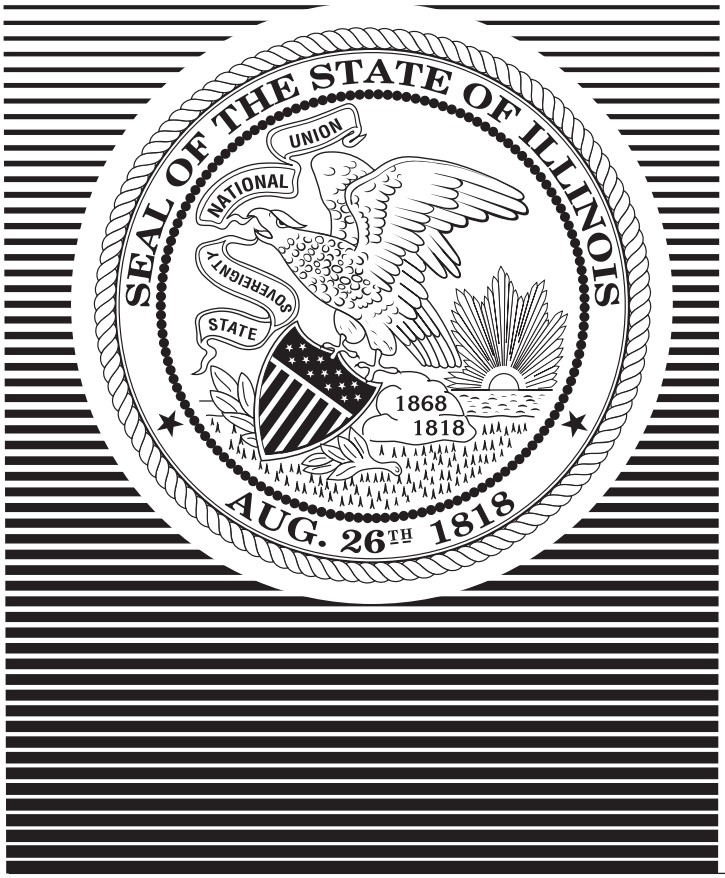
2015

ILLINOIS

REGISTER

Rules of
Governmental Agencies



Volume 39, Issue 19

May 8, 2015

Pages 6,073 - 6,729

Index Department
Administrative Code Division
111 E. Monroe St.
Springfield, IL 62756
217-782-7017

Printed by authority of the State of Illinois. May — 90

PUBLISHED BY JESSE WHITE • SECRETARY OF STATE

TABLE OF CONTENTS

May 8, 2015 Volume 39, Issue 19

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

1) Heading of the Part: Electronic Prescription Monitoring Program - Long Term Care

2) Code Citation: 77 Ill. Adm. Code 2081

3)

Section Numbers:	Adopted Action:
2081.10	New Section
2081.20	New Section
2081.30	New Section
2081.40	New Section
2081.50	New Section
2081.60	New Section
2081.70	New Section
2081.80	New Section
2081.Appendix A	New Section

4) Statutory Authority: Implementing and authorized by Sections 316, 317, 318, 319, 320 and 321 of Article III of the Illinois Controlled Substances Act [720 ILCS 570/316, 317, 318, 319 320 and 321]

5) Effective Date of Rule: April 22, 2015

6) Does this rulemaking contain an automatic repeal date? No

7) Does this rule contain incorporations by reference? No

8) A copy of the adopted rule, including any material incorporated by reference, is on file in the Agency's principal office and is available for public inspection.

9) Notices of Proposal published in the *Illinois Register*: May 30, 2014, 38 Ill. Reg. 11434

10) Has JCAR issued a Statement of Objection to this rulemaking? No

11) Differences between Proposed and Final Version:

A) In the title, added a dash before "LONG TERM CARE".

B) In the table of contents, changed Section 2081.20 to "Definitions and Incorporation by Reference".

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

C) In the table of contents, deleted "2081.90 Mailing of Controlled Substances".

D) Changed the Section header to "Section 2081.20 Definitions and Incorporation by Reference".

E) In the definition of "Exempt Prescribers in Hospitals and Institutions", added a comma after "e.g."; changed "Controlled" to lower case; changed "Substance" to lower case, changed "where" to "when"; changed "their" to "his or her"; changed "Controlled" to lower case; changed "institutions" to "institution's"; changed "hospital" to "hospital's" and deleted the period after "licenses".

F) In the definition of "Prescription Monitoring Program − Long Term Care Clinical Consulting Advisory Group" or "PMP-LTC CCAG", changed "jointly appointed committee" to "committee jointly appointed".

G) Changed the definition of "Schedule I, II, III, IV or V Drug" to:

"Schedule Drug" means any substances listed in the federal Controlled Substances Act (21 USC 812) or the Illinois Controlled Substances Act [720 ILCS 570] or by the Department pursuant to its authority under Section 202 of the Illinois Controlled Substances Act. Schedule I, II, III, IV and V substances are listed in section 812 of the federal Controlled Substances Act (21 USC 812(b)(2), (b)(3), (b)(4), (b)(5) and (c)) and Sections 204, 206, 208, 210 and 212 of the Illinois Controlled Substances Act.".

H) In the definition of "Sex", deleted "if the recipient is a human".

I) In Section 2081.40, did not italicize the first sentence and changed the brackets to parentheses.

J) In Section 2081.40, changed the second sentence to "The Department shall impose a civil fine of $100 per day for willful failure to comply with statutory reporting requirements." and added "Assessment of the fine begins on the day after the report was required to be submitted and ends on the day the failure to report is remedied. Fines shall be payable to the Prescription Monitoring Program."

K) In Section 2081.40 a) 4) C), changed "(1 for male, 2 for female)" to "(M for male, F for female or U for unknown)".

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

L) In Section 2081.40 a) 5) G), added "full" after "prescriber" and deleted "and address".

M) In Section 2081.40 a) 5) I), changed "Days" to "Days'".

N) In Section 2081.40 a) 6) D), changed "know" to "known".

O) In Section 2081.60, added:

c) The weekly collected data on selected medications and controlled substances shall be available to DPH for pre-survey analysis immediately.

d) When the CCAG creates the clinical evaluations of patient specific medications, along with information from the Minimum Data Set (MDS), it shall be made available electronically to the respective consulting pharmacist under contract with the long term care facility with access to the PMP on the first day of the month.

e) The clinical evaluations of resident specific medications, along with information from the MDS (see subsection (d)), shall be made available to DPH no sooner than 90 days after the information is made available electronically to the respective long term care facility administrator by the consulting pharmacist under contract with the facility. It shall be presumed that the information is received by each facility administrator no later than 5 business days after the information is made available electronically to the consulting pharmacist."

P) In Section 2081.70, added:

"a) A Schedule I, if the Department finds that:

1) the substance has high potential for abuse; and

2) the substance has no currently accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision [720 ILCS 570/203]."

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

Q) In Section 2081.70, changed the subsection labels to "b)" through "e)" and deleted "a threat".

R) In Section 2081.APPENDIX, changed "INDUCER" to "INDUCERS".

12) Have all changes agreed upon by the Agency and JCAR been made as indicated in the agreements issued by JCAR? Yes

13) Will this rulemaking replace an emergency rule currently in effect? No

14) Are there any rulemakings pending on this Part? No

15) Summary and Purpose of Rulemaking: This rulemaking is necessary to comply with the provisions of PA 97-334; PA 96-1372 and 305 ILCS 5/5-2.12 (DPH) that requires Long Term Care pharmacies to report on selected medications to the Prescription Monitoring Program.

16) Information and questions regarding this adopted rule shall be directed to:

Tracie Drew, Chief
Bureau of Administrative Rules and Procedures
Department of Human Services
100 South Grand Avenue East
Harris Building, 3rd Floor
Springfield IL 62762

217/785-9772

The full text of the Adopted Rule begins on the next page:

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

TITLE 77: PUBLIC HEALTH
CHAPTER X: DEPARTMENT OF HUMAN SERVICES
SUBCHAPTER e: CONTROLLED SUBSTANCES ACTIVITIES

PART 2081
ELECTRONIC PRESCRIPTION MONITORING PROGRAM
− LONG TERM CARE

Section

AUTHORITY: Implementing and authorized by Sections 316, 317, 318, 319 and 320 of the Illinois Controlled Substances Act [720 ILCS 570].

SOURCE: Adopted at 39 Ill. Reg. 6444, effective April 22, 2015.

Section 2081.10 Authority

This Part is promulgated pursuant to the Illinois Controlled Substances Act that empowers the Department of Human Services to codify the efforts of this State to conform with the regulatory systems of the federal government and other states to establish national coordination of efforts to control the abuse of Schedule II, III, IV and V retail dispensed drugs. It relates to the collection of prescription information listed in Schedule II, III, IV and V within Sections 206, 208, 210 and 212 of the Act, or in the federal Schedule II, III, IV and V and "Amendment of Schedules" list of drugs at 21 USC 812(b)(2), (b)(3), (b)(4), (b)(5) and (c).

Section 2081.20 Definitions and Incorporation by Reference

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

No incorporations by reference in this Part include any later amendments or editions. The definitions that apply to this Part are those found in the Act and those in this Section.

"Act" means the Illinois Controlled Substances Act [720 ILCS 570].

"Birth Date" means the medication recipient's birth date.

"Central Repository" means a place designated by the Department where Schedule II, III, IV and V drug data is stored or housed.

"*Clinical Director" means a DHS administrative employee licensed to either prescribe or dispense controlled substances who shall run the clinical aspects of the DHS Prescription Monitoring Program and its Prescription Information Library* [720 ILCS 570/102(d-5)].

"Controlled Substance" means a drug, substance, or immediate precursor in the Schedules of Article II of the Illinois Controlled Substances Act, or a drug or other substance, or immediate precursor, designated as a controlled substance by the DHS [720 ILCS 570/102(f)].

"DEA Number" means the United States Drug Enforcement Agency prescriber or dispenser registration number.

"Department" or "DHS" means the Illinois Department of Human Services, or its successor agency.

"Dispenser" means any practitioner or pharmacy *that dispenses a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a prescriber* [720 ILCS 570/102(p) and (q)].

"DPH" means the Illinois Department of Public Health.

"Electronic Device" means using a computer system to transmit prescriptions from a prescriber directly to a dispenser.

"Exempt Prescribers in Hospitals and Institutions" means prescribers in hospitals or institutions licensed under the Hospital Licensing Act [210 ILCS 85] who authorize the administration or dispensing of Schedule II drugs within the hospital or institution, for consumption within the hospital or institution (e.g., controlled

substance prescriptions when a prescriber does not maintain his or her own DEA and State controlled substance license, but prescribes based upon the institution's (hospital's) controlled substance licenses).

"Facsimile Equipment" means any device capable of sending or receiving facsimiles of documents through connection with a telecommunications network.

"HFS" means the Illinois Department of Healthcare and Family Services.

"Illinois Controlled Substances License Number" means the State license number issued by the Illinois Department of Financial and Professional Regulation (DFPR) permitting prescribers to possess, prescribe or dispense, and permitting dispensers to possess and dispense, controlled substances in Illinois pursuant to the Controlled Substances Act (see 77 Ill. Adm. Code 3100).

"Licensed Healthcare Provider" means any individual who meets the professional licensing requirements and follows the standards set forth by DFPR and are authorized to prescribe or dispense controlled substances within Illinois.

"Long Term Care" or "LTC" means:

any facility defined by Section 1-113 of the Nursing Home Care Act; and

any skilled nursing facility or a nursing facility that meets the requirements of section 1819(a), (b), (c) and (d) or section 1919(a), (b), (c) and (d) of the Social Security Act (42 USC 1395i-3(a), (b), (c) and (d) and 1396r(a), (b), (c) and (d)).

"Long Term Care Pharmacy" or "LTC Pharmacy" means those pharmacies that, either as a primary or secondary focus, provide prescription services to those inpatient institutions licensed as LTC facilities by DPH.

"Mid-level Practitioner" means:

a physician assistant who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches, in accordance with Section 7.5 of the Physician Assistant Practice Act of 1987 [225 ILCS 95];

an advanced practice nurse who has been delegated authority to prescribe through a written delegation of authority by a physician licensed to practice medicine in all of its branches or by a podiatrist, in accordance with Section 65-40 of the Nurse Practice Act [225 ILCS 65]; *or*

an animal euthanasia agency.

"National Drug Code Identification Number" or "NDC Identification Number" means the number used to provide uniform product identification for all substances recognized as drugs in the United States Pharmacopoeia National Formulary, USP31-NF26 (US Pharmacopoeial Convention, 12601 Twinbrook Parkway, Rockville, Maryland 20852 (2013)).

"Patient ID" means the identification of the individual receiving the medication or the responsible individual obtaining the medication on behalf of the recipient or the owner of the animal. The standards for establishing patient ID for the purpose of proper filling of a prescription are established by 77 Ill. Adm. Code 2080.70(d).

"Patient Location Code" means the portion of a LTC pharmacy's system of electronic files that identifies with which LTC facility, and what classification of care, the individual patient is associated.

"Prescribed" means ordered by a prescriber verbally, electronically or in writing.

"Prescriber" means the healthcare professional that is authorized to prescribe medications as set forth in the various professional practices of the State of Illinois.

"Prescription Information Library" or "PIL" means an electronic library containing 12 months of controlled substance, retail, prescription *information* that is accessible only by prescribers and dispensers for patient treatment usage [720 ILCS 570/102(nn-5)].

"Prescription Monitoring Program" or "PMP" means the entity that collects, tracks, and stores reported data on controlled substances and select drugs [720 ILCS 570/102(nn-10)].

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

"Prescription Monitoring Program Advisory Committee" or "PMPAC" means a committee consisting of licensed healthcare providers representing all professions that are licensed to prescribe or dispense controlled substances. The committee serves in a consultant context regarding longitudinal evaluations of compliance with evidence based clinical practice and controlled substances. The committee makes recommendations regarding scheduling of controlled substances and recommendations concerning continuing education designed at improving the health and safety of the citizens of Illinois regarding pharmacotherapies of controlled substances (e.g., the choice of medications, the frequency of refills, concomitant pharmacotherapies of other medications, all of which affect clinical response and possible dependency on those therapies).

"Prescription Monitoring Program – Long Term Care Advisory Committee" or "PMP-LTC" Advisory Committee" means a subunit of the Prescription Monitoring Program Advisory Committee that is made up of healthcare professionals associated with clinical care of geriatric populations. This committee also includes university partners who have research arms that perform longitudinal outcome evaluations.

"Prescription Monitoring Program − Long Term Care Clinical Consulting Advisory Group" or "PMP-LTC CCAG" means a committee jointly appointed by DPH and DHS consisting of academic and practicing clinicians specializing in providing medical and pharmaceutical care to geriatric patients. The PMP-LTC CCAG is an advisory committee providing clinical trending reviews to the PMP-LTC initiative of the DPH's LTC Section and DHS' Bureau of Pharmacy and Clinical Support Services.

"Quantities of a Controlled Substance Dispensed" means the total of a National Drug Code product dispensed whether it is in a solid unit such as a tablet or capsule, in a liquid unit such as milliliters, or in another unit as specified within the product identification.

"Recipient's Name" means the given or common name of a person who is the intended user of a dispensed medication. It may also mean the species or common name or common given name of an animal that is the intended user of a dispensed medication. If an animal's name is entered, the owner's name is required also.

"Schedule Drug" means any substances listed in the federal Controlled Substances Act (21 USC 812) or the Illinois Controlled Substances Act [720 ILCS 570] or by the Department pursuant to its authority under Section 202 of the Illinois Controlled Substances Act. Schedule, I, II, III, IV and V substances are listed in section 812 of the federal Controlled Substances Act (21 USC 812(b)(2), (b)(3), (b)(4), (b)(5) and (c)) and Sections 204, 206, 208, 210 and 212 of the Illinois Controlled Substances Act.

"Sex" means the medication recipient's gender.

Section 2081.30 General Description

The PMP monitors all controlled substances for Schedule II, III, IV and V drugs that are dispensed within the State of Illinois, except for those dispensed to hospital inpatients and by drug abuse treatment programs licensed by the Department. The LTC pharmacies transmit patient medication profiles to the PMP. Each time a Schedule II, III, IV or V drug is dispensed, the dispenser must transmit specific information to a central repository designated by the Department.

Section 2081.40 Long Term Care Pharmacies Responsibility

LTC pharmacies shall transmit the patient medication profiles to the PMP weekly (see 720 ILCS 570/316(c)). The Department shall impose a civil fine of $100 per day for willful failure to comply with statutory reporting requirements. Assessment of the fine begins on the day after the report was required to be submitted and ends on the day the failure to report is remedied. Fines shall be payable to the Prescription Monitoring Program.

a) This information shall include, but not be limited to, all the following data fields to provide the clinical oversight required by Section 5-5.12(f) of the Public Aid Code or as modified by DPH, HFS or DHS:

1) Dispenser DEA number.

2) Name of the medication as listed in Appendix A.

3) Dispenser name and address.

4) Patient information that should be kept up to date at all times:

A) Patient's name.

B) Patient ID.

C) Patient sex (M for male, F for female or U for unknown).

D) Patient birth date (yyyymmdd – year, month, day).

E) Patient ethnicity (if available).

F) Patient location code (LTC facility State provider number and corresponding location at the facility, i.e., unit and room).

G) Pre-existing conditions.

H) Patient weight, when available electronically.

I) Patient height, when available electronically.

5) For each prescription dispensed, the following information must be included:

A) The NDC identification number of the Schedule II, III, IV or V drugs or select drugs as provided by the PMP-LTC Advisory Committee.

B) Quantity of the drug dispensed.

C) Dosing of the drug dispensed.

D) Date when the drug was dispensed.

E) Date prescription was written.

F) Prescriber DEA number.

G) Prescriber full name.

H) Diagnosis.

I) Days' supply (based on dispensed quantity).

6) For any patient admissions to acute care facilities, the following information shall be included:

A) Date admitted, if known to the dispenser.

B) Date discharged, if discharged at time of transmission, if known to the dispenser.

C) Reason for admission, if known to the dispenser.

D) Any changes to medication therapy involving medications in Appendix A, if known to the dispenser.

b) As directed by the PMP-LTC CCAG and the Clinical Director for PMP, aggregate data and specialized reports may be developed relative to the selected drugs for clinical studies as covered under Art. VIII, Part. 21 of the Code of Civil Procedure [735 ILCS 5] (Medical Studies).

Section 2081.50 Error Reporting

a) If a prescriber notices an error in his or her prescription information, that prescriber shall report it to the Department by using the built-in PMP error reporting system within 7 days after discovery of the error.

b) A dispenser who notices an error in a prescription he or she has dispensed and transmitted shall retract the incorrect prescription and retransmit the prescription correctly within 7 days after discovery of the error.

Section 2081.60 Long Term Care Clinical Information

a) Nothing in the Act or this Part shall be construed as granting access to the patient-specific information to anyone other than to the PMP staff and the PMP-LTC CCAG.

b) The intent of the PMP-LTC CCAG is to provide continuous clinical quality analysis and research designed to improve the clinical outcomes of the patients.

c) The weekly collected data on selected medications and controlled substances shall be available to DPH for pre-survey analysis immediately.

d) When the CCAG creates the clinical evaluations of patient specific medications, along with information from the Minimum Data Set (MDS), it shall be made available electronically to the respective consulting pharmacist under contract with the long term care facility with access to the PMP on the first day of each month.

e) The clinical evaluations of resident specific medications, along with information from the MDS (see subsection (d)), shall be made available to DPH no sooner than 90 days after the information is made available electronically to the respective long term care facility administrator by the consulting pharmacist under contract with the facility. It shall be presumed that the information is received by each facility administrator no later than 5 business days after the information is made available electronically to the consulting pharmacist.

Section 2081.70 Designated Medications

For tracking purposes, the Department, by recommendation of the PMPAC may designate and list drugs, other substances or immediate precursors as:

a) A Schedule I, if the Department finds that:

1) *the substance has high potential for abuse; and*

2) *the substance has no currently accepted medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision* [720 ILCS 570/203].

b) A Schedule II, if the Department finds that:

1) *the substance has high potential for abuse;*

2) *the substance has currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions; and*

3) *the abuse of the substance may lead to severe psychological or physiological dependence.* [720 ILCS 570/205]

c) A Schedule III, if the Department finds that:

1) *the substance has a potential for abuse less than the substances listed in Schedule II;*

2) *the substance has currently accepted medical use in treatment in the United States; and*

3) *abuse of the substance may lead to moderate or low physiological dependence or high psychological dependence.* [720 ILCS 570/207]

d) A Schedule IV, if the Department finds that:

1) *the substance has a low potential for abuse relative to substances in Schedule III;*

2) *the substance has currently accepted medical use in treatment in the United States; and*

3) *abuse of the substance may lead to limited physiological dependence or psychological dependence relative to the substances in Schedule III.* [720 ILCS 570/209]

e) A Schedule V, if the Department finds that:

1) *the substance has low potential for abuse relative to the controlled substances listed in Schedule IV;*

2) *the substance has currently accepted medical use in treatment in the United States; and*

3) *abuse of the substance may lead to limited physiological dependence or psychological dependence relative to the substances in Schedule IV, or the substance is a targeted methamphetamine precursor as defined in the Methamphetamine Precursor Control Act* [720 ILCS 648]. [720 ILCS 570/211]

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

Section 2081.80 Mid-Level Practitioners Prescriptive Authority Reporting

In order to prevent erroneous association of prescriptions and remain compliant with the PMP, any supervising or collaborating physician who has delegated prescriptive authority to a mid-level practitioner is required to log in and fill out the electronic form on the PMP website (www.ilpmp.org) detailing what prescriptive authority he or she has delegated (see Section 318(k) of the Act). It is incumbent upon the collaborating or supervising physician to keep this record up to date. The form will require, but not be limited to, the following data fields:

a) Mid-level practitioner's information necessary for the electronic PMP form:

1) Name (First, MI, Last);

2) DEA number;

3) Profession; and

4) Mid-Level Practitioner's Professional License Numbers.

b) Delegating physician or podiatrist:

1) Name (First, MI, Last);

2) DEA number;

3) Profession; and

4) Mid-Level Practitioner's Professional License Numbers.

c) List of drugs delegated.

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

Section 2081.APPENDIX A Name of Medications for Prescription Monitoring Program − Long Term Care Reporting

BEHAVIORAL HEALTH MEDICATIONS

Antipsychotics as listed but not limited to:
Aripiprazole
Asenapine
Chlorpromazine
Clozapine
Droperidol
Fluphenazine
Haloperidol
Iloperidone
Loxapine
Lurasidone
Mesoridazine
Molindone
Olanzapine
Paliperidone
Perphenazine
Prochlorperazine
Quetiapine
Risperidone
Thioridazine
Thiothixene
Trifluoperazine
Ziprasidone

Antidepressants as listed but not limited to:

Selective Serotonin Reuptake Inhibitors (SSRIs)
Citalopram
Escitalopram
Paroxetine
Fluoxetine
Fluvoxamine
Sertraline

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

Serotonin-Norepinepherine Reuptake Inhibitors (SNRIs)
Desvenlafaxine
Duloxetine
Venlafaxine

Serotonin Antagonist and Reuptake Inhibitors (SARIs)
Nefazodone
Trazodone

Tricyclic Antidepressants (TCAs)
Amitriptyline
Clomipramine
Desipramine
Doxepin
Imipramine
Nortriptyline
Protriptyline
Trimipramine

Tetracyclic Antidepressants (TeCAs)
Amoxapine
Maprotiline
Mirtazapine

Monoamine Oxidase Inhibitors (MAOIs)
Isocarboxazid
Phenelzine
Selegiline
Tranylcypramine
Pirlindole

Miscellaneous Agents
Divalproex

Norepinepherine – Dopamine Inhibitor
Bupropion

5-HT1A Receptor Agonists
Buspirone

Aripiprazole

5-HT2A Receptor Agonists
Aripiprazole

5-HT2 Receptor Antagonists
Nefazodone

Mood Stabilizers
Carbamazepine
Divalproex
Gabapentin
Lamotrigine
Lithium
Oxcarbazepine
Topiramate
Valproic Acid

Anti-anxiety Medications as listed but not limited to:
Alprazolam
Buspirone
Chlordiazepoxide
Clonazepam
Clorazepate
Diazepam
Hydroxyzine
Lorazepam
Oxazepam

ADHD Medications as listed but not limited to:
Amphetamine
Amphetamine (ER)
Atomoxetine
Dexmethylphenidate
Dexmethylphenidate (ER)
Dextroamphetamine
Guanfacine
Lisdexamfetamine Dimesylate
Methamphetamine

Methylphenidate
Methylphenidate (ER)
Methylphenidate (LA)
Methylphenidate patch
Modafinil
Phentermine
Sibutramine

Antihistamine Medications as listed but not limited to:

First Generation Antihistamines:
Brompheniramine
Carbinoxamine
Chlorpheniramine
Clemastine
Cyproheptadine
Diphenhydramine
Doxylamine Succinate
Promethazine
Triprolidine

Second Generation Antihistamines:
Acrivastine
Cetirizine
Desloratadine
Fexofenadine
Levocetirizine
Loratadine

Other Antihistamines:
Azelastine
Cimetidine
Dimenhydrinate
Emedastine
Famotidine
Hydroxyzine
Ketotifen
Meclizine
Nizatidine

Olopatadine
Ranitidine

ENZYME INDUCERS/INHIBITORS

Amiodarone
Amlodipine
Amobarbital
Armodafinil
Bortezomib
Bosentan
Carbamazepine
Celecoxib
Chloroquine
Chlorpromazine
Cimetidine
Cinacalcet
Ciprofloxacin
Clomipramine
Clotrimazole
Clozapine
Cyclosporine
Darifenacin
Delavirdine
Desipramine
Dexamethasone
Dexlansoprazole
Dexmedetomidine
Diclofenac
Diltiazem Hydrochloride
Diphenhydramine
Disulfiram
Doxorubicin
Doxycycline
Duloxetine
Efavirenz
Erythromycin
Esomeprazole
Felodipine

DEPARTMENT OF HUMAN SERVICES

NOTICE OF ADOPTED RULE

Fluconazole
Fluoxetine
Flurbiprofen
Fluvastatin
Fluvoxamine
Fosamprenavir (as amprenavir)
Fosaprepitant
Fosphenytoin (as phenytoin)
Fospropofol
Gemifibrozil
Haloperidol
Ibuprofen
Imatinib
Imipramine
Indinavir
Indomethacin
Irbesartan
Isoniazid
Itraconazole
Ketoconazole
Lansoprazole
Letrozole
Lidocaine
Loratadine
Losartan
Mefenamic acid
Methadone
Methimazole
Methoxsalen
Metronidazole
Mexiletine
Miconazole
Modafinil
Nafcillin
Nefazodone
Nelfinavir
Nevirapine
Nicardipine
Nifedipine

Norfloxacin
Ofloxacin
Omeprazole
Oxcarbazepine
Paroxetine
Pentobarbital
Phenobarbital
Phenytoin
Pioglitazone
Piroxican
Posaconazole
Primaquine
Primidone
Propofol
Pyrimethamine
Quinidine
Quinine
Raberprazole
Ranolazine
Rifampin
Rifapentine
Ritonavir
Rosiglitazone
Saquinavir
Secobarbital
Sertraline
Sitaxsentan
Sorafenib
Sulfadiazine
Sulfamethoxazole
Sulfisoxazole
Tamoxifen
Telithromycin
Terbinafine
Tetracycline
Thiabendazole
Thioridazine
Thiotepa
Ticlopidine

Tolbutamide
Tranylcypromine
Trazodone
Trimethoprim
Verapamil
Voriconazole
Warfarin
Zafirlukast
Zileuton

MEDICATIONS WITH ANTICHOLINERGIC EFFECTS

Level # 1: Potential ACH activity by receptor binding activity:

Drug Class / Generic Name

Antipsychotics:
Fluphenazine
Olanzapine
Perphenazine
Prochlorperazine
Trifluoperazine

Anxiolytic:
Alprazolam
Chlordiazepoxide
Clonazepam
Clorazepate
Diazepam
Flurazepam
Lorazepam
Oxazepam
Temazepam
Triazolam

Antidepressant:
Fluoxetine
Paroxetine
Sertraline

Fluvoxamine
Phenelzine

Antibiotics/Antivirals:
Amantadine
Ampicillin
Clindamycin
Gentamicin
Vancomycin

Analgesics:
Codeine
Fentanyl
Morphine
Oxycodone
Tramadol

Cardiovascular:
Captopril
Chlorthalidone
Digoxin
Diltiazem Hydrochloride
Dipyridamole
Furosemide
Hydralazine
Isosorbide
Nifedipine
Triamterene
Warfarin

Corticosteroids:
Dexamethasone
Methylprednisolone
Prednisone
Triamcinolone

H2 Antagonist:
Famotidine
Nizatidine

Anticonvulsants:
Divalproex
Valproic Acid

Level # 2: ACH adverse events, dose related:

Antipsychotics:
Chlorpromazine
Loxapine
Molindone
Pimozide

Antihistamine:
Cyproheptadine

Cardiovascular:
Disopyramide

Muscle Relaxants:
Cyclobenzaprine

H2 Antagonist:
Cimetidine
Ranitidine

Anticonvulsants:
Carbamazepine
Oxcarbazepine

Level # 3: Markedly Anticholinergic:

Antipsychotics:
Clozapine
Mesoridazine
Thioridazine

Antidepressants:
Amitriptyline

Desipramine
Doxepin
Imipramine
Nortriptyline
Protriptyline
Trimipramine

Antihistamines:
Bropheniramine
Carbinoxamine
Chlorpheniramine
Clemastine
Diphenhydramine
Hydroxazine
Promethazine

Muscle Relaxants:
Orphenidrine

Vertigo Agents:
Dimenhydrinate
Meclizine
Scopolamine

GI Antispasmodics:
Dicyclomine
Hyoscyamine
Propantheline

Parkinson Disease:
Procyclidine
Benztropine
Trihexphenidyl

Urinary Antispasmodics:
Oxybutynin
Tolterodine
Flavoxate