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To: MaineCare Providers

From: Jill Kingsbury, Director of Pharmacy

Date: April 14, 2020

Re: PDL Update for **April 17, 2020**

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

Absorica	Absorica LD	Adakveo	Brukinsa	Esperoct	Padcev	Recarbio
Rituxan	Ruxience	Tazverik	Secuado	Tepezza	Vumerity	Truxima
Syprine	Trientine Caps	Lucentis	Ziextenzo			

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

Myorisan Zenatane

The following medication(s) have recently been added to the MaineCare PDL as non-preferred and with new PDL criteria:

Amzeeq is indicated for the treatment of patients ≥ 9 years of age.

Asceniv is indicated for the treatment of primary humoral immunodeficiency (PI) in adults and adolescents (12 to 17 years of age). PI includes, but is not limited to, the humoral immune defect in congenital agammaglobulinemia, common variable immunodeficiency (CVID), X-linked agammaglobulinemia, Wiskott-Aldrich syndrome, and severe combined immunodeficiencies (SCID).

Clovique should be used when continued treatment with penicillamine is no longer possible because of intolerable or life endangering side effects.

Enhertu and **Ogivri** will require a PA to confirm FDA approved indication.

Beovu is indicated for the treatment of Neovascular (wet) Age-Related Macular Degeneration (AMD).

Eylea is indicated for the treatment of: Neovascular (wet) Age-Related Macular Degeneration (AMD), Macular Edema following Retinal Vein Occlusion (RVO), Diabetic Macular Edema (DME), Diabetic Retinopathy (DR).

Givlaari is indicated for the treatment of adults with acute hepatic porphyria (AHP).

Gloperba will have a DDI: The concomitant use of Gloperba® and CYP3A4 inhibitors (e.g. clarithromycin, ketoconazole, grapefruit juice, erythromycin, verapamil, etc.) should be avoided due to the potential for serious and life-threatening toxicity.

Oxbryta is indicated for the treatment of patients ≥ 12 years of age and have a DDI: The concomitant use of Oxbryta and strong CYP3A4 inhibitors or fluconazole may increase voxelotor plasma levels and may lead to increased toxicity.

Pretomanid is indicated as part of a combination regimen with bedaquiline and linezolid for the treatment of adults with pulmonary extensively drug resistant (XDR) or treatment-intolerant or non-responsive multidrug-resistant (MDR) tuberculosis (TB). Approval of this indication is based in limited clinical safety and efficacy data. This drug is indicated for use in a limited and specific population of patients.

Reblozyl is indicated for the the treatment of anemia in adult patients with beta thalassemia who require regular red blood cell (RBC) transfusion. It is not indicated for use as a substitute for RBC transfusions in patients who require immediate correction of anemia.

Ubrelvy is indicated for the acute treatment of migraine with or without aura in adults. This is not indicated for the preventive treatment of migraine.

Reyvow is indicated for the acute treatment of migraine with or without aura in adults. This is not indicated for the preventive treatment of migraine.

Vyondys 53 will require that 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 six months. The patient must be ambulatory (able to walk with or without assistance, not wheelchair bound). Note: Initial approval will be granted for six months. For re-approval after six months, the patient must demonstrate a response to therapy as evidenced by remaining ambulatory (able to walk with or without assistance, not wheelchair bound).

Wakix is indicated for the treatment of excessive daytime sleepiness (EDS) in adults with narcolepsy.

Zolgensma is indicated for patients less than two years of age, AND the diagnosis is spinal muscular atrophy (SMA), and the patient has bi-allelic mutations of the SMN1 gene, AND the patient does not have advanced SMA (e.g. complete paralysis of limbs or permanent ventilator dependence), AND medication is prescribed per the dosing.

Hydroxychloroquine and **Chloroquine** will require a PA to confirm FDA approved indication. All current users will be grandfathered.

Lastly, **Sotret** and **Miacalcin Soln** are no longer available and have been removed from the PDL.