



Department of Health and Human Services
 MaineCare Services
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PHARMACY BENEFIT UPDATE Fall/Winter 2012 Issue

Preferred Drug List (PDL) News

A. PDL CHANGES

This issue of the Pharmacy Benefit Updates contains changes upcoming to the Preferred Drug List for 2013 as well as updates on MaineCare pharmacy benefit changes. These changes are effective January 1st, 2013

Preferred			
Antara	Coumadin	Exelon	Freestyle Insulinx Monitor
Freestyle Insulinx Test Strips	Furadantin Susp	Humatrope	Ketoconazole Shampoo
Koate-DVI	Methitest Tabs	Norvir Tab	Opana ER
Oxandrin Tabs	Phoslyra Soln	Procentra	Pulmicort Flex
Relpax	Vytorin		

Non-preferred			
Anadrol- 50	Android Caps	Amphetamine Salt Combo	Alphagan P 0.1%
Aubagio	Avinza	Cetralax	Citranatal
Combivent Respimat	Contour Breeze Z Monitor	Contour Breeze Z Test Strips	Dermotic
Derma Smooth	Dificid	Dymista	Fosrenol
Ferralet 90	Intermezzo	Intuniv	Irbesartan
Kadian	Megace ES	Millipred	Multaq
Myrbetriq	Neupro Patch	Nitrofurantoin Macr Susp	Nizoral Shampoo
Oxandrolone	Pancrease	Patanase	Prefera OB
Pylera	Rectiv oint	Renvela	Testosterone Cyp
Testred Caps	Tudorza	Valturna	Vecuromium Inj
Ventolin HFA	Xolox	Zetonna	

The following Medications have additional PDL clarifications or criteria		
Asmanex	Remains preferred, age limits added	Asmanex 110mcg will be limited to members between the ages of 4-11 years old
Singulair Chewables and Granules	Remains nonpreferred, age limits added	Will only be approved if between the ages of 6-14 years old

Isentress	Remains nonpreferred, age limits added	Will only be approved if between the ages of 2-12 years old
Clarinet RediTabs	Remains nonpreferred, age limits added	Will only be approved if between the ages of 6-11 years old
Warfarin	The generic becomes non-preferred	Current users will be grandfathered, new starters must use preferred product Coumadin
Nutropin AQ	Will become non-preferred	Current users will be grandfathered
Maxalt and Maxalt MLT	Both become non-preferred	Current users will be grandfathered
Natroba	Will become preferred with step therapy	Will require two failed trials of permethrin
Famvir Tabs	Remains non-preferred, moves to a step 9	Generic version will be required
Famciclovir	Remains non-preferred, moves to a step 8	Must fail acyclovir and Valtrex trials
Opana ER	Will become preferred	Current users of Kadian or Avinza will need to utilize a preferred long acting product.
Renvela	Will become non-preferred	Current users will need to transition to preferred products. Renagel remains preferred
Stalevo and Carbidopa/Levodopa/Entace	Will be non-preferred	Will require a clinical PA to established diagnosis and medical necessity
Ventolin HFA	Will become non-preferred	Patients will need to utilize the preferred products ProAir or Proventil HFA
Vytorin	Will become preferred	Patients will no longer need to utilize individual components separately

B. SUBOXONE LIMITS

Effective 1/01/2013, MaineCare will implement a 24 month lifetime limit for members prescribed Suboxone for the treatment of opioid addiction. These changes are part of the [Department of Health and Human Services' Supplemental Budgets](#) and Administrative Savings Initiatives that were signed by Governor LePage. See Public Law 2011, c. 477 and c. 657.

Providers will be sent information by MaineCare of members who have exceeded or will soon meet their 24 month lifetime limit of Suboxone. Prior authorization request will be reviewed for dose titration downward, whether the patient is engaged in recovery oriented support services, periodic urine drug screens, film counts, factors that threaten stability of recovery or evidence of improvement in social, physical and occupational areas. Members that stop treatment and require a restart of Suboxone treatment after completion of treatment will also require prior authorization. This prior authorization will assess the patient risk of relapsing or evidence that the patient has relapsed.

Prescriptions for Suboxone will require a diagnosis designating that they are being prescribed for the treatment of addiction. Pharmacies when transmitting prescription claims will be required to submit a diagnosis OA (opiate addiction) for payment of claims, no other diagnosis will be allowed. Please review the MaineCare Preferred Drug List for complete criteria on Suboxone limitations.

Prior Authorization forms for Suboxone can be found @ www.mainearepdl.org or providers may log in to the MaineCare Rx Portal @ www.mainerxportal.org to submit prior authorizations electronically.

You can find emergency, proposed and adopted rules at: <http://www.maine.gov/dhhs/oms/rules/index.shtml>. Select the link for the emergency, proposed or adopted rules webpage.

C. OPIATE LIMITS

Effective 1/01/2013, MaineCare will implement a 15 day limit for members prescribed opiates for their treatment of pain. These changes are part of the [Department of Health and Human Services' Supplemental Budgets](#) and Administrative Savings Initiatives that were signed by Governor LePage. See Public Law 2011, c. 477 and c. 657.

Beginning January of 2013, MaineCare members will be allowed over a rolling 12 month period up to a 15 day supply of an opiate without prior authorization. Members requiring longer than 15 days will require a PA for continuation of therapy and providers may provide medical necessity. Members may be eligible for up to three prior authorizations of up to 14 day supplies of opiates during the 12 month period. MaineCare members that are in Hospice care or are being treated for a diagnosis of cancer will be exempt from these limits. Providers will be required to indicate on the prescription these exceptions and the pharmacies will utilize the CA or HO diagnosis code when transmitting the claims for processing. Post surgical members may receive prior authorizations for opiates up to 60 days in length if medical necessity is provided by the Surgeon.

Members that require additional opiates after the initial 8 week limits listed above will be considered chronic users and further communications will be sent to providers on developing criteria requiring other potential treatment options or monitoring programs. Please look forward to further notices in the coming weeks.

D. PA STATISTICS

For the third quarter of 2012 there were 26,996 unique PA requests, 87.1% were approved. The top five most frequently requested drugs were: omeprazole/Prilosec (1,553), amphetamine/Adderall XR (1,544), lisdexamfetamine/Vyvanse (1,243), duloxetine/Cymbalta (1,092), and aripiprazole/Abilify (926). The average determination time was 1.53 hours. Please review the MaineCare PDL at www.mainearepdl.org for criteria specific to the drugs listed above or any medications to avoid the necessity of prior authorization. Many PA's may be avoided through dose consolidation, previous trials of preferred medications, identifying drug-drug interactions and therapy limitations.

F. NEXT DUR COMMITTEE MEETING

The next DUR meeting will be held January 8th 2013 from 6:00 pm to 8:00 pm at the Augusta Civic Center in Augusta. Comments on the PDL or any PA's, either proposed or already in effect, may be made at these meetings or by e-mail, letter or phone if more convenient.

For DUR questions you may contact:

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