



## MaineCare Services

An Office of the  
Department of Health and Human Services

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**To:** MaineCare Providers  
**From:** Jennifer Cook, Pharmacy Unit Manager  
**Date:** July 8th, 2009  
**Re:** PDL updates: Effective 7/10/09

**The following medications will be non-preferred and will require prior authorization:**

Azithromycin Powder  
Fluorouracil  
Metoprolol ER  
Oramorph SR  
Terconazole Supp  
Tretinoin

**The following medications will be preferred and will not require prior authorization:**

Terazol 3 Supp  
Toprol XL  
Retin A Gel

**The following are miscellaneous PDL changes/clarifications:**

**Diabetic Supplies:** The MaineCare PDL has been expanded to include two new diabetic categories (Lancets and Syringes/Needles) that was previously sent in the May update. Please review the PDL at [www.mainearepdl.org](http://www.mainearepdl.org) for preferred products in these categories.

**Ketoconazole DDI:** The PDL has been clarified to include a DDI on ketoconazole requiring a prior authorization when used in combination with a proton pump inhibitor.

**Vitamin D:** Will no longer require a dialysis diagnosis for processing the claim.