



DATE: February 25, 2026

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

Coverage of the medications listed below has changed, **effective [04/24/2026]**, 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
All OneTouch blood glucose meters and test strips	Coverage	Non-Preferred; USE CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM
All Accu-Chek blood glucose meters and test strips	Coverage	Non-Preferred; USE CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM
All Freestyle blood glucose meters and test strips	Coverage	Non-Preferred; USE CONTOUR PLUS BLUE BLOOD GLUCOSE MONITORING SYSTEM