



**DATE: November 8, 2024**

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

Coverage of the medications listed below has changed, **effective 1/15/25**, 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**.

<b>Impacted Medication</b>	<b>Change</b>	<b>New Limit</b>
KETOROLAC	Quantity Limit	20 tablets every 30 days