



**To:** MaineCare Providers  
**From:** Jill Kingsbury, Director of Pharmacy  
**Date:** October 1, 2020  
**Re:** PDL Update for **10/02/2020**

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

Acamprosate                      Tivicay Pd

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

**Rukobia** will require a clinical PA.

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

Avsola	Ayvakit	Durysta	Kynmobi	Lyumjev
Nexlizet	Phesgo	Ortikos	Qinlock	Retevmo
Tabrecta	Trodelvy	Zeposia	Zepzelca	
Zilxi				

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

**Bynfezia** will be step 8. All non-preferred products must be used in specified step order.

**Fensolvi** is for pediatric patients 2 years of age and older with central precocious puberty (CPP).

**Fintepla** is for seizures associated with Dravet syndrome in patients 2 years of age and older.

**Octreotide inj** will be step 7. All non-preferred products must be used in specified step order.

**Oriahnn** is limited to 24 months due to the risk of continued bone loss, which may not be reversible.

**Sandostatin** will be step 8. All non-preferred products must be used in specified step order.

**Somatuline** will be step 8. All non-preferred products must be used in specified step order.

**Xcopri** criteria is: History of trials with at least 4 AEDs (2 generic, 2 branded or Uncontrolled seizures on three AEDs; or Uncontrolled on 2 AEDs given along with VNS. Uncontrolled defined as 3 or more TC seizures per year (increases risk of SUDEP); > 6 disabling seizures per year . Any patient who has gone to the ED 2 or more

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times in the prior 12 months (who has also tried and failed at least 3 other drugs). Ongoing use requires 50 percent reduction in seizure frequency after three months.

**Update to the Cancer criteria on the PDL:** All non-preferred: A clinical PA is required to confirm appropriate clinical indication for the individual drug request. Specific to each drug all age, clinical testing requirements, previous step therapies, adjunctive drug therapy requirements, and response without disease progression will be also be evaluated for clinical appropriateness. The standard for the appropriate indication will include the FDA label as well as current NCCN guidelines.