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: March 10, 2016

Re: PDL Update for **3/11/2016**

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

Androgel 1.62%	Alecensa	Belbuca	Cotellic	Empliciti	Gammaplex Inj
Hemocyte	Hydroxychloroquine		Imlygic	Ninlaro	Prograf
Tresiba	Vivlodex				

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

Androgel 1%	Integra F Cap	Plaquenil	Tacrolimus

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

Chantix Tabs are preferred. The starter/titration pack are non-preferred please use the preferred tablets.

Genvoya will be preferred with criteria. Preferred for the treatment of HIV-1 infection in adults and pediatric patients ≥ 12 years of age Genvoya is available to those for whom there is a clinical need for the improved renal safety profile provided by tenofovir alafenamide that cannot be met with other more cost-effective combination regimens and also to document that the patient is either treatment naïve or virologically-suppressed (HIV-1 RNA < 50 copies/ml) on a stable antiretroviral regimen for at least 6 months with no history of treatment failure and no known substitutions associated with resistance to the individual components of Genvoya.

Nucala will be non preferred for patients with severe asthma aged 12 years or older.

Strensiq will be non preferred. Need to obtain baseline ophthalmology exams and renal ultrasounds and then periodically during treatment.

Tagrisso will be non preferred and has a drug to drug interaction:Avoid concomitant use of Tagrisso with strong CYP3A inhibitors, strong CYP3A inducers, drugs that are sensitive substrates of CYP3A, breast cancer resistance protein (BCRP), or CYP1A2 with narrow therapeutic indices.

Uptravi will be non preferred and has a drug to drug interaction:Uptravi will require a prior authorization if it is currently being used in combination with strong inhibitors of CYP2C8 (gemfibrozil)

Varubi will be non preferred and will be available to the few who are unable to tolerate of who have failed on preferred medications.

Praluent and **Repatha** will be non preferred with quantity limits, for HeFH/ASCVD 1 injection per 14 days: for HoFH 3 injectors per 30 days ~~#3~~. Documented adherence to lipid lowering medications and abstinence from tobacco for previous 90 days. For Praluent and Repatha please, Use PA Form #10800. Praluent and Repatha initial approvals will be limited to 8 weeks (for HeFH or ASCVD) or 3 months (for HoFH). Baseline and follow up lipid profiles are required and subsequent approvals will require additional levels being done to assess changes. Will not approve if LDL-C is not at goal after a period of : 1. 24 weeks for Praluent or Repatha for treatment of HeFH/ASCVD 2. 3 months of Repatha for treatment of HoFH.

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