



Department of Health and Human Services
MaineCare Services
Pharmacy Unit
11 State House Station
Augusta, Maine 04333-0011
Toll Free (866) 796-2463; Fax: (207) 287-8601
TTY Users: Dial 711 (Maine Relay)

To: MaineCare Providers
From: Roger Bondeson – Director of Operations
Date: August 29, 2016
Re: PDL Update for **9/2/2016**

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

Aptivus	Bendeka	Betamathasone Dipropionate	Crixivan Caps	Darzalex
Desoximetasone .25%		Fluocinonide	Fluocinolone Acetonide	Halog
Invirase Cap	Lexiva	Nevirapine	Opdivo	Otiprio
Rescriptor Tabs		Spritam	Stavudine	Trizivir Tabs
Zembrace				

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

Lamivudine/Zidovudine Isentress

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

Adzenys will be non-preferred and dosing limits will apply, please see the dose consolidation list. Also, DDI_The concomitant use of Adzenys® XR is contraindicated with monoamine oxidase inhibitors (MAOIs) or within 14 days after discontinuing MAOI treatment.

Cabometyx will be non-preferred requiring a clinical PA required for appropriate diagnosis with a DDI: In patients concurrently taking a strong CYP3A4 inhibitor (e.g. boceprevir, clarithromycin, conivaptan, grapefruit juice, itraconazole, indinavir, ketoconazole, lopinavir/ritonavir, nefazodone, nelfinavir, posaconazole, ritonavir, saquinavir, telithromycin, and voriconazole), it is recommended to reduce the dose of Cabometyx® if the concomitant use cannot be avoided. In patients concurrently taking a strong CYP3A inducer (e.g. rifampin, phenytoin, carbamazepine, phenobarbital, rifabutin, rifapentine, and St. John's wort), it is recommended to increase the dose of Cabometyx® if the concomitant use cannot be avoided. .

Portrazza will be non-preferred and will require clinical prior authorization to verify diagnosis and concurrent treatment with gemcitabine and cisplatin.

Venclexta will be non-preferred with a DDI: It is recommended to avoid the concomitant use of moderate CYP3A inhibitors (e.g. erythromycin, ciprofloxacin, diltiazem, dronedarone, fluconazole, or verapamil) or P-gp inhibitors (e.g. amiodarone, azithromycin, captopril, carvedilol, cyclosporine, felodipine, quercetin, quinidine, ranolazine, ticargrelo) with Venclexta®.

Cinqair will be non-preferred and only available for patients ≥18years of age. Approval will require inadequate response to guideline based therapy including max inhaled steroid eosinophilic phenotype eosinophilia > 400/mcl.

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

Descovy will be preferred with a quantity limit of one per day and DDI: The concomitant use of the following drugs with Descovy® is not recommended: tipranavir/ritonavir, St. John's wort, and the antimycobacterials rifabutin, rifampin, or rifapentine.

Odefsey will be non-preferred with a quantity limit of one per day and DDI: Administration with the following drugs: the anticonvulsants carbamazepine, oxcarbazepine, phenobarbital, and phenytoin; the antimycobacterials rifampin and rifapentine; proton pump inhibitors such as dexlansoprazole, esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole; systemic dexamethasone (more than a single dose); and St. John's wort with Odefsey is contraindicated.

Narcan NS will be preferred with a quantity limit of 2 units/28 days.

Prestalia will be non-preferred and only available for patients ≥18 years of age.

Sernivo Spray will be non-preferred treatment beyond 4 weeks is not recommended.

Taltz will be non-preferred and it is recommended to assess for TB infection prior to starting treatment with Taltz.

Viberzi will be non-preferred and it is recommended to discontinue treatment in patients who develop severe constipation for more than 4 days. Prior failed trials of multiple preferred GI agents must occur first. IBS dx must be thoroughly documented.

Vraylar will be non-preferred with a DDI: It is recommended to reduce the Vraylar® dose if it is used concomitantly with a strong CYP3A inhibitor (such as itraconazole, ketoconazole). The concomitant use of Vraylar® with a CYP3A4 inducer (such as rifampin, carbamazepine) is not recommended.

Xeljanz XR will be non-preferred with a DDI: The concomitant use of Xeljanz® XR with biologic DMARDs or potent immunosuppressants such as azathioprine and cyclosporine are not recommended. The concomitant use of Xeljanz® XR with potent CYP3A4 inducers (e.g. rifampin) is not recommended.

Astelina and Lescol Caps are being removed from the PDL as they are no longer available.

Azelastine will be a step 7 on the non-preferred side of the PDL.

Skelaxin will be a step 9 on the non-preferred side of the PDL.

Evotaz will be preferred with a quantity limit of one per day.

Due to concerns with a possible mix up with other similar sounding drugs Brintellix will be changed to Trintellix.

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