



Department of Health and Human Services  
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**To:** MaineCare Providers  
**From:** Roger Bondeson – Director of Operations  
**Date:** December 13, 2013  
**Re:** PDL Update for 1/1/14

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

Actos Tab	Adcirca	Amlodipine/Benazepril	Auvi-Q
Avapro	Clomipramine HCL Caps	Docefrez	Diovan HCT
Doxycycline Hyclate	Humatrope Solr	Ibudone	Koate-DVI
Kombiglyze XR	Lac-Hydrin Crea	Leuprolide	Levetiracetam ER Tabs
Levetiracetam Inj	Liptruzet	Maxaron	Octreotide Inj
Ortho Micronor Tabs	Oxaliplatin	Proair HFA	Procentra
Sklice	Tecfidera	Tradjenta	Tranlycypromine
Twinject	Ultresa	Valtrex Tabs	Viokace
Zubsolv			

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

Ammonium Lactate Crea	Anafranil Caps	Cimzia	Clindessa Cream
Doxycycline Monohydrate caps	Edurant	Ferralet 90	Irbesartan
Janumet XR	Jentadueto	Levemir	Lyza
Pioglitazone HCL	Qnasl	Ribapak	Simbrinza
Testim	Tindamax	Valacyclovir HCL	Wilate Inj

**The following are miscellaneous PDL changes/clarifications:**

**Breo Ellipta** will be non-preferred and require a clinical PA to establish diagnosis, dosing limits apply.

**Cometriq** will be non-preferred and require a clinical PA to establish diagnosis and dosing limits, re-approval will require documentation of response without disease progression and tolerance to treatment. DDI: Cometriq will require a prior authorization if it is currently being used in combination with drugs known to be significant CYP3A4 inhibitors (ketoconazole, itraconazole, clarithromycin, indinavir, nefazodone, nelfinavir, ritonavir, atazanavir, saquinavir and telithromycin).

**Delfen Foam** is no longer available and has been removed from the PDL.

**Gabapentin** 300mg and the 400mg will be preferred 600mg and 800mg will be nonpreferred.

**Galantamine Caps** is a step 7 on the non-preferred side.

**Gilenya** will be preferred and require a clinical PA to establish diagnosis, dosing limits apply.

**Glyburide** will require a PA for anyone over the age of 65.

**Gynol II Extra Strenght Gel** is no longer available and has been removed from the PDL.

**Ilaris** will be non-preferred and require a clinical PA to establish diagnosis, age verification and medical necessity.

**Irbesartan Hydrochlorothiazide** is a step 7 on the non-preferred side.

**Latuda** will be preferred if tab splitting is used.

**Lotrel Caps** is now a step 9 on the non-preferred side.

**Mekinist** will be non-preferred and require a clinical PA to establish diagnosis, re-approval will require documentation of response without disease progression and tolerance to treatment.

**Prevident Gel, Soln and Cream** are no longer rebateable for medicaid and has been removed from the PDL.

**Rescula** will be non-preferred and require a clinical PA to establish diagnosis and medical necessity.

**Tafinlar** will be non-preferred and require a clinical PA to establish diagnosis and dosing limits, re-approval will require documentation of response without disease progression and tolerance to treatment. DDI:Tafinlar will require a prior authorization if it is currently being used in combination with drugs known to be significant CYP3A4 inhibitors (ketoconazole, itraconazole, clarithromycin, indinavir, nefazodone, nelfinavir, ritonavir, atazanavir, saquinavir and telithromycin).

**Tivicay** will be non-preferred and require a clinical PA to establish diagnosis. DDI: Nevirapine, oxcarbazepine, phenytion, phenobarbital, carbamazepine, and St. John's wort will be non-preferred and require prior authorization if it is currently being used in combination with Tivicay.

**Tracleer** will be preferred and require a clinical PA to establish diagnosis.

**Trokendi** will be non-preferred and require a clinical PA to establish diagnosis.

**Methylphenidate ER Tabs** are preferred and the Methylphenidate ER Caps are non- preferred.

As of January 1, 2014 per MaineCare policy, smoking cessation products are covered with limitations. Please refer to [www.mainearepdl.org](http://www.mainearepdl.org) for specific coverage details.

Please review the 2014 Diabetic Supply list at [www.mainearepdl.org](http://www.mainearepdl.org) for covered products.