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To: MaineCare Providers

From: Jan Wright, Acting Associate Director of Pharmacy

Date: January 23, 2025

Re: PDL Update for **January 24, 2025**

Effective Date: 1/24/2025	
BIN: 005526	**PCN: MEPOP**
BIN: 005526	**PCN: MEPARTD**

MaineCare PDL Update for January 24, 2025

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

- Roflumilast

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

- Adalimumab- AACF
- Alyglo
- Auvi-Q
- Lazcluze
- Neffy
- Piasky
- Tecelra
- Tecentriq Hybreza
- Tevimbra
- Tofidence
- Voranigo
- Yorvipath
- Zituvimet®/ Zituvimet® XR

The following medication(s) have recently been added ***non-preferred with criteria*** to the MaineCare PDL:

- Aqneursa: Clinical PA required for appropriate diagnosis

- Cobenfy: Patient must be 18 – 65 years old AND meet criteria for the diagnosis of severe Schizophrenia, defined as PANSS total score of 80 or higher, with at least 4 or more two positive symptom item or 5 or more one positive symptoms item AND Recent history of acute exacerbation of psychotic symptoms necessitating hospitalization in the past two months AND Trial of 2 prior preferred Second Generation Antipsychotics showing minimal response in control of symptoms of schizophrenia (PANSS score less than 20% from baseline) AND 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.

- Crexont: Approvals will require trials of preferred medications including extended-release levodopa/carbidopa tablet.

- Ebglyss: Clinical PA required for the treatment of patients ≥ 12 years of age.
- Livdelzi: Clinical PA is required for the treatment of primary biliary cholangitis (PBC) in combination with ursodeoxycholic acid (UDCA) in adults who have had an inadequate response to UDCA, or as monotherapy in patients unable to tolerate UDCA. Patients who do not have a diagnosis of decompensated cirrhosis.

- Miplyffa; Clinical PA required for appropriate diagnosis

- Myhibbin: Clinical PA is required for the prophylaxis of organ rejection, in adult and pediatric recipients 3 months of age and older of allogeneic kidney, heart, or liver transplants, in combination with other immunosuppressants.

- Ocrevus Zunovo: Clinical PA is required to establish diagnosis and medical necessity.

- Onyda XR: For pediatric patients 6 years of age or older.

- Tryvio: In combination with other antihypertensive drugs, is indicated for the treatment of resistant hypertension, to lower blood pressure (BP) in adult patients who are not adequately controlled on other drugs. Resistant HTN is defined as a patient who takes at least 3 different class antihypertensive medications with complementary mechanisms including thiazide, ACE inhibitor, ARB, long-acting calcium channel blocker, with a trial of spironolactone, unless contra-indicated

- Vigafyde: Indicated as monotherapy for the treatment of infantile spasms in pediatric patients 1 month to 2 years of age for whom the potential benefits outweigh the potential risk of vision loss

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:

- Nucynta
- Nucynta ER
- Symjepi
- Xtampza ER