



**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:** October 1, 2010  
**Re:** MaineCare 15 Day Initial Script Limit

In the summer of 2009, MaineCare introduced a fifteen day initial prescription supply limit. The program covers various medications that have been identified with high side effect profiles, high discontinuation rates, or frequent dose adjustments.

The medications selected for this program will be maintained on the [www.mainearepdl.org](http://www.mainearepdl.org) web site. Please see the site for an updated list of the fifteen day initial script.

If you have questions you may contact Goold Health Systems at 1-888-445-0497.

**15 Day Limits Drug List**

The following medications require initial prescriptions limits of 15 days.

Drug Name	Package Size	Effective Date
Suboxone		8/6/09
Subutex		8/6/09
Chantix		8/6/09
Nicotine replacement products		8/6/09
Bethanechol		9/11/09
Detrol		9/11/09
Flavoxate		9/11/09
Oxybutynin		9/11/09
Sanctura		9/11/09
Urispas		9/11/09
Vesicare		9/11/09
Detrol LA		9/11/09
Ditropan XL		9/11/09
Enablex		9/11/09
Oxytrol		9/11/09
Toviaz		9/11/09
Opana		9/11/09
Oxycodone		9/11/09
Avinza		9/11/09
Duragesic		9/11/09
Fentanyl		9/11/09
Kadian		9/11/09
Methadone		9/11/09
Morphine sulfate		9/11/09

Drug Name	Package Size	Effective Date
Exelon		10/29/10
Namenda		10/29/10
Aricept		10/29/10
Razadyne		10/29/10
Galantamine		10/29/10
Razadyne ER		10/29/10
Androgel		10/29/10
Androderm		10/29/10
Banzel		10/29/10
Hepsera		10/29/10
Baraclude		10/29/10
Vimpat		10/29/10
Creon		10/29/10
Zenpep		10/29/10
Pancreaze		10/29/10
Pancreatic Enzymes All		10/29/10
Tyzeka		10/29/10
Fanapt		10/29/10
Saphris		10/29/10
Enbrel		10/29/10
Intuniv		10/29/10
Letairis		10/29/10
Tracleer		10/29/10
Revatio		10/29/10

Opana ER		9/11/09
Oramorph		9/11/09
Oxycontin		9/11/09
Cymbalta		10/02/09
Effexor		10/02/09
Effexor XR		10/02/09
Lexapro		10/02/09
Luvox CR		10/02/09
Paxil CR		10/02/09
paroxetine ER		10/02/09
Pristiq		10/02/09
Abilify		10/02/09
Geodon		10/02/09
Invega		10/02/09
Risperdal		10/02/09
risperidone		10/02/09
Seroquel		10/02/09
Seroquel XR		10/02/09
Zyprexa		10/02/09
Adderall		10/02/09
Concerta		10/02/09
dextroamphetamine		10/02/09
Dextrostat		10/02/09
Focalin		10/02/09
Focalin XR		10/02/09
Metadate		10/02/09
Methylin		10/02/09
methylphenidate		10/02/09
Provigil		10/02/09
Ritalin		10/02/09
Ritalin LA		10/02/09
Vyvanse		10/02/09
Strattera		10/02/09
Cafcit		10/02/09
Ultram ER		10/02/09
Equetro		10/02/09

Adcirca			10/29/10
Sandostatin			10/29/10
Immune Globulins All			10/29/10
Imitrex Injections			10/29/10
Actimmune			10/29/10
Zemlar			10/29/10
Sensipar			10/29/10
Niaspan ER			10/29/10
Relistor			10/29/10
Lumigan	2.5		10/29/10
Travatan, z	2.5		10/29/10
Xalatan	2.5		10/29/10
Alphagan P SOL 0.1%	ONLY 5ml INITIALLY		10/29/10