



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 **April 1, 2023**, for all members. Please reference the table for information regarding medication changes.

Impacted Medication	Change	Preferred Agents
AUSTEDO PATIENT TITRATION KIT (TBPk)	PREFERRED WITH PA	NA
AUSTEDO (TABS)	PREFERRED WITH PA	NA
INGREZZA (CAPS)	PREFERRED WITH PA	NA
INGREZZA (CPPK)	PREFERRED WITH PA	NA
BERINERT	PREFERRED WITH PA	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**.