



DATE: September 24, 2024

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

Coverage of the medications listed below has changed, **effective December 1, 2024**, 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
DERMACINRX FOLIFLEX CAPLET	Coverage Change	Removed from Preferred Drug list
DERMACINRX VITRAMYN CAPLET	Coverage Change	Removed from Preferred Drug list
DERMACINRX VITRANOL CAPLET	Coverage Change	Removed from Preferred Drug list
DERMACINRX VITREXATE CAPLET	Coverage Change	Removed from Preferred Drug list
All Multivitamins and Vitamins	New Limits	Vitamins are limited to \$300 per claim Multivitamins are limited to \$450 per claim