



To: MaineCare Providers
From: Dan Mickool, R.Ph., M.S., Ed D, Associate Director of Pharmacy
Date: September 18, 2026
Re: **MaineCare Pharmacy Updates**

SBW (RAC 5B) Update:

SBW (RAC 5B) members may now receive up to a 90-day supply of covered generic medications at retail pharmacies, when applicable, consistent with standard MaineCare pharmacy benefit practices.

MaineCare PDL Changes:

Effective Date: October 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 require prior authorization:

- Brinsupri

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

- Awikli
- Filkri
- Idvynso
- Jubereq
- Nufymco
- Osvyrti
- Yesafili
- Zolybus

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

- **Atoncy**: Prior Authorization required to confirm appropriate diagnosis and clinical parameters for use. Use limited to patients 6 years of age and older.
- **Baxfendy**: Criteria are aligned with the existing Tryvio criteria on the PDL. The member must have a diagnosis of uncontrolled hypertension or resistant hypertension, and the requested drug must be used in combination with other antihypertensive medications. **Specific to Baxfendy**: the patient has not achieved blood pressure control after treatment with two non-MRA antihypertensive medications from different classes at target doses, including a thiazide or thiazide-type diuretic and a calcium channel blocker. Trial and inadequate response, contraindication or intolerance to a mineralocorticoid receptor antagonist (MRA) such as spironolactone or eplerenone is required. Drug should be prescribed by or in consultation with a cardiologist or nephrologist.

- Bysanti: Non preferred atypicals will be approved for patients with FDA-approved indications, and for specific conditions supported by at least two published peer-reviewed double-blinded, placebo-controlled randomized trials that are not contradicted by other studies of similar quality and as long as all first line preferred therapies have been tried and failed at full therapeutic doses for adequate durations (at least two weeks).
- Cavhanza: A clinical Prior Authorization is required to confirm the appropriate diagnosis and clinical indication for the individual drug request, consistent with the criteria used for all agents in the cancer section. The standard for the appropriate indication will include the FDA label as well as current NCCN guidelines.
- Fesifty: A clinical Prior Authorization is required to establish diagnosis and medical necessity.
- Hepcludex: Clinical Prior Authorization required. Diagnosis of chronic HDV infection with detectable HDV RNA within 6 months; active liver disease; no HIV diagnosis; and no decompensated liver disease. The prescriber must attest to adherence and discontinuation monitoring and counseling. Must be prescribed by or in consultation with a hepatology, gastroenterology, or infectious disease specialist.
- Imcivree: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical parameters for acquired hypothalamic obesity in patients 4 years and older, or BBS or genetically confirmed POMC, PCSK1, or LEPR deficiency in patients 2 years and older. Genetic variants must be pathogenic, likely pathogenic, or VUS. Not indicated for benign or likely benign variants, other obesity syndromes, or general polygenic obesity.
- Lynavoy: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical parameters for the treatment of cholestatic pruritus associated with primary biliary cholangitis (PBC) in adult patients.
- Veppanu: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical indication for the individual drug request, consistent with the criteria used for all agents in the cancer section. The standard for the appropriate indication will include the FDA label as well as current NCCN guidelines.
- Xocova: A clinical Prior Authorization is required for post-exposure prophylaxis of COVID-19 in adults and adolescents 12 years of age and older following contact with an individual who has COVID-19, who are at high risk for progression to severe COVID-19 including hospitalization or death. The member must have at least one risk factor associated with severe disease, such as 65 years of age or older, chronic lung disease, significant cardiovascular disease, diabetes mellitus, chronic kidney disease, or an immunocompromising condition or receipt of immunosuppressive therapy. Treatment must be initiated within 72 hours of first-known contact with an individual with confirmed COVID-19.
- Yulithira: A clinical Prior Authorization is required to confirm appropriate diagnosis and clinical indication for the individual drug request, consistent with the criteria used for all agents in the cancer section. The standard for the appropriate indication will include the FDA label as well as current NCCN guidelines.

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.