS 33G/TWIST	Coverage Change	Removed from Preferred Drug List
EASY TOUCH SAFETY LANCETS26G/PRESSURE ACTIVATED	Coverage Change	Removed from Preferred Drug List
EASY TOUCH SAFETY LANCETS28G/BUTTON ACTIVATED	Coverage Change	Removed from Preferred Drug List
EMBRACE LANCETS ULTRA THIN 30G	Coverage Change	Removed from Preferred Drug List
EMBRACE PRESSURE ACTIVATED SAFETY LANCET/28G	Coverage Change	Removed from Preferred Drug List
EQL SUPER THIN LANCETS 30G	Coverage Change	Removed from Preferred Drug List
E-Z JECT LANCETS 21G	Coverage Change	Removed from Preferred Drug List
E-ZJECT LANCETS MICRO-THIN 33G	Coverage Change	Removed from Preferred Drug List
EZ-LETS LANCETS 26G SUPER-SOFT	Coverage Change	Removed from Preferred Drug List
EZ-LETS LANCETS 30G	Coverage Change	Removed from Preferred Drug List
FIFTY50 SAFETY SEAL LANCETS 30G	Coverage Change	Removed from Preferred Drug List
FIFTY50 UNILET LANCETS 33G	Coverage Change	Removed from Preferred Drug List
FINE 30	Coverage Change	Removed from Preferred Drug List
FINGERSTIX LANCETS	Coverage Change	Removed from Preferred Drug List
FORA LANCETS	Coverage Change	Removed from Preferred Drug List



FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G	Coverage Change	Removed from Preferred Drug List
FREESTYLE LANCETS	Coverage Change	Removed from Preferred Drug List
FREESTYLE UNISTICK II LANCETS	Coverage Change	Removed from Preferred Drug List
GENTLE-LET GP LANCETS	Coverage Change	Removed from Preferred Drug List
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT	Coverage Change	Removed from Preferred Drug List
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT	Coverage Change	Removed from Preferred Drug List
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT	Coverage Change	Removed from Preferred Drug List
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT	Coverage Change	Removed from Preferred Drug List
GLOBAL INJECT EASE LANCETS 28G	Coverage Change	Removed from Preferred Drug List
GLUCOCOM LANCETS 30G	Coverage Change	Removed from Preferred Drug List
GNP LANCETS 21G	Coverage Change	Removed from Preferred Drug List
GNP LANCETS THIN 26G	Coverage Change	Removed from Preferred Drug List
GNP STERILE LANCETS 28G	Coverage Change	Removed from Preferred Drug List
GNP STERILE LANCETS 33G	Coverage Change	Removed from Preferred Drug List
GOJJI STERILE LANCETS 30G	Coverage Change	Removed from Preferred Drug List
GOODSENSE COLOR LANCETS MICRO-THIN 33G UNIVERSAL	Coverage Change	Removed from Preferred Drug List
GOODSENSE LANCETS MICRO-THIN 33G UNIVERSAL	Coverage Change	Removed from Preferred Drug List
GOODSENSE LANCETS ULTRA-THIN 26G UNIVERSAL	Coverage Change	Removed from Preferred Drug List
GOODSENSE LANCETS ULTRA-THIN 30G UNIVERSAL	Coverage Change	Removed from Preferred Drug List
HAEMOLANCE LOW FLOW LANCETS	Coverage Change	Removed from Preferred Drug List
HAEMOLANCE PLUS	Coverage Change	Removed from Preferred Drug List
HAEMOLANCE PLUS LOW FLOW	Coverage Change	Removed from Preferred Drug List
HAEMOLANCE PLUS PEDIATRIC FLOW	Coverage Change	Removed from Preferred Drug List
H-E-B INCONTROL LANCETS MICRO THIN 33G	Coverage Change	Removed from Preferred Drug List
H-E-B INCONTROL LANCETS SUPER THIN 30G	Coverage Change	Removed from Preferred Drug List



H-E-B INCONTROL LANCETS ULTRA THIN 28G	Coverage Change	Removed from Preferred Drug List
HY-VEE LANCETS	Coverage Change	Removed from Preferred Drug List
KINNEY THIN LANCETS	Coverage Change	Removed from Preferred Drug List
KROGER HEALTHPRO TWIST LANCETS/26G	Coverage Change	Removed from Preferred Drug List
KROGER LANCETS SUPER THIN	Coverage Change	Removed from Preferred Drug List
KROGER LANCETS THIN	Coverage Change	Removed from Preferred Drug List
KROGER LANCETS THIN 26G	Coverage Change	Removed from Preferred Drug List
LANCETS 30G	Coverage Change	Removed from Preferred Drug List
LANCETS 30G TWIST TOP	Coverage Change	Removed from Preferred Drug List
LANCETS 33G EXTRA FINE	Coverage Change	Removed from Preferred Drug List
LANCETS MICRO THIN 33G	Coverage Change	Removed from Preferred Drug List
LANCETS SUPER THIN 28G	Coverage Change	Removed from Preferred Drug List
LANCETS THIN	Coverage Change	Removed from Preferred Drug List
LANCETS ULTRA THIN	Coverage Change	Removed from Preferred Drug List
LITE TOUCH LANCETS	Coverage Change	Removed from Preferred Drug List
LONGS LANCETS STANDARD	Coverage Change	Removed from Preferred Drug List
LONGS LANCETS ULTRA THIN	Coverage Change	Removed from Preferred Drug List
MEDICHOICE PRE-SET SAFETY LANCET MEDIUM FLOW	Coverage Change	Removed from Preferred Drug List
MEDICHOICE PRE-SET SAFETY LANCET MODERATE FLOW	Coverage Change	Removed from Preferred Drug List
MEDICHOICE SAFETY LANCETEXTRA	Coverage Change	Removed from Preferred Drug List
MEDLANCE PLUS EXTRA LANCETS 21G	Coverage Change	Removed from Preferred Drug List
MEDLANCE PLUS LANCETS	Coverage Change	Removed from Preferred Drug List
MEDLANCE PLUS LITE LANCETS 25G	Coverage Change	Removed from Preferred Drug List
MEDLANCE PLUS SPECIAL LANCETS 0.8MM	Coverage Change	Removed from Preferred Drug List
MEDLANCE PLUS SUPERLITE 30G/COMFORT MAX	Coverage Change	Removed from Preferred Drug List
MEDLANCE PLUS UNIVERSAL LANCETS 21G	Coverage Change	Removed from Preferred Drug List



MEDLANCE/UNIVERSAL	Coverage Change	Removed from Preferred Drug List
MEIJER LANCETS	Coverage Change	Removed from Preferred Drug List
MEIJER LANCETS THIN	Coverage Change	Removed from Preferred Drug List
MEIJER LANCETS UNIVERSAL21G	Coverage Change	Removed from Preferred Drug List
MEIJER LANCETS UNIVERSAL33G	Coverage Change	Removed from Preferred Drug List
MEIJER SUPER THIN LANCETS	Coverage Change	Removed from Preferred Drug List
MICROLET LANCETS	Coverage Change	Removed from Preferred Drug List
MM TWIST LANCETS	Coverage Change	Removed from Preferred Drug List
MONOLET LANCETS	Coverage Change	Removed from Preferred Drug List
MONOLETTOR SAFETY LANCETS	Coverage Change	Removed from Preferred Drug List
MPD SAFETY LANCET 30G/1.8MM	Coverage Change	Removed from Preferred Drug List
MPD SAFETY LANCETS 23G/1.8MM	Coverage Change	Removed from Preferred Drug List
MYGLUCOHEALTH MGH SOFTLANCE LANCETS 30G	Coverage Change	Removed from Preferred Drug List
NOVA SAFETY LANCETS 28G	Coverage Change	Removed from Preferred Drug List
NOVA SUREFLEX LANCETS	Coverage Change	Removed from Preferred Drug List
PERFECT PRESSURE ACTIVATED SAFETY LANCETS 28G	Coverage Change	Removed from Preferred Drug List
PHARMACIST CHOICE ULTRA THIN LANCETS	Coverage Change	Removed from Preferred Drug List
PHARMACIST CHOICE ULTRA THIN LANCETS 30G	Coverage Change	Removed from Preferred Drug List
PHARMACIST CHOICE ULTRA THIN LANCETS 33G	Coverage Change	Removed from Preferred Drug List
PHARMACY COUNTER LANCETS	Coverage Change	Removed from Preferred Drug List
PIP LANCETS/28G	Coverage Change	Removed from Preferred Drug List
PIP LANCETS/30G	Coverage Change	Removed from Preferred Drug List
PRECISION THINS GP LANCET	Coverage Change	Removed from Preferred Drug List
PREFERRED PLUS LANCETS COLORED 21G	Coverage Change	Removed from Preferred Drug List
PREFERRED PLUS LANCETS SUPER THIN 30G	Coverage Change	Removed from Preferred Drug List
PREFERRED PLUS LANCETS THIN 26G	Coverage Change	Removed from Preferred Drug List



PRO COMFORT LANCETS 31G	Coverage Change	Removed from Preferred Drug List
PRODIGY PRESSURE ACTIVATED SAFETY LANCETS	Coverage Change	Removed from Preferred Drug List
PRODIGY SAFETY LANCETS	Coverage Change	Removed from Preferred Drug List
PSS SELECT GP LANCETS	Coverage Change	Removed from Preferred Drug List
PURE COMFORT LANCETS 30G	Coverage Change	Removed from Preferred Drug List
PX LANCETS MICROTHIN 33G	Coverage Change	Removed from Preferred Drug List
PX LANCETS ULTRA THIN	Coverage Change	Removed from Preferred Drug List
PX LANCETS ULTRA THIN 28G	Coverage Change	Removed from Preferred Drug List
QC UNILET LANCETS 33G/MICRO THIN	Coverage Change	Removed from Preferred Drug List
RA E-ZJECT LANCETS 28G	Coverage Change	Removed from Preferred Drug List
RA E-ZJECT LANCETS THIN 26G	Coverage Change	Removed from Preferred Drug List
READYLANCE SAFETY LANCETS/23G/1.8MM	Coverage Change	Removed from Preferred Drug List
READYLANCE SAFETY LANCETS/28G/1.8MM	Coverage Change	Removed from Preferred Drug List
REALITY TRIGGER LANCETS	Coverage Change	Removed from Preferred Drug List
RELION LANCETS THIN 26G	Coverage Change	Removed from Preferred Drug List
RELION LANCETS ULTRA-THIN30G	Coverage Change	Removed from Preferred Drug List
RELION ULTRA THIN PLUS LANCETS 33G	Coverage Change	Removed from Preferred Drug List
RIGHTTEST GL300 LANCETS	Coverage Change	Removed from Preferred Drug List
SAFE-T-LANCE LOW FLOW 25G	Coverage Change	Removed from Preferred Drug List
SAFE-T-LANCE NORMAL FLOW21G	Coverage Change	Removed from Preferred Drug List
SAFE-T-LANCE PLUS SAFETYLANCET HIGH FLOW	Coverage Change	Removed from Preferred Drug List
SAFE-T-LANCE PLUS SAFETYLANCET LOW FLOW	Coverage Change	Removed from Preferred Drug List
SAFETY LANCETS	Coverage Change	Removed from Preferred Drug List
SAFETY LANCETS 23G	Coverage Change	Removed from Preferred Drug List
SAFETY LANCETS 28G	Coverage Change	Removed from Preferred Drug List
SAFETY LANCETS/PRESSURE ACTIVATED/28G	Coverage Change	Removed from Preferred Drug List



SAPS HEALTH PLUS TWIST TOP LANCETS 30G	Coverage Change	Removed from Preferred Drug List
SB LANCETS THIN	Coverage Change	Removed from Preferred Drug List
SB LANCETS ULTRA THIN	Coverage Change	Removed from Preferred Drug List
SHOPKO UNILET LANCETS SUPER THIN 30G	Coverage Change	Removed from Preferred Drug List
SM MICRO THIN LANCETS 33G	Coverage Change	Removed from Preferred Drug List
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	Coverage Change	Removed from Preferred Drug List
SMART SENSE THIN LANCETSUNIVERSAL 26G	Coverage Change	Removed from Preferred Drug List
SMARTEST LANCETS 28G	Coverage Change	Removed from Preferred Drug List
SOLUS V2 TWIST LANCETS 30G	Coverage Change	Removed from Preferred Drug List
STERILANCE TL	Coverage Change	Removed from Preferred Drug List
SUPER THIN LANCETS	Coverage Change	Removed from Preferred Drug List
SURE COMFORT LANCETS 18G	Coverage Change	Removed from Preferred Drug List
SURE COMFORT LANCETS 23G	Coverage Change	Removed from Preferred Drug List
SURE COMFORT LANCETS 28G	Coverage Change	Removed from Preferred Drug List
SURELITE LANCETS	Coverage Change	Removed from Preferred Drug List
TECHLITE AST LANCETS	Coverage Change	Removed from Preferred Drug List
TECHLITE LANCETS	Coverage Change	Removed from Preferred Drug List
TGT LANCET MICRO THIN 33G	Coverage Change	Removed from Preferred Drug List
TRAVEL LANCETS ADVANCED 28G	Coverage Change	Removed from Preferred Drug List
TRUE COMFORT TWIST TOP LANCETS 30G	Coverage Change	Removed from Preferred Drug List
TRUEPLUS LANCETS 28G	Coverage Change	Removed from Preferred Drug List
TRUEPLUS LANCETS 28G SUPER THIN	Coverage Change	Removed from Preferred Drug List
TRUEPLUS LANCETS 30G	Coverage Change	Removed from Preferred Drug List
TRUEPLUS LANCETS 30G ULTRA THIN	Coverage Change	Removed from Preferred Drug List
TRUEPLUS LANCETS 33G MICRO THIN	Coverage Change	Removed from Preferred Drug List
TRUEPLUS SAFETY LANCETS 28G	Coverage Change	Removed from Preferred Drug List



ULTILET CLASSIC LANCETS	Coverage Change	Removed from Preferred Drug List
ULTILET LANCETS 33G	Coverage Change	Removed from Preferred Drug List
ULTILET SAFETY LANCETS 21G X 2.2MM	Coverage Change	Removed from Preferred Drug List
ULTILET SAFETY LANCETS 23G	Coverage Change	Removed from Preferred Drug List
ULTRA-THIN II AUTO LANCET	Coverage Change	Removed from Preferred Drug List
ULTRA-THIN II LANCETS 30G	Coverage Change	Removed from Preferred Drug List
UNILET COMFORTOUCH LANCET	Coverage Change	Removed from Preferred Drug List
UNILET EXCELITE	Coverage Change	Removed from Preferred Drug List
UNILET EXCELITE II	Coverage Change	Removed from Preferred Drug List
UNILET G.P. LANCET	Coverage Change	Removed from Preferred Drug List
UNILET G.P. SUPERLITE LANCET	Coverage Change	Removed from Preferred Drug List
UNILET GP 28 ULTRA THIN	Coverage Change	Removed from Preferred Drug List
UNILET LANCETS MICRO-THIN33G	Coverage Change	Removed from Preferred Drug List
UNILET LANCETS ULTRA-THIN 28G	Coverage Change	Removed from Preferred Drug List
UNILET SUPERLITE LANCET	Coverage Change	Removed from Preferred Drug List
UNISTIK 3 GENTLE	Coverage Change	Removed from Preferred Drug List
UNISTIK PRO SAFETY LANCET 21G	Coverage Change	Removed from Preferred Drug List
UNISTIK PRO SAFETY LANCET 28G	Coverage Change	Removed from Preferred Drug List
UNISTIK SAFETY LANCETS 28G	Coverage Change	Removed from Preferred Drug List
UNISTIK SAFETY LANCETS 30G	Coverage Change	Removed from Preferred Drug List
UNISTIK TOUCH SAFETY LANCETS 21G	Coverage Change	Removed from Preferred Drug List
UNISTIK TOUCH SAFETY LANCETS 23G	Coverage Change	Removed from Preferred Drug List
UNIVERSAL 1 LANCETS THIN26G	Coverage Change	Removed from Preferred Drug List
UNIVERSAL 1 LANCETS/33G/MICRO-THIN	Coverage Change	Removed from Preferred Drug List
VALUE PLUS LANCETS STANDARD 21G	Coverage Change	Removed from Preferred Drug List
VALUE PLUS LANCETS THIN 26G	Coverage Change	Removed from Preferred Drug List



VERIFINE SAFETY LANCET MINI 21G X 2.4MM	Coverage Change	Removed from Preferred Drug List
VERIFINE SAFETY LANCET MINI 28G X 1.8MM	Coverage Change	Removed from Preferred Drug List
VERIFINE UNIVERSAL LANCETS 28G	Coverage Change	Removed from Preferred Drug List
VERIFINE UNIVERSAL LANCETS 33G	Coverage Change	Removed from Preferred Drug List
VIDA MIA UNILET LANCETS SUPER THIN 30G	Coverage Change	Removed from Preferred Drug List
VIDA MIA UNILET LANCETS ULTRA THIN 28G	Coverage Change	Removed from Preferred Drug List
VIVAGUARD LANCETS	Coverage Change	Removed from Preferred Drug List
WALGREENS ADVANCED TRAVELLANCETS 28G	Coverage Change	Removed from Preferred Drug List
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G	Coverage Change	Removed from Preferred Drug List
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G	Coverage Change	Removed from Preferred Drug List
ZEV RX TWIST TOP LANCETS 30G	Coverage Change	Removed from Preferred Drug List