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To: MaineCare Providers

From: Jill Kingsbury, Director of Pharmacy

Date: July 18, 2019

Re: PDL Update for **07/19/2019**

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

Apadaz Motegrity Qmiiz ODT Rocklatan Skyrizi

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

Fluoxetine Caps (all strengths)

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

Balversa will be non-preferred and will be considered for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma that has: Susceptible FGFR3 or FGFR2 genetic alterations, and Progressed during or following at least one line of prior platinum-containing chemotherapy, including within 12 months of neoadjuvant or adjuvant platinum-containing chemotherapy.

Cablivi will be non-preferred and is recommended for the treatment of adult patients with acquired thrombotic thrombocytopenic purpura (aTTP), in combination with plasma exchange and immunosuppressive therapy.

Diacomit will be non-preferred for the treatment of seizures associated with Dravet syndrome (DS) in patients 2 years of age and older taking clobazam. There are no clinical data to support the use of Diacomit® as monotherapy in DS. DDI: Concomitant use of Diacomit® with other CNS depressants, including alcohol, may increase the risk of sedation and somnolence. Concomitant use of strong inducers (CYP1A2, CYP3A4, or CYP2C19 inducers, such as rifampin, phenytoin, phenobarbital, and carbamazepine) should be avoided, or dosage adjustments should be made.

Dovato will be non-preferred and will require trial use of the individual components.

Evenity will be non-preferred and will be limited to 12 monthly doses.

Firdapse will be non-preferred and is recommended for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in adults.

Gamifant will be non-preferred and is recommended for the treatment of adult and pediatric (newborn and older) patients with primary hemophagocytic lymphohistiocytosis (HLH) with refractory, recurrent, or progressive disease or intolerance with conventional HLH therapy.

Inbrija will be non-preferred and is is recommended for the intermittent treatment of OFF episodes in patients with Parkinson's disease treated with carbidopa/levodopa.

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

Mavenclad will be non-preferred for relapsing forms of multiple sclerosis (MS). However, due to safety profile, use of Mavenclad® is generally recommended for patients who have had an inadequate response to, or are unable to tolerate, an alternate drug indicated for the treatment of MS. It will require multiple trails of preferred agents including Mayzent for active secondary progressive disease.

Mayzent will be non-preferred for relapsing forms of multiple sclerosis (MS) and have a DDI: Due to significant increases in exposure to siponimod, concomitant use of Mayzent® and drugs that cause moderate CYP2C9 and moderate or strong CYP3A4 inhibition is not recommended. For active secondary progressive disease prior trials of two preferred agents are required and for relapsing forms multiple trials of preferred agents, including an intravenous MS product.

Onpattro will be non-preferred in the new category hATTR Agents will require a PA for appropriate diagnosis.

Spravato will be non-preferred and be required to be administered in an equipped and accredited conscious sedation facility or department. Psychiarty recommended.

Tegsedi will be non-preferred in the new category hATTR Agents will require a PA for appropriate diagnosis. Tegsedi should be non-preferred and approved for patients for whom other treatments, including Onpattro, have been ineffective.

Ultomiris will be non-preferred and is recommended for the treatment of adults with paroxysmal nocturnal hemoglobinuria (PNH).

Vitrakvi will be non-preferred and will be considered for the treatment of adult and pediatric patients with solid tumors that: Have a neurotrophic receptor tyrosine kinase (NTRK) gene fusion without a known acquired resistance mutation, are metastatic or where surgical resection is likely to result in severe morbidity and Have no satisfactory alternative treatments or that have progressed following treatment.

Krintafel will be preferred for ≥ 16 years of age. DDI: Avoid coadministration of Krintafel® with Organic Cation Transporter 2 (OCT2) and Multidrug and Toxin Extrusion (MATE) substrates (e.g. dofetilide, metformin).

Venlafaxine Tabs will be preferred with dosing limits, please refer to Dose consolidation list and max daily dose applies. Max daily dose allowed is 375mg.

Lamisil, Viroptic, Ulesfia, Migranal Sol will be removed from the PDL as they are no longer being made.

Clobex lotion and shampoo 0.05% will be moved to the very high potency sub-category of the Topical- Corticosteroids.

Dosing limits were updated on the following drugs: Sertraline, Citalopram, Paroxetine, Fluxoxamine, Duloxetine, Venlafaxine ER Caps, Fluoxetine, Effexor XR, Fluticasone Spray, Risperidone, Aripprazole, Ziprasidone, Isosorbide Mono, Olanzapine and Quetiapine. Please see the Dose Consolidation List on the PDL on www.mainecarepdl.org for more information.

Effective 7/19/19, MaineCare will be removing the requirement of the "AX" (anxiety diagnosis) on claims for members under the age of 18 when utilizing a preferred antidepressant.

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