



Department of Health and Human Services
MaineCare Services
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To: MaineCare Providers
From: Jennifer Palow, Pharmacy Division Director
Date: July 15, 2011
Re: Amended - PDL Updates Effective: 7/22/11

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

Axiron	Omeprazole 10mg (20mg remains preferred)
Betamethasone Clotrimazole	Safyral
Daliresp	Venlafaxine Tabs
Edarbi	Venlafaxine ER Tabs
Latuda	Zymaxid

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

Delica Lancets
Donepezil Hydrochloride Tabs & ODT
Lotrisone
Proventil HFA
Tretinoin Gel
Venlafaxine ER Caps

The following are miscellaneous PDL changes/clarifications:

Viramune XR- is considered a line extension and is being added as non-preferred on the PDL.

Makena- is the new hydroxyprogesterone product on the market. This product will be non-preferred and the Department will only cover compounded versions of this product.

Denavir- will now have dosing limits of 2gms per month.

Xalatan- generic lantanoprost pricing remains less competitive than the Brand form Xalatan and will be positioned on the PDL a step behind Xalatan.