



**DATE: June 17, 2025**

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

Coverage of the medications listed below has changed, **effective 8/18/25**, 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**.

| <b>Impacted Medication</b> | <b>Change</b> | <b>New Limit</b>        |
|----------------------------|---------------|-------------------------|
| Cetirizine Chewable        | Non-Formulary | Use Cetirizine Solution |