



Department of Health and Human Services
MaineCare Services
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To: MaineCare Providers
From: Jennifer Cook, Pharmacy Unit Manager
Date: October 20, 2009
Re: PDL updates: Effective 10/23/09

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

Fortaz
Retrovir
Nateglinide
Liothyronine
Zofran Inj.
Zantac Syrup
Opana ER

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

Tazidime- all strengths now preferred
Zidovudine
Ondansetron Inj.
Ranitidine Syrup
Norethindrone – ETH Estradiol
Exforge HCT
Nutropin AQ
Seasonique
Flovent Diskus

The following are miscellaneous PDL changes:

Coming November 1st Depakote ER 24 hour will become non-preferred while the generic divalproex sodium will be preferred. Also November 1st Risperdal solution will become non-preferred and the generic risperidone solution will be preferred.