



Doroshow, Pasquale, Krawitz & Bhaya
1-800-632-9230
www.dplaw.com

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Dear Healthcare Provider:

The Delaware Worker's Compensation Pharmacy Formulary has been recently changed. We wanted to make you aware of these changes. Below are the highlights to the recent changes in 19 DE Admin Code 1341, Section 4.13. You can download the HCPS regulation in their entirety by visiting the [Department of Labor](#)

MEDICATION/FORMULARY

- OxyContin, Oxycodone Extended Release, Actiq and Transmucosal Fentanyl require "prior written approval" from the carrier or self-insured employer.
- An employee on a "stable dose" of OxyContin prior to 9/11/13 may continue to be prescribed OxyContin as long as the dose remains the same. If a change needs to occur, after 9/11/13, "prior written approval" will then be needed from the carrier or self-insured employer.
- Non-preferred drugs on the pharmacy formulary and brand name drugs require the physician's or authorized individual's completion of a "JUSTIFICATION FOR USE OF NON-PREFERRED MEDICATION FORM".
- In addition to the justification form, two preferred agent trials must be documented in the medical record when non-preferred agents are described.
- Brand name drugs not covered in the categories on the pharmacy formulary (such list is attached). Only completion of the justification form is necessary to prescribe brand name drugs (no trials).

- Analgesics, Narcotic Long - Tramador ER is now a preferred agent and Kadian was removed from the non-preferred agent column.
- Neuropathic pain - Neurontin was removed from the non-preferred agent list. The generic form of Neurontin or Gabapentin was already limited as a preferred agent.
- This mandatory pharmacy formulary contains all the preferred and non-preferred agents allowed in the categories it contains. The categories are: Analgesics, Narcotic Short; Analgesics, Narcotic Long; Neuropathic Pain; NSAIDs and Ophthalmics (Allergic Conjunctivitis). If a drug is not on the mandatory formulary, then it is not allowed. All other categories of drugs not included in the formulary follow the generic vs. brand name instructions pursuant to 19 DE Admin Code 1341, Section 4.13.

Attached below in PDF is the Pharmacy Formulary listing the preferred and non-preferred medications, as well as the Justification for Use of Non-Preferred Medication form.

As always, if you have any questions, please feel free to contact me at (302) 998-0100.

Sincerely,

ERIC M. DOROSHOW
Attorney at Law

[Pharmacy Formulary](#)
[Pharmacy Justification Form](#)



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