



Department of Health and Human Services
MaineCare Services
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To: MaineCare Providers
From: Jennifer Palow, Pharmacy Division Director
Date: April 22, 2011
Re: PDL Updates Effective: April 29, 2011

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

Actoplus Met XR	Latanoprost Sol 0.005%	Tobramycin Dexamethasone Susp
Amturnide	Natroba	Tropium
Benlysta	Nexiclon	Trusopt Soln
Cosopt Soln	Phenylade	Vibativ
Fortesta	Progesterone Pow	Zolpimist

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

Aviane Tabs	Dorzolamide
Androgel Pump	Dorzolamide/Timolo
Amnesteem	l
Claravis	

The following are miscellaneous PDL changes/clarifications:

Cosopt and Trusopt will become non-preferred and will require prior authorization. MaineCare has monitored the generic products for several months and the cost of the generic has decreased allowing them to become preferred.