



**To:** MaineCare Providers  
**From:** Jennifer Palow, Pharmacy Unit Manager  
**Date:** December 4, 2009  
**Re:** PDL Updates: Effective 1.1.10

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

- |                           |                      |                            |
|---------------------------|----------------------|----------------------------|
| <b>Augmentin XR TB 12</b> | <b>Duetact</b>       | <b>Sumatriptan Soln</b>    |
| <b>Peg-Intron Kit</b>     | <b>Emend</b>         | <b>Altanax</b>             |
| <b>Onglyza</b>            | <b>Granisetron</b>   | <b>Ulesfia</b>             |
| <b>Actoplus Met</b>       | <b>Veramyst</b>      | <b>Trelstar</b>            |
| <b>Avandaryl</b>          | <b>Asacol 800mg</b>  | <b>Pulmicort Flexhaler</b> |
| <b>Avandamet Tabs</b>     | <b>Pentasa 500mg</b> | <b>Dorzolamide/Timolol</b> |
| <b>Actos 45mg</b>         | <b>Lialda Tabs</b>   | <b>Dorzolamide</b>         |
| <b>Avandia Tabs</b>       | <b>Enbrel 50mg</b>   | <b>Malathion</b>           |
| <b>Relpax</b>             |                      | <b>Firmagon</b>            |
| <b>Treximet</b>           |                      |                            |

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

- |                     |  |
|---------------------|--|
| <b>LoSeasonique</b> | <b>Kadian</b> (except 80mg & 200mg)          |
| <b>Omnitrope</b>    | <b>Enbrel 25MG Inj</b>                       |
| <b>Apriso</b>       | <b>Trileptal Susp</b>                        |
| <b>Letairis</b>     | <b>Brimonidine 0.2%</b>                      |
| <b>Lexapro</b>      | <b>Combigan</b>                              |
| <b>Isotretinoin</b> | <b>Fentanyl Patches</b> (effective 12.11.09) |

**The following are miscellaneous PDL changes:**

- Peg-Intron**, non-preferred- Current users are grandfathered.
- Lyrica**- For Fibromyalgia diagnosis, Lyrica will not require PA if previous 4 week trials of the following are seen in drug profile at full therapeutic doses: TCA or cyclobenzaprine, gabapentin, and savella.
- Fuzeon, Intelence, Isentress, and Selzentry**, non-preferred- Prescribers with >= 10 ART scripts per quarter and 75% ART PDL compliance will be exempt from PA for these products.
- Zegrid**- no longer will provide CMS rebates, removed from PDL.
- Savella**- Available w/out PA for Fibromyalgia if first line generic TCA, Cyclobenzaprine, or Gabapentin in profile.
- Venlafaxine ER**, preferred- Replaces Effexor XR, available in 225mg tablet to consolidate doses.
- Duragesic**- Will remain preferred until January 15, 2010 when it will become non-preferred.