



DATE: June 9, 2025

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

Coverage of the medications listed below has changed, **effective 8/4/25**, 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/Preferred Agent(s)
INVOKANA	Monthly Fill Limit	Limited to a 31-day supply
JANUVIA		
JARDIANCE		
NORPACE		
NORPACE CR		
TIOTROPIUM BROMIDE MONOHYDRATE		
TRADJENTA		