



**DATE: October 21, 2025**

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

Coverage of the medications listed below has changed, **effective 1/1/26**, 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	New Limit/Preferred Agent(s)
ARMOUR THYRO TAB 120MG	Monthly Fill Limit	Limited to a 31-day supply
ARMOUR THYRO TAB 15MG		
ARMOUR THYRO TAB 180MG		
ARMOUR THYRO TAB 240MG		
ARMOUR THYRO TAB 30MG		
ARMOUR THYRO TAB 60MG		
ARMOUR THYRO TAB 90MG		
BYSTOLIC TAB 20MG		
CYTOMEL TAB 5MCG		
DIOVAN TAB 40MG		
DIOVAN TAB 80MG		



	Monthly Fill Limit	Limited to a 31-day supply
EDARBI TAB 40MG		
EDARBI TAB 80MG		
NEORAL CAP 25MG		
NITRO-DUR DIS 0.4MG/HR		
NORVASC TAB 5MG		
NP THYROID TAB 120MG		
NP THYROID TAB 15MG		
NP THYROID TAB 30MG		
NP THYROID TAB 60MG		
NP THYROID TAB 90MG		
RYTARY CAP 195MG		
SINGULAIR TAB 10MG		
SPIRIVA CAP HANDIHLR		
SYNTHROID TAB 100MCG		
SYNTHROID TAB 112MCG		
SYNTHROID TAB 125MCG		
SYNTHROID TAB 137MCG		
SYNTHROID TAB 150MCG		



	<b>Monthly Fill Limit</b>	<b>Limited to a 31-day supply</b>
<b>SYNTHROID TAB 175MCG</b>		
<b>SYNTHROID TAB 200MCG</b>		
<b>SYNTHROID TAB 25MCG</b>		
<b>SYNTHROID TAB 300MCG</b>		
<b>SYNTHROID TAB 50MCG</b>		
<b>SYNTHROID TAB 75MCG</b>		
<b>SYNTHROID TAB 88MCG</b>		
<b>THEO-24 CAP 200MG CR</b>		
<b>THEO-24 CAP 300MG CR</b>		
<b>TOPROL XL TAB 25MG</b>		
<b>ULORIC TAB 40MG</b>		
<b>ZETIA TAB 10MG</b>		