



Meridian would like to inform you that the coverage of the medications listed below is changing on April 15, 2022 for all members. Please reference the table below for information regarding medication changes and alternative preferred agents.

Meridian would like to work with you to help transition the impacted members onto a preferred formulary alternative. If a member requires continued therapy for a medication that has been changed, please submit a prior authorization with appropriate clinical documentation.

Impacted Medication	Medication Change	Preferred agents
FLUTICASONE PROPIONATE/SALMETEROL	Non-preferred after 4/15/22	ADVAIR DISKUS® ADVAIR HFA® AIRDUO DIGIHALER 55/14® AIRDUO DIGIHALER 113/14® AIRDUO DIGIHALER 232/14® AIRDUO RESPICLICK 55/14® AIRDUO RESPICLICK 113/14® AIRDUO RESPICLICK 232/14®
ADVAIR DISKUS ADVAIR HFA	Preferred after 4/15/22	NA
WIXELA INHUB	Non-preferred after 4/15/22	ADVAIR DISKUS® ADVAIR HFA® AIRDUO DIGIHALER 55/14® AIRDUO DIGIHALER 113/14® AIRDUO DIGIHALER 232/14® AIRDUO RESPICLICK 55/14® AIRDUO RESPICLICK 113/14® AIRDUO RESPICLICK 232/14®
AIRDUO DIGIHALER 55/14 AIRDUO DIGIHALER 113/14 AIRDUO DIGIHALER 232/14	Preferred after 4/15/22	NA
AIRDUO RESPICLICK 55/14 AIRDUO RESPICLICK 113/14 AIRDUO RESPICLICK 232/14	Preferred after 4/15/22	NA
ANORO ELLIPTA	Preferred after 4/15/22	NA
BEVESPI AEROSPHERE	Non-preferred after 4/15/22	Anoro Elipta®
INCRUSE ELLIPTA	Preferred after 4/15/22	NA
SPIRIVA RESPIMAT	Preferred after 4/15/22	NA
MYFEMBREE	Preferred after 4/15/22	NA
QULIPTA	Preferred after 4/15/22	NA
APO-VARENICLINE	Non-preferred after 4/15/22	Varinecline

Note: Active prior authorizations for this medication will not be affected.

If you have any questions, please call the Pharmacy Help Desk at 855-580-1688.

Note: This notice replaces the previous notice dated 2/15/21.