



**To:** MaineCare Providers  
**From:** Anne-Marie Toderico, Director of Pharmacy  
**Date:** December 27, 2024  
**Re:** PDL Update for **January 1, 2025**

<b>Effective Date: 1/01/2025</b>	
<b>BIN: 005526</b>	<b>PCN: MEPOP</b>
<b>BIN: 005526</b>	<b>PCN: MEPARTD</b>

**MaineCare PDL Update for January 1, 2025**

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

- Abilify Asimtufii
- Acular Soln
- Albuterol HFA Sandoz Labeler 00781
- Briviact
- Doxylamine Succ-Pyridoxine Hcl
- Eysuvis
- Emflaza
- Fesoterodine
- Fiasp
- Fluocinolone Acetonide Oil
- Fluticasone-Salmeterol
- Focalin XR
- Fulphila
- Lamotrigine XR
- Levalbuterol HFA
- Lotemax Gel
- Methylphenidate CD Caps 30-70
- Methylphenidate ER Tab
- Methylphenidate ER Tab 24
- Methylphenidate ER24 Caps 50/50
- Mitigare
- Opzelura
- Rebinyn
- Rybelsus
- Rykindo
- Simlandi
- Striverdi
- Synjardy XR
- Triumeq

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

- Afstyla
- Altuviio
- Apidra
- Atripla
- Bonjesta
- Brilinta 60mg
- Chlordiazepoxide/Amitript
- Deflazacort
- Dermotic
- Diclegis
- Enemeez
- Flarex Susp
- Insulin Degludec
- Invokana
- Invokamet
- Lamictal XR
- Novolog Mix Penfill, Novolog Penfill Soln, Novolog Flexpen
- Novolog, Novolog Mix, Novolog Mix 70/30
- Nucala
- Perphenazine/Amitriptylin
- Toviaz
- Ziextenzo

The following medication(s) have been recently added/changed as **Preferred with criteria** to the MaineCare PDL:

- Adalimumab-Fkjp: Clinical PA is required to establish diagnosis and medical necessity.
- Brixadi: Clinical PA required.
- Rinvoq: Clinical PA is required to establish diagnosis and medical necessity.
- Kesimpta: Clinical PA is required to establish diagnosis and medical necessity. Approved after single step through preferred drugs.

- Skyrizi: Clinical PA required and will be preferred for the indication of plaque psoriasis, psoriatic arthritis, Crohn's disease and ulcerative colitis.
- Skytrofa: Clinical PA is required to establish diagnosis and medical necessity. Preferred after single step therapy of short acting growth hormone.
- Sublocade: Clinical PA required.
- Suboxone: Updated maintenance dose limit with updated PA form posted.

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

- Kerendia: Patient must be on max tolerated preferred ACE-I/ARB and SGLT-2
- Stelara: Will require using preferred trial of Skyrizi if unable please provide clinical rational as why inappropriate.
- Wegovy will be non-preferred with the following criteria:
  - Patient has BMI > 27 kg/m<sup>2</sup>, and is not being used for weight loss only.
  - Patient has history of at least one of the following:
    - Stroke
    - Myocardial Infarction
    - Symptomatic peripheral arterial disease
    - Patient does not have diagnosis of diabetes, end stage renal disease/dialysis, or NYHA class IV heart failure.

The following medication(s) have recently been **removed** from the MaineCare PDL:

- Diastat
- Nutropin AQ
- Oxbryta
- Lidoderm