



DATE: October 9, 2025

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

Coverage of the medications listed below has changed, **effective 12/02/25**, 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	NDC	New Limit
ANUSOL-HC 2.5% CREAM	65649040130	Removed from coverage
ANUSOL-HC 25 MG SUPPOSITORY	65649041112	Removed from coverage
ANUSOL-HC 25 MG SUPPOSITORY	65649041124	Removed from coverage
APRISO ER 0.375 GRAM CAPSULE	65649010302	Removed from coverage
AZASAN 100 MG TABLET	65649024141	Removed from coverage
AZASAN 75 MG TABLET	65649023141	Removed from coverage
BUDESONIDE ER 9 MG TABLET	65649065102	Removed from coverage
BUDESONIDE ER 9 MG TABLET	65649065103	Removed from coverage
COLAZAL 750 MG CAPSULE	65649010102	Removed from coverage
DIURIL 250 MG/5 ML ORAL SUSP	65649031112	Removed from coverage
PROCTOCORT 1% CREAM	65649050130	Removed from coverage



PROCTOCORT 30 MG SUPPOSITORY	65649051112	Removed from coverage
RELISTOR 12 MG/0.6 ML SYRINGE	65649055102	Removed from coverage
RELISTOR 12 MG/0.6 ML SYRINGE	65649055103	Removed from coverage
RELISTOR 12 MG/0.6 ML SYRINGE	65649055107	Removed from coverage
RELISTOR 150 MG TABLET	65649015090	Removed from coverage
RELISTOR 8 MG/0.4 ML SYRINGE	65649055204	Removed from coverage
TRULANCE 3 MG TABLET	65649000330	Removed from coverage
XIFAXAN 200 MG TABLET	65649030103	Removed from coverage
XIFAXAN 550 MG TABLET	65649030302	Removed from coverage
XIFAXAN 550 MG TABLET	65649030303	Removed from coverage