

July 12, 2023

This is an important message from Meridian Medicaid Plan (Meridian).

Meridian would like to inform you that the coverage of the medications listed below has changed, effective **07/01/2023**, for all members. Please reference the table for information regarding medication changes.

Impacted Medication	Change of as 7/1/2023	Preferred Agents
ALBUTEROL SULFATE	NON-PREFERRED	NA
SUNLENCA (TBPK, SOLN)	PREFERRED WITH PA	NA
EMGALITY (SOAJ, SOSY)	PREFERRED WITH PA	NA
LURASIDONE HYDROCHLORIDE (TABS)	PREFERRED	NA
MAVYRET (PACK, TABS)	PREFERRED	NA
SOFOSBUVIR/VELPATASVIR	PREFERRED	NA

Please note: Active prior authorizations for this medication will not be affected.

If you have any questions, please call the pharmacy help desk at 855-580-1688.