

August 16, 2022

Dear Provider,

This is an important message from Meridian Medicaid Plan (Meridian).

Meridian would like to inform you that the coverage of the medications listed below has changed, effective **October 1, 2022**, for all members. Please reference the table for information regarding medication changes.

| Impacted Medication | Change   | Preferred<br>Agents |
|---------------------|--|---------------------|
| INVEGA HAFYERA      | Preferred with prior authorization after 10/1/22 | NA                  |
| DYANAVEL XR         | Preferred with prior authorization after 10/1/22 | NA                  |
| DAYTRANA            | Non Preferred after 10/1/22                      | NA                  |
| JORNAY PM           | Preferred with prior authorization after 10/1/22 | NA                  |
| MODAFINIL           | Preferred after 10/1/22                          | NA                  |

Please note: Active prior authorizations for this medication will not be affected.

If you have any questions, please call the pharmacy help desk at 855-580-1688.

Sincerely,

Meridian Medicaid Plan