



NRECA Medicare Part D

PRESCRIPTION DRUG PLANS
an Employer PDP

Basic Plan

2010 Formulary (List of Covered Drugs)
August 2010

Medicare^{Rx}
Prescription Drug Coverage



PLEASE NOTE

This booklet includes the list of drugs for NRECA's Basic plan as of August 1, 2010. It is an abridged formulary, or a partial list of the prescription drugs covered by NRECA's Basic plan.

The formulary changes every year, effective January 1. The formulary may also change throughout the year. When changes are made, the formulary is updated with the new information.

You may request an updated version of the abridged formulary or a copy of the comprehensive formulary, the entire list of prescription drugs covered by NRECA's Basic plan.

To download an updated copy of the abridged formulary, please visit the web site at **<http://nreca.medicareplanrx.com>**.

For a print copy of the updated abridged formulary or to receive a comprehensive formulary, please call NRECA Medicare Part D Customer Care at 1-866-586-7322, Monday through Saturday, 6:30 a.m. to 11 p.m. Central Time. TTY/TDD users should call 1-866-236-1069.

Formulary for

BASIC PLAN

This is the abridged formulary, or a partial list of prescription drugs, covered under NRECA's Medicare Part D Basic plan.

Brand-name drugs are CAPITALIZED. Generic drugs are in *lower case italics*.

NRECA's Basic plan covers both brand-name drugs and generic drugs. If there is a generic drug available for a brand-name drug, only the generic name will be listed and covered.

Generic drugs have the same active ingredient formula as a brand-name drug. Generic drugs usually cost less than brand-name drugs and are rated by the Food and Drug Administration (FDA) to be as safe and effective as brand-name drugs.

All generic drugs are covered even if they are not listed on this formulary, except those drugs that are excluded by Medicare.

You must use the mail-order pharmacy for refills of maintenance medications after you have received your initial prescription and one refill at a retail pharmacy.

Some drugs may require prior approval or step therapy, or have quantity limitations. You can get up to a 90-day supply of most drugs, but specialty drugs are limited to a 30-day supply.

At the beginning of the formulary, the drugs covered by the plans are listed by therapeutic category, or drug class.

In the Index, starting on page 40, is the same list in alphabetical order. Next to the drug name is the page number on which the drug appears in its therapeutic category. To find out what other drugs are covered in the same therapeutic category, go to the page number listed after the drug.

How to Use the Formulary

1. Look on your prescription bottle or package.
2. Find out the exact name of your medication in the lower left hand corner of the label.
3. Go to the Index, starting on page 40. Drugs covered by the plan are listed in alphabetical order in the Index.
4. Look for the name of your drug.
5. If your drug is listed in the Index, it is covered by your plan.
6. If your drug is not listed, it may still be covered, but not included on this partial list. To see if it is covered, contact Customer Care at the telephone number or web site below.
7. If your drug is not listed, it may be a generic drug. To see if it is covered, contact Customer Care at the telephone number below.
8. To determine if another drug is available for your medical condition:
 - Talk to your doctor
 - Ask your pharmacist
 - Call NRECA Medicare Part D Customer Care at 1-866-586-7322.

For more information, please

- Visit our web site at <http://nreca.medicareplanrx.com>
- Call **NRECA Medicare Part D Customer Care** at 1-866-586-7322, Monday through Saturday, 6:30 a.m. to 11 p.m. CST
- TTY/TDD users should call 1-866-236-1069.

Brand-Name Drugs On The Formulary Are Covered

All generic drugs are covered, even if they are not listed on this formulary, except those drugs excluded by Medicare (*see next page*).

For brand-name drugs, NRECA's Medicare Part D formularies are "closed" formularies. This means that only the brand-name drugs listed on the formulary are covered by the Plan.

If you were covered by one of NRECA's employee prescription drug plans prior to enrolling in a Part D Plan, those plans maintained an "open" formulary. An open formulary provides a list of preferred drugs, but you can choose a drug that is not on the formulary, sometimes for an additional cost.

It is possible a drug that was covered under your previous NRECA plan may not be covered under your NRECA Medicare Part D Plan.

Drugs listed in your Medicare Part D formulary are referred to as **formulary drugs**. Drugs not listed in your Medicare Part D formulary are referred to as **non-formulary drugs**.

If the drug you are taking is a non-formulary drug, you can continue to get the drug, but it is not covered by your Part D Plan. You will have to pay the entire cost for the drug and the cost will not be applied to your deductible or your True Out-Of-Pocket (TrOOP) total. *See Transition Coverage on page 5.*

In order for that non-formulary medication to be covered by your Part D Plan, you must request a **formulary exception** through a coverage determination.

If the request is denied, then you may file a Level One Appeal. Your physician or your authorized representative may help you.

Procedures for filing both a Coverage Determination and an Appeal are located in the Summary Plan Description and Evidence of Coverage.

The Formulary Can Change

This formulary is subject to change. Before getting a new prescription filled, go to <http://nreca.medicareplanrx.com> to check the latest formulary to see if your new medication is covered.

If a prescription drug you are taking at the beginning of the year is removed from the formulary later in the same year

- You may be covered for that drug for the rest of the calendar year, and
- You may receive that drug at the same coinsurance for the rest of the calendar year.

There are two exceptions:

- When a new generic drug becomes available, or
- When new information is released stating that the drug may not be safe or effective.

To make sure you are covered, you should get that prescription filled as soon as you are covered on that Part D Plan to have a record that you are taking that drug.

If a drug you are taking will no longer be covered and is dropped from the formulary during the year, you will be given at least 60 days notice, except for drugs considered to be unsafe.

If you do not receive a notice, you can receive a one-time refill, up to a 60-day supply of the drug.

Please refer to your monthly **Explanation of Benefits** (EOB) for announcements of formulary changes affecting your medications.

Drugs and Drug Categories Not Covered by Medicare

Medicare will not allow certain drugs or drug categories to be covered by Part D Plans. The excluded drugs are:

- drugs used for weight loss, weight gain or anorexia
- drugs used for infertility
- drugs used for cosmetic purposes or hair growth
- drugs used for relief of cough or colds
- drugs for erectile dysfunction, such as Viagra®, unless used to treat other approved conditions
- prescription vitamins and mineral products except prenatal vitamins and fluoride preparations
- barbiturates, such as phenobarbital
- benzodiazepines, such as Valium®
- non-prescription drugs available over-the-counter
- drugs which the manufacturer requires as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee.

Other drugs that are not covered by the Part D Plan include:

- drugs you receive while in the hospital or medical facility in most cases
- compounded drugs unless one component is on the formulary.

If the drug you are taking is a Medicare-excluded drug, you can continue to get the drug at a retail pharmacy, but it is not covered by your Part D Plan. You will have to pay the entire cost for the drug and the cost will not be applied to your deductible or your True Out-Of-Pocket (TrOOP) total.

The Coverage Determination or Appeal processes do not apply to these drugs, nor are these drugs covered through a transitional or emergency fill.

PA—Drugs Requiring Prior Authorization

You will see “PA” next to some drugs in your formulary. That means the drug may be covered, but first you have to receive prior authorization.

You have to get approval for a drug marked “PA” *before* you go to the pharmacy, otherwise you will not be able to get your prescription filled.

When your physician recommends one of these drugs, please ask him or her to

- Contact the Prior Authorization Unit by phone at 1-800-626-3046 or fax at 1-866-502-2296
- Provide the required information to the NRECA pharmacist
- Get the prior authorization needed for that drug.

B/D—Drugs That Can Be Covered By Part B or Part D

You will see “B/D” next to some drugs in your formulary. That means the drug may be covered under either Part B or Part D, depending on your diagnosis.

You have to get prior authorization for a drug marked “B/D” *before* you go to the pharmacy. When your physician recommends one of these drugs, please ask him or her to follow the prior authorization process explained above.

QL—Drugs With Quantity Limitations

You will see a “QL” next to some drugs in your formulary. That means the drug is covered but only a certain quantity of the drug can be dispensed at a time.

If your prescription is written for a quantity greater than the QL amount, your retail pharmacy will be notified by NRECA and informed of the maximum quantity covered by the Plan.

NRECA will approve your prescription for payment if the pharmacist reduces the quantity to the maximum allowed and resends the prescription for payment.

Otherwise, if you receive the full quantity prescribed, you will have to pay the full cost of the drug and the cost will not be applied to your deductible or your True Out-Of-Pocket (TrOOP).

If you use mail service, the mail service pharmacy will reduce the quantity to the maximum allowed amount and notify you by letter of the quantity limitation.

To receive a quantity greater than the limit allowed in your formulary for any drug, you must request a formulary exception through a coverage determination. Call 1-866-586-7322, or fax your request to 1-866-884-9475.

ST—Drugs Requiring Step Therapy

You will see “ST” next to some drugs in your formulary. That means your prescribed drug may be covered, but first you have to try another drug to treat your medical condition before your prescribed drug will be covered.

For example, both Drug A and Drug B may treat your medical condition. With step therapy, you must try Drug A before Drug B will be covered. If Drug A does not work for you, then Drug B will be covered.

If your prescription is written for a drug that requires step therapy (Drug B in our example), your retail pharmacy will check with NRECA to see if you have been prescribed the first drug (Drug A) within a certain period of time.

If you have tried the first drug (Drug A) within the required time period, NRECA will approve your prescription for payment.

If you have not used the first drug (Drug A), then you will need to get a new prescription from your doctor for the first drug.

If you use mail service, the mail service pharmacy will notify you by letter that step therapy is required.

To receive the prescribed drug without step therapy, you must request a formulary exception through a coverage determination. Call 1-866-586-7322, or fax your request to 1-866-884-9475.

Transition Coverage

For the first 90 days you are enrolled in a plan, you may be eligible to receive a transition supply of a non-formulary drug if you

- Switched from one plan to another **after January 1, 2010**
- Enrolled in a new plan, effective **January 1, 2010**, during open enrollment held November 15 to December 31, 2009
- Are newly-eligible for Medicare and were covered by another plan immediately before enrolling in a Part D Plan
- Reside in a long-term care facility

Please note: if you stay in the same Part D Plan, you are *not* eligible for transition coverage.

During your first 90 days in the plan, you may receive up to a **one-time 30-day transition supply** of a non-formulary drug to give you time to talk to your doctor about alternative medications.

If you are in a long-term health care facility:

- **During the first 90 days you are enrolled in the plan,** you may receive one transition supply of up to 31 days, and the plan may honor two refills until the end of the 90-day transition period.
- **After 90 days,** you may receive one transition supply of up to 31 days.

This transition supply is only available for non-formulary drugs covered by Medicare which includes formulary drugs subject to prior authorization (PA), quantity limits (QL) or step therapy (ST).

If Your Drug Is No Longer on the Formulary

If you find out that your drug will no longer be on the formulary, you should talk with the doctor who prescribed the non-formulary drug about

- Changing from a non-formulary drug to an alternative drug that is included on the formulary
- Getting any prior authorizations that may be required for certain alternative medications
- Requesting a coverage determination or formulary exception for a non-covered drug.

It is your responsibility to check the formulary before getting your prescription filled to make sure that

- Your medications are covered by your Part D Plan.
- You are aware of any Prior Authorizations or Step Therapy that may be required.
- You are aware of any Quantity Limitations.

Updated formularies are available on the NRECA Medicare Part D website:

<http://nreca.medicareplanrx.com>. Click on the **Drug List** tab at the top of the home page.

If You Disagree with a Drug Coverage or Payment Decision

If you disagree with a decision regarding drug coverage or payment, you have the right to request a coverage determination or an appeal, depending on the situation.

As part of this process, you may request a **prior authorization, formulary exception** or a **tier exception**. Your physician or your authorized representative may help you.

You or your physician may be required to supply information to NRECA before a decision can be made. Then NRECA will respond or issue a decision within a specific timeframe.

If the situation is urgent, you or your physician may request a **fast coverage determination or appeal**, as appropriate, which may result in a faster response and decision from NRECA.

After you have exhausted your appeals with NRECA, you may also appeal to independent reviewers. If you are dissatisfied with any part of the process, you may also file a **grievance**.

Please review the Summary Plan Description and Evidence of Coverage, and call Customer Care for more information about these procedures.

Types of Drugs

Generic drugs—prescription drugs that have the same active ingredient as brand-name drugs, are required by the Food and Drug Administration (FDA) to be as safe and effective as the brand-name drug, and usually cost less than brand-name drugs. These drugs appear in *lower case italics* in the formulary.

All generic drugs are covered even if they are not in the formulary, except those drugs excluded by Medicare.

Brand-name drugs—prescription drugs that are protected by patent and typically produced and sold by one manufacturer. These drugs appear in ALL CAPITAL LETTERS in the formulary.

You can get up to a 90-day supply of most drugs, but specialty drugs are limited to a 30-day supply.

Key to Notes in Drug Listing

- B/D** May be covered by either Part B or Part D; see page 3 for more information
- CAPS** Capsules
- INJ** Injection
- LA** Limited Access; only available through certain pharmacies
- OINT** Ointment
- PA** Prior authorization required; see page 3 for more information
- QL** Quantity Limit for this drug; see page 4 for more information
- SOLN** Solution
- ST** Step Therapy required; see page 4 for more information
- SUSP** Suspension
- SYR** Syrup
- TAB** Tablets

Medicare Comprehensive – 2010

Drug	Requirements/Limits
ANALGESICS	
COX-2 INHIBITORS	
CELEBREX	PA
GOUT	
<i>allopurinol</i>	
<i>allopurinol sodium</i>	
<i>colchicine w/ probenecid</i>	
<i>probenecid</i>	
MISCELLANEOUS	
<i>nalbuphine hcl</i>	
NARCOTIC ANALGESICS	
<i>acetaminophen w/ codeine</i>	
<i>acetaminophen-caff-dihydrocod</i>	
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	
<i>butalbital-aspirin-caffeine w/cod</i>	
<i>butorphanol tartrate 10mg/ml</i>	QL (10 / 25 days)
<i>butorphanol tartrate 1mg/ml, 2mg/ml</i>	
<i>hydrocodone-acetaminophen</i>	
<i>hydrocodone-ibuprofen</i>	
<i>pentazocine w/ apap</i>	
<i>pentazocine w/ naloxone</i>	
<i>propoxyphene hcl</i>	
<i>propoxyphene hcl w/ apap</i>	
<i>propoxyphene-n w/ apap</i>	
NARCOTIC ANALGESICS, CII	
AVINZA	QL (60 ea / 25 days)
<i>codeine sulfate</i>	
DILAUDID-5	
<i>fentanyl</i>	QL (10 ea / 25 days); PATCH
<i>fentanyl citrate .05mg/ml</i>	
<i>fentanyl citrate 1200mcg, 1600mcg, 200mcg, 400mcg, 600mcg, 800mcg</i>	QL (120 lpop / 25 days), PA
<i>hydromorphone hcl</i>	
KADIAN	QL (60 ea / 25 days)
<i>levorphanol tartrate</i>	
<i>meperidine hcl</i>	
<i>methadone hcl 10mg, 5mg</i>	QL (240 / 25 days)
<i>methadone hcl 10mg/5ml, 10mg/ml, 5mg/5ml</i>	
<i>morphine sulfate .5mg/ml, 15mg, 1mg/ml, 20mg/ml, 30mg, 5mg/ml</i>	
<i>morphine sulfate 100mg, 15mg, 30mg, 60mg</i>	QL (90 ea / 25 days)
<i>morphine sulfate 200mg</i>	QL (60 ea / 25 days)
MORPHINE SULFATE 10mg/5ml, 20mg/5ml	

Drug	Requirements/Limits
OPANA ER	QL (120 ea / 25 days)
<i>oxycodone hcl</i>	
<i>oxycodone w/ acetaminophen</i>	
<i>oxycodone w/ aspirin</i>	
<i>oxycodone-ibuprofen</i>	
OXYCONTIN	QL (120 ea / 25 days)
ROXICET	

NON-NARCOTIC ANALGESICS

tramadol hcl
tramadol-acetaminophen

NSAIDS

diclofenac potassium
diclofenac sodium
diflunisal
etodolac

fenoprofen calcium
flurbiprofen

ibuprofen

INDOCIN SUSP

indomethacin

ketoprofen

ketorolac tromethamine 10mg QL (20 / 25 days)

ketorolac tromethamine 15mg/ml, 30mg/ml

meclofenamate sodium

meloxicam

nabumetone

naproxen

naproxen sodium

oxaprozin

piroxicam

sulindac

tolmetin sodium

VOLTAREN GEL

ANESTHETICS

LOCAL ANESTHETICS

lidocaine hcl (local anesth.)

ANTI-INFECTIVES

ANTIBACTERIALS

amikacin sulfate

amoxicillin

amoxicillin & pot clavulanate

ampicillin

ampicillin & sulbactam sodium

ampicillin sodium

AVELOX

AVELOX ABC PACK

Drug	Requirements/Limits
<i>azithromycin</i>	
BICILLIN C-R	
BICILLIN L-A	
<i>cefaclor</i>	
<i>cefaclor monohydrate</i>	
<i>cefadroxil</i>	
<i>cefazolin sodium</i> 1gm, 20gm, 500mg	
CEFAZOLIN SODIUM	
<i>cefdinir</i>	
<i>cefepime hcl</i>	
<i>cefotaxime sodium</i>	
<i>cefoxitin sodium</i>	
<i>cefpodoxime proxetil</i>	
<i>cefprozil</i>	
<i>ceftazidime</i>	
<i>ceftriaxone sodium</i>	
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium</i>	
CEFUROXIME/DEXTROSE	
<i>cephalexin</i>	
CIPRO	SUSP
<i>ciprofloxacin</i>	
<i>ciprofloxacin hcl</i>	
<i>ciprofloxacin-ciprofloxacin hcl</i>	
<i>clarithromycin</i>	
<i>demeclocycline hcl</i>	
<i>dicloxacillin sodium</i>	
<i>doxycycline (monohydrate)</i>	
<i>doxycycline hyclate</i>	
ERYPED 200	
ERYTHROCIN LACTOBIONATE	
<i>erythromycin base</i>	
<i>erythromycin ethylsuccinate</i>	
<i>erythromycin stearate</i>	
<i>gentamicin in saline</i>	
<i>gentamicin sulfate</i>	
<i>kanamycin sulfate</i>	
LEVAQUIN	
<i>minocycline hcl</i>	
<i>nafcillin sodium</i>	
<i>neomycin sulfate</i>	
<i>ofloxacin</i>	
<i>oxacillin sodium</i>	
<i>paromomycin sulfate</i>	
<i>penicillin g potassium</i>	
PENICILLIN G PROCAINE	
<i>penicillin g sodium</i>	

Drug	Requirements/Limits
<i>penicillin v potassium</i>	
<i>piperacillin sodium-tazobactam sodium</i>	
<i>streptomycin sulfate</i>	
<i>sulfadiazine</i>	
SUPRAX	
<i>tetracycline hcl</i>	
<i>tobramycin sulfate</i>	
ZOSYN	
ANTIFUNGALS	
<i>amphotericin b</i>	
ANCOBON	
CANCIDAS	
<i>clotrimazole</i>	
<i>fluconazole</i>	
<i>fluconazole in dextrose</i>	
GRIS-PEG	
<i>griseofulvin microsize</i>	
<i>itraconazole</i>	PA
<i>ketoconazole</i>	
<i>nystatin</i>	
<i>terbinafine hcl</i>	PA
VFEND	
VFEND IV	
ANTIMALARIALS	
<i>chloroquine phosphate</i>	
COARTEM	
DARAPRIM	
MALARONE	
<i>mefloquine hcl</i>	
QUALAQUIN	
ANTIRETROVIRAL AGENTS	
APTIVUS	
ATRIPLA	
COMBIVIR	
CRIXIVAN	
<i>didanosine</i>	
EMTRIVA	
EPIVIR	
EPZICOM	
FUZEON	
INTELENCE	
INVIRASE	
ISENTRESS	
KALETRA	
LEXIVA	
NORVIR	

Drug	Requirements/Limits
PREZISTA	
RESCRIPTOR	
RETROVIR IV INFUSION	
REYATAZ	
SELZENTRY	
<i>stavudine</i>	
SUSTIVA	
TRIZIVIR	
TRUVADA	
VIDEX	
VIRACEPT	
VIRAMUNE	
VIREAD	
ZIAGEN	
<i>zidovudine</i>	
ANTITUBERCULAR AGENTS	
CAPASTAT SULFATE	
<i>ethambutol hcl</i>	
<i>isoniazid</i>	
<i>isoniazid & rifampin</i>	
MYCOBUTIN	
PASER	
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
SEROMYCIN	
TRECTOR	
ANTIVIRALS	
<i>acyclovir</i>	
<i>acyclovir sodium</i>	
BARACLUDE	
CYTOVENE	
EPIVIR HBV	
<i>famciclovir</i>	
<i>foscarnet sodium</i>	
<i>ganciclovir 250mg</i>	
<i>ganciclovir 500mg</i>	
HEPSERA	
REBETOL	PA
RELENZA DISKHALER	
<i>ribavirin (hepatitis c)</i>	PA
<i>rimantadine hydrochloride</i>	
TAMIFLU	
TYZEKA	
<i>valacyclovir hcl</i>	
VALCYTE	

Drug	Requirements/Limits
MISCELLANEOUS	
ALBENZA	
ALINIA 100mg/5ml	QL (180 / 25 days)
ALINIA 500mg	QL (12 tabs / 25 days)
<i>bacitracin</i>	
<i>chloramphenicol sodium succinate</i>	
CLEOCIN 75mg	
CLEOCIN PEDIATRIC GRANULE	
<i>clindamycin hcl</i>	
<i>clindamycin phosphate</i>	
<i>colistimethate sodium</i>	B/D
CUBICIN	
<i>dapsone</i>	
<i>erythromycin-sulfisoxazole</i>	
INVANZ	
MACRODANTIN	
<i>mebendazole</i>	
<i>methenamine hippurate</i>	
<i>metronidazole</i>	
<i>metronidazole in nacl</i>	
<i>nitrofurantoin macrocrystal</i>	
<i>nitrofurantoin monohyd macro</i>	
<i>polymyxin b sulfate</i>	
PRIMAXIN I.M.	
PRIMAXIN IV	
<i>sulfamethoxazole-trimethoprim</i>	
TINDAMAX	
<i>trimethoprim</i>	
TYGACIL	
VANCOGIN HCL	
<i>vancomycin hcl</i>	
VANCOMYCIN HCL ISO-OSMOTI	
ZYVOX	

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

BICNU	
BUSULFEX	
CEENU	
<i>cyclophosphamide 25mg, 50mg</i>	B/D
CYCLOPHOSPHAMIDE 1gm, 500mg	
<i>dacarbazine</i>	
EMCYT	
HEXALEN	
IFEX	
<i>ifosfamide</i>	
LEUKERAN	

Drug	Requirements/Limits
<i>melphalan hcl</i>	INJ
MUSTARGEN	
<i>thiotepa</i>	
TREANDA	
ANTHRACYCLINES	
DAUNORUBICIN HCL	
DAUNOXOME	
DOXIL	
<i>doxorubicin hcl</i>	
ELLENCE	
<i>epirubicin hcl</i>	
<i>idarubicin hcl</i>	
ANTIBIOTICS	
<i>bleomycin sulfate</i>	
COSMEGEN	
<i>mitomycin</i>	
ANTIMETABOLITES	
ALIMTA	
<i>cytarabine</i>	
FLUOROURACIL	
GEMZAR	
<i>mercaptopurine</i>	
<i>methotrexate sodium</i> 1gm, 25mg/ml	
<i>pentostatin</i>	
TABLOID	
VIDAZA	
ANTIMITOTIC, TAXOIDS	
<i>paclitaxel</i>	
TAXOTERE	
ANTIMITOTIC, VINCA ALKALOIDS	
VINBLASTINE SULFATE	
<i>vincristine sulfate</i>	
<i>vinorelbine tartrate</i>	
BIOLOGIC RESPONSE MODIFIERS	
AVASTIN	
CAMPATH	
HERCEPTIN	
ISTODAX	
ONTAK	
PROLEUKIN	
RITUXAN	PA
VELCADE	
HORMONAL ANTINEOPLASTIC AGENTS	
ARIMIDEX	
AROMASIN	
<i>bicalutamide</i>	

Drug	Requirements/Limits
DEPO-PROVERA	
FARESTON	
FASLODEX	
FEMARA	
<i>flutamide</i>	
<i>leuprolide acetate</i>	
LUPRON DEPOT	
LUPRON DEPOT-PED	
MEGACE ES	
<i>megestrol acetate</i>	
NILANDRON	
<i>tamoxifen citrate</i>	
TRELSTAR DEPOT	
TRELSTAR LA	
KINASE INHIBITORS	
AFINITOR	PA
GLEEVEC	
NEXAVAR	
SPRYCEL	
SUTENT	
TARCEVA	
TASIGNA	
TYKERB	
VOTRIENT	
MISCELLANEOUS	
DROXIA	
ELSPAR	
<i>hydroxyurea</i>	
<i>irinotecan hcl</i>	
LYSODREN	
MATULANE	
<i>mitoxantrone hcl</i>	
ONCASPAR	
PHOTOFRIN	
TARGRETIN 75mg	
<i>tretinoin (chemotherapy)</i>	CAPS
TRISENOX	
ZOLINZA	
NUCLEOSIDE ANALOGS	
<i>cladribine</i>	
<i>fludarabine phosphate</i>	
PLATINUM COORDINATION COMPLEX	
<i>carboplatin</i>	
<i>cisplatin</i>	
ELOXATIN	
PROTECTIVE AGENTS	

Drug	Requirements/Limits
<i>amifostine crystalline</i>	
<i>dexrazoxane</i>	
ELITEK	
<i>ifosfamide & mesna</i>	
<i>leucovorin calcium</i>	
<i>mesna</i>	
MESNEX	
TOPOISOMERASE INHIBITORS	
CAMPTOSAR	
<i>etoposide</i>	
HYCAMTIN	INJ
CARDIOVASCULAR	
ACE INHIBITOR COMBINATIONS	
<i>amlodipine besylate-benazepril hcl</i>	
<i>benazepril & hydrochlorothiazide</i>	
<i>captopril & hydrochlorothiazide</i>	
<i>enalapril maleate & hydrochlorothiazide</i>	
<i>fosinopril sodium & hydrochlorothiazide</i>	
<i>lisinopril & hydrochlorothiazide</i>	
LOTREL	5/40,10/40
<i>moexipril-hydrochlorothiazide</i>	
<i>quinapril-hydrochlorothiazide</i>	
ACE INHIBITORS	
<i>benazepril hcl</i>	
<i>captopril</i>	
<i>enalapril maleate</i>	
<i>fosinopril sodium</i>	
<i>lisinopril</i>	
<i>moexipril hcl</i>	
<i>perindopril erbumine</i>	
<i>quinapril hcl</i>	
<i>ramipril</i>	
<i>trandolapril</i>	
ADRENOLYTICS, CENTRAL	
<i>clonidine hcl</i>	
<i>guanabenz acetate</i>	
<i>guanfacine hcl</i>	
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone</i>	
<i>spironolactone</i>	
ALPHA BLOCKERS	
<i>doxazosin mesylate</i>	
<i>prazosin hcl</i>	
<i>terazosin hcl</i>	
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
AVALIDE	

Drug	Requirements/Limits
DIOVAN HCT	
EXFORGE	
EXFORGE HCT	
<i>losartan potassium & hydrochlorothiazide</i>	
VALTURNA	
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
AVAPRO	
DIOVAN	
<i>losartan potassium</i>	
ANTIARRHYTHMICS	
<i>amiodarone hcl</i>	
<i>disopyramide phosphate</i>	
<i>flecainide acetate</i>	
<i>mexiletine hcl</i>	
MULTAQ	
NORPACE CR	
PACERONE	
<i>propafenone hcl</i>	
<i>quinidine gluconate</i>	
<i>quinidine sulfate</i>	
RYTHMOL SR	
<i>sotalol hcl</i>	
TIKOSYN	
ANTILIPEMICS	
<i>cholestyramine</i>	
<i>cholestyramine light</i>	
<i>colestipol hcl</i>	
CRESTOR	
<i>fenofibrate</i>	
<i>fenofibrate micronized</i>	
<i>gemfibrozil</i>	
LIPITOR	
<i>lovastatin</i>	
<i>niacin</i>	
NIASPAN	
<i>pravastatin sodium</i>	
SIMCOR	
<i>simvastatin</i>	
TRICOR	
TRILIPIX	
WELCHOL	
ZETIA	
BETA-BLOCKER/DIURETIC COMBINATIONS	
<i>atenolol & chlorthalidone</i>	
<i>bisoprolol & hydrochlorothiazide</i>	
<i>metoprolol & hydrochlorothiazide</i>	

Drug	Requirements/Limits
<i>nadolol & bendroflumethiazide</i>	
<i>propranolol & hydrochlorothiazide</i>	
BETA-BLOCKERS	
<i>acebutolol hcl</i>	
<i>atenolol</i>	
<i>betaxolol hcl</i>	
<i>bisoprolol fumarate</i>	
BYSTOLIC	
<i>carvedilol</i>	
COREG CR	
<i>labetalol hcl</i>	
<i>metoprolol succinate</i>	
<i>metoprolol tartrate</i>	
<i>nadolol</i>	
<i>pindolol</i>	
<i>propranolol hcl</i>	
<i>timolol maleate</i>	
CALCIUM CHANNEL BLOCKERS	
<i>amlodipine besylate</i>	
CARDIZEM CD	360 MG
<i>diltiazem hcl</i>	
<i>diltiazem hcl coated beads</i>	
<i>diltiazem hcl extended release beads</i>	
<i>felodipine</i>	
<i>isradipine</i>	
<i>nicardipine hcl</i>	
<i>nifedipine</i>	
<i>nimodipine</i>	
<i>nisoldipine</i>	
<i>verapamil hcl</i>	
DIGITALIS GLYCOSIDES	
<i>digoxin</i>	
LANOXIN	
DIRECT RENIN INHIBITORS	
TEKTURNA	
TEKTURNA HCT	
DIURETICS	
<i>acetazolamide</i>	
<i>acetazolamide sodium</i>	
ALDACTAZIDE	50/50
<i>amiloride & hydrochlorothiazide</i>	
<i>amiloride hcl</i>	
<i>bumetanide</i>	
<i>chlorothiazide</i>	
<i>chlorthalidone</i>	
DEMADEX	inj

Drug	Requirements/Limits
<i>furosemide</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>methazolamide</i>	
<i>methyclothiazide</i>	
<i>metolazone</i>	
<i>spironolactone & hydrochlorothiazide</i>	
THALITONE	
<i>torseamide</i> 100mg, 10mg, 20mg, 5mg	
TORSEMIDE 20mg/2ml	
<i>triamterene & hydrochlorothiazide</i>	
MISCELLANEOUS	
BIDIL	
<i>hydralazine hcl</i>	
<i>methyldopa</i>	
<i>methyldopa & hydrochlorothiazide</i>	
<i>methyldopate hcl</i>	
<i>midodrine hcl</i>	
<i>minoxidil</i>	
RANEXA	
<i>reserpine</i>	
NITRATES	
ISORDIL TITRADOSE	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
NITRO-DUR	0.3 MG, 0.8 MG
<i>nitroglycerin</i>	
NITROLINGUAL PUMPSPRAY	
NITROSTAT	
PULMONARY ARTERIAL HYPERTENSION	
ADCIRCA	PA
LETAIRIS	
REVATIO	PA
TRACLEER	LA
VENTAVIS	B/D
CENTRAL NERVOUS SYSTEM	
ANTI-ANXIETY	
<i>buspirone hcl</i>	
<i>fluvoxamine maleate</i>	
<i>meprobamate</i>	
ANTICONVULSANTS	
BANZEL	
<i>carbamazepine</i>	
CARBATROL	
CELONTIN	
DILANTIN	

Drug	Requirements/Limits
DILANTIN INFATABS	
<i>divalproex sodium</i>	
<i>ethosuximide</i>	
FELBATOL	
<i>fosphenytoin sodium</i>	
<i>gabapentin</i> 100mg	QL (1080 caps / 25 days)
<i>gabapentin</i> 300mg	QL (360 caps / 25 days)
<i>gabapentin</i> 400mg	QL (270 caps / 25 days)
<i>gabapentin</i> 600mg	QL (180 tabs / 25 days)
<i>gabapentin</i> 800mg	QL (120 tabs / 25 days)
GABITRIL	
KEPPRA	INJ
<i>lamotrigine</i>	
<i>levetiracetam</i>	
LYRICA 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	QL (120 caps / 25 days)
LYRICA 300mg	QL (60 caps / 25 days)
NEURONTIN 250mg/5ml	QL (2350ml / 25 days); SOLN
<i>oxcarbazepine</i>	
PEGANONE	
<i>phenytoin</i>	
<i>phenytoin sodium</i>	
<i>phenytoin sodium extended</i>	
<i>primidone</i>	
SABRIL	
TEGRETOL-XR	100mg
<i>topiramate</i>	
<i>valproate sodium</i>	
<i>valproic acid</i>	
VIMPAT	
<i>zonisamide</i>	
ANTIDEMENTIA	
ARICEPT	
ARICEPT ODT	
EXELON 1.5mg, 2mg/ml, 3mg, 4.5mg, 6mg	
EXELON 4.6mg/24hr, 9.5mg/24hr	PATCH
<i>galantamine hydrobromide</i>	
NAMENDA	
NAMENDA TITRATION PAK	
ANTIDEPRESSANTS	
<i>amitriptyline hcl</i>	
<i>amoxapine</i>	
<i>bupropion hcl</i>	
<i>bupropion hcl (smoking deterrent)</i>	
<i>citalopram hydrobromide</i>	
<i>clomipramine hcl</i>	

Drug	Requirements/Limits
CYMBALTA	
<i>desipramine hcl</i>	
<i>doxepin hcl</i>	
EFFEXOR XR	
EMSAM	
<i>fluoxetine hcl</i>	
<i>imipramine hcl</i>	
<i>imipramine pamoate</i>	
LEXAPRO	
<i>maprotiline hcl</i>	
MARPLAN	
<i>mirtazapine</i>	
NARDIL	
<i>nefazodone hcl</i>	
<i>nortriptyline hcl</i>	
<i>paroxetine hcl</i>	
PRISTIQ	
<i>protriptyline hcl</i>	
<i>sertraline hcl</i>	
SURMONTIL	100 MG
<i>tranylcypromine sulfate</i>	
<i>trazodone hcl</i>	
<i>trimipramine maleate</i>	
<i>venlafaxine hcl</i>	
VENLAFAXINE HCL ER	
ANTIPARKINSONIAN AGENTS	
<i>amantadine hcl</i>	
APOKYN	
AZILECT	
<i>benztropine mesylate</i>	
<i>bromocriptine mesylate</i>	
<i>carbidopa-levodopa</i>	
COMTAN	
MIRAPEX	0.75 mg
<i>pramipexole dihydrochloride</i>	
<i>ropinirole hydrochloride</i>	
<i>selegiline hcl</i>	
STALEVO 100	
STALEVO 125	
STALEVO 150	
STALEVO 200	
STALEVO 50	
STALEVO 75	
<i>trihexyphenidyl hcl</i>	
ANTIPSYCHOTICS	
ABILIFY	

Drug	Requirements/Limits
ABILIFY DISCMELT	
<i>chlorpromazine hcl</i>	
<i>clozapine</i>	
FANAPT	
FANAPT TITRATION PACK	
FAZACLO	
<i>fluphenazine decanoate</i>	
<i>fluphenazine hcl</i>	
GEODON	
<i>haloperidol</i>	
<i>haloperidol decanoate</i>	
<i>haloperidol lactate</i>	
INVEGA	
INVEGA SUSTENNA	
<i>loxapine succinate</i>	
MOBAN	
NAVANE	
ORAP	
<i>perphenazine</i>	
RISPERDAL CONSTA	
<i>risperidone</i>	
SAPHRIS	
SEROQUEL	
SEROQUEL XR	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
ZYPREXA	
ZYPREXA ZYDIS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER	
<i>amphetamine-dextroamphetamine</i>	PA
<i>dexmethylphenidate hcl</i>	PA
<i>dextroamphetamine sulfate</i> 10mg, 15mg, 5mg	ext-release
<i>dextroamphetamine sulfate</i> 10mg, 5mg	PA
<i>methylphenidate hcl</i> 10mg, 20mg, 5mg	PA
<i>methylphenidate hcl</i> 10mg, 20mg	ext-release
<i>methylphenidate hcl</i> 20mg	PA; ext-release
STRATTERA	PA
HYPNOTICS	
<i>zaleplon</i>	QL (180 caps / year)
<i>zolpidem tartrate</i>	QL (180 tabs / year)
MIGRAINE	
<i>dihydroergotamine mesylate</i>	
<i>ergotamine w/ caffeine</i>	
MAXALT	QL (12 tabs / 25 days)
MAXALT-MLT	QL (12 ea / 25 days)

Drug	Requirements/Limits
MIGRANAL	QL (8 / 25 days)
<i>sumatriptan succinate</i> 100mg, 25mg, 50mg	QL (9 tabs / 25 days)
<i>sumatriptan succinate</i> 4mg/0.5ml, 6mg/0.5ml	QL (10 / 25 days)
MISCELLANEOUS	
<i>ergoloid mesylates</i>	
GUANIDINE HCL	
<i>lithium carbonate</i>	
<i>lithium citrate</i>	
MESTINON	
MESTINON TIMESPAN	
<i>pyridostigmine bromide</i>	
REGONOL	
RILUTEK	
SAVELLA	
SAVELLA TITRATION PACK	
XENAZINE	PA
MULTIPLE SCLEROSIS AGENTS	
AVONEX	
BETASERON	
COPAXONE	
EXTAVIA	
REBIF	
REBIF TITRATION PACK	
MUSCULOSKELETAL THERAPY AGENTS	
<i>baclofen</i>	
<i>carisoprodol</i>	
<i>carisoprodol w/ aspirin</i>	
<i>carisoprodol w/ aspirin & codeine</i>	
<i>chlorzoxazone</i>	
<i>cyclobenzaprine hcl</i>	
<i>dantrolene sodium</i>	
<i>metaxalone</i>	
<i>methocarbamol</i>	
<i>orphenadrine citrate</i>	
<i>orphenadrine w/ aspirin & caff</i>	
ROBAXIN	SOLN
SKELAXIN	
<i>tizanidine hcl</i>	
NARCOLEPSY/CATAPLEXY	
PROVIGIL	PA
XYREM	LA
PSYCHOTHERAPEUTIC-MISCELLANEOUS	
ANTABUSE	
<i>buprenorphine hcl</i>	
CAMPRAL	
CHANTIX	PA

Drug	Requirements/Limits
<i>chlordiazepoxide-amitriptyline</i>	
<i>fluoxetine hcl (p added)</i>	
<i>naloxone hcl</i>	
<i>naltrexone hcl</i>	
NICOTROL INHALER	
<i>perphenazine-amitriptyline</i>	
SUBOXONE	

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM	PA
ANDROGEL	PA
<i>oxandrolone 2.5mg</i>	PA
<i>oxandrolone 10mg</i>	PA
TESTIM	PA
<i>testosterone cypionate</i>	
<i>testosterone enanthate</i>	

ANTIDIABETICS

<i>acarbose</i>	
ACTOPLUS MET	
ACTOS	
ALCOHOL PREPS	
APIDRA	
APIDRA SOLOSTAR	
AVANDAMET	
AVANDARYL	
AVANDIA	
BD INSULIN SYRINGE SAFETY	
BD INSULIN SYRINGE ULTRAF	
BD PEN NEEDLE/ULTRAFINE/2	
BYETTA	
<i>chlorpropamide</i>	
CURITY GAUZE PADS 2"X2"	
DUETACT	
<i>glimepiride</i>	
<i>glipizide</i>	
<i>glipizide-metformin hcl</i>	
<i>glyburide</i>	
<i>glyburide micronized</i>	
<i>glyburide-metformin</i>	
HUMALOG	
HUMALOG MIX 50/50	
HUMALOG MIX 50/50 PEN	
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 PEN	
HUMALOG PEN	
HUMULIN 50/50	

Drug	Requirements/Limits
HUMULIN 70/30	
HUMULIN 70/30 PEN	
HUMULIN N	
HUMULIN N U-100 PEN	
HUMULIN R	
HUMULIN R U-500 (CONCENTR	
JANUMET	
JANUVIA	
LANTUS	
LANTUS SOLOSTAR	
LEVEMIR	
LEVEMIR FLEXPEN	
<i>metformin hcl</i>	
<i>nateglinide</i>	
NOVOLIN 70/30	
NOVOLIN 70/30 INNOLET	
NOVOLIN N	
NOVOLIN N INNOLET	
NOVOLIN R	
NOVOLIN R INNOLET	
NOVOLOG	
NOVOLOG FLEXPEN	
NOVOLOG MIX 70/30	
NOVOLOG MIX 70/30 PREFILL	
ONGLYZA	
PRANDIN	
RELION 70/30	
RELION N	
RELION R	
SYMLIN	
SYMLINPEN 120	
SYMLINPEN 60	
<i>tolazamide</i>	
<i>tolbutamide</i>	
BISPHOSPHONATES	
<i>alendronate sodium</i>	
BONIVA	
<i>etidronate disodium</i>	
<i>pamidronate disodium</i>	
ZOMETA	
CALCITONINS	
<i>calcitonin (salmon)</i>	
MIACALCIN	INJ
CALCIUM RECEPTOR ANTAGONISTS	
SENSIPAR	
CHELATING AGENTS	

Drug	Requirements/Limits
EXJADE	
SYPRINE	
CONTRACEPTIVES	
<i>desogestrel & ethinyl estradiol</i>	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>ethynodiol diacet & eth estrad</i>	
<i>levonorgestrel & eth estradiol</i>	
<i>levonorgestrel (emergency oc)</i>	
<i>levonorgestrel-eth estradiol (triphasic)</i>	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	
<i>medroxyprogesterone acetate (contraceptive)</i>	
NECON 10/11-28	
<i>norethin acet & estrad-fe</i>	
<i>norethindrone & eth estradiol</i>	
<i>norethindrone & mestranol</i>	
<i>norethindrone (contraceptive)</i>	
<i>norethindrone acet & eth estra</i>	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	
<i>norethindrone-eth estradiol (triphasic)</i>	
<i>norgestimate-ethinyl estradiol</i>	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	
<i>norgestrel & ethinyl estradiol</i>	
NUVARING	
ORTHO EVRA	
ORTHO TRI-CYCLEN LO	
ENDOMETRIOSIS	
<i>danazol</i>	
SYNAREL	
ENZYME REPLACEMENTS	
ADAGEN	
ALDURAZYME	
BUPHENYL	
CEREZYME	
CYSTADANE	
CYSTAGON	
ELAPRASE	
FABRAZYME	
KUVAN	
<i>levocarnitine (metabolic modifiers)</i>	
MYOZYME	
NAGLAZYME	
ORFADIN	
SUCRAID	
ZAVESCA	
ESTROGEN/PROGESTINS	

Drug	Requirements/Limits
CLIMARA PRO	
COMBIPATCH	
<i>estradiol & norethindrone acetate</i>	
PREMPHASE	
PREMPRO	
ESTROGENS	
ALORA	
ESTRADERM	
<i>estradiol</i>	
<i>estradiol valerate</i>	
<i>estropipate</i>	
GYNODIOL	1.5mg
PREMARIN	
PREMARIN W/APPLICATOR	
VAGIFEM	
VIVELLE-DOT	
GLUCOCORTICOIDS	
<i>cortisone acetate</i>	
<i>dexamethasone</i>	
<i>dexamethasone sodium phosphate</i>	
DEXPAK 13 DAY	
<i>fludrocortisone acetate</i>	
<i>hydrocortisone</i>	
<i>hydrocortisone sod succinate</i>	
MEDROL	2mg TAB
<i>methylprednisolone</i>	
<i>methylprednisolone acetate</i>	
<i>methylprednisolone sod succ</i>	
<i>prednisolone</i>	
<i>prednisolone sodium phosphate</i>	
<i>prednisone</i>	
PREDNISONO INTENSOL	
SOLU-CORTEF	
GLUCOSE ELEVATING AGENTS	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY KIT	
PROGLYCEM	
HUMAN GROWTH HORMONES	
INCRELEX	PA
NORDITROPIN CARTRIDGE	PA
NORDITROPIN NORDIFLEX PEN	PA
SAIZEN	PA
SAIZEN CLICK.EASY	PA
TEV-TROPIN	PA
MISCELLANEOUS	
<i>cabergoline</i>	

Drug	Requirements/Limits
<i>chorionic gonadotropin</i>	B/D
<i>octreotide acetate</i>	PA
SANDOSTATIN LAR DEPOT	PA
SOMATULINE DEPOT	PA
SOMAVERT	PA
PARATHYROID HORMONES	
FORTEO	PA
PHOPHATE BINDER AGENTS	
<i>calcium acetate (phosphate binder)</i>	
PHOSLO	
RENAGEL	
RENVELA	
PROGESTINS	
<i>medroxyprogesterone acetate</i>	
<i>norethindrone acetate</i>	
SELECTIVE ESTROGEN RECEPTOR MODULATORS	
EVISTA	
THYROID AGENTS	
<i>levothyroxine sodium</i>	
<i>liothyronine sodium</i>	
<i>methimazole</i>	
<i>propylthiouracil</i>	
SYNTHROID	
VASOPRESSINS	
DDAVP	
<i>desmopressin acetate</i>	
<i>desmopressin acetate refrigerated</i>	
<i>desmopressin acetate spray refrigerated</i>	
GASTROINTESTINAL	
ANTIDIARRHEALS	
<i>diphenoxylate w/ atropine</i>	
<i>loperamide hcl</i>	
ANTIEMETICS	
ANTIVERT	50 MG TAB
<i>dronabinol</i> 2.5mg, 5mg	QL (60 caps / 25 days)
<i>dronabinol</i> 10mg	QL (60 caps / 25 days)
EMEND 125mg	B/D, QL (2 per 25 days)
EMEND 40mg	
EMEND 80mg	B/D, QL (4 per 25 days)
<i>granisetron hcl</i> .1mg/ml, 1mg/ml	
<i>granisetron hcl</i> 1mg, 2mg/10ml	B/D
<i>meclizine hcl</i>	
<i>metoclopramide hcl</i>	
<i>ondansetron</i>	B/D
<i>ondansetron hcl</i> 24mg, 4mg, 4mg/5ml, 8mg	B/D
<i>ondansetron hcl</i> 4mg/2ml	

Drug	Requirements/Limits
<i>prochlorperazine</i>	
<i>prochlorperazine edisylate</i>	
<i>prochlorperazine maleate</i>	
<i>promethazine hcl</i>	
SANCUSO	QL (2 ptch / 15 days)
TRANSDERM-SCOP	
<i>trimethobenzamide hcl</i>	
ANTISPASMODICS	
<i>atropine sulfate</i>	
<i>dicyclomine hcl</i>	
<i>glycopyrrolate</i>	
<i>methscopolamine bromide</i>	
<i>propantheline bromide</i>	
H2-RECEPTOR ANTAGONISTS	
<i>cimetidine</i>	
<i>cimetidine hcl</i>	
<i>famotidine</i>	
<i>famotidine in nacl</i>	
<i>nizatidine</i>	
PEPCID	SUSP
<i>ranitidine hcl</i>	
INFLAMMATORY BOWEL DISEASE	
APRISO	
<i>balsalazide disodium</i>	
CANASA	
CIMZIA	PA
DIPENTUM	
ENTOCORT EC	
<i>hydrocortisone (intrarectal)</i>	
LIALDA	
<i>mesalamine</i>	
PENTASA	
<i>sulfasalazine</i>	
IRRITABLE BOWEL SYNDROME	
LOTRONEX	
LAXATIVES	
HALFLYTELY BOWEL PREP	
<i>lactulose</i>	
<i>lactulose (encephalopathy)</i>	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
<i>polyethylene glycol 3350</i>	
RELISTOR	
MISCELLANEOUS	
AMITIZA	

Drug	Requirements/Limits
CARAFATE	SUSP
GASTROCROM	
<i>misoprostol</i>	
<i>sucralfate</i>	
<i>ursodiol</i>	
PANCREATIC ENZYMES	
CREON	
ZENPEP	
PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS	
PREVPAC	
PROTON PUMP INHIBITORS	
DEXILANT	QL (90 days per year)
KAPIDEX	QL (90 days per year)
<i>lansoprazole</i>	QL (90 days per year)
NEXIUM	QL (90 days per year)
NEXIUM I.V.	
<i>omeprazole</i>	QL (90 days per year)
<i>pantoprazole sodium</i>	QL (90 days per year)
SALIVA STIMULANTS	
EVOXAC	
<i>pilocarpine hcl (oral)</i>	
GENITOURINARY	
BENIGN PROSTATIC HYPERPLASIA	
AVODART	
<i>finasteride</i>	
<i>tamsulosin hcl</i>	
UROXATRAL	
MISCELLANEOUS	
<i>bethanechol chloride</i>	
ELMIRON	
<i>potassium citrate (alkalinizer)</i>	
THIOLA	
URINARY ANTISPASMODICS	
DETROL LA	
ENABLEX	
<i>flavoxate hcl</i>	
<i>oxybutynin chloride</i>	
OXYTROL	
SANCTURA	
SANCTURA XR	
VESICARE	
VAGINAL ANTI-INFECTIVES	
CLEOCIN 100mg	
<i>clindamycin phosphate vaginal</i>	
<i>metronidazole vaginal</i>	
<i>miconazole nitrate vaginal</i>	

Drug	Requirements/Limits
<i>terconazole vaginal</i>	
HEMATOLOGIC	
ANTICOAGULANTS	
ARIXTRA	
COUMADIN	
FRAGMIN	
<i>heparin (porcine) in sodium chloride</i>	
<i>heparin sod (porcine) in d5w</i>	
HEPARIN SODIUM	
<i>heparin sodium (porcine)</i>	
HEPARIN SODIUM/D5W	
LOVENOX	
<i>warfarin sodium</i>	
HEMATOPOIETIC GROWTH FACTORS	
ARANESP ALBUMIN FREE	PA
MOZOBIL	PA
NEULASTA	PA
NEUPOGEN	PA
PROCRIT	PA
MISCELLANEOUS	
<i>anagrelide hcl</i>	
<i>cilostazol</i>	
CYKLOKAPRON	
<i>pentoxifylline</i>	
PROMACTA	
PLATELET AGGREGATION INHIBITORS	
AGGRENOX	
<i>dipyridamole</i>	
PLAVIX	
<i>ticlopidine hcl</i>	
IMMUNOLOGIC AGENTS	
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	
ACTEMRA	PA
CUPRIMINE	
ENBREL	PA
ENBREL SURECLICK	PA
HUMIRA	PA
HUMIRA PEN-CROHNS DISEASE	PA
<i>hydroxychloroquine sulfate</i>	
<i>leflunomide</i>	
<i>methotrexate sodium 2.5mg</i>	
REMICADE	PA
RHEUMATREX	
RIDAURA	
IMMUNOGLOBULINS	
GAMASTAN S/D	

Drug	Requirements/Limits
GAMMAGARD LIQUID	PA
GAMUNEX	PA
IMMUNOMODULATORS	
ACTIMMUNE	
INFERGEN	PA
INTRON-A	
INTRON-A W/DILUENT	
PEG-INTRON	PA
PEG-INTRON REDIPEN	PA
PEG-INTRON REDIPEN PAK 4	PA
PEGASYS	PA
REVLIMID	LA, PA
THALOMID	PA
IMMUNOSUPPRESSANTS	
AZASAN	B/D
<i>azathioprine</i>	B/D
<i>azathioprine sodium</i>	
CELLCEPT	B/D
<i>cyclosporine</i> 100mg, 25mg	B/D
<i>cyclosporine</i> 50mg/ml	
<i>cyclosporine modified (for microemulsion)</i>	B/D
<i>mycophenolate mofetil</i>	B/D
MYFORTIC	B/D
NEORAL	B/D
PROGRAF	B/D
RAPAMUNE	B/D
SANDIMMUNE	B/D
<i>tacrolimus</i>	B/D
VACCINES	
ACTHIB	
ADACEL	
ATTENUVAX	
BOOSTRIX	
COMVAX	
DAPTACEL	
DECAVAC	B/D
DIPHThERIA/TETANUS TOXOID	B/D
ENGERIX-B	B/D
GARDASIL	
HAVRIX	
IMOVAX RABIES (H.D.C.V.)	
INFANRIX	
IPOL INACTIVATED IPV	
IXIARO	
JE-VAX	
M-M-R II W/DILUENT 10 DOS	

Drug	Requirements/Limits
MENACTRA	
MENOMUNE-A/C/Y/W-135	
MERUVAX II W/DILUENT 10 D	
PEDIARIX	
PEDVAX HIB	
PROQUAD	
RABAVERT	
RECOMBIVAX HB	B/D
ROTATEQ	
TETANUS TOXOID ADSORBED	B/D
TETANUS/DIPHThERIA TOXOID	B/D
TRIHIBIT	
TRIPEDIA	
TWINRIX	
TYPHIM VI	
VAQTA	
VARIVAX	
VIVOTIF BERNA	
YF-VAX	
ZOSTAVAX	

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

magnesium sulfate

parenteral electrolytes

potassium chloride 10meq, 2meq/ml, 8meq

potassium chloride microencapsulated crystals cr

sodium bicarbonate

sodium chloride 2.5meq/ml

sodium fluoride

sodium lactate

sodium polystyrene sulfonate

IV NUTRITION

amino acid electrolyte infusion

B/D

amino acid infusion

B/D

amino acid infusion in d10w

B/D

amino acid infusion in d20w

B/D

amino acid infusion in d25w

B/D

AMINOSYN

B/D

AMINOSYN 7%/ELECTROLYTES

B/D

AMINOSYN II

B/D

AMINOSYN II 3.5%/DEXTROSE

B/D

AMINOSYN II 3.5%/DEXTROSE

B/D

AMINOSYN II 4.25%/DEXTROSE

B/D

AMINOSYN II 5%/DEXTROSE 25

B/D

AMINOSYN II M 3.5%/DEXTRO

B/D

AMINOSYN M

B/D

Drug	Requirements/Limits
AMINOSYN-HBC	B/D
AMINOSYN-PF	B/D
AMINOSYN-PF 7%	B/D
CLINIMIX 2.75%/DEXTROSE 5	B/D
CLINIMIX 4.25%/DEXTROSE 5	B/D
CLINIMIX 5%/DEXTROSE 15%	B/D
CLINIMIX 5%/DEXTROSE 20%	B/D
CLINIMIX 5%/DEXTROSE 25%	B/D
CLINIMIX E 2.75%/DEXTROSE	B/D
CLINIMIX E 4.25%/DEXTROSE	B/D
CLINIMIX E 5%/DEXTROSE 15	B/D
CLINIMIX E 5%/DEXTROSE 20	B/D
CLINIMIX E 5%/DEXTROSE 25	B/D
CLINIMIX E 5%/DEXTROSE 35	B/D
<i>fat emulsion</i>	B/D
FREAMINE HBC 6.9%	B/D
FREAMINE III 3%	B/D
HEPATASOL	B/D
INTRALIPID	B/D
LIPOSYN II	B/D
LIPOSYN III	B/D
NEPHRAMINE	B/D
PREMASOL	B/D
PROCALAMINE	B/D
PROSOL	B/D
RENAMIN	B/D
TRAVASOL	B/D
TRAVASOL 2.75%/DEXTROSE 1	B/D
TRAVASOL 2.75%/DEXTROSE 5	B/D
TRAVASOL 8.5%/DEXTROSE 10	B/D
TRAVASOL 8.5%/DEXTROSE 20	B/D
TRAVASOL 8.5%/DEXTROSE 50	B/D
TROPHAMINE	B/D

IV REPLACEMENT SOLUTIONS

alcohol in d5w

dextrose

DEXTROSE 5%

DEXTROSE 5%/POTASSIUM CHL

dextrose in lactated ringers

dextrose w/ sodium chloride

electrolyte-m in dextrose

electrolyte-r

electrolyte-r in dextrose

IONOSOL-B/DEXTROSE 5%

IONOSOL-MB/DEXTROSE 5%

IONOSOL-T/DEXTROSE 5%

Drug	Requirements/Limits
ISOLYTE-H/DEXTROSE 5%	
ISOLYTE-P/DEXTROSE 5%	
ISOLYTE-S	
ISOLYTE-S/DEXTROSE 5%	
KCL 0.15%/D10W/NAACL 0.2%	
KCL 0.15%/D5W/LR	
KCL 0.15%/D5W/NAACL 0.225%	
KCL 0.3%/D5W/LR IV LAC RI	
KCL 0.3%/D5W/NAACL 0.9%	
<i>lactated ringer's</i>	
MAGNESIUM SULFATE IN D5W	
NORMOSOL-R	
PLASMA-LYTE 56	
PLASMA-LYTE A	
PLASMA-LYTE-148	
PLASMA-LYTE-148/D5W	
PLASMA-LYTE-56/D5W	
<i>potassium chloride .4meq/ml, 10meq/100ml, 10meq/50ml, 30meq/100ml</i>	
POTASSIUM CHLORIDE 0.15%	
POTASSIUM CHLORIDE 0.3%/	
<i>potassium chloride in dextrose</i>	
<i>potassium chloride in dextrose & sodium chloride</i>	
<i>potassium chloride in nacl</i>	
<i>ringer's</i>	
<i>sodium chloride .45%, .9%, 3%, 5%</i>	
VITAMINS	
<i>calcitriol .25mcg, .5mcg, 1mcg/ml</i>	
CALCITRIOL 2mcg/ml	
HECTOROL	
<i>prenatal without a vit w/ iron carbonyl-folic acid</i>	
RESPIRATORY	
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
COMBIVENT	QL (2 inhalers per 25 days)
<i>ipratropium-albuterol</i>	B/D, QL (540 per 25 days)
ANTICHOLINERGICS	
ATROVENT HFA	QL (2 inhalers per 25 days)
<i>ipratropium bromide</i>	B/D, QL (315 per 25 days)
<i>ipratropium bromide (nasal)</i>	
SPIRIVA HANDIHALER	QL (30 caps / 25 days)
ANTI-HISTAMINES, LOW/NONSEDATING	
ASTELIN	QL (2 inhalers per 25 days)
ASTEPRO	QL (2 inhalers per 25 days)
<i>fexofenadine hcl</i>	
ANTI-HISTAMINES, SEDATING	
<i>carbinoxamine maleate</i>	

Drug	Requirements/Limits
<i>clemastine fumarate</i>	
<i>cyproheptadine hcl</i>	
<i>dexchlorpheniramine maleate</i>	
<i>diphenhydramine hcl</i>	
<i>hydroxyzine hcl</i>	
<i>hydroxyzine pamoate</i>	
BETA AGONISTS	
<i>albuterol sulfate</i> .083%, .63mg/3ml, 1.25mg/3ml	B/D, QL (300 per 25 days)
<i>albuterol sulfate</i> .5%	B/D, QL (60 per 25 days)
<i>albuterol sulfate</i> 2mg, 2mg/5ml, 4mg, 8mg	
<i>metaproterenol sulfate</i>	
PROAIR HFA	QL (2 inhalers per 25 days)
SEREVENT DISKUS	QL (1 inhaler per 25 days)
<i>terbutaline sulfate</i>	
LEUKOTRIENE RECEPTOR ANTAGONISTS	
ACCOLATE	
SINGULAIR	
MAST CELL STABILIZERS	
<i>cromolyn sodium</i>	B/D, QL (240 / 25 days)
MISCELLANEOUS	
<i>acetylcysteine</i>	B/D
ARALAST NP	B/D
<i>epinephrine hcl</i>	
EPIPEN 2-PAK	
EPIPEN-JR 2-PAK	
PULMOZYME	B/D
TOBI	B/D
TYZINE	
TYZINE PEDIATRIC NASAL DR	
XOLAIR	PA
NASAL STEROIDS	
<i>flunisolide (nasal)</i>	QL (2 inhalers per 25 days)
<i>fluticasone propionate (nasal)</i>	QL (1 inhaler per 25 days)
NASACORT AQ	QL (1 inhaler per 25 days)
STEROID INHALANTS	
ASMANEX 120 METERED DOSES	QL (2 inhalers per 25 days)
ASMANEX 14 METERED DOSES	QL (2 inhalers per 25 days)
ASMANEX 30 METERED DOSES	QL (2 inhalers per 25 days)
ASMANEX 60 METERED DOSES	QL (2 inhalers per 25 days)
<i>budesonide (inhalation)</i>	B/D, QL (120 / 25 days)
FLOVENT DISKUS	QL (2 inhalers per 25 days)
FLOVENT HFA	QL (2 inhalers per 25 days)
QVAR	QL (3 inhalers per 25 days)
STEROID/BETA-AGONIST COMBINATIONS	
ADVAIR DISKUS	QL (60 per 25 days)
ADVAIR HFA	QL (1 inhaler per 25 days)

Drug	Requirements/Limits
SYMBICORT	QL (1 inhaler per 25 days)
XANTHINES	
<i>aminophylline</i>	
ELIXOPHYLLIN	
THEO-24	
<i>theophylline</i>	
TOPICAL	
DERMATOLOGY, ACNE	
AZELEX	
<i>benzoyl peroxide-erythromycin</i>	
<i>clindamycin phosphate (topical)</i>	
<i>clindamycin phosphate-benzoyl peroxide</i>	
DIFFERIN	PA
<i>erythromycin (acne aid)</i>	
<i>isotretinoin</i>	
<i>sulfacetamide sodium (acne)</i>	
<i>tretinoin .01%, .025%, .05%</i>	PA; CREAM, GEL
<i>tretinoin .025%, .1%</i>	PA
DERMATOLOGY, ACTINIC KERATOSIS	
CARAC	
FLUOROPLEX	
<i>fluorouracil (topical)</i>	
SOLARAZE	
DERMATOLOGY, ANTIBIOTICS	
ALTABAX	
BACTROBAN	
<i>gentamicin sulfate (topical)</i>	
<i>mupirocin</i>	
<i>silver sulfadiazine</i>	
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox</i>	
<i>ciclopirox olamine</i>	
<i>clotrimazole (topical)</i>	
<i>clotrimazole w/ betamethasone</i>	
<i>econazole nitrate</i>	
<i>ketconazole (topical) 2%</i>	
<i>nystatin (topical)</i>	
<i>nystatin-triamcinolone</i>	
DERMATOLOGY, ANTIPRURITIC	
<i>hydrocortisone (rectal)</i>	
ZONALON	
DERMATOLOGY, ANTIPSORIATICS	
<i>calcipotriene</i>	
DOVONEX	CREAM
OXSORALEN ULTRA	
STELARA	PA

Drug	Requirements/Limits
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole (topical) 2%</i>	
<i>selenium sulfide</i>	
DERMATOLOGY, ANTIVIRALS	
DENAVIR	
ZOVIRAX	
DERMATOLOGY, CORTICOSTEROIDS	
<i>alclometasone dipropionate</i>	
<i>amcinonide</i>	
<i>betamethasone dipropionate (topical)</i>	
<i>betamethasone dipropionate augmented</i>	
<i>betamethasone valerate</i>	
<i>clobetasol propionate</i>	
<i>clobetasol propionate emollient base</i>	
DERMA-SMOOTH/FS BODY OIL	
<i>desonide</i>	
DESOWEN OINTMENT/CETAPHIL	
<i>desoximetasone</i>	
<i>diflorasone diacetate</i>	
<i>fluocinolone acetonide</i>	
<i>fluocinonide</i>	
<i>fluocinonide emulsified base</i>	
<i>fluticasone propionate</i>	
<i>halobetasol propionate</i>	
<i>hydrocortisone (topical)</i>	
<i>hydrocortisone butyrate</i>	
<i>hydrocortisone valerate</i>	
KENALOG	
<i>mometasone furoate</i>	
<i>prednicarbate</i>	
TEXACORT	
<i>triamcinolone acetonide (topical)</i>	
<i>urea-hc acetate</i>	
DERMATOLOGY, IMMUNOMODULATORS	
ELIDEL	ST
PROTOPIC	ST
DERMATOLOGY, LOCAL ANESTHETICS	
<i>lidocaine</i>	
<i>lidocaine hcl</i>	
<i>lidocaine-prilocaine</i>	
LIDODERM	PA
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	
<i>imiquimod</i>	
<i>lactic acid (ammonium lactate)</i>	
PANRETIN	
<i>podofilox</i>	

Drug	Requirements/Limits
TARGRETIN 1%	
DERMATOLOGY, ROSACEA	
METROGEL	
<i>metronidazole (topical)</i>	
ORACEA	
DERMATOLOGY, SCABICIDES AND PEDICULIDES	
EURAX	
<i>lindane</i>	
<i>malathion</i>	
<i>permethrin</i>	
DERMATOLOGY, WOUND CARE AGENTS	
<i>irrigation solutions, physiological</i>	
<i>lactated ringer's (irrigation)</i>	
<i>neomycin/polymyxin b gu</i>	
REGRANEX	PA
<i>ringer's irrigation</i>	
SANTYL	
<i>sodium chloride (gu irrigant)</i>	
<i>water for irrigation, sterile</i>	
MOUTH/THROAT/DENTAL AGENTS	
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>lidocaine hcl (mouth-throat)</i>	
<i>nystatin (mouth-throat)</i>	
<i>triamcinolone acetonide (mouth)</i>	
OPHTHALMIC	
ALPHAGAN P	
ALREX	
<i>apraclonidine hcl</i>	
AZASITE	
<i>azelastine hcl (ophth)</i>	
AZOPT	
<i>bacitracin (ophthalmic)</i>	
<i>bacitracin-poly-neomycin-hc</i>	
<i>bacitracin-polymyxin b (ophth)</i>	
<i>betaxolol hcl (ophth)</i>	
BETOPTIC-S	
BLEPHAMIDE S.O.P.	
<i>brimonidine tartrate</i>	
<i>carteolol hcl (ophth)</i>	
CILOXAN	OINT
<i>ciprofloxacin hcl (ophth)</i>	
COMBIGAN	
<i>cromolyn sodium (ophth)</i>	
<i>dexamethasone sodium phosphate (ophth)</i>	
<i>diclofenac sodium (ophth)</i>	
<i>dipivefrin hcl</i>	

Drug	Requirements/Limits
<i>dorzolamide hcl</i>	
<i>dorzolamide-timolol</i>	
<i>erythromycin (ophth)</i>	
<i>fluorometholone (ophth)</i>	
<i>flurbiprofen sodium</i>	
FML	
<i>gentamicin sulfate (ophth)</i>	
<i>ketorolac tromethamine (ophth)</i>	
LACRISERT	
<i>levobunolol hcl</i>	
LUMIGAN	
<i>metipranolol</i>	
<i>naphazoline hcl</i>	
NATACYN	
<i>neomycin-bacitracin zn-polymyxin</i>	
<i>neomycin-polymy-dexameth</i>	
<i>neomycin-polymy-gramicid</i>	
<i>neomycin-polymyxin-hc (ophth)</i>	
<i>ofloxacin (ophth)</i>	
PATADAY	
PATANOL	
PILOPINE HS	
<i>polymyxin b-trimethoprim</i>	
<i>prednisolone acetate (ophth)</i>	
<i>prednisolone sodium phosphate (ophth)</i>	
<i>proparacaine hcl</i>	
RESTASIS	
<i>sulfacetamide sod-prednisolone</i>	
<i>sulfacetamide sodium (ophth)</i>	
<i>timolol maleate (ophth)</i>	
<i>tobramycin sulfate (ophth)</i>	
<i>tobramycin-dexamethasone</i>	
TOBREX	OINT
<i>trifluridine</i>	
<i>tropicamide</i>	
VIGAMOX	
XALATAN	
XIBROM	
ZYMAR	
OTIC	
<i>acetic acid (otic)</i>	
<i>acetic acid-aluminum acetate</i>	
DERMOTIC	
<i>hydrocortisone w/acetic acid</i>	
<i>neomycin-polymyxin-hc (otic)</i>	
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