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To: MaineCare Providers

From: Anne-Marie Toderico, Director of Pharmacy

Date: 08/2/2022

Re: PDL Update for **08/2/2022**

MaineCare PDL Update for August 2, 2022

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

- Camcevi
- Fleqsuvy
- Ibsrela
- Kimmtrak
- Opdualag
- Tivdak
- Twyneo
- Vabysmo
- Xipere
- Zimhi

The following medication(s) have recently been added to the MaineCare PDL as **non-preferred** and require a prior authorization to confirm FDA approved indication:

- Pyrukynd
- Tarpeyo
- Vijoice

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

- Cibinqo: Preferred drugs also indicated for this condition, including topical steroids, cyclosporin AND calcineurin inhibitors must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists. Additionally, after trials above approvals would be granted for Mild Atopic Dermatitis: 1. Eucrisa, 2. Opzelura. For Moderate Atopic Dermatitis: 1. Dupixent, 2. Rinvoq. For Moderate/Severe Atopic Dermatitis: 1. Dupixent, 2. Rinvoq Note: If unable to use TCIs then a trial of Eucrisa could be recommended before Dupixent.

- Dartisla: It is not indicated as monotherapy for treatment of peptic ulcer because effectiveness in peptic ulcer healing has not been established.

- Lybalvi: Step through aripiprazole and Latuda. If criteria is met then initial approval for 3 months. Subsequent approvals will be based on evidence of not gaining >= 10 % baseline body weight for ongoing approval. If weight gain >= 10 % of initial body weight, then criteria for ongoing use not met.

- Invega Hafyera: The patient is started and stabilized on the medication OR The patient has been adequately treated with Invega Sustenna (paliperidone palmitate 1-month) for at least four months or Invega Trinza (paliperidone palmitate 3- month) following at least one 3-month injection cycle.

- Livtencity is a substrate of CYP3A4. Coadministration of Livtencity® with strong inducers of CYP3A4 is not recommended, except for selected anticonvulsants. Must show failure or contraindication to all the following ganciclovir, valganciclovir, cidofovir and foscarnet before Livtencity will be approved.

- Seglentis is only available if component ingredients are unavailable.

- Spravato: Treatment Resistant Depression: Must be 18 years of age or older; and medication must be administered under the direct, on site, supervision of a licensed healthcare provider with post-administration observation of a minimum of least 2-hours. The medication must be prescribed by or in consultation with a psychiatrist and prescriber must be enrolled in the REMS program. •Approval is based upon failure of at least two antidepressants and failure of an antidepressant used adjunctively with one recognized augmentation strategy such as lithium, an atypical antipsychotic, thyroid hormone, etc •Ongoing use of Spravato beyond 3 months is based upon a positive response as evidenced by at least a 30 % reduction from baseline as measured by a standardized rating scale including PHQ 9, Hamilton Depression Rating Scale, or QIDS). MDD with Suicidal Ideation: Approval for this indication only if it is started in an inpatient unit, given adjunctively with an optimized antidepressant regimen, and with an 8-12 week initial approval with ongoing use dependent upon documentation of ongoing benefit.