



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 06/30/25**, 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	Preferred/Non-Preferred	Comments/Preferred Agents
INVIRASE	Non-Preferred	Changing from Preferred to Non-Preferred
STAVUDINE	Non-Preferred	Changing from Preferred to Non-Preferred
DIDANOSINE	Non-Preferred	Changing from Preferred to Non-Preferred
RUKOBIA	Preferred	Changed to Preferred as of 03/27/25
CABENUVA	Preferred	Changed to Preferred as of 03/27/25
JULUCA	Preferred	Changed to Preferred as of 03/27/25
PIFELTRO	Preferred	Changed to Preferred as of 03/27/25
PREZCOBIX	Preferred	Changed to Preferred as of 03/27/25
MARAVIROC	Preferred	Changed to Preferred as of 03/27/25
SELZENTRY	Preferred	Changed to Preferred as of 03/27/25