DATE: August 6, 2026

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

Coverage of the medications listed below has changed, **effective 10/5/26,** 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**
TESTOSTERONE CYPIONATE	New Status	**Non-Preferred**