



To: MaineCare Providers
From: Dan Mickool, R.Ph., M.S., Ed D, Associate Director of Pharmacy
Date: April 3, 2026
Re: **MaineCare PDL Updates effective April 1, 2026**

Effective Date: April 1, 2026	
BIN: 005526	PCN: MEPOP
BIN: 005526	PCN: MEPARTD

The following medication has recently been added to the MaineCare PDL as **preferred** and will not require prior authorization:

- Novolog
- Novolog Mix
- Novolog Mix 70/30
- Mycophenolic Acid Tab DR
- Sacubitril-Valsartan Tab

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

- Enoby
- Entresto
- Hyrnuo
- Myfortic
- Orlynvah
- Starjemza
- Xtrenbo
- Zevtera

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

- Lynkuet: Will require a clinical PA. Member must have diagnosis of vasomotor symptoms AND have previously tried and failed one 30-day trial of either Hormone Replacement Therapy (HFT) or other guideline supported non-hormonal therapy for VMS (e.g., gabapentin, paroxetine, venlafaxine) AND baseline liver function test.
- Octreotide: Clinical PA is required to establish diagnosis and medical necessity.
- Wegovy: Clinical PA required to establish diagnosis and medical necessity for MACE/MASH.

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

- Aqvesme: Prior Authorization required to confirm appropriate diagnosis of anemia in adults with alpha or beta thalassemia and clinical parameter. Prescribed in consultation with, or by, a hematologist. Avoid use of Aqvesme in patients with cirrhosis.

- Exdensur: For the treatment of patients ≥ 12 years of age.
- Itvisma: Prior Authorization required to confirm appropriate diagnosis and clinical parameters for use. Confirmed mutation in survival motor neuron 1 (SMN1) gene. Patients previously treated with Zolgensma should not be treated with Itvisma.
- Palsonify: Prior Authorization to confirm FDA approved indication and prescribed by or in consultation with an endocrinologist. For patients with acromegaly, one of the following: Patient has an inadequate response to surgery, OR patient is not a candidate for Surgery.
- Tonmya: Prior Authorization required. Trial/failure, contra-indication, or intolerance to guideline driven care of at least two agents: amitriptyline, cyclobenzaprine, duloxetine, gabapentin, and pregabalin immediate release.
- Voyxact: Prior Authorization to confirm diagnosis and clinical criteria.

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.