POLICY OF STATE OF DELAWARE DEPARTMENT OF CORRECTION	POLICY NUMBER D-01	PAGE NUMBER 1 of 24 Plus attachments
	RELATED NCCHC and ACA STANDARDS: D-01 (Essential); D-02 (Essential 4-4409. 4-4410, 4-4413, 4-4378, 4-4379	
CHAPTER: 11 BUREAU OF CORRECTIONAL HEALTHCARE SERVICES	**SUBJECT: Pharmaceutical Operations and Medication Management**	
EFFECTIVE DATE: 11/14/07	**REVISED:** 4/13/09; 4/23/10; 8/21/13; 8/29/2016	

I. AUTHORITY: Bureau of Correctional Healthcare Services (BCHS)

II. PURPOSE: To establish guidelines for the prescribing, management, and distribution of controlled substances, prescribed medications and over-the-counter (OTC) medications in all Delaware Department of Correction (DDOC) facilities.

III. APPLICABILITY: All DDOC employees and Contract Provider staff, offenders and any outside healthcare provider servicing DDOC offenders.

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V. DEFINITIONS: See Glossary

VI. SUMMARY OF CHANGES:

A. This policy has significantly changed and shall be reviewed in its entirety. This policy incorporates the following policies which are hereby rescinded; 11-C-05, *Medical Administration Training;* 11-D-02 *Medication Management*; 11-D-02.1 *Prescribing Authority and Stop Dates;* 11-D-2.2 *Transcription of Medication and Telephone Orders;* 11-D-2.3 *Medication Administration Record;* 11-D-2.4 *Medication Errors;* 11-D-2.5 *Psychotropic Medication;* 11-D-2.6 *Monitoring Psychotropic Medications,* 11-D-2.7 *Crushed Medications*

B. This policy references the DDOC Electronic Health Record (iCHRT) for medication inventory control when the module is implemented and Medication Administration Record documentation.

C. Standardizes the Medication Administration process across facilities by defining four time-periods that medications are administered.

D. Adds the Prescriber Registration requirement and obtaining reports through the Delaware Prescription Monitoring Program (PMP) *Rx Sentry*.

E. Specifically excludes medical marijuana in accordance with 16 Del. C. § 4904A (Limitations).

F. Restricts the use of Keep-on-Person (KOP) medication orders.

VII. POLICY:

A. It is the policy of DDOC that prescription medications are prescribed by credentialed Physicians, Psychiatrists, Dentists,Advance Nurse Practitioners or Physician Assistants licensed in the state of Delaware to prescribe medication and privileged to prescribe in DDOC facilities.

B. It is the policy of the DDOC that pharmaceutical services shall provide medications to offenders in accordance with current state law, Delaware Controlled Substance Registration (CSR), and Drug Enforcement Administration (DEA) regulations and shall provide for strict control and accountability of medications prescribed for offenders of DDOC facilities.

1. The DDOC medication formulary generally follows the Delaware Medical Assistance (DMAP) Preferred Drug List (PDL) with some additional medications not on the PDL and requiring review by the Contract Medical Provider's Chief Medical Officer before approval.

C. It is the policy of DDOC that all prescription and over-the-counter (OTC) medications administered by nursing shall be documented on the Medication Administration Record (MAR) in iCHRT.

D. It is the policy of DDOC that medication errors are identified and tracked through the 11-A-10.2 *Adverse Clinical or Near-Miss Event Review* policy.

E. The Contract Medical Provider shall develop within 30 days of the effective date of this policy, a site-specific procedure for each Level 4 and Level 5 facility implementing this policy, including a plan consistent with the facility Continuity of Operations Plan in case of a power or computer-server outage and coordinating the procedure with BCHS.

VIII. PROCEDURES:

A. Prescriptive Authority and Practices

1. Medications shall be prescribed only by providers; Physicians, Dentists, Advance Practice Nurse Practitioners, and Physician Assistants, privileged to work in DDOC facilities in accordance with BCHS policy 11-C-01, *Credentials, Privileging and Peer Review of Healthcare Providers*.

a. Medications prescribed by outside consultants shall be considered a recommendation with the final decision made by the privileged Contract Provider prescriber. The treating DDOC privileged provider may change the medication/treatment recommendation of the outside consultant when in his/her professional opinion the change is in the best interest of the offender; the recommendation poses undue harm or risk in a correctional setting or reflects the progression of the disease or healing process. When the recommendation of the outside consultant is changed the Contract Provider must document in iCHRT the reason for the change and an alternative to the recommendation shall be prescribed.

b. Experienced Advanced Practice Nurse Practitioners have prescribing authority and may prescribe independently.

i. Recent graduates of an Advance Nurse Practitioner program must have a

Collaborative Agreement with a physician, usually the site Medical Director where they work, until such time as they have completed the supervision requirement under the Collaborative Agreement. During this time of supervision the Nurse Practitioner will be granted Provisional Privileges and shall be re-evaluated by the BCHS Credentials Committee to be considered for full privileges. Physician Assistants and Pharmacists (when applicable) shall have a defined clinical supervisor, usually the site Medical Director.

c. A physician assistant or nurse practitioner granted Provisional Privileges to work in DDOC facilities may order medications only upon authorization of a supervising physician under the terms and conditions of a Collaborative Agreement. Each supervising physician, physician assistant or nurse practitioner granted Provisional Privileges, with approval of the DDOC Medical Director, shall sign such agreement which at a minimum shall contain:

Purpose;
Name of supervising physician;
Physician assistant or nurse practitioner scope of practice;
Requirements for physician consultation; and
Monitoring plan of prescriptive practices including quarterly review of randomly selected records by supervising physician

d. Psychotropic medicines are available and shall be prescribed by a psychiatrist or psychiatric nurse practitioner.

2. Medications shall be prescribed for clinical reasons only in accordance with accepted standards of medicine. Medications shall not be prescribed for disciplinary purposes.

a. The DDOC medication formulary generally follows the Delaware Medical Assistance (DMAP) Preferred Drug List (PDL) with some medications requiring review by the Contract Medical Provider's Chief Medical Officer before approval. In addition, some items on the DDOC medication formulary reflect the need for increased monitoring or restricted access in the Correction environment.

(Attachment A)

i. The DDOC Formulary shall be an agenda item of the quarterly Pharmacy and Therapeutics (P&T) Committee.

3. A medication order, either new or a renewal, shall not be entered into iCHRT until a Progress Note, Office Encounter, or Chronic Care Clinic Note is annotated to explain the circumstances for the order. The iCHRT does not allow a provider to close the order screen unless the accompanying progress note is completed.
4. Prescribers shall enter all medical orders, including prescriptions into iCHRT. The previous process of writing the order on a paper chart and having the nurses transcribe the orders from paper to iCHRT is prohibited except in the case of a verbal bridge-order or emergency night or weekend order when the DDOC Virtual Private Network (VPN) cannot be used.
    a. VPN access to iCHRT is granted to privileged providers in order to minimize verbal orders, to enter orders into iCHRT during off-hours when necessary.
5. Verbal orders shall be received only by the Charge Nurse RN during night and weekend hours and in very limited circumstances such as a new Infirmary Admission following a return from an Emergency Room visit, an admission 3-day bridge-order from Intake Screening or orders involving a drug or alcohol withdrawal protocol. The Charge Nurse RN receiving the verbal order during nights or weekends shall enter the order into iCHRT and annotated with the "Verbal Order" radio-button. Verbal orders shall not be used for routine orders. Prescribers are expected to complete their routine orders before leaving the facility for the day.
    a. The admission 3-day verbal bridge-order shall be limited to three days of medication, or the smallest package-size available, needed only until the site Medical Director or their designee can review the verbal order and determine if the order should be extended as a chronic medication and the offender enrolled in a Chronic Care Clinic. The site Medical Director or his/her designee shall counter-

sign the verbal order on the next business day.

b. There are no renewals allowed on 3-day bridge-orders. A privileged provider shall input new orders into iCHRT if the medications should be continued.

6. All medication orders shall include the name of the medication, dosage of medication, administration manner (Nurse Administered, Crushed, KOP, PRN, TRC, or Discharge Medicines), frequency, and duration of therapy in iCHRT through the iCHRT Order-Entry Module. iCHRT designates the time/date of the order automatically along with the prescriber's name and National Provider Identifier (NPI) number.

   a. KOP medicines shall be accurately prescribed in iCHRT, merely adding KOP or Discharge Medicine in the "Sig"-line is not acceptable.

   b. Registered Nurses performing Nurse Sick Call duties distributing over-the-counter medications shall document in iCHRT the over-the-counter (OTC) items given with a "profile" annotation so that iCHRT will document these items to the iCHRT MAR.

   c. Prescriptions for Schedule II Controlled Substances and prescriptions for non-Controlled Substances being sent to back-up pharmacies shall have a tamper-proof hard copy of the prescription printed from iCHRT, signed by the prescriber and sent to the Contract Pharmaceutical Provider through the daily delivery system. Prescriptions for Schedule III through Schedule V Controlled Substances shall have a tamper-proof hard copy of the prescription printed from iCHRT, signed by the prescriber and may be faxed to the Contract Pharmaceutical Provider.

      i. The site-specific procedure shall outline the process of ordering and securing the tamper-proof prescription blanks until needed and an accountable sign-out process for the prescription blanks.

7. All prescribers of Controlled Substances shall be registered in the Delaware Prescription Monitoring Program (PMP) *Sentry Rx*. *Sentry Rx* is a resource for documenting an offender's need for Controlled Substances upon their release to community providers.

Delaware law requires that before writing a prescription for a controlled substance listed in Schedule II through V for a patient, prescribers shall obtain a patient utilization report for the preceding 12 months from *Sentry Rx*. As iCHRT documents those offenders prescribed controlled substances within the DDOC, providers shall query the *Sentry Rx* only for those offenders who are being prescribed Controlled Substances for the first time during the current incarceration and stating they have been prescribed controlled substances prior to incarceration. Documentation of the *Sentry Rx* query prior to the first prescription of a controlled substance shall be included in the note associated with the prescription in iCHRT.

8. There shall be an automatic termination of all OTC and prescription medications.
    a. Schedule II controlled substances may be prescribed for 30 days without refills; Schedule III, IV, V controlled substances and non-controlled medicines shall be reviewed by the prescribing physician, physician assistant or nurse practitioner every 90 days and shall be automatically stopped unless renewed. Medications ordered for offenders enrolled in chronic care clinic, including psychotropic medications, shall be renewed every 90 days, if necessary for continued treatment.
    b. The facility site-specific procedure shall include a provision for monitoring psychotropic medications and medications prescribed for a chronic health problem and the expiration dates of these prescriptions to prevent lapse of renewals and interruption of services.
    c. Medications prescribed during Nurse Sick Call and all OTC medications except for aspirin prescribed for cardiac conditions may be prescribed for a maximum of 30 days and may not be refilled without being registered in a Chronic Care Clinic.
    d. Renewals or refills for "PRN" (as needed) medications shall not be ordered until the active order card of medications has been used, i.e. there are four (4) pills remaining on the current active card as long as the remaining medication has not

passed the expiration date.

B. Medication Procurement

1. Formulary

a. The DDOC medication formulary follows the Delaware Medical Assistance (DMAP) Preferred Drug List (PDL) with some medications requiring review by the Contract Medical Provider's Chief Medical Officer before being filled by the Contract Pharmacy Provider. In addition, some items on the DDOC medication formulary reflect the need for increased monitoring or restricted access in the Correction environment. (Attachment A)

i. The Medical Services Contract Provider's site-specific procedure shall include an approval process for prescribers to submit a request for a non-formulary medication to their Chief Medical Officer and notifying the Pharmaceutical Services Contract Provider when the request is approved.

b. Medical marijuana is not available in DDOC facilities in accordance with 16 Del. C. § 4904A (Limitations)

2. All medications shall be procured through the Contract Pharmaceutical Provider by placing the order into iCHRT.

3. Medications shall be packaged in offender-specific prescription fills except for items that are packaged in multi-dose packaging such as insulins, beta-agonists used in nebulizer treatments, as needed (PRN) over-the-counter (OTC) pain medications and finger-stick glucometer test strips.

C. Medication Administration (Med-Pass) & Medication Administration Record (MAR)

1. To minimize any conflicts between offender movements and med-pass operations the HSA at each facility will coordinate with security four generic time-periods, i.e. "Early Morning", Early Afternoon", "Late Afternoon", and "Night" when once daily (QD), twice daily (BID), three times daily (TID), four times daily (QID) or bedtime (HS) medications may be administered. The iCHRT drop-down menu includes the choices; QD, BID, TID,

QID, AC, HS, Weekly and Monthly. The med-pass schedule that corresponds to these four time-periods shall be included in the site-specific procedures for the site.

a. At the end of the Med-Pass Rounds the nurse shall review the Missed Medication Report for the shift and make every attempt to administer any doses to offenders on the report who were not available, e.g. work, programming, court, etc.

2. Prescribed medication shall be administered through one of the following methods:

a. Nurse Administered, the dose by dose administering of medications from a nurse to a patient with documentation onto the iCHRT Medication Administration Record.

i. Staging (pre-pouring) of medications is not an acceptable nursing practice and is prohibited. This practice can easily lead to administering the medication incorrectly or be administered to the incorrect patient.

b. Crushed, a Nurse Administered dosage of a medication with abuse potential that is crushed and floated on water to ensure the medication cannot be "cheeked" and spit out by the offender. However, all medications may be crushed unless they are on the list that the manufacturer recommends not to be crushed. (Attachment B)

i. Pre-crushing doses of medication is unsafe and wasteful and the practice is prohibited. Pre-crushing doses of medication doses destroys the ability to positively identify that dose prior to administering to a patient. When a prescriber orders the medication to be crushed, the crushing shall occur only after the offender is shown the medication and immediately crushed, floated and dispensed to the offender.

ii. Direct Observation, the following medications shall be Nurse Administered with Direct Observation;

- all Controlled Substances or medications that are commonly abused, e.g. clonidine,
- specifically designated medications such as anti-tubercular antibiotics,

- hepatitis C antivirals,
- all psychotropic medications,
- those specifically ordered by the provider,
- and those prescribed to offenders with a history of treatment non-compliance.

iii. With the exception of medications that are ordered as nurse administered direct observation medications and medications provided to offenders in certain housing areas such as the Structured Care Units, Restrictive Housing, etc. delivery of medications shall be housing-area specific, e.g. via a pill line versus med-pass at the individual cell-side administration to be outlined in the facility site specific procedures.

c. Keep on Person (KOP), self-administered medications. KOP medications dispensed shall be annotated on the iCHRT MAR. When distributing KOP medications, the nurse shall annotate the number of pills or inhalers in iCHRT and have the offender sign a receipt for the medication acknowledging his/her understanding of the appropriate usage and amount.

i. KOP and PRN medications may not be renewed until the medication card shows they are down to the last three days of medications.

ii. Empty KOP cards shall be returned to the med-pass nurse prior to dispensing a new refill card and the return will be documented in iCHRT.

iii. Medications that may not be ordered as KOP and shall be Nurse Administered only include;

All injectable medications including insulins,
Controlled Substances
Psychotropic medications and gabapentin
Antibiotics and antivirals
Anti-seizure medications
Pulmonary medications
Musculoskeletal relaxants
Antibiotics for acne
In addition, all as-needed (PRN) drugs prescribed as detoxification medications such as Ativan (lorazepam), Librium (chlordiazepoxide), Catapres (clonidine), Klonopin (clonazepam) and oral Vivitrol (naltrexone)

and these shall be "profiled" on ordering.

d. Treatment Review Committee (TRC) approved Non-Emergency Forced Medication, are forcibly administered injectable medications as defined in the BCHS policy 11-I-2.1, *Non-Emergency Involuntary Medication Administration*. Non-Emergency Forced Medication are administered only after an offender is offered the medication in the oral form and refuses to take the medication.

e. Nurse Sick Call Registered Nurses giving OTC items or medications in accordance with the approved nurse protocols to offenders shall document what was given in iCHRT with a "profile" annotation so that iCHRT will add these medications to the MAR.

3. All medications shall be administered only as directed by the prescribing Physician, Physician Assistant or Nurse Practitioner. A medicine administration route shall not be changed after the order has been delivered. If a deliver route is to be changed, the first order shall be stopped and another order changing the administration route shall be annotated with a "profile". This ensures the MAR documentation is accurate.

4. Every medication, i.e. KOP medications or Nurse Administered, shall be annotated in the offender's iCHRT MAR at the time of administration. The iCHRT shall not allow bulk processing of the Med-Pass administrations at the end of the Med-Pass process.

a. The site-specific procedures implementing this policy shall include a MAR documentation process Med-Pass plan consistent with the site Continuity of Operations Plan in case of a power or computer-server outage. After the loss of power or computer-server outage is resolved all documentation of paper orders or MARs shall be scanned into iCHRT.

5. Every medication administration encounter shall be documented in iCHRT as one of the following; Dose Given, Medical Hold, Refused Medication, or Self-Administered. Every dose of a medication that is not Dose Given shall have a reason annotated by the Med-Pass nurse documented in iCHRT. If one of the above is not applicable, the medication nurse will be required to enter a Progress Note in the patients' medical record

indicating the reason for the missed medication and any actions taken. KOP Administration must be captured using iCHRT using the Self-Administered action item, the KOP MAR will continued to used to capture the offenders signature until the IPad logic is updated to capture an electronic signature.

a. Medical Hold is a designation in the iCHRT MAR that indicates a situation such as a sliding scale order addressing a fingerstick blood sugar that calls for no insulin to be given or a blood pressure medication that was ordered to be held because of a low blood pressure.

b. Refusals shall have a signed Refusal Form annotated and scanned into iCHRT labeled "Med Refusal *and date*". If an offender refuses a medication, the Med-Pass nurse shall request the offender to sign a refusal form indicating the name of the medicine that was refused and for what reason. If the offender refuses to sign the refusal form the Med-Pass nurse shall request the Correctional Officer or another nurse to witness the refusal form.

   i. For purposes of this policy, a "refused" dose is defined as the offender was offered the medication at the designated time and place, but the offender declined to consume or otherwise accept the medication.

c. Missed dose definition

   i. If the prescriber designates the prescription as KOP, offenders in Level IV facilities, who participate in a work release program and are prescribed controlled or psychotropic medication during work hours, shall be authorized to self-administer the medication upon recommendation of the prescriber and at the discretion of the facility Warden. However, all reasonable efforts shall be made to prescribe medications to accommodate for the offenders work schedule and allow for nurse administration of these medications. When it is not possible to accommodate a work schedule and the individual medication dosages are administered as KOP dosages in iCHRT.

d. Offenders who have (a) missed or refused three consecutive doses of a prescribed medication, or (b) missed or refused prescribed medication on three consecutive days shall be scheduled for counseling with a provider. The counseling shall be documented by the provider in the offender's iCHRT record. If the counseling is performed by a mid-level provider and a history of non-adherence with a prescription regimen is noted, the offender shall be counseled by a physician or psychiatrist. If the offender continues to refuse or miss prescribed medication despite physician/psychiatrist counseling, the offender shall be asked to sign a release acknowledging that they have been counseled on the risk of not taking medications as prescribed by the provider. If the offender refuses to sign the release the provider performing the counseling will have another medical professional verify the counseling took place and the offender refuses to sign the refusal form.

i. During the Med-Pass process the Medication Administration screen in iCHRT allows five options for the nurse to annotate; Dose Given, Medical Hold, Refused, Not Due or Pending. At the end of each shift the HSA or designee shall obtain a "missed medicine report" and make every effort to have the next shift administer the "Pending" medications. This report will be signed by the Charge Nurse and forwarded to the HSA on the next business day for their signature. These "Missed Medicine" reports will be presented to BCHS at the next MAC Meeting.

5. If a notation is required on the MAR, e.g. the finger-stick blood sugar associated with a sliding scale insulin administration, these shall be annotated in iCHRT at the time of the insulin or medication administration. When a finger-stick blood sugar is ordered in combination with an insulin injection the injection shall occur within 30 minutes of the blood sugar determination.
6. Medications prescribed for one offender shall not be administered to another offender. If

an offender-specific prescription is not available the medication shall be administered from the stock medicines. If the medication is not on the stock medication list the on-site or on-call provider shall be contacted for instructions.

a. All sentenced offenders shall have offender-specific prescriptions ordered through the Contract Pharmaceutical Provider, except for chronic PRN OTC pain medicines.

b. Detentioners who are expected to be released within a short time, e.g. no later than two weeks, shall have their medicines ordered in 7-day quantities with refills. If the detentioner is not expected to be released on bail, e.g. because of the seriousness of the charges, etc. offender-specific 30-day prescriptions with refills may be ordered through the Contract Pharmaceutical Provider.

c. Offenders held on short-term Violations of Parole, e.g. no later than two weeks, shall have their medicines ordered in 7-day quantities with refills.

D. Medication Error Reporting

1. Every medication error shall be reported to the Director of Nursing and HSA to BCHS weekly, even if there are no errors to report. Errors are to be documented in accordance with BCHS policy 11-A-10.2 *Adverse Clinical or Near-Miss Event Review.*
2. If a wrong medication or dosage is administered, the nurse shall notify the on-site or on-call provider immediately. The nurse shall document the circumstances of the error, e.g. wrong medication, wrong offender, wrong dosage, the instructions given by the on-site or on-call provider and shall implement any orders received concerning the medication error, including offender assessment and monitoring. All nursing interventions shall be documented in iCHRT.
3. As a Peer-Review Protected document, the Medication Error Report is not filed in the offender's iCHRT, but is forwarded to the BCHS RNII as part of the Adverse Clinical or Near-Miss Event Review. Any error report document, or other document generated as a result of this policy is created for the purpose of analyzing and reviewing the delivery of

healthcare services. The function of an error report is to permit the review of medical records, medical care, and physicians' work, with a view to the quality of care and utilization of hospital resources, office visits, and trained medical staff. Accordingly, any document generated pursuant to this policy is intended to be confidential as set forth at 24 Del. C. § 1768.

E. Medication Transfer Between Facilities

1. When an offender is transferred between DDOC facilities their medications, including Controlled Substances, shall be transferred with them and the transfer of medications documented in the Transfer module of iCHRT. Medications of offenders shall not be reordered because of a transfer; the medications must be transferred with the offender.

F. Record Keeping and Inventory Control

1. When implemented, iCHRT shall be the medication inventory control for DDOC. In the future, audits of the medication inventory may be obtained through ad hoc reports from iCHRT by the Intake Screening RN. Accurate counts and inventories shall be maintained to enable prompt accountability by documenting the receipt, dispensing, nurse administration of medications, returns for credit and narcotic destruction. A verifying count shall be conducted and recorded quarterly of all KOP prescriptions, stock medications and OTC medications and forwarded to BCHS. Medications on an active order shall not be returned to the Contract Pharmaceutical Provider until the active order has been discontinued by a prescriber.
2. Controlled Substance Documentation
    a. Narcotic dispensing shall be documented in both the Narcotic "Red Book" and on the MAR in iCHRT. The Narcotic "Red Book" shall be a paste-bound, not spiral-bound, ledger with consecutively numbered pages. The Red Books shall be maintained for 5 years at the facility by the HSA.

b. With each shift change, the incoming and outgoing Charge Nurse shall count the Controlled Substances. Both nurses shall record the verified count as accurate by signing their full signature with the date and time. Signature stamps shall not be used. The verification shall have an actual signature.

3. Disposal of Controlled Substance

a. The licensed pharmacist shall dispose of all Controlled Substances when necessary, in the manner prescribed by the DEA in 21 CFR 1307.21 and in the presence of the Director of Nursing or Charge Nurse for that shift. Documentation of the disposal shall be documented in the bound Red Book and maintained onsite for a minimum of 5 years.

b. The pharmacist shall send a monthly Controlled Substance Destruction report to BCHS.

4. Non-Controlled Substance Prescription Inventory

a. A quarterly inventory shall be performed to ensure that what is being prescribed is available and returnable items are accounted for. Empty, unused or expired medication blister packs, inhalers or containers shall be returned to the Medication Room prior to issuing the refill or renewal. However, medications on an active order shall not be returned to the Contract Pharmaceutical Provider until the active order has been discontinued by a prescriber.

b. The facility site-specific procedure shall include a provision for monitoring KOP medicines compliance and the KOP medicines shall be periodically inventoried by each facility HSA or their designee to determine if the offender is taking the medicines as ordered. Medication Room staff shall document on the iCHRT KOP Medication Administration Record receipt of the returned packaging with the date, time and initials of the Medication Room staff. For items that cannot be quantified, such as asthma inhalers, the inventory shall annotate how often a new inhaler is issued. The inventory signed by the HSA shall be submitted to BCHS

during the MAC meeting and any discrepancies shall be reported at the monthly MAC meeting and meeting.

c. The facility site-specific procedure shall include a provision that the nurse administered medications stored in the Medication Room shall be inventoried on a monthly basis comparing the delivery receipts with what is physically available. The inventory signed by the HSA shall be submitted to BCHS during the MAC meeting and any discrepancies shall be reported at the monthly MAC meeting and meeting.

d. The facility site-specific procedure shall include a provision that the stock medicines shall be inventoried on a quarterly basis in relation to the facility Pharmaceutical Automatic Refill (PAR) levels. The inventory signed by the HSA shall be submitted to BCHS during the MAC meeting and any discrepancies shall be reported at the monthly MAC meeting and meeting.

e. The facility site-specific procedure shall include a provision that a sharps inventory of all items subject to abuse that are maintained in the Medication Room (syringes, needles, lancets, scissors, nail clippers and all other sharp instruments), shall be inventoried with each shift change. Any discrepancies shall be reported immediately to security and an Incident Report completed in the DACS system. The inventory signed by the HSA shall be submitted to BCHS during the MAC meeting and any discrepancies shall be reported at the monthly MAC meeting. Sharps must be stored separately from Controlled Substances.

G. Facility Drug Enforcement Agency and State of Delaware Controlled Substance Registration

1. Each Level 4 and Level 5 facility shall be registered to store and administer Controlled Substances to offenders. The Contract Medical and Pharmacy providers shall work together to maintain the currency of these registrations.

2. The Power of Attorney to order stock controlled substances shall be the facility Warden or designee.

H. Staffing

1. Each facility that maintains a Medication Room shall have oversight by a specific Registered Nurse. An LPN may not perform these duties, and staffed by an adequate number of trained staff in keeping with the size of the institution and scope of medical services provided.

I. Training

1. The Contract Pharmaceutical Provider shall develop and coordinate with the Contract Medical Provider and BCHS an educational program for the nurses and prescribers on relevant educational programs, including New Employee Orientation (NEO), Annual Refresher training, onsite in-services and outside continuing education programs.

    a. Medication Administration Training will include;

        i. information regarding medications commonly prescribed in each institution, including their actions and possible adverse actions,

        ii. security matters concerning the storage and administration such as checking for "cheeked" medications, mouth checks, crushing and floating medications in front of the offender so they know the medication they are receiving,

        iii. accountability for administering medications such as bar-code scanning, annotating the iCHRT Medication Administration Record, the Inventory Control Module of iCHRT and the procedures for returning medications for credit, how to process order changes if the medication is on-site, destruction of controlled substances and the KOP verification in iCHRT.

    b. All nursing staff performing pill line Med-Pass or KOP duties shall complete the Medication Room orientation prior to being scheduled for Medication Room duties. Orientation shall include, at a minimum, how to document Nurse Administered Medications and KOP dispensing in iCHRT, how to crush and float medications, how to complete a mouth check, knowledge of medications that require direct observations, obtaining Refusals Documentation and the process for

referring refusals to the prescriber, the process for missed dosage reconciliation, Narcotic Red Book documentation and count verification and ordering of refills of medications. The site HSA shall maintain all documentation on site for the orientation and annual training of Contract Provider staff. Orientation and training of DDOC employees is maintained by DDOC EDC.

c. All staff working in the Medication Room shall have additional orientation and annual training on access and key-control policies, maintaining the refrigeration temperature log, storage system for the different types of medications, e.g. external vs. internal use, etc., and inventory policies and site-specific procedures.

d. The educational plan and Lesson Plans shall be submitted to BCHS for approval.

J. Medication Room Operations

1. Medication Room Operations shall be under the direction of an RN. An LPN may not perform these duties.

a. Responsibilities of the Medication Room RN shall include;

i. Reconciling the daily deliveries from the Pharmacy Contract Provider,

ii. Stocking the medication carts for the LPNs assigned to Medication Administration,

iii. Receiving the Pharmacy Sick Call Requests for medication refills and ordering the refills through iCHRT,

iv. Maintain the Stock Medicines for expiration dates and reordering stock as needed, and

v. Documenting and sending the returns for credit to the Pharmacy Contract Provider.

2. Key control and accountability

a. Only assigned Medication Room staff and security shall have access to the keys for the Medication Room area.

b. Only an RN, usually the Charge Nurse, shall be assigned as the key control for the Controlled Substance box and shall maintain possession of the keys to access Schedule II, III, IV and V medications. A shift-to-shift hand off with "Red Book" count verification and signatures of the incoming and outgoing Charge Nurses performing the count verification documented in the Narcotic "Red Book" is required prior to the passing of the Controlled Substance box keys.

3. Equipment in the Medication Room shall include, at a minimum:

a. Adequate storage space to accommodate the different types of medications that shall be kept separate, e.g. external use medications vs. internal use medications vs. ophthalmic vs. otic vs. inhalation medications.

b. A refrigerator dedicated to and appropriately labeled for storage of medications and biological medications.

c. A system to monitor temperature control that meets Food and Drug Administration (FDA) standards. Medications are considered compromised and shall be discarded if temperature controls are not maintained over a 48 hour timeframe, unless stability can be verified through the manufacturer or published literature. The records of the temperature control documentation will be maintained by the HSA for a period of five years.

d. A double-locked storage box secured to either a wall of the floor, adequate in size to secure all Schedule II, III, IV and V narcotics, for narcotic storage.

i. A double-locked refrigerator for temperature-sensitive Controlled Substances such as Ativan for injection.

e. Adequate lighting and ventilation.

f. Current reference materials shall be available for Medication Room staff, specifically: (computer accessible or print version). iCHRT has direct links to the Physician Desk Reference (PDR), and Micromedex; additional reference texts may be maintained by the Contract Medical Provider.

K. Storage and Handling of Medications

1. All prescription and OTC medications shall be secured at all times until delivery to the individual offender.
2. Places where medications are stored shall be kept clean and dry. Environmental rounds, including documentation of the Medication Room area and refrigerators are required to be performed monthly by the Infection Control Nurse and reported by the HSA through the 11-B-01 *Infection Control Plan Policy* Infection Control Form during the Medical Advisory Committee (MAC) meeting.
3. All medication storage areas shall be locked except when access is needed to prepare or administer medications.
    a. Schedule II, III, IV and V medications shall be stored in a designated area secured by at least two separate solid locked doors in an area offenders have no access. When Controlled Substances require refrigeration, the medication shall be secured in a locked refrigerator or within a locked drawer within the refrigerator.
4. Medications that may cause significant adverse effects if used incorrectly shall be stored separately, e.g. external use medications vs. internal use medications vs. ophthalmic vs. otic vs. inhalation medications. Injectable medications shall be stored separately from all other medications.
5. All medications shall be stored at recommended temperatures.
    a. Ambient air temperature shall be monitored and recorded in all medication storage areas daily. All ambient room temperatures and medication refrigerators temperatures shall be recorded and displayed on a daily temperature log and forwarded to BCHS at the monthly MAC meetings. Variations in temperatures shall be documented and addressed; the correction shall be recorded on the log.
    b. Medications requiring room temperature storage shall be stored and maintained between 59 and 86 degrees Fahrenheit.
    c. Medications requiring refrigeration shall be stored between 35-46 degrees

Fahrenheit.

i. The site-specific procedures shall direct what to do if the refrigeration is out of range in order to keep the medications safe.

d. Medications requiring freezing temperatures shall be stored at or below 5 degrees Fahrenheit.

e. Refrigerators and freezers used to store medications shall not be used for any other purposes. Prescribed food supplements requiring refrigeration shall be stored in a separate refrigerator from the medications refrigerator. A site-specific procedure shall be in place to make portable coolers or frozen cooler bags available when medications requiring refrigeration are moved between locations in temperature conditions that might compromise the safety and integrity of the medication.

f. Disinfectants, detergents and other cleaning supplies shall be stored in their original containers only and separate from medications.

L. Pharmacy and Therapeutics (P&T) Committee

1. The BCHS Medical Director shall establish a P&T Committee that shall meet at least quarterly. At a minimum, membership shall include representation by the Contract Medical Provider State-wide Medical Director, the State-wide Psychiatrist and Contract Pharmaceutical Provider Pharmacists working in DDOC facilities. Additional personnel may attend as invited.

2. The committee's primary purpose shall be to:

a. Determine what drugs shall be available on the DDOC stock list to be available for emergency and night/weekend bridge-orders and determine what changes to the stock list should be made in response to nation-wide shortages and Drug Utilization Reviews (DURs);

b. Discuss and recommend if any drugs require restrictions (Nurse Administered vs. Keep on Person (KOP) medications vs. Crush and Float Medications, etc.);

c. Discuss and evaluate errors in prescribing, dispensing, and administering medications in the facilities;

d. Discuss and evaluate Adverse Drug Reactions that occur in the facilities;

e. Discuss, approve and review Drug Utilization Reviews (DURs) used in the facilities; review DUR data and track for trending over time; and

f. Discuss Quality Improvement measures, i.e. the Medication Room Inspections and Audits conducted by the pharmacists working in the DDOC facilities.

3. Minutes

a. Minutes shall be maintained by the BCHS staff and made available to all facility medical directors. P&T meeting minutes shall contain, at a minimum:

Date of meeting;
List of attendees;
Reading and acceptance of previous minutes;
BCHS Policy and site-specific procedures review and updates;
Review of past unresolved issues;
Inventory control activities, e.g. Returns for Credit and Narcotic Destruction;
Medication recalls and/or shortages;
Medication errors; adverse drug reactions and monitoring;
Quality improvement activities;
DUR reviews and new DUR proposals; and
Overall and specific pharmaceutical cost trends.

M. Poison Control and antidotes

1. An adequate and proper supply of antidotes and other emergency medication shall be available in areas where medications are dispensed and administered including the telephone number of the local poison control center which shall be displayed prominently in the Medication Room and readily available to all staff in the clinical areas.

Approval:

Marc Richman, Ph.D. **BCHS Bureau Chief,**	8/17/16 **Date**	**Robert Coupe** **Commissioner**	8/29/16 **Date**

Attachment A

DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP)
PREFERRED DRUG LIST (PDL) **Effective: 7/1/2016; Updated: 6/16/2016**

ACNE AGENTS, TOPICAL

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
clindamycin solution erythromycin solution erythromycin/benzoyl peroxide Azelex **Benzaclin with Pump** **Differin cream, lotion ▲** **Retin-A cream/gel**	adapalene adapalene gel/pump benzoyl peroxide cleanser, pad, towelette benzoyl peroxide gel clindamycin foam, gel, lotion, swab clindamycin/benzoyl peroxide erythromycin gel, swab sod. sulfacetamide sod. sulfacet ER cleanser sod. sulfacetamide/sulfur sod. sulfacet/sulfur 9.8-4.8% tretinoin cream/gel tretinoin micro gel 10-1 Acanya Acne Free Severe[NP] Aczone Advance Acne Wash OTC[NP] Akne-Mycin APOP Gel[NP] Atralin Avar Foam[NP] AvarPads[NP] Avar LS[NP] Benoxyl-CR[NP] Benoxyldoxy[NP] Benzaclin Benzepro Clarifoam EF Cleanse & Treat Clinac BPO Clindagel ▲ Delos Dermapak Plus Kit[NP] Duac Epiduo ▲ Epiduo Forte[NP] Evoclin Fabior 0.1%[NP] Garnmide Inova Klaron[NP] Myonsan[NP] Neuac[NP] Nuox Onexton[NP] OvacePlus Foam[NP] Plexion[NP] Retin-A Micro Retin-A Micro 0.08%[NP] SE BPO SSS-10[NP] Sumadan XLT Kit[NP] Tazorac Veltin Ziana	2 preferred medications are required before a non-preferred will be approved Class only covered up to 20 years old. Over 20 is considered cosmetic Medical necessity prior authorization forms available on the web at: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Medical_Necessity.pdf **Please note**: brand name drugs with a generic available are considered nonpreferred unless listed in bold. ▲– indicates that the manufacturer does not participate in all DMMA programs. [NP] indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

ALZHEIMER'S AGENTS

Clinical criteria apply to class. All agents require a prior authorization.

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
donepezil tablets **Exelon patch**	donepezil ODT* donepezil 23mg galantamine* / ER* memantine, dose pak memantine solution rivastigmine capsules* rivastigmine transdermal Aricept ODT ▲ Exelon solution* Namenda solution* Namenda tablets, dose pack Namenda XR Namzaric	2 preferred medications are required before a non-preferred will be approved Prior Authorization forms available on the web at: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Cholinesterase_Inhibitor.pdf **Please note**: brand name drugs with a generic available are considered nonpreferred unless listed in bold. ▲– indicates that the manufacturer does not participate in all DMMA programs. *– class is grandfathered, meaning clients currently receiving medication at implementation date may continue without prior authorization.

DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP)
PREFERRED DRUG LIST (PDL)

Effective: 7/1/2016; Updated: 6/16/2016

ANALGESICS, NARCOTIC LONG

Clinical criteria apply to class. All agents require a prior authorization.

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 4/1/15	Prior authorization is required	
fentanyl transdermal morphine ER tablets tramadol ER **Kadian**	fentanyl transdermal 37.5mg,62.5mg & 87.5mg hydromorphone ER morphine ER (Avinza)▲ morphine ER (Kadian) oxycodone ER oxycodone ER (gen. Oxycontin) oxymorphone ER tramadol ER (gen.ConZip) Belbuca▲ Butrans Duragesic Embeda Hysingla ER▲ Nucynta ER Zohydro ER▲	2 preferred medications are required before a non-preferred will be approved Prior Authorization forms available on the web at: http://www.dmap.state.de.us/information/paforms.html **Please note**: brand name drugs with a generic available are considered nonpreferred unless listed in bold. ▲– indicates that the manufacturer does not participate in all DMMA programs.

ANALGESICS, NARCOTIC SHORT

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/1/15	Prior authorization is required	
butalbital compound /codeine codeine codeine/APAP hydrocodone/APAP hydrocodone/ibuprofen hydromorphone tablets morphine tabs/soln oxycodone IR oxycodone/APAP pentazocine/APAP tramadol	butorphanol nasal cansoprodol compd dihydrocodeine/APAP / caffeine fentanyl lozenge ● hydromorphone liquid, suppositories levorphanol meperidine morphine concentrate morphine suppositories oxycodone/ASA oxycodone conc. oxycodone/ibuprofen oxymorphone pentazocine/naloxone roxicodone tablet tramadol/APAP Abstral Cocet / Plus Fentora Fioricet Codeine caps▲ Ibudone Magnacet Nucynta Onsolis Oxecta Opana Reprexain Rybix ODT Subsys Xartemis XR▲ Zamicet Zolvit Zydone	2 preferred medications are required before a non-preferred will be approved **–Quantity limits in place:** • oxycodone 15mg maximum of 240 units a year • oxycodone 20mg maximum of 120 units a year • oxycodone 30 mg maximum of 60 units a year July 2012 implementation of a quantity limit for all short-acting narcotics in addition to the limits noted above: • 120 short-acting units per 30 days with a total of 720 short-acting units a year • For patients starting on a new pain medication, DMMA recommends that initial dispensing quantities be limited to a 15 day supply for the first fill. ●–**Clinical criteria apply.** A clinical prior authorization is required: http://www.dmap.state.de.us/information/paforms.html ▲ indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

ANDROGENIC AGENTS

Clinical criteria apply to class. All agents require a prior authorization

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/01/15	Prior authorization is required	
Androgel packet, pump●	testost (gen. Androgel) ● testost (gen. Fortesta) ● testost (gen. Testim) ● testost (gen.Vogelxo) ● Androderm● Axiron ● Natesto▲ ● Testim●	●–**Clinical criteria apply.** A clinical prior authorization is required despite the medication's status as preferred or nonpreferred: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Testosterone_Supplementation.pdf

ANGIOTENSIN MODULATORS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 10/16/15	Prior authorization is required	
benazepril / HCTZ enalapril / HCTZ lisinopril / HCTZ losartan / HCTZ ramipril valsartan/HCTZ	candesartan/HCTZ^NEW captopril / HCTZ eprosartan fosinopril / HCTZ irbesartan / HCTZ moexipril / HCTZ quinapril / HCTZ perindopril telmisartan/HCTZ trandolapril Benicar / HCT▲ Edarbi / Edarbyclor Entresto^NEW Epaned^NEW Tekturna / HCT Teveten / HCT	2 preferred medications are required before a non-preferred will be approved **Dose optimization required when applicable** ▲– indicates that the manufacturer does not participate in all DMMA programs. ^NEW indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

ANGIOTENSIN MODULATORS/CALCIUM CHANNEL BLOCKER COMBINATIONS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/01/15	Prior authorization is required	
amlodipine/benazepril Azor ▲ Exforge / HCT	telmisartan/amlodipine trandolapril / verapamil valsartan/amlodipine valsartan/amlodpipne/HCTZ Prestalia^NEW Tekamlo / Amturnide Tribenzor ▲ Valturna	2 preferred medications are required before a non-preferred will be approved **Dose optimization required when applicable** ▲– indicates that the manufacturer does not participate in all DMMA programs.

ANTIBIOTICS, GI

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/01/15	Prior authorization is required	
metronidazole tablets neomycin	metronidazole capsules paromomycin capsules vancomycin Alinia Difícid Flagyl ER Tindamax▲ Xifaxan ▲ ●	●–**Clinical criteria apply.** A clinical prior authorization is required despite the medication's status as preferred or nonpreferred. Patients must try and fail lactulose before Xifaxan is approved for appropriate diagnoses. ▲– indicates that the manufacturer does not participate in all DMMA programs.

ANTIBIOTICS, INHALED

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 07/01/15	Prior authorization is required	
Bethkis Kitabis Pak	tobramycin inhaled tobramycin inhaled (gen. TOBI) tobramycin pak (gen. Kitabis) Cayston TOBI TOBI Podhaler	

ANTIBIOTICS, TOPICAL

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
gentamicin mupirocin ointment	Altabax Bactroban cream mupirocin cream neomycin / polymyxin / pramoxine	2 preferred medications are required before a non-preferred will be approved

ANTIBIOTICS, VAGINAL

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
clindamycin metronidazole Cleocin ovules	Cleocin cream Clindesse Metrogel-Vaginal Nuvessa'' Vandazole	2 preferred medications are required before a non-preferred will be approved **Please note:** brand name drugs with a generic available are considered nonpreferred unless listed in bold.

ANTICOAGULANTS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
enoxaparin warfarin Fragmin▲ Pradaxa (step-edit) ● Xarelto(step-edit) ●	fondaparinux Arixtra Eliquis Innohep Lovenox Savaysa'' Xarelto Dose Pack'**	2 preferred medications are required before a non-preferred will be approved –**Quantity limits in place on injectable formulations:** 10 days allowed without prior authorization **Please note:** Brand name drugs with a generic available are considered nonpreferred unless listed in bold. ▲– indicates that the manufacturer does not participate in all DMMA programs. ● Step edit on Pradaxa and Xarelto require diagnosis code

DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP)
PREFERRED DRUG LIST (PDL)

Effective: 7/1/2016; Updated: 6/16/2016

ANTICONVULSANTS

PREFERRED AGENTS

Preferred status implementation: 01/15/16

carbamazepine
clonazepam tablet
divalproex IR / ER
ethosuximide syrup
gabapentin
lamotrigine
levetiracetam
oxcarbazepine susp, tablets
phenobarbital
phenytoin
primidone
topiramate
topiramate sprinkle
valproic acid
zonisamide
Carbatrol
Celontin
Depakote Sprinkle
Diastat / Acudial
Dilantin 50mg chewable
Gabitril
Peganone▲
Tegretol Susp.
Tegretol XR

NON-PREFERRED AGENTS

Prior authorization is required

carbamazepine ER
carbamazepine susp.
carbamazepine XR
clonazepam ODT
diazepam /device (rectal)
divalproex sprinkle
ethosuximide caps
felbamate
lamotrigine ER
lamotrigine ODT
levetiracetam ER
phenytoin chew tabs
tiagabine tablets
topiramate ER (gen. Qudexy XR)
Aptiom
Banzel ▲
Dilantin 30 mg cap
Dilantin Susp.
Equetro
Fanatrex
Felbatol Tabs
Felbatol Suspension▲
Fycompa
Fycompa Dose Pak
Gralise
Lamictal ODT
Lynca ●
Onfi
Oxtellar XR
Phenytek
Potiga
Sabril
Stavzor
Trokendi XR
Vimpat
Vimpat Dose Pack

CRITERION***

2 preferred medications are required before a non-preferred will be approved

Quantity limits in place: 240 Adjunctive anticonvulsants per 30 days. Greater quantities require prior authorization.

Brand name narrow therapeutic drugs automatically pay for seizure clients with seizure diagnosis in medical history

Please note: brand name drugs with a generic available are considered nonpreferred unless listed in bold.

▲– indicates that the manufacturer does not participate in all DMMA programs.

NN indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

●–**Clinical criteria will still apply**. Prior Authorization forms available on the web at:
http://www.dmap.state.de.us/downloads/pharmacy/paforms/Pregabalin_Lyrica.pdf

ANTIDEPRESSANTS, OTHER

PREFERRED AGENTS

Preferred status implementation: 01/15/16

bupropion IR
bupropion SR
bupropion XL
mirtazapine tab
trazodone
venlafaxine
venlafaxine ER caps
Marplan
Parnate

NON-PREFERRED AGENTS

Prior authorization is required

Desvenlafaxine ER*
desvenlafaxine fumarate ER*
mirtazapine ODT*
nefazodone*
phenelzine*
tranylcypromine*
venlafaxine ER tablets*
Aplenzin*
Brintellix*
Emsam*
Fetzima*
Forfivo XL*
Oleptro*
Viibryd*

CRITERION***

2 preferred medications are required before a non-preferred will be approved

DMAP requires prior authorization for the following products for the pediatric patient under six (6) years of age. Prior authorization forms available on the web at:
http://www.dmap.state.de.us/information/paforms.html

Please note: Brand name drugs with a generic available are considered nonpreferred unless listed in bold.

* – (grandfathered) clients currently receiving medication at implementation date may continue without prior authorization

NN indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP)
PREFERRED DRUG LIST (PDL)

Effective: 7/1/2016; Updated: 6/16/2016

ANTIDEPRESSANTS, SSRIs

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
citalopram escitalopram tablet fluoxetine capsules fluvoxamine paroxetine tablets sertraline	escitalopram solution* fluoxetine tablets* fluoxetine 60mg* fluoxetine weekly* fluvoxamine ER*^ ▲ paroxetine CR* paroxetine suspension* Brisdelle* Pexeva*	2 preferred medications are required before a non-preferred will be approved DMAP requires prior authorization for the following products for the pediatric patient under six (6) years of age. Prior authorization forms available on the web at: http://www.dmap.state.de.us/information/paforms.html Liquid medications require prior authorization for clients over 10 years old. **Please note:** brand name drugs with a generic available are considered nonpreferred unless listed in bold. *– (grandfathered) clients currently receiving medication at implementation date may continue without prior authorization. ▲– indicates that the manufacturer does not participate in all DMMA programs. ^ indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

ANTIEMETICS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
ondansetron ODT ondansetron tablets	dronabinol● granisetron ondansetron solution Akynzeo^ Anzemet Cesamet Dicegis DR^ ● Emend Marinol Sancuso Varubi^ Zuplenz	● –Clinical criteria will still apply: indicates that a clinical prior authorization is required despite the medication's status as preferred or non-preferred available at: http://www.dmap.state.de.us/information/paforms.html ^ indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

ANTIFUNGALS, ORAL

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
fluconazole griseofulvin ultramicrosized griseofulvin suspension ketoconazole nystatin terbinafine	clotrimazole flucytosine itraconazole tinidazole voriconazole Cresemba^ Grifulvin V Gris-Peg ▲ Lamisil granules Noxafil ▲ Onmel Sporanox solution Terbinex Vfend	2 preferred medications are required before a non-preferred will be approved ▲– indicates that the manufacturer does not participate in all DMMA programs.

DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP)
PREFERRED DRUG LIST (PDL)

Effective: 7/1/2016; Updated: 6/16/2016

ANTIFUNGALS, TOPICAL

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
ciclopirox solution clotrimazole ketoconazole cream, shampoo nystatin nystatin/triamcinolone	ciclopirox suspension clotrimazole/betameth. econazole ketoconazole foam miconazole naftifine Bensal HP CNL-8 Ciclodan kit Ecoza^NP Ertaczo Exelderm Extina Jublia^NP Kerydin Soln.^NP Ketodan^NP Lamisil solution Luzu^NP Mentax Oxistat Pediaderm AF PediaPak^NP Pedipirox-4 Vusion	2 preferred medications are required before a non-preferred will be approved ▲– indicates that the manufacturer does not participate in all DMMA programs.

ANTIHISTAMINES, MINIMALLY SEDATING

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
cetirizine solution OTC / Rx cetirizine tablets OTC loratadine tablets OTC, solution	cetirizine chewable cetirizine-D OTC desloratadine desloratadine ODT fexofenadine OTC fexofenadine / fexofenadine-D levocetirizine syrup, tablets loratadine ODT loratadine-D OTC Allegra / Allegra-D Clannex-D▲ Claritin OTC Semprex-D	2 preferred medications are required before a non-preferred will be approved ▲– indicates that the manufacturer does not participate in all DMMA programs.

ANTIHYPERTENSIVES, SYMPATHOLYTIC

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
clonidine guanfacine methyldopa / HCTZ **Catapres-TTS**	clonidine transdermal reserpine	2 preferred medications are required before a non-preferred will be approved **Please note**: Brand name drugs with a generic available are considered nonpreferred unless listed in bold.

ANTIHYPERURICEMICS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
allopurinol colchicine tablets probenecid probenecid with colchicine	colchicine capsules Mitigare Uloric Zyloprim	•Colcrys preferred for treatment, not prophylaxis. Quantity limit of 15 tablets per 90 days in place.

ANTIMIGRAINE AGENTS, TRIPTANS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
sumatriptan oral **Imitrex nasal** Relpax	almotriptan rizatriptan rizatriptan ODT naratriptan sumatriptan nasal, injection zolmitriptan/ODT Axert Cambia Frova Imitrex Kit, vial Sumavel Dosepro Treximet Zecuity™ Zomig nasal	2 preferred medications are required before a non-preferred will be approved –Quantity limits in place: Nine (9) tablets per 45 days **Please note:** Brand name drugs with a generic available are considered nonpreferred unless listed in bold.

ANTIPARASITICS, TOPICAL

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
permethrin (Rx and OTC) **Natroba** Sklice Ulesfia	lindane malathion Eurax ▲ Lyclle Ovace plus Lotion™ Ovide Spinosad	**Please note:** brand name drugs with a generic available are considered nonpreferred unless listed in bold. ▲– indicates that the manufacturer does not participate in all DMMA programs.

ANTIPARKINSON'S AGENTS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 01/15/16	Prior authorization is required	
benztropine carbidopa/levodopa pramipexole ropinirole selegiline tablets trihexyphenidyl	Bromocriptine carbidopa carbidopa/levodopa/ entacapone entacapone levodopa/carb ODT pramipexole ER ropinirole XL selegiline capsules tolcapone Azilect Duopa Neupro Requip XL Rytary Stalevo Zelapar	2 preferred medications are required before a non-preferred will be approved **Please note**: brand name drugs with a generic available are considered nonpreferred unless listed in bold. *** indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

ANTIPSORIATIC AGENTS, ORAL

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 01/15/16	Prior authorization is required	
Soriatane	acitretin methoxsalen rapid 8-MOP Oxsoralen-Ultra	**Please note**: Brand name drugs with a generic available are considered nonpreferred unless listed in bold

ANTIPSORIATIC AGENTS, TOPICAL

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 01/15/16	Prior authorization is required	
calcipotriene cream calcipotriene solution	calcipotriene ointment calcipotriene/betamethasone dipropionate ointment calcitriol ointment Dovonex cream Soriiux Taclonex scalp Vectical	**Please note**: Brand name drugs with a generic available are considered nonpreferred unless listed in bold

DELAWARE HEALTH AND SOCIAL SERVICES

DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP)
PREFERRED DRUG LIST (PDL)

Effective: 7/1/2016; Updated: 6/16/2016

ANTIPSYCHOTICS

PREFERRED AGENTS Preferred status implementation: 3/11/16		NON-PREFERRED AGENTS Prior authorization is required		CRITERION***
amitriptyline / perphenazine	thiondazine	aripiprazole ODT	Geodon caps	DMAP requires prior authorization for the following products for the pediatric patient under six: http://www.dmap.state.de.us/information/paforms.html All long acting injectable antipsychotics require prior authorization, forms are available at the following link: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Risperidone_injection.pdf **Please note**: Brand name drugs with a generic available are considered nonpreferred unless listed in bold * (grandfathered) clients currently receiving medication at implementation date may continue without prior authorization. w indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee. Aripiprazole, Latuda, Seroquel XR new starts will pay electronically if a client has tried and failed a different generic atypical antipsychotic first. ▲– indicates that the manufacturer does not participate in all DMMA programs. ●- indicates oral therapy is required before injectable will be approved
aripiprazole (step-edit)	thiothixene	clozapine ODT*	Haldol INJ	
chlorpromazine	trifluoperazine	haloperidol lactate INJ	Invega	
clozapine	ziprasidone	molindone	Rexulti	
fluphenazine / decanoate	Invega Sustenna*●	olanzapine ODT*	Saphris*	
Geodon IM●	Invega Trinza* ●	olanzapine / fluoxetine*	Seroquel XR Kit	
haloperidol / decanoate	Latuda (step-edit)	paliperidone ER	Versacloz	
loxapine	Moban	pimozide	Zyprexa Relprevv●	
olanzapine / IM	Orap	risperidone ODT*		
perphenazine	Risperdal Consta●	Abilify IM		
quetiapine	Seroquel XR (step-edit)	Abilify Maintena●		
risperidone solution, tablets		Abilify tabs/solution		
		Adasuve		
		Anstada[w]		
		Fanapt*		

ANTIVIRALS, ORAL

PREFERRED AGENTS Preferred status implementation: 7/01/15		NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
acyclovir	Relenza	amantadine tablets	2 preferred medications are required before a non-preferred will be approved Liquid medications require prior authorization for clients over 10 years old **–Quantity limits in place for Tamiflu and Relenza** **Please note**: Brand name drugs with a generic available are considered nonpreferred unless listed in bold ▲– indicates that manufacturer does not participate in all DMMA programs.
amantadine capsules	Tamiflu ▲	Famvir[w]	
famciclovir		Sitavig[w]	
rimantadine			
valacyclovir			

ANTIVIRALS, TOPICAL

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Abreva OTC	acyclovir ointment	
Denavir	Xerese	
	Zovirax cream, ointment	

DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP)
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Effective: 7/1/2016; Updated: 6/16/2016

ANXIOLYTICS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
alprazolam tablets buspirone chlordiazepoxide clorazepate diazepam solution diazepam tablets lorazepam	alprazolam ER alprazolam Intensol alprazolam ODT diazepam intensol lorazepam Intensol meprobamate oxazepam Ativan tablet Niravam Tranxene T-tablet Valium tablet Xanax tablet Xanax XR●	2 preferred medications are required before a non-preferred will be approved Quantity Limits of 120 units of benzodiazepines per 30 days ● –**Clinical criteria will still apply**: indicates that a clinical prior authorization is required despite the medication's status as preferred or non-preferred available at: http://www.dmap.state.de.us/information/paforms.html

BETA BLOCKERS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
atenolol / chlorthalidone bisoprolol / HCTZ carvedilol Labetalol metoprolol metoprolol XL propranolol/HCTZ propranolol ER sotalol	acebutolol betaxolol metoprolol-HCTZ nadolol nadolol/bendroflu pindolol timolol Bystolic Coreg CR Dutoprol Hemangeol^^* Inderal XL^* Innopran XL Levatol Sotylize^ Toprol XL	2 preferred medications are required before a non-preferred will be approved

BILE SALTS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
ursodiol 300mg capsule ursodiol tablets	Actigall Chenodal Cholbam Urso/Urso Forte	

BLADDER RELAXANT PREPARATIONS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
oxybutynin IR oxybutynin ER Toviaz Vesicare	tolterodine tolterodine ER trospium trospium ER Detrol LA Enablex Gelnique Myrbetriq Oxytrol Oxytrol for Women OTC^*	2 preferred medications are required before a non-preferred will be approved

BONE RESORPTION SUPPRESSION AND RELATED AGENTS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/01/15 alendronate tablets calcitonin-salmon	Prior authorization is required alendronate solution etidronate Ibandronate risedronate raloxifene▲ Atelvia Binosto Boniva ▲ Didronel Forteo▲● Fortical Fosamax Plus D Miacalcin Prolia ●	**Please note**: brand name drugs with a generic available are considered nonpreferred unless listed in bold. ▲– indicates that the manufacturer does not participate in all DMMA programs. ● –**Clinical criteria will still apply**: indicates that a clinical prior authorization is required despite the medication's status as preferred or non-preferred available at: http://www.dmap.state.de.us/information/paforms.html

BPH TREATMENTS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/01/15 alfuzosin doxazosin finasteride tamsulosin terazosin	Prior authorization is required dutasteride dutasteride/tamsulosin Cardura XL Rapaflo Uroxatral	2 preferred medications are required before a non-preferred will be approved

BRONCHODILATORS, BETA AGONIST

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 01/15/16 albuterol nebulizer albuterol syrup terbutaline ProAir HFA Proventil HFA	Prior authorization is required albuterol ER albuterol tablets levalbuterol nebulizer metaproteranol Arcapta Brovana Foradil ▲ (ICD-10 code for COPD indication may create a system-generated approval) Maxair Performist ProAir Respiclick™ Serevent (ICD-10 code for COPD indication may create a system-generated approval) Striverdi Respimat Ventolin HFA Xopenex HFA Xopenex nebulizer	Submit ICD-10 code for COPD on prescriptions for Foradil and Serevent for COPD clients. Drugs contraindicated in asthma. ▲– indicates that the manufacturer does not participate in all DMMA programs.

CALCIUM CHANNEL BLOCKERS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
amlodipine diltiazem nicardipine nifedipine IR / ER verapamil	diltiazem LA felodipine isradipine nimodipine (ICD-10 code for SAH indication may create a system-generated approval) nisoldipine verapamil ER PM Cardene SR ▲ Dynacirc CR Matzim LA Nymalize[M]	2 preferred medications are required before a non-preferred will be approved **–Requires dose optimization when applicable** ▲– indicates that the manufacturer does not participate in all DMMA programs M indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

CEPHALOSPORINS AND RELATED ANTIBIOTICS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
amoxicillin/clav tabs amoxicillin/clav susp cefaclor capsules cefadroxil capsules, tablets cefdinir cefprozil susp cefprozil tabs cefuroxime cephalexin caps Suprax susp.	amoxicillin/clavulanate XR cefaclor tablets cefadroxil suspension cefditoren cefixime suspension cefpodoxime ceftibuten tablets/suspension cephalexin tablets Augmentin 125, 250 susp Ceftin suspension Suprax tablets Suprax Chew tablets	2 preferred medications are required before a non-preferred will be approved

COPD AGENTS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
albuterol/ipratropium nebulizer ipratropium nebulizer Combivent Respimat Spiriva	Anoro Ellipta Atrovent HFA Combivent Daliresp Incruse Ellipta Seebri Neohaler[M] Spiriva Respimat Stiolto Respimat Tudorza ● Utibron Neohaler[M]	● –**Clinical criteria will apply** M indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

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COUGH and COLD

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 01/15/16 guaifenesin liquid OTC guaifenesin DM liquid OTC guaifenesin tablet 600 mg, 1200mg guaifenesin/codeine syrup guaifenesin/codeine syrup OTC hydrocodone/chlorpheniramine susp hydrocodone/homatropine syrup nasal decongestant OTC promethazine DM syrup promethazine/codeine syrup Bromfed DM syrup	All other cough/cold products non-preferred	2 preferred medications are required before a non-preferred will be approved **–Quantity limits are still in place:** 240ml of narcotic cough suppressants per 30 days and 480ml per 90 days without a comorbid diagnosis, 120ml per 84 days and 600ml/year for Tussionex

COLONY STIMULATING FACTORS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 01/15/16 Neupogen	Prior authorization is required Granix Leukine Neulasta Zarxio	NK indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

CONTRACEPTIVES, ORAL

PREFERRED AGENTS		NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/01/15		Prior authorization is required	All emergency oral contraceptives are covered without any prior authorization.
Brevicon	Ortho Tri-Cyclen Lo		
Desogen▲	**Seasonique**	All other oral contraceptives are non-preferred	2 preferred medications are required before a non-preferred will be approved
Loseasonique	**Tri-Norinyl**		
Mircette	**Yasmin**		* Class is grandfathered, meaning clients currently receiving medication at implementation date may continue without prior authorization.
Nor-Q-D	**Yaz**		▲– indicates that the manufacturer does not participate in all DMMA programs.

CYTOKINE AND CAM ANTAGONISTS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 01/15/16	Prior authorization is required	
Enbrel (diagnosis code required) Humira(diagnosis code required)	Actemra Actemra Syringe Amevive▲ Arcalyst Cimzia Cosentyx Pen/Syringe Entyvio Ilaris Kineret Orencia Otezla Remicade Simponi Simponi Aria Stelara Xeljanz	Approved diagnosis code required on prescription and electronic submissions. ▲– indicates that the manufacturer does not participate in all DMMA programs N indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

DIABETIC TESTING BLOOD GLUCOSE METERS, TEST STRIPS, LANCETS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred Status implementation 1/1/15	Prior authorization is required	
FreeStyle Freedom Lite meter® FreeStyle Lite meter® FreeStyle Lite test strips® Freestyle InsuLinx Meter® Freestyle InsuLinx Strips® FreeStyle test strips® FreeStyle lancets® Precision Xtra Meter® Precision Xtra Test Strips® Precision Xtra Ketone Strips	All other diabetic meters and test strips are non-preferred	

DIURETICS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/01/15	Prior authorization is required	
amiloride HCTZ bumetanide chlorothiazide furosemide hydrochlorothiazide indapamide spironolactone spirololactone HCTZ triamterene HCTZ	All other diuretics are non-preferred	2 preferred medications are required before a non-preferred will be approved

EPINEPRINE, SELF-INJECTED

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 01/15/16	Prior authorization is required	
epinephrine injection EpiPen EpiPen Jr.	Auvi-Q	

ERYTHROPOIESIS STIMULATING PROTEINS

Clinical criteria apply to class. All agents require a prior authorization.

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Aranesp Procrit	Epogen Mircera	2 preferred medications are required before a non-preferred will be approved Prior authorization forms available on the web at http://www.dmap.state.de.us/downloads/pharmacy/paforms/Epoetin_Alpha.pdf ▲ indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

FLUOROQUINOLONES

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
ciprofloxacin tablets levofloxacin tablets	ciprofloxacin ER Factive ▲ ciprofloxacin suspension levofloxacin solution moxifloxacin ofloxacin	2 preferred medications are required before a non-preferred will be approved ▲– indicates that the manufacturer does not participate in all DMMA programs.

GLUCOCORTICOIDS, INHALED

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Advair (step-edit) ● Aerospan Asmanex▲ QVAR Pulmicort Flexhaler **Pulmicort Respules 0.25 mg & 0.5 mg** (age 6 and under or clients with diagnoses on file indicating developmental delays may create a system generated approval) Symbicort (step-edit) ●	budesonide respules 0.25 mg & 0.5 mg budesonide respules 1mg Advair HFA Alvesco Asmanex HFA" Arnuity Ellipta" Breo Ellipta Dulera Flovent / HFA Pulmicort Respules 1 mg	●–Clinical criteria will still apply age 6 and under or clients with diagnoses on file indicating developmental delays may create a system generated approval for budesonide respules ● indicates that a prior authorization will generate if client has previously failed single agent corticosteroid or long-acting beta agonist inhaler in previous 90 days. Other information and form available on the web at: http://www.dmap.state.de.us/information/paforms.html ▲– indicates that the manufacturer does not participate in all DMMA programs.

GLUCOCORTICOIDS, ORAL

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
budesonide EC dexamethasone solution / tablet hydrocortisone methylprednisolone dose pack methylprednisolone 4mg tablets prednisolone sodium phosphate prednisolone solution prednisone solution / tablets **Orapred ODT**	All other oral glucocorticoids are non-preferred	2 preferred medications are required before a non-preferred will be approved

GROWTH HORMONES

Clinical criteria apply to class. All agents require a prior authorization.

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Norditropin ● Nutropin / AQ ●	Genotropin ● Humatrope▲ ● Omnitrope ● Saizen ● Serostim ● Tev-Tropin ● Zorbtive ●	2 preferred medications are required before a non-preferred will be approved Prior authorization available at: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Growth.Hormone.Drug.pdf ▲– indicates that the manufacturer does not participate in all DMMA programs

H. PYLORI TREATMENTS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Pylera	lansoprazole-amoxicillin-clarithromycin Omeclamox Pak	

HAE TREATMENTS

Clinical criteria apply to class. All agents require a prior authorization.

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Kalbitor	Berinert Cinryze Firazyr Ruconest™	

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HEPATITIS C AGENTS

PREFERRED AGENTS Preferred status implementation: 7/1/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
ribavirin capsules, tablets Daklinza● Harvoni● Pegasys▲ ● Peg-Intron / Redipen▲ ● Sovaldi● Technivie● Viekira● Zepatier●	Incivek ● Infergen ● Olysio● Ribapak Ribasphere Victrelis ●	●–Clinical criteria will still apply. Prior authorization available at: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Hepatitis_C_Prior_Authorization_Form.pdf ▲– indicates that the manufacturer does not participate in all DMMA programs. *** indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

HISTAMINE II RECEPTOR BLOCKERS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
famotidine tablets ranitidine syrup / tablets	All other histamine II agents are non-preferred	

HYPOGLYCEMICS, ALPHA-GLUCOSIDASE INHIBITORS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
acarbose	Glyset Precose	

HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS

Clinical criteria apply to class. All agents require a prior authorization.

PREFERRED AGENTS Preferred status implementation: 7/01/15		NON-PREFERRED AGENTS Prior authorization is required		CRITERION***
Bydureon(step-edit)	Kombiglyze XR (step-edit)	Kazano●	Juvisync●	Step-edit : For preferred products, no PA required if client has Type II diagnosis and metformin use in last 90 days.
Bydureon Pens (step-edit)	Onglyza (step-edit)	Janumet / XR ●	Nesina●	●–Clinical criteria apply for non-preferred products. Forms available at:
Byetta (step-edit)	Tanzeum (step-edit)	Januvia	Oseni●	http://www.dmap.state.de.us/downloads/pharmacy/paforms/Incretin_Mimetics.pdf
Jentadueto (step-edit)	Tradjenta (step-edit)		Symlin ● *	* (grandfathered) clients currently receiving medication at implementation date may continue without prior authorization.
			Trulicity*** ●	
			Victoza ●	

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HYPOGLYCEMICS, INSULINS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Humulin pens, vials▲ Humalog cartridges, pens, vials▲ Humalog Mix pens, vials▲ Lantus pens, vials Levemir pens, vials ● Novolin pens, vials Novolog pens, vials Novolog Mix pens, vials	Afrezza™ Apidra pens, vials Humulin R 500 Kwikpen™ Toujeo Solostar™ Tresiba Flextouch™	▲– indicates that the manufacturer does not participate in all DMMA programs. ● - Levemir will produce an electronic PA for pregnant clients with an appropriate diagnosis code.

HYPOGLYCEMICS, MEGLITINIDES

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
nateglinide repaglinide	repaglinide/metformin Prandin	

HYPOGLYCEMICS, METFORMINS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
glipizide-metformin glyburide-metformin metformin metformin ER (gen Glucophage XR)	metformin ER (gen Fortamet) Glucophage Glucophage XR Glucovance Glumetza Riomet	2 preferred medications are required before a non-preferred will be approved

HYPOGLYCEMICS, SGLT2s

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Invokana (step-edit)	Farxiga Invokamet Jardiance Synjardy™ Xigduo XR	Step-edit : For preferred products, no PA required if client has Type II diagnosis and metformin use in last 90 days.

HYPOGLYCEMICS, TZDs

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
pioglitazone	Actoplus Met XR Avandamet Avandia Avandaryl pioglitazone/glimep pioglitaz/metformin	

IMMUNOMODULATORS, ATOPIC DERMATITIS

Clinical criteria apply to class. All agents require a prior authorization.

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Elidel ●	tacrolimus ●	●–Clinical criteria will still apply. Prior authorizations available at: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Pimecrolimus.and.Tacrolimus.pdf –Quantity limits are in place: 400 grams per year

IMMUNOMODULATORS, TOPICAL

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
imiquimod	Aldara Zyclara	Please note: brand name drugs with a generic available are considered nonpreferred unless listed in bold.

IRON AGENTS, ORAL

PREFERRED AGENTS Preferred status implementation: 01/15/16		NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
ferrous gluconate OTC ferrous sulfate OTC ferrous sulfate solution OTC iron 45mg tablet OTC iron polysaccharides complex OTC iron PS cmplx/vit B12/FA	Fe C OTC Ferate OTC Feragon Slow Release Iron	All other oral iron products are non-preferred	

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Medicaid & Medical Assistance

DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP)
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Effective: 7/1/2016; Updated: 6/16/2016

INTRANASAL RHINITIS AGENTS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
azelastine (gen. Astelin) **Patanase** fluticasone ipratropium	azelastine HCl budesonide flunisolide fluticasone OTC olopatadine triamcinolone triamcinolone OTC Astepro ▲ Beconase AQ Dymista Nasonex ▲ Omnaris Qnasl Veramyst Zetonna	**Please note:** brand name drugs with a generic available are considered nonpreferred unless listed in bold. ▲– indicates that the manufacturer does not participate in all DMMA programs. ж indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

LEUKOTRIENE RECEPTOR ANTAGONISTS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
montelukast tablet, chew tabs ●	montelukast granules ● zafirlukast ● Accolate ● Singulair Gran Pack ● Zyflo CR ●	2 preferred medications are required before a non-preferred will be approved **Please note:** brand name drugs with a generic available are considered nonpreferred unless listed in bold. ●–**Clinical criteria apply.** ICD-10 code for asthma indication may create a system-generated approval for montelukast or Accolate Prior authorizations available at: http://www.dmap.state.de.us/downloads/pharmacy/paforms/leukotriene.pdf

LINCOSAMIDES/OXAZOLIDINONES/STREPTOGRAMINS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
clindamycin capsules clindamycin solution (preferred for client younger than 10)	All other agents are non-preferred	

LIPOTROPICS, OTHER

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
colestipol **Niaspan** cholestyramine/aspartame Tricor gemfibrozil **Trilipix**	cholestyramine/sucrose fenofibrate fenofibrate (gen Lipofen) fenofibric acid fenofibric acid 45mg & 135mg (gen Trilipix) niacin ER omega-3 acid ethyl esters Antara▲ Fibricor Juxtapid Kynamro Niacor Praluent Pen[N], Syringe[N] Repatha SureClick[N], Syringe[N] Triglide Vascepa Welchol▲ Zetia	2 preferred medications are required before a non-preferred will be approved ▲– indicates that the manufacturer does not participate in all DMMA programs.

LIPOTROPICS, STATINS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
atorvastatin lovastatin pravastatin simvastatin	amlodipine/atorvastatin Crestor fluvastatin Liptruzet fluvastatin ER Livalo Advicor Simcor Altoprev Vytorin	2 preferred medications are required before a non-preferred will be approved **–Once daily dosing required** **Please note**: brand name drugs with a generic available are considered nonpreferred unless listed in bold. [N] indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

MACROLIDES/KETOLIDES

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
azithromycin clarithromycin tabs E.E.S. 200 suspension (preferred for client younger than 8) Erythrocin	clarithromycin suspension Eryped 200, 400 suspension clarithromycin ER Ery-Tab erythromycin PCE E.E.S. 400 tablets Ketek Zmax	

MULTIPLE SCLEROSIS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/01/14	Prior authorization is required	
Avonex ▲ Betaseron Copaxone 20mg Gilenya (electronic step-edit) ● Rebif Rebif Rebidose	Ampyra● Aubagio Copaxone 40mg Extavia Lemtrada[NP] Plegridy[NP] Tecfidera Capsules glatiramer 20mg/ml	▲– indicates that the manufacturer does not participate in all DMMA programs. ● – Gilenya has an electronic step edit through a preferred injectable. If client has tried and failed preferred injectable, PA will generate electronically for Gilenya ● – Ampyra has a clinical prior authorization that is required despite the medication's status as preferred or non-preferred. Forms available on the web at: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Ampyra.pdf

NEUROPATHIC PAIN

PREFERRED AGENTS	NON-PREFERRED AGENTS		CRITERION***
Preferred status implementation: 06/10/16	Prior authorization is required		
duloxetine gabapentin lidocaine 5% patch●	duloxetine DR (gen. Irenka) Cymbalta Gralise Horizant Irenka	Lidoderm Lyrica Neurontin Qutenza Savella	● lidocaine 5% patch (greater than 2 patches a day requires prior auth) http://www.dmap.state.de.us/downloads/pharmacy/paforms/Lidocaine_Topical_Patch.pdf Liquid medications require prior authorization for clients over 10 years old

NITROFURAN DERIVATIVES

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 07/01/15	Prior authorization is required	
nitrofurantoin macrocrystals capsules nitrofurantoin mono-macro capsules nitrofurantoin suspension	Furadantin suspension Macrobid Macrodantin capsules	

NSAIDs

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
ibuprofen indomethacin ketorolac meloxicam tablets naproxen tablets sulindac	celecoxib● diclofenac diclofenac/misoprostol diclofenac solution diflunisal etodolac etodolac SR fenoprofen ▲ flurbiprofen indomethacin ER ketoprofen meclofenamate mefenamic acid meloxicam suspension nabumetone naproxen CR naproxen EC naproxen sodium naproxen sod. ER naproxen suspension oxaprozin piroxicam tolmetin DermacinRx Lexitral(N) Flector Indocin Pennsaid Pump Sprix Tivorbex(N) Vimovo Voltaren gel Zipsor Zorvolex	2 preferred medications are required before a non-preferred will be approved ● – indicates that a clinical prior authorization is required. Forms available on the web at: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Cox-2.Celecoxib.valdecoxib.pdf ▲– indicates that the manufacturer does not participate in all DMMA programs.

OPHTHALMICS, ALLERGIC CONJUNCTIVITIS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
azelastine cromolyn Alrex Pataday	epinastine Alamast Alocril Alomide Bepreve Emadine Lastacaft Patanol Pazeo	2 preferred medications are required before a non-preferred will be approved

OPHTHALMICS, ANTI-INFLAMMATORIES

PREFERRED AGENTS Preferred status implementation: 01/15/16			NON-PREFERRED AGENTS Prior authorization is required			CRITERION***
dexamethasone	Durezol	Lotemax	bromfenac	FML	Prolensa	2 preferred medications are required before a non-preferred will be approved
diclofenac	Flarex	Maxidex	ketorolac / LS	Ilevro	Retisert	
fluorometholone	FML Forte	Pred Mild	prednisolone sod phosphate	Iluvien	Tnesence	
flurbiprofen	FML S.O.P.		Acuvail	Nevanac	Vexol	(N) indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.
prednisolone acetate			Bromday	Ozurdex		

DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP)
PREFERRED DRUG LIST (PDL)

Effective: 7/1/2016; Updated: 6/16/2016

OPHTHALMICS, ANTIBIOTICS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
bacitracin/polymyxin ciprofloxacin erythromycin gentamicin ofloxacin polymyxin/trimethopm sulfacetamide tobramycin Moxeza Tobrex ointment Vigamox	bacitracin gatifloxacin levofloxacin neomycin / bac / polymyxin neomycin/polymyxin/gramicidin Azasite Besivance Ciloxan Garamycin Iquix Natacyn Zymar	2 preferred medications are required before a non-preferred will be approved

OPHTHALMICS, ANTIBIOTIC-STEROID COMBINATIONS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
neomycin/polymyxin/ dexamethasone sulfacetamide/ prednisolone Blephamide Pred-G ointment, drops **Tobradex suspension**	neomycin/polymyxin/HC neomycin/bacitracin/ polymyxin/HC tobramycin/dexamethasone suspension Blephamide S.O.P Tobradex ointment Tobradex ST Zylet	2 preferred medications are required before a non-preferred will be approved **Please note**: Brand name drugs with a generic available are considered nonpreferred unless listed in bold.

OPHTHALMICS, GLAUCOMA AGENTS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
brimonidine carteolol dorzolamide dorzolamide / timolol latanoprost levobunolol pilocarpine timolol **Alphagan P 0.15%** Azopt Betimol Betoptic S Combigan Istalol Simbrinza **Travatan / Z**	apraclonidine betaxolol bitamoprost brimonidine P metipranolol phospholine iodide travaprost Cosopt PF Rescula Zioptan	2 preferred medications are required before a non-preferred will be approved Unless otherwise specified, the listing of a particular brand or generic name includes all dosage forms of that drug. **Please note**: Brand name drugs with a generic available are considered nonpreferred unless listed in bold. For prior authorization forms, please visit: http://www.dmap.state.de.us/information/paforms.html

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OPIATE DEPENDENCE TREATMENTS

Clinical criteria apply to class. All agents require a prior authorization.

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Buprenorphine naloxone syringe, vial naltrexone Suboxone film Vivitrol	buprenorphine/naloxone tablets Bunavail™ Suboxone tablets Zubsolv	For prior authorization forms, please visit: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Buprenorphine.pdf

OTIC ANTI-INFECTIVES, ANESTHETICS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required		CRITERION***
acetic acid / aluminum antipyrine / benzocaine acetic acid	acetic acid / antipyrine / benzocaine / aluminum Aurax Myoxin Neotic Otic Care Otozin	Pinnacaine PR Otic Solution Pramotic Treagan Otic Trioxin Zinotic / ES	2 preferred medications are required before a non-preferred will be approved

OTIC FLUOROQUINOLONES

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
ciprofloxacin neomycyin / polymyxin / hydrocortisone Ciprodex	ofloxacin otic Cetraxal Cipro HC Coly-Mycin S Cortisporin-TC	

PAH AGENTS, ORAL & INHALED

Clinical criteria apply to class. All agents require a prior authorization.

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
sildenafil● Letairis ●▲ Tracleer ● Ventavis ●	Adcirca ● Adempas™ Opsumit™ Orenitram ER™ Revatio Suspension™ Tyvaso ●	●–Clinical criteria will still apply. For prior authorization forms, please visit: http://www.dmap.state.de.us/downloads/pharmacy/paforms/Sildenafil.pdf ▲– indicates that the manufacturer does not participate in all DMMA programs. ™ indicates that a product has not been reviewed by the P&T Committee, but DMMA policy states that new products will be non-preferred until reviewed by the Committee.

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PANCREATIC ENZYMES

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
pancrelipase Creon Zenpep	Pancreaze Pertzye Viokace Ultressa	

PENICILLINS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
amoxicillin ampicillin caps, susp dicloxacillin penicillin G procaine penicillin V potassium suspension, tablet Bicillin CR Bicillin LA	All other agents are non-preferred	

PHOSPHATE BINDERS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
calcium acetate tablets Phoslyra Renagel▲ ● Renvela tablet●	calcium acetate capsules calcium acetate tablets OTC sevelamer carbonate▲ ● Auryxia Eliphos Fosrenol ● Magnebind 400 Rx Renvela Powder Pack Velphoro[NY]	●–**Clinical criteria will still apply:** indicates that a prior authorization is required despite the medication's status as preferred or non-preferred. Forms available at: http://www.dmap.state.de.us/downloads/pharmacy/paforms/PhosphorousBinders.pdf ▲– indicates that the manufacturer does not participate in all DMMA programs.

PLATELET AGGREGATION INHIBITORS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
clopidogrel dipyridamole **Aggrenox** Brilinta (step-edit)●	aspirin/dipyridamole ticlopidine Durlaza[NY] Effient Zontivity[NY]	2 preferred medications are required before a non-preferred will be approved ● Step edit on Brilinta require diagnosis code

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PRENATAL VITAMINS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
Citranatal 90 DHA Citranatal Assure Citranatal Harmony PNV with Ca. No.71/iron/fa PNV with Ca. No.72/iron/fa Prenatabs FA Prenatal 19 chewable Prenatal Vit 15/iron cb/fa/dss Prenatal vita 18/iron cb/fa/dss Prenatal Vit27& calcium/iron/FA Prenatal vt/fe fumarate/fa otc Se-Natal 19 tab Se-Natal 19 tab chewable Vinate GT Vinate-M Vol-Tab	All other prenatal products non-preferred	2 preferred medications are required before a non-preferred will be approved

PROGESTATIONAL AGENTS

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
medroxyprogesterone acetate norethindrone acetate progesterone capsule Makena●	Aygestin Crinone Depo-Provera 400mg/ml INJ Progesterone IM Prometrium Provera	●–**Clinical criteria will still apply:** indicates that a clinical prior authorization is required despite the medication's status as preferred or non-preferred. Prior Authorization forms available on the web at: http://www.dmap.state.de.us/downloads/pharmacy/paforms/hydrogest.cap Makena.pdf **Please note:** Brand name drugs with a generic available are considered nonpreferred unless listed in bold.

PROTON PUMP INHIBITORS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
omeprazole Rx pantoprazole Nexium suspension (preferred for age 10 and under) Protonix suspension (preferred for age 10 and under)	esomeprazole magnesium esomeprazole strontium lansoprazole ● omeprazole OTC tablets omeprazole / sodium bicarbonate (Rx / OTC)● omeprazole suspension omeprazole magnesium OTC● rabeprazole tablets Aciphex▲ ● Dexilant ● Nexium ● Nexium OTC^NK● Prevacid Solutab Prilosec packets ● Zegerid OTC●	For non-preferred products, max of 60 days approval for GERD ●–**Clinical criteria will still apply:** indicates that a clinical prior authorization is required despite the medication's status as preferred or non-preferred. Prior Authorization forms available on the web at: http://www.dmap.state.de.us/information/paforms.html ▲– indicates that the manufacturer does not participate in all DMMA programs.

DELAWARE HEALTH AND SOCIAL SERVICES
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SEDATIVE HYPNOTICS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 01/15/16	Prior authorization is required	
temazepam 15mg, 30mg zolpidem	chloral hydrate eszopiclone estazolam flurazepam temazepam 7.5, 22.5mg triazolam zaleplon zolpidem ER Belsomra● Doral Edluar Hetlioz Intermezzo Rozerem* Silenor Zolpimist	–**Dose optimization when applicable:** total quantity limit of one daily covered. * (grandfathered) clients currently receiving medication at implementation date may continue without prior authorization.

SKELETAL MUSCLE RELAXANTS

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/01/15	Prior authorization is required	
baclofen chlorzoxazone cyclobenzaprine methocarbamol tizanidine tablets	carisoprodol / compound cyclobenzaprine 7.5 mg cyclobenzaprine ER dantrolene metaxolone orphenadrine / compound tizanidine capsules Fexmid Lorzone Soma▲●	2 preferred medications are required before a non-preferred will be approved Total quantity limit of 120 units of muscle relaxants per 30 rolling days. ●–**Clinical criteria will still apply:** indicates that a clinical prior authorization is required. Prior Authorization forms available on the web at http://www.dmap.state.de.us/downloads/pharmacy/paforms/Carisoprodol.pdf ▲– indicates that the manufacturer does not participate in all DMMA programs.

STEROIDS, TOPICAL

PREFERRED AGENTS Preferred status implementation: 01/15/16	NON-PREFERRED AGENTS Prior authorization is required			CRITERION***
betamethasone dipropionate cream, lotion betamethasone diprop/prop gly cream betamethasone valerate cream, lotion, ointment fluocinolone oil fluocinonide emollient cream halobetasol prop cream/ointment hydrocortisone cream, ointment hydrocortisone butyrate hydrocortisone valerate mometasone furoate temovate cream/ointment triamcinolone acetonide cream, ointment Capex shampoo ▲	alclometasone dipropionate amcinonide betamethasone, other formulations clobetasol clobetasol propionate clocortolone pivalate cream desonide desoximetasone diflorasone diacetate fluocinonide cream fluocinonide, other formulations fluocinolone fluticasone propionate hydrocortisone, other formulations prednicarbate cream/ointment triamcinolone acetonide aerosol triamcinolone acetonide lotion triamcinolone acetonide/dimethicone	ADV Allergy Kit[NN] Apexicon E Aqua Glycolic HC Clobex ▲ Clodan Kit[NN] Cordran Cutivate Dermacin Rx[NN] Dermacin Rx Silazone[NN] Dermasilk Rx[NN] Derma-Smoothe-FS Dermasorb TA Dermatop Desonate Desonil Plus Desowen	Halac Halog Halonate Kenalog Luxiq Momexin Olux -E Pandel Pediaderm HC / TA Synalar Texacort Topicort Trianex Oi Ultravate/ x Vanos Verdeso Whytederm TD[NN]	2 preferred medications are required before a non-preferred will be approved ▲– Indicates that the manufacturer does not participate in all DMMA programs.

STIMULANTS AND RELATED AGENTS

PREFERRED AGENTS Preferred status implementation: 01/15/16		NON-PREFERRED AGENTS Prior authorization is required		CRITERION***
amphetamine salt combo • dexmethylphenidate • dextroamphetamine • guanfacine ER • methylphenidate• methylphenidate ER (actavis and watson version of gen. Concerta)•	**Adderall XR** (step-edit)• **Focalin / XR** • **Metadate CD** • **Provigil**• Quillivant XR• Strattera Vyvanse •	amphetamine salt combo ER• clonidine ER dexmethylphenidate AG dexmethylphenidate ER dexmethylphenidate XR dextroamphetamine ER• dextroamphetamine-amphetamine ER dextroamphetamine sulfate 5mg/5ml methamphetamine• methylphenidate CD methylphenidate chew tablets methylphenidate ER cap (ntalin LA generic)* methylphenidate solution• * methylphenidate ER tablets	Aptensio XR[NN] Concerta • Daytrana ● Dexedrine Tabs[NN] Evekeo[NN] Intuniv Kapvay • * Methylin Chew. Soln • Nuvigil* ● Procentra • Ritalin LA • * Zenzedi	2 preferred medications are required before a non-preferred will be approved Dose optimization required. **•-Indicates that clinical criteria applies for *all* ages for drugs** **•--Clinical criteria applies for clients over age 21.** **http://www.dmap.state.de.us/downloads/pharmacy/paforms/ADHD_Therapy.pdf** Adult clients will no longer be grandfathered. Adderall XR new starts will pay electronically if the client has tried and failed Vyvanse first. **Please note**: Brand name drugs with a generic available are considered nonpreferred unless listed in bold. For Prior Authorization forms, please visit: http://www.dmap.state.de.us/information/paforms.html

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TETRACYCLINES

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
doxycycline hyclate doxycycline monohydrate 50, 100mg capsules doxycycline monohydrate tablets minocycline capsules tetracycline	demeclocycline doxycycline hyclate DR doxycycline monohydrate (other strengths) minocycline ER minocycline tablets Acticlate[NP] Adoxa CK / TT Doryx Morgidox kit Oracea Solodyn Vibramycin	2 preferred medications are required before a non-preferred will be approved

THYROID HORMONES

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
levothyroxine sodium tablets liothyronine sodium tablets thyroid, pork tablets Cytomel	levothyroxine sodium injection liothyronine sodium injection Synthroid tablets Thyrolar Tirosint	*– class is grandfathered, meaning clients currently receiving medication at implementation date may continue without prior authorization.

ULCERATIVE COLITIS AGENTS

PREFERRED AGENTS Preferred status implementation: 7/01/15	NON-PREFERRED AGENTS Prior authorization is required	CRITERION***
mesalamine rectal sulfasalazine Apriso ▲ Asacol Canasa	balsalazide Uceris Asacol HD Delzicol DR Dipentum Glazo[NP] Lialda Pentasa sfRowasa Uceris Foam[NP]	2 preferred medications are required before a non-preferred will be approved ▲– indicates that the manufacturer does not participate in all DMMA programs.

VASODILATORS, CORONARY

PREFERRED AGENTS	NON-PREFERRED AGENTS	CRITERION***
Preferred status implementation: 7/01/15	Prior authorization is required	
isosorbide dinitrate	Isosorbide dinitrate ER	
isosorbide mononitrate	isosorbide dinitrate sublingual	
isosorbide mononitrate SR	nitroglycerin ER	
nitroglycerin transdermal	nitroglycerin translingual	
Nitrostat sublingual	Dilatrate SR	
	Imdur	
	Isordil	
	Nitro-Bid ointment	
	Nitro-Bid patch	
	Nitrolingual spray	
	Nitromist	

Attachment B "Do Not Crush Medications"

Oral Dosage Forms That Should Not Be Crushed 2015

Drug Product	Active Ingredient(s)	Dosage Form(s)	Reasons/Comments
Absorica	(isotretinoin)	Capsule	Mucous membrane irritant
Accutane	(isotretinoin)	Capsule	Mucous membrane irritant
AcipHex	(rabeprazole)	Tablet	Slow-release
Acticlate	(doxycycline)	Tablet	Film-coated (h) (Note: tablet scored in thirds rather than half)
Actiq	(fentaNYL)	Lozenge	Slow-release (Note: this lollipop delivery system requires the patient to slowly allow dissolution)
Actonel	(risedronate)	Tablet	Irritant (Note: chewed, crushed, or sucked tablets may cause oropharyngeal irritation)
Adalat CC	(NIFEdipine)	Tablet	Slow-release
Adderall XR	(amphetamine salts)	Capsule	Slow-release (a)
AeroHist Plus	(combination)	Tablet	Slow-release (h)
Afeditab CR	(NIFEdipine)	Tablet	Slow-release
Afinitor	(everolimus)	Tablet	Mucous membrane irritant
Aggrenox	(combination)	Capsule	Slow-release
Alavert Allergy (Sinus 12 hour)	(combination)	Tablet	Slow-release
Allegra-D	(combination)	Tablet	Slow-release
Alophen	(bisacodyl)	Tablet	Enteric-coated
ALPRAZolam ER	(ALPRAZolam)	Tablet	Slow-release
Altoprev	(lovastatin)	Tablet	Slow-release
Ambien CR	(zolpidem)	Tablet	Slow-release
Amibid DM	(combination)	Tablet	Slow-release
Amitiza	(lubiprostone)	Capsule	Slow-release
Ampyra	(dalfampridine)	Tablet	Slow-release (Note: formerly fampridine-SR)
Amrix	(cyclobenzaprine)	Capsule	Slow-release
Aplenzin	(buPROPion)	Tablet	Slow-release
Apriso	(mesalamine)	Capsule	Slow-release (a) (Note: maintain pH at < 6.0)
Aptivus	(tipranavir)	Capsule	Note: oil emulsion within spheres; taste
Aquatab C	(combination)	Tablet	Slow-release (h)
Aquatab D	(combination)	Tablet	Slow-release (h)
Aricept 23 mg	(donepezil)	Tablet	Note: crushing the 23 mg tablet may significantly increase the rate of absorption; the 5 mg and 10 mg tablets are not affected

Oral Dosage Forms That Should Not Be Crushed 2015

Arthrotec	(diclofenac)	Tablet	Enteric-coated
Asacol	(mesalamine)	Tablet	Slow-release
Aspirin enteric-coated	(aspirin)	Tablet, Caplet	Slow-release; Enteric-coated
Atelvia	(risedronate)	Tablet	Slow-release (Note: tablet coating is an important part of the slow-release; chewed, cut, or crushed tablets may cause oropharyngeal irritation)
Augmentin XR	(combination)	Tablet	Slow-release (b,h)
AVINza	(morphine)	Capsule	Slow-release (a; not pudding)
Avodart	(dutasteride)	Capsule	Note: drug may cause fetal abnormalities; women who are, or may become, pregnant, should not handle capsules; all women should use caution in handling capsules, especially leaking capsules
Azulfidine EN-Tabs	(sulfaSALAzine)	Tablet	Slow-release (b)
Bayer EC	(aspirin)	Caplet	Enteric-coated
Bayer Regular	(aspirin)	Caplet	Enteric-coated
Belsomra	(suvorexant)	Tablet	Note: not scored; no studies available from company
Biaxin-XL	(clarithromycin)	Tablet	Slow-release
Bidex A	(combination)	Tablet	Slow-release
Bidhist-D	(combination)	Tablet	Slow-release
Biltricide	(praziquantel)	Tablet	Taste (h)
Biohist LA	(combination)	Tablet	Slow-release (h)
Bisac-Evac	(bisacodyl)	Tablet	Enteric-coated (c)
Bisacodyl	(combination)	Tablet	Enteric-coated (c)
Bisa-Lax	(combination)	Tablet	Enteric-coated (c)
Boniva	(ibandronate)	Tablet	Note: chewed, crushed, or sucked tablets may cause oropharyngeal irritation
Bromfed PD	(combination)	Capsule	Slow-release
Budeprion SR	(buPROPion)	Tablet	Slow-release
Bunavail	(combination)	Buccal film	Note: chewing or swallowing may result in lower peak concentrations and bioavailability
Calan SR	(verapamil)	Tablet	Slow-release (h)

Oral Dosage Forms That Should Not Be Crushed 2015

Carbatrol	(carBAMazepine)	Capsule	Slow-release (a)
Cardene SR	(niCARdipine)	Capsule	Slow-release
Cardizem	(diltiazem)	Tablet	Note: although not in the package insert, the drug has a coating that is intended to release the drug over approximately 3 hours
Cardizem CD	(diltiazem)	Capsule	Slow-release
Cardizem LA	(diltiazem)	Tablet	Slow-release
Cardura XL	(doxazosin)	Tablet	Slow-release
Cartia XT	(diltiazem)	Capsule	Slow-release
Cefaclor ER	------	Tablet	Slow-release (b)
Ceftin	(cefuroxime)	Tablet	Taste (b) (Note: use suspension for children)
Cefuroxime	------	Tablet	Taste (b) (Note: use suspension for children)
CellCept	(mycophenolate)	Capsule, Tablet	Teratogenic potential (i)
Cerdelga	(eliglustat)	Capsule	Preferably taken with water
Charcoal Plus	------	Tablet	Enteric-coated
Chlor-Trimeton 12-H	(combination)	Tablet	Slow-release (b)
Cipro XR	(ciprofloxacin)	Tablet	Slow-release (b)
Claritin-D 12 Hour	(combination)	Tablet	Slow-release
Claritin-D 24 Hour	(combination)	Tablet	Slow-release
Colace	(docusate)	Capsule	Taste (e)
Colestid	(colestipol)	Tablet	Slow-release
Commit	(nicotine)	Lozenge	Note: integrity compromised by chewing or crushing
Concerta	(methylphenidate)	Tablet	Slow-release
Contrave	(combination)	Tablet	Slow-release (Note: chewing, dividing, or crushing tablets may alter release rate)
Coreg CR	(carvedilol)	Capsule	Slow-release (a) (Note: may add contents of capsule to chilled, not warm, applesauce and consume immediately)
Cotazym-S	(pancrelipase)	Capsule	Enteric-coated (a)
Covera-HS	(verapamil)	Tablet	Slow-release
Creon 5, 10, 20	(pancrelipase)	Capsule	Slow-release (a)
Crixivan	(indinavir)	Capsule	Taste (Note: capsule may be opened and mixed with fruit puree [e.g., banana])

Oral Dosage Forms That Should Not Be Crushed 2015

Cymbalta	(DULoxetine)	Capsule	Slow-release (a) (Note: may add contents of capsule to apple juice or applesauce but NOT chocolate)
Cytovene	(ganciclovir)	Capsule	Skin irritant
Cytoxan	(cyclophosphamide)	Tablet	Note: drug may be crushed but company recommends using injection
Depakene	(divalproex)	Capsule	Slow-release; mucus membrane irritant (b)
Depakote	(divalproex)	Tablet	Slow-release
Depakote ER	(divalproex)	Tablet	Slow-release
Detrol LA	(tolterodine)	Capsule	Slow-release
Dexilant	(dexlansoprazole)	Capsule	Slow-release (a)
Diclegis	(combination)	Tablet	Slow-release
Dilacor XR	(diltiazem)	Capsule	Slow-release
Dilatrate-SR	(isosorbide)	Capsule	Slow-release
Dilt-CD	(diltiazem)	Capsule	Slow-release
Diltia XT	(diltiazem)	Capsule	Slow-release
Ditropan XL	(oxybutynin)	Tablet	Slow-release
Divalproex ER	(divalproex)	Tablet	Slow-release
Doxidan	(bisacodyl)	Tablet	Enteric-coated (c)
Drisdol	(ergocalciferol)	Capsule	Liquid filled (d)
Droxia	(hydroxyurea)	Capsule	Note: exposure to the powder may cause serious skin toxicities; health care workers should wear gloves to administer
Dulcolax	(bisacodyl)	Tablet; Capsule	Enteric-coated (c); Liquid-filled
DynaCirc CR	(isradipine)	Tablet	Slow-release
E.E.S. 400	(erythromycin)	Tablet	Enteric-coated (b)
Easprin	(aspirin)	Tablet	Enteric-coated
EC-Naprosyn	(combination)	Tablet	Enteric-coated
Ecotrin Adult Low Strength	(aspirin)	Tablet	Enteric-coated
Ecotrin Maximum Strength	(aspirin)	Tablet	Enteric-coated
Ecotrin Regular Strength	(aspirin)	Tablet	Enteric-coated
Effer-K	(potassium bicarbonate)	Tablet	Effervescent tablet (f)
Effervescent Potassium	------	Tablet	Effervescent tablet (f)
Effexor XR	(venlafaxine)	Capsule	Slow-release

Oral Dosage Forms That Should Not Be Crushed 2015

Embeda	(morphine sulfate)	Capsule	Slow-release (a)
E-Mycin	(erythromycin)	Tablet	Enteric-coated
Enablex	(darifenacin)	Tablet	Slow-release
Entocort EC	(budesonide)	Capsule	Enteric-coated (a)
Epanova	(omega-3-carboxylic acids)	Capsule	Note: contents of capsule may erode walls of Styrofoam or plastic materials
Equetro	(carBAMazepine)	Capsule	Slow-release (a)
Ergomar	(ergotamine)	Tablet	Sublingual form (g)
Erivedge	(vismodegib)	Capsule	Note: package insert indicates potential teratogenic effects; material safety data sheet warns against skin contact; health care workers should take appropriate precautions
Ery-Tab	(erythromycin)	Tablet	Enteric-coated
Erythromycin Base	-----	Tablet	Enteric-coated
Erythromycin Delayed-Release	------	Capsule	Enteric-coated pellets (a)
Erythromycin Stearate	------	Tablet	Enteric-coated
Evista	(raloxifene)	Tablet	Taste; teratogenic potential (i)
Exalgo	(HYDROmorphone)	Tablet	Slow-release (Note: crushing, chewing, or dissolving tablets can cause rapid release and absorption of a potentially fatal dose)
Exjade	(deferasirox)	Tablet	Note: do not give as whole tablet, tablets are meant to be given as oral suspension; see company insert
Extendryl JR	(combination)	Capsule	Slow-release
Extendryl SR	(combination)	Capsule	Slow-release (b)
Feen-a-mint	(bisacodyl)	Tablet	Enteric-coated (c)
Feldene	(piroxicam)	Capsule	Mucous membrane irritant
FentaNYL	------	Lozenge	Slow-release (Note: this lollipop delivery system requires the patient to slowly dissolve in mouth)
Fentora	(fentaNYL)	Tablet	Note: buccal tablet; swallow whole
Feosol	(ferrous sulfate)	Tablet	Enteric-coated (b)
Feratab	(ferrous sulfate)	Tablet	Enteric-coated (b)
Fergon	(ferrous gluconate)	Tablet	Enteric-coated

Oral Dosage Forms That Should Not Be Crushed 2015

Fero-Grad 500 mg	(combination)	Tablet	Slow-release
Ferro-Sequels	(combination)	Tablet	Slow-release
Flagyl ER	(metroNIDAZOLE)	Tablet	Slow-release
Fleet Laxative	(bisacodyl)	Tablet	Enteric-coated (c)
Flomax	(tamsulosin)	Capsule	Slow-release
Focalin XR	(dexmethylphenidate)	Capsule	Slow-release (a)
Fortamet	(metFORMIN)	Tablet	Slow-release
Fosamax	(alendronate)	Tablet	Mucous membrane irritant
Gleevec	(imatinib)	Tablet	Taste (h) (Note: may be dissolved in water or apple juice)
GlipiZIDE XR	(glipiZIDE)	Tablet	Slow-release
Glucophage XR	(metFORMIN)	Tablet	Slow-release
Glucotrol XL	(glipiZIDE)	Tablet	Slow-release
Glumetza	(metFORMIN)	Tablet	Slow-release
Gralise	(gabapentin)	Tablet	Slow-release
Guaifed	(combination)	Capsule	Slow-release
Guaifed-PD	(combination)	Capsule	Slow-release
Guaifenex DM	(combination)	Tablet	Slow-release (h)
Guaifenex GP	(combination)	Tablet	Slow-release
Guaifenex PSE	(combination)	Tablet	Slow-release (h)
GuaifFENesin/Pseudoephedrine	------	Tablet	Slow-release
GuaiMAX-D	(combination)	Tablet	Slow-release
Halfprin 81	(aspirin)	Tablet	Enteric-coated
Hetlioz	(tasimelteon)	Capsule	Note: not scored; no studies available from company
Hista-Vent DA	(combination)	Tablet	Slow-release (h)
Horizant	(gabapentin)	Tablet	Slow-release
Hydrea	(hydroxyurea)	Capsule	Note: exposure to the powder may cause serious skin toxicities; health care workers should wear gloves to administer
Hysingla ER	(HYDROcodone)	Tablet	Slow-release (Note: crushing, chewing, or dissolving tablets can cause rapid release and absorption of a potentially fatal dose of hydrocodone)

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Imbruvica	(ibrutinib)	Capsule	Note: not scored; no studies available from company
Imdur	(isosorbide)	Tablet	Slow-release (h)
Impavido	(miltefosine)	Capsule	Note: not scored; no studies available from company
Inderal LA	(propranolol)	Capsule	Slow-release
Indocin SR	(indomethacin)	Capsule	Slow-release (a,b)
InnoPran XL	(propranolol)	Capsule	Slow-release
Intelence	(etravirine)	Tablet	Note: tablet should be swallowed whole and not crushed; tablet may be dispersed in water
Intermezzo	(zolpidem)	Tablet	Sublingual form (g)
Intuniv	(guanFACINE)	Tablet	Slow-release
Invega	(paliperidone)	Tablet	Slow-release
Isoptin SR	(verapamil)	Tablet	Slow-release (h)
Isordil Sublingual	(isosorbide)	Tablet	Sublingual form (g)
Isosorbide Dinitrate Sublingual	(isosorbide)	Tablet	Sublingual form (g)
Isosorbide SR	(isosorbide)	Tablet	Slow-release
Jakafi	(ruxolitinib)	Tablet	Note: see prescribing information for making a suspension
Jalyn	(combination)	Capsule	Mucous membrane irritant (Note: women who are, or may become, pregnant, should not handle crushed or broken tablets [l])
Janumet XR	(combination)	Tablet	Slow-release
Kadian	(morphine)	Capsule	Slow-release (a) (Note: do not give via NG tubes)
Kaletra	(combination)	Tablet	Film-coated
Kaon-CL-10	(potassium)	Tablet	Slow-release (b)
Kapidex	(dexlansoprazole)	Capsule	Slow-release (a) (Note: name changed to *Dexilant)*
Kapvay	(cloNIDine)	Tablet	Slow-release
Kazano	(combination)	Tablet	Note: not scored; no studies available from company
K-Dur	(potassium)	Tablet	Slow-release

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Keppra	(levETIRAcetam)	Tablet	Taste (b) (Note: some extemporaneous formulas are pharmacy prepared)
Keppra XR	(levETIRAcetam)	Tablet	Slow-release (b)
Ketek	(telithromycin)	Tablet	Slow-release (b)
Khedezla	(desvenlafaxine)	Tablet	Slow-release
Klor-Con	(potassium)	Tablet	Slow-release (b)
Klor-Con M	(potassium)	Tablet	Slow-release (b,h)
Klotrix	(potassium)	Tablet	Slow-release
K-Lyte	(potassium)	Tablet	Effervescent tablet (f)
K-Lyte CL	(potassium)	Tablet	Effervescent tablet (f)
K-Lyte DS	(potassium)	Tablet	Effervescent tablet (f)
Kombiglyze XR	(combination)	Tablet	Slow-release (Note: tablet matrix may remain in stool)
K-Tab	(potassium)	Tablet	Slow-release (b)
LaMICtal XR	(lamoTRIgine)	Tablet	Slow-release
Lescol XL	(fluvastatin)	Tablet	Slow-release
Letairis	(ambrisentan)	Tablet	Slow-release
Levbid	(hyoscyamine)	Tablet	Slow-release (h)
Levsinex Timecaps	(hyoscyamine)	Capsule	Slow-release
Lialda	(mesalamine)	Tablet	Slow-release
Liquibid-PD	(combination)	Tablet	Slow-release (h)
Lithobid	(lithium)	Tablet	Slow-release
Lodrane 24	(brompheniramine)	Capsule	Slow-release
Lodrane 24D	(combination)	Capsule	Slow-release
LoHist 12 Hour	(brompheniramine)	Tablet	Slow-release
Lovaza	(combination)	Capsule	Note: contents of capsule may erode walls of Styrofoam or plastic materials
Luvox CR	(fluvoxaMINE)	Capsule	Slow-release
Maxifed DM	(combination)	Tablet	Slow-release (h)
Maxifed DMX	(combination)	Tablet	Slow-release (h)
Maxiphen DM	(combination)	Tablet	Slow-release (h)
Medent-DM	(combination)	Tablet	Slow-release
Mestinon ER	(pyridostigmine)	Tablet	Slow-release (b)
Metadate CD	(methylphenidate)	Capsule	Slow-release (a)

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Metadate ER	(methylphenidate)	Tablet	Slow-release
Methylin ER	(methylphenidate)	Tablet	Slow-release
Metoprolol ER	------	Tablet	Slow-release
Micro K Extencaps	(potassium chloride)	Capsule	Slow-release (a,b)
Miraphen PSE	(combination)	Tablet	Slow-release
Morphine sulfate extended-release	------	Tablet	Slow-release
Motrin	(ibuprofen)	Tablet	Taste (b,e)
Movantik	(naloxegol)	Tablet	Film-coated
Moxatag	(amoxicillin)	Tablet	Slow-release
MS Contin	(morphine)	Tablet	Slow-release (b)
Mucinex	(guaiFENesin)	Tablet	Slow-release
Mucinex DM	(combination)	Tablet	Slow-release
Myfortic	(mycophenolate)	Tablet	Slow-release
Myrbetriq	(mirabegron)	Tablet	Slow-release
Namenda XR	(memantine)	Capsule	Slow-release (a)
Naprelan	(naproxen)	Tablet	Slow-release
NexIUM	(esomeprazole)	Capsule	Slow-release (a)
Niaspan	(nicotinic acid)	Tablet	Slow-release
Nicotinic Acid	------	Capsule; Tablet	Slow-release (h)
Nifediac CC	(NIFEdipine)	Tablet	Slow-release
Nifedical XL	(NIFEdipine)	Tablet	Slow-release
Nitrostat	(nitroglycerin)	Tablet	Sublingual form (g)
Norflex ER	(orphenadrine)	Tablet	Slow-release
Northera	(droxidopa)	Capsule	Note: no studies available from company
Norpace CR	(disopyramide)	Capsule	Slow-release form within a special capsule
Norvir	(ritonavir)	Tablet	Note: crushing tablets has resulted in decreased bioavailability of drug (b)
Noxafil	(posaconazole)	Tablet	Slow-release (b)
Nucynta ER	(tapentadole)	Tablet	Slow-release (Note: crushing, chewing, or dissolving tablets may result in overdose or death)
OFEV	(nintedanib)	Capsule	Taste
Oleptro	(traZODone)	Tablet	Slow-release (h)

Oral Dosage Forms That Should Not Be Crushed 2015

Omtryg	(omega-3-acid ethyl esters A)	Capsule	Note: contents of capsule may erode walls of Styrofoam or plastic materials
Opana ER	(oxymorphone)	Tablets	Slow-release (Note: crushing, chewing, or dissolving tablets may result in overdose or death)
Oracea	(doxycycline)	Capsule	Slow-release
Oramorph SR	(morphine)	Tablet	Slow-release (b)
Otezla	(apremilast)	Tablet	Film-coated
OxyCONTIN	(oxyCODONE)	Tablet	Slow-release (Note: tablet disruption may cause a potentially fatal overdose of oxyCODONE)
Pancreaze	(pancrelipase)	Capsule	Enteric-coated (a)
Pancrecarb	(pancrelipase)	Capsule	Enteric-coated (a)
Pancrelipase	-----	Capsule	Enteric-coated (a)
Paxil CR	(PARoxetine)	Tablet	Slow-release
Pentasa	(mesalamine)	Capsule	Slow-release
Pertyze	(pancrelipase)	Capsule	Slow-release (a)
Plendil	(felodipine)	Tablet	Slow-release
Pradaxa	(dabigatran)	Capsule	Note: breaking, chewing, or emptying contents of the capsule can result in increased exposure
Pre-Hist-D	(combination)	Tablet	Slow-release (h)
Prevacid	(lansoprazole)	Capsule	Slow-release
Prevacid SoluTab	(lansoprazole)	Tablet	Note: orally disintegrating do not swallow; dissolve in water only and dispense via dosing syringe of NG tube
Prevacid Suspension	(lansoprazole)	Suspension	Slow-release (Note: contains enteric-coated granules; mix with water only; not for NG use)
PriLOSEC	(omeprazole)	Capsule	Slow-release
PriLOSEC OTC	(omeprazole)	Tablet	Slow-release
Pristiq	(desvenlafaxine)	Tablet	Slow-release
Procardia XL	(NIFEdipine)	Tablet	Slow-release
Propecia	(finasteride)	Tablet	Note: women who are, or may become, pregnant, should not handle crushed or broken tablets

Proquin XR	(ciprofloxacin)	Tablet	Slow-release
Proscar	(finasteride)	Tablet	Note: women who are, or may become, pregnant, should not handle crushed or broken tablets
Protonix	(pantoprazole)	Tablet	Slow-release
PROzac Weekly	(FLUoxetine)	Tablet	Enteric-coated
QDALL	(combination)	Capsule	Slow-release
QDALL AR	(combination)	Capsule	Slow-release
Qudexy XR	(topiramate)	Capsule	Slow-release (a)
Ranexa	(ranolazine)	Tablet	Slow-release
Rapamune	(sirolimus)	Tablet	Note: pharmacokinetic parameters may be affected (b)
Rayos	(predniSONE)	Tablet	Slow-release (Note: delayed release is dependent on an intact coating)
Razadyne ER	(galantamine)	Capsule	Slow-release
Renagel	(sevelamer)	Tablet	Note: tablets expand in liquid if broken or crushed
Renvela	(sevelamer carbonate)	Tablet	Note: tablets expand in liquid if broken or crushed (b)
Requip XL	(ropinirole)	Tablet	Slow-release
Rescon	(combination)	Tablet	Slow-release (h)
Rescon JR	(combination)	Tablet	Slow-release (h)
Rescon MX	(combination)	Tablet	Slow-release (h)
Respahist	(combination)	Capsule	Slow-release (a)
Respaire SR	(combination)	Capsule	Slow-release
Revlimid	(lenalidomide)	Capsule	Note: Teratogenic potential; health care workers should avoid contact with capsule contents/body fluids
Reyataz	(atazanavir)	Capsule	Note: an oral powder is available, see prescribing information for administration instructions
Ritalin LA	(methylphenidate)	Capsule	Slow-release (a)
Ritalin SR	(methylphenidate)	Tablet	Slow-release
R-Tanna	(combination)	Tablet	Slow-release

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Rythmol SR	(propafenone)	Capsule	Slow-release
Ryzolt	(traMADol)	Tablet	Slow-release (Note: crushing may cause overdose)
Sensipar	(cinacalcet)	Tablet	Note: tablets are not scored and cutting may cause variable dosage accuracy
SEROquel XR	(QUEtiapine)	Tablet	Slow-release
Sinemet CR	(levo/carbidopa)	Tablet	Slow-release (h)
SINUvent PE	(combination)	Tablet	Slow-release (h)
Slo-Niacin	(nicotinic acid)	Tablet	Slow-release (h)
Solodyn	(minocycline)	Tablet	Slow-release
Somnote	(chloral hydrate)	Capsule	Liquid filled
Sprycel	(dasatinib)	Tablet	Film-coated (Note: active ingredients are surrounded by wax matrix to prevent healthcare exposure; women who are, or may become, pregnant, should not handle crushed or broken tablet)
Strattera	(atomoxetine)	Capsule	Note: capsule contents can cause ocular irritation
Sudafed 12 hour	(combination)	Capsule	Slow-release (b)
Sudafed 24 hour	(combination)	Capsule	Slow-release (b)
Sular	(nisoldipine)	Tablet	Slow-release
Symax Duotab	(hyoscyamine)	Tablet	Slow-release
Symax SR	(hyoscyamine)	Tablet	Slow-release
Targiniq ER	(combination)	Tablet	Slow-release (Note: crushing, chewing, or dissolving tablets can cause rapid release and absorption of a potentially fatal dose of oxycodone)
Tasigna	(nilotinib)	Capsule	Note: disruption of capsule may yield high blood levels causing enhanced toxicity
Taztia XT	(diltiazem)	Capsule	Slow-release (a)
Tecfidera	(dimethyl fumarate)	Capsule	Slow-release
TEGretol-XR	(carBAMazepine)	Tablet	Slow-release

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Temodar	(temozolomide)	Capsule	Slow-release (Note: accidentally opened or damaged capsules require rigorous precautions to avoid inhalation or contact with the skin or mucous membranes [i])
Tessalon Perles	(benzonatate)	Capsule	Note: swallow whole; local anesthesia of the oral mucosa; choking could occur
Theo-24	(theophylline)	Capsule	Slow-release (Note: contains beads that dissolve throughout the GI tract)
Theochron	(theophylline)	Tablet	Slow-release
Tiazac	(diltiazem)	Capsule	Slow-release (a)
Topamax	(topiramate)	Tablet; Capsule	Taste; Taste (a)
Toprol XL	(metoprolol)	Tablet	Slow-release (h)
Touro CC-LD	(combination)	Tablet	Slow-release (h)
Touro LA-LD	(combination)	Tablet	Slow-release (h)
Toviaz	(fesoterodine)	Tablet	Slow-release
Tracleer	(bosentan)	Tablet	Note: women who are, or may become, pregnant, should not handle crushed or broken tablets
TRENtal	(pentoxifylline)	Tablet	Slow-release
Treximet	(combination)	Tablet	Note: unique drug matrix enhances rapid drug absorption
Trilipix	(fenofibric acid)	Capsule	Slow-release
Tylenol Arthritis	(acetaminophen)	Tablet	Slow-release
Uceris	(budesonide)	Tablet	Slow-release (Note: film coating is designed to break down at or above pH of 7.0)
Ultram ER	(traMADol)	Tablet	Slow-release (Note: tablet disruption may cause a potentially fatal overdose of drug)
Ultrase	(pancrelipase)	Capsule	Enteric-coated
Ultresa	(pancrelipase)	Capsule	Slow-release (a)
Uniphyl	(theophylline)	Tablet	Slow-release
Urocit-K	(potassium citrate)	Tablet	Wax-coated; prevents upper GI release
Uroxatral	(alfuzosin)	Tablet	Slow-release
Valcyte	(valGANCiclovir)	Tablet	Teratogenic and irritant potential (i, b)
Verapamil SR	------	Tablet	Slow-release (h)

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Verelan	(verapamil)	Capsule	Slow-release (a)
Verelan PM	(verapamil)	Capsule	Slow-release (a)
VESIcare	(solifenacin)	Tablet	Enteric-coated
Videx EC	(didanosine)	Capsule	Slow-release
Vimovo	(combination)	Tablet	Slow-release
Viokace	(pancrelipase)	Tablet	Mucous membrane irritant
Viramune XR	(nevirapine)	Tablet	Slow-release (b)
Voltaren XR	(diclofenac)	Tablet	Slow-release
VoSpire ER	(albuterol)	Tablet	Slow-release
Votrient	(pazopanib)	Tablet	Note: crushing significantly increases the AUC and Tmax
Wellbutrin SR, XL	(buPROPion)	Tablet	Slow-release
Xanax XR	(ALPRAZolam)	Tablet	Slow-release
Xarelto	(rivaroxaban)	Tablet	Note: crushed tablet must be given within 4 hours
Xartemis XR	(combination)	Tablet	Slow-release (Note: crushing, chewing, or dissolving tablets can cause rapid release and absorption of a potentially fatal dose)
Xigduo XR	(combination)	Tablet	Slow-release
Zegerid	(combination)	Capsule	Slow-release (b)
Zenpep	(pancrelipase)	Capsule	Slow-release (b)
Zohydro ER	(HYDROcodone)	Capsule	Slow-release (Note: crushing, chewing, or dissolving capsules may result in overdose or death)
Zolinza	(vorinostat)	Capsule	Note: irritant; avoid contact with skin or mucous membranes; avoid contact with crushed or broken tablets
Zortress	(everolimus)	Tablet	Note: crushed powder may cause mucous membrane irritation
Zyban	(buPROPion)	Tablet	Slow-release
Zydelig	(idelalisib)	Tablet	Note: not scored; film-coated
Zyflo CR	(zileuton)	Tablet	Slow-release

Oral Dosage Forms That Should Not Be Crushed 2015

(a) Capsule may be opened and the contents taken without crushing or chewing; soft food such as applesauce or pudding may facilitate administration; contents

(b) Liquid dosage forms of the product are available; however, dose, frequency of administration and manufacturers may differ from that of the solid dosage form.

(c) Antacids and/or milk may prematurely dissolve the coating of the tablet.

(d) Capsule may be opened and the liquid contents removed for administration.

(e) The taste of this product form would likely be unacceptable to the patient; administration via nasogastric tube should be acceptable.

(f) Effervescent tablets must be dissolved in the amount of diluent recommended by the manufacturer.

(g) Tablets are made to disintegrate under the tongue.

(h) Tablet is scored and may be broken in half without affecting release characteristics.

(i) Skin contact may enhance tumor production; avoid direct contact.

Disclaimer: This list is not meant to represent all products, either by generic or trade name. While every effort has been made to ensure the accurcay and completeness of the information presented in this chart, the reader is advised that the authors, editor, or publisher cannot be responsible for the currency of the information, for any errors or omissions, or for any consequences that may arrise.

Two official USP terms are used to designate special-release medication forms: "extended release" and "delayed release." Others (e.g., sustained release, controlled release) are commonly used on package labeling. The term "Slow-release" is being used here to signify all such drugs with a special-release mechanism.

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