



Maine Department of Human Services

## Preferred Drug List (PDL) Business Rules

### \*\*\*PDL Implementation Schedule Clarification\*\*\*

The PDL goes into effect on July 1, 2003 for many drugs. However, in an effort to moderate the process, the PDL will only initially affect new prescriptions written after July 1. **There will be a three-month grace period, during which refills of many non-preferred drugs already on file at the pharmacy will be honored without prior authorization.** This will not apply to either existing PA restrictions or preferred generic versus non-preferred brands or vice-versa. In the "Start Date" column, the PDL indicates the categories for which the grace period (new prescriptions and refill implementation dates) applies.

### Step Care

We are dealing with a more extended spectrum of preferred/non-preferred drug products. Some preferred products are more favored than others. Likewise, some non-preferred products are more favored than others. Thus, we have included a step order to distinguish these preferences.

### Start Date

The start date indicates when the particular category of drug products is active on the PDL. Individual products with unique start dates are indicated. It also indicates the PDL implementation grace period (dates in which new prescriptions and refills are affected).

### Drug Names

This list is a general view of the detailed drug list. We mention drug name and, in most cases, include the various formulations—exceptions will be listed. If you have questions, please call our pharmacy/provider PA help desk (1-888-445-0497).

Eventually there will be a version of the PDL that includes the combined restrictions (old and new PA's, dosage/strength, and quantity limits). The attached list includes the new drug products to be implemented. The upcoming version will show all drug products on one list, which will be available on the internet at [www.ghsinc.com](http://www.ghsinc.com).

### General Business Rules

*Preferred drugs without step order numbers:*

- These drugs do not need to be used in any particular order and do not require a prior authorization (PA).

*Preferred drugs with step order numbers:*

- Prescribe in step order to avoid a PA

If you know that a patient recently failed on these preferred step order drugs paid for by MaineCare (i.e. the patient's profile is in the State pharmacy system), you may prescribe a drug at the next step (generally a one month trial).

*Non-preferred drugs without step order numbers:*

- Submit a PA for any drug in that class

*Non-preferred drugs with step order numbers:*

- Prescribe in step order or be ready to show the medical necessity in the PA form to skip the lower-ranked non-preferred drugs

Comments

Comments may be included for a particular category of drug products. These are included to the right of the preferred/non-preferred list. Comments with a number or asterisk correspond to a particular (footnoted) drug in the preferred/non-preferred list. General comments are unnumbered and pertain to the entire category.

*Calcium Channel Blockers*

There were significant differences in prices even among the generics. The State has designated specific manufacturers products as preferred. The easiest approach is to write the script as generically as possible and let the pharmacy worry about supplying one of the top-ranked step care long acting diltiazems or verapamils. We suggest writing these prescriptions as generally as possible ("Cardizem LA", "diltiazem 24-hour" or "verapamil 24-hour").

Diagnosis Codes

If a preferred drug previously needed a diagnosis code, it will still need one unless otherwise indicated. Non-preferred drugs require a PA and the diagnosis code requirements will be included in the PA criteria unless otherwise indicated.

PA Forms

All forms will be posted on our website ([www.ghsinc.com](http://www.ghsinc.com)).

New PA Forms	Instructions
Brand vs. Generic	Use when you want to prescribe a non-preferred Brand drug in the place of a preferred generic (to pharmacists, previously known as a DAW1 override).
Misc/Non-Preferred	Use when seeking non-preferred drugs that do not involve the Brand versus generic issue described above. We expect that the Misc/Non-Preferred form can be used for 90% of submitted PA requests.

The following table lists the PA forms being used up to this date.

Old PA Form Type	Continue Use?		Comment
	Yes	No	
Acute Migraine	✓		Preferred triptans can be prescribed up to quantity limit without PA.
Antifungals	✓		Form will be updated.
Beta Blockers/CCBs		✓	Use Misc/Non-Preferred PA form.
Botox	✓		
Cox II Inhibitor Flowchart	✓		May be revised at the end of summer 2003.
Cox II Inhibitors	✓		May be revised at the end of summer 2003.
Dosage/Strength	✓		
Enbrel/Remicade	✓		Form will be updated for Humira.
EPO PA	✓		Form will be updated.
Growth Hormone	✓		Form will be updated.
H2 Blockers – Proton Pump Inhibitors		✓	Use the Misc/Non-Preferred PA form.
Initial Weight Loss		✓	This drug class is no longer covered.
Weight Loss – First Renewal		✓	This drug class is no longer covered.
Maintenance Weight Loss		✓	This drug class is no longer covered.
Miscellaneous Drugs		✓	Use the Misc/Non-Preferred PA form.
Narcotics	✓		Form will be updated.
Non Sedating Antihistamines	✓		Form will be updated.
NSAIDS		✓	Use the Misc/Non- Preferred PA form
Provigil	✓		Form will be updated.
Sedative Hypnotics	✓		Form will be updated.
Synagis and Respigam	✓		
Synvisc	✓		
Viagra.	✓		
Zyvox	✓		

All PA's approved prior to July 1, 2003 will remain valid after July 1 under the new PDL except for Weight Loss Drugs and the EPO PA.

Pain Management

*Opioid Conversion*

Convert all opiates to Oral Morphine Sulfate (OMS) Equivalents

Total OMS for 24 hours determines total need for purposes of conversions or increases

*Opioid Conversion Table*

Opioid	Unit Drug	Unit OMS
Codeine	15	1
Hydrocodone	1	1
Morphine —po	1	1
—parenteral	1	3
Oxycodone	1	2
Hydromorphone —po	1	4
—parenteral	1	20
Meperidine —po	10	1
—parenteral	5	1
Methadone	1	5
Fentanyl patch mcg/hr	1	2

Revised: June 13, 2003