



September 29, 2023

Meridian Medicaid Plan (Meridian) would like to inform you that the coverage of the medications listed below will change on **November 1, 2023**, for all members. Please reference the table for information regarding medication changes*.

For questions, please call the pharmacy help desk at 855-580-1688.

Impacted Medication	Change	Preferred agents	
		Product Name	NDC
Keyfolic	Removal from preferred drug list	ONE-DAILY MULTI-VITAMIN/MINERALS	57896053110
Folamax	Removal from preferred drug list	ONE-DAILY MULTI-VITAMIN/MINERALS	57896053120
Nicazel Forte	Removal from preferred drug list	PX ADVANCED FORMULA MULTIVITAMINS/LYCOPENE	41415007977
		ONE-DAILY MULTI-VITAMIN/MINERALS	57896053130
		ONE-DAILY MULTI-VITAMIN/MINERALS	57896053101
		KP VISION FORMULA	00179803212
		KP MENS DAILY FORMULA	00179804712

*Not a complete list.