

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

Effective 2-3-12; Updated: 1-13-12

| THERAPEUTIC DRUG CLASS   | PREFERRED AGENTS  |   |  | NON-PREFERRED AGENTS  |  |  |  |
|--|---|---|--|---|--|--|--|
|  |   |   |  | PA Is Required  |  |  |  |
| <b>ACNE AGENTS, TOPICAL</b><br><br><b>–Age limits apply</b><br><br>Preferred status implementation: 7/1/11   | benzoyl peroxide<br>clindamycin<br>erythromycin<br>tretinoin<br>Azelex<br><b>Benzaclin</b><br><b>Differin ▲</b><br>Epiduo ▲ | Retin-A Micro   |  | adapalene<br>clindamycin/benzoyl peroxide<br>erythromycin/benzoyl peroxide<br>sulfacetamide<br>sulfacetamide/sulfur<br>Acanya<br>Aczone | Akne-Mycin<br>Atralin<br>Clarifoam EF<br>Cleanse & Treat<br>Clinac BPO<br>Clindagel ▲<br>Delos<br>Duac | Evoclin<br>Garimide <sup>NR</sup><br>Inova<br>Nuox<br>SE BPO<br>Tazorac<br>Veltin<br>Zaclir<br>Ziana |  |
| <b>ALZHEIMER'S AGENTS</b><br><br><b>●–Clinical criteria apply</b><br>Preferred status implementation: 1/6/12   | donepezil tablets ●<br><b>Aricept ODT ▲ ●</b><br>Exelon patch* ●<br>Namenda tablets ●                                       |   |  | donepezil ODT* ●<br>galantamine* / ER* ●<br>rivastigmine capsules* ●<br>Aricept 23 mg* ●  |  | Exelon solution* ●<br>Namenda solution* ●  |  |
| <b>ANALGESICS/ANESTHETICS, TOPICAL</b><br><br>Preferred status implementation: 1/6/12  | Lidoderm (greater than 2 patches a day requires clinical criterion)<br>Voltaren gel   |   |  | Flector<br>Pennsaid<br>Qutenza  |  |  |  |
| <b>ANALGESICS, NARCOTIC LONG</b><br><br><b>●–Clinical criteria apply</b><br><b>–Quantity limits in place</b><br>Preferred status implementation: 7/1/11  | fentanyl transdermal ●<br>methadone ●<br>morphine ER ●<br>Kadian ●  |   |  | morphine ER (Kadian) <sup>NR</sup> ●<br>oxycodone ER ●<br>oxymorphone ER ●<br>tramadol ER<br>Avinza ▲ ●<br>Butrans ●                    |  | Conzip ER <sup>NR</sup><br>Duragesic ●<br>Embeda ●<br>Exalgo ●                                       | Nucynta ER <sup>NR</sup> ●<br>OxyContin ●<br>Ryzolt<br>Ultram ER |
| <b>ANALGESICS, NARCOTIC SHORT</b><br><br><b>●–Clinical criteria apply</b><br><b>–Quantity limits in place</b><br>Preferred status implementation: 7/1/11 | butalbital compound with codeine<br>codeine<br>codeine/APAP<br>dihydrocodeine/APAP/<br>caffeine                             | hydrocodone/APAP<br>hydrocodone/ibuprofen<br>hydromorphone<br>meperidine<br>morphine IR<br>oxycodone IR | oxycodone/APAP<br>oxycodone/ASA<br>oxycodone/ibuprofen<br>pentazocine/APAP<br>pentazocine/naloxone<br>tramadol | fentanyl lozenge ●<br>levorphanol<br>oxymorphone<br>tramadol/APAP<br>Abstral  |  | Dilaudid liquid<br>Fentora<br>Ibudone<br>Nucynta<br>Onsolis  | Opana<br>Reprexain<br>Rybix ODT<br>Zamacet<br>Zolvit             |
| <b>ANDROGENIC AGENTS</b><br><br>Preferred status implementation: 7/1/11  | Androderm   |   |  | Androgel ▲<br>Axiron <sup>NR</sup><br>Fortesta  |  | Testim   |  |
| <b>ANGIOTENSIN MODULATORS</b><br><br><b>–Dose optimization when applicable</b><br>Preferred status implementation: 7/22/11                               | benazepril / HCTZ<br>captopril / HCTZ<br>enalapril / HCTZ<br>fosinopril / HCTZ  | lisinopril / HCTZ<br>losartan / HCTZ<br>quinapril / HCTZ<br>ramipril                                    | trandolapril<br>Diovan / HCT   | eprosartan<br>moexipril / HCTZ<br>perindopril<br>Atacand / HCT  | Avapro / Avalide<br>Benicar / HCT ▲<br>Edarbi <sup>NR</sup>  | Micardis / HCT<br>Tekturma / HCT<br>Teveten / HCT  |  |

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| <b>ANGIOTENSIN MODULATORS/CALCIUM CHANNEL BLOCKER COMBINATIONS</b><br><br><b>–Dose optimization when applicable</b><br>Preferred status implementation: 7/22/11 | amlodipine/benazepril<br>Azor / Tribenzor ▲<br>Exforge / HCT<br>Valturna   |  |  | trandolapril / verapamil<br>Tarka<br>Tekamlo / Amturnide<br>Twynsta   |  |  |
| <b>ANTIBIOTICS, GI</b><br><br>Preferred status implementation: 7/1/11   | metronidazole<br>neomycin<br>Alinia  | Tindamax▲  |  | Difacid <sup>NR</sup><br>Flagyl ER<br>Vancocin  | Xifaxan ▲ ●  |  |
| <b>ANTIBIOTICS, INHALED</b><br><br>Preferred status implementation: 7/1/11  | TOBI   |  |  | Cayston   |  |  |
| <b>ANTIBIOTICS, TOPICAL</b><br><br>Preferred status implementation: 7/1/11  | bacitracin<br>bacitracin / polymyxin<br>gentamicin   | mupirocin ointment   |  | Altabax<br>Bactroban cream  |  |  |
| <b>ANTIBIOTICS, VAGINAL</b><br><br>Preferred status implementation: 7/1/11  | clindamycin<br>metronidazole<br>Cleocin ovules   | Clindesse  |  |   |  |  |
| <b>ANTICOAGULANTS</b><br><br><b>–Quantity limits in place on injectable fomulations</b><br><br>Preferred status implementation: 7/1/11                          | warfarin<br>Arixtra<br>Fragmin▲  | <b>Lovenox</b>   |  | enoxaparin<br>fondaparinux<br>Innohep   | Pradaxa<br>Xarelto <sup>NR</sup>   |  |
| <b>ANTICONVULSANTS</b><br><br><b>●–Clinical criterial apply</b><br><b>–Quantity limits in place</b><br><br>Preferred status implementation: 1/6/12              | carbamazepine<br>clonazepam tablets<br>diazepam (rectal)<br>divalproex IR / ER<br>ethosuximide syrup<br>gabapentin<br>lamotrigine<br>levetiracetam | oxcarbazepine tablets<br>phenobarbital<br>phenytoin<br>primidone<br>topiramate<br>valproic acid<br>zonisamide<br>Carbatrol | Celontin<br><b>Depakote Sprinkle</b><br>Dilantin Infatab<br>Felbatol▲<br>Gabitril<br>Peganone▲<br><b>Topamax Sprinkle</b><br><b>Trileptal suspension</b> | carbamazepine XR<br>clonazepam ODT<br>divalproex sprinkle<br>ethosuximide caps<br>felbamate<br>levetiracetam ER | oxcarbazepine suspension<br>topiramate sprinkle<br>Banzel▲<br>Equetro<br>Fanatrex <sup>NR</sup><br>Gralise<br>Lamictal ODT | Lamictal XR<br>Lyrica ●<br>Onfi <sup>NR</sup><br>Phenytek<br>Sabril<br>Stavzor<br>Vimpat |
| <b>ANTIDEPRESSANTS, OTHER</b><br><br>Preferred status implementation: 1/6/12  | bupropion IR<br>bupropion SR<br>bupropion XL<br>mirtazapine  | trazodone<br>venlafaxine ER caps<br>Cymbalta▲  | Marplan<br><b>Parnate</b>  | nefazodone*<br>phenelzine*<br>tranylcypromine*<br>venlafaxine*  | venlafaxine ER tablets*<br>Aplenzin*<br>Emsam*   | Oleptro*<br>Pristiq*<br>Viibryd*   |

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| <b>ANTIDEPRESSANTS, SSRIs</b><br><br>Preferred status implementation: 1/6/12  | citalopram<br>fluoxetine<br>fluvoxamine   | paroxetine tablets<br>sertraline<br>Lexapro tablets | fluoxetine 20 mg tablets*<br>fluoxetine weekly*<br>paroxetine CR*<br>paroxetine suspension*  | Lexapro solution*<br>Luvox CR* ▲<br>Pexeva*                                  |   |
| <b>ANTIEMETICS</b><br><br>●—Clinical criteria apply<br>—Quantity limits in place<br>Preferred status implementation: 7/1/11 | ondansetron ODT<br>ondansetron tablets  |   | dronabinol ●<br>granisetron ●<br>ondansetron solution ●<br>Anzemet ●<br>Cesamet ●<br>Emend ●<br><br>Sancuso ●<br>Zuplenz ●   |  |   |
| <b>ANTIFUNGALS, ORAL</b><br><br>Preferred status implementation: 7/1/11   | fluconazole<br>griseofulvin suspension<br>ketoconazole<br>nystatin<br>Gris-Peg ▲  |   | clotrimazole<br>flucytosine<br>itraconazole<br>terbinafine<br>voriconazole tablets   | First-Duke's<br>First-Mary's<br>Grifulvin V<br>Lamisil granules<br>Noxafil ▲ | Oravig<br>Sporanox<br>solution<br>Terbinex<br>Vfend     |
| <b>ANTIFUNGALS, TOPICAL</b><br><br>Preferred status implementation: 7/1/11  | clotrimazole<br>clotrimazole/betamethasone<br>econazole<br>ketoconazole cream/shampoo<br>nystatin                                       | nystatin/triamcinolone                              | ciclopirox<br>ketoconazole foam<br>Bensal HP<br>CNL-8<br>Ciclodan kit <sup>NR</sup>  | Ertaczo<br>Exelderm<br>Ketocon Plus<br>Mentax<br>Naftin ▲                    | Nuzole<br>Oxistat<br>Pediaiderm AF<br>Vusion<br>Xolegel |
| <b>ANTIHIISTAMINES, MINIMALLY SEDATING</b><br><br>Preferred status implementation: 1/6/12                                   | cetirizine solution OTC / Rx<br>cetirizine tablets OTC<br>cetirizine-D OTC<br>loratadine ODT, solution, tablets OTC<br>loratadine-D OTC |   | cetirizine chewable<br>fexofenadine OTC<br>fexofenadine / fexofenadine-D<br>levocetirizine syrup, tablets<br>Allegra / Allegra-D<br><br>Clarinex/Clarinex-D ▲<br>Claritin OTC<br>Semprex-D |  |   |
| <b>ANTIHYPERTENSIVES, SYMPATHOLYTIC</b><br><br>Preferred status implementation: 1/13/12                                     | clonidine<br>guanfacine<br>methyldopa / HCTZ<br><b>Catapres-TTS</b>   |   | clonidine transdermal<br>reserpine<br>Nexiclon XR  |  |   |
| <b>ANTIMIGRAINE AGENTS, TRIPTANS</b><br><br>—Quantity limits in place<br><br>Preferred status implementation: 7/29/11       | sumatriptan (all formulations)<br><b>Imitrex nasal / injection</b><br>Relpax  |   | naratriptan<br>Alsuma<br>Axert<br>Cambia<br>Frova<br><br>Imitrex tablets<br>Maxalt / MLT<br>Treximet<br>Zomig / ZMT / nasal  |  |   |

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| <b>ANTIPARASITICS, TOPICAL</b><br><br>Preferred status implementation: 7/1/11   | permethrin (Rx and OTC)  |   |  | lindane<br>malathion<br>Eurax ▲  |  | Lycelle <sup>NR</sup><br>Natroba<br>Ulesfia                                |   |
| <b>ANTIPARKINSON'S AGENTS</b><br><br>Preferred status implementation: 1/6/12  | benztropine<br>carbidopa/levodopa<br>pramipexole<br>ropinirole   |   | selegiline<br>trihexyphenidyl<br>Stalevo                               | bromocriptine<br>levodopa/carbidopa<br>ODT   |  | Azilect<br>Comtan<br>Mirapex ER  | Requip XL<br>Tasmar<br>Zelapar                            |
| <b>ANTIPSYCHOTICS</b><br><br>Preferred status implementation: 1/6/12  | amitriptyline /<br>perphenazine<br>chlorpromazine<br>clozapine<br>fluphenazine /<br>decanoate<br>haloperidol / decanoate | perphenazine<br>risperidone solution,<br>tablets<br>thioridazine<br>thiothixene<br>trifluoperazine<br>Abilify | Geodon / IM<br>Moban<br>Orap<br>Seroquel / XR<br><b>Zyprexa</b>        | Olanzapine /IM<br>risperidone ODT*<br>Abilify IM*<br>Fanapt*<br>Fazaclo*▲<br>Invega*<br>Invega Sustenna* |  | Latuda*<br>Risperdal Consta*<br>Saphris*<br>Symbyax*▲<br>Zyprexa Relprev*▲ |   |
| <b>ANTIVIRALS, ORAL</b><br><br>–Quantity limits in place<br>Preferred status implementation: 7/1/11                               | acyclovir<br>amantadine<br>rimantadine<br>valacyclovir   |   | Relenza<br>Tamiflu ▲<br><b>Valtrex</b>                                 | famciclovir  |  |  |   |
| <b>BETA BLOCKERS</b><br><br>Preferred status implementation: 7/1/11   | acebutolol<br>atenolol / chlorthalidone<br>betaxolol<br>bisoprolol / HCTZ<br>carvedilol                                  | labetalol<br>metoprolol / HCTZ<br>metoprolol XL<br>nadolol /<br>bendroflumethiazide                           | pindolol<br>propranolol / HCTZ<br>propranolol ER<br>sotalol<br>timolol | Bystolic<br>Coreg CR<br>Innopran XL<br>LevatoI   |  |  |   |
| <b>BLADDER RELAXANT PREPARATIONS</b><br><br>Preferred status implementation: 7/8/11   | oxybutynin IR<br>Toviaz<br>Vesicare  |   |  | oxybutynin ER<br>trospium<br>Detrol / LA<br>Enablex  |  | Gelnique<br>Oxytrol<br>Sanctura XR   |   |
| <b>BONE RESORPTION SUPPRESSION AND RELATED AGENTS</b><br><br>●–Clinical criteria apply<br>Preferred status implementation: 7/1/11 | alendronate<br><b>Miacalcin</b>  |   |  | calcitonin-salmon<br>etidronate<br>Actonel / with<br>Calcium<br>Atelvia                                  |  | Boniva ▲<br>Didronel<br>Evista▲<br>Forteo▲●                                | Fortical<br>Fosamax Plus D<br>Fosamax solution<br>Prolia● |
| <b>BPH TREATMENTS</b><br><br>Preferred status implementation: 7/1/11  | doxazosin<br>finasteride<br>tamsulosin<br>terazosin  |   | Uroxatral  | alfuzosin<br>Avodart<br>Cardura XL<br>Jalyn  |  | Rapaflo  |   |

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| <b>BRONCHODILATORS, BETA AGONIST</b><br><br><b>●--Clinical criteria apply</b><br>Preferred status implementation: 1/13/12        | albuterol tablets<br>albuterol nebulizer<br>terbutaline<br>ProAir HFA<br>Proventil HFA          |  | Foradil ▲ (ICD-9 code for COPD indication may create a system-generated approval )<br><br>Serevent (ICD-9 code for COPD indication may create a system-generated approval ) | albuterol ER<br>levalbuterol nebulizer<br>metaproteranol<br>Arcapta<br>Brovana<br><br>Maxair<br>Perforomist<br>Ventolin HFA<br>Xopenex HFA<br>Xopenex nebulizer |  |  |
| <b>CALCIUM CHANNEL BLOCKERS</b><br><br><b>--Dose optimization when applicable</b><br><br>Preferred status implementation: 7/1/11 | amlodipine<br>diltiazem<br>felodipine<br>isradipine<br>nifedipine<br>verapamil                  |  | nifedipine IR / ER<br>verapamil   |   | diltiazem LA<br>nimodipine (ICD-9 code for SAH indication may create a system-generated approval )<br>nisoldipine<br><br>verapamil ER PM<br>Cardene SR ▲<br>Covera-HS<br>Dynacirc CR |  |
| <b>CEPHALOSPORINS AND RELATED ANTIBIOTICS</b><br><br>Preferred status implementation: 7/1/11                                     | amoxicillin/clavulanate suspension<br>amoxicillin/clavulanate tablets<br>cefaclor<br>cefadroxil | cefdinir<br>cefpodoxime<br>cefprozil<br>cefuroxime<br>cephalixin | Augmentin 125, 250 suspension<br>Cedax<br>Suprax  | amoxicillin/clavulanate XR<br>cefditoren<br>Cefitin suspension  |  |  |
| <b>COPD AGENTS</b><br><br>Preferred status implementation: 1/6/12  | ipratropium nebulizer<br>Combivent<br>Spiriva   |  |   | albuterol/ipratropium nebulizer<br>Atrovent HFA<br>Daliresp   |  |  |
| <b>COUGH and COLD</b><br><b>--Quantity limits in place</b><br>Preferred status implementation: 1/1/11                            | Please see complete list of preferred agents at end of PDL document                             |  |   | All other cough/cold products non-preferred   |  |  |
| <b>COLONY STIMULATING FACTORS</b><br><br>Preferred status implementation: 7/1/11   | Neupogen  |  |   | Leukine<br>Neulasta   |  |  |

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| <b>CONTRACEPTIVES, ORAL</b><br><br>Preferred status implementation: 7/1/11   | Apri<br>Aviane<br>Camila<br>Cryselle<br>Cyclofem<br>Errin<br>Gildess Fe<br>Jolivette<br>Junel / Fe<br>Kelnor<br>Levora<br>Loestrin<br>Loestrin 24 Fe<br>Low-Ogestrel | Lybrel<br>Microgestin / Fe<br>Micronor<br>Mircette<br>Mononessa<br>Necon<br>norethindrone<br>norgestrel / ethinyl estradiol<br>Nortrel<br>Ortho Tri-Cyclen<br>Ortho Tri-Cyclen Lo<br>Ortho-Novum<br>Ovcon-50 | Portia<br>Seasonique<br>Solia<br>Sprintec<br>Sronyx<br>Trinessa<br>Tri-Norinyl<br>Tri-Sprintec<br>Trivora-28<br>Velivet<br>Yasmin<br>Yaz<br>Zovia | ethinyl estradiol / levonorgestrel<br>Aranelle*<br>Azurette*<br>Balziva*<br>Beyaz*<br>Camrese <sup>NR</sup><br>Caziant*<br>Femcon Fe*<br>Gianvi*<br>Introvale*<br>Jolessa*       | Kariva*<br>Lessina*<br>Lo Loestrin Fe*<br>Loseasonique*<br>Lutera*<br>Natazia*<br>Nora-Be*<br>Ocella*<br>Ogestrel*<br>Ortho-Cyclen* | Ovcon-35*<br>Previfem*<br>Quasense*<br>Reclipsen*<br>Safyral*<br>Syeda <sup>NR</sup><br>Tilia Fe*<br>Tri-Legest Fe*<br>Tri-Lo-Sprintec*<br>Tri-Previfem*<br>Zarah*<br>Zegent Fe <sup>NR</sup><br>Zenchent* |
| <b>CYTOKINE AND CAM ANTAGONISTS</b><br><br>Preferred status implementation: 1/6/12                                     | Cimzia<br>Enbrel<br>Humira   |  |   | Actemra<br>Amevive ▲<br>Kineret<br>Orencia<br>Remicade<br>Simponi<br>Stelara   |   |  |
| <b>DIABETIC TESTING BLOOD GLUCOSE METERS, TEST STRIPS, LANCETS</b><br><br>Preferred Status implementation 1/1/11       | FreeStyle Freedom Lite meter®<br>FreeStyle Lite meter®<br>FreeStyle Lite test strips®<br>FreeStyle test strips®<br>FreeStyle lancets®                                |  |   | All other diabetic meters and test strips are non-preferred  |   |  |
| <b>ERYTHROPOIESIS STIMULATING PROTEINS</b><br><br>●—Clinical criteria apply<br>Preferred status implementation: 7/1/11 | Aranesp ●<br>Procrit ●   |  |   | Epogen ●   |   |  |
| <b>FLUOROQUINOLONES</b><br><br>Preferred status implementation: 7/1/11   | ciprofloxacin<br>levofloxacin  |  |   | ciprofloxacin ER<br>ofloxacin<br>Avelox ▲<br>Cipro suspension ▲<br>Factive ▲<br>Noroxin<br>Proquin XR  |   |  |
| <b>GLUCOCORTICOIDS, INHALED</b><br><br>●—Clinical criteria apply<br>Preferred status implementation: 1/6/12            | Advair / HFA (step-edit) ●<br>Asmanex ▲<br>Dulera (step-edit) ●<br>Flovent / HFA<br>QVAR<br>Symbicort (step-edit) ●  |  |   | budesonide respules (age 6 and under or clients with diagnoses on file indicating developmental delays may create a system generated approval)<br>Alvesco<br>Pulmicort Flexhaler |   |  |

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

Effective 2-3-12; Updated: 1-13-12

| THERAPEUTIC DRUG CLASS  | PREFERRED AGENTS   |  |   | NON-PREFERRED AGENTS<br>PA Is Required   |  |
|---|--|--|---|--|--|
| <b>GROWTH HORMONES</b><br><b>●—Clinical criteria apply</b><br>Preferred status implementation: 7/1/11   | Genotropin ●<br>Norditropin ●<br>Nutropin / AQ ●   |  |   | Humatrope▲ ●<br>Omnitrope ●<br>Saizen ●<br>Serostim ●<br>Tev-Tropin ●<br>Zorbtive ●  |  |
| <b>HEPATITIS C AGENTS</b><br><b>●—Clinical criteria apply</b><br>Preferred status implementation: 11/15/11  | ribavirin<br>Incivek ●<br>Pegasys▲ ●<br>Victrelis ●  |  |   | Infergen ●<br>Peg-Intron / Redipen▲ ●<br>Ribapak<br>Ribasphere   |  |
| <b>HIV / AIDS</b><br><br>Preferred status implementation: 7/1/11  | didanosine<br>stavudine<br>zidovudine<br>Atripla<br><b>Combivir</b><br>Crixivan<br>Emtriva           | <b>Epivir</b><br>Epzicom<br>Invirase<br>Isentress<br>Kaletra<br>Lexiva<br>Norvir | Prezista<br>Reyataz<br>Sustiva<br>Truvada<br>Viramune<br>Viread<br>Ziagen | Aptivus*<br>Complera <sup>NR</sup><br>Edurant <sup>NR</sup><br>Fuzeon*<br>Intelence*<br>Rescriptor*<br>Selzentry*<br>Trizivir*<br>Viracept*<br>Viramune XR |  |
| <b>HYPOGLYCEMICS, INCRETIN MIMETICS/ENHANCERS</b><br><b>●—Clinical criteria apply</b><br>Preferred status implementation: 7/1/11                                  | Byetta (step-edit) ●<br>Kombiglyze XR (step-edit) ●<br>Onglyza (step-edit) ●<br>Symlin (step-edit) ● |  |   | Janumet ●<br>Januvia ●<br>Juvisync <sup>NR</sup> ●<br>Tradjenta <sup>NR</sup> ●<br>Victoza ●   |  |
| <b>HYPOGLYCEMICS, INSULINS</b><br><br>Preferred status implementation: 7/1/11   | Humulin pens, vials▲<br>Humalog pens, vials▲<br>Humalog Mix pens, vials▲<br>Lantus pens, vials       | Novolin pens, vials<br>Novolog pens, vials<br>Novolog Mix pens, vials            |   | Apidra pens, vials<br>Levemir pens, vials  |  |
| <b>HYPOGLYCEMICS, MEGLITINIDES</b><br><br>Preferred status implementation: 7/1/11   | nateglinide<br>Prandin   |  |   | Prandimet  |  |
| <b>HYPOGLYCEMICS, TZDs</b><br><br>Preferred status implementation: 7/15/11  | Actoplus Met<br>Actos<br>Avandia   |  |   | Actoplus Met XR<br>Avandamet<br>Avandaryl<br>Duetact   |  |
| <b>IMMUNOMODULATORS, ATOPIC DERMATITIS</b><br><br><b>—Clinical criteria apply</b><br><b>—Quantity limits in place</b><br>Preferred status implementation: 1/20/12 | Elidel ●   |  |   | Protopic ●   |  |

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

Effective 2-3-12; Updated: 1-13-12

| THERAPEUTIC DRUG CLASS   | PREFERRED AGENTS  |  | NON-PREFERRED AGENTS<br>PA Is Required  |   |   |
|--|---|--|---|---|---|
| <b>INTRANASAL RHINITIS AGENTS</b><br><br>Preferred status implementation: 1/6/12   | fluticasone<br>ipratropium<br><b>Astelin ▲</b><br>Astepro ▲   | Patanase<br>Veramyst (patients 2 to 4 years of age only) | azelastine<br>flunisolide<br>triamcinolone<br>Beconase AQ   |   | Nasonex ▲<br>Omnaris<br>Rhinocort Aqua                        |
| <b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b><br><b>●—Clinical criteria apply</b><br>Preferred status implementation: 1/6/12         | <b>Accolate ●</b><br>Singulair ●  |  | zafirlukast ●<br>Zyflo CR ●   |   |   |
| <b>LIPOTROPICS, OTHER</b><br><br>Preferred status implementation: 7/1/11   | gemfibrozil<br>Niacor<br>Niaspan<br>Tricor  | Trilipix   | cholestyramine<br>colestipol<br>fenofibrate<br>fenofibric acid  | Antara▲<br>Fibracor<br>Lipofen<br>Lovaza  | Triglide<br>Welchol▲<br>Zetia                                 |
| <b>LIPOTROPICS, STATINS</b><br><b>—Once daily dosing required</b><br>Preferred status implementation: 7/1/11                   | lovastatin<br>pravastatin<br>simvastatin  | Crestor<br>Lescol / XL<br>Simcor                         | amlodipine / atorvastatin<br>atorvastatin<br>Advicor<br>Altoprev  |   | Livalo<br>Vytorin   |
| <b>MACROLIDES/KETOLIDES</b><br><br>Preferred status implementation: 7/1/11   | azithromycin<br>erythromycin  |  | clarithromycin / ER<br>Ketek<br>Zmax  |   |   |
| <b>MULTIPLE SCLEROSIS</b><br><br>Preferred status implementation: 7/1/11   | Avonex ▲<br>Betaseron<br>Copaxone   |  | Ampyra<br>Extavia   |   | Gilenya<br>Rebif*   |
| <b>NSAIDs</b><br><br>Preferred status implementation: 1/27/12  | etodolac<br>flurbiprofen<br>ibuprofen<br>indomethacin<br>ketorolac<br>meloxicam tablets<br>naproxen tablets<br>sulindac |  | diclofenac<br>diflunisal<br>etodolac SR<br>fenoprofen ▲<br>indomethacin ER<br>ketoprofen<br>meclofenamate<br>mefenamic acid | meloxicam<br>suspension<br>nabumetone<br>naproxen<br>suspension<br>oxaprozin<br>piroxicam<br>tolmetin | Arthrotec<br>Celebrex<br>Indocin<br>Sprix<br>Vimovo<br>Zipsor |
| <b>OPHTHALMICS, ALLERGIC CONJUNCTIVITIS</b><br><br><b>—Quantity limits in place</b><br>Preferred status implementation: 1/6/12 | cromolyn<br>Alrex<br>Patanol<br>Pataday   |  | azelastine<br>epinastine<br>Alamast<br>Alocril  |   | Alomide<br>Bepreve<br>Emadine<br>Lastacraft                   |

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

Effective 2-3-12; Updated: 1-13-12

| THERAPEUTIC DRUG CLASS  | PREFERRED AGENTS   |   |   | NON-PREFERRED AGENTS<br>PA Is Required  |   |   |
|---|--|---|---|---|---|---|
|   | <b>OPHTHALMICS, ANTI-INFLAMMATORIES</b><br><br>Preferred status implementation: 1/6/12                   | dexamethasone<br>diclofenac<br>flurorometholone<br>flurbiprofen                           | prednisolone<br>Flarex<br>FML Forte<br>FML S.O.P.                           | Lotemax<br>Maxidex<br>Pred Mild   | bromfenac<br>ketorolac / LS<br>Acuvail<br>Bromday                                     | Durezol<br>FML<br>Nevanac<br>Ozurdex      |
| <b>OPHTHALMICS, ANTIBIOTICS</b><br><br>Preferred status implementation: 1/6/12                                  | bacitracin/polymyxin<br>ciprofloxacin<br>erythromycin<br>gentamicin<br>neomycin / bacitracin / polymyxin | ofloxacin<br>polymyxin/trimethoprim<br>sulfacetamide<br>tobramycin                        | Besivance<br>Moxeza<br>Terramycin / polymyxin<br>Tobrex ointment<br>Vigamox | bacitracin<br>levofloxacin<br>neomycin/polymyxin/<br>gramicidin                             | Azasite<br>Ciloxan<br>Garamycin<br>Iquix  | Natacyn<br>Zymar<br>Zymaxid <sup>NR</sup> |
| <b>OPHTHALMICS, GLAUCOMA AGENTS</b><br><br>Preferred status implementation: 1/6/12                              | betaxolol<br>brimonidine<br>carteolol<br>dorzolamide<br>dorzolamide / timolol<br>latanoprost             | levobunolol<br>metipranolol<br>pilocarpine<br>timolol<br><b>Alphagan P 0.15%</b><br>Azopt | Betimol<br>Betoptic S<br>Combigan<br>Istalol<br>Travatan / Z                | apraclonidine<br>brimonidine P<br>Lumigan   |   |   |
| <b>OPIATE DEPENDENCE TREATMENTS</b><br><br>●—Clinical criteria apply<br>Preferred status implementation: 7/1/11 | buprenorphine●<br>Suboxone film, tablets●  |   |   | Subutex●  |   |   |
| <b>OTIC ANTI-INFECTIVES, ANESTHETICS</b><br><br>Preferred status implementation: 1/6/12                         | acetic acid<br>acetic acid / aluminum<br>antipyrine / benzocaine   |   |   | acetic acid / antipyrine / benzocaine / aluminum<br>Myoxin<br>Neotic<br>Otic Care<br>Otozin | Pinnacaine<br>PR Otic Solution<br>Pramotic<br>Treagan Otic<br>Trioxin<br>Zinotic / ES |   |
| <b>OTIC FLUOROQUINOLONES</b><br><br>Preferred status implementation: 1/6/12                                     | neomycin / polymyxin / hydrocortisone<br>ofloxacin otic<br>Ciprodex                                      |   |   | Cetraxal<br>Cipro HC<br>Coly-Mycin S<br>Cortisporin-TC                                      |   |   |
| <b>PAH AGENTS, ORAL</b><br>●—Clinical criteria apply<br>Preferred status implementation: 7/1/11                 | Adcirca ●<br>Revatio ●<br>Tracleer ●<br>Ventavis ●   |   |   | Letairis ▲<br>Tyvaso ●  |   |   |
| <b>PANCREATIC ENZYMES</b><br><br>Preferred status implementation: 7/1/11  | pancrelipase<br>Creon<br>Zenpep  |   |   | Pancreaze   |   |   |

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

Effective 2-3-12; Updated: 1-13-12

| THERAPEUTIC DRUG CLASS  | PREFERRED AGENTS   |  |   | NON-PREFERRED AGENTS<br>PA Is Required   |  |   |
|---|--|--|---|--|--|---|
| <b>PHOSPHATE BINDERS</b><br><br><b>●--Clinical criteria apply</b><br>Preferred status implementation: 7/1/11            | Eliphos  |  |   | calcium acetate<br>Fosrenol ●<br>Phoslyra <sup>NR</sup><br>Renagel▲ ●  |  | Renvela ▲ ●   |
| <b>PLATELET AGGREGATION INHIBITORS</b><br><br>Preferred status implementation: 7/1/11                                   | dipyridamole<br>Aggrenox<br>Plavix   |  |   | ticlopidine<br>Brilinta <sup>NR</sup><br>Effient   |  |   |
| <b>PRENATAL VITAMINS</b><br><br>Preferred status implementation: 2/4/11   | Cavan-EC DHA Kit<br>Cavan-Folate DHA kit<br>Duet DHA Kit<br>Prenatabs FA<br>Prenatabs Rx<br>Prenatal AD<br>Prenatal                  | Prenatal Low Iron<br>Prenatal Plus Iron<br>Prenatal Rx<br>Prenatal 19 Chewable<br>Prenatal 19<br>Prenavite | Setonet Kit<br>Setonet EC DHA Kit ▲<br>Stuart Prenatal<br>Trinate<br>Vinate GT<br>Vinate Ultra<br>Vinate II | All other prenatal products non-preferred  |  |   |
| <b>PROTON PUMP INHIBITORS</b><br><br><b>●--Clinical criteria apply</b><br><br>Preferred status implementation: 7/8/11   | lansoprazole solutabs (preferred for age 10 and under)<br>omeprazole Rx / OTC<br>Prilosec packets ● (preferred for age 10 and under) |  |   | lansoprazole capsules<br>lansoprazole OTC<br>omeprazole / sodium bicarbonate<br>pantoprazole ●<br>Aciphex▲ ● |  | Dexilant ●<br>Nexium<br>capsules/suspension ●<br>Protonix suspension ●<br>Zegerid OTC |
| <b>SEDATIVE HYPNOTICS</b><br><br><b>--Dose optimization when applicable</b><br>Preferred status implementation: 1/27/12 | temazepam 15mg, 30mg<br>zolpidem   |  |   | chloral hydrate<br>estazolam<br>flurazepam<br>temazepam 7.5, 22.5<br>triazolam                               | zaleplon<br>zolpidem ER<br>Doral<br>Edluar | Lunesta<br>Rozerem*<br>Silenor<br>Zolpimist   |
| <b>SKELETAL MUSCLE RELAXANTS</b><br><br><b>--Quantity limits apply</b><br>Preferred status implementation: 7/1/11       | baclofen<br>carisoprodol / compound<br>chlorzoxazone<br>cyclobenzaprine  | methocarbamol<br>tizanidine  |   | dantrolene<br>metaxolone<br>orphenadrine / compound<br>Amrix   |  | Fexmid<br>Lorzone <sup>NR</sup><br>Soma▲<br>Zanaflex                                  |

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

Effective 2-3-12; Updated: 1-13-12

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|---|--|--|--|--|--|
| <b>STEROIDS, TOPICAL</b><br><br>Preferred status implementation: 1/6/12   | betamethasone<br>dipropionate lotion<br>clobetasol emollient, cream, gel, ointment, solution<br>fluocinolone solution, cream<br>fluocinonide cream<br>halobetasol propionate<br>hydrocortisone cream, ointment<br>hydrocortisone butyrate<br>hydrocortisone valerate<br>mometasone furoate<br>prednicarbate<br>triamcinolone acetonide cream, ointment<br>Apexicon E |  | alclometasone<br>dipropionate<br>amcinonide<br>betamethasone,<br>other formulations<br>clobetasol, other<br>formulations<br>desonide<br>desoximetasone<br>diflorasone<br>diacetate<br>fluocinolone oil<br>fluocinonide, other<br>formulations<br>fluticasone<br>propionate | hydrocortisone,<br>other formulations<br>triamcinolone<br>acetonide lotion<br>Capex shampoo ▲<br>Clobex ▲<br>Cloderm<br>Cordran / Tape<br>Cutivate<br>Dermatop<br>Desonate<br>Desonil Plus<br>Desowen<br>Halac | Halog<br>Halonate<br>Kenalog<br>Locoid Lipocream<br>Luxiq<br>Momexin<br>Nuzon<br>Olux -E<br>Pandel<br>Pediaderm HC / TA<br>Texacort<br>Topicort<br>Ultravate<br>Vanos<br>Verdeso |
| <b>STIMULANTS AND RELATED AGENTS</b><br><br><b>Clinical criteria apply for clients over age 21 for drugs in this class marked with ■</b><br><br><b>Clinical criteria applies for <u>all</u> ages for drugs marked with ●</b><br><br>Preferred status implementation: 1/6/12 | amphetamine salt combo ■<br>dexamethylphenidate ■<br>dextroamphetamine ■<br>methylphenidate / ER ■<br><b>Adderall XR</b> ■<br><b>Concerta</b> ■  | <b>Focalin / XR</b> ■<br>Intuniv ■<br>Metadate CD ■<br>Methylin Chewable, Solution ■<br>Strattera<br>Vyvanse ■ | amphetamine salt combo ER ■ *<br>dextroamphetamine ER ■ *<br>methamphetamine ■ *<br>methylphenidate ER (Concerta generic) ■ *<br>methylphenidate ER (Ritalin LA generic)*<br>methylphenidate solution ■ *<br>Daytrana* ●   | Kapvay ■ *<br>Nuvigil* ●<br>Procentra ■ *<br>Provigil* ●<br>Ritalin LA ■ *   |  |
| <b>TETRACYCLINES</b><br><br>Preferred status implementation: 7/1/11   | doxycycline / DR<br>minocycline capsules<br>tetracycline   |  | demeclocycline<br>minocycline ER<br>minocycline tablets<br>Adoxa CK / TT   | Doryx<br>Morgidox kit <sup>NR</sup><br>Oracea<br>Solodyn<br>Vibramycin suspension  |  |
| <b>ULCERATIVE COLITIS AGENTS</b><br><br>Preferred status implementation: 7/1/11   | sulfasalazine<br>Apriso ▲<br>Asacol  | Canasa   | balsalazide<br>mesalamine<br>Asacol HD   | Dipentum<br>Lialda   | Pentasa<br>sfRowasa  |

**Prospective DUR alerts still must be addressed by pharmacist prior to dispensing regardless of preferred status or clinical requirements.  
Future updates will be posted to the DMAP website ([www.dmap.state.de.us/information/pharmacy.html](http://www.dmap.state.de.us/information/pharmacy.html)).**

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**DELAWARE MEDICAL ASSISTANCE PROGRAM (DMAP)  
PREFERRED DRUG LIST (PDL)  
COUGH AND COLD PREFERRED AGENTS  
(ALL OTHER PRODUCTS ARE NON-PREFERRED)**

Effective 2-3-12; Updated: 1-13-12

| Generic Name                           | Strength    | Form  | Brand Name         | Generic Name  | Strength      | Form  | Brand Name             |
|--|-------------|-------|--------------------|---|---------------|-------|------------------------|
| <b>Antihistamine</b>                   |             |       |                    | <b>Antihistamine/Cough Suppressant/Decongestant</b> |               |       |                        |
| CHLORPHENIRAMINE TAB                   | 4MG         | TABS  | CHLOR-TRIMETON®    | BROMPHEN/DM/PSEUDOEPH                               | 1-4-15/ML     | SYRUP | PEDIAHIST-DM ®         |
| CETIRIZINE                             | 5MG, 10MG   | TABS  | ZYRTEC®            | BROMPHEN/DM/PSEUDOEPH                               | 2-10-30/5ML   | SYRUP | BROMETANE DX®          |
| CETIRIZINE SYRUP                       | 1MG / ML    | SYRUP | ZYTREC SYRUP®      | CHLORPHEN/DM/PHENYLEPH                              | 1-3-1.5/ML    | SYRUP | C-PHEN DM <i>PED</i> ® |
| LORATADINE                             | 5MG/5ML     | SYRUP | CLARITIN SYRUP®    | CHLORPHEN/DM/PSEUDOEPH                              | 1-5-15/5ML    | SYRUP | PEDIARELIEF C/C LIQUID |
| LORATADINE                             | 10MG        | TABS  | CLARITIN®          | PROMETH/CODEINE/PHENYLEPH                           | 6.25-5-10/5ML | SYRUP | PHENERGAN VC/CODEINE   |
| PROMETHAZINE SYRUP                     | 6.25MG/5ML  | SYRUP | PHENERGAN®         | <b>Decongestant/Expectorant</b>                     |               |       |                        |
| <b>Cough suppressants</b>              |             |       |                    | GUAIFENESIN/PHENYLEPHRINE                           | 100-2.5/5ML   | SYRUP | MUCINEX STUFFY NOSE®   |
| BENZONATATE                            | 100MG       | CAPS  | TESSALON PERLE®    | GUAIFENESIN/PSEUDOEPHEDRINE                         | 600-60MG      | TABS  | MUCINEX D®             |
| BENZONATATE                            | 200MG       | CAPS  | TESSALON CAP®      | <b>Expectorant/Cough Suppressant</b>                |               |       |                        |
| HYDROCODONE/HOMATROPINE                | 1.5-5/5ML   | SYRUP | HYCODAN®           | GUAIFENESIN/CODEINE                                 | 10/300MG      | TABS  | BRONTEX®               |
| <b>Decongestant</b>                    |             |       |                    | GUAIFENESIN/CODEINE                                 | 100-10/5ML    | SYRUP | GUIATUSS AC®           |
| PSEUDOEPHEDRINE                        | 30MG        | TABS  | SUDAFED TAB 30MG®  | GUAIFENESIN/DM                                      | 600/30MG      | TABS  | MUCINEX DM ER ®        |
| PSEUDOEPHEDRINE                        | 60MG        | TABS  | SUDAFED TAB 60MG®  | GUAIFENESIN/DM                                      | 10-100/5ML    | SYRUP | ROBITUSSIN DM®         |
| PSEUDOEPHEDRINE                        | 30MG/5ML    | SYRUP | SUDAFED SYRUP®     | <b>Expectorant/Cough Suppressant/Decongestant</b>   |               |       |                        |
| <b>Expectorant</b>                     |             |       |                    | GUAIFENESIN/CODEINE/PSEUDOEPHEDRINE                 | 100-10-30/5ML | SYRUP | CHERATUSSIN DAC®       |
| GUAIFENESIN                            | 100MG/5ML   | SYRUP | GUIATUSS®          |   |               |       |                        |
| GUAIFENESIN                            | 600MG       | TABS  | MUCINEX 600MG ®    |   |               |       |                        |
| <b>Antihistamine/Cough Suppressant</b> |             |       |                    |   |               |       |                        |
| CHLORPHEN/HYDROCODONE                  | 8-10/5ML    | SUSP  | TUSSIONEX®         |   |               |       |                        |
| PROMETHAZINE-CODEINE SYR               | 10-6.25/5ML | SYRUP | PHENERGAN-CODEINE® |   |               |       |                        |
| PROMETHAZINE/DM                        | 6.25-15/5ML | SYRUP | PHENERGAN DM®      |   |               |       |                        |
| <b>Antihistamine/Decongestant</b>      |             |       |                    |   |               |       |                        |
| BROMPHEN/PHENYLEPHRINE                 | 1-2.5/5ML   | SOLN  | BROMTAPP PE        |   |               |       |                        |
| CETIRIZINE/ PSEUDOEPH                  | 5/120MG     | TABS  | ZYRTEC D ®         |   |               |       |                        |
| CHLORPHEN/PHENYLEPHRINE                | 4.5-5/5ML   | SUSP  | PHENCLOR TANNATE®  |   |               |       |                        |
| CHLORPHEN/PHENYLEPHRINE                | 4-10/5ML    | SOLN  | NOHIST-LQ          |   |               |       |                        |
| LORATADINE/PSEUDOEPH                   | 5/120MG     | TABS  | CLARITIN D 12HR®   |   |               |       |                        |
| LORATADINE/PSEUDOEPH                   | 10/240MG    | TABS  | CLARITIN D 24HR®   |   |               |       |                        |

\*This is the list of preferred products, all other cough/cold products will be considered non-preferred

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 non-preferred unless listed in bold. For Prior Authorization forms, please visit: <http://www.dmap.state.de.us/information/paforms.html>

<sup>NR</sup> 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.

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

▲ indicates that the manufacturer does not participate in all DMMA programs. Practitioners should contact the EDS Pharmacy Call center to verify if coverage applies to a specific patient.

● 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>