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Maine Department of Health and Human Services
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To: MaineCare Providers

From: Dan Mickool, R.Ph., M.S., Ed D, Associate Director of Pharmacy

Date: July 20, 2026

Re: **MaineCare PDL Updates effective July 1, 2026**

Effective Date: July 1, 2026	
BIN: 005526	**PCN: MEPOP**
BIN: 005526	**PCN: MEPARTD**

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

- Accu-Chek Guide
- Darunavir
- Estradiol Td PtWk
- Hydroxychloroquine Tabs
- Mycophenolic Acid Tab DR
- Sacubitril-Valsartan Tab
- Tacrolimus Caps
- Venlafaxine ER Caps

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

- Enoby
- Jubbonti
- Wyost
- Xtrenbo

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

- Arynta
- Atmeksi
- Aukelso
- Bosaya
- Byqlovi
- Cardamyst
- Contepo
- Desmoda
- Entresto
- Feriva Cap
- Myfortic Tab DR
- Nereus
- Ontralfy
- Orladeyo Sprinkles
- Orudis
- Pivya
- Qivigy
- Relgaabi
- Rezenopy
- Sdamlo
- Zybic

The following ***preferred medication with criteria*** has been added/updated to the MaineCare PDL:

- Brinsupri: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical parameters for use. Additional criteria require attestation of the following:
  - Imaging confirming bronchiectasis
  - Physician attestation of need for airway clearance
  - History of pulmonary exacerbations in the last 12 months based on age:
    - Members 18 years of age or older: ≥ 2 exacerbations requiring antibiotic therapy
    - Members 12 to 17 years of age: ≥ 1 exacerbation requiring antibiotic therapy
  - Must be prescribed by, or in consultation with, a pulmonologist or infectious disease specialist
  - Prescriber attests that underlying causes of NCFB have been adequately addressed, if applicable

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

- Komzifti: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical parameters for use.
- Lifyorli: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical parameters for use.
- Forzinity: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical parameters for use.
- Icotyde: Prior Authorization required. Trial and failure, contra-indication or intolerance of at least one preferred agent in each of the following therapeutic classes: Anti TNF alpha (adalimumab), Anti IL 12/23 (ustekinumab), and Anti IL 17 (cosentyx, taltz, or binzelx).
- Kygevvi: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical parameters for use.
- Loargys: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical parameters for use.
- Myqorzo: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical parameters for use.
- Redemplo: Clinical Prior Authorization required for appropriate diagnosis and clinical parameters. Redemplo requires fasting triglycerides of ≥ 880 mg/dL and confirmed genetically identified familial chylomicronemia syndrome (FCS).
- Yartemlea: Prior Authorization is required to confirm diagnosis and clinical criteria.
- Yuviwel: Prior Authorization is required 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.