



June 18, 2024

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 **August 15, 2024**, for all members. Please reference the table for information regarding medication changes.

Please note: Active prior authorizations for this medication will not be affected. If you have questions, please call the pharmacy help desk at **855-580-1688**.

Impacted Medication	Change	Preferred Agents or New Limits
AZO HORMONAL HEALTH CYCLE CARE & COMFORT	Coverage Change	Removed from Preferred Drug List
CORVITA	Coverage Change	Removed from Preferred Drug List
DERMACINRX MULTITAM	Coverage Change	Removed from Preferred Drug List
FOLITIN-Z	Coverage Change	Removed from Preferred Drug List
HYLAZINC	Coverage Change	Removed from Preferred Drug List
KEYLOSA	Coverage Change	Removed from Preferred Drug List
K-PAX IMMUNE SUPPORT FORMULA PROFESSIONAL STRENGTH	Coverage Change	Removed from Preferred Drug List
LYSIPLEX PLUS	Coverage Change	Removed from Preferred Drug List
NICADAN	Coverage Change	Removed from Preferred Drug List
NICAZEL	Coverage Change	Removed from Preferred Drug List
ONEVITE	Coverage Change	Removed from Preferred Drug List
PHYTOMULTI	Coverage Change	Removed from Preferred Drug List
PROFOLA	Coverage Change	Removed from Preferred Drug List
STROVITE ONE	Coverage Change	Removed from Preferred Drug List
THRIVITE 19	Coverage Change	Removed from Preferred Drug List
Tm-Daily (multivitamins)	Coverage Change	Removed from Preferred Drug List



VENEXA FE	Coverage Change	Removed from Preferred Drug List
VENTRIXYL	Coverage Change	Removed from Preferred Drug List
VITEYES OPTIC NERVE SUPPORT	Coverage Change	Removed from Preferred Drug List
VITRAMYN	Coverage Change	Removed from Preferred Drug List
VITRANOL FE	Coverage Change	Removed from Preferred Drug List
VITREXATE FE	Coverage Change	Removed from Preferred Drug List
VITREXYL/IRON	Coverage Change	Removed from Preferred Drug List