



To: MaineCare Providers
From: Anne-Marie Toderico, Director of Pharmacy
Date: October 19, 2023
Re: PDL Update for **October 20, 2023**

MaineCare PDL Update for October 20, 2023

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

- Abilify Asimtufii
- Cyltezo
- Epkinly
- Hadlima
- Hulio
- Hyrimoz
- Idacio
- Sogroya
- Suflave
- Yuflyma
- Yusimry

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

- Abrysvo will be a preferred vaccine indicated for active immunization for the prevention of lower respiratory tract disease (LRTD) caused by respiratory syncytial virus (RSV) in individuals 60 years of age and older. Active immunization of pregnant individuals at 32 through 36 weeks gestational age for the prevention of LRTD and severe LRTD caused by RSV in infants from birth through 6 months of age.
- Arexvy will be preferred for active immunization for the prevention of LRTD caused by respiratory syncytial virus (RSV) in individuals 60 years of age and older.
- Camrese

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

- Brixadi: Please refer to the PDL and Buprenorphine Extended-Release PA Form for criteria.
- Elevidys: Clinical prior authorization to verify diagnosis and use of stable dose of corticosteroid. 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 3 months.
- Elfabrio: For the treatment of adults with confirmed Fabry disease.
- Inpefa; To reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visit in adults with: Heart failure or Type 2 diabetes mellitus, chronic kidney disease, and other cardiovascular risk factors. Other Preferred SGLT inhibitors must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, 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.

- Liqrev: Treatment of pulmonary arterial hypertension (WHO Group 1) in adults to improve exercise ability and delay clinical worsening. Avoid concomitant use of Liqrev with moderate or strong CYP3A inhibitors.
- Litfulo: Preferred drug must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, 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.
- Miebo: Indicated for the treatment of the signs and symptoms of dry eye disease (DED).
- Qalsody: For the treatment of amyotrophic lateral sclerosis (ALS) in adults who have a mutation in the superoxide dismutase 1 (SOD1) gene. Continued approval for this indication may be contingent upon verification of clinical benefit in confirmatory trial(s).
- Rezzayo: In patients 18 years of age or older who have limited or no alternative options for the treatment of candidemia and invasive candidiasis.
- Roctavian: Clinical PA required for appropriate diagnosis. Please refer to the PDL for inclusion and exclusion criteria.
- Skyclarys: For the treatment of patients 16 years of age and older. Clinical PA required for appropriate diagnosis.
- Syfovre: Indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).
- Uzedy: Establish tolerability with oral risperidone prior to initiating Uzedy. Preferred drugs must be tried and failed due to lack of efficacy or intolerable side effects before non-preferred drugs will be approved, 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. Non preferred atypicals will be approved for patients with FDA-approved indications, and for specific conditions supported by at least two published peer-reviewed double-blinded, placebo-controlled randomized trials that are not contradicted by other studies of similar quality and as long as all first line preferred therapies have been tried and failed at full therapeutic doses for adequate durations (at least two weeks).
- Veozah: DDI: Avoid concomitant use of Veozah with drugs that are weak, moderate or strong CYP1A2 inhibitors.
- Vowst: To prevent the recurrence of Clostridioides difficile infection (CDI) in individuals 18 years of age and older following antibacterial treatment for recurrent CDI (rCDI).
- Vyvgart Hytrulo: For adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

If you have any questions, please contact Change Healthcare at 1-888-420-9711. [Page 2 | 3](#)

- Zavzpret: The patient must have a documented side effect, allergy, or treatment failure to preferred oral CGRP Inhibitor and two non-preferred oral CGRP Inhibitors. Dosing limits apply, please see the dose consolidation list.

The following medication(s) have recently update with new PDL criteria:

- Auvelity: Use individual ingredients separately.
- Qelbree: For pediatric patients 6 years of age or older

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

- Seasonique
- Qbrexza