

MaineCare / DEL Preferred Drug List

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

PREFERRED DRUGS				NON-PREFERRED DRUGS			
CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

General Criteria for all PDL categories

A: To apply to all categories with brand and generic versions on different sides of the PDL: Prior Authorizations for non-preferred brands or in certain cases non-preferred generic form -- 1. Requests will be approved for patients that show reduced objective outcomes on the preferred version relative to the non-preferred version. 2. Requests will be approved for patients experiencing side effects on the preferred generic version only if the side effect has not been reported in the literature for the brand version. The completion and submission of the medwatch form will then also be required.

B: To apply to all requests for non-preferred brands and other drugs with PA conditions for non FDA approved indications. Decisions will be made on a case by case basis until the DUR committee is able to review the evidence and make a recommendation. Interim approvals and DUR recommendations for approval of a drug for a non FDA approved indication will require a minimum of two published, peer reviewed, non contradicted double-blinded, placebo-controlled, randomized studies establishing both safety and efficacy.

C: PDL drugs may also be affected by dose consolidation requirements. See list of limited drugs start on the last page of PDL.

D: 1. The minimum trial periods for each preferred drug is two weeks, unless otherwise stated within specific PDL drug categories. 2. A trial will not be considered valid if non preferred products were readily available (paid by override, cash, or samples). 3. Certain drug trials, such as with preferred narcotics, may require evidence that the preferred drugs were actually tried (example: with urine drug tests). 4. Trials with less than a two week duration will be reviewed on a case-by-case basis.

E: Other Criteria: Drugs that must be submitted on specific prior authorization forms may contain additional criteria that has not been repeated below in this document.

ASSORTED ANTIBIOTICS

BETA-LACTAMS / CLAVULANATE COMBO'S	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC MC MC / DEL MC MC MC MC MC MC / DEL		AMOXICILLIN AMOXIL ¹ AMPICILLIN AUGMENTIN AUGMENTIN ES-600 SUSR AUGMENTIN XR TB12 BEEPEN BICILLIN L-A SUSP DICLOXACILLIN SODIUM CAPS DYNAPEN SUSR GEOCILLIN TABS OXACILLIN SODIUM SOLR PENICILLIN V POTASSIUM TICAR SOLR TIMENTIN SOLR TRIMOX UNASYN SOLR VEETIDS ZOSYN	MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC / DEL MC MC MC MC MC MC / DEL		AMOXICILLIN/POTASSIUM CLA CHEW AMOXICILLIN/POTASSIUM CLA SUSR AMOXICILLIN/POTASSIUM CLA TABS AMOXIL 500MG TABS PRINCIPEN CAPS ² PRINCIPEN SUSR	1. Amoxil 500mg tabs are non-preferred. All other Amoxil products are preferred. 2. Principen 250 mg is available without PA.
CEPHALOSPORINS	MC / DEL MC / DEL MC / DEL MC MC / DEL MC / DEL MC / DEL MC MC MC MC / DEL MC MC MC / DEL MC MC / DEL		CEFADROXIL HEMIHYDRATE CEFAZOLIN SODIUM SOLR CEFUROXIME AXETIL TABS CEFZIL CEPHALEXIN MONOHYDRATE DURICEF SUSR FORTAZ SOLR KEFZOL SOLR MAXIPIME SOLR OMNICEF ROCEPHIN SUPRAX VANTIN	MC MC MC / DEL MC / DEL MC / DEL MC / DEL MC MC MC MC MC MC / DEL MC MC / DEL		CECLOR ¹ CEDAX CEFACTOR ¹ CEFADROXIL MONOHYDRATE TABS CEFTIN DURICEF TABS FORTAZ SOLN KEFLEX CAPS SPECTRACEF TABS TAZICEF SOLR	1. Both brand and generic are clinically non-preferred.
MACROLIDES / ERYTHROMYCIN'S	MC MC MC MC MC MC MC / DEL MC / DEL		BIAXIN XL E.E.S. E-MYCIN TBEC ERYPED 200 SUSR ERYPED 400 SUSR ERY-TAB TBEC ERYTHROCIN STEARATE TABS ERYTHROMYCIN ZITHROMAX ^{1,2}	MC MC / DEL MC MC MC		BIAXIN DYNABAC D5-PAK TBEC ERYPED CHEW PCE TBEC	1. QL ZPAC 250mg 6/scrip/month 2. QL TRI-PAC 3/scrip/month
TETRACYCLINES	MC / DEL MC / DEL MC MC / DEL MC / DEL		DOXYCYCLINE HYCLATE MINOCYCLINE HCL CAPS SUMYCIN TETRACYCLINE HCL CAPS VIBRAMYCIN SYRP	MC MC / DEL MC / DEL MC / DEL MC MC / DEL		DECLOMYCIN TABS DORYX CPEP DOXYCYCLINE MONO CAPS DYNACIN CAPS MONODOX CAPS PERIOSTAT	
FLUOROQUINOLONES	MC MC MC MC MC / DEL		AVELOX SOLN AVELOX TABS CIPRO CIPRO XR ¹ NOROXIN TABS	MC MC MC MC MC		AVELOX ABC PACK TABS CIPRO XR 1000mg FLOXIN TABS LEVAQUIN TEQUIN	1. QL 3/scrip/month
AMINO GLYCOSIDES	MC MC / DEL		GENTAMICIN NEOMYCIN SULFATE TABS				

PREFERRED DRUGS			NON-PREFERRED DRUGS			
-----------------	--	--	---------------------	--	--	--

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
----------	--------------------	------------	-----------	--------------------	------------	-----------------------	----------

*** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".**

	MC		TOBI NEBU				
	MC / DEL		TOBRAMYCIN SULFATE SOLN				
ANTIMYCOBACTERIALS / ANTITUBERCULOSIS	MC / DEL		ETHAMBUTOL HCL TABS	MC		RIMACTANE CAPS	
	MC / DEL		MYAMBUTOL TABS				
	MC / DEL		MYCOBUTIN CAPS				
	MC / DEL		RIFAMPIN				
ANTIMALARIAL AGENTS	MC / DEL		CHLOROQUINE PHOSPHATE TABS	MC		ARALEN TABS	
	MC / DEL		DARAPRIM TABS	MC / DEL		PLAQUENIL TABS	
	MC / DEL		HYDROXYCHLOROQUINE TABS				
	MC / DEL		LARIAM TABS				
	MC / DEL		MALARONE TABS				
	MC / DEL		MEFLOQUINE HCL TABS				
	MC		QUINACRINE HCL POWD				
	MC / DEL		QUININE SULFATE				
ANTHELMINTICS	MC / DEL		ALBENZA TABS	MC		VERMOX CHEW	
	MC		BILTRICIDE TABS				
	MC / DEL		MEBENDAZOLE CHEW				
	MC / DEL		STROMECTOL TABS				
ANTIBIOTICS - MISC.	MC		AZACTAM SOLR	MC		COLY-MYCIN-M SOLR	
	MC		COLISTIMETHATE SODIUM SOLR	MC / DEL		FLAGYL CAPS	
	MC		FUROXONE TABS	MC / DEL		FLAGYL TABS	
	MC / DEL		METRONIDAZOLE	MC / DEL		FLAGYLER TBCR	
	MC		PENTAMIDINE ISETHIONATE SOLR	MC / DEL		LORABID	
	MC		PRIMSOL SOLN	MC		NEBUPENT SOLR	
	MC / DEL		TRIMETHOPRIM TABS	MC / DEL		PROLOPRIM TABS	
	MC		VANCOCIN HCL				
	MC / DEL		VANCOMYCIN HCL				
CARBAPENEMS	MC		INVANZ SOLR				
	MC		MERREM SOLR				
LINCOSAMIDES / OXAZOLIDINONES / LEPROSTATICS	MC / DEL		CLEOCIN SOLN	MC / DEL		CLEOCIN CAPS	1. Use multiple 150's for Clindamycin instead of 300's.
	MC / DEL		CLEOCIN SUSR	MC / DEL		CLINDAMYCIN HCL 300CAPS ¹	
	MC / DEL		CLINDAMYCIN HCL 150CAPS	MC / DEL		ZYVOX SUSR	
	MC		DAPSONE TABS	MC / DEL		ZYVOX TABS	
ANTI INFECTIVE COMBO'S - MISC.	MC / DEL		ERYTHROMYCIN/SULF SUSR	MC		BACTRIM DS TABS	
	MC / DEL		SEPTRA/DS TABS				
	MC / DEL		SULFAMETHOXAZOLE/TRIMETH				
	MC / DEL		TRIMETHOPRIM/SULFAMETHOXA				
ANTI - FUNGALS							
ANTIFUNGALS - ASSORTED	MC		ANCOBON CAPS	MC / DEL	5	LAMISIL TABS	1. Diflucan: QL--1/every 7-day period (150mg only).
	MC / DEL		DIFLUCAN ¹	MC	5	SPORANOX SOLN ²	2. Sporanox QL 300cc/month with PA. See quantity limit table.
	MC		GRIFULVIN	MC	5	SPORANOX PULSEPAK CAPS ³	3. Sporanox QL 30/month with PA. See quantity limit table. Non-preferred products must be used in specified step order. Continue to use Anti-Fungal PA form for non-preferred products.
	MC		GRISEOFULVIN ULTRAMICROSI TABS	MC	6		
	MC		GRIS-PEG TABS	MC	8	NIZORAL TABS	
	MC / DEL		KETOCONAZOLE TABS				
	MC / DEL		NYSTATIN				
	MC / DEL		VFEND TABS				
ANTI - VIRALS							
ANTIRETROVIRALS	MC / DEL		AGENERASE CAPS	MC / DEL		FUZEON	
	MC / DEL		COMBIVIR TABS				
	MC / DEL		CRIXIVAN CAPS				
	MC		EMTRIVA				
	MC / DEL		EPIVIR / HBV				
	MC / DEL		FORTOVASE CAPS				
	MC		HIVID TABS				
	MC / DEL		INVIRASE CAPS				
	MC		KALETRA				
	MC		NORVIR				
	MC / DEL		RESCRIPTOR TABS				
	MC / DEL		RETROVIR				
	MC		REYATAZ				
	MC		SUSTIVA				
	MC / DEL		TRIZIVIR TABS				
	MC		VIDEX / EC				
	MC / DEL		VIRACEPT TABS				
	MC / DEL		VIRAMUNE TABS				
	MC		VIREAD TABS				
	MC		ZERIT				
	MC / DEL		ZIAGEN TABS				
CYTO-MEGALOVIRUS AGENTS	MC / DEL		GANCICLOVIR	MC		CYTOVENE CAPS	
	MC		VALCYTE TABS				
HEPATITIS AGENTS							
HEPATITIS C AGENTS	MC / DEL		PEG-INTRON KIT	MC / DEL	8	COPEGUS TABS	
	MC / DEL		REBETRON KIT	MC / DEL	8	PEGASYS KIT	

MaineCare / DEL Preferred Drug List

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

PREFERRED DRUGS				NON-PREFERRED DRUGS			
-----------------	--	--	--	---------------------	--	--	--

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
----------	--------------------	------------	-----------	--------------------	------------	-----------------------	----------

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

	MC / DEL		REBETOL CAPS	MC / DEL	8	PEGASYS SOLN	
HEPATITIS AGENTS - MISC.				MC		ACTIMMUNE	
HEPATITIS B ONLY	MC		HEPSERA TABS				
HERPES AGENTS	MC / DEL		ACYCLOVIR	MC / DEL		FAMVIR TABS	
	MC / DEL		VALTREX TABS	MC / DEL		ZOVIRAX	
INFLUENZA AGENTS	MC		RELENZA DISKHALER AEPB	MC / DEL		FLUMADINE TABS	1. Tamiflu 10 caps or 60cc's per month.
	MC / DEL		RIMANTADINE HCL TABS	MC		FLUMIST	
	MC / DEL		TAMIFLU ¹				

RSV PROPHYLAXIS							
-----------------	--	--	--	--	--	--	--

RSV PROPHYLAXIS				MC		RESPIGAM	
				MC		SYNAGIS	

MS TREATMENTS							
---------------	--	--	--	--	--	--	--

MULTIPLE SCLEROSIS AGENTS				MC	5	AVONEX KIT ¹	Established users grandfathered. Must follow specified step order. 1. Neurologists do not need a PA for Avonex Betaseron and Rebif.
				MC / DEL	5	BETASERON SOLR ¹	
				MC	5	REBIF SOLN	
				MC / DEL	6	COPAXONE	

ASSORTED NEUROLOGICS							
----------------------	--	--	--	--	--	--	--

NEUROLOGICS - MISC.	MC		MESTINON				
	MC / DEL		ORAP TABS				
	MC		PROSTIGMIN TABS				

STEROIDS							
----------	--	--	--	--	--	--	--

GLUCOCORTICOIDS/ MINERALOCORTICOIDS	MC		CELESTONE SUSP	MC		CORTEF 10 and 20 TABS	
	MC / DEL		CORTEF 5	MC		DECADRON TABS	
	MC / DEL		CORTISONE ACETATE TABS	MC / DEL		FLORINEF TABS	
	MC / DEL		DELTASONE TABS	MC / DEL		MEDROL TABS	
	MC / DEL		DEPO-MEDROL SUSP	MC		MEDROL DOSEPAK TABS	
	MC / DEL		DEXAMETHASONE	MC		PEDIAPRED LIQD	
	MC / DEL		ENTOCORT EC CP24	MC		PREDNISONE INTENSOL CONC	
	MC / DEL		FLUDROCORTISONE ACETATE TABS	MC		PRELONE SYRP	
	MC / DEL		HYDROCORTISONE	MC		STERAPRED TABS	
	MC		KENALOG				
	MC / DEL		METHYLPREDNISOLONE TABS				
	MC		ORAPRED SOLN				
	MC / DEL		PREDNISOLONE				
	MC / DEL		PREDNISONE				
	MC / DEL		SOLU-CORTEF SOLR				
MC / DEL		SOLU-MEDROL SOLR					

HORMONE REPLACEMENT THERAPIES							
-------------------------------	--	--	--	--	--	--	--

ANDROGENS / ANABOLICS	MC / DEL		ANDROID CAPS	MC		ANDRO LA 200 OIL	
	MC / DEL		ANDRODERM PT24	MC / DEL		ANDROGEL PACK	
	MC / DEL		DANAZOL CAPS	MC		DELATESTRYL OIL	
	MC / DEL		DEPO-TESTOSTERONE OIL	MC		HALOTESTIN TABS	
	MC / DEL		FLUOXYMESTERONE TABS	MC / DEL		METHITEST TABS	
	MC		OXANDRIN TABS	MC		TESTIM	
	MC		TESTODERM				
	MC / DEL		TESTOSTERONE PROPIONATE				
	MC		TESTRED CAPS				
	MC		WINSTROL TABS				

ESTROGENS - PATCHES				MC / DEL	5	ESTRADERM PTTW	All patches are non-preferred products (require PA). Established users grandfathered. Products must be used in specified step order.
				MC / DEL	5	ESTRADIOL PTWK	
				MC / DEL	8	ALORA PTTW	
				MC / DEL	8	CLIMARA PTWK	
				MC	8	ESCLIM PTTW	
				MC / DEL	8	VIVELLE PTTW	
				MC / DEL	8	VIVELLE-DOT PTTW	

ESTROGENS - TABS	MC / DEL		CENESTIN TABS	MC / DEL		ESTRACE TABS	
	MC / DEL		DELESTROGEN OIL	MC		ESTRATAB TABS	
	MC / DEL		ESTRADIOL	MC / DEL		OGEN TABS	
	MC / DEL		ESTROPIPATE TABS	MC		ORTHO-EST TABS	
	MC / DEL		MENEST TABS				
	MC / DEL		PREMARIN TABS				

ESTROGEN COMBO'S	MC / DEL		PREMPHASE TABS	MC / DEL		ACTIVELLA TABS	Established users grandfathered.
	MC / DEL		PREMPRO TABS	MC / DEL		COMBIPATCH PTTW	
				MC / DEL		FEMHRT 1/5 TABS	
				MC / DEL		ORTHO-PREFEST TABS	
				MC / DEL		SYNTEST H.S. TABS	

PROGESTINS	MC / DEL		MEDROXYPROGESTERONE ACETA	MC / DEL		AYGESTIN TABS	1. Established users are grandfathered. PA approvals will require two 100 mg caps instead of one 200mg.
	MC / DEL		NORETHINDRONE ACETATE TABS	MC		CYCRIN TABS	
	MC		PROGESTERONE POWD	MC / DEL		PROMETRIUM 100MG CAPS ¹	
				MC / DEL		PROMETRIUM 200MG ¹	
				MC / DEL		PROVERA TABS	

CONTRACEPTIVES							
----------------	--	--	--	--	--	--	--

CONTRACEPTIVES -	MC		ORTHO MICRONOR TABS	MC / DEL		CAMILA TABS	
------------------	----	--	---------------------	----------	--	-------------	--

MaineCare / DEL Preferred Drug List

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

PREFERRED DRUGS				NON-PREFERRED DRUGS			
-----------------	--	--	--	---------------------	--	--	--

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
----------	--------------------	------------	-----------	--------------------	------------	-----------------------	----------

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

BIGUANIDE				MC		METAGLIP TABS	
DIABETIC - THIAZOL / BIGUANIDE COMBO	MC / DEL		AVANDAMET TABS				

THYROID							
---------	--	--	--	--	--	--	--

THYROID HORMONES	MC / DEL		ARMOUR THYROID TABS	MC		LEVOTHYROXINE SODIUM SOLR	1. Established Synthroid users before July 1, 2003 grandfathered.
	MC / DEL		CYTOMEL TABS	MC		SYNTHROID TABS ¹	
	MC / DEL		LEVOTHROID TABS				
	MC / DEL		LEVOTHYROXINE SODIUM TABS				
	MC / DEL		LEVOXYL TABS				
	MC / DEL		THYROID TABS				
	MC / DEL		THYROLAR				
	MC / DEL		UNITHROID TABS				

ANTITHYROID THERAPIES	MC / DEL		METHIMAZOLE TABS	MC / DEL		TAPAZOLE TABS	
	MC / DEL		PROPYLTHIOURACIL TABS				

OSTEOPOROSIS							
--------------	--	--	--	--	--	--	--

OSTEOPOROSIS	MC / DEL		ACTONEL TABS	MC		AREDIA SOLR	
	MC / DEL		FOSAMAX TABS	MC		BONIVA	
	MC / DEL		MIACALCIN SOLN	MC / DEL		DIDRONEL TABS	
				MC		EVISTA TABS	
				MC		FORTEO	

GROWTH HORMONE							
----------------	--	--	--	--	--	--	--

GROWTH HORMONE	MC / DEL			MC / DEL	5	GENOTROPIN	Products must be used in specified step order.
	MC / DEL			MC / DEL	6	NUTROPIN	
				MC	8	HUMATROPE SOLR	
				MC / DEL	8	NORDITROPIN CARTRIDGE SOLN	
				MC	8	SAIZEN SOLR	

SOMATOSTATIC AGENTS							
---------------------	--	--	--	--	--	--	--

SOMATOSTATIC AGENTS	MC / DEL		SANDOSTATIN				
---------------------	-----------------	--	-------------	--	--	--	--

GROWTH HORMONE ANTAGONISTS							
----------------------------	--	--	--	--	--	--	--

GH ANTAGONISTS				MC		SOMAVERT	
----------------	--	--	--	-----------	--	----------	--

URINARY INCONTINENCE							
----------------------	--	--	--	--	--	--	--

VASOPRESSINS	MC / DEL			MC / DEL	5	DDAVP TABS	Products must be used in specified step order. Nocturnal enuresis patients will be encouraged to periodically attempt stopping DDAVP.
	MC / DEL			MC / DEL	6	DDAVP SOLN	
				MC	6	DESMOPRESSIN SPRAY	
				MC / DEL	8	DESMOPRESSIN ACETATE SOLN	
				MC / DEL	8	STIMATE SOLN	

ANTISPASMODICS	MC / DEL		OXYBUTYNIN	MC / DEL		CYSTOSPASZ TABS	
	MC		URISPAS TABS	MC / DEL		DETROL TABS	
				MC / DEL		DITROPAN	

ANTISPASMODICS - LONG ACTING	MC / DEL		DETROL LA CP24	MC		DITROPAN XL TBCR	
	MC / DEL		OXYTROL				

CHOLINERGIC							
-------------	--	--	--	--	--	--	--

CHOLINERGIC	MC / DEL		URECHOLINE				
-------------	-----------------	--	------------	--	--	--	--

METABOLIC MODIFIER							
--------------------	--	--	--	--	--	--	--

HERED. TYROSINEMIA				MC		ORFADIN	
--------------------	--	--	--	-----------	--	---------	--

ANTIHYPERTENSIVES / CARDIAC							
-----------------------------	--	--	--	--	--	--	--

CARDIAC GLYCOSIDES	MC / DEL		DIGITEK TABS				
	MC / DEL		DIGOXIN				
	MC / DEL		LANOXICAPS				
	MC / DEL		LANOXIN				

ANTIANGINALS--Isosorbide Di-nitrate	MC / DEL		ISOSORBIDE DINITRATE TABS	MC		DILATRATE SR CPCR	
	MC / DEL		ISOSORBIDE DINITRATE CR TBCR	MC		ISORDIL TABS	
	MC / DEL		ISOSORBIDE DINITRATE ER TBCR	MC / DEL		ISORDIL TITRADOSE TABS	
	MC / DEL		ISOSORBIDE DINITRATE TD TBCR	MC		ISOSORBIDE DINITRATE SUBL	

MONO-NITRATES	MC / DEL		ISOSORBIDE MONONITRATE TABS	MC / DEL		IMDUR TB24	
	MC / DEL		ISOSORBIDE MONONITRATE ER	MC / DEL		ISMO TABS	
				MC		MONOKET TABS	

NITRO - OINTMENT/CAP/CR	MC		NITROBID OINT				
	MC / DEL		NITROGLYCERIN CPCR				
	MC		NITROL OINT				
	MC		NITRO-TIME CPCR				

NITRO - PATCHES	MC / DEL	1	NITROGLYCERIN PT24	MC		NITRODISC PT24	Preferred products must be used in specified order or PA will be required.
	MC / DEL	1	NITREK PT24	MC / DEL		NITRO-DUR PT24	
	MC / DEL	1	NITRO-DUR PT 24 0.8MG				
	MC / DEL	3	MINITRAN PT24				

NITRO - SUBLINGUAL/ SPRAY	MC		NITROLINGUAL AERS	MC		NITROLINGUAL SOLN	
	MC / DEL		NITROSTAT SUBL	MC / DEL		NITROQUICK SUBL	
	MC / DEL		NITROTAB SUBL				

BETA BLOCKERS - NON SELECTIVE	MC / DEL		COREG ¹	MC / DEL		BETAPACE TABS	1. Coreg available without PA for CHF if patient on digoxin, loop diuretic, ACEI or ARB
	MC / DEL		INDERAL LA CPCR	MC / DEL		BETAPACE AF TABS	
	MC		LEVATOL TABS	MC / DEL		CORGARD TABS	
	MC / DEL		NADOLOL TABS	MC / DEL		INDERAL TABS	
	MC / DEL		PINDOLOL TABS	MC		INNOPRAN XL	
	MC / DEL		PROPRANOLOL HCL SOLN	MC / DEL		PROPRANOLOL HCL LA CPCR	
	MC / DEL		PROPRANOLOL HCL TABS				

MaineCare / DEL Preferred Drug List

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

PREFERRED DRUGS				NON-PREFERRED DRUGS			
-----------------	--	--	--	---------------------	--	--	--

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
----------	--------------------	------------	-----------	--------------------	------------	-----------------------	----------

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

	MC / DEL		ZOFRAN SOLN*	MC / DEL		KYTRIL	
	MC / DEL		ZOFRAN TABS*	MC / DEL		ZOFRAN ODT TBDP	

NON-SEDATING ANTIHISTAMINES / DECONGESTANTS

ANTIHISTIMINES - NON-SEDATING	MC		ALAVERT TABS ¹	MC / DEL	5	CLARINEX TABS ²	1. Preferred drugs are OTC loratidines. 2. Claritin OTC syrup does not require a PA. 3. Zyrtec syrup <6 yr w/o PA
	MC		CLARITIN ALLERGY (OTC) ¹	MC / DEL	8	ALLEGRA	
	MC		CLARITIN SYRP (OTC) ²	MC	8	CLARITIN ²	
	MC / DEL		TAVIST ND (OTC) ¹	MC / DEL	8	ZYRTEC ³	

ALLERGY / ASTHMA THERAPIES

ANTIASTHMATIC - ANTICHOLINERGICS INHALERS	MC / DEL		ATROVENT AERS	MC		ATROVENT SOLN	
	MC / DEL		IPRATROPIUM BROMIDE SOLN				

ANTIASTHMATIC - ANTIINFLAMMATORY AGENTS	MC / DEL		CROMOLYN SODIUM NEBU	MC / DEL		XOLAIR ¹	1. Need max inhaled steroids and written by pulmonary or allergy specialist.
	MC / DEL		INTAL AERS				
	MC / DEL		TILADE AERS				

ANTIASTHMATIC - NASAL STEROIDS	MC / DEL	1	FLONASE SUSP ¹	MC / DEL		FLUNISOLIDE SOLN	Patient will have to fail both ones before moving to other preferred products. Preferred products must be used in specified step order or PA will be required. 1. Flonase and Nasonex do not require PA.
	MC / DEL	1	NASONEX SUSP ¹	MC		NASACORT AERS	
	MC	4	BECONASE AERS	MC / DEL		NASACORT AQ AERS	
	MC / DEL	4	BECONASE AQ INHA	MC		NASAREL SOLN	
	MC	4	NASALIDE SOLN	MC		RHINOCORT AERO	
				MC / DEL		RHINOCORT AQUA SUSP	
				MC		TRI-NASAL SOLN	
				MC		VANCENASE POCKETHALER AERS	

ANTIASTHMATIC - NASAL MISC.	MC / DEL		NASALCROM	MC		ATROVENT NASAL SOL	
				MC		IPRATROPIUM NASAL SOL	
				MC / DEL		ASTELIN	

ANTIASTHMATIC - BETA-ADRENERGICS	MC / DEL		ALBUTEROL	MC / DEL		ACCUNEB NEBU	1. Xopenex users with prior asthma hospitalization will be grandfathered. 2. Quantity Limit: 12 cc/day
	MC / DEL		FORADIL AEROLIZER CAPS	MC / DEL		ALUPENT AERP	
	MC / DEL		MAXAIR	MC / DEL		BRETHINE	
	MC / DEL		METAPROTERENOL	MC / DEL		PROVENTIL	
	MC / DEL		SEREVENT	MC / DEL		PROVENTIL HFA AERS	
	MC / DEL		TERBUTALINE SULFATE TABS	MC / DEL		VENTOLIN AERS	
				MC		VENTOLIN HFA AERS	
				MC		VOLMAX TBCR	
				MC / DEL		VOSPIRE ER TB12	
						XOPENEX NEBU ^{1,2}	

ANTIASTHMATIC - ADRENERGIC COMBOS	MC / DEL		ADVAIR DISKUS MISC	MC / DEL		DUONEB SOLN	
-----------------------------------	-----------------	--	--------------------	-----------------	--	-------------	--

ANTIASTHMATIC - ADRENERGIC ANTICHOLINERGIC	MC / DEL		COMBIVENT AERO				
--	-----------------	--	----------------	--	--	--	--

ANTIASTHMATIC - XANTHINES	MC / DEL		AMINOPHYLLINE TABS	MC		QUIBRON CAPS	
	MC		THEOCHRON TB12	MC		QUIBRON-T TABS	
	MC		THEOLAIR-SR TB12	MC		QUIBRON-T/SR TB12	
	MC		THEOPHYLLINE ELIX	MC / DEL		THEO-24 CP24	
	MC		THEOPHYLLINE SOLN	MC		THEOLAIR TABS	
	MC / DEL		THEOPHYLLINE ER CP12	MC / DEL		THEOPHYLLINE CR TB12	
	MC / DEL		THEOPHYLLINE ER TB12	MC		T-PHYL TB12	
	MC / DEL		UNIPHYL TBCR				

ANTIASTHMATIC - STEROID INHALANTS	MC / DEL		AEROBID AERS	MC / DEL		AEROBID-M AERS	1. No PA for Pulmicort susp if under 8 years old. 2. No PA for Pulmicort turbobaler if under 14 yr.
	MC / DEL		AZMACORT AERS	MC / DEL		PULMICORT TURBUHALER AEPB ²	
	MC		BECLOVENT AERS	MC		VANCERIL DOUBLE STRENGTH AERS	
	MC / DEL		FLOVENT				
	MC / DEL		PULMICORT SUSP1				
	MC / DEL		QVAR AERS				
	MC		VANCERIL AERS				

ANTIASTHMATIC - 5-Lipoxygenase Inhibitors				MC		ZYFLO TABS	
---	--	--	--	-----------	--	------------	--

ANTIASTHMATIC - LEUKOTRIENE RECEPTOR ANTAGONISTS	MC / DEL		SINGULAIR ¹	MC / DEL		ACCOLATE TABS	1. No PA if on asthma meds.
--	-----------------	--	------------------------	-----------------	--	---------------	-----------------------------

ANTIASTHMATIC - ALPHA-PROTEINASE INHIBITOR				MC		PROLASTIN SUSR	
				MC		ZEMAIRA	

ANTIASTHMATIC - HYDROLYTIC ENZYMES				MC / DEL		PULMOZYME SOLN	
------------------------------------	--	--	--	-----------------	--	----------------	--

COUGH/COLD

COUGH/COLD	MC / DEL		PSEUDOEPHEDRINE			All others are a non-covered service (this includes antihistamines-decongestive combinations).	All of cough cold preparations are not covered except these preferred products.
	MC		ROBITUSSIN DM SYRP				
	MC		ROBITUSSIN SUGAR FREE SYRP				

DIGESTIVE AIDS / ASSORTED GI

****Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.****

GI - ANTIPERISTALTIC AGENTS	MC / DEL		DIPHENOXYLATE	MC / DEL		ANTI-DIARRHEAL TABS	
	MC / DEL		DIPHENOXYLATE/ATROPINE	MC / DEL		LOFENE TABS	
	MC		IMODIUM A-D TABS	MC		LONOX TABS	

MaineCare / DEL Preferred Drug List

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

PREFERRED DRUGS				NON-PREFERRED DRUGS			
-----------------	--	--	--	---------------------	--	--	--

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
----------	--------------------	------------	-----------	--------------------	------------	-----------------------	----------

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

AGENTS	MC		AZULFIDINE TABS				
	MC / DEL		AZULFIDINE EN-TABS TBEC				
	MC		CANASA SUPP				
	MC		COLAZAL CAPS				
	MC		DIPENTUM CAPS				
	MC / DEL		PENTASA CPCR				
	MC / DEL		ROWASA ENEM				
	MC / DEL		SULFASALAZINE TABS				

GI - IRRITABLE BOWEL SYNDROME AGENTS				MC / DEL		LOTRONEX TABS	
				MC / DEL		ZELNORM TABS	

MISCELLANEOUS GI

****Preferred drugs that used to require diag codes still require diag codes unless indicated otherwise.****

GI - MISC.	MC / DEL		BISAC-EVAC SUPP	MC / DEL		ACTIGALL CAPS	1. Quantity Limit: 255 g/90-day without PA
	MC / DEL		BISACODYL	MC		BENEFIBER	
	MC		BISCOLAX SUPP	MC / DEL		CARAFATE	
	MC		CINOBAC CAPS	MC / DEL		COLACE CAPS	
	MC / DEL		CITRATE OF MAGNESIA SOLN	MC / DEL		COLYTE	
	MC / DEL		CITRUCEL	MC		DIOCTO-C SYRP	
	MC / DEL		D.O.S. CAPS	MC		DOC SOD /CAS CAP	
	MC / DEL		DIOCTO LIQD	MC		DOC-Q-LAX CAPS	
	MC / DEL		DIOCTO SYRP	MC / DEL		DOCUSATE SODIUM/CAS CAPS	
	MC / DEL		DIOCTYN CAPS	MC / DEL		DOK PLUS	
	MC / DEL		DOC-Q-LACE CAPS	MC / DEL		DULCOLAX SUPP	
	MC		DOCUSATE CALCIUM CAPS	MC		FIBER CON TABS	
	MC / DEL		DOCUSATE SODIUM	MC / DEL		FIBER-LAX TABS	
	MC		DOCUSIL CAPS	MC		GOLYTELY SOLR	
	MC / DEL		DOK CAPS	MC		MALTSUPEX	
	MC / DEL		FIBER LAXATIVE TABS	MC		MIRALAX PACK	
	MC		FLEET	MC / DEL		NULYTELY SOLR	
	MC / DEL		GENFIBER POWD	MC		PEG 3350/ELECTROLYTES SOLR	
	MC / DEL		GLYCERIN	MC / DEL		SENEXON TABS	
	MC		HIPREX TABS	MC / DEL		SENOKOT TABS	
	MC / DEL		KRISTALOSE PACK	MC		SENOKOT S TABS	
	MC		METAMUCIL	MC		STOOL SOFTENER PLUS CAPS	
	MC / DEL		MILK OF MAGNESIA SUSP	MC / DEL		UNI-CENNA TABS	
	MC		MINERAL OIL OIL	MC		UNI-EASE PLUS CAPS	
	MC		MIRALAX POWD ¹	MC		V-R NATURAL SENNA LAXATIV TABS	
	MC / DEL		SENNA				
	MC / DEL		SENOKOT GRAN				
	MC / DEL		SENOKOT SYRP				
	MC / DEL		SENOKOT CHILDRENS SYRP				
	MC		SENOKOT XTRA TABS				
	MC / DEL		SORBITOL				
	MC / DEL		STOOL SOFTENER CAPS				
	MC / DEL		SUCRALFATE TABS				
	MC		UNI-EASE CAPS				
	MC		UNIFIBER POWD				
	MC / DEL		URSODIOL				

MISC. UROLOGICAL

UROLOGICAL - MISC.	MC		ACETIC ACID 0.25% SOLN	MC		CITRIC ACID/SODIUM CITRAT SOLN	1. Renegal will be approved for hypercalcemia, digoxin users, and in cases where maximum phoslo doses are insufficient.
	MC / DEL		BICITRA SOLN	MC / DEL		CYTRA-2 SOLN	2. Elmiron requires adequate proof of Dx with supportive testing.
	MC		CYTRA-K SOLN	MC		ELMIRON CAPS ²	
	MC		FURADANTIN SUSP	MC / DEL		MACROBID CAPS	
	MC		K-PHOS MF TABS	MC / DEL		MANDELAMINE TABS	
	MC / DEL		MACRODANTIN CAPS	MC / DEL		NITROFURANTOIN MACR CAPS	
	MC / DEL		METHENAMINE MANDELATE TABS	MC		POLYCITRA-K CRYSTALS PACK	
	MC / DEL		MONUROL PACK	MC		POTASSIUM CITRATE/CITRIC SOLN	
	MC / DEL		NEOSPORIN GU IRRIGANT SOLN	MC		PYRIDIUM TABS	
	MC / DEL		PHENAZOPYRIDINE HCL TABS	MC / DEL		RENAGEL ¹	
	MC		PHOSLO				
	MC		POLYCITRA SYRP				
	MC		POLYCITRA-K SOLN				
	MC / DEL		POLYCITRA-LC SOLN				
	MC / DEL		PROSED/DS TABS				
	MC / DEL		PYRIDIUM PLUS TABS				
	MC / DEL		RENACIDIN SOLN				
	MC		TRICITRATES SYRP				
	MC		UREX TABS				
	MC / DEL		URISED TABS				
	MC		UROCID-K				
	MC / DEL		UROOID #2 TABS				

INTRA-VAGINALS

VAGINAL - ANTIBACTERIALS	MC / DEL	1	CLEOCIN CREA				Step order must be followed to avoid PA. Must fail Cleocin and
--------------------------	-----------------	---	--------------	--	--	--	--

MaineCare / DEL Preferred Drug List

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

PREFERRED DRUGS				NON-PREFERRED DRUGS			
CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

SEDATIVE/HYPNOTICS - BARBITURATE	MC MC / DEL MC MC / DEL		BUTISOL SODIUM TABS CHLORAL HYDRATE SYRP MEBARAL TABS PHENOBARBITAL	MC MC MC / DEL		LUMINAL SOLN SECONAL CAPS SOMNOTE CAPS	PA required for new users of preferred products if over 65 years old.
SEDATIVE/HYPNOTICS - BENZODIAZEPINES	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		DORAL TABS ESTAZOLAM TABS FLURAZEPAM HCL CAPS TEMAZEPAM CAPS TRIAZOLAM TABS	MC MC MC MC MC / DEL		DALMANE HALCION TABS MIDAZOLAM HCL SYRP PROSOM TABS RESTORIL CAPS	Previous quantity limits still apply.
SEDATIVE/HYPNOTICS - Non-Benzodiazepines	MC		TRAZODONE	MC / DEL MC / DEL	7 8	AMBIEN TABS SONATA CAPS	Elderly (over 65) exempt, but previous quantity limits still apply.

ANTI-PSYCHOTICS

ANTIPSYCHOTICS - ATYPICALS	MC MC / DEL MC / DEL	1 2 2	RISPERDAL GEODON ¹ SEROQUEL TABS	MC / DEL MC MC MC MC	5 8 8 8 8	ABILIFY TABS ² RISPERDAL M TAB RISPERDAL CONSA ZYPREXA TABS ZYPREXA ZYDIS TBDP 6 MONTH MORATORIUM EFFECTIVE: 03.01.04 THROU 08.31.04.	Established users except Zyprexa Zydis are grandfathered. New users can follow preferred step order without PA. 1. Geodon has dose consolidation edit of 2 per day. 2. Abilify 1/day.
ANTIPSYCHOTICS - SPECIAL ATYPICALS	MC / DEL		CLOZAPINE TABS	MC / DEL		CLOZARIL TABS ¹	1. No new starters on brand Clozaril.
ANTIPSYCHOTICS - TYPICAL	MC / DEL MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL		CHLORPROMAZINE HCL FLUPHENAZINE DECANOATE FLUPHENAZINE HCL HALDOL HALOPERIDOL HALOPERIDOL DECANOATE SOLN HALOPERIDOL LACTATE SOLN LOXAPINE SUCCINATE CAPS LOXITANE-C CONC MOBAN TABS PERPHENAZINE PROCHLORPERAZINE SERENTIL THIORIDAZINE HCL THIOTHIXENE THORAZINE SUPP TRIFLUOPERAZINE HCL TABS	MC / DEL MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL MC MC / DEL MC / DEL		COMPazine COMPRO SUPP HALDOL DECANOATE LOXITANE CAPS MELLARIL NAVANE CAPS PROLIXIN STELAZINE TABS THORAZINE	

LITHIUM

LITHIUM	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		ESKALITH CAPS ESKALITH CR TBCR LITHIUM CARBONATE LITHIUM CITRATE SYRP LITHOBID TBCR				
---------	---	--	---	--	--	--	--

COMBINATION - PSYCHOTHERAPEUTIC

PSYCHOTHERAPEUTIC COMBINATION	MC / DEL MC / DEL		CHLORDIAZEPOXIDE/AMITRIPT PERPHENAZINE/AMITRIPTYLIN	MC	8	SYMBYAX	
-------------------------------	------------------------------------	--	--	-----------	---	---------	--

STIMULANTS

STIMULANT - AMPHETAMINES -SHORT ACTING	MC / DEL MC / DEL MC / DEL MC / DEL MC / DEL		ADDERALL TABS AMPHETAMINE SALT COMBO DEXEDRINE DEXTROAMPHET SULF TABS DEXTROSTAT TABS				
STIMULANT - AMPHETAMINES -LONG ACTING	MC / DEL MC MC	1 2 2	ADDERALL XR CP24 DEXEDRINE Cap CR DEXTROAMPHET SULF CPCR				
STIMULANT - METHYLPHENIDATE	MC / DEL MC MC / DEL MC / DEL MC / DEL		FOCALIN TABS METADATE ER TBCR METHYLIN ER TBCR METHYLIN TABS METHYLPHENIDATE HCL	MC / DEL		RITALIN	
STIMULANT - METHYLPHENIDATE - LONG ACTING	MC	1	CONCERTA TBCR	MC MC / DEL	5 8	METADATE CD CPCR ¹ RITALIN LA	Non-preferred products must be used in specified step order. 1. Easily approved for patients needing the sprinkles.
STIMULANTS - STIMULANT LIKE				MC MC MC MC MC MC / DEL MC / DEL	7 8 8 8 8 8 9	STRATTERA ^{1,2} CAFCIT SOLN CYLERT CHEW CYLERT TABS DESOXYN TABS PROVIGIL TABS PEMOLINE	1. Required failure of both an amphetamine and methylphenidate (unless history of substance abuse) 2. Effective 12.03.04, Strattera allowed only 1 per day for all strengths except 40mg, where 2 are allowed to achieve 80mg or 100mg daily.

WEIGHT LOSS

WEIGHT LOSS							Non longer covered: PHENTERMINE, XENICAL, DIDREX, and
-------------	--	--	--	--	--	--	---

MaineCare / DEL Preferred Drug List

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

PREFERRED DRUGS			NON-PREFERRED DRUGS			
-----------------	--	--	---------------------	--	--	--

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
----------	--------------------	------------	-----------	--------------------	------------	-----------------------	----------

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

	MC / DEL		ENDODAN TABS	MC		FIORAL/CODEINE CAPS	
	MC		FENTANYL CITRATE SOLN	MC / DEL		HYDROCODONE/IBUPROFEN	
	MC / DEL		HYDROCODONE BITARTRATE/AP TABS	MC / DEL		LORCET	
	MC / DEL		HYDROCODONE/ACETAMINOPHEN	MC		LORTAB	
	MC / DEL		HYDROMORPHONE HCL	MC		MAXIDONE TABS	
	MC / DEL		MEPERIDINE HCL	MC / DEL		NORCO TABS	
	MC / DEL		OXYCODONE	MC / DEL		PENTAZOCINE/ACET TABS	
	MC / DEL		OXYCODONE/ACETAMINOPHEN ²	MC		PERCOCET TABS	
	MC / DEL		PENTAZOCINE/NALOXONE TABS	MC		PERCODAN TABS	
	MC		PROPOXYPHENE COMPOUND CAPS	MC		PHRENILIN W/CAFFEINE/CODE CAPS	
	MC		PROPOXYPHENE CMPND-65 CAPS	MC / DEL		ROXICET 5/500 TABS	
	MC / DEL		PROPOXYPHENE HCL CAPS	MC		SYNALGOS-DC CAPS	
	MC / DEL		PROPOXYPHENE/ACET TABS	MC		TALACEN TABS	
	MC / DEL		PROPOXYPHENE-N/ACET TABS	MC / DEL		TALWIN NX TABS	
	MC / DEL		ROXICET	MC		TYLENOL/CODEINE #3 TABS	
	MC		ROXIPRIN TABS	MC		TYLOX CAPS	
				MC		VICODIN	
				MC		VICOPROFEN TABS	
				MC		ZYDONE TABS	

NARCOTIC ANTAGONISTS

NARCOTIC - ANTAGONISTS	MC / DEL		NALTREXONE HCL TABS	MC / DEL		REVIEW TABS	
------------------------	-----------------	--	---------------------	-----------------	--	-------------	--

COX 2 / NSAIDS

COX 2 INHIBITORS	MC / DEL		BEXTRA TABS				Cox-2 available to 60 yr and over w/o PA, under 60 yr. requires PA. Can decrease GI bleeding risk equivalent to Cox-2 agent with generic NSAID and omeprazole.
	MC / DEL		CELEBREX CAPS				
	MC / DEL		VIOXX				

NSAIDS	MC / DEL		CHILDRENS IBUPROFEN	MC		ADVIL TABS	
	MC / DEL		CHILDRENS MOTRIN SUSP	MC		ANAPROX TABS	
	MC / DEL		DICLOFENAC POTASSIUM TABS	MC		ANAPROX DS TABS	
	MC / DEL		DICLOFENAC SODIUM	MC		ANSAID TABS	
	MC / DEL		ETODOLAC	MC / DEL		CATAFLAM TABS	
	MC / DEL		FENOPROFEN CALCIUM TABS	MC		CHILDRENS ADVIL SUSP	
	MC / DEL		FLURBIPROFEN TABS	MC		CHILD'S IBUPROFEN SUSP	
	MC / DEL		IBUPROFEN	MC / DEL		CLINORIL TABS	
	MC / DEL		INDOMETHACIN	MC / DEL		DAYPRO TABS	
	MC / DEL		KETOPROFEN	MC / DEL		EC-NAPROSYN TBEC	
	MC / DEL		KETOROLAC TROMETHAMINE	MC / DEL		ETODOLAC ER 600MG	
	MC / DEL		MECLOFENAMATE SODIUM CAPS	MC		FELDENE CAPS	
	MC / DEL		NABUMETONE TABS	MC / DEL		IBU-200	
	MC / DEL		NAPROSYN SUSP	MC		INDOCIN	
	MC / DEL		NAPROXEN SUSP	MC / DEL		LODINE	
	MC / DEL		NAPROXEN TABS	MC / DEL		MOBIC TABS	
	MC / DEL		NAPROXEN SODIUM TABS	MC / DEL		MOTRIN	
	MC / DEL		OXAPROZIN TABS	MC		NALFON CAPS	
	MC / DEL		PIROXICAM CAPS	MC / DEL		NAPRELAN TBCR	
	MC / DEL		SULINDAC TABS	MC / DEL		NAPROSYN TABS	
MC / DEL		TOLMETIN SODIUM	MC / DEL		NAPROXEN DR TBEC		
			MC		NAPROXEN SODIUM TBCR		
			MC		ORUVAIL CP24		
			MC / DEL		PONSTEL CAPS		
			MC		RELAFEN TABS		
			MC		SB IBUPROFEN TABS		
			MC		TOLECTIN		
			MC		TORADOL		
			MC / DEL		VOLTAREN		
			MC		V-R IBUPROFEN TABS		

RHEUMATOID ARTHRITIS

RHEUMATOID ARTHRITIS	MC / DEL		ARAVA TABS¹	MC		ENBREL KIT²	1. No PA for Arava if methotrexate previously tried. 2. Rheumatologist must write script. Rheumatologist will not require PA for biologics if methotrexate or other DMARDs in drug profile.
				MC		HUMIRA ³	
				MC		KINERET SOLN²	
				MC		REMICADE ²	

MISCELLANEOUS ARTHRITIS

ARTHRITIS - MISC.	MC		RIDAURA CAPS	MC / DEL		ARTHROTEC	
	MC		MYOCHRYSLINE SOLN				

MIGRAINE THERAPIES

MIGRAINE - ERGOTAMINE DERIVATIVES	MC / DEL		MIGRANAL SOLN	MC / DEL		D.H.E. 45 SOLN	
	MC		SANSERT TABS				
MIGRAINE - CARBOXYLIC ACID DERIVATIVES	MC		DEPAKOTE ER TB24				
MIGRAINE - SELECTIVE SEROTONIN AGONISTS (5HT)- Tabs	MC / DEL	1	IMITREX TABS	MC / DEL		PROVA TABS	1. Must fail Imitrex and Maxalt products before moving to next step product without PA
	MC / DEL	1	MAXALT				
	MC	2	AXERT TABS ¹				
	MC / DEL	2	RELPAK				
	MC / DEL	4	AMERGE TABS				

PREFERRED DRUGS				NON-PREFERRED DRUGS			
-----------------	--	--	--	---------------------	--	--	--

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
----------	--------------------	------------	-----------	--------------------	------------	-----------------------	----------

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

COMBINATIONS				MC / DEL		CARISOPRODOL/ASPIRIN/CODE	
				MC		NORGESIC TABS	
				MC / DEL		ORPHENADRINE COMPOUND	
				MC / DEL		ORPHENADRINE/ASA/CAFF	
				MC		ORPHENGESIC	

VITAMINS							
----------	--	--	--	--	--	--	--

****Preferred products that used to require diag codes still require diag codes unless indicated otherwise.****

VITAMINS	MC / DEL		ASCORBIC ACID TABS	MC		AQUASOL E SOLN	
	MC		BIOTIN	MC		AQUAVIT-E SOLN	
	MC		CALCIFEROL SOLN	MC		DHT SOLN	
	MC / DEL		CALCITRIOL CAPS	MC / DEL		DRISDOL CAPS	
	MC		CYANOCOBALAMIN SOLN	MC		NASCOBAL GEL	
	MC / DEL		DRISDOL SOLN	MC / DEL		ROCALTROL	
	MC		FOLGARD RX 2.2 TABS				
	MC / DEL		FOLIC ACID TABS				
	MC		FOLT X TABS				
	MC / DEL		MEPHYTON TABS				
	MC / DEL		NIACIN				
	MC		NIACOR TABS				
	MC / DEL		NICOTINIC ACID SR CPCR				
	MC		PYRIDOXINE HCL TABS				
	MC / DEL		SLO-NIACIN TBCR				
	MC / DEL		THIAMINE HCL SOLN				
	MC / DEL		VITAMIN B-1 TABS				
	MC / DEL		VITAMIN B-12				
	MC		VITAMIN B-6 TABS				
	MC / DEL		VITAMIN C				
	MC / DEL		VITAMIN D				
	MC / DEL		VITAMIN E CAPS				
	MC / DEL		VITAMIN E/D-ALPHA CAPS				
	MC		VITAMIN K1 SOLN				
	MC		V-R VITAMIN E CAPS				

MISC MULTI-VITAMINS							
---------------------	--	--	--	--	--	--	--

****Preferred products that used to require diag codes still require diag codes unless indicated otherwise.****

VITAMINS - MISC.	MC		CENTRUM LIQD	MC		ADEKS	Diag codes are no longer required on prenatal vitamins.
	MC		CENTRUM TABS	MC / DEL		ADVANCED NATALCARE TABS	
	MC		CENTRUM JR/IRON CHEW	MC		CENTRUM JR/EXTRA C CHEW	
	MC		CENTRUM SILVER TABS	MC		CENTRUM PERFORMANCE TABS	
	MC		CENTRUM-LUTEIN TABS	MC		DALYVITE LIQD	
	MC		CEROVITE ADVANCED FO TABS	MC		EMBREX 600 MISC	
	MC / DEL		CHEWABLE MULTIVIT/FL CHEW	MC		IBERET	
	MC		COD LIVER OIL CAPS	MC		MATERNA TABS	
	MC		COMPLETE SENIOR TABS	MC		MULTIRET FOLIC-500 TBCR	
	MC		DAILY MULTI VIT/IRON	MC / DEL		NATAFORT TABS	
	MC		M.V.I.-12 INJ	MC / DEL		NATALCARE CFE 60 TABS	
	MC		MULTI-VIT/FLUORIDE	MC / DEL		NATALCARE GLOSS TABS	
	MC / DEL		NATACHEW CHEW	MC		NATALCARE PIC TABS	
	MC / DEL		NATALCARE RX TABS	MC		NATALCARE PIC FORTE TABS	
	MC / DEL		NEPHRO-VITE TABS	MC / DEL		NATALCARE PLUS TABS	
	MC / DEL		OCUVITE TABS	MC		NATALCARE THREE TABS	
	MC / DEL		ONE DAILY TABS	MC		NATALFIRST TABS	
	MC / DEL		ONE-DAILY MULTIVITAMINS	MC		NATATAB RX TABS	
	MC / DEL		ONE-TABLET-DAILY	MC / DEL		NEPHPLEX RX TABS	
	MC / DEL		POLY-VIT/IRON/FLUORID SOLN	MC / DEL		NEPHROCAPS CAPS	
	MC / DEL		POLY-VITAMIN/FLUORIDE SOLN	MC		NESTABS RX TABS	
	MC / DEL		POLY-VITAMINS/IRON SOLN	MC / DEL		NIFEREX	
	MC / DEL		PRENATAL TABS	MC / DEL		NUTRINATE CHEW	
	MC / DEL		PRENATAL FORMULA 3 TABS	MC		POLY-VI-FLOR SOLN	
	MC / DEL		PRENATAL PLUS TABS	MC		POLY-VI-SOL SOLN	
	MC / DEL		PRENATAL PLUS NF TABS	MC		POLY-VI-SOL/IRON SOLN	
	MC		PRENATAL PLUS/27MG IRON	MC		POLY-VITAMIN DROPS SOLN	
	MC		PRENATAL PLUS/IRON TABS	MC		PRECARE	
	MC / DEL		PRENATAL RX/BETA-CAROTENE	MC		PREMESIS RX TABS	
	MC		PROTEGRA CAPS	MC		PRENATABS CBF TABS	
	MC		STRESS TAB NF TABS	MC		PRENATAL 19 CHEW	
	MC		THERAPEUTIC-M TABS	MC		PRENATAL CARE TABS	
	MC		THERAVITE LIQD	MC		PRENATAL MR 90 TBCR	
	MC / DEL		TRI-VITAMIN/FLUORIDE SOLN	MC / DEL		PRENATAL MTR/SELENIUM TABS	
	MC		VITA CON FORTE CAPS	MC		PRENATAL OPTIMA ADVANCE TABS	
	MC		VITAMIN B COMPLEX CAPS	MC		PRENATAL PC 40 TABS	
	MC		VITAPLEX PLUS TABS	MC / DEL		PRENATAL RX TABS	
				MC		PRENATE	
				MC		PRIMACARE MISC	

PREFERRED DRUGS			NON-PREFERRED DRUGS			
-----------------	--	--	---------------------	--	--	--

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
----------	--------------------	------------	-----------	--------------------	------------	-----------------------	----------

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

MISCELLANEOUS MINERALS

****Preferred products that used to require diag codes still require diag codes unless indicated otherwise.****

MINERALS	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
				MC / DEL		RENAL CAPS	
				MC / DEL		RENAPHRO CAPS	
				MC / DEL		RENA-VITE RX TABS	
				MC		STUARTNATAL PLUS 3 TABS	
				MC		TRI-VI-SOL SOLN	
				MC		TRI-VI-SOL/IRON SOLN	
				MC / DEL		ULTRA NATALCARE TABS	
				MC		ULTRA-NATAL TABS	
				MC		VICON FORTE CAPS	
				MC		VINATAL FORTE TABS	
				MC		VINATE	
				MC / DEL		VINATE ADVANCED TABS	
				MC		ANEMAGEN	
				MC		CALCET TABS	
				MC / DEL		CALCIUM 600-D TABS	
				MC		CALCIUM/VITAMIN D TABS	
				MC		CALTRATE 600 PLUS/VIT D TABS	
				MC		CALTRATE PLUS TABS	
				MC		CHROMAGEN	
				MC		CITRACAL PLUS TABS	
				MC		CONTRIN CAPS	
				MC		FEOGEN FORTE CAPS	
				MC		FEROCON CAPS	
				MC / DEL		FERREX 150 CAPS	
				MC		FERRO-SEQUELS TBCR	
				MC		FE-TINIC CAPS	
				MC		FE-TINIC 150 FORTE CAPS	
				MC / DEL		FLUOR-A-DAY SOLN	
				MC / DEL		K-DUR TBCR	
				MC		KLOR-CON PACK	
				MC		K-LYTE	
				MC / DEL		K-PHOS TABS	
				MC		K-TABS TBCR	
				MC / DEL		K-VESENT PACK	
				MC		NU-IRON 150 CAPS	
				MC / DEL		OYSTER SHELL CALCIUM/VITA TABS	
				MC / DEL		POLY-IRON 150 CAPS	
				MC / DEL		POLYSACCHARIDE IRON CAPS	
				MC / DEL		POTASSIUM BICARB/CHLORIDE	
				MC / DEL		SLOW FE TBCR	
				MC		TUMS 500 CHEW	
				MC		VIACTIV CHEW	
				MC		CALCARB	
				MC		CALCI-MIX CAPSULE CAPS	
				MC		CALCIQUID SYRP	
				MC		CALCITRATE/VITAMIN D TABS	
				MC / DEL		CALCIUM	
				MC / DEL		CALCIUM CARBONATE	
				MC / DEL		CALCIUM CITRATE TABS	
				MC / DEL		CALCIUM GLUCONATE TABS	
				MC / DEL		CALCIUM LACTATE TABS	
				MC		CALCIUMMAGNESIUM TABS	
				MC / DEL		CALCIUM/VITAMIN D TABS	
				MC		CALTRATE 600 TABS	
				MC / DEL		CHEWABLE CALCIUM CHEW	
				MC		CITRACAL TABS	
				MC		CITRACAL + D TABS	
				MC		CITRUS CALCIUM TABS	
				MC		CITRUS CALCIUM 1500 + D TABS	
				MC		DEXFERRUM SOLN	
				MC		EFFERVESCENT POTASSIUM TBEP	
				MC / DEL		FEOSTAT CHEW	
				MC		FERATAB TABS	
				MC / DEL		FER-GEN-SOL SOLN	
				MC / DEL		FERGON TABS	
				MC		FER-IN-SOL SOLN	
				MC		FER-IRON SOLN	
				MC		FERRONATE TABS	
				MC		FERROUS FUMARATE TABS	
				MC / DEL		FERROUS GLUCONATE TABS	
				MC / DEL		FERROUS SULFATE	
				MC / DEL		FLUOR-A-DAY CHEW	
				MC		FLUORIDE CHEW	
				MC		FLUORIDE SODIUM CHEW	
				MC		FLUORITAB CHEW	
				MC		HEMOCYTE TABS	
				MC		HM CALCIUM TABS	
				MC		K+ POTASSIUM PACK	
				MC		KAON ELIX	
				MC		KAON-CL-10 TBCR	
				MC		KCL 0.075%/D5W/NACL 0.2% SOLN	
				MC		K-EFFERVESCENT TBEP	
				MC		KLOR-CON	
				MC		KLOTRIX TBCR	
				MC / DEL		K-PHOS TABS	
				MC / DEL		K-VESENT TBEP	
				MC / DEL		LURIDE CHEW	
				MC / DEL		MAGNESIUM GLUCONATE TABS	
				MC / DEL		MAGNESIUM SULFATE SOLN	
				MC		MICRO-K CPCR	
				MC / DEL		NEUTRA-PHOS	
				MC / DEL		OS-CAL TABS	
				MC / DEL		OS-CAL 500 + D TABS	
				MC / DEL		OYSCO	
				MC / DEL		OYST-CAL TABS	
				MC / DEL		OYST-CAL D TABS	
				MC / DEL		OYST-CAL/VITAMIN D TABS	
				MC / DEL		OYSTER CALCIUM TABS	
				MC / DEL		OYSTER SHELL	
				MC / DEL		PHOSPHA 250 NEUTRAL TABS	
				MC		POTASSIUM BICARBONATE TBEP	

PREFERRED DRUGS				NON-PREFERRED DRUGS			
-----------------	--	--	--	---------------------	--	--	--

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
----------	--------------------	------------	-----------	--------------------	------------	-----------------------	----------

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

	MC / DEL		POTASSIUM CHLORIDE				
	MC		POTASSIUM EFFERVESCENT				
	MC / DEL		SELENIUM TABS				
	MC		SLOW-MAG TBCR				
	MC / DEL		SODIUM FLUORIDE				
	MC / DEL		SSKI SOLN				
	MC		V-R CALCIUM				
	MC		V-R OYSTER SHELL CALCIUM				
	MC		ZINC SULFATE CAPS				

MISC. ELECTROLYTES/NUTRITIONALS							
---------------------------------	--	--	--	--	--	--	--

ELECTROLYTES/ NUTRITIONALS	MC / DEL		FISH OIL CAPS	MC		BOOST	This list of nutritionals is incomplete. All nutritionals still require a PA except for the miscellaneous products listed as preferred.
	MC		INTRALIPID EMUL	MC		CASEC POWD	
	MC		MCT OIL OIL	MC		CHOICE DM LIOD	
	MC		ORALYTE SOLN	MC		DELIVER 2.0 LIOD	
	MC		P.T.E. -5 SOLN	MC		ENFAMIL	
	MC		PEDIALYTE SOLN	MC		ENSURE	
				MC		GLUCERNA	
				MC		ISOCAL LIOD	
				MC		KINDERCAL TF LIOD	
				MC		KINDERCAL TF/FIBER LIOD	
				MC / DEL		L-CARNITINE CAPS	
				MC		LIPISORB LIOD	
				MC		MODULEN IBD POWD	
				MC		NUTRAMIGEN POWD	
				MC / DEL		NUTREN	
				MC		NUTRITIONAL SUPPLEMENT LIOD	
				MC		NUTRIVENT 1.5 LIOD	
				MC / DEL		PEPTAMEN	
				MC		PHENYL-FREE	
				MC		PKU 3 POWD	
				MC		PREGESTIMIL POWD	
				MC / DEL		PROBALANCE LIOD	
				MC		PROSOBEE	
				MC		SCANDISHAKE PACK	

ERYTHROPOEITINS							
-----------------	--	--	--	--	--	--	--

ERYTHROPOEITINS				MC	5	PROCRIT SOLN ¹	1. All products require PA but Procrit is first choice
				MC	6	EPOGEN SOLN	
				MC	8	ARANESP SOLN	

GRANULOCYTE CSF							
-----------------	--	--	--	--	--	--	--

GRANULOCYTE CSF				MC	8	LEUKINE	Must be used in specified step order.1. 10 day supply/month may be used without a PA.
				MC	8	NEUPOGEN SOLN ¹	
				MC	9	NEULASTA	

ANTICOAGULANTS / PLATELET AGENTS							
----------------------------------	--	--	--	--	--	--	--

ANTICOAGULANTS	MC / DEL		FRAGMIN INJ ²	MC		ARIXTRA SOLN	1. Established Coumadin users are grandfathered. 2. Fragmin and Lovenox therapy durations greater than 7 days require PA.
	MC		HEPARIN SODIUM/NACL 0.9% SOLN	MC		COUMADIN TABS ¹	
	MC		HEP-LOCK SOLN	MC		IPRIVAS C	
	MC / DEL		INNOHEP				
	MC / DEL		LOVENOX SOLN ²				
	MC / DEL		WARFARIN SODIUM TABS				
	MC		HEPARIN LOCK SOLN				
	MC / DEL		HEPARIN LOCK FLUSH SOLN				
	MC / DEL		HEPARIN SODIUM SOLN				
	MC / DEL		HEPARIN SODIUM LOCK FLUSH SOLN				

ANTIHEMOPHILIC AGENTS	MC		ALPHANATE	MC		ADVATE ¹	1. Only if other products unavailable.
-----------------------	-----------	--	-----------	-----------	--	---------------------	--

	MC / DEL		BENEFIX SOLR				
	MC		BIOCLATE				
	MC / DEL		HELIKATE FS KIT				
	MC		HEMOPIL - M				
	MC		HUMATE-P SOLR				
	MC		KOGENATE FS				
	MC		KONYNE - 80				
	MC		MONARC - M				
	MC		MONOCLATE - P				
	MC		MONONINE				
	MC / DEL		NOVOSEVEN SOLR				
	MC		PROPLEX -T				
	MC		RECOMBINATE SOLR				
	MC		REFACTO				

PLATELET AGGREGATION INHIBITORS	MC / DEL		DIPYRIDAMOLE TABS	MC / DEL		PERSANTINE TABS	
	MC / DEL		PLAVIX TABS	MC		TICLID TABS	
	MC / DEL		TICLOPIDINE HCL TABS				

PLATELET AGGR. INHIBITORS / COMBO'S - MISC.	MC / DEL		AGGRENEX CP12	MC / DEL		AGRYLIN CAPS	
	MC / DEL		PENTOXIFYLLINE ER TBCR	MC		TRENTAL TBCR	

MaineCare / DEL Preferred Drug List

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

PREFERRED DRUGS			NON-PREFERRED DRUGS		
-----------------	--	--	---------------------	--	--

CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
----------	--------------------	------------	-----------	--------------------	------------	-----------------------	----------

** PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".*

	MC		NIZORAL SHAM	MC		MONISTAT-DERM CREA	
	MC		NTA OINT	MC		MYCOGEN II CREA	
	MC / DEL		NYSTATIN	MC		MYCOLOG-II CREA	
	MC / DEL		NYSTATIN/TRIAMCINOLONE	MC		MYCOSTATIN POWD	
	MC		PEDI-DRI POWD	MC		NAFTIN	
	MC		SPECTAZOLE CREA	MC		NIZORAL CREA	
	MC / DEL		TINACTIN	MC		NYSTAT-RX POWD	
	MC		TRI-STATIN II CREA	MC / DEL		NYSTOP POWD	
				MC / DEL		OXISTAT	
				MC / DEL		PENLAC NAIL LACQUER SOLN	
TOPICAL - ANTIPRURITICS	MC		ZONALON CREA	MC		PRUDOXIN CREA	
TOPICAL - ANTIPSORIATICS	MC		DOVONEX	MC		PSORIATEC CREA	
	MC		OXSORALEN ULTRA CAPS	MC / DEL		SORIATANE CAPS	
	MC		TAZORAC				
TOPICAL - ANTISEBORRHEICS	MC		CAPTROL SHAM	MC		CARMOL SCALP TREATMENT KIT	
	MC / DEL		SELENIUM SULFIDE SHAM	MC		VANAMIDE	
	MC		SELSUN BLUE SHAM	MC		ZNP BAR BAR	
TOPICAL - ANTIVIRALS	MC / DEL		DENAVIR CREA				1. Zovirax may be used once without PA.
	MC		ZOVIRAX OINT ¹				
TOPICAL - ANTINEOPLASTICS	MC		EFUDEX	MC / DEL		CARAC CREA	
	MC		FLUOROPLEX CREA				
	MC		SOLARAZE GEL				
TOPICAL - BURN PRODUCTS	MC		FURACIN CREA	MC / DEL		SILVADENE CREA	
	MC		SSD CREA	MC / DEL		SILVER SULFADIAZINE CREA	
	MC / DEL		THERMAZENE CREA	MC		SSD AF CREA	
TOPICAL - CORTICOSTEROIDS	MC / DEL		BETAMETHASONE DIPROPIONAT	MC / DEL		ACLOVATE	
	MC / DEL		BETAMETHASONE VALERATE	MC		AMCINONIDE CREA	
	MC / DEL		BETA-VAL	MC		ANUSOL HC-1 OINT	
	MC		CAPEX SHAM	MC		ARISTOCORT A	
	MC / DEL		CLOBETASOL PROPIONATE	MC / DEL		AUGMENTED BETA DIP OINT	
	MC / DEL		CUTIVATE	MC		CLOBEX	
	MC		CYCLOCORT	MC		CLODERM CREA	
	MC		DERMA-SMOOTHIE/FS OIL	MC / DEL		CORDRAN	
	MC / DEL		DESONIDE	MC / DEL		CORMAX	
	MC		DESOWEN	MC / DEL		DERMATOP	
	MC / DEL		DESOXIMETASONE	MC		DIFLORASONE DIACETATE	
	MC / DEL		DIPROLENE	MC		ELOCON OINT	
	MC / DEL		ELOCON	MC		HYDROCORTISONE POWD	
	MC / DEL		FLUOCINOLONE ACETONIDE	MC		KENALOG AERS	
	MC / DEL		FLUOCINONIDE	MC		LIDA MANTLE HC CREA	
	MC		FLUROSYN CREA	MC		LIDEX	
	MC		HALOG	MC		LIDEX-E CREA	
	MC		HALOG-E CREA	MC / DEL		LUXIQ FOAM	
	MC / DEL		HYDROCORTISONE CREA	MC / DEL		OLUX FOAM	
	MC		HYDROCORTISONE LOTN	MC		PANDEL CREA	
	MC		HYDROCORTISONE OINT	MC		PROCTOCORT CREA	
	MC		HYDROCORTISONE VALERATE	MC / DEL		PSORCON E	
	MC		LACTICARE-HC LOTN	MC		SYNLAR OINT	
	MC / DEL		LOCOID	MC / DEL		TEMOVATE	
	MC		MOMETASONE FUROATE OINT	MC		TOPICORT	
	MC		NUTRACORT LOTN	MC		TOPICORT LP CREA	
	MC		PROCTO-KIT CREA	MC		WESTCORT	
	MC / DEL		PSORCON				
	MC		TEXACORT SOLN				
	MC / DEL		TRIAMCINOLONE ACETONIDE				
	MC		TRIDESILON CREA				
	MC		ULTRAVATE				
TOPICAL - STEROID LOCAL ANESTHETICS	MC / DEL		PRAMOSONE	MC		EPIFOAM FOAM	
	MC		ZONE-A FORTE LOTN				
TOPICAL - STEROID COMBINATIONS	MC		DERMA-SMOOTHIE/FS ATOPIC P KIT	MC		CARMOL-HC CREA	
TOPICAL - EMOLLIENTS	MC / DEL		AMLACTIN CREA	MC / DEL		AMMONIUM LACTATE CREA	
	MC		CETAPHIL GENTLE CLEANSER LOTN	MC / DEL		LACLOTION LOTN	
	MC		LAC-HYDRIN	MC / DEL		LACTINOL LOTN	
	MC		LACTINOL-E CREA	MC		MEDERMA GEL	
	MC		UREACIN-20 CREA	MC		RENOVA CREA	
	MC		VITAMIN A & D MEDICATED OINT				
TOPICAL - ENZYMES / KERATOLYTICS / UREA	MC		GRANUL-DERM AERS	MC		CARMOL 40 CREA	
	MC / DEL		GRANULEX AERS	MC		SANTYL OINT	
	MC		PANAFIL OINT	MC		ZIOX OINT	
	MC		PAPAIN-UREA-CHLORO OINT				
	MC		TBC AERS				

MaineCare / DEL Preferred Drug List

MAINECARE EFFECTIVE DATE 7.1.2004

Physicians' Summarized PDL

DEL EFFECTIVE DATE 8.15.2004

PREFERRED DRUGS				NON-PREFERRED DRUGS			
CATEGORY	Coverage Indicator	Step Order	Drug Name	Coverage Indicator	Step Order	Drug Name PA REQUIRED	Comments
<p><i>* PLEASE NOTE: All Generics applicable to DEL are considered PREFERRED Drugs. "BASIC" Covered Drugs are bolded with the Coverage Indicator of "MC / DEL".</i></p>							
DENTAL PRODUCTS							
	MC / DEL		ETHEDENT CREA	MC		APF GEL GEL	
	MC / DEL		GEL-KAM CONC	MC		DENTAGEL GEL	
	MC / DEL		PHOS FLUR SOLN	MC / DEL		PHOS-FLUR GEL	
	MC / DEL		PREVIDENT	MC / DEL		SF 5000 PLUS CREA	
	MC / DEL		PREVIDENT SOLN	MC		THERA-FLUR-N GEL	
	MC / DEL		SF GEL				
	MC		STANNOUS FLUORIDE ORAL RI CONC				
ARTIFICIAL SALIVA/STIMULANTS							
ARTIFICIAL SALIVA/STIMULANTS	MC		EVOXAC CAPS	MC		RADIACARE SOLR	
	MC		SALIVA SUBSTITUTE SOLN	MC		SALAGEN TABS	
MISCELLANEOUS ANORECTAL							
ANORECTAL - MISC.							
	MC / DEL		ANALPRAM-HC CREA	MC / DEL		ANUSOL-HC CREA	
	MC / DEL		COLOCORT ENEM	MC / DEL		CORTIFOAM FOAM	
	MC		CORTENEMA ENEM	MC / DEL		PROCTOCREAM-HC CREA	
	MC		ELA-MAX 5 CREA	MC / DEL		PROCTOFOAM HC FOAM	
	MC / DEL		HYDROCORTISONE ENEM	MC / DEL		PROCTO-KIT CREA	
	MC / DEL		PROCTOZONE-HC CREA	MC / DEL		PROCTOSOL HC CREA	
T-CELL ACTIVATION INHIBITOR							
PSORISIS BIOLOGICALS							
				MC		AMEVIVE	
				MC		RAPTIVA	
ALTERNATIVE MEDICINES							
ALTERNATIVE MEDICINES							
	MC		DIMETHYL SULFOXIDE SOLN	MC		ARTHX DS CAPS	
				MC / DEL		CO-ENZYME Q-10	
				MC		CO-ENZYME Q10/VITAMIN E WAFR	
				MC / DEL		COO10 CAPS	
				MC		DEHYDROEPIANDOSTERONE	
				MC		DHEA TABS	
				MC		FLEXAGEN TABS	
				MC / DEL		GLUCOSAMINE/CHONDROITIN	
				MC		HM GINKGO BILOBA TABS	
				MC		MELATONIN TABS	
				MC		V-R COENZYME Q-10 CAPS	
CHELATING AGENTS							
CHELATING AGENTS	MC / DEL		CUPRIMINE CAPS	MC		DEPEN TITRATABS TABS	
ANTILEPTIC							
ANTILEPTIC				MC		THALOMID CAPS	
IMMUNOSUPPRESSANTS							
IMMUNOSUPPRESSANTS	MC / DEL		CELLCEPT	MC / DEL		CYCLOSPORINE CAPS	Established users grandfathered.
	MC		PROGRAF CAPS				
	MC / DEL		RAPAMUNE				
	MC / DEL		CYCLOSPORINE MODIFIED				
	MC		GENGRAF CAPS				
	MC / DEL		NEORAL				
	MC / DEL		SANDIMMUNE				
PURINE ANALOG							
PURINE ANALOG	MC		AZASAN TABS	MC / DEL		IMURAN TABS	
	MC / DEL		AZATHIOPRINE TABS				
K REMOVING RESINS							
K REMOVING RESINS	MC / DEL		KAYEXALATE POWD				
	MC		KIONEX POWD				
	MC / DEL		SODIUM POLYSTYRENE SULFON				
	MC / DEL		SPS SUSP				
	MC / DEL		SPS 30GM/120ML ENEMA SUSP				

New drugs are initially non-preferred until reviewed by the DUR Committee and the State. According to State policy, any drug requiring specific diagnosis still requires the specific diagnosis unless otherwise noted within this document.
Revised: July 22, 2004

ANTI-CONVULSANTS INDICATION CHART

	SEIZURES	POST HERPETIC NEURALGIA	DIABETIC PERIPHERAL NEUROPATHY	MONOTHERAPY BIPOLAR	ADJUNCTIVE BIPOLAR	MIGRAINE PROPHYLAXIS	ANXIETY
GABITRIL	X			9	8		
KEPPRA	X			9	7		
LAMICTAL	X			4*	4*		
NEURONTIN	X	X	X	9	9	X (2 nd line)	**
TOPAMAX	X			9	6	X (2 nd line)	
TRILEPTAL	X			5	5		