



MaineCare Services
 An Office of the
 Department of Health and Human Services

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To: MaineCare Providers
From: Jennifer Palow, Pharmacy Division Director
Date: 10/8/10
Re: PDL Updates

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

Actemra	Colcrys	Pennsaid
Acular Soln	Diazepam Gel	Potassium Chloride 8MEQ Caps
Adcirca	Famciclovir	Pramipexole
Alphagan Soln	Fibricor	Rivastigmine Tartrate Caps
Amlodipine/Benazepril	Folotylin	Simponi
Ampyra	Itraconazole	Stelara
Androgel Pump	Lansoprazole	Sular CR
Aricept ODT	Lipofen	sfRowasa
Arimidex	Losartan	Twynsta
Balsalazide	Losartan HCT	Valacyclovir
Buprenorphin	Mirapex ER	Victoza
Cayston	Omeprazole-Sodium Bicarbonate	Venlafaxine Caps
Clonidine TTS	Pantoprazole	Zyprexa Relprevv

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

Anastrozole Tabs	Naratriptan HCl
Ketorolac Opth 0.5%	Nystop Powder

The following will be criteria changes for Suboxone on the MaineCare PDL:

- 1-Induction period for new starts max of 60 days
- 2-Max dose of 32 mg for induction
- 3-Max dose of 16 mg for maintenance
- 4-There is not more than one narcotic fill in member's drug profile between today's fill of suboxone and a prior suboxone fill within the past 90 days.
- 5- Prescribers limited to those with X-DEA
- 6- Should be evidence provided of monthly monitoring including random pill counts urine drug tests and prescription monitoring program reports.

The following are miscellaneous PDL changes/clarifications:

Focalin XR- MaineCare originally informed providers in the 7/26/10 newsletter of PDL changes due to HCR and specifically product extensions. Focalin XR was in the 7/26/10 newsletter as a line extension. Although Focalin XR is a line extension drug, special arrangements have been made to keep it preferred at least until the end of this calendar year. MaineCare will review this quarterly and notify providers if changes are needed.