



**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**.

<b>Impacted Medication</b>	<b>Preferred/Non-Preferred</b>	<b>Comments/Preferred Agents</b>
INSULIN DEGLUDEC	Preferred	Moved from NON-Preferred to Preferred
INSULIN DEGLUDEC FLEXTUOC H	Preferred	Moved from NON-Preferred to Preferred
GLUCAGEN HYPOKIT	Preferred	Moved from NON-Preferred to Preferred
GLUCAGON EMERGENCY KIT FOR LOW BLOOD SUGAR	Preferred	Moved from NON-Preferred to Preferred
BAQSIMI ONE PACK	Preferred	Moved from NON-Preferred to Preferred
BAQSIMI TWO PACK	Preferred	Moved from NON-Preferred to Preferred