MaineCare Services
An Office of the Department of Health and Human Services
Paul R. LePage, Governor Mary C. Mayhew, Commissioner

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To: MaineCare Providers

From: Roger Bondeson – Director of Operations

Date: September 6, 2013

Re: PDL Update effective 9/13/13

The following medications are non-preferred and will require prior authorization:
Prolensa

The following medications will be preferred and will not require prior authorization:
Auvi- Q Balsalazide Epi-Pen Proctosol HC Cream
Proctocream-HC Cream

The following are miscellaneous PDL changes/clarifications:

Tripase is no longer available and has been removed from the PDL.

Panokase Tabs are no longer available and have been removed from the PDL.

Ku-Zyme Caps are no longer available and have been removed from the PDL.

Lipram CR is no longer available and have been removed from the PDL.

Lipram is no longer available and have been removed from the PDL.

Reyataz dosing limits of one daily.

TOBI Podhaler is non-preferred and limited to patients with significant impairment from using nebulized version of medication.

Fulyzaq is non-preferred and requires a diagnosis of non-infectious diarrhea in patients with HIV/AIDS on anti-retroviral therapy, prior trials of preferred, more cost effective anti-diarrheals. Dosing limits of twice a daily apply.

Gattex is non-preferred and requires a diagnosis of adult SBS who are dependent on parenteral support. Appropriate colonoscopy and lab assessments 6 months prior to starting

Pomalyst is non-preferred and has a DDI with strong inhibitors of CYP1A2 and CYP3A4 drugs. Complete blood counts weelky for first 8 weeks, then monthly, patients have at least 2 prior therapies, including lenalidomide and bortezomib,female patients of reproductive potential must have 2 negative pregnancy tests and use 2 forms of contraception and providers must be certified with Pomalyst REMS Program.

Kynamro is non preferred and requires a clinical PA for appropriate diagnosis, appropriate lab testing prior to starting (ALT<AST), Alkaline phosphatase and total billrubin, monthly liver-related tests for the first year, then every three months.

Invokana is non preferred and will be considered for patients who are unable to tolerate any preferred medications. Dosing limits of one daily apply.

Iclusig is non-preferred and requires a clinical PA for appropriate diagnosis, prior trail of TKI therapy, appropriate monitoring and has DDI with strong CYP3A4 inducers.

Vascepa is non-preferred and requires adjunct therapy for specific indication to reduce TG in those with severe hypertriglyceridemia (500mg per deciliter or more). Proper indication per lab values is required before approval.

Samsca Drug Warning- Avoid use in patients with underlying liver disease, including cirrhosis, because the ability to recover from liver injury may be impaired. Limit duration of therapy to 30 days to minimize the risk of liver injury.