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To: MaineCare Providers
From: Roger Bondeson – Director of Operations
Date: December 29, 2014
Re: PDL Update and Clarifications for 1/1/2015

The State of Maine has recently completed the annual review of all PDL categories and the drugs within those categories. The following is a list of the major changes to the PDL for 2015. For a complete list of the Preferred Drug List please refer to www.mainearepdl.org

The following medications are NEW ADDITIONS to the MaineCare Preferred Drug List (PDL) and will be considered non-preferred and will require prior authorization, please refer to the MaineCare PDL for potential criteria associated with these new additions.

Aerospan	Aptiom	Bethkis	Cerdelga	Entyvio	Grastek	Hetlioz
Invokamet	Jardiance	Jublia	Luzu	Orenitram	Otezla	Prepopik Pak
Northera	Ragwitek	Sitavig	Sixextro	Striverdi	Tanzeum	Triumeq
Vogelxo	Xartemis ER	Zydelig	Zykadia	Zontivity		

The following medications are changes to the MaineCare PDL for 2015 and will be PREFERRED products and will either not require prior authorization or be preferred where Clinical PA is required to establish diagnosis and medical necessity.

Auvi-Q	Azor	Dexpak	Dronabinol	Extavia	Feriva Cap	Ferivafa Cap
Ferralet 90/Tab	Fusion Plus/Cap	Gammplex Inj	Hemocyte Plus	Integra Cap	Integra Plus	Kadian
Loratab Elx	Ranexa	Vimpat	Namenda XR	Nutropin AQ	Octagam Inj	Primidone
Tradjenta	Travoprost					

The following medications are changes to the MaineCare PDL for 2015 and will be NON-PREFERRED products and will now require prior authorization. Please refer to the MaineCare PDL for new alternatives or other preferred products and criteria for

Betaseron	Cimza	Diclegis	Delzicol	Ed-Spaz	Genotropin
Latuda	Lotemax Oint	Lotemax Gel	Marinol	Mysoline	Novolin
Novolog	Novolog Mix	Onglyza	Opana ER	Qnasl	Rizatriptan ODT
Testim	Tindamax				

The following are miscellaneous PDL changes/clarifications of criteria for 2015:

The following medications are no longer available and have been removed from the PDL.

Aluminum Chloride Soln	Combivent Aero	Drysol Soln	Nasacort AQ Aers
Proctocream-HC	Sanctura	Sanctura XR	

Ciprodex new PDL criteria will require a prior authorization for members over the age of 8.

Modafinil Tabs is now a step 8 on the non-preferred side.

Montelukast Granule is now a step 7 on the non-preferred side.

Oxycodone 10mg & 20mg will now be on the preferred side of the PDL

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

Zioptan is a step 7 on the nonpreferred side of the PDL.

Xalatan Soln is a step 8 on the nonpreferred side of the PDL.

Sildenafil will be preferred with clinical PA for treatment of pulmonary arterial hypotenion (WHO Group 1) in adults to improve exercise ability and delay clinical worsening.