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To: MaineCare Providers

From: Anne-Marie Toderico, Director of Pharmacy

Date: August 4, 2023

Re: PDL Update for **7/28/2023**

MaineCare PDL Update for July 28, 2023

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

- Amjevita
- Aprepitant
- Atorvaliq
- Dyanavel XR
- Rezvoglar Kwikpen
- Vegzelma

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

- Austedo XR: Clinical PA required for appropriate diagnosis.
- Cefixime 400mg caps will be preferred with dosing limits. As outlined in the US CDC Guidance on the Use of Expedited Partner Therapy (EPT) in the Treatment of Gonorrhea, MaineCare will cover a single 800 mg dose of cefixime for the treatment of gonorrhea as part of EPT.
- Fosfomycin (NDC 82036427401 ONLY)

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

- Altuviiio is a von Willebrand Factor (VWF) independent recombinant DNA-derived, Factor VIII concentrate indicated for use in adults and children with hemophilia A (congenital factor VIII deficiency) for: Routine prophylaxis to reduce the frequency of bleeding episodes, On-demand treatment and control of bleeding episodes, Perioperative management of bleeding. Clinical Pa required for appropriate diagnosis.

- Aponvie is for the prevention of postoperative nausea and vomiting (PONV) in adults. Clinical PA required for appropriate diagnosis.

- Daybue: Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved (in step order), unless an acceptable clinical exception is offered on the Prior Authorization form, such as the presence of a condition that prevents usage of the preferred drug or a significant potential drug interaction between another drug and the preferred drug(s) exists. Clinical PA required for appropriate diagnosis. For the treatment of patients 2 years of age and older.

- Filspari: PA required to confirm FDA approved indication.

- Fosfomycin NDC: 82036427401 is now preferred in response to the discontinuation of Monurol by Abbvie in December 2022.

- Jaypirca: PA required to confirm appropriate diagnosis and testing. Avoid CYP3A drug drug interaction.

- Joenja: Clinical PA required for appropriate diagnosis. For the treatment of patients 2 years of age and older. Avoid CYP3A drug drug interaction.

- Konvomep: Dosing limits apply, please see dosage consolidation list.

- Krazati: Clinical PA required for appropriate diagnosis.

- Lunsumio: PA required to confirm appropriate diagnosis and testing.

- Lamzede: Clinical PA required for appropriate diagnosis.

- Orserdu: Clinical PA required for appropriate diagnosis. Avoid CYP3A drug drug interaction.

- Pradaxa oral pellets: For the treatment of patients aged 3 months to less than 12 years of age.

- Rebyota: For the treatment of patients 18 years of age and older. For the prevention of recurrence of Clostridioides difficile infection (CDI) in individuals 18 years of age and older following antibiotic treatment for recurrent CDI. The limitation of use is that Rebyota® is not indicated for treatment of CDI.

- Skysona: Clinical PA required. For the treatment of patients between ages 4-17 years of age.

- Tascenso ODT: Clinical PA is required to establish diagnosis and medical necessity. For the treatment of patients 10 years of age and older.

- Zynyz: PA required to confirm appropriate diagnosis and testing.

- Zynteglo: Indicated for the treatment of adult and pediatric patients with β-thalassemia who require regular red blood cell (RBC) transfusions.

The following ***non-preferred*** medication(s) have recently update with new PDL criteria:

- Continuous Glucose Monitoring: Patient has a diagnosis of Diabetes Mellitus AND Practitioner feels patient has sufficient training to use CGM, 2 years of age or older for Dexcom G6, ≥ 14 years for Medtronic Guardian, or ≥ 4 years for Freestyle Libre 2. At least one of the following are documented:
    - Hypoglycemic unawareness
    - Treated with insulin (at least 1X day)
    - Has history of problematic hypoglycemia with documentation of at least one recurrent level 2 hypoglycemic events, or 1 level 3 hypoglycemic event.

  Approval of non-preferred products will be limited to cases where the CGM is directly integrated with the patient's insulin pump. The make and model of pump must be documented on the prior authorization.

- Sublocade: The prescriber can attest (and medical record should document) that: member has a documented history of opioid use disorder (OUD), XRB is being used for the treatment of OUD (rather than pain or any other non-FDA approved indication) and member's total daily dose of sublingual buprenorphine is less than or equal to 24 mg daily. AND at least one of the following is true:
    - The member's previous use of sublingual buprenorphine has included misuse, overuse, or diversion.
    - The member is at high risk of overdose (e.g., individuals leaving incarceration or abstinence-based treatment programs; individuals who are unhoused; or those facing potential gaps in care due to delays in care or geographically limited treatment access).
    - The member has experienced significant medical complications of OUD and/or of injection drug use. Occurrence should be in the last 5 years, or it should be clearly documented that the risk indicated by this infection or complication is ongoing (Examples of medical complications of OUD include: threatened the function of organs or life or limb threatening and required medical and/or surgical therapy. Examples of medical complications of injection drug use include osteomyelitis, endocarditis, renal failure, joint infection or other serious medical complications directly related to OUD.)
    - The member has treatment-resistant OUD, including those with ongoing illicit substance use in the context of sublingual buprenorphine treatment as documented by positive urine drug screens or other clear objective evidence, and/or further functional decline with explicit documentation of the functional decline.
    - The member has a significant intolerance of, or documented allergy to, sublingual buprenorphine (either buprenorphine monotherapy or buprenorphine/naloxone combination therapy) that has resulted in the patient's inability to comply with continued treatment using the sublingual product. (A true allergy is usually accompanied by rash, respiratory symptoms, or anaphylaxis. Other complaints such as bad taste, mouth tingling, etc. do not constitute evidence of allergy or significant intolerance. Formulation preference or convenience are not, in and of themselves, indications for using XRB.)
    - The member is in ongoing treatment with XRB and would like to continue the medication.

The following medication (s) have recently been removed from the MaineCare PDL.

- Ascorbic Acid Tabs
- Centrum Liqd
- Makena
- Minitran
- Monurol
- Trusopt Soln
- Vibramycin Syrp