



Department of Health and Human Services
MaineCare Services
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To: MaineCare Providers
From: Roger Bondeson – Director of Operations
Date: August 25, 2014
Re: PDL Update and Clarifications for 8/30/14

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

Adapalene Gel 0.3%
Mestinon
Nicorette Lozenges
Tricor

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

Crestor
Doxycycline Monohydrate Caps 100mg & 50mg
Duloxetine
Fenofibrate Tab
Pyridostigmine

The following are miscellaneous PDL changes/clarifications:

Copaxone INJ 40mg will now be non preferred on the PDL, please use multiples of Copaxone 20mg which is preferred.

Doxycycline Monohydrate Caps 150mg & 75mg will now be non preferred, please consider using 100mg and 50mg which are preferred

Eszopiclone will be added as a step 7 on the non-preferred side.

Commit Lozenge is no longer available and has been removed from the PDL.

Cymbalta will now be non preferred, please use the more cost effective preferred generic.

Modafinil Tabs is now a step 7 on the non-preferred side.

Seasonale is no longer available and has been removed from the PDL.

Terazol 3 Supp is no longer available and has been removed from the PDL.
