



**DATE: December 2, 2025**

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

Coverage of the medications listed below has changed, **effective 2/01/26**, 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
ALL Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonists  Example: AIMOVIG AJOVY EMGALITY UBRELVY VYEPTI NURTEC QULIPTA ZAVZPRET	New Limit	Restricted to one medication at a time.
ALL Tumor Necrosis Factor (TNF)-Alpha Inhibitors  Example: All adalimumab products All certolizumab products All etanercept products All golimumab products All infliximab products	New Limit	Restricted to one medication at a time.