



DATE: July 14, 2025

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

Coverage of the medications listed below has changed, **effective [7/15/2025]**, 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	Preferred Agents or New Limits
CEFPODOXIME Tablet and suspension	Coverage	Preferred
LYBALVI Tablet	Coverage	Preferred
NGENLA	Coverage	Preferred with Prior Auth. Product (NDC) specific
SKYTROFA	Coverage	Preferred with Prior Auth. Product (NDC) specific