



Department of Health and Human Services  
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**To:** MaineCare Providers  
**From:** Roger Bondeson – Director of Operations  
**Date:** July 23, 2015  
**Re:** PDL Update for 7/24/15

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

Auryxia	Cosentyx	Evekeo	Evzio
Naloxone Inj	Namzaric	Natesto	Nuversa
Proair Respiclick	Spiriva Respimat	Toujeo	

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

Ciprodex      Kitabis      Voriconazole Tabs

**The following medication have been recently added to the MaineCare PDL as well as new PDL criteria.**

**Corlanor** will be non preferred with the following criteria, patients with stable, symptomatic chronic heart failure with left ventricular ejection fraction  $\leq 35\%$ , who are in sinus rhythm with resting heart rate  $\geq 70$  beats per minute (bpm) and either are on maximally tolerated doses of beta-blockers or have a contraindication to beta-blocker use

**Cholbam** will be non preferred with the following criteria, indication of bile acid synthesis disorders due to single enzyme defects (SEDs) AND for adjunctive treatment of peroxisomal disorders (PDs)

**Farydak** will be non preferred with the following criteria, Farydak in combination with bortezomib and dexamethasone for the treatment of patients with multiple myeloma (MM) who have received  $\geq 2$  prior regimens, including bortezomib and an immunomodulatory agent

**Natpara** will be non preferred with the following criteria, recommended only for those who cannot be well-controlled on calcium supplements and active forms of vitamin D alone.

**Tobi Nebu** and **Tobramycin Sulfate Soln** will be moved to non preferred current users of Tobi Nebu and Tobramycin Soln will be allowed a grace period until 10/1/15 to transition to preferred Kitabis.

**Ofloxacin 0.3% OTIC** will be moved to non preferred due to recent and considerable price increase. Please consider other preferred products.

**Cresemba** will be non preferred with age limits for patients  $\geq 18$  years of age.

**Xulane** will be non preferred with dosing limits allowing 3 patches per 28 days supply.

**Makena** and **17-Alpha Hydroxyprogesterone** will be preferred requiring a clinical PA for indication to reduce the risk of preterm birth in women with a singleton pregnancy who have a history of singleton spontaneous preterm birth.

**Ortho- Evra, Granulex, Granul-Derm,** and **TBC AERS** are not available and will be removed from the PDL.

**If you have any questions, please contact GHS at 1-888-420-9711.**

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