



Department of Health and Human Services  
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**To:** MaineCare Providers  
**From:** Roger Bondeson – Director of Operations  
**Date:** January 28, 2016  
**Re:** PDL Update for **1/29/2016**

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

Antara	Combivir Tab	Dexilant (Kapidex)	Elimite Crea	Eurax
Exelon Cap	Fenofibrate 120mg	Grifulvin V Tabs	Griseofulvin Ultramicrosi Tab	
Griseofulvin Susp	Gris-Peg Tab	Toprol XL TB24		

**The following medications have been recently added/changed to the MaineCare PDL as preferred and will *not* require prior authorization.**

Bydureon	Calcium Acetate Cap	Calcium Acetate Tab	Cipro HC Susp
Embeda	Exelon Dis	Foradil Aerolizer Caps	Galantamine Cap
Galantamine Tab	Innopran XL	Kapvay	Propranolol HCL 60mg Tabs
Rivastigmine Tartrate Cap	Tanzeum	Zetonna	

**The following medication have been recently added to the MaineCare PDL as well as new PDL criteria.**

**Advair Diskus** will be non preferred requiring a clinical PA however Advair HFA will continue to be preferred. Patients currently using Advair Diskus will have a 90 day grace period to transition to Advair HFA or another preferred product on the PDL such as Dulera or Symbicort . Advair Diskus will be approved for patients with asthma or COPD who: have difficulty using MDIs due to lack of hand-breath coordination AND/OR have a history or develop thrush with MDI formulations of inhaled corticosteroids AND/OR are 4-11 years old.

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**If you have any questions, please contact GHS at 1-888-420-9711.**