



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 1, 2010
Re: PDL Updates Effective: December 3, 2010

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

Felodipine
Lodosyn
Piroxicam Caps
Urecholine

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

Bethanechol 25mg & 50mg	Pramipexole
Lessina-28 tabs	Silver Sulfadiazine Cream
Losartan	SSD AF Cream
Losartan / HCT	

The following are miscellaneous PDL changes/clarifications:

Chantix- Criteria clarification that members under 18 years of age require a prior authorization. Product labeling does not have an indication for under the age of 18.

Zovirax Ointment- Approvals will be limited to one tube per 180 days.

Products removed from PDL because they are no longer available from the manufacturer:

Ansaid	Iplex
Augmentin ES 600 SSR	Ogen
Calomist Nasal Spray	Synalar
Cefzil	Toradol
Decadron	Zone-A Forte Lotion
Demulen 1/35-21 Tabs	