



DATE: July 1, 2025

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

Coverage of the medications listed below has changed, **effective 9/01/25**, 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	Change	New Limit
GLP1s with concurrent use of DPP4	DUR Limit	Concurrent use of GLP1 and DPP-4 will no longer be allowed. DPP-4 should be discontinued and will reject at the Pharmacy.