DATE: May 4, 2026

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

Coverage of the medications listed below has changed, **effective** [**07/06/2026],** 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**	**Preferred Agents or New Limits**
Ondansetron Orally Disintegrating (ODT) Tab 16 MG	coverage	Non-preferred