



**DATE: November 21, 2025**

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

Coverage of the medications listed below has changed, **effective 2/01/25**, 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
Omnipod	New Quantity Limit	Limited to 10 per 30 days.