



DATE: January 30, 2025

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

Coverage of the medications listed below has changed, **effective 4/01/25**, 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	New Limit
Liraglutide Soln Pen-injector 18 MG/3ML (6 MG/ML)	New Limit	Limited to 0.3ML per day