



**DATE: July 19, 2024**

This is an update to the Meridian Medicaid Plan (Meridian) Preferred Drug List.

Coverage of the medications listed below has changed, **09/20/2024**, for all members. Please reference the table for changes.

**Note:** Active prior authorizations for the medication(s) listed will not be affected.

If you have any questions, please call the pharmacy help desk at **855-580-1688**.

<b>Impacted Medication</b>	<b>Change</b>	<b>New Quantity Limit per fill</b>
Amoxicillin & K Clavulanate Tab 250-125 MG	New Limits	30
Amoxicillin & K Clavulanate Tab 500-125 MG	New Limits	42
Amoxicillin & K Clavulanate Tab 875-125 MG	New Limits	30
Amoxicillin & K Clavulanate Chew Tab 200-28.5 MG	New Limits	30
Amoxicillin & K Clavulanate Chew Tab 400-57 MG	New Limits	30
Azithromycin Tab 600 MG	New Limits	30
Cefdinir Cap 300 MG	New Limits	28
Cefuroxime Axetil Tab 250 MG	New Limits	20
Cefuroxime Axetil Tab 500 MG	New Limits	56
Ciprofloxacin HCl Tab 100 MG (Base Equiv)	New Limits	6
Clarithromycin Tab 250 MG	New Limits	28
Clarithromycin Tab 500 MG	New Limits	28
Clarithromycin Tab ER 24HR 500 MG	New Limits	14
Nicotine TD Patch 24 HR Kit 21-14-7 MG/24HR	New Limits	56
Azithromycin Powd Pack for Susp 1 GM	New Limits	2