



DATE: November 7, 2025

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

Coverage of the medications listed below has changed, **effective [11/04/2025]**, 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 Limits
UBRELVY Tab 50 MG	New Limits	32 tablets per month
UBRELVY Tab 100 MG	New Limits	16 tablets per month