

**DELAWARE WORKERS' COMPENSATION HEALTH CARE PAYMENT SYSTEM (HCPS)
PREFERRED DRUG LIST (PDL)**

[Adapted from the Delaware Medical Assistance Program (DMAP) Preferred Drug List (PDL), Effective: 01-04-13; Updated 02-18-26]

ANALGESICS, NARCOTIC SHORT					
PREFERRED AGENTS		NON-PREFERRED AGENTS			CRITERION
butalbital compound/codeine codeine codeine/APAP dihydrocodeine/APAP /caffeine hydrocodone/APA hydrocodone/ibuprofen hydromorphone tablets meperidine	morphine tablets solution, suppositories oxycodone IR oxycodone/APAP oxycodone/ASA oxycodone/ibuprofen pentazocine/APAP pentazocine/naloxone tramadol Zydone	butorphanol nasal carisoprodol/codeine hydromorphone liquid, suppositories levorphanol morphine concentrate oxymorphone	tramadol/APAP Cocet/Plus Ibudone Magnacet Nucynta	Oxecta Opana Reprexain Rybix ODT Zamicet Zolvit	Prior to dispensing non-preferred agents, 2 preferred medications are required documenting either a lack of efficacy or unacceptable side effects. The "Justification For Use Of Non-Preferred Medication" form is available (HERE) .
ANALGESICS, NARCOTIC LONG					
PREFERRED AGENTS		NON-PREFERRED AGENTS			CRITERION
fentanyl transdermal methadone tablets morphine ER tablets Kadian tramadol ER		methadone concentrate soluble tablet, solution morphine ER caps oxymorphone ER	Avinza Butrans Conzip ER Duragesic	Embeda Exalgo Nucynta ER	Prior to dispensing non-preferred agents, 2 preferred medications are required documenting either a lack of efficacy or unacceptable side effects. The "Justification For Use Of Non-Preferred Medication" is available on the DOL web site (HERE). Please note: brand name drugs with a generic available are considered non-preferred unless listed in bold.
NEUROPATHIC PAIN					
PREFERRED AGENTS		NON-PREFERRED AGENTS			CRITERION
gabapentin Cymbalta Lidoderm		Gralise Horizant Lyrica	Qutenza Savella		Lidoderm max 2 patches a day. Prior to dispensing non-preferred agents, 2 preferred medications are required documenting either a lack of efficacy or unacceptable side effects. The "Justification For Use Of Non-Preferred Medication" form is available (HERE).

NSAIDs				
PREFERRED AGENTS	NON-PREFERRED AGENTS			CRITERION
etodolac flurbiprofen ibuprofen indomethacin ketorolac meloxicam tablets naproxen tablets sulindac	diclofenac diclofenac/misoprostol diflunisal etodolac SR fenoprofen indomethacin ketoprofen meclofenamate mefenamic acid	meloxicam suspension naproxen naproxen EC naproxen suspension oxaprozin piroxicam tolmetin	Celebrex Flector Indocin Pennsaid Sprix Vimovo Voltaren gel Zipsor	Prior to dispensing non-preferred agents, 2 preferred medications are required documenting either a lack of efficacy or unacceptable side effects. The "Justification For Use Of Non-Preferred Medication" form is available (HERE)
OPHTALMICS, ALLERGIC CONJUNCTIVITIS				
PREFERRED AGENTS	NON-PREFERRED AGENTS			CRITERION
cromolyn Alrex Pataday	azelastine epinastine Alamast	Alocril Alomide Bepreve	Emadine Lastacaft Patanol	Prior to dispensing non-preferred agents, 2 preferred medications are required documenting either a lack of efficacy or unacceptable side effects. The "Justification For Use Of Non-Preferred Medication" form is available (HERE)
OXYCONTIN, OXYCODONE EXTENDED RELEASE, ACTIQ, TRANSMUCOSAL FENTANYL				
Prior written approval is required, except for an employee on a stable dose of Oxycontin, as described below.				
				CRITERION
Pursuant to 19 DE ADMIN CODE 1341, Section 4.14.5, As of the effective date of this Regulation, Oxycontin as well as oxycodone extended release; and Actiq, as well as trans mucosal fentanyl, are not on the Preferred or Non-Preferred Medication List and may only be used with prior written approval of the employer or its insurance carrier. However, an employee on a stable dose of Oxycontin prior to the effective date of this Regulation may continue the use of this medication after the effective date of this Regulation.				Use the "Justification For Use Of Non-Preferred Medication" form, available (HERE) to document continued treatment when an employee was on a stable dose of Oxycontin prior to 9/11/13. If the dose needs to change, it is no longer considered a "stable dose" and reverts to the provisions in Section 4.13.5.