

NRECA Medicare Part D Prescription Drug Plans Basic Plan

Formulary (List of Covered Drugs)
November 2009



Formulary for NRECA's 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 47, 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.

Medicare Part D PRESCRIPTION DRUG PLANS

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 47. 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 866.586.7322.

For more information, please

- Visit our web site at <http://nreca.medicareplanrx.com>
- Call **NRECA Medicare Part D Customer Care** at 866.586.7322, Monday through Saturday, 6:30 a.m. to 11 p.m. CST
- TTY/TDD users should call 866.236.1069

This is not a comprehensive formulary. To make sure your drug is covered, please call Customer Care or visit the web site at <http://nreca.medicareplanrx.com>.

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, all 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 Combined 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 copayment or 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) summary 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 800.626.3046 or fax at 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 866.586.7322, or fax your request to 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 866.586.7322, or fax your request to 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, 2009**
- Enrolled in a new plan, effective **January 1, 2009**, during open enrollment held November 15 to December 31, 2008
- 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 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**, 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.

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 physician 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 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.

Medicare Comprehensive - 2009

ANALGESICS**COX-2 INHIBITORS**

CELEBREX

PA

GOUT*allopurinol**allopurinol sodium**probenecid***NARCOTIC ANALGESICS, CII**

AVINZA

QL (60 per 25 days)

DILAUDID-5

*endocet**fentanyl*QL (10 per 25 days);
PATCH*hydromorphone hcl*

KADIAN

QL (60 per 25 days)

*morphine sulfate**morphine sulfate er tb12 200mg*

QL (60 per 25 days)

*morphine sulfate er tb12 100mg, 15mg, 30mg,
60mg*

QL (90 per 25 days)

OPANA ER

QL (120 per 25 days)

*oxycodone /acetaminophen**oxycodone /apap**oxycodone hcl**oxycodone/acetaminophen*

OXYCONTIN

QL (120 per 25 days)

ROXICET soln

*roxicet tabs***NARCOTIC ANALGESICS***acetaminophen/codeine**co-gesic**hydrocodone /acetaminophen***NON-NARCOTIC ANALGESICS***tramadol hcl**tramadol hydrochloride/acetaminophen***NSAIDS***diclofenac sodium**diclofenac sodium dr**diclofenac sodium ec**diclofenac sodium er**diclofenac sodium xr**diflunisal*

Drug	Requirements/Limits
<i>etodolac</i>	
<i>etodolac er</i>	
<i>ibuprofen</i>	
INDOCIN	SUSPENSION
<i>indomethacin</i>	
<i>indomethacin er</i>	
<i>meloxicam</i>	
<i>nabumetone</i>	
<i>naproxen</i>	
<i>naproxen dr</i>	
<i>naproxen sodium</i>	
<i>oxaprozin</i>	
<i>sulindac</i>	
VOLTAREN	GEL

ANESTHETICS

LOCAL ANESTHETICS

lidocaine hcl

ANTI-INFECTIVES

ANTIBACTERIALS

amoxicillin

amoxicillin/potassium clavulanate

amoxil caps

AMOXIL susr 50mg/ml

amoxil susr 250mg/5ml

ampicillin

ampicillin sodium

AVELOX

AVELOX ABC PACK

azithromycin

BICILLIN C-R

BICILLIN L-A

cefaclor

cefadroxil

CEFAZOLIN SODIUM inj 1gm; 5%, 500mg; 5%

cefazolin sodium inj 10gm, 1gm, 20gm, 500mg

cefdinir

cefepime

cefoxitin sodium

cefpodoxime proxetil

cefprozil

ceftriaxone sodium

Drug	Requirements/Limits
<i>cefuroxime axetil</i>	
<i>cefuroxime sodium</i>	
<i>cefuroxime/dextrose</i>	
<i>cephalexin</i>	
CIPRO	SUSP
<i>ciprofloxacin</i>	
<i>ciprofloxacin er</i>	
<i>ciprofloxacin hcl</i>	
<i>ciprofloxacin i.v. -in d5w</i>	
<i>clarithromycin</i>	
<i>clarithromycin er</i>	
<i>dicloxacillin sodium</i>	
<i>doxy-caps</i>	
<i>doxycycline hyclate</i>	
<i>doxycycline monohydrate</i>	
<i>e.e.s. 200</i>	
<i>e.e.s. 400</i>	
ERYPED	
ERYTHROCIN LACTOBIONATE	
<i>erythrocin stearate</i>	
<i>erythromycin</i>	
<i>erythromycin ethylsuccinate</i>	
LEVAQUIN	
LEVAQUIN LEVA-PAK	
LEVAQUIN PREMIX	
<i>minocycline hcl</i>	
<i>nafcillin sodium</i>	
<i>penicillin g potassium</i>	
PENICILLIN G PROCAINE	
<i>penicillin v potassium</i>	
<i>sulfadiazine</i>	
<i>tetracycline hcl</i>	
<i>veetids</i>	
VIBRAMYCIN	SYRUP
ZOSYN	
ANTIFUNGALS	
<i>amphotericin b</i>	
ANCOBON	
CANCIDAS	
<i>clotrimazole</i>	
<i>fluconazole</i>	
<i>fluconazole in dextrose</i>	
<i>fluconazole in nacl</i>	

Drug	Requirements/Limits
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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>	
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	
PREZISTA	
RESCRIPTOR	
RETROVIR IV INFUSION	
REYATAZ	
SELZENTRY	
<i>stavudine</i>	
SUSTIVA	
TRIZIVIR	
TRUVADA	
VIDEX PEDIATRIC	
VIRACEPT	
VIRAMUNE	
VIREAD	

Drug	Requirements/Limits
ZERIT	SOLN
ZIAGEN	
<i>zidovudine</i>	
ANTITUBERCULAR AGENTS	
<i>ethambutol hcl</i>	
<i>isoniazid</i>	
MYCOBUTIN	
<i>pyrazinamide</i>	
<i>rifampin</i>	
ANTIVIRALS	
<i>acyclovir</i>	
<i>acyclovir sodium</i>	
BARACLUDE	
CYTOVENE	
EPIVIR HBV	
<i>famciclovir</i>	
<i>ganciclovir</i>	
HEPSERA	
REBETOL	PA
RELENZA DISKHALER	
<i>ribapak</i>	PA
<i>ribasphere</i>	PA
<i>ribatab</i>	PA
<i>ribavirin</i>	PA
<i>rimantadine hcl</i>	
TAMIFLU	
TYZEKA	
VALCYTE	
VALTREX	
MISCELLANEOUS	
ALBENZA	
ALINIA susr	QL (180 per 25 days)
ALINIA tabs	QL (6 per 25 days)
CLEOCIN	75 MG
CLEOCIN PEDIATRIC GRANULES	
<i>clindamycin hcl</i>	
<i>clindamycin phosphate</i>	
<i>colistimethate sodium</i>	B/D
CUBICIN	
<i>dapsone</i>	
<i>erythromycin /sulfoxazole</i>	
INVANZ	
MACRODANTIN	

Drug**Requirements/Limits**

<i>mebendazole</i>	
<i>metronidazole</i>	
<i>metronidazole in nacl 0.79%</i>	
<i>nitrofurantoin macrocrystalline</i>	
<i>nitrofurantoin monohydrate</i>	
PRIMAXIN I.M.	
PRIMAXIN IV	
PRIMAXIN IV ADD-VANTAGE	
<i>sulfamethoxazole /trimethoprim</i>	
<i>sulfatrim</i>	
TINDAMAX	
<i>trimethoprim</i>	
TYGACIL	
VANCOCIN HCL	
<i>vancomycin hcl</i>	
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	
ZYVOX	

ANTINEOPLASTIC AGENTS**ALKYLATING AGENTS**

ALKERAN	
BICNU	
BUSULFEX	
CEENU	
<i>cyclophosphamide inj</i>	
<i>cyclophosphamide tabs</i>	B/D
<i>dacarbazine</i>	
EMCYT	
HEXALEN	
IFEX	
IFOSFAMIDE inj 1gm/20ml, 3gm/60ml	
<i>ifosfamide inj 1gm</i>	
LEUKERAN	
MUSTARGEN	
<i>thiotepa</i>	
TREANDA	

ANTHRACYCLINES

<i>adriamycin</i>	
DAUNORUBICIN HCL inj 5mg/ml	
<i>daunorubicin hcl inj 20mg</i>	
DAUNOXOME	
DOXIL	
<i>doxorubicin hcl</i>	

Drug**Requirements/Limits**

ELLEENCE

epirubicin hcl

idarubicin hcl

ANTIBIOTICS

bleomycin sulfate

COSMEGEN

mitomycin

ANTIMETABOLITES

ALIMTA

cytarabine

FLUOROURACIL

GEMZAR

mercaptopurine

methotrexate sodium

pentostatin

TABLOID

VIDAZA

ANTIMITOTIC, TAXOIDS

paclitaxel

TAXOTERE

ANTIMITOTIC, VINCA ALKALOIDS

VINBLASTINE SULFATE inj 10mg

vinblastine sulfate inj 1mg/ml

vincasar pfs

vincristine sulfate

vinorelbine tartrate

BIOLOGIC RESPONSE MODIFIERS

AVASTIN

CAMPATH

HERCEPTIN

ONTAK

PROLEUKIN

RITUXAN

VELCADE

HORMONAL ANTINEOPLASTIC AGENTS

ARIMIDEX

AROMASIN

bicalutamide

CASODEX

DEPO-PROVERA

FARESTON

FASLODEX

FEMARA

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

amifostine

dexrazoxane

ELITEK

ifosfamide/mesna

leucovorin calcium

mesna

MESNEX

TABS

TOPOISOMERASE INHIBITORS

CAMPTOSAR

etoposide

HYCAMTIN

INJ

toposar

CARDIOVASCULAR**ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS**

amlodipine besylate/benazepril hydrochloride

LOTREL

5/40, 10/40

TARKA

ACE INHIBITOR/DIURETIC COMBINATIONS

benazepril hcl/hydrochlorothiazide

captopril /hydrochlorothiazide

enalapril maleate/hydrochlorothiazide

fosinopril sodium/hydrochlorothiazide

lisinopril /hydrochlorothiazide

quinaretic

ACE INHIBITORS

benazepril hcl

captopril

enalapril maleate

fosinopril sodium

lisinopril

quinapril hcl

ramipril

trandolapril

ADRENOLYTICS, CENTRAL

CATAPRES-TTS-1

CATAPRES-TTS-2

CATAPRES-TTS-3

clonidine hcl

guanfacine hcl

ALDOSTERONE RECEPTOR ANTAGONISTS*epplerenone**spironolactone***ALPHA BLOCKERS***doxazosin mesylate**terazosin hcl***ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS**

AVALIDE

DIOVAN HCT

EXFORGE

EXFORGE HCT

HYZAAR

ANGIOTENSIN II RECEPTOR ANTAGONISTS

AVAPRO

COZAAR

DIOVAN

ANTIARRHYTHMICS*amiodarone hcl**disopyramide phosphate**disopyramide phosphate er**flecainide acetate**mexiletine hcl*

NORPACE CR

100 MG

PACERONE tabs 100mg, 300mg

pacerone tabs 200mg

PROCANBID

*propafenone hcl**quinidine gluconate**quinidine sulfate**quinidine sulfate er*

RYTHMOL SR

*sorine**sotalol hcl**sotalol hcl (af)*

TIKOSYN

ANTILIPEMICS*cholestyramine**cholestyramine light**colestipol hcl**colestipol hcl for oral suspension*

CRESTOR

*fenofibrate**fenofibrate micronized*

Drug**Requirements/Limits**

gemfibrozil

LIPITOR

lovastatin

NIASPAN

pravastatin sodium

prevalite

SIMCOR

simvastatin

TRICOR

VYTORIN

WELCHOL

ZETIA

BETA-BLOCKER/DIURETIC COMBINATIONS

atenolol/chlorthalidone

bisoprolol fumarate/hydrochlorothiazide

metoprolol /hydrochlorothiazide

BETA-BLOCKERS

atenolol

bisoprolol fumarate

BYSTOLIC

carvedilol

COREG CR

labetalol hcl

metoprolol succinate er

metoprolol tartrate

nadolol

pindolol

propranolol hcl

propranolol hcl er

CALCIUM CHANNEL BLOCKERS

afeditab cr

amlodipine besylate

CARDIZEM CD

360 MG

cartia xt

dilt-cd

dilt-xr

diltiazem cd

diltiazem hcl

diltiazem hcl er

felodipine er

nifediac cc

nifedical xl

nifedipine er

Drug	Requirements/Limits
<i>taztia xt</i>	
<i>verapamil hcl</i>	
<i>verapamil hcl er</i>	
DIGITALIS GLYCOSIDES	
<i>digitek</i>	
<i>digoxin</i>	
LANOXIN	
DIRECT RENIN INHIBITORS	
TEKURNA	
TEKURNA HCT	
DIURETICS	
ALDACTAZIDE	50/50
<i>amiloride /hydrochlorothiazide</i>	
<i>amiloride hcl</i>	
<i>bumetanide</i>	
<i>chlorthalidone</i>	
DEMADEX	inj
<i>furosemide</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>metolazone</i>	
<i>spironolactone /hydrochlorothiazide</i>	
THALITONE	
<i>toremide</i>	
<i>triamterene /hydrochlorothiazide</i>	
MISCELLANEOUS	
BIDIL	
<i>hydralazine hcl</i>	
<i>methyldopa</i>	
<i>midodrine hcl</i>	
<i>minoxidil</i>	
RANEXA	
NITRATES	
ISORDIL TITRADOSE	
<i>isosorbide dinitrate</i>	
<i>isosorbide dinitrate er</i>	
<i>isosorbide mononitrate</i>	
<i>isosorbide mononitrate er</i>	
<i>minitran</i>	
NITRO-DUR	0.3 MG, 0.8 MG
<i>nitroglycerin</i>	
<i>nitroglycerin transdermal</i>	

Drug

Requirements/Limits

NITROLINGUAL PUMPSPRAY	
NITROSTAT	
PULMONARY ARTERIAL HYPERTENSION	
LETAIRIS	
REVATIO	PA
TRACLEER	LA
VENTAVIS	B/D

CENTRAL NERVOUS SYSTEM

ANTIANXIETY

<i>bupirone hcl</i>	
<i>fluvoxamine maleate</i>	

ANTICONVULSANTS

BANZEL	
<i>carbamazepine</i>	
<i>carbamazepine er</i>	
CARBATROL	
CELONTIN	
DILANTIN	
DILANTIN INFATABS	
<i>divalproex sodium</i>	
<i>epitol</i>	
<i>ethosuximide</i>	
FELBATOL	
<i>gabapentin caps 100mg</i>	QL (1080 per 25 days)
<i>gabapentin caps 400mg</i>	QL (270 per 25 days)
<i>gabapentin caps 300mg</i>	QL (360 per 25 days)
<i>gabapentin tabs 100mg</i>	QL (1080 per 25 days)
<i>gabapentin tabs 800mg</i>	QL (120 per 25 days)
<i>gabapentin tabs 600mg</i>	QL (180 per 25 days)
<i>gabapentin tabs 400mg</i>	QL (270 per 25 days)
GABITRIL	
KEPPRA	INJ
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	
LAMICTAL STARTER/TAKING VALPROATE	
<i>lamotrigine</i>	
<i>levetiracetam</i>	
LYRICA caps 100mg, 150mg, 200mg, 225mg, 25mg, 50mg, 75mg	QL (120 per 25 days)
LYRICA caps 300mg	QL (60 per 25 days)

Drug	Requirements/Limits
NEURONTIN SOLN 250mg/5ml	QL (2160 ml per 25 days); SOLN
<i>oxcarbazepine</i>	
PEGANONE	
<i>phenytoin</i>	
<i>phenytoin sodium</i>	
<i>phenytoin sodium extended</i>	
<i>primidone</i>	
<i>sumatriptan succinate</i>	QL (10 per 25 days); INJ
TEGRETOL-XR	100 MG
<i>topiramate</i>	
TRILEPTAL	SUSP
<i>valproate sodium</i>	
VIMPAT	
<i>zonisamide</i>	
ANTIDEMENTIA	
ARICEPT	
ARICEPT ODT	
EXELON	
<i>galantamine hydrobromide</i>	
NAMENDA	
NAMENDA TITRATION PAK	
RAZADYNE	SOLN
ANTIDEPRESSANTS	
<i>amitriptyline hcl</i>	
<i>amoxapine</i>	
<i>budeprion sr</i>	
<i>budeprion xl</i>	
<i>bupropion hcl</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>	
LEXAPRO	
<i>maprotiline hcl</i>	
MARPLAN	
<i>mirtazapine</i>	
<i>mirtazapine odt</i>	

Drug	Requirements/Limits
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NARDIL	
<i>nefazodone hcl</i>	
<i>nortriptyline hcl</i>	
<i>paroxetine hcl</i>	
<i>paroxetine hcl er</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>	

ANTIPARKINSONIAN AGENTS

<i>amantadine hcl</i>	
APOKYN	
<i>atamet</i>	
AZILECT	
<i>benztropine mesylate</i>	
<i>bromocriptine mesylate</i>	
<i>carbidopa/levodopa</i>	
<i>carbidopa/levodopa er</i>	
<i>carbidopa/levodopa odt</i>	
COGENTIN	INJ
COMTAN	
MIRAPEX	
<i>ropinirole hcl</i>	
<i>selegiline hcl</i>	
STALEVO 100	
STALEVO 125	
STALEVO 150	
STALEVO 200	
STALEVO 50	
STALEVO 75	
<i>trihexyphenidyl hcl</i>	

ANTIPSYCHOTICS

ABILIFY	
ABILIFY DISCMELT	
<i>chlorpromazine hcl</i>	
<i>clozapine</i>	
FAZACLO	
<i>fluphenazine decanoate</i>	
<i>fluphenazine hcl</i>	

Drug	Requirements/Limits
GEODON	
<i>haloperidol</i>	
<i>haloperidol decanoate</i>	
<i>haloperidol lactate</i>	
INVEGA	
<i>loxapine succinate</i>	
MOBAN	
NAVANE	
ORAP	
<i>perphenazine</i>	
RISPERDAL CONSTA	
RISPERDAL M-TAB	1 MG
<i>risperidone</i>	
<i>risperidone odt</i>	
SEROQUEL	
SEROQUEL XR	
<i>thioridazine hcl</i>	
<i>thiothixene</i>	
<i>trifluoperazine hcl</i>	
ZYPREXA	
ZYPREXA ZYDIS	
ATTENTION DEFICIT HYPERACTIVITY DISORDER	
ADDERALL XR	PA
<i>dextroamphetamine sulfate</i>	PA
<i>dextroamphetamine sulfate cr</i>	PA
<i>dextrostat</i>	PA
<i>methylin</i>	PA
<i>methylin er</i>	PA
<i>methylphenidate hcl</i>	PA
STRATTERA	
HYPNOTICS	
LUNESTA	QL (180 per 365 days)
<i>zaleplon</i>	QL (180 per 365 days)
<i>zolpidem tartrate</i>	QL (180 per 365 days)
MIGRAINE	
<i>dihydroergotamine mesylate</i>	
<i>ergotamine tartrate/caffeine</i>	
IMITREX	QL (12 per 25 days); NASAL SOLN
IMITREX STATDOSE REFILL	QL (4 per 25 days)
IMITREX STATDOSE SYSTEM	QL (4 per 25 days)
MAXALT	QL (12 per 25 days)
MAXALT-MLT	QL (12 per 25 days)

Drug	Requirements/Limits
<i>migergot</i>	
MIGRANAL	QL (8 per 25 days)
RELPAK	QL (12 per 25 days)
<i>sumatriptan succinate inj</i>	QL (10 per 25 days)
<i>sumatriptan succinate tabs</i>	QL (9 per 25 days)
MISCELLANEOUS	
<i>guanidine hcl</i>	
<i>lithium carbonate</i>	
<i>lithium carbonate er</i>	
<i>lithium citrate</i>	
MESTINON	
MESTINON TIMESPAN	
<i>pyridostigmine bromide</i>	
REGONOL	
RILUTEK	
SAVELLA	
SAVELLA TITRATION PACK	
XENAZINE	PA
MULTIPLE SCLEROSIS AGENTS	
AVONEX	
BETASERON	
COPAXONE	
REBIF	
REBIF TITRATION PACK	
TYSABRI	LA
MUSCULOSKELETAL THERAPY AGENTS	
<i>baclofen</i>	
<i>carisoprodol</i>	
<i>chlorzoxazone</i>	
<i>cyclobenzaprine hcl</i>	
<i>dantrolene sodium</i>	
<i>methocarbamol</i>	
<i>orphenadrine /asa /caffeine</i>	
ROBAXIN	INJ
SKELAXIN	
<i>tizanidine hcl</i>	
NARCOLEPSY/CATAPLEXY	
PROVIGIL	PA
XYREM	LA
PSYCHOTHERAPEUTIC-MISCELLANEOUS	
ANTABUSE	
<i>buproban</i>	
CAMPRAL	

Drug	Requirements/Limits
CHANTIX	
<i>depade</i>	
<i>naloxone hcl</i>	
<i>naltrexone hcl</i>	
NICOTROL INHALER	
SUBOXONE	
SUBUTEX	

ENDOCRINE AND METABOLIC

ANDROGENS

ANDRODERM	PA
ANDROGEL	PA
ANDROGEL PUMP	PA
<i>oxandrolone</i>	PA
TESTIM	PA
<i>testosterone cypionate</i>	

ANTIDIABETICS

<i>acarbose</i>	
ACTOPLUS MET	
ACTOS	
ALCOHOL PREPS	
APIDRA	
APIDRA SOLOSTAR	
AVANDAMET	
AVANDARYL	
AVANDIA	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/ 29G X 1/2"	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/ 31G X 5/16"	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/ 30G X 1/2"	
BD INSULIN SYRINGE ULTRAFINE/1ML/ 31G X 5/16"	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/ 29G X 12.7MM	
BYETTA	
CURITY GAUZE PADS 2"X2"	
DUETACT	
<i>glimepiride</i>	
<i>glipizide</i>	
<i>glipizide er</i>	
<i>glipizide xl</i>	
<i>glipizide/metformin hcl</i>	

Drug**Requirements/Limits**

<i>glyburide</i>
<i>glyburide micronized</i>
<i>glyburide/metformin hcl</i>
<i>glycron</i>
HUMALOG
HUMALOG KWIKPEN
HUMALOG MIX 50/50
HUMALOG MIX 50/50 KWIKPEN
HUMALOG MIX 50/50 PEN
HUMALOG MIX 75/25
HUMALOG MIX 75/25 KWIKPEN
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 (CONCENTRATED)
JANUMET
JANUVIA
LANTUS
LANTUS FOR OPTICLIK
LANTUS SOLOSTAR
LEVEMIR
LEVEMIR FLEXPEN
<i>metformin hcl</i>
<i>metformin hcl er</i>
NOVOLIN 70/30
NOVOLIN 70/30 INNOLET
NOVOLIN 70/30 PENFILL
NOVOLIN N
NOVOLIN N INNOLET
NOVOLIN N U-100 PENFILL
NOVOLIN R
NOVOLIN R INNOLET
NOVOLIN R U-100 PENFILL
NOVOLOG
NOVOLOG FLEXPEN
NOVOLOG MIX 70/30
NOVOLOG MIX 70/30 PENFILL
NOVOLOG MIX 70/30 PREFILLED FLEXPEN

Drug**Requirements/Limits**

NOVOLOG PENFILL

ONGLYZA

PRANDIN

RELION 70/30

RELION 70/30 INNOLET

RELION N

RELION N INNOLET

RELION R

SYMLIN

SYMLINPEN 120

SYMLINPEN 60

BISPHOSPHONATES

ACTONEL

alendronate sodium

ZOMETA

CALCITONINS*calcitonin-salmon**fortical*

MIACALCIN

INJ

CALCIUM RECEPTOR ANTAGONISTS

SENSIPAR

CHELATING AGENTS

EXJADE

SYPRINE

CONTRACEPTIVES*apri**aranelle**aviane**camila**cesia**cryselle-28**enpresse-28**errin**jolivette**junel 1.5/30**junel 1/20**junel fe 1.5/30**junel fe 1/20**kariva**lessina-28**levora 0.15/30-28**low-ogestrel**lutra*

Drug**Requirements/Limits**

medroxyprogesterone acetate

microgestin 1.5/30

microgestin 1/20

microgestin fe

microgestin fe 1.5/30

mononessa

necon 0.5/35-28

necon 1/35-28

necon 1/50-28

NECON 10/11-28

necon 7/7/7

next choice

nora-be

nortrel 0.5/35 (28)

nortrel 1/35 (21)

nortrel 1/35 (28)

nortrel 7/7/7

NUVARING

ocella

ORTHO EVRA

ORTHO TRI-CYCLEN LO

PLAN B

portia-28

previfem

quasense

solia

sprintec 28

tri-legest fe

tri-previfem

tri-sprintec

trinessa

trivora-28

velivet

zovia 1/35e

zovia 1/50e

ENDOMETRIOSIS

danazol

SYNAREL

ENZYME REPLACEMENTS

ADAGEN

ALDURAZYME

BUPHENYL

CEREZYME

Drug**Requirements/Limits**

CYSTADANE

CYSTAGON

ELAPRASE

FABRAZYME

KUVAN

MYOZYME

NAGLAZYME

ORFADIN

SUCRAID

ZAVESCA

ESTROGEN/PROGESTINS

CLIMARA PRO

COMBIPATCH

PREMPHASE

PREMPRO

ESTROGENS

ALORA

ESTRADERM

*estradiol**estropipate*

GYNODIOL tabs 1.5mg

gynodiol tabs 0.5mg, 1mg, 2mg*ortho-est*

PREMARIN

PREMARIN W/APPLICATOR

VAGIFEM

VIVELLE-DOT

GLUCOCORTICOIDS*a-hydrocort**a-methapred**dexamethasone**dexamethasone intensol**dexamethasone sodium phosphate*

DEXPAK 13 DAY

*fludrocortisone acetate**hydrocortisone*

MEDROL

2 MG TAB

*methylprednisolone**methylprednisolone acetate**methylprednisolone sodiumsuccinate**prednisolone**prednisolone sodium phosphate**prednisone*

Drug	Requirements/Limits
PREDNISONE INTENSOL	
SOLU-CORTEF	
GLUCOSE ELEVATING AGENTS	
GLUCAGEN HYPOKIT	
GLUCAGON EMERGENCY KIT	
PROGLYCEM	
HUMAN GROWTH HORMONES	
GENOTROPIN	PA
GENOTROPIN MINIQUICK	PA
HUMATROPE	PA
HUMATROPE COMBO PACK	PA
INCRELEX	PA
NORDITROPIN CARTRIDGE	PA
NORDITROPIN NORDIFLEX PEN	PA
NUTROPIN	PA
NUTROPIN AQ	PA
NUTROPIN AQ PEN	PA
SAIZEN	PA
SAIZEN CLICK.EASY	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	
PHOSLO	
RENAGEL	
RENVELA	
PROGESTINS	
<i>medroxyprogesterone acetate</i>	
<i>norethindrone acetate</i>	
SELECTIVE ESTROGEN RECEPTOR MODULATORS	
EVISTA	
THYROID AGENTS	
<i>levothroid</i>	
<i>levothyroxine sodium</i>	
<i>levoxyl</i>	
<i>liothyronine sodium</i>	
<i>methimazole</i>	

Drug	Requirements/Limits
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propylthiouracil

SYNTHROID

unithroid

VASOPRESSINS

desmopressin acetate

minirin

GASTROINTESTINAL

ANTIDIARRHEALS

diphenoxylate/atropine

lofene

lonox

loperamide hcl

ANTIEMETICS

ANTIVERT

50 MG TAB

compro

dronabinol

QL (60 per 25 days)

EMEND misc

QL (2 per 25 days), B/D

EMEND caps 125mg

QL (2 per 25 days), B/D

EMEND caps 40mg

QL (3 per 180 days)

EMEND caps 80mg

QL (4 per 25 days), B/D

granisetron hcl inj

granisetron hcl tabs

B/D

granisol

B/D

meclizine hcl

metoclopramide hcl

ondansetron hcl inj

ondansetron hcl oral soln, tabs

B/D

ondansetron odt

B/D

phenadoz

prochlorperazine

prochlorperazine edisylate

prochlorperazine maleate

promethazine hcl

promethazine hcl plain

promethegan

TRANSDERM-SCOP

trimethobenzamide hcl

ANTI SPASMODICS

dicyclomine hcl

glycopyrrolate

H₂-RECEPTOR ANTAGONISTS*cimetidine**cimetidine hcl**famotidine**famotidine premixed*

PEPCID

SUSPENSION

*ranitidine hcl***INFLAMMATORY BOWEL DISEASE**

ASACOL

CANASA

CIMZIA

PA

colocort

DIPENTUM

ENTOCORT EC

hydrocortisone

ENEMA

LIALDA

*mesalamine**sulfasalazine**sulfazine**sulfazine ec***IRRITABLE BOWEL SYNDROME**

LOTRONEX

LAXATIVES*constulose**enulose**gavilyte-g*

HALFLYTELY BOWEL PREP

HALFLYTELY BOWEL PREP/FLAVOR PACKS

*lactulose**peg 3350/electrolytes*

RELISTOR

*trilyte***MISCELLANEOUS**

AMITIZA

CARAFATE

SUSP

GASTROCROM

*misoprostol**sucrafate**ursodiol***PANCREATIC ENZYMES**

CREON

CREON 5

Drug**Requirements/Limits**

CREON 10

CREON 20

LIPRAM 4500

LIPRAM-PN10

LIPRAM-PN16

LIPRAM-PN20

LIPRAM-UL12

LIPRAM-UL18

LIPRAM-UL20

PANCRELIPASE

PANGESTYME CN 10

PANGESTYME CN 20

PANGESTYME EC

PANGESTYME UL 12

PANGESTYME UL 18

PANGESTYME UL 20

PANOKASE

PANOKASE-16

PLARETASE 8000

ULTRASE

ULTRASE MT 12

ULTRASE MT 18

ULTRASE MT 20

VIOKASE

VIOKASE 16

VIOKASE 8

PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS

PREVPAC

PROTON PUMP INHIBITORS

NEXIUM

QL 90 days per year

NEXIUM I.V.

omeprazole

QL 90 days per year

pantoprazole sodium

QL 90 days per year

PREVACID

QL 90 days per year

PREVACID SOLUTAB

QL 90 days per year

SALIVA STIMULANTS

EVOXAC

*pilocarpine hcl***GENITOURINARY****BENIGN PROSTATIC HYPERPLASIA**

AVODART

finasteride

Drug	Requirements/Limits
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FLOMAX	
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UROXATRAL	
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MISCELLANEOUS	
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<i>bethanechol chloride</i>	
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ELMIRON	
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<i>potassium citrate extended-release</i>	
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THIOLA	
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URINARY ANTISPASMODICS	
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DETROL LA	
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ENABLEX	
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<i>oxybutynin chloride</i>	
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<i>oxybutynin chloride er</i>	
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OXYTROL	
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SANCTURA	
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SANCTURA XR	
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VESICARE	
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VAGINAL ANTI-INFECTIVES	
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CLEOCIN	
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<i>clindamycin phosphate</i>	
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<i>metronidazole vaginal</i>	
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<i>terconazole</i>	
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<i>vandazole</i>	
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<i>zazole</i>	
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HEMATOLOGIC	
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ANTICOAGULANTS	
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ARIXTRA	
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COUMADIN	
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HEPARIN SODIUM inj 2000unit/ml	
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<i>heparin sodium inj 10000unit/ml, 20000unit/ml, 5000unit/ml</i>	
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<i>jantoven</i>	
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LOVENOX	
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<i>warfarin sodium</i>	
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HEMATOPOIETIC GROWTH FACTORS	
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ARANESP ALBUMIN FREE	PA
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ARANESP ALBUMIN FREE SURECLICK	PA
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EPOGEN	PA
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NEULASTA	PA
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NEUPOGEN	PA
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PROCRIT	PA
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Drug**Requirements/Limits****MISCELLANEOUS***anagrelide hydrochloride**cilostazol*

CYKLOKAPRON

pentoxifylline er

PROMACTA

PLATELET AGGREGATION INHIBITORS

AGGRENEX

dipyridamole

PLAVIX

IMMUNOLOGIC AGENTS**DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)**

CUPRIMINE

ENBREL

PA

ENBREL SURECLICK

PA

HUMIRA

PA

HUMIRA PEN

PA

HUMIRA PEN-CROHNS DISEASESTARTER

PA

*hydroxychloroquine sulfate**leflunomide**methotrexate*

REMICADE

PA

RHEUMATREX

RIDAURA

IMMUNOGLOBULINS

GAMASTAN S/D

GAMMAGARD LIQUID

B/D

GAMUNEX

B/D

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

PA, LA

THALOMID

PA

Drug**Requirements/Limits****IMMUNOSUPPRESSANTS**

AZASAN	B/D
<i>azathioprine</i>	B/D
CELLCEPT	B/D
<i>cyclosporine</i>	B/D
<i>cyclosporine modified</i>	B/D
<i>engraf</i>	B/D
<i>mycophenolate mofetil</i>	B/D
NEORAL	B/D
PROGRAF	B/D
RAPAMUNE	B/D
SANDIMMUNE	B/D
<i>tacrolimus</i>	B/D

VACCINES

ACTHIB	
ADACEL	
ATTENUVAX	
BOOSTRIX	
COMVAX	
DAPTACEL	
DECAVAC	B/D
<i>diphtheria/tetanus toxoid pediatric</i>	B/D
ENGERIX-B	B/D
GARDASIL	
HAVRIX	
HIBTITER	
IMOVAX RABIES (H.D.C.V.)	
INFANRIX	
IPOL INACTIVATED IPV	
JE-VAX	
M-M-R II W/DILUENT 10 DOSE	
MENACTRA	
MENOMUNE-A/C/Y/W-135	
MERUVAX II W/DILUENT 10 DOSE	
PEDIARIX	
PEDVAX HIB	
PROQUAD	
RABAVERT	
RECOMBIVAX HB	B/D
ROTATEQ	
TETANUS TOXOID ADSORBED	B/D
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	B/D

Drug**Requirements/Limits**

TRIHIBIT
TRIPEDIA
TWINRIX
TYPHIM VI
VAQTA
VARIVAX
VIVOTIF BERNA
YF-VAX
ZOSTAVAX

NUTRITIONAL/SUPPLEMENTS***ELECTROLYTES***

<i>ed k+ 10</i>
<i>kaon-cl-10</i>
<i>kionex</i>
<i>klor-con 10</i>
<i>klor-con 8</i>
<i>klor-con m10</i>
<i>klor-con m15</i>
<i>klor-con m20</i>
<i>klotrix</i>
<i>potassium chloride</i>
<i>potassium chloride er</i>
<i>sodium fluoride</i>
<i>sodium polystyrene sulfonate</i>
<i>sps</i>

IV NUTRITION

AMINESS	B/D
AMINOSYN	B/D
AMINOSYN 7%/ELECTROLYTES	B/D
<i>aminosyn 8.5%/electrolytes</i>	B/D
AMINOSYN II	B/D
AMINOSYN II 3.5%/DEXTROSE25%	B/D
AMINOSYN II 3.5%/DEXTROSE5%	B/D
AMINOSYN II 3.5/DEXTROSE 25%	B/D
AMINOSYN II 4.25/DEXTROSE10%	B/D
AMINOSYN II 4.25/DEXTROSE20%	B/D
AMINOSYN II 4.25/DEXTROSE25%	B/D
AMINOSYN II 5/DEXTROSE 25	B/D
<i>aminosyn ii 8.5%/electrolytes</i>	B/D
AMINOSYN II M 3.5%/DEXTROSE 5%	B/D
AMINOSYN II M 4.25/DEXTROSE 10%	B/D
AMINOSYN M	B/D

Drug **Requirements/Limits**

AMINOSYN-HBC	B/D
<i>aminosyn-hf</i>	B/D
AMINOSYN-PF	B/D
AMINOSYN-PF 7%	B/D
CLINIMIX 2.75%/DEXTROSE 5%	B/D
<i>clinimix 4.25%/dextrose 10%</i>	B/D
<i>clinimix 4.25%/dextrose 20%</i>	B/D
<i>clinimix 4.25%/dextrose 25%</i>	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 10%	B/D
CLINIMIX E 2.75%/DEXTROSE 5%	B/D
CLINIMIX E 4.25%/DEXTROSE 25%	B/D
CLINIMIX E 4.25%/DEXTROSE 5%	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>clinisol sf 15%</i>	B/D
FREAMINE HBC 6.9%	B/D
<i>freamine iii</i>	B/D
FREAMINE III 3%	B/D
<i>hepatamine</i>	B/D
HEPATASOL	B/D
<i>intralipid 20%</i>	B/D
INTRALIPID inj 1.7%; 30%	B/D
<i>intralipid inj 2.25%; 10%, 2.25%; 20%</i>	B/D
NEPHRAMINE	B/D
<i>novamine</i>	B/D
PREMASOL inj 52meq/l; 1760mg/100ml; 880mg/100ml; 34meq/l; 1760mg/100ml; 372mg/100ml; 406mg/100ml; 526mg/100ml; 492mg/100ml; 492mg/100ml; 526mg/100ml; 356mg/100ml; 356mg/100ml; 390mg/100ml; 34mg/100ml; 152mg/100ml	B/D

Drug	Requirements/Limits
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<i>premasol inj</i> 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l; 15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml	B/D
PROCALAMINE	B/D
PROSOL	B/D
RENAMIN	B/D
TRAVASOL	B/D
TRAVASOL 2.75%/DEXTROSE 10%	B/D
TRAVASOL 2.75%/DEXTROSE 5%	B/D
<i>travasol 3.5%/electrolytes</i>	B/D
TRAVASOL 4.25%/DEXTROSE 10%	B/D
TRAVASOL 4.25%/DEXTROSE 25%	B/D
TRAVASOL 5.5%/DEXTROSE 10%	B/D
TRAVASOL 5.5%/DEXTROSE 20%	B/D
TRAVASOL 5.5%/ELECTROLYTES	B/D
TRAVASOL 8.5%/DEXTROSE 10%	B/D
TRAVASOL 8.5%/DEXTROSE 20%	B/D
TRAVASOL 8.5%/DEXTROSE 50%	B/D
<i>travasol 8.5%/electrolytes</i>	B/D
TROPHAMINE	B/D

IV REPLACEMENT SOLUTIONS

<i>alcohol 5%/dextrose 5%</i>	
<i>dextrose 10%/nacl 0.45%</i>	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	
<i>dextrose 5% /electrolyte #75 viaflex</i>	
<i>dextrose 10% flex container</i>	
<i>dextrose 10%/nacl 0.2%</i>	
<i>dextrose 2.5%/nacl 0.45%</i>	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	
<i>dextrose 5%</i>	
<i>dextrose 5%/lactated ringers</i>	
<i>dextrose 5%/nacl 0.2%</i>	
<i>dextrose 5%/nacl 0.225%</i>	
<i>dextrose 5%/nacl 0.33%</i>	
<i>dextrose 5%/nacl 0.45%</i>	
<i>dextrose 5%/nacl 0.9%</i>	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	

Drug**Requirements/Limits**

dextrose 5%/potassium chloride 0.15%

dextrose 5%/sodium chloride 0.2%

dextrose 5%/sodium chloride 0.33%

dextrose 5%/sodium chloride 0.45%

dextrose 5%/sodium chloride 0.9%

IONOSOL-B/DEXTROSE 5%

IONOSOL-MB/DEXTROSE 5%

IONOSOL-T/DEXTROSE 5%

ISOLYTE-H/DEXTROSE 5%

isolyte-m/dextrose 5%

ISOLYTE-P/DEXTROSE 5%

ISOLYTE-S

ISOLYTE-S PH 7.4

ISOLYTE-S/DEXTROSE 5%

kcl 0.075%/d5w/nacl 0.2%

kcl 0.075%/d5w/nacl 0.45%

KCL 0.15%/D10W/NACL 0.2%

kcl 0.15%/d5w/ nacl 0.3%

KCL 0.15%/D5W/LR

kcl 0.15%/d5w/nacl 0.2%

KCL 0.15%/D5W/NACL 0.225%

kcl 0.15%/d5w/nacl 0.45%

kcl 0.15%/d5w/nacl 0.9%

kcl 0.224%/d5w/nacl 0.2%

KCL 0.3%/D5W/LR

KCL 0.3%/D5W/LR IV LAC RING

kcl 0.3%/d5w/nacl 0.2%

kcl 0.3%/d5w/nacl 0.45%

KCL 0.3%/D5W/NACL 0.9%

lactated ringers dextrose 5% viaflex

lactated ringers viaflex

MAGNESIUM SULFATE IN D5W

normosol -r

normosol-m in d5w

NORMOSOL-R

normosol-r in d5w

PLASMA-LYTE 56

PLASMA-LYTE A

PLASMA-LYTE-148

PLASMA-LYTE-148/D5W

PLASMA-LYTE-56/D5W

plasma-lyte-r

potassium chloride 0.075%/d5w/nacl 0.225%

Drug	Requirements/Limits
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POTASSIUM CHLORIDE 0.15% /NACL 0.45% VIAFLEX	
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<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	
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<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	
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<i>potassium chloride 0.15% nacl 0.9%</i>	
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<i>potassium chloride 0.15%/d5w</i>	
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POTASSIUM CHLORIDE 0.15%/NACL 0.9%	
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<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	
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<i>potassium chloride 0.224%/d5w</i>	
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<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	
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<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	
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POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	
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<i>potassium chloride 0.3%/d5w</i>	
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<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	
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POTASSIUM CHLORIDE inj 20meq/50ml	
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<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 30meq/100ml, 40meq/100ml</i>	
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<i>ringers injection</i>	
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<i>sodium chloride</i>	
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<i>sodium chloride 0.45% viaflex</i>	
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VITAMINS

<i>calcitriol caps, oral soln</i>	
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CALCITRIOL inj 2mcg/ml	
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<i>calcitriol inj 1mcg/ml</i>	
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HECTOROL	
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<i>prenatal rx 1</i>	
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RESPIRATORY

ANTICHOLINERGIC/BETA AGONIST COMBINATIONS

COMBIVENT	QL (2 inhalers per 25 days)
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<i>ipratropium bromide/albuterol sulfate</i>	QL (540 per 25 days), B/D
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ANTICHOLINERGICS

ATROVENT HFA	QL (2 inhalers per 25 days)
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<i>ipratropium bromide nasal soln</i>	
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<i>ipratropium bromide inhalation soln</i>	QL (315 per 25 days), B/D
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SPIRIVA HANDHALER	QL (30 per 25 days)
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Drug	Requirements/Limits
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ANTI-HISTAMINES, LOW/NONSEDATING

ASTELIN	QL (2 inhalers per 25 days)
ASTEPRO	QL (2 inhalers per 25 days)
<i>fexofenadine hcl</i>	

ANTI-HISTAMINES, SEDATING

<i>clemastine fumarate</i>	
<i>cyproheptadine hcl</i>	
<i>diphenhydramine hcl</i>	
<i>hydroxyzine hcl</i>	
<i>hydroxyzine pamoate</i>	

BETA AGONISTS

<i>albuterol sulfate er</i>	
<i>albuterol sulfate syrup, tabs</i>	
<i>albuterol sulfate nebu 0.083%, 0.63mg/3ml, 1.25mg/3ml</i>	QL (300 per 25 days), B/D
<i>albuterol sulfate nebu 0.5%</i>	QL (60 per 25 days), B/D
FORADIL AEROLIZER	QL (60 per 25 days)
PROAIR HFA	QL (2 inhalers per 25 days)
PROVENTIL HFA	QL (2 inhalers per 25 days)
SEREVENT DISKUS	QL (1 inhaler per 25 days)
<i>terbutaline sulfate</i>	
XOPENEX	QL (288 per 25 days), B/D
XOPENEX CONCENTRATE	QL (216 per 25 days), B/D
XOPENEX HFA	QL (2 inhalers per 25 days)

LEUKOTRIENE RECEPTOR ANTAGONISTS

ACCOLATE	
SINGULAIR	

MAST CELL STABILIZERS

<i>cromolyn sodium</i>	QL (240 per 25 days), B/D
INTAL INHALER	QL (2 inhalers per 25 days)

MISCELLANEOUS

<i>acetylcysteine</i>	B/D
ARALAST	
EPIPEN 2-PAK	
EPIPEN-JR 2-PAK	
PULMOZYME	B/D
TOBI	B/D
TYZINE	

Drug	Requirements/Limits
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TYZINE PEDIATRIC NASAL DROPS	
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XOLAIR	
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NASAL STEROIDS

<i>flunisolide</i>	QL (2 inhalers per 25 days)
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<i>fluticasone propionate</i>	QL (1 inhaler per 25 days)
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NASACORT AQ	QL (1 inhaler per 25 days)
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NASONEX	QL (2 inhalers per 25 days)
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STEROID INHALANTS

ASMANEX 120 METERED DOSES	QL (2 inhalers per 25 days)
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ASMANEX 14 METERED DOSES	QL (2 inhalers per 25 days)
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ASMANEX 30 METERED DOSES	QL (2 inhalers per 25 days)
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ASMANEX 60 METERED DOSES	QL (2 inhalers per 25 days)
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AZMACORT	QL (2 inhalers per 25 days)
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FLOVENT DISKUS	QL (2 inhalers per 25 days)
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FLOVENT HFA	QL (2 inhalers per 25 days)
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QVAR	QL (3 inhalers per 25 days)
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STEROID/BETA-AGONIST COMBINATIONS

ADVAIR DISKUS	QL (60 per 25 days)
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ADVAIR HFA	QL (1 inhaler per 25 days)
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SYMBICORT	QL (1 inhaler per 25 days)
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XANTHINES

<i>aminophylline</i>	
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ELIXOPHYLLIN	
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THEO-24	
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<i>theochron</i>	
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<i>theophylline</i>	
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<i>theophylline er</i>	
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TOPICAL

DERMATOLOGY, ACNE

<i>amnesteem</i>	
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<i>avita</i>	PA
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AZELEX	
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<i>claravis</i>	
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<i>clindamycin phosphate</i>	
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Drug	Requirements/Limits
DIFFERIN	PA
<i>ery</i>	
<i>eryderm</i>	
<i>erythromycin</i>	
<i>erythromycin/benzoyl peroxide</i>	
<i>sodium sulfacetamide</i>	
<i>sotret</i>	
<i>tretinoin</i>	PA; CREAM, GEL
DERMATOLOGY, ACTINIC KERATOSIS	
CARAC	
FLUOROPLEX	
<i>fluorouracil</i>	CREAM, SOLN
SOLARAZE	
DERMATOLOGY, ANTIBIOTICS	
ALTABAX	
BACTROBAN	
<i>gentamicin sulfate</i>	
<i>mupirocin</i>	
<i>silver sulfadiazine</i>	
<i>ssd</i>	
<i>ssd af</i>	
<i>thermazene</i>	
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox</i>	
<i>clotrimazole</i>	
<i>econazole nitrate</i>	
<i>ketoconazole</i>	
LOPROX SHAMPOO	
<i>nystatin</i>	
<i>nystop</i>	
<i>pedi-dri</i>	
DERMATOLOGY, ANTIPRURITIC	
<i>proctosol hc</i>	
<i>proctozone-hc</i>	
ZONALON	
DERMATOLOGY, ANTIPSORIATICS	
<i>calcipotriene</i>	
DOVONEX	CREAM
OXSORALEN ULTRA	
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketoconazole</i>	
<i>selenium sulfide</i>	

DERMATOLOGY, ANTIVIRALS

DENA VIR

ZOVIRAX

CREAM,OINT

DERMATOLOGY, CORTICOSTEROIDS*ala-cort**alclometasone dipropionate**augmented betamethasone dipropionate**beta-val**betamethasone dipropionate**betamethasone valerate**clobetasol propionate**clobetasol propionate e**clobetasol propionate emollient**del-beta*

DERMA-SMOOTH/FS SCALP OIL

desonide

DESOWEN

*desoximetasone**diflorasone diacetate**fluocinolone acetonide**fluocinonide**fluocinonide-e**fluticasone propionate**halobetasol propionate**hydrocortisone**hydrocortisone butyrate**hydrocortisone valerate*

KENALOG

spray

mometasone furoate

TEXACORT soln 2.5%

*texacort soln 1%**triamcinolone acetonide**triderm***DERMATOLOGY, IMMUNOMODULATORS**

ELIDEL

ST

PROTOPIC

ST

DERMATOLOGY, LOCAL ANESTHETICS*lidocaine hcl**lidocaine/prilocaine*

LIDODERM

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

ALDARA

*ammonium lactate**lac lotion*

PANRETIN

podofilox

TARGRETIN

DERMATOLOGY, ROSACEA

METROGEL

metronidazole

ORACEA

DERMATOLOGY, SCABICIDES AND PEDICULIDES*acticin*

EURAX

OVIDE

*permethrin***DERMATOLOGY, WOUND CARE AGENTS**

REGRANEX

PA

SANTYL

*sodium chloride 0.9%***MOUTH/THROAT/DENTAL AGENTS***lidomar viscous**nystatin**triamcinolone in orabase***OPHTHALMIC***acetazolamide*

ACULAR

ACULAR LS

ACULAR PF

*ak-poly-bac**ak-tob*

ALPHAGAN P

ALREX

AZOPT

*bacitracin**bacitracin /neomycin /polymyxin**bacitracin/polymyxin b*

BETOPTIC-S

BLEPHAMIDE S.O.P.

brimonidine tartrate

CILOXAN

OINT

ciprofloxacin hcl

Drug**Requirements/Limits**

COMBIGAN	
<i>cromolyn sodium</i>	
<i>dexamethasone sodium phosphate</i>	
<i>dexasporin</i>	
<i>diclofenac sodium</i>	
<i>dorzolamide hcl</i>	
<i>dorzolamide hcl/timolol maleate</i>	
<i>erythromycin</i>	
<i>fluor-op</i>	
<i>fluorometholone</i>	
FML	
<i>gentak</i>	
<i>gentamicin sulfate</i>	
LACRISERT	
<i>levobunolol hcl</i>	
LUMIGAN	
<i>methazolamide</i>	
<i>metipranolol</i>	
NATACYN	
<i>neo /poly /bac /hc</i>	
<i>neomycin /polymyxin /dexamethasone</i>	
<i>neomycin /polymyxin /gramicidin</i>	
<i>neomycin /polymyxin /hydrocortisone</i>	
<i>ocusulf-10</i>	
<i>ofloxacin</i>	
PATADAY	
PATANOL	
PILOPINE HS	
<i>poly-dex</i>	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	
<i>prednisolone acetate</i>	
<i>prednisolone sodium phosphate</i>	
RESTASIS	
<i>romycin</i>	
<i>sulfacetamide sodium</i>	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	
<i>timolol maleate</i>	
<i>tobramycin /dexamethasone</i>	
<i>tobramycin sulfate</i>	
TOBEX	OINT
TRAVATAN	
TRAVATAN Z	

Drug**Requirements/Limits**

trifluridine

VIGAMOX

XIBROM

OTIC

acetasol hc

acetic acid

acetic acid/hydrocortisone

borofair

cortomycin

DERMOTIC

neomycin /polymyxin /hydrocortisone

ofloxacin

oticin hc

ABILIFY	21	ALREX	45
ABILIFY DISCMELT	21	ALTABAX	43
acarbose	24	amantadine hcl	21
ACCOLATE	41	a-methapred	28
acetaminophen/codeine	7	amifostine	15
acetazol hc	47	amiloride /hydrochlorothiazide	18
acetazolamide	45	amiloride hcl	18
acetic acid	47	AMINESS	36
acetic acid/hydrocortisone	47	aminophylline	42
acetylcysteine	41	AMINOSYN	36
ACTHIB	35	AMINOSYN 7%/ELECTROLYTES	36
acticin	45	aminosyn 8.5%/electrolytes	36
ACTIMMUNE	34	AMINOSYN II	36
ACTONEL	26	AMINOSYN II 3.5%/DEXTROSE25%	36
ACTOPLUS MET	24	AMINOSYN II 3.5%/DEXTROSE5%	36
ACTOS	24	AMINOSYN II 3.5/DEXTROSE 25%	36
ACULAR	45	AMINOSYN II 4.25/DEXTROSE10%	36
ACULAR LS	45	AMINOSYN II 4.25/DEXTROSE20%	36
ACULAR PF	45	AMINOSYN II 4.25/DEXTROSE25%	36
acyclovir	11	AMINOSYN II 5/DEXTROSE 25	36
acyclovir sodium	11	aminosyn ii 8.5%/electrolytes	36
ADACEL	35	AMINOSYN II M 3.5%/DEXTROSE 5%	36
ADAGEN	27	AMINOSYN II M 4.25/DEXTROSE 10%	36
ADDERALL XR	22	AMINOSYN M	36
adriamycin	12	AMINOSYN-HBC	37
ADVAIR DISKUS	42	aminosyn-hf	37
ADVAIR HFA	42	AMINOSYN-PF	37
afeditab cr	17	AMINOSYN-PF 7%	37
AFINITOR	14	amiodarone hcl	16
AGGRENEX	34	AMITIZA	31
a-hydrocort	28	amitriptyline hcl	20
ak-poly-bac	45	amlodipine besylate	17
ak-tob	45	amlodipine besylate/benazepril	
ala-cort	44	hydrochloride	15
ALBENZA	11	ammonium lactate	45
albuterol sulfate	41	amnesteem	42
albuterol sulfate er	41	amoxapine	20
alclometasone dipropionate	44	amoxicillin	8
alcohol 5%/dextrose 5%	38	amoxicillin/potassium clavulanate	8
ALCOHOL PREPS	24	amoxil	8
ALDACTAZIDE	18	amphotericin b	9
ALDARA	45	ampicillin	8
ALDURAZYME	27	ampicillin sodium	8
alendronate sodium	26	anagrelide hydrochloride	34
ALIMTA	13	ANCOBON	9
ALINIA	11	ANDRODERM	24
ALKERAN	12	ANDROGEL	24
allopurinol	7	ANDROGEL PUMP	24
allopurinol sodium	7	ANTABUSE	23
ALORA	28	ANTIVERT	30
ALPHAGAN P	45	APIDRA	24

APIDRA SOLOSTAR	24	baclofen	23
APOKYN.....	21	BACTROBAN.....	43
apri.....	26	BANZEL	19
APTIVUS.....	10	BARACLUDGE	11
ARALAST	41	BD INSULIN SYRINGE SAFETYGLIDE/ 1ML/29G X 1/2"	24
aranelle	26	BD INSULIN SYRINGE ULTRAFINE/ 0.3ML/31G X 5/16"	24
ARANESP ALBUMIN FREE	33	BD INSULIN SYRINGE ULTRAFINE/ 0.5ML/30G X 1/2"	24
ARANESP ALBUMIN FREE SURECLICK	33	BD INSULIN SYRINGE ULTRAFINE/ 1ML/31G X 5/16"	24
ARICEPT	20	BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM.....	24
ARICEPT ODT	20	benazepril hcl.....	15
ARIMIDEX.....	13	benazepril hcl/hydrochlorothiazide.....	15
ARIXTRA.....	33	benztropine mesylate	21
AROMASIN.....	13	betamethasone dipropionate	44
ASACOL.....	31	betamethasone valerate.....	44
ASMANEX 120 METERED DOSES	42	BETASERON	23
ASMANEX 14 METERED DOSES	42	beta-val.....	44
ASMANEX 30 METERED DOSES	42	bethanechol chloride	33
ASMANEX 60 METERED DOSES	42	BETOPTIC-S	45
ASTELIN.....	41	bicalutamide	13
ASTEPRO	41	BICILLIN C-R.....	8
atamet	21	BICILLIN L-A.....	8
atenolol	17	BICNU	12
atenolol/chlorthalidone	17	BIDIL	18
ATRIPLA	10	bisoprolol fumarate	17
ATROVENT HFA	40	bisoprolol fumarate/hydrochlorothiazide ...	17
ATTENUVAX	35	bleomycin sulfate.....	13
augmented betamethasone		BLEPHAMIDE S.O.P.	45
dipropionate	44	BOOSTRIX	35
AVALIDE.....	16	borofair	47
AVANDAMET	24	brimonidine tartrate	45
AVANDARYL	24	bromocriptine mesylate	21
AVANDIA	24	budeprion sr.....	20
AVAPRO.....	16	budeprion xl.....	20
AVASTIN	13	bumetanide.....	18
AVELOX.....	8	BUPHENYL	27
AVELOX ABC PACK	8	buproban	23
aviane.....	26	bupropion hcl	20
AVINZA	7	buspironone hcl.....	19
avita	42	BUSULFEX	12
AVODART	32	BYETTA	24
AVONEX	23	BYSTOLIC	17
AZASAN	35	cabergoline	29
azathioprine	35	calcipotriene.....	43
AZELEX	42	calcitonin-salmon.....	26
AZILECT	21	calcitriol	40
azithromycin	8	camila	26
AZMACORT	42		
AZOPT.....	45		
bacitracin	45		
bacitracin /neomycin /polymyxin.....	45		
bacitracin/polymyxin b	45		

CAMPATH	13	ciclopirox	43
CAMPRAL	23	cilostazol	34
CAMPTOSAR.....	15	CILOXAN	45
CANASA	31	cimetidine.....	31
CANCIDAS	9	cimetidine hcl.....	31
captopril.....	15	CIMZIA.....	31
captopril /hydrochlorothiazide.....	15	CIPRO	9
CARAC	43	ciprofloxacin.....	9
CARAFATE	31	ciprofloxacin er.....	9
carbamazepine	19	ciprofloxacin hcl.....	9
carbamazepine er	19	ciprofloxacin hcl.....	45
CARBATROL	19	ciprofloxacin i.v.-in d5w.....	9
carbidopa/levodopa.....	21	cisplatin.....	14
carbidopa/levodopa er	21	citalopram hydrobromide	20
carbidopa/levodopa odt	21	cladribine.....	14
carboplatin.....	14	claravis	42
CARDIZEM CD	17	clarithromycin	9
carisoprodol	23	clarithromycin er.....	9
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danazol	27	dextrose 5%/sodium chloride 0.9%	39
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doxorubicin hcl	12	erythromycin	43
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doxycycline hyclate	9	erythromycin /sulfisoxazole	11
doxycycline monohydrate	9	erythromycin ethylsuccinate	9
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econazole nitrate	43	ethosuximide	19
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EFFEXOR XR	20	etodolac er	8
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HUMULIN R	25	ISOLYTE-H/DEXTROSE 5%	39
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HYCAMTIN	15	ISOLYTE-P/DEXTROSE 5%	39
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hydrocodone /acetaminophen	7	ISOLYTE-S/DEXTROSE 5%	39
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hydrocortisone	31	ISORDIL TITRADOSE	18
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kariva	26	LEUKERAN	12
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kcl 0.075%/d5w/nacl 0.45%	39	LEVAQUIN.....	9
KCL 0.15%/D10W/NAACL 0.2%	39	LEVAQUIN LEVA-PAK	9
kcl 0.15%/d5w/ nacl 0.3%	39	LEVAQUIN PREMIX	9
KCL 0.15%/D5W/LR	39	LEVEMIR.....	25
kcl 0.15%/d5w/nacl 0.2%	39	LEVEMIR FLEXPEN.....	25
KCL 0.15%/D5W/NAACL 0.225%	39	levetiracetam	19
kcl 0.15%/d5w/nacl 0.45%	39	levobunolol hcl	46
kcl 0.15%/d5w/nacl 0.9%	39	levora 0.15/30-28	26
kcl 0.224%/d5w/nacl 0.2%	39	levothroid	29
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kcl 0.3%/d5w/nacl 0.45%	39	LEXIVA	10
KCL 0.3%/D5W/NAACL 0.9%	39	LIALDA	31
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LACRISERT	46	lisinopril /hydrochlorothiazide	15
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methimazole	29	MYOZYME	28
methocarbamol	23	nabumetone.....	8
methotrexate	34	nadolol	17
methotrexate sodium	13	nafcillin sodium	9
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methylphenidate hcl	22	NAMENDA	20
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methylprednisolone acetate.....	28	naproxen	8
methylprednisolone sodiumsuccinate	28	naproxen dr	8
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metolazone	18	NASACORT AQ.....	42
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metoprolol succinate er.....	17	NATACYN.....	46
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PANRETIN.....	45	NACL 0.45% VIAFLEX.....	40
pantoprazole sodium	32	potassium chloride 0.15% d5w/	
paroxetine hcl	21	nacl 0.33%	40
paroxetine hcl er.....	21	potassium chloride 0.15% d5w/	
PATADAY	46	nacl 0.45% viaflex	40
PATANOL	46	potassium chloride 0.15% nacl 0.9%	40
PEDIARIX	35	potassium chloride 0.15%/d5w	40
pedi-dri	43	POTASSIUM CHLORIDE 0.15%/	
PEDVAX HIB.....	35	NACL 0.9%	40
peg 3350/electrolytes.....	31	potassium chloride 0.22% d5w/	
PEGANONE	20	nacl 0.45%	40
PEGASYS	34	potassium chloride 0.224%/d5w	40
PEG-INTRON	34	potassium chloride 0.224%/d5w/	
PEG-INTRON REDIPEN	34	nacl 0.45%	40
PEG-INTRON REDIPEN PAK 4.....	34	potassium chloride 0.224%d5w/	
penicillin g potassium	9	nacl 0.33%	40
PENICILLIN G PROCAINE	9	POTASSIUM CHLORIDE 0.3%/	
penicillin v potassium	9	NACL 0.9%	40
pentostatin	13	potassium chloride 0.3%/d5w.....	40
pentoxifylline er.....	34	potassium chloride 0.3%/	
PEPCID.....	31	nacl 0.9%/viaflex	40
permethrin.....	45	potassium chloride er	36
perphenazine	22	potassium citrate extended-release	33
phenadoz.....	30	PRANDIN	26
phenytoin	20	pravastatin sodium.....	17
phenytoin sodium	20	prednisolone	28
phenytoin sodium extended.....	20	prednisolone acetate	46
PHOSLO	29	prednisolone sodium phosphate	28
PHOTOFRIN	14	prednisolone sodium phosphate	46
pilocarpine hcl	32	prednisone.....	28
PILOPINE HS.....	46	PREDNISONE INTENSOL	29
pindolol	17	PREMARIN	28
PLAN B	27	PREMARIN W/APPLICATOR	28
PLARETASE 8000	32	PREMASOL.....	37
PLASMA-LYTE 56	39	PREMPHASE	28
PLASMA-LYTE A	39	PREMPRO.....	28
PLASMA-LYTE-148	39	prenatal rx 1	40

PREVACID.....	32	RANEXA.....	18
PREVACID SOLUTAB.....	32	ranitidine hcl.....	31
prevalite.....	17	RAPAMUNE.....	35
previfem.....	27	RAZADYNE.....	20
PREVPAC.....	32	REBETOL.....	11
PREZISTA.....	10	REBIF.....	23
PRIMAXIN I.M.....	12	REBIF TITRATION PACK.....	23
PRIMAXIN IV.....	12	RECOMBIVAX HB.....	35
PRIMAXIN IV ADD-VANTAGE.....	12	REGONOL.....	23
primidone.....	20	REGRANEX.....	45
PRISTIQ.....	21	RELENZA DISKHALER.....	11
PROAIR HFA.....	41	RELION 70/30.....	26
probenecid.....	7	RELION 70/30 INNOLET.....	26
PROCALAMINE.....	38	RELION N.....	26
PROCANBID.....	16	RELION N INNOLET.....	26
prochlorperazine.....	30	RELION R.....	26
prochlorperazine edisylate.....	30	RELISTOR.....	31
prochlorperazine maleate.....	30	RELPAK.....	23
PROCRIT.....	33	REMICADE.....	34
proctosol hc.....	43	RENAGEL.....	29
proctozone-hc.....	43	RENAMIN.....	38
PROGLYCEM.....	29	REVELA.....	29
PROGRAF.....	35	RESCRIPTOR.....	10
PROLEUKIN.....	13	RESTASIS.....	46
PROMACTA.....	34	RETROVIR IV INFUSION.....	10
promethazine hcl.....	30	REVATIO.....	19
promethazine hcl plain.....	30	REVLIMID.....	34
promethegan.....	30	REYATAZ.....	10
propafenone hcl.....	16	RHEUMATREX.....	34
propranolol hcl.....	17	ribapak.....	11
propranolol hcl er.....	17	ribasphere.....	11
propylthiouracil.....	30	ribatab.....	11
PROQUAD.....	35	ribavirin.....	11
PROSOL.....	38	RIDAURA.....	34
PROTOPIC.....	44	rifampin.....	11
protriptyline hcl.....	21	RILUTEK.....	23
PROVENTIL HFA.....	41	rimantadine hcl.....	11
PROVIGIL.....	23	ringers injection.....	40
PULMOZYME.....	41	RISPERDAL CONSTA.....	22
pyrazinamide.....	11	RISPERDAL M-TAB.....	22
pyridostigmine bromide.....	23	risperidone.....	22
QUALAQUIN.....	10	risperidone odt.....	22
quasense.....	27	RITUXAN.....	13
quinapril hcl.....	15	ROBAXIN.....	23
quinaretic.....	15	romycin.....	46
quinidine gluconate.....	16	ropinirole hcl.....	21
quinidine sulfate.....	16	ROTATEQ.....	35
quinidine sulfate er.....	16	ROXICET.....	7
QVAR.....	42	RYTHMOL SR.....	16
RABAVERT.....	35	SAIZEN.....	29
ramipril.....	15	SAIZEN CLICK.EASY.....	29

SANCTURA.....	33	STRATTERA.....	22
SANCTURA XR.....	33	SUBOXONE.....	24
SANDIMMUNE.....	35	SUBUTEX.....	24
SANDOSTATIN LAR DEPOT.....	29	SUCRAID.....	28
SANTYL.....	45	sucralfate.....	31
SAVELLA.....	23	sulfacetamide sodium.....	46
SAVELLA TITRATION PACK.....	23	sulfacetamide sodium/prednisolone	
selegiline hcl.....	21	sodium phosphate.....	46
selenium sulfide.....	43	sulfadiazine.....	9
SELZENTRY.....	10	sulfamethoxazole /trimethoprim.....	12
SENSIPAR.....	26	sulfasalazine.....	31
SEREVENT DISKUS.....	41	sulfatrim.....	12
SEROQUEL.....	22	sulfazine.....	31
SEROQUEL XR.....	22	sulfazine ec.....	31
sertraline hcl.....	21	sulindac.....	8
silver sulfadiazine.....	43	sumatriptan succinate.....	20
SIMCOR.....	17	sumatriptan succinate.....	23
simvastatin.....	17	SURMONTIL.....	21
SINGULAIR.....	41	SUSTIVA.....	10
SKELAXIN.....	23	SUTENT.....	14
sodium chloride.....	40	SYMBICORT.....	42
sodium chloride 0.45% viaflex.....	40	SYMLIN.....	26
sodium chloride 0.9%.....	45	SYMLINPEN 120.....	26
sodium fluoride.....	36	SYMLINPEN 60.....	26
sodium polystyrene sulfonate.....	36	SYNAREL.....	27
sodium sulfacetamide.....	43	SYNTHROID.....	30
SOLARAZE.....	43	SYPRINE.....	26
solia.....	27	TABLOID.....	13
SOLTAMOX.....	14	tacrolimus.....	35
SOLU-CORTEF.....	29	TAMIFLU.....	11
SOMATULINE DEPOT.....	29	tamoxifen citrate.....	14
SOMAVERT.....	29	TARCEVA.....	14
sorine.....	16	TARGRETIN.....	14
sotalol hcl.....	16	TARGRETIN.....	45
sotalol hcl (af).....	16	TARKA.....	15
sotret.....	43	TASIGNA.....	14
SPIRIVA HANDIHALER.....	40	TAXOTERE.....	13
spironolactone.....	16	taztia xt.....	18
spironolactone /hydrochlorothiazide.....	18	TEGRETOL-XR.....	20
sprintec 28.....	27	TEKTURNA.....	18
SPRYCEL.....	14	TEKTURNA HCT.....	18
sps.....	36	terazosin hcl.....	16
ssd.....	43	terbinafine hcl.....	10
ssd af.....	43	terbutaline sulfate.....	41
STALEVO 100.....	21	terconazole.....	33
STALEVO 125.....	21	TESTIM.....	24
STALEVO 150.....	21	testosterone cypionate.....	24
STALEVO 200.....	21	TETANUS TOXOID ADSORBED.....	35
STALEVO 50.....	21	tetanus/diphtheria toxoids-adsorbed	
STALEVO 75.....	21	adult.....	35
stavudine.....	10	tetracycline hcl.....	9

TEXACORT	44	triamcinolone in orabase	45
THALITONE	18	triamterene /hydrochlorothiazide.....	18
THALOMID	34	TRICOR	17
THEO-24	42	triderm.....	44
theochron	42	trifluoperazine hcl	22
theophylline	42	trifluridine.....	47
theophylline er	42	trihexyphenidyl hcl.....	21
thermazene	43	TRIHIBIT	36
THIOLA	33	tri-legest fe.....	27
thioridazine hcl.....	22	TRILEPTAL	20
thiotepa.....	12	trilyte.....	31
thiothixene	22	trimethobenzamide hcl	30
TIKOSYN	16	trimethoprim.....	12
timolol maleate.....	46	trimipramine maleate	21
TINDAMAX.....	12	trinessa	27
tizanidine hcl.....	23	TRIPEDIA.....	36
TOBI	41	tri-previfem.....	27
tobramycin /dexamethasone	46	TRISENOX	14
tobramycin sulfate	46	tri-sprintec.....	27
TOBREX.....	46	trivora-28	27
topiramate.....	20	TRIZIVIR	10
toposar	15	TROPHAMINE	38
torse mide	18	TRUVADA.....	10
TRACLEER.....	19	TWINRIX	36
tramadol hcl.....	7	TYGACIL	12
tramadol hydrochloride/acetaminophen....	7	TYKERB	14
trandolapril	15	TYPHIM VI	36
TRANSDERM-SCOP.....	30	TYSABRI	23
tranylcypromine sulfate	21	TYZEKA	11
TRAVASOL	38	TYZINE.....	41
TRAVASOL 2.75%/DEXTROSE 10%	38	TYZINE PEDIATRIC NASAL DROPS.....	42
TRAVASOL 2.75%/DEXTROSE 5%	38	ULTRASE	32
travasol 3.5%/electrolytes	38	ULTRASE MT 12	32
TRAVASOL 4.25%/DEXTROSE 10%	38	ULTRASE MT 18	32
TRAVASOL 4.25%/DEXTROSE 25%	38	ULTRASE MT 20	32
TRAVASOL 5.5%/DEXTROSE 10%	38	unithroid.....	30
TRAVASOL 5.5%/DEXTROSE 20%	38	UROXATRAL	33
TRAVASOL 5.5%/ELECTROLYTES	38	ursodiol	31
TRAVASOL 8.5%/DEXTROSE 10%	38	VAGIFEM	28
TRAVASOL 8.5%/DEXTROSE 20%	38	VALCYTE.....	11
TRAVASOL 8.5%/DEXTROSE 50%	38	valproate sodium	20
travasol 8.5%/electrolytes	38	VALTREX	11
TRAVATAN	46	VANCOCIN HCL	12
TRAVATAN Z	46	vancomycin hcl.....	12
trazodone hcl	21	VANCOMYCIN HCL ISO-OSMOTIC	
TREANDA.....	12	DEXTROSE	12
TRELSTAR DEPOT	14	vandazole	33
TRELSTAR LA	14	VAQTA	36
tretinoin	14	VARIVAX	36
tretinoin	43	veetids	9
triamcinolone acetonide.....	44	VELCADE	13

velivet.....	27	ZOSYN	9
venlafaxine hcl	21	zovia 1/35e.....	27
VENTAVIS.....	19	zovia 1/50e.....	27
verapamil hcl	18	ZOVIRAX	44
verapamil hcl er.....	18	ZYPREXA	22
VESANOID.....	14	ZYPREXA ZYDIS.....	22
VESICARE.....	33	ZYVOX	12
VFEND	10		
VFEND IV.....	10		
VIBRAMYCIN	9		
VIDAZA	13		
VIDEX PEDIATRIC	10		
VIGAMOX	47		
VIMPAT	20		
VINBLASTINE SULFATE.....	13		
vincasar pfs	13		
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vinorelbine tartrate	13		
VIOKASE	32		
VIOKASE 16.....	32		
VIOKASE 8.....	32		
VIRACEPT	10		
VIRAMUNE.....	10		
VIREAD	10		
VIVELLE-DOT	28		
VIVOTIF BERNA	36		
VOLTAREN	8		
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warfarin sodium.....	33		
WELCHOL	17		
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XIBROM.....	47		
XOLAIR	42		
XOPENEX.....	41		
XOPENEX CONCENTRATE	41		
XOPENEX HFA	41		
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YF-VAX.....	36		
zaleplon.....	22		
ZAVESCA	28		
zazole	33		
ZERIT	11		
ZETIA.....	17		
ZIAGEN	11		
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ZOLINZA	14		
zolpidem tartrate.....	22		
ZOMETA	26		
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zonisamide	20		
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These are drugs covered by your plan that have special requirements.
 To find out if a specific drug is covered by your plan, call Customer Care or go to
<http://nreca.medicareplanrx.com> for a copy of the latest formulary.

Drugs Requiring Prior Authorization (PA)

ACTIMMUNE ADDERALL XR ANDRODERM ANDROGEL ARANESP CELEBREX dextroamphetamine dextroamphetamine ext-rel DIFFERIN ENBREL EPOGEN EXJADE FORTEO GENOTROPIN	HUMATROPE HUMIRA INCRELEX INFERGEN INTRON A itraconazole LOTRONEX methylphenidate methylphenidate ext-rel NEULASTA NEUPOGEN NORDITROPIN NUTROPIN/NUTROPIN AQ octreotide	oxandrolone PEGASYS PEG-INTRON PROCRIT PROVIGIL RANEXA REBETOL SOLUTION REBETRON REGRANEX REMICADE RETIN-A LIQUID/MICRO GEL REVATIO REVLIMID RIBASPHERE	ROFERON-A SAIZEN SANDOSTATIN LAR SOMAVERT STRATTERA terbinafine TESTIM THALOMID tretinoin topicals XOLAIR
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Drugs Covered By Part B or Part D (B/D)

ACCUNEB SOLN acetylcysteine soln albuterol sulfate soln AZASAN azathioprine CELLCEPT cromolyn sodium soln cyclophosphamide cyclosporine	DUONEB SOLN EMEND ENGERIX-B GAMMAGARD GAMUNEX GENGRAF ipratropium soln ipratropium/albuterol NEORAL	ondansetron ondansetron 24mg PROGRAF PULMOZYME RAPAMUNE RECOMBIVAX HB SANDIMMUNE TOBI VENTAVIS	XOPENEX SOLN
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Drugs with Quantity Limits or requiring Step Therapy can be found on the next page

Drugs with Quantity Limits (QL)			
ACCUNEB nebulizer soln ADVAIR albuterol inhaler albuterol nebulizer soln ALINIA ASMANEX ASTELIN ATROVENT HFA AZMACORT COMBIVENT cromolyn nebulizer soln DUONEB EMEND FLOVENT	flunisolide nasal spray fluticasone nasal spray FORADIL gabapentin IMITREX inj,tabs,spray INTAL ipratropium/albuterol ipratropium nebulizer soln LUNESTA LYRICA MARINOL MAXALT/MAXALT MLT MIGRANAL nasal spray NASACORT AQ	NASONEX NEURONTIN SOLN NEXIUM omeprazole delayed rel ondansetron ondansetron inj ondansetron 24 mg ondansetron/nacl inj PREVACID PRILOSEC 40mg PROAIR HFA PROVENTIL HFA QVAR RELPAX	SPIRIVA SYMBICORT TAMIFLU TILADE XOPENEX HFA XOPENEX nebulizer soln zolpidem
Drugs Requiring Step Therapy (ST)			
ELIDEL PROTOPIC			



4301 Wilson Blvd.
Arlington, VA 22203

NRECA's Medicare Part D Prescription Drug Plan
c/o SilverScript, LLC, a CVS Caremark company
PO Box 280200
Nashville, TN 37228