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| **To:** | MaineCare Providers |
| **From:** | Dan Mickool, R.Ph, M.S., Ed D, Associate Director of Pharmacy |
| **Date:** | July 24, 2025 |
| **Re:** | PDL Update – July, 2025 |

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| **Effective Date: 7/1/2025** |
| **BIN: 005526** | **PCN: MEPOP** |
| **BIN: 005526** | **PCN: MEPARTD** |

**MaineCare PDL Updates effective July 1, 2025**

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

* Fluoxetine Tablets 10mg & 20mg
* Neupro

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

* Attruby
* Aucatzyl
* Cystadane
* Datroway
* Gomekli
* Grafapex
* Inzirqo
* Javygtor
* Kebilidi
* Onapgo
* Otulfi (Bio-Similar)
* Pyzchiva (Bio-Similar)
* Raldesy
* Revuforj
* Romvimza
* Sapropterin Dihydrochloride
* Selarsdi (Bio-Similar)
* Steqeyma (Bio-Similar)
* Tezruly
* Vyalev
* Xromi
* Yesintek (Bio-Similar)
* Zunveyl

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

* Bkemv (Bio-Similar): For a diagnosis of generalized myasthenia gravis (gMG): must have confirmation that patients are anti-acetylcholine receptor (AChR) antibody positive.
* Epysqli (Bio-Similar): Updated criteria: For a diagnosis of generalized myasthenia gravis (gMG): must have confirmation that patients are anti-acetylcholine receptor (AChR) antibody positive.
* Journavx: Patient must have documented clinical reason as to why they are unable to use acetaminophen and NSAIDS (which can include Cox-II inhibitors); Quantity Limit: No greater than a 14-day supply within 90 days.
* Qfitlia / Qfitlia Pen: Create new sub-category for Non-Factor Replacement Therapy including Hemlibra, Alhemo, Hympavzi and Qfitlia. Add Qfitlia and Qfitlia Pen to non-preferred. Clinical PA required for appropriate diagnosis for non-preferred drugs. Subsequent changes made to Antihemophilic Agents: Factor Therapy to remove Hemlibra.
* Tryngolza: Requires fasting triglycerides of ≥ 880 mg/dL and confirmed genetically identified familial chylomicronemia syndrome (FCS).
* Vanrafia: For adults with biopsy proven primary IgAN AND eGFR>=30 cc/min/1.73m3 AND urine protein >=1 g/day AND on stable dose of maximally tolerated renin-angiotensin system inhibitor. PA required to confirm appropriate indication.
* Reblozyl – Updated Indications:
1. for the treatment of anemia in adult patients with beta thalassemia who require regular red blood cell (RBC) transfusions
2. for the treatment of anemia without previous erythropoiesis stimulating agent use (ESA-naïve) in adult patients with very low- to intermediate-risk myelodysplastic syndromes (MDS) who may require regular RBC transfusions.
3. for the treatment of anemia failing an ESA and requiring 2 or more RBC units over 8 weeks in adult patients with very low- to intermediate-risk MDS with ring sideroblasts (MDS-RS) or with myelodysplastic/myeloproliferative neoplasm with ring sideroblasts and thrombocytosis (MDS/MPN-RS-T).

It is not indicated for use as a substitute for RBC transfusions in patients who require immediate correction of anemia.

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:

* Beconase AQ
* Nulytely Solution
* Rapamune
* Stimate
* Timentin
* Zosyn

**Pharmacy Helpdesk Hours and Emergency Supply Protocol**

Our Pharmacy Helpdesk is here to support you with any questions or claims assistance you may have. The operating hours are Monday to Friday from 8:00 AM to 5:00 PM. For after-hours assistance, our on-call availability is from 5:00 PM to 8:00 PM on weekdays, and from 8:00 AM to 8:00 PM on Saturdays, Sundays, and holidays.

For after-hours emergency claims, please call the Help Desk at 888-420-9711 and request to page our on-call staff. This ensures that urgent issues are addressed promptly, even outside of regular Help Desk hours.  In a situation where a pharmacy needs assistance outside of the Help Desk operating and on call hours, a 196 override may be placed in the PA field for many medications. This will allow members to receive an emergency 4-day supply of their medication.

We hope this information helps you provide the best possible service to our members.