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To: MaineCare Providers

From: Jan Wright, Acting Associate Director of Pharmacy

Date: April 1, 2025

Re: PDL Update for **April 4, 2025**

Effective Date: 4/4/2025	
BIN: 005526	**PCN: MEPOP**
BIN: 005526	**PCN: MEPARTD**

MaineCare PDL Update for April 4, 2025

The following medication(s) have been recently added/changed to the MaineCare PDL as ***preferred*** and will not require prior authorization:

- Gvoke
- Tolterodine

The following medication(s) have been recently added/changed to the MaineCare PDL as ***non-preferred*** and will require prior authorization:

- Alhemo
- Alyftrek
- Azmiro
- Bizengri
- Crenessity
- Danziten
- Daxxify
- Duvyzat
- Erzofri
- Flolipid
- Hercessi
- Hympavzi
- Imkeldi
- Itovebi
- Lodoco
- Nemluvio
- Opdivo Qvantig
- Opipza
- Pavblu
- Tanlor
- Vyloy
- Zepbound
- Ziihera

The following ***non-preferred with criteria*** medications have been added/updated to the MaineCare PDL:

- Alfytrek: will be considered for the treatment of patients 6 years and older with at least one responsive mutation, including 31 additional mutations not responsive to other CFTR modulator therapies

- Cobenfy: Patient must be 18–65 years old AND meet criteria for the diagnosis of schizophrenia, AND Trial of 2 prior preferred second generation antipsychotics showing minimal response in control of symptoms of schizophrenia OR Trial of SGA that have yielded side effects of weight gain which has not been responsive to lifestyle & medication augmentation AND Patient must have baseline tests including heart rate, liver enzymes, kidney function tests, and bilirubin prior to starting treatment.

- Crenessity: As adjunctive treatment to glucocorticoid replacement to control androgens in adults and pediatric patients 4 years of age and older with classic congenital adrenal hyperplasia (CAH).

- Duvyzat: The patient must meet the FDA approved age AND have a diagnosis of Duchenne Muscular Dystrophy confirmed with a confirmed mutation of the DMD gene AND the prescriber is, or has consulted with, a neuromuscular disorder specialist. The patient is ambulatory AND the patient is currently on a stable corticosteroid dose for at least 6 months AND baseline platelet counts are > 150 x 109/L and baseline triglycerides are < 300 mg/dL.

- Lodoco**:** Patient must have tried and failed due to lack of efficacy or intolerable side effects of generic colchicine

- Pavblu**:** Clinical rationale for why Eylea cannot be used

- Wegovy – Updated cardiac risk reduction criteria to include HFrEF (EF < 45%)

- Zepbound: For adults with a BMI ≥ 30 mg/kg^2 and diagnosis of moderate to severe OSA, confirmed by sleep study within the last 3 years documenting AHI ≥ 15, AND in which CPAP is ineffective (AHI > 5 during therapeutic section of sleep study) or patient is unable to tolerate CPAP for at least 90 days AND for whom lifestyle modifications have been attempted for at least 3 months with failure to achieve weightloss. **Note:** Not for patients with T1DM, T2DM

The following medication(s) have recently been ***removed*** from the MaineCare PDL as these drugs are either no longer available or they have opted out of the Medicaid Drug Rebate program:

- Detrol
- Detrol LA
- Glucagen Inj Hypokit