



Department of Health and Human Services
MaineCare Services
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To: MaineCare Providers
From: Roger Bondeson – Director of Operations
Date: March 27, 2015
Re: PDL Update for 4/3/15

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

Bromocriptine Mesylate Tabs

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

Afrezza	Akynzeo	Arnuity Ellipta	Belsomra	Bromocriptine Mesylate Caps
Esbriet	Hysingla Er	Ofev	Incruse Ellipta	Kerydin
Keytruda	Lynparza	Mircera	Onexton	Soolantra
Plegridy	Savaysa	Trulicity	Tybost	Uceris Rectal Foam
Uceris Tab	Xigduo XR			

The following are miscellaneous PDL changes/clarifications:

Glassia will be moved to a step 8.

Prolastin Susp will be moved to a step 8.

Oxandrin, Ureacin-20 Crea, Capex Sham, Ocean 0.65%, Salin Nasal Spray 0.65% and Biaxin XL are not available and will be removed from the PDL.

Bunavail and **Zubsolv** are non preferred and these medications also have a 24 month lifetime limit for treatment of opioid addiction.

Oralair, Grastek and Ragwitek are non preferred. Prescriber must provide the testing to show that the patient is allergic to the components in the prescribed therapy and must provide a clinically valid rationale why single agent sublingual therapy is being chosen over subcutaneous therapy. Treatment must start 12 weeks before expected onset of pollen season and only after confirmed by positive skin test or in vitro testing for pollen-specific IgE antibodies for short ragweed pollen (Ragwitek), timothy grass or cross-reactive grass pollens (Grastek), or any of the 5 grass species contained in Oralair

Harvoni and Viekira Pak are preferred and will require a clinical PA. Please refer to the Hepatitis C PA form for criteria
