



Department of Health and Human Services
MaineCare Services
Pharmacy Unit
11 State House Station
Augusta, Maine 04333-0011
Toll Free (866) 796-2463; Fax: (207) 287-8601
TTY Users: Dial 711 (Maine Relay)

To: MaineCare Providers
From: Roger Bondeson – Director of Operations
Date: April 3, 2014
Re: PDL Update for 4/1/14

The following medications will be moving to preferred on the MaineCare PDL and will not require prior authorization:

Nor-QD Tabs Norethindrone 0.35 Tabs

The following medications have been recently added to the MaineCare PDL as non-preferred and will require prior authorization:

Adempas	Anoro Ellipta	Brintellix	Farxiga	Fetzima
Fycompa	Gilotrif	Khedeza	Opsumit	Olysio
Sovaldi	Velphoro	Zohydro ER	Zorvolex	

The following are miscellaneous PDL changes/clarifications:

Carisoprodol 250mg Tabs will be moved to a step 9.

Gardasil will be preferred under MaineCare for ages 19-26. Children who are 9- 18 years of age are eligible for this vaccine through the Maine Immunization Program. Please contact 1-800-867-4775 or 207-287-3746 for assistance.

Lyza and Maxair are not available and will be removed from the PDL.

Suprex will be preferred with dosing limits of one tablet per 7 days for prevention and treatment of STI gonorrhoea.

The following are PDL criteria additions to the MaineCare PDL:

Adempas will be non preferred and will require previous trials/failure of multiple preferred medications. Dosing limits of one tablet daily. DDI: PDE inhibitors should be avoided (including dipyridamole, adcirca and tadalafil)

Brintellix will be non preferred requires previous trials/failure of multiple preferred medication. Dosing limits apply, please see the dose consolidation list.

Fetzima will be non preferred and requires previous trials/failure of multiple preferred medication. Dosing limits apply, please see the dose consolidation list. Max daily dose of 80mg if used concomitantly with strong CYP3A4 inhibitor (including ketoconazole, itraconazole, clarithromycin, indinavir, nefazodone, nelfinavir, ritonavir, atazanavir, saquinavir and telithromycin).

Fycompa will be non preferred and will require previous trials/failure of multiple preferred medications. Dosing limits apply, please see the dose consolidation list.

Gilotrif will be non preferred and needs to be prescribed by an oncologist. Re-approval will require documentation of response without disease progression and tolerance to treatment. Dosing limits apply, please see the dose consolidation list.

Khedezla will be non preferred dosing limits apply, please see dose consolidation please.

Opsumit will be non preferred and will require previous trials/failure of multiple preferred medications. Dosing limits of one tablet daily. DDI: CYP3A4 inhibitors should be avoided (including ketoconazole, itraconazole, clarithromycin, indinavir, nefazodone, nelfinavir, ritonavir, atazanavir, saquinavir and telithromycin)

Olysio will be non preferred and DDI: CYP3A4 inhibitors should be avoided (including ketoconazole, itraconazole, clarithromycin, indinavir, nefazodone, nelfinavir, ritonavir, atazanavir, saquinavir and telithromycin)

Sovaldi will be preferred and will require a clinical PA. Please see the MaineCare PDL for criteria.