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To: MaineCare Providers

From: Anne-Marie Toderico, Director of Pharmacy

Date: July 22, 2021

Re: PDL Update for **06/25/2021**

MaineCare PDL Update for June 25, 2021

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

- Tysabri will require a clinical PA to establish diagnosis and medical necessity. Providers must be enrolled in the TOUCH Prescribing program, a restricted distribution program.

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

- Abecma
- Acyclvir Oint
- Breyanzi
- Cabenuva
- Fotivda
- Gimoti Spray
- Margenza
- Nextstellis
- Orgovyx
- Pepaxto
- Qdolo Soln
- Tepmetko
- Ukoniq

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

- Amondy 45: Clinical prior authorization to verify diagnosis and use of stable dose of corticosteroid for at least 6 months. 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 6 months. The patient must be ambulatory (able to walk with or without assistance, not wheelchair bound).

- Bronchitol for the treatment of patients ≥18 years of age with CF. It will be considered as add-on maintenance therapy to improve pulmonary function in adult patients 18 years and older with cystic fibrosis (CF). Use Bronchitol® only for adults who have passed the Bronchitol® Tolerance Test (BTT). (see Recommended Dosage section for further information.

- Evkeeza requires a clinical PA for appropriate diagnosis and is for patients ≥ 12 years of age.

- Gemtesa use a preferred long acting antispasmodic.

- Vesicare LS is for the treatment of patients ≥ 2 years of age.

- Lupkynis is a sensitive CYP3A4 substrate. Co-administration with strong or moderate CYP3A4 inhibitors increases voclosporin exposure, which may increase the risk of Lupkynis® adverse reactions. Co-administration of Lupkynis® with strong CYP3A4 inhibitors (e.g. ketoconazole, itraconazole, clarithromycin) is contraindicated. Reduce Lupkynis® dosage when co-administered with moderate CYP3A4 inhibitors (e.g. verapamil, fluconazole, diltiazem).

- Ponvory requires a clinical PA to establish diagnosis and medical necessity. Before initiation of Ponvory® treatment, assess the following: Complete Blood Count (CBC)- Obtain a recent (i.e. within the last 6 months) CBC, including lymphocyte count. Cardiac Evaluation- Obtain an electrocardiogram (ECG) to determine whether pre-existing conduction abnormalities are present. In patients with certain pre-existing conditions, advice from a cardiologist should be sought and first-dose monitoring is recommended. Determine whether patients are taking drugs that could slow heart rate of atrioventricular (AV) conduction. Liver Function Tests- Obtain recent (i.e. within the last 6 months) transaminase and bilirubin levels. Ophthalmic Evaluation- Obtain an evaluation of the fundus, including the macula. Current or prior medications with immune system effects- If patients are taking anti-neoplastic, immunosuppressive, or immune-modulating therapies, or if there is a history of prior use of these drugs, consider possible unintended additive immunosuppressive effects before starting treatment with Ponvory®.

- Qelbree is for pediatric patients 6 to 17 years of age. Concomitant use of Qelbree® with an MAO inhibitor or within 2 weeks after discontinuing an MAO inhibitor is contraindicated. Concomitant use of Qelbree® significantly increases the total exposure, but not peak exposure, of sensitive CYP1A2 substates, which may increase the risk of adverse reactions associated with these CYP1A2 substrates. Coadministration of Qelbree® with sensitive CYP1A2 substrates or CYP1A2 substrates with a narrow therapeutic range (e.g. alosetron, duloxetine, ramelteon, tasimelteon, tizanidine, theophylline), is contraindicated.
- Santyl Oint and Desowen have been removed from the PDL.