



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**.

Impacted Medication	Preferred/Non-Preferred	Comments/Preferred Agents
PERMETHRIN	Non-Preferred	Product No longer Preferred as of 06/30/25
SIKLOS	Preferred	Changing to Preferred for children aged 2-17
GLATOPA	Preferred	Changing to Preferred from Non-Preferred
MYRBETRIQ	Preferred	Changing to Preferred from Non-Preferred
CARBAGLU	Preferred with PA	Changing to Preferred with PA from Non-Preferred
REZDIFFRA	Preferred with PA	Changing to Preferred with PA from Non-Preferred