



NRECA Medicare Part D

PRESCRIPTION DRUG PLANS
an Employer PDP

Basic Plan

2010 Formulary (List of Covered Drugs)
December 2010

Medicare^{Rx}
Prescription Drug Coverage ^{Rx}



PLEASE NOTE

This booklet includes the list of drugs for NRECA's Basic plan as of December 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 |
|--|--------------------------------|
| 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</i> 25mg, 50mg | 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 | |
| <i>anastrozole</i> | |
| 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> | |
| <i>trandolapril-verapamil hcl</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 | |

| Drug | Requirements/Limits |
|---|----------------------------|
| AVALIDE | |
| 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 | |
| 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 | |
| BETA-BLOCKER/DIURETIC COMBINATIONS | |
| <i>atenolol & chlorthalidone</i> | |

| Drug | Requirements/Limits |
|--|----------------------------|
| <i>bisoprolol & hydrochlorothiazide</i> | |
| <i>metoprolol & hydrochlorothiazide</i> | |
| <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> | |

| Drug | Requirements/Limits |
|---|----------------------------|
| <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 & hydrochlorothiazide</i> | |
| THALITONE | |
| <i>torseamide</i> 100mg, 10mg, 20mg, 5mg | |
| <i>torseamide</i> 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> .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr | |
| <i>nitroglycerin</i> 5mg/ml | INJ |
| 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> | |

| Drug | Requirements/Limits |
|---|--------------------------------|
| 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> | |
| 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 | |
| <i>rivastigmine tartrate</i> | |
| ANTIDEPRESSANTS | |
| <i>amitriptyline hcl</i> | |
| <i>amoxapine</i> | |

| Drug | Requirements/Limits |
|--|----------------------------|
| <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 | |
| 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 | |

| Drug | Requirements/Limits |
|--|----------------------------|
| STALEVO 75 | |
| <i>trihexyphenidyl hcl</i> | |
| ANTIPSYCHOTICS | |
| 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 | |
| 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 | ext-release |
| <i>methylphenidate hcl</i> 10mg, 20mg, 5mg | PA |
| <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 | |

| Drug | Requirements/Limits |
|---|----------------------------|
| <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) |
| 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 | |
| AMPYRA | PA |
| 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 |
| <i>tizanidine hcl</i> | |
| NARCOLEPSY/CATAPLEXY | |
| PROVIGIL | PA |
| XYREM | LA |
| PSYCHOTHERAPEUTIC-MISCELLANEOUS | |

| Drug | Requirements/Limits |
|---------------------------------------|----------------------------|
| 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 | |

| Drug | Requirements/Limits |
|-----------------------------|----------------------------|
| 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> | |
| BISPHOSPHONATES | |
| <i>alendronate sodium</i> | |
| BONIVA | |
| <i>etidronate disodium</i> | |
| <i>pamidronate disodium</i> | |
| ZOMETA | |
| CALCITONINS | |
| <i>calcitonin (salmon)</i> | |

| Drug | Requirements/Limits |
|--|----------------------------|
| MIACALCIN | INJ |
| CALCIUM RECEPTOR ANTAGONISTS | |
| SENSIPAR | |
| CHELATING AGENTS | |
| 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 | |

| Drug | Requirements/Limits |
|--|----------------------------|
| ORFADIN | |
| SUCRAID | |
| VPRIV | PA |
| ZAVESCA | |
| ESTROGEN/PROGESTINS | |
| 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> | |
| PREDNISON INTENSOL | |
| SOLU-CORTEF | |
| GLUCOSE ELEVATING AGENTS | |
| GLUCAGEN HYPOKIT | |
| GLUCAGON EMERGENCY KIT | |
| PROGLYCEM | |
| HUMAN GROWTH HORMONES | |
| INCRELEX | PA |
| NORDITROPIN CARTRIDGE | PA |
| NORDITROPIN NORDIFLEX PEN | PA |

| Drug | Requirements/Limits |
|--|----------------------------|
| SAIZEN | PA |
| SAIZEN CLICK.EASY | PA |
| TEV-TROPIN | PA |
| MISCELLANEOUS | |
| <i>cabergoline</i> | |
| <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> | |
| FOSRENOL | |
| 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 | |

| Drug | Requirements/Limits |
|---|----------------------------|
| <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> | |
| 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> | |

| Drug | Requirements/Limits |
|---|----------------------------|
| <i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i> | |
| <i>polyethylene glycol 3350</i> | |
| RELISTOR | |
| MISCELLANEOUS | |
| AMITIZA | |
| CARAFATE | SUSP |
| GASTROCROM | |
| <i>misoprostol</i> | |
| <i>sucralfate</i> | |
| <i>ursodiol</i> | |
| XIFAXAN | PA; 550 mg |
| PANCREATIC ENZYMES | |
| CREON | |
| PANCREAZE | |
| 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>omeprazole-sodium bicarbonate</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> | |

| Drug | Requirements/Limits |
|--|----------------------------|
| OXYTROL | |
| SANCTURA | |
| SANCTURA XR | |
| VESICARE | |
| VAGINAL ANTI-INFECTIVES | |
| CLEOCIN 100mg | |
| <i>clindamycin phosphate vaginal</i> | |
| <i>metronidazole vaginal</i> | |
| <i>miconazole nitrate vaginal</i> | |
| <i>terconazole vaginal</i> | |
| HEMATOLOGIC | |
| ANTICOAGULANTS | |
| 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> | |
| 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> | |
| EFFIENT | |
| PLAVIX | |
| <i>ticlopidine hcl</i> | |
| IMMUNOLOGIC AGENTS | |
| DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS) | |
| ACTEMRA | PA |
| CUPRIMINE | |
| ENBREL | PA |

| Drug | Requirements/Limits |
|--|----------------------------|
| 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 | |
| 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 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 |
| VACCINES | |
| ACTHIB | |
| ADACEL | |
| ATTENUVAX | |
| BOOSTRIX | |
| CERVARIX | |

| Drug | Requirements/Limits |
|---------------------------|----------------------------|
| 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

| Drug | Requirements/Limits |
|------------------------------------|----------------------------|
| <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

| Drug | Requirements/Limits |
|--|----------------------------|
| <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 & 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) |

| Drug | Requirements/Limits |
|---|-----------------------------|
| 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) |
| ANTIHISTAMINES, LOW/NONSEDATING | |
| ASTEPRO | QL (2 inhalers per 25 days) |
| <i>azelastine hcl</i> | QL (2 inhalers per 25 days) |
| <i>fexofenadine hcl</i> | |
| ANTIHISTAMINES, SEDATING | |
| <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> | |
| 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 | |

| Drug | Requirements/Limits |
|--------------------------------|-----------------------------|
| 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> | |

| Drug | Requirements/Limits |
|---|----------------------------|
| <i>econazole nitrate</i> | |
| <i>ketoconazole (topical) 2%</i> | |
| <i>nystatin (topical)</i> | |
| <i>nystatin-triamcinolone</i> | |
| DERMATOLOGY, ANTIPRURITIC | |
| <i>hydrocortisone (rectal) 2.5%</i> | |
| ZONALON | |
| DERMATOLOGY, ANTIPSORIATICS | |
| <i>calcipotriene</i> | |
| DOVONEX | CREAM |
| OXSORALEN ULTRA | |
| STELARA | PA |
| 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 (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> | |

| Drug | Requirements/Limits |
|--|----------------------------|
| 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> | |
| 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> | |
| REGANEX | 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> | |

| Drug | Requirements/Limits |
|---|----------------------------|
| <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> | |

| Drug | Requirements/Limits |
|-------------------------------------|----------------------------|
| <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> | |
| <i>ofloxacin (otic)</i> | |

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