



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

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To: MaineCare Providers
From: Jennifer Palow, Pharmacy Unit Manager
Date: June 24th 2010
Re: Pancreatic Insufficiency Medications

Effective July 23rd 2010, the MaineCare Pharmacy Program will **DISCONTINUE** covering the products below. The Food and Drug Administration (FDA) has determined that these are unapproved new drugs within the meaning of Section 201(p) of the Federal Food, Drug, and Cosmetic Act, subject to enforcement action, and cannot be marketed without appropriate FDA approval. According to the FDA, these products do not have approved applications; therefore, the Center for Medicare and Medicaid Services (CMS) has determined that certain National Drug Codes (NDC) do not meet the definition of a covered outpatient drug as defined in Section 1972(k) of the Social Security Act and are subsequently no longer eligible for inclusion in the rebate program. The Pancreatic Insufficiency medications listed below will be removed from the MaineCare PDL and considered non-covered.

NDC	PRODUCT NAME
00032-1205	CREON5CAPSULES
00032-1210	CREON10CAPSULES
00032-1220	CREON20CAPSULES
00091-4175	KUTRASE CAPSULES RX
10267-2737	PANCRELIPASE 8,000 TABLETS
39822-9045	PANCRELIPASE 4,500
39822-9100	PANCRELIPASE 10,000
39822-9160	PANCRELIPASE 16,000
39822-9200	PANCRELIPASE 20,000
58177-0028	PANGESTYME MT 16 CAPSULES
58177-0029	PANGESTYME CN 10 (PANCRELIPASE) DELAYED RELEASE CAP
58177-0030	PANGESTYME CN 20 (PANCRELIPASE) DELAYED RELEASE CAP
58177-0031	PANGESTYME EC CAPSULES
58177-0048	PANGESTYME UL 12 CAPSULES
58177-0049	PANGESTYME UL 18 CAPSULES
58177-0050	PANGESTYME UL 20 CAPSULES
58177-0416	PLARETASE
58914-0002	ULTRASE MT 12
58914-0004	ULTRASE MT 20
58914-0018	ULTRASE MT18
58914-0045	ULTRASE MS 4
58914-0111	VIKASE
58914-0115	VIKASE 8OZ POWDER
58914-0116	VIKASE 16000

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59767-0001	PANCRECARB MS-8
59767-0002	PANCRECARB MS-4
59767-0003	PANCRECARB MS-16
00045-0341	PANCREASE/MT (r) PANCRELIPASE CAPSULES
00045-0342	PANCREASE/MT (R) PANCRELIPASE CAPSULES
00045-0343	PANCREASE/MT (R) PANCRELIPASE CAPSULES
00045-0346	PANCREASE MT 20

The following Exocrine Pancreatic Insufficiency medications listed below are still **COVERED** and will be **PREFERRED** through the MaineCare Pharmacy Program at this time.

CREON 6000	ZENPEP 5000
CREON 12000	ZENPEP 10000
CREON 24000	ZENPEP 15000
	ZENPEP 20000

ORALYTE AND OTHER ELECTROLYTE REPLACEMENT PRODUCTS:

Effective July 23rd 2010, the MaineCare **Pharmacy** Program will **DISCONTINUE** covering the products listed below. The Center for Medicare and Medicaid Services (CMS) has determined that these are not to be considered as outpatient covered drugs for the purposes of Medicaid or rebate.

NDC	PRODUCT NAME
00536-0004	ORALYTE SOLUTION UNFLAVORED
00536-0935	ORALYTE SOLUTION-FRUIT FLAVOR
00536-0936	ORALYTE SOLUTION-BUBBLE GUM
00536-1385	ORALYTE SOL-GRAPE 33 OZ
00536 1395	ORAL FREE POPS 1.2OZ 16
24385 0096	PEDIATRIC ELECTROLYTE
24385 0100	PEDIATRIC ELECTROLYTE UNFLAVORED
24385 0101	PEDIATRIC ELECTROLYTE BUBBLE GUM FLAVOR (8X32)
24385 0103	PEDIATRIC ELECTROLYTE GRAPE
24385 0216	GNP PEDIATRIC ELECTROLYTE APPLE 4PK
24385 0391	GNP PEDIA STRIPS GRAPE
37205 0220	PEDIATRIC ELECTROLYTE FRUIT
37205 0221	PEDIATRIC ELECTROLYTE GRPE
37205 0222	PEDIATRIC ELECTROLYTE UNFLAVOR
37205 0963	PED ELECTROLYTE FRZP
49348 0161	VR PEDIATRIC ELECTROLYTE GRAPE
49348 0570	PEDIATRIC ELECTROLYTE, UNFLAVORED
49348 0571	PEDIATRIC ELECTROLYTE, FLAVORED
49348 0880	PEDIATRIC ELECTROLYTE BUBBLE GUM FLAVORED
49614 0222	PED ELECTOLYTE FRUIT 1 LITER
49614 0223	PED ELECTROLYTE GRAPE 1 LITER
63868 0007	PEDIATRIC ELECTROLYTE GRAPE