



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: September 20, 2016
Re: PDL Update for 10/7/2016

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

Xiidra Xtampza ER

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

Vivitrol

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

Bevespi Aeroshere will be non-preferred and dosing limits will apply, please see the dose consolidation list. Also, the safety and efficacy of use in children under the age of 18 years have not been established. DDI: Avoid concomitant use of Bevespi with other anticholinergic-containing drugs, due to an increased risk of anticholinergic adverse events. Bevespi® should be used with extreme caution in patients being treated with MAO inhibitors, TCAs, or other drugs known to prolong the QTc interval.

Briivact will be non-preferred. Indicated for adjunctive therapy in the treatment of partial-onset seizures in patient's ≥ 16 years of age with epilepsy.

Epclusa will be preferred and will require clinical PA. Please see the Hepatitis PA form for criteria

Viekira XR will be preferred and will require clinical PA. Please see the Hepatitis PA form for criteria

Keveyis will be non-preferred with a DDI: The concomitant use of Keveyis® with high dose aspirin is contraindicated.

Kyprolis will be non-preferred and required a PA to confirm FDA approved indication.

Tecentriq will be non-preferred and required a PA to confirm FDA approved indication.

Ocaliva will be non-preferred and required a PA to confirm FDA approved indication.

Zinbryta will be non-preferred in a new Multiple Sclerosis-MISC category. The safety and efficacy of use in children under the age of 17 years have not been established. Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists.

Glucagen Inj. Hypokit is preferred with dosing limits. Please see the dose consolidation list on the PDL.

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