



DATE: 03/25/25

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

Coverage of the medications listed below has changed, **effective 03/27/25**, for all members. Please reference the table for changes.

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

Impacted Medication	Change	Comments/Preferred Agents
AIRSUPRA	Preferred	Changed from Non-Preferred to Preferred
ARNUITY ELLIPTA	Preferred	Changed from Non-Preferred to Preferred
FLUTICASONE PROPIONATE DISKUS	Preferred	Changed from Non-Preferred to Preferred
PROAIR DIGIHALER	Preferred	Changed from Non-Preferred to Preferred
PULMICORT FLEXHALER	Preferred	Changed from Non-Preferred to Preferred
CINQAIR	Preferred with PA	Changed from Non-Preferred to Preferred with PA
TEZSPIRE	Preferred with PA	Changed from Non-Preferred to Preferred with PA