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oll Free (866) 796-2463; Fax: (207) 287-8601 TTY Users: Dial 711 (Maine Relay)

To: MaineCare Providers

From: Roger Bondeson – Director of Operations

Date: May 23, 2016

Re: PDL Update for 5/27/2016

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

Anafranil Caps Celebrex Clobetasol Propinate Shampoo 0.05% Dexedrine Cap SR
Durlaza Dyanavel XR Eloxatin Enstilar Entocort EC CP24

Envarsus XR Lotrisone Cream Oscimin Tivorbex Veltassa

Viramune Tabs Xeomin

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

Betamethasone Clotrimazole Cream Budesonide EC Clobex Shampoo 0.05%

Dextroamphet Sulf CPCR Nevirapine Oxaliplatin

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

Celecoxib will be preferred and will require a clinical PA. Dosing limits will be set at a maximum of 200mg twice daily for PA requests. Users 60 years of age or older will not require PA. The FDA has issued a Public Health Advisory warning of the potential for increased cardiovascular risk & GI bleeding with NSAID use.

Clomipramine HCL Caps will be preferred. Users over the age of 65 require a prior authorization.

Haponal Tabs, Hyoscyamine SL, Levbid TB12, Levsin Elix, Sal-Tropine Tabs, are being removed from the PDL as they are no longer covered.

Linezolid will be added as a step 8 on the non-preferred side of the PDL.

Taclonex will be moved to a step 7 on the non-preferred side of the PDL.

Quillichew ER will be non-preferred and is indicated for use in patients 6 years of age and older.

Zepatier will be preferred and will require a clinical PA. Please see the Hepatitis PA form for criteria.

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