



DATE: March 31, 2025

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

Coverage of the medications listed below has changed 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	Preferred Agents/New Limits
INSULIN ASPA INJ 100/ML	New PDL Status	Preferred as of 03/28/25
INSULIN ASPA INJ FLEXPEN	New PDL Status	Preferred as of 03/28/25
INSULIN ASPA INJ PENFILL	New PDL Status	Preferred as of 03/28/25
INSULIN LISP INJ 100/ML	New PDL Status	Preferred as of 03/28/25
INSULIN LISP INJ JUNIOR	New PDL Status	Preferred as of 03/28/25
INSULIN LISP INJ 100/ML	New PDL Status	Preferred as of 03/28/25
HUMALOG INJ 100/ML	New PDL Status	Non-Preferred as of 06/30/25
HUMALOG JR INJ 100/ML	New PDL Status	Non-Preferred as of 06/30/25
HUMALOG KWIK INJ 100/ML	New PDL Status	Non-Preferred as of 06/30/25