



DATE: January 29, 2025

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

Coverage of the medications listed below has changed, **effective [01/01/2025]**, 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**.

Impacted Medication	Change	Preferred Agents or New Limits
FT EARLY RESULT PREGNANCY NDC 10939095990	Coverage	Preferred
CLEARBLUE PLUS PREGNANCY NDC 33472032258	Coverage	Preferred
PREGNANCY TEST NDC 96295014152	Coverage	Preferred