



To: MaineCare Providers
From: Jill Kingsbury, Director of Pharmacy
Date: April 11, 2019
Re: PDL Update for 04/12/2019

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

Biltricide Tabs	Crestor	Depakote Sprinkles	Felbatol Sus	Furadantin Susp	Galafold
Inveltys	Lescol XL	Mycobutin Caps	Niaspan ER	Norpace	Ondansetron Inj
Parlodel Caps	Plaquenil Tabs	Qbrexza	Reyataz	Rifadin Caps	Siklos
Singulair Granules	Symjepi	Sympazan	Tiglutik	Urocit-K	Videx EC
Vytorin	Xelpros	Xyosted	Yupelri	Zemplar	Zetia Tab
Ziagen Tab And Sol					

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

Abacavir Tab And Sol	Atazanavir	Bromocriptine Mesylate Caps	Carbamazepine ER Cap	Clobazam	Didanosine
Disopyramide	Divalproex Sprinkle Cap	Ezetim/Simva Tab	Ezetimibe	Felbamate Sus	Fluvastatin Tab ER
Hydroxychloroquine Tabs	Hydroxyurea	Hydroxyzine Hcl Tabs	Montelukast Gra	Niacin ER	Nitrofurantoin Macr Sus
Oseltamivir	Panzyga	Paricalcitol Caps	Pot Citrate Tab	Praiquantel Tab	Rifabutin Caps
Rosuvastatin Tab					

The following medication(s) have been recently added to the MaineCare PDL as well as new PDL criteria:

Arikayce is non-preferred and approvals will require clinical PA to confirm MAC lung disease and for use in adults who have limited or no alternative treatment options.

Zemdri is non-preferred and approvals will be reserved for patients with limited or no alternative treatment of care.

Tolsura is non-preferred and products must be used in specified step order.

Copiktra is non-preferred and will be considered for the treatment of adult patients with relapsed or refractory chronic lymphocytic leukemia (CLL) or small lymphocytic lymphoma (SLL) after at least 2 prior therapies AND the treatment of adults with relapsed or refractory follicular lymphoma (FL) after at least 2 prior systemic therapies. This indication is approved under accelerated approval based on overall response rate (ORR); continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

Daurismo is non-preferred and will be considered in combination with low-dose cytarabine, for the treatment of newly-diagnosed acute myeloid leukemia (AML) in adults who are ≥ 75 years old or who have comorbidities that preclude use of intensive induction chemotherapy.

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

Lorbrena is non-preferred and will be considered for the treatment of patients with anaplastic lymphoma kinase (ALK)-positive metastatic non-small cell lung cancer (NSCLC) whose disease has progressed on Crizotinib and at least one other ALK inhibitor for metastatic disease; OR Alectinib as the first ALK inhibitor therapy for metastatic disease; OR Ceritinib as the first ALK inhibitor therapy for metastatic disease.

Xospata is non-preferred and will be considered for the treatment of adults who have relapsed or refractory acute myeloid leukemia (AML) with a FMS-like tyrosine kinase 3 (FLT3) mutation as detected by an FDA-approved test.

Cequa is non-preferred and patients must fail adequate trials of multi agents from artificial tears and lubricant category.

Bryhali Lotn is non-preferred and at least 1 drug from each potency of 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.

Ondansetron Tab and ODT are preferred with dosing limits of 4mg and 8mg 90/30 and the 24mg 30/30. If requesting more than these limits please submit a PA on the Misc. Non-Preferred Form.

Orap Tab will be removed from the PDL as it is no longer being made.

Oxandrolone is non-preferred with criteria: Weight gain (adjunctive therapy): Adjunctive therapy to promote weight gain after weight loss following extensive surgery, chronic infections, or severe trauma, and in some patients who, without definite pathophysiologic reasons, fail to gain or to maintain normal weight. Other indications included in manufacturer labeling: Adjunctive therapy to offset protein catabolism with prolonged corticosteroid administration. Requirement for documentation of weight loss over two readings- Patient has involuntary weight loss of more than 10% of total body weight in less than four months) and, BMI < 18.5 (Normal BMI = 18.5 to 24.9). Please use the Misc. Non-Preferred Form to submit a PA.

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