



DATE: February 20, 2026

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

Coverage of the medications listed below has changed, **effective 5/01/26**, 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
KONOVEMP	Fill Limit	Capsules, Packets, and Solutions are limited to a 30-day supply
XYOSTED	Fill Limit	Limited to 4 syringes per month
XARELTO	Fill Limit	Limited to a 30-day supply.
TREXALL	Fill Limit	Limited to a 30-Day supply.