



# NRECA Medicare Part D

PRESCRIPTION DRUG PLANS  
*an Employer PDP*

## Basic Plan

2010 Formulary (List of Covered Drugs)  
November 2010

Medicare<sup>Rx</sup>  
Prescription Drug Coverage



## PLEASE NOTE

This booklet includes the list of drugs for NRECA's Basic plan as of November 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 41, 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 41. 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
<b>ANALGESICS</b>	
<b>COX-2 INHIBITORS</b>	
CELEBREX	PA
<b>GOUT</b>	
<i>allopurinol</i>	
<i>allopurinol sodium</i>	
<i>colchicine w/ probenecid</i>	
<i>probenecid</i>	
<b>MISCELLANEOUS</b>	
<i>nalbuphine hcl</i>	
<b>NARCOTIC ANALGESICS</b>	
<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>	
<b>NARCOTIC ANALGESICS, CII</b>	
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	

<b>Drug</b>	<b>Requirements/Limits</b>
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

<b>Drug</b>	<b>Requirements/Limits</b>
<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>	

<b>Drug</b>	<b>Requirements/Limits</b>
<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	
<b>ANTIFUNGALS</b>	
<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	
<b>ANTIMALARIALS</b>	
<i>chloroquine phosphate</i>	
COARTEM	
DARAPRIM	
MALARONE	
<i>mefloquine hcl</i>	
QUALAQUIN	
<b>ANTIRETROVIRAL AGENTS</b>	
APTIVUS	
ATRIPLA	
COMBIVIR	
CRIXIVAN	
<i>didanosine</i>	
EMTRIVA	
EPIVIR	
EPZICOM	
FUZEON	
INTELENCE	
INVIRASE	
ISENTRESS	
KALETRA	
LEXIVA	
NORVIR	

<b>Drug</b>	<b>Requirements/Limits</b>
PREZISTA	
RESCRIPTOR	
RETROVIR IV INFUSION	
REYATAZ	
SELZENTRY	
<i>stavudine</i>	
SUSTIVA	
TRIZIVIR	
TRUVADA	
VIDEX	
VIRACEPT	
VIRAMUNE	
VIREAD	
ZIAGEN	
<i>zidovudine</i>	
<b>ANTITUBERCULAR AGENTS</b>	
CAPASTAT SULFATE	
<i>ethambutol hcl</i>	
<i>isoniazid</i>	
<i>isoniazid &amp; rifampin</i>	
MYCOBUTIN	
PASER	
PRIFTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
SEROMYCIN	
TRECTOR	
<b>ANTIVIRALS</b>	
<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	

<b>Drug</b>	<b>Requirements/Limits</b>
<b>MISCELLANEOUS</b>	
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</i> 25mg, 50mg	B/D
CYCLOPHOSPHAMIDE 1gm, 500mg	
<i>dacarbazine</i>	
EMCYT	
HEXALEN	
IFEX	
<i>ifosfamide</i>	
LEUKERAN	

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

<b>Drug</b>	<b>Requirements/Limits</b>
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	
<b>KINASE INHIBITORS</b>	
AFINITOR	PA
GLEEVEC	
NEXAVAR	
SPRYCEL	
SUTENT	
TARCEVA	
TASIGNA	
TYKERB	
VOTRIENT	
<b>MISCELLANEOUS</b>	
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	
<b>NUCLEOSIDE ANALOGS</b>	
<i>cladribine</i>	
<i>fludarabine phosphate</i>	
<b>PLATINUM COORDINATION COMPLEX</b>	
<i>carboplatin</i>	
<i>cisplatin</i>	
ELOXATIN	
<b>PROTECTIVE AGENTS</b>	

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

<b>Drug</b>	<b>Requirements/Limits</b>
AVALIDE	
DIOVAN HCT	
EXFORGE	
EXFORGE HCT	
<i>losartan potassium &amp; hydrochlorothiazide</i>	
VALTURNA	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS</b>	
AVAPRO	
DIOVAN	
<i>losartan potassium</i>	
<b>ANTIARRHYTHMICS</b>	
<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	
<b>ANTILIPEMICS</b>	
ANTARA	
<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	
<b>BETA-BLOCKER/DIURETIC COMBINATIONS</b>	
<i>atenolol &amp; chlorthalidone</i>	

<b>Drug</b>	<b>Requirements/Limits</b>
<i>bisoprolol &amp; hydrochlorothiazide</i>	
<i>metoprolol &amp; hydrochlorothiazide</i>	
<i>nadolol &amp; bendroflumethiazide</i>	
<i>propranolol &amp; hydrochlorothiazide</i>	
<b>BETA-BLOCKERS</b>	
<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>	
<b>CALCIUM CHANNEL BLOCKERS</b>	
<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>	
<b>DIGITALIS GLYCOSIDES</b>	
<i>digoxin</i>	
LANOXIN	
<b>DIRECT RENIN INHIBITORS</b>	
TEKTURNA	
TEKTURNA HCT	
<b>DIURETICS</b>	
<i>acetazolamide</i>	
<i>acetazolamide sodium</i>	
ALDACTAZIDE	50/50
<i>amiloride &amp; hydrochlorothiazide</i>	
<i>amiloride hcl</i>	
<i>bumetanide</i>	
<i>chlorothiazide</i>	

<b>Drug</b>	<b>Requirements/Limits</b>
<i>chlorthalidone</i>	
DEMADEX	inj
<i>furosemide</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>methazolamide</i>	
<i>methyclothiazide</i>	
<i>metolazone</i>	
<i>spironolactone &amp; hydrochlorothiazide</i>	
THALITONE	
<i>torseamide</i> 100mg, 10mg, 20mg, 5mg	
<i>torseamide</i> 20mg/2ml	
<i>triamterene &amp; hydrochlorothiazide</i>	
<b>MISCELLANEOUS</b>	
BIDIL	
<i>hydralazine hcl</i>	
<i>methyldopa</i>	
<i>methyldopa &amp; hydrochlorothiazide</i>	
<i>methyldopate hcl</i>	
<i>midodrine hcl</i>	
<i>minoxidil</i>	
RANEXA	
<i>reserpine</i>	
<b>NITRATES</b>	
ISORDIL TITRADOSE	
<i>isosorbide dinitrate</i>	
<i>isosorbide mononitrate</i>	
NITRO-DUR	0.3 MG, 0.8 MG
<i>nitroglycerin</i> .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr	
<i>nitroglycerin</i> 5mg/ml	INJ
NITROLINGUAL PUMPSPRAY	
NITROSTAT	
<b>PULMONARY ARTERIAL HYPERTENSION</b>	
ADCIRCA	PA
LETAIRIS	
REVATIO	PA
TRACLEER	LA
VENTAVIS	B/D
<b>CENTRAL NERVOUS SYSTEM</b>	
<b>ANTI ANXIETY</b>	
<i>buspirone hcl</i>	
<i>fluvoxamine maleate</i>	
<i>meprobamate</i>	
<b>ANTICONVULSANTS</b>	
BANZEL	
<i>carbamazepine</i>	

<b>Drug</b>	<b>Requirements/Limits</b>
CARBATROL	
CELONTIN	
DILANTIN	
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>	
<b>ANTIDEMENTIA</b>	
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	
<i>rivastigmine tartrate</i>	
<b>ANTIDEPRESSANTS</b>	
<i>amitriptyline hcl</i>	
<i>amoxapine</i>	

<b>Drug</b>	<b>Requirements/Limits</b>
<i>bupropion hcl</i>	
<i>bupropion hcl (smoking deterrent)</i>	
<i>citalopram hydrobromide</i>	
<i>clomipramine hcl</i>	
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	
<b>ANTIPARKINSONIAN AGENTS</b>	
<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	

<b>Drug</b>	<b>Requirements/Limits</b>
STALEVO 75	
<i>trihexyphenidyl hcl</i>	
<b>ANTIPSYCHOTICS</b>	
ABILIFY	
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	
<b>ATTENTION DEFICIT HYPERACTIVITY DISORDER</b>	
<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	ext-release
<i>methylphenidate hcl</i> 10mg, 20mg, 5mg	PA
<i>methylphenidate hcl</i> 20mg	PA; ext-release
STRATTERA	PA
<b>HYPNOTICS</b>	
<i>zaleplon</i>	QL (180 caps / year)
<i>zolpidem tartrate</i>	QL (180 tabs / year)
<b>MIGRAINE</b>	

<b>Drug</b>	<b>Requirements/Limits</b>
<i>dihydroergotamine mesylate</i>	
<i>ergotamine w/ caffeine</i>	
MAXALT	QL (12 tabs / 25 days)
MAXALT-MLT	QL (12 ea / 25 days)
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)
<b>MISCELLANEOUS</b>	
<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
<b>MULTIPLE SCLEROSIS AGENTS</b>	
AMPYRA	PA
AVONEX	
BETASERON	
COPAXONE	
EXTAVIA	
REBIF	
REBIF TITRATION PACK	
<b>MUSCULOSKELETAL THERAPY AGENTS</b>	
<i>baclofen</i>	
<i>carisoprodol</i>	
<i>carisoprodol w/ aspirin</i>	
<i>carisoprodol w/ aspirin &amp; 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 &amp; caff</i>	
ROBAXIN	SOLN
<i>tizanidine hcl</i>	
<b>NARCOLEPSY/CATAPLEXY</b>	
PROVIGIL	PA
XYREM	LA
<b>PSYCHOTHERAPEUTIC-MISCELLANEOUS</b>	

<b>Drug</b>	<b>Requirements/Limits</b>
ANTABUSE	
<i>buprenorphine hcl</i>	
CAMPRAL	
CHANTIX	PA
<i>chlordiazepoxide-amitriptyline</i>	
<i>fluoxetine hcl (pmdd)</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	

<b>Drug</b>	<b>Requirements/Limits</b>
HUMALOG MIX 75/25	
HUMALOG MIX 75/25 PEN	
HUMALOG PEN	
HUMULIN 50/50	
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>	
<b>BISPHOSPHONATES</b>	
<i>alendronate sodium</i>	
BONIVA	
<i>etidronate disodium</i>	
<i>pamidronate disodium</i>	
ZOMETA	
<b>CALCITONINS</b>	
<i>calcitonin (salmon)</i>	

<b>Drug</b>	<b>Requirements/Limits</b>
MIACALCIN	INJ
<b>CALCIUM RECEPTOR ANTAGONISTS</b>	
SENSIPAR	
<b>CHELATING AGENTS</b>	
EXJADE	
SYPRINE	
<b>CONTRACEPTIVES</b>	
<i>desogestrel &amp; ethinyl estradiol</i>	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	
<i>drospirenone-ethinyl estradiol</i>	
<i>ethynodiol diacet &amp; eth estrad</i>	
<i>levonorgestrel &amp; 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 &amp; estrad-fe</i>	
<i>norethindrone &amp; eth estradiol</i>	
<i>norethindrone &amp; mestranol</i>	
<i>norethindrone (contraceptive)</i>	
<i>norethindrone acet &amp; 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 &amp; ethinyl estradiol</i>	
NUVARING	
ORTHO EVRA	
ORTHO TRI-CYCLEN LO	
<b>ENDOMETRIOSIS</b>	
<i>danazol</i>	
SYNAREL	
<b>ENZYME REPLACEMENTS</b>	
ADAGEN	
ALDURAZYME	
BUPHENYL	
CEREZYME	
CYSTADANE	
CYSTAGON	
ELAPRASE	
FABRAZYME	
KUVAN	
<i>levocarnitine (metabolic modifiers)</i>	
MYOZYME	
NAGLAZYME	

<b>Drug</b>	<b>Requirements/Limits</b>
ORFADIN	
SUCRAID	
VPRIV	PA
ZAVESCA	
<b>ESTROGEN/PROGESTINS</b>	
CLIMARA PRO	
COMBIPATCH	
<i>estradiol &amp; norethindrone acetate</i>	
PREMPHASE	
PREMPRO	
<b>ESTROGENS</b>	
ALORA	
ESTRADERM	
<i>estradiol</i>	
<i>estradiol valerate</i>	
<i>estropipate</i>	
GYNODIOL	1.5mg
PREMARIN	
PREMARIN W/APPLICATOR	
VAGIFEM	
VIVELLE-DOT	
<b>GLUCOCORTICOIDS</b>	
<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>	
PREDNISON INTENSOL	
SOLU-CORTEF	
<b>GLUCOSE ELEVATING AGENTS</b>	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY KIT	
PROGLYCEM	
<b>HUMAN GROWTH HORMONES</b>	
INCRELEX	PA
NORDITROPIN CARTRIDGE	PA
NORDITROPIN NORDIFLEX PEN	PA

<b>Drug</b>	<b>Requirements/Limits</b>
SAIZEN	PA
SAIZEN CLICK.EASY	PA
TEV-TROPIN	PA
<b>MISCELLANEOUS</b>	
<i>cabergoline</i>	
<i>chorionic gonadotropin</i>	B/D
<i>octreotide acetate</i>	PA
SANDOSTATIN LAR DEPOT	PA
SOMATULINE DEPOT	PA
SOMAVERT	PA
<b>PARATHYROID HORMONES</b>	
FORTEO	PA
<b>PHOPHATE BINDER AGENTS</b>	
<i>calcium acetate (phosphate binder)</i>	
FOSRENOL	
PHOSLO	
RENAGEL	
RENVELA	
<b>PROGESTINS</b>	
<i>medroxyprogesterone acetate</i>	
<i>norethindrone acetate</i>	
<b>SELECTIVE ESTROGEN RECEPTOR MODULATORS</b>	
EVISTA	
<b>THYROID AGENTS</b>	
<i>levothyroxine sodium</i>	
<i>liothyronine sodium</i>	
<i>methimazole</i>	
<i>propylthiouracil</i>	
SYNTHROID	
<b>VASOPRESSINS</b>	
DDAVP	
<i>desmopressin acetate</i>	
<i>desmopressin acetate refrigerated</i>	
<i>desmopressin acetate spray refrigerated</i>	
<b>GASTROINTESTINAL</b>	
<b>ANTIDIARRHEALS</b>	
<i>diphenoxylate w/ atropine</i>	
<i>loperamide hcl</i>	
<b>ANTIEMETICS</b>	
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	

<b>Drug</b>	<b>Requirements/Limits</b>
<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	
<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>	
<b>ANTISPASMODICS</b>	
<i>atropine sulfate</i>	
<i>dicyclomine hcl</i>	
<i>glycopyrrolate</i>	
<i>methscopolamine bromide</i>	
<i>propantheline bromide</i>	
<b>H2-RECEPTOR ANTAGONISTS</b>	
<i>cimetidine</i>	
<i>cimetidine hcl</i>	
<i>famotidine</i>	
<i>famotidine in nacl</i>	
<i>nizatidine</i>	
PEPCID	SUSP
<i>ranitidine hcl</i>	
<b>INFLAMMATORY BOWEL DISEASE</b>	
APRISO	
<i>balsalazide disodium</i>	
CANASA	
CIMZIA	PA
DIPENTUM	
ENTOCORT EC	
<i>hydrocortisone (intrarectal)</i>	
LIALDA	
<i>mesalamine</i>	
PENTASA	
<i>sulfasalazine</i>	
<b>IRRITABLE BOWEL SYNDROME</b>	
LOTRONEX	
<b>LAXATIVES</b>	
HALFLYTELY BOWEL PREP	
<i>lactulose</i>	
<i>lactulose (encephalopathy)</i>	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>	

<b>Drug</b>	<b>Requirements/Limits</b>
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	
<i>polyethylene glycol 3350</i>	
RELISTOR	
<b>MISCELLANEOUS</b>	
AMITIZA	
CARAFATE	SUSP
GASTROCROM	
<i>misoprostol</i>	
<i>sucralfate</i>	
<i>ursodiol</i>	
XIFAXAN	PA; 550 mg
<b>PANCREATIC ENZYMES</b>	
CREON	
PANCREAZE	
ZENPEP	
<b>PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS</b>	
PREVPAC	
<b>PROTON PUMP INHIBITORS</b>	
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>omeprazole-sodium bicarbonate</i>	QL (90 days per year)
<i>pantoprazole sodium</i>	QL (90 days per year)
<b>SALIVA STIMULANTS</b>	
EVOXAC	
<i>pilocarpine hcl (oral)</i>	
<b>GENITOURINARY</b>	
<b>BENIGN PROSTATIC HYPERPLASIA</b>	
AVODART	
<i>finasteride</i>	
<i>tamsulosin hcl</i>	
UROXATRAL	
<b>MISCELLANEOUS</b>	
<i>bethanechol chloride</i>	
ELMIRON	
<i>potassium citrate (alkalinizer)</i>	
THIOLA	
<b>URINARY ANTISPASMODICS</b>	
DETROL LA	
ENABLEX	
<i>flavoxate hcl</i>	
<i>oxybutynin chloride</i>	

<b>Drug</b>	<b>Requirements/Limits</b>
OXYTROL	
SANCTURA	
SANCTURA XR	
VESICARE	
<b>VAGINAL ANTI-INFECTIVES</b>	
CLEOCIN 100mg	
<i>clindamycin phosphate vaginal</i>	
<i>metronidazole vaginal</i>	
<i>miconazole nitrate vaginal</i>	
<i>terconazole vaginal</i>	
<b>HEMATOLOGIC</b>	
<b>ANTICOAGULANTS</b>	
ARIXTRA	
COUMADIN	
<i>enoxaparin sodium</i>	
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>	
<b>HEMATOPOIETIC GROWTH FACTORS</b>	
ARANESP ALBUMIN FREE	PA
MOZOBIL	PA
NEULASTA	PA
NEUPOGEN	PA
PROCRIT	PA
<b>MISCELLANEOUS</b>	
<i>anagrelide hcl</i>	
<i>cilostazol</i>	
CYKLOKAPRON	
<i>pentoxifylline</i>	
PROMACTA	
<b>PLATELET AGGREGATION INHIBITORS</b>	
AGGRENOX	
<i>dipyridamole</i>	
EFFIENT	
PLAVIX	
<i>ticlopidine hcl</i>	
<b>IMMUNOLOGIC AGENTS</b>	
<b>DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)</b>	
ACTEMRA	PA
CUPRIMINE	
ENBREL	PA

<b>Drug</b>	<b>Requirements/Limits</b>
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	
<b>IMMUNOGLOBULINS</b>	
GAMASTAN S/D	
GAMMAGARD LIQUID	PA
GAMUNEX	PA
<b>IMMUNOMODULATORS</b>	
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
<b>IMMUNOSUPPRESSANTS</b>	
AZASAN	B/D
<i>azathioprine</i>	B/D
<i>azathioprine sodium</i>	
CELLCEPT	B/D
<i>cyclosporine 100mg, 25mg</i>	B/D
<i>cyclosporine 50mg/ml</i>	
<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
ZORTRESS	B/D
<b>VACCINES</b>	
ACTHIB	
ADACEL	
ATTENUVAX	
BOOSTRIX	
CERVARIX	

<b>Drug</b>	<b>Requirements/Limits</b>
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	
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

<b>Drug</b>	<b>Requirements/Limits</b>
<i>amino acid infusion</i>	B/D
<i>amino acid infusion in d10w</i>	B/D
<i>amino acid infusion in d20w</i>	B/D
<i>amino acid infusion in d25w</i>	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
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**

<b>Drug</b>	<b>Requirements/Limits</b>
<i>alcohol in d5w</i>	
<i>dextrose</i>	
DEXTROSE 5%	
DEXTROSE 5%/POTASSIUM CHL	
<i>dextrose in lactated ringers</i>	
<i>dextrose w/ sodium chloride</i>	
<i>electrolyte-m in dextrose</i>	
<i>electrolyte-r</i>	
<i>electrolyte-r in dextrose</i>	
IONOSOL-B/DEXTROSE 5%	
IONOSOL-MB/DEXTROSE 5%	
IONOSOL-T/DEXTROSE 5%	
ISOLYTE-H/DEXTROSE 5%	
ISOLYTE-P/DEXTROSE 5%	
ISOLYTE-S	
ISOLYTE-S/DEXTROSE 5%	
KCL 0.15%/D10W/NACL 0.2%	
KCL 0.15%/D5W/LR	
KCL 0.15%/D5W/NACL 0.225%	
KCL 0.3%/D5W/LR IV LAC RI	
KCL 0.3%/D5W/NACL 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 &amp; sodium chloride</i>	
<i>potassium chloride in nacl</i>	
<i>ringer's</i>	
<i>sodium chloride .45%, .9%, 3%, 5%</i>	
<b>VITAMINS</b>	
<i>calcitriol .25mcg, .5mcg, 1mcg/ml</i>	
CALCITRIOL 2mcg/ml	
HECTOROL	
<i>prenatal without a vit w/ iron carbonyl-folic acid</i>	
<b>RESPIRATORY</b>	
<b>ANTICHOLINERGIC/BETA AGONIST COMBINATIONS</b>	
COMBIVENT	QL (2 inhalers per 25 days)
<i>ipratropium-albuterol</i>	B/D, QL (540 per 25 days)

<b>Drug</b>	<b>Requirements/Limits</b>
<b>ANTICHOLINERGICS</b>	
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)
<b>ANTI-HISTAMINES, LOW/NONSEDATING</b>	
ASTEPRO	QL (2 inhalers per 25 days)
<i>azelastine hcl</i>	QL (2 inhalers per 25 days)
<i>fexofenadine hcl</i>	
<b>ANTI-HISTAMINES, SEDATING</b>	
<i>carbinoxamine maleate</i>	
<i>clemastine fumarate</i>	
<i>cyproheptadine hcl</i>	
<i>dexchlorpheniramine maleate</i>	
<i>diphenhydramine hcl</i>	
<i>hydroxyzine hcl</i>	
<i>hydroxyzine pamoate</i>	
<b>BETA AGONISTS</b>	
<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>	
<b>LEUKOTRIENE RECEPTOR ANTAGONISTS</b>	
ACCOLATE	
SINGULAIR	
<b>MAST CELL STABILIZERS</b>	
<i>cromolyn sodium</i>	B/D, QL (240 / 25 days)
<b>MISCELLANEOUS</b>	
<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
<b>NASAL STEROIDS</b>	
<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)
<b>STERIOD INHALANTS</b>	

<b>Drug</b>	<b>Requirements/Limits</b>
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)
SYMBICORT	QL (1 inhaler per 25 days)

### **XANTHINES**

<i>aminophylline</i>	
ELIXOPHYLLIN	
THEO-24	
<i>theophylline</i>	

## **TOPICAL**

### **DERMATOLOGY, ACNE**

<i>adapalene</i>	PA
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>	

<b>Drug</b>	<b>Requirements/Limits</b>
<i>econazole nitrate</i>	
<i>ketoconazole (topical) 2%</i>	
<i>nystatin (topical)</i>	
<i>nystatin-triamcinolone</i>	
<b>DERMATOLOGY, ANTIPRURITIC</b>	
<i>hydrocortisone (rectal) 2.5%</i>	
ZONALON	
<b>DERMATOLOGY, ANTIPSORIATICS</b>	
<i>calcipotriene</i>	
DOVONEX	CREAM
OXSORALEN ULTRA	
STELARA	PA
<b>DERMATOLOGY, ANTISEBORRHEICS</b>	
<i>ketoconazole (topical) 2%</i>	
<i>selenium sulfide</i>	
<b>DERMATOLOGY, ANTIVIRALS</b>	
DENAVIR	
ZOVIRAX	
<b>DERMATOLOGY, CORTICOSTEROIDS</b>	
<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 (rectal) 1%</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>	

<b>Drug</b>	<b>Requirements/Limits</b>
<b>DERMATOLOGY, IMMUNOMODULATORS</b>	
ELIDEL	ST
PROTOPIC	ST
<b>DERMATOLOGY, LOCAL ANESTHETICS</b>	
<i>lidocaine</i>	
<i>lidocaine hcl</i>	
<i>lidocaine-prilocaine</i>	
LIDODERM	PA
<b>DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE</b>	
<i>imiquimod</i>	
<i>lactic acid (ammonium lactate)</i>	
PANRETIN	
<i>podofilox</i>	
TARGRETIN 1%	
<b>DERMATOLOGY, ROSACEA</b>	
METROGEL	
<i>metronidazole (topical)</i>	
ORACEA	
<b>DERMATOLOGY, SCABICIDES AND PEDICULIDES</b>	
EURAX	
<i>lindane</i>	
<i>malathion</i>	
<i>permethrin</i>	
<b>DERMATOLOGY, WOUND CARE AGENTS</b>	
<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>	
<b>MOUTH/THROAT/DENTAL AGENTS</b>	
<i>chlorhexidine gluconate (mouth-throat)</i>	
<i>lidocaine hcl (mouth-throat)</i>	
<i>nystatin (mouth-throat)</i>	
<i>triamcinolone acetonide (mouth)</i>	
<b>OPHTHALMIC</b>	
ALPHAGAN P	
ALREX	
<i>apraclonidine hcl</i>	
AZASITE	
<i>azelastine hcl (ophth)</i>	
AZOPT	
<i>bacitracin (ophthalmic)</i>	
<i>bacitracin-poly-neomycin-hc</i>	

<b>Drug</b>	<b>Requirements/Limits</b>
<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>	
<i>dorzolamide hcl</i>	
<i>dorzolamide hcl-timolol maleate</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>	
TOBEX	OINT
<i>trifluridine</i>	

<b>Drug</b>	<b>Requirements/Limits</b>
<i>tropicamide</i>	
VIGAMOX	
XALATAN	
XIBROM	
ZYMAR	
<b>OTIC</b>	
<i>acetic acid (otic)</i>	
<i>acetic acid-aluminum acetate</i>	
DERMOTIC	
<i>hydrocortisone w/acetic acid</i>	
<i>neomycin-polymyxin-hc (otic)</i>	
<i>ofloxacin (otic)</i>	

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4301 Wilson Blvd.  
Arlington, VA 22203

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NRECA Medicare Part D Prescription Drug Plan  
c/o CVS Caremark Part D Services  
PO Box 280200  
Nashville, TN 37228

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