



Department of Health and Human Services
MaineCare Services
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To: MaineCare Providers
From: Jill Kingsbury, Director of Pharmacy
Date: April 26, 2018
Re: PDL Update for **5/4/2018**

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

Baxdela	Bydureon Bcise	Cotempla XR	Duzallo	Juluca
Ozempic	Qtern	Rebinyn	Renflexis	Sodium Sulf/Sulf Lotion
Solosec	Steglatro	Sublocade	Vyzulta	

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

Biktarvy

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

Admelog is non-preferred and approvals will be for the treatment of patients ≥ 3 years of age.

Benznidazole is preferred but will require a clinical prior authorization to confirm appropriate diagnosis. Please see PDL for criteria.

Calquence is non-preferred and approvals will require a prior authorization to confirm appropriate diagnosis. DDI: Avoid concomitant use of Calquence® with strong CYP3A inhibitors and strong CYP3A inducers.

Cinvanti is non-preferred and approval will require a prior authorization to confirm appropriate diagnosis. Please see PDL for criteria.

Exondys 51 is non-preferred and will be considered under the following criteria:

- The patient must be < 14 years of age AND
- The prescriber is, or has consulted with, a neuromuscular disorder specialist AND
- The dose does not exceed 30mg/kg once weekly AND
- The patient is currently on a stable corticosteroid dose for at least 6 months.
- The patient must be ambulatory (able to walk with or without assistance, not wheelchair bound).
- Note: Initial approval will be granted for 6 months. For re-approval after 6 months, the patient must demonstrate a response to therapy as evidenced by remaining ambulatory (able to walk with or without assistance, not wheelchair bound).

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

- Current patient will be grandfathered but will still require re-approval after 6 months.

Fasenra is non-preferred and approval will be for patients with severe asthma aged 12 years or older and eosinophilia.

Fibryga and **Riastap** are non-preferred and approvals will require a prior authorization to confirm appropriate diagnosis. Please see PDL for criteria.

Hemlibra is preferred but will require a clinical prior authorization to establish diagnosis and medical necessity.

Prevymis is non-preferred and approval will require a prior authorization to establish diagnosis and medical necessity. Please see PDL for criteria.

Yescarta is non-preferred will require a prior authorization to confirm appropriate diagnosis. Please see PDL for criteria.

Slo-Niacin Tab, Bactroban Cream, Ointment and Nasal Ointment are being removed from the PDL as they are no longer available.