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To: MaineCare Providers
From: Jill Kingsbury, Director of Pharmacy
Date: October 2, 2019
Re: PDL Update for **10/04/2019**

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

Cuvitru Duobrii Hizentra Hyqvia Lexette

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

Modafinil Kionex Sus

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

Baqsimi will be non-preferred and will be considered for the treatment of patients ≥ 4 years of age.

Cutaquig will be non-preferred and is indicated as replacement therapy for primary humoral immunodeficiency (PI) in adults.

Jornay PM will be non-preferred and for the treatment of patients ≥ 6 years of age.

Nubeqa will be non-preferred and is for the treatment of patients with non-metastatic castration resistant prostate cancer (nmCRPC).will require trial use of the individual components.

Piqray will be non-preferred and is indicated in combination with fulvestrant for the treatment of postmenopausal women, and men, with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, PIK3CA-mutated, advanced or metastatic breast cancer as detected by an FDA-approved test following progression on or after an endocrine-based regimen. Piqray has a DDI with a strong CYP3A4 inducer may decrease alpelisib concentrations, avoid the concomitant use of Piqray® with strong CYP3A4 inducers.

Xpovio will be non-preferred and is indicated in combination with dexamethasone for the treatment of adult patients with relapsed or refractory multiple myeloma (RRMM) who have received at least 4 prior therapies and whose disease is refractory to at least 2 proteasome inhibitors, at least 2 immunomodulatory agents, and an anti-CD38 monoclonal antibody.

Nuzuza will be non-preferred and is recommended for the treatment of patients ≥ 8 years of age.

Oxervate will be non-preferred and is indicated for the treatment of neurotrophic keratitis.

Ruzurgi will be non-preferred and is recommended for the treatment of Lambert-Eaton myasthenic syndrome (LEMS) in patients 6 years to less than 17 years of age.

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

Seysara will be non-preferred and is recommended for the treatment of patients ≥ 9 years of age.

Sunosi will be non-preferred and is indicated for to improve wakefulness in adult patients with excessive daytime sleepiness associated with narcolepsy or obstructive sleep apnea (OSA). Sunosi® is contraindicated with MAO inhibitors or within 14 days after discontinuing the MAO inhibitor.

Vyndaqel will be non-preferred and will require a PA for appropriate diagnosis.

Isentress 400mg will be preferred for post-exposure prophylaxis.

Gardasil 9 will be preferred by MaineCare for ages 19-45 for FDA approved indications. Under the Maine Immunization Program Gardasil 9 is covered under the Vaccine for Children Program for ages 9-18. Please contact 1-800-867-4775 or 207-287-3746 for assistance.

Kayexalate Powd, Kionex Powd, Tinactin and Unifiber Powd are being removed from the PDL as they are no longer available.

Effective October 4, 2019, generic buprenorphine/naloxone tablets will be added to the list of “Preferred” medications on the MaineCare Preferred Drug List.

Please note the following:

- Suboxone film will also remain on the Preferred medication list
- All other formulations of buprenorphine will require a prior authorization (PA)

The following MaineCare prescribing criteria for buprenorphine remain unchanged:

- Buprenorphine prescribers must have their DEA X-waiver
- Appropriate diagnosis must be included on the prescription
- Daily doses >16 mg/day of buprenorphine require a PA
- Maximum dose for buprenorphine induction is 32 mg/day
- Induction period for a new start of buprenorphine is limited to a maximum of 60 days

For more information and complete prescribing criteria, please refer to the MaineCare Preferred Drug List at www.mainearepdl.org.

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