



MaineCare Services
An Office of the
Department of Health and Human Services

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To: MaineCare Providers
From: Jennifer Palow, Pharmacy Division Director
Date: December 29, 2010
Re: PDL Updates Effective: January 1st, 2011

The following medications are non-preferred and will require prior authorization:

| | | |
|---------------------|--------------------|---------------------|
| Avodart | Jalyn | Solaraze Gel |
| Boniva | Lovenox 300 | Tracleer |
| Clearlax Pow | Omnitrope | Tribenzor |
| Cymbalta | Oravig | Vimovo |
| Enablex | Renagel 800 | Zyclara |
| Hyzaar | Savella | |

The following medications will be preferred and will not require prior authorization:

| | |
|--------------------|---------------------|
| Aggrenox | Losartan |
| Aricept ODT | Losartan HCT |
| Daytrana | Maxalt MLT |
| Dulera | Norditropin |
| Kombiglyze | Renvela |
| Lescol XL | |

The following are miscellaneous PDL changes/clarifications:

Savella- Will be non-preferred and have the following criteria:

Fibromyalgia diagnosis and trial of a preferred generic (amitriptyline or cyclobenzaprine, and gabapentin) and Cymbalta prior to approval.

Cymbalta- Will be non-preferred but current users will be grandfathered and the following criteria will be for fibromyalgia diagnosis:

1. *Fibromyalgia diagnosis- prior use and failure of preferred generics (amitriptyline or cyclobenzaprine) and gabapentin prior to approval.*
2. *Max daily dose 60mg and 1 capsule per day for all strengths.*
3. *Established users are grandfathered*

Tracleer- Will be non-preferred and have the following criteria:

1. *Prior trial of Letaris, WHO Group 1 diagnosis of PAH (Primary Pulmonary Hypertension) and NYHA functional class of 3.*
2. *For members with NYHA functional class of 4, Tracleer approval will be allowed with confirmation of diagnosis and functional class.*

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