



Department of Health and Human Services  
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**To:** MaineCare Providers  
**From:** Jennifer Palow, Pharmacy Division Director  
**Date:** July 15, 2011  
**Re:** Amended - PDL Updates Effective: 7/22/11

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

Axiron	Omeprazole 10mg (20mg remains preferred)
Betamethasone Clotrimazole	Safyral
Daliresp	Venlafaxine Tabs
Edarbi	Venlafaxine ER Tabs
Latuda	Zymaxid

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

Delica Lancets  
Donepezil Hydrochloride Tabs & ODT  
Lotrisone  
Proventil HFA  
Tretinoin Gel  
Venlafaxine ER Caps

**The following are miscellaneous PDL changes/clarifications:**

Viramune XR- is considered a line extension and is being added as non-preferred on the PDL.

Makena- is the new hydroxyprogesterone product on the market. This product will be non-preferred and the Department will only cover compounded versions of this product.

Denavir- will now have dosing limits of 2gms per month.

Xalatan- generic lantanoprost pricing remains less competitive than the Brand form Xalatan and will be positioned on the PDL a step behind Xalatan.