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**To:** MaineCare Providers  
**From:** Roger Bondeson – Director of Operations  
**Date:** June 19<sup>th</sup>, 2013  
**Re:** PDL Updates

**The following medications are being added to the MaineCare PDL for your reference and will require prior authorization:**

Forfivo XL	Vascepa	Kazano	Nesina	Methylphenidate ER Caps
Oseni	Ilevro	Pertzye	Eliquis	Oxtellar

**The following medication is preferred and will not require prior authorization. Due to shortages/discontinuations of Asacol the following product was made preferred:**

Delzicol

**The following are miscellaneous PDL criteria addition/clarifications to some non-preferred medications on the MaineCare PDL:**

**Aubagio** is for adults with relapsing forms of MS. No concurrent use of leflunomide. Within 6 months of initiation of Aubagio, lab testing to look at (transaminase, bilirubin, CBC, TB) as boxed warning exists regarding hepatotoxicity.

**Binosto** use preferred generic alendronate tablets.

**Bosulif** requires a clinical PA, requiring diagnosis. Must have resistance or intolerance to prior therapy seen in drug profile, monthly hepatic enzyme tests should be performed for the first three months of treatment as clinically indicated.

**Giazo** is only indicated for males, as the safety/efficacy for use in females has not been established. Prior trials of preferred products.

**Juxtapid** is contraindicated with strong CYP3A4 inhibitors. Juxtapid dosage should not exceed 30mg daily when it is used concomitantly with weak CYP3A4 inhibitors.

**Linzess** is for adults as treatment of IBS-Constipation and treatment of chronic idiopathic constipation in adults. Prior trials of preferred agents for constipation and IBS-constipation.

**Lorzone** requires at least 4 preferred drugs (including tizanidine) and step care therapy (orphenadrine), and reasons for why chlorzoxazone is not acceptable.

**Quillivant XR** is only indicated for use in patients 6 years of age or older. Prior trials of preferred products.

**Stivarga** is for the treatment of metastatic colorectal cancer (CRC) who have been previously treated with fluoropyrimidine- oxaliplatin- and irinotecan-based chemotherapy, an anti-VEGF therapy, and if KRAS wild type, an anti-EGFR therapy).

**Xeljanz** is limited to adults with moderately to severely active RA who have had an inadequate response or intolerance to methotrexate. Should not be used concomitantly with biologic DMARDs or potent Immunosuppressants. Therapy should not be started in those with lymphocyte count  $<500\text{cells}/\text{mm}^3$ , an ANC  $<1000\text{cells}/\text{mm}^3$ , or have a hemoglobin  $<9\text{g}/\text{dl}$ .

**Xtandi** is limited to adults treatment of metastatic castration-resistant prostate cancer, with previous trials of docetaxel.