

| Prior Authorization Group Desc | Covered Uses   | Exclusion Criteria   | Required Medical Information  | Age Restrictions                                       | Prescriber Restrictions | Coverage Duration  | Other Criteria  |
|--------------------------------|--|--|---|--|-------------------------|--|---|
| ACNE                           | Acne vulgaris, keratosis follicularis (Darier's disease, Darier-White disease)   | Cosmetic use   |   | Approve for those 12 years of age and older            |                         | 12 months  |   |
| AMPHETAMINES                   | ADHD, narcolepsy   | MAOI concurrent use or within the last 14 days   |   |  |                         |  |   |
| ARANESP                        | Anemia associated with chronic renal failure (CRF), including patients on dialysis and patients not on dialysis. Anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy.  | CRF - transferrin saturation less than 20% and patient not receiving iron supplementation where clinically appropriate. CRF and anemia in patients with non-myeloid malignancies - hemoglobin level of the patient (not the result of a recent blood transfusion) greater than 13 g/dL. Lack of initial diagnosis of anemia (hematocrit less than 30% and/or hemoglobin less than 10 g/dL and/or symptomatic with hemoglobin 10-11g/dL).   | CRF - iron status of the patient has been evaluated (serum transferrin saturation). CRF and anemia of cancer - Hemoglobin level of the patient be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Hemoglobin level of the patient will be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Blood pressure of the patient will be monitored throughout therapy. Patient will be monitored for the occurrence of thrombotic events.  |  |                         | Initiation of therapy and/or dose changes - 6 weeks. Stable on therapy - 12 weeks. | Once on therapy, compared to pretreatment baseline, the patient must show an objective clinical response (e.g., hemoglobin rise greater than 1 g/dL and/or hematocrit rise greater than 3%) to an appropriate dose/dose increase and duration of therapy.     |
| CIMZIA                         | Crohn's Disease  | Patient must be evaluated for latent TB with a PPD test and be treated if positive. Patients are excluded if they have an active infection or are on concurrent biologic response modifier. Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.   | Patient must demonstrate inadequate response to at least 1 conventional therapy for Crohn's disease (i.e., prednisone, budesonide, sulfasalazine, azathioprine, mesalamine, infliximab or adalimumab)   | Approve for those 18 years of age or older             |                         | 12 months  |   |
| DIFFERIN                       | Acne vulgaris  | Cosmetic use   |   | Approve for those 12 years of age and older            |                         | 12 months  |   |
| ENBREL                         | Rheumatoid arthritis, juvenile rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, plaque psoriasis, reactive arthritis, inflammatory bowel disease arthritis   | Patient must be evaluated for latent TB with a PPD test and be treated if positive. Patients are excluded if they have an active infection or are on concurrent biologic response modifier. Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.   | RA/JRA - patient must demonstrate inadequate response to at least 1 DMARD or intolerance to multiple DMARDs. Psoriasis - patient must be a candidate for systemic therapy or phototherapy. Ankylosing spondylitis - patient must demonstrate inadequate response to at least 2 NSAIDs or intolerance to multiple NSAIDs. If the ankylosing spondylitis is predominantly peripheral arthritis, patient must demonstrate an inadequate response or intolerance to sulfasalazine. Reactive arthritis - patient must demonstrate inadequate response or intolerance to at least 2 NSAIDs, intra-articular steroid injections, sulfasalazine, if indicated. IBDA - patient has to be refractory to standard therapies. | Psoriasis - Approve for those 18 years of age or older |                         | 12 months  |   |
| EPO                            | All FDA-approved indications not otherwise excluded from Part D. Anemia associated with chronic renal failure (CRF), including patients on dialysis [end-stage renal disease (ESRD)] and patients not on dialysis. Anemia related to therapy with zidovudine in HIV-infected patients. Anemia in patients with non-myeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy. Anemia associated with myelodysplastic syndromes. Anemia associated with chronic disease. Anemia associated with management (Ribavirin with interferon alfa or peginterferon alfa) of hepatitis C, reduction of allogenic blood transfusion in surgery patients (elective, non-cardiac, nonvascular) | CRF, Hepatitis C, elective surgery, HIV/zidovudine - transferrin saturation less than 20% and patient not receiving iron supplementation where clinically appropriate. CRF, Hepatitis C, elective surgery, HIV/zidovudine, MDS, and anemia in patients with non-myeloid malignancies - hemoglobin level of the patient (not the result of a recent blood transfusion) greater than 13 g/dL. Lack of initial diagnosis of anemia (hematocrit less than 30% and/or hemoglobin less than 10 g/dL and/or symptomatic with hemoglobin 10-11g/dL). | CRF, Hepatitis C, elective surgery, HIV/zidovudine - iron status of the patient has been evaluated (serum transferrin saturation). CRF, Hepatitis C, elective surgery, HIV/zidovudine, and anemia of cancer - Hemoglobin level of the patient be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Hemoglobin level of the patient will be monitored prior to each dose when initiating therapy, for dose changes, and at regular intervals when the dose is stabilized. Blood pressure of the patient will be monitored throughout therapy. Patient will be monitored for the occurrence of thrombotic events.                       |  |                         | Initiation of therapy and/or dose changes - 6 weeks. Stable on therapy - 12 weeks. | Once on therapy, compared to pretreatment baseline, the patient must show an objective clinical response (e.g., hemoglobin rise greater than 1 g/dL and/or hematocrit rise greater than 3%) to an appropriate dose/dose increase and duration of therapy.     |
| FORTEO                         | Primary osteoporosis, hypogonadal osteoporosis   | Paget's disease, unexplained elevation of alkaline phosphatase, open epiphyses, bone cancer or cancer that has metastasized to the bone, history of breast cancer, prior radiation therapy involving the skeleton, hypercalcemia, treatment with Forteo for greater than or equal to 24 months, concurrent bisphosphonate therapy during treatment with Forteo   |   |  |                         | 12 months  | For diagnosis of primary osteoporosis or hypogonadal osteoporosis patient must have at least one of the following: history of osteoporotic fractures, multiple risk factors for fractures, OR has failed or is intolerant to traditional osteoporosis therapy |

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| GROWTH HORMONE                 | Growth failure in pediatric patients due to inadequate secretion of normal endogenous growth hormone whose epiphyses are not closed, treatment of short stature associated with Turner syndrome, growth failure due to Prader-Willi syndrome, growth failure in children born small for gestational age who fail to manifest catchup growth by 2 years of age, adult patients with growth hormone deficiency either alone or associated with multiple hormone deficiencies (hypopituitarism) as a result of pituitary disease, hypothalamic disease, surgery, radiation therapy or trauma, or who were growth hormone deficient during childhood as a result of congenital, genetic, acquired, or idiopathic causes, idiopathic short stature, short stature or growth failure in children with SHOX (short stature homeobox-containing gene) deficiency whose epiphyses are not closed, children with short stature associated with Noonan syndrome, short stature associated with chronic renal insufficiency up to the time of renal transplantation, treatment of adult AIDS patients with cachexia. | Severe respiratory impairment or sleep apnea (Prader-Willi syndrome)   | Growth hormone stimulation tests   |   |                         | 6 months                                |   |
| HUMIRA                         | Rheumatoid arthritis, juvenile idiopathic arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, plaque psoriasis  | Patients are excluded if they have an active infection or on are on concurrent biologic response modifier.   | Patient must be evaluated for latent TB with a PPD test and be treated if positive. Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested. | Rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, plaque psoriasis - Approve for those 18 years of age or older |                         | 12 months                               | RA/JIA - patient must demonstrate inadequate response to at least 1 DMARD or intolerance to multiple DMARDs. Psoriasis - patient must be a candidate for systemic therapy or phototherapy. Ankylosing spondylitis - patient must demonstrate inadequate response to at least 2 NSAIDs or intolerance to multiple NSAIDs. If the ankylosing spondylitis is predominantly peripheral arthritis, patient must demonstrate an inadequate response or intolerance to sulfasalazine. Crohn's disease - patient must demonstrate an inadequate response to conventional therapy or Remicade. |
| INCRELEX                       | Long-term treatment of growth failure in children with severe primary insulin-like growth factor-1 (IGF-1) deficiency (Primary IGFD) or with growth hormone (GH) gene deletion who have developed neutralizing antibodies to GH.   | Closed epiphyses. Other secondary causes of growth failure. Pre-existing thyroid and/or nutritional deficits. Presence of active or suspected neoplasia. | Failure of a growth hormone stimulation test. Genetic testing for growth hormone gene deletion. Lab testing for neutralizing antibodies to growth hormone.                   | Approve for those 2 years of age or older   |                         | 12 months                               | Height of the patient greater than or equal to 3 standard deviations below the norm for children of the same age and gender prior to beginning Increlex therapy. Basal IGF-1 level greater than or equal to 3 standard deviations below the norm for children of the same age and gender prior to beginning Increlex therapy. Increase in height velocity of 2 cm/year within the first year of Increlex therapy.   |
| INFERGEN                       | Chronic hepatitis C  |  | Patient must have compensated liver disease with detectable levels of hepatitis C virus RNA in the serum   |   |                         | 3 to 9 months depending on genotype and | 2-log decrease in viral load for renewals   |

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| ITRACONAZOLE                   | All FDA-approved indications not otherwise excluded from Part D. Onychomycosis due to dermatophytes (2 months for onychomycosis of fingernails only or 3 months for onychomycosis if toenail involvement). Recalcitrant or very severe disfiguring or disabling infections caused by one of the following that is unresponsive to griseofulvin or topical antifungals (1 month for pityriasis versicolor, tinea corporis, tinea cruris, tinea pedis) and for 6 months in severe fungal infections caused by Blastomycosis, Histoplasmosis, Aspergillosis (in patients who are intolerant of or who are refractory to amphotericin B therapy) Basidiobolomycosis, Chromomycosis, Coccidioidomycosis, Cryptococcosis, Cryptococcal Meningitis (treatment or suppression), Chronic Mucocutaneous Candidiasis, Histoplasmosis suppression in immunocompromised patients, Leishmaniasis (cutaneous treatment), Paracoccidioidomycosis, Paronychia, Penicillium marneffeii in adults, Fungal pneumonia and septicemia treatment, Sporotrichosis disseminated (treatment), Tinea manuum, Vulvovaginal Candidiasis | Congestive heart failure, history of congestive heart failure, evidence of left ventricular dysfunction, For onychomycosis only: no diabetes mellitus, peripheral vascular disease, or redness and swelling in surrounding tissue | LFTs, fungal diagnostic test (e.g., KOH preparation, fungal culture, or nail biopsy)  |   |                         | 1, 2, 3, or 6 months depending on the diagnosis (see duration in parentheses in covered uses) |   |
| KINERET                        | Rheumatoid arthritis   | Active infection or concurrent use of a TNF blocking agent.   |   |   |                         | 12 months   | Patient must demonstrate inadequate response to at least 1 DMARD or intolerance to multiple DMARDs.   |
| METHYLPHENIDATES               | All FDA-approved indications not otherwise excluded from Part D  | MAOI concurrent use or within the last 14 days  | Sleep studies for narcolepsy diagnosis  | Approved for those 6 years of age or older  |                         | 12 months   | Monitor for weight loss, decreased growth velocity in children, increased heart rate and blood pressure, appearance or worsening of aggressive behavior or hostility, sleep disturbances and long-term usefulness of the drug   |
| NEULASTA                       | To decrease the incidence of infection, as manifested by febrile neutropenia, in patients with non-myeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a clinically significant incidence of febrile neutropenia.  | Neulasta treatment within the last 14 days<br>Treatment of acute afebrile neutropenia.  | Current and periodic monitoring of WBC count at initiation of and during therapy.   |   |                         | 6 months  | Neulasta administration will be delayed a minimum of 24 hours after the administration of cytotoxic chemotherapy.   |
| NEUMEGA                        | Prevention of severe thrombocytopenia and the reduction of the need for platelet transfusions following myelosuppressive chemotherapy in adult patients with nonmyeloid malignancies who are at high risk of severe thrombocytopenia.  |   | Patient's renal function above or below 30 mL/min for dosage adjustment. Any cardiovascular/fluid comorbidities for monitoring of fluid status (if applicable). | Approved for those 18 years of age or older |                         | 3 months  | Treatment not to exceed 21 days per treatment course. Treatment to be discontinued at least two days prior to starting next round of chemotherapy. Discontinue therapy when post-nadir platelet count (not the result of recent platelet transfusions) is greater than 50,000/ $\mu$ L. |
| NEUTROPHIL                     | Following Induction chemotherapy in acute myelogenous leukemia. Mobilization and following transplantation of autologous peripheral blood progenitor cells (PBPC). Myeloid reconstitution after autologous bone marrow transplantation. Bone marrow transplantation failure or engraftment delay. Cancer patients receiving myelosuppressive chemotherapy. Patients with acute myeloid leukemia (AML) receiving induction or consolidation chemotherapy. Cancer patients receiving bone marrow transplant (BMT). Patients undergoing peripheral blood progenitor cell (PBPC) collection and therapy. Patients with severe chronic neutropenia (SCN). Chemotherapy-induced neutropenia. Neutropenia, AIDS associated with treatment or disease. Myelodysplastic syndromes. Drug-induced neutropenia.  | Treatment of acute afebrile neutropenia. Patients not at high risk for infection-associated complications or not having prognostic factors that are predictive of poor clinical outcomes.   | Current and periodic monitoring of WBC count at initiation of and during therapy.   |   |                         | 3 months  | Treatment to be halted in the event of excessive leukocytosis.  |
| OCTREOTIDE                     | Acromegaly, carcinoid tumor, vasoactive intestinal peptide tumors (VIPomas)  |   |   |   |                         | 12 months   |   |

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| ORENCIA                         | All FDA-approved indications not otherwise excluded from Part D  | Patients are excluded if they are on concurrent biologic response modifier.  | Patient must be evaluated for latent TB with a PPD test and be treated if positive.   | Approved for those 6 years of age or older |                         | 12 months  | Patient must demonstrate inadequate response to at least 1 DMARD or a TNF blocking agent.   |
| OSTEOPOROSIS                    | Primary osteoporosis, hypogonadal osteoporosis   | Paget's disease, unexplained elevation of alkaline phosphatase, open epiphyses, bone cancer or cancer that has metastasized to the bone, history of breast cancer, prior radiation therapy involving the skeleton, hypercalcemia, treatment with Forteo for greater than or equal to 24 months, concurrent bisphosphonate therapy during treatment with Forteo |   |  |                         | 12 months  | For diagnosis of primary osteoporosis or hypogonadal osteoporosis patient must have at least one of the following: history of osteoporotic fractures, multiple risk factors for fractures, OR has failed or is intolerant to traditional osteoporosis therapy   |
| PEGASYS                         | Chronic hepatitis C, Chronic hepatitis B   |  | For chronic hepatitis C, patient must have compensated liver disease with detectable levels of HCV RNA in the serum. For chronic hepatitis B, patient must have a positive serum marker for HBV replication, persistently elevated aminotransferase levels greater than 2 times ULN, or signs of chronic hepatitis B on liver biopsy, or cirrhosis of the liver as evidenced by radiological or clinical data, or extrahepatic complications. |  |                         | Chronic hepatitis C - 3 to 9 months.<br>Chronic hepatitis B - 12 months. | For chronic hepatitis C, patient must have 2-log decrease in viral load for renewals.   |
| PEGINTRON                       | Chronic hepatitis C  |  | Patient must have compensated liver disease with detectable levels of hepatitis C virus RNA in the serum  |  |                         | 3 to 9 months depending on genotype and                                  | 2-log decrease in viral load for renewals   |
| PROVIGIL                        | Narcolepsy, obstructive sleep apnea/hypoapnea (OSAHS), Shift work sleep disorder   |  | If diagnosis is narcolepsy require polysomnography, if diagnosis of OSAHS require polysomnography and whether pt using CPAP   |  |                         | 12 months  |   |
| PULMONARY ARTERIAL HYPERTENSION | Pulmonary arterial hypertension (PAH)  | Concurrent nitrate therapy. PAH associated with any of the following: left heart disease, chronic thrombotic disease, embolic disease, compression of pulmonary vessels, lung diseases, hypoxemia, sarcoidosis   |   |  |                         | 12 months  |   |
| REMICADE                        | Rheumatoid arthritis, Crohn's disease, ankylosing spondylitis, psoriatic arthritis, ulcerative colitis, plaque psoriasis, reactive arthritis, inflammatory bowel disease arthritis | Patients are excluded if they have an active infection or moderate to severe CHF.  | Patient must be evaluated for latent TB with a PPD test and be treated if positive. Patient must also be assessed for the risk of hepatitis B and if appropriate, be tested.  |  |                         | 12 months  | RA - patient must demonstrate inadequate response to at least 1 DMARD or intolerance to multiple DMARDs. Remicade is to be used in combination with methotrexate. Crohn's disease - patient must demonstrate an inadequate response to at least 2 first-line agents unless the patient has multiple draining enterocutaneous or rectovaginal fistulae. Ulcerative colitis - patient must demonstrate an inadequate response to at least 2 first-line agents such as oral or rectal 5-ASA products or glucocorticosteroids. Ankylosing spondylitis - patient must demonstrate inadequate response to at least 2 NSAIDs or intolerance to multiple NSAIDs. If the ankylosing spondylitis is predominantly peripheral arthritis, patient must demonstrate an inadequate response or intolerance to sulfasalazine. Psoriasis - patient must be a candidate for systemic therapy or phototherapy. Reactive arthritis - patient must demonstrate inadequate response to at least 2 first-line agents such as NSAIDs or DMARDs. IBD - patient must demonstrate an inadequate response to at least 2 first-line agents such as sulfasalazine, azathioprine, 6-mercaptopurine, MTX or oral steroids. |
| REVLIMID                        | Multiple myeloma (MM) and transfusion dependent anemia due to Low- or Intermediate-1-risk myelodysplastic syndromes (MDS) associated with a deletion 5q cytogenetic abnormality    | Pregnancy  | If female of child bearing potential, pregnancy excluded by 2 negative urine or serum pregnancy tests. For MM requirement of combination therapy with dexamethasone and at least one prior MM treatment. For MDS: diagnosis of anemia due to Low- or Intermediate-1-risk MDS associated with a deletion 5q cytogenetic abnormality, transfusion dependent   |  |                         | 12 months  | Instruction regarding importance and proper utilization of appropriate contraceptive methods. Monitor CBC on regular basis.   |
| RIBAVIRIN                       | Chronic hepatitis C  | History of unstable heart disease, hemoglobin less than 8.5, creatinine clearance less than 50, pregnancy, hemoglobinopathy.   | Patient must have detectable levels of HCV RNA in the serum and be on an alpha interferon product concurrently.   |  |                         | 4 to 8 months, depending on genotype and                                 | 2-log decrease in viral load for renewals   |
| SANDOSTATIN LAR                 | Acromegaly, carcinoid tumor, vasoactive intestinal peptide tumors (VIPomas)  |  | Patient had prior therapy with sandostatin injection (not depot form) and treatment was effective and tolerated.  |  |                         | 12 months  |   |

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| SEROSTIM                       | Treatment of human immunodeficiency virus (HIV) patients with wasting or cachexia to increase lean body mass and body weight, and improve physical endurance. Concomitant antiretroviral therapy is necessary. | Weight loss less than 10% of body weight. Body Mass Index (BMI) greater than 18.5. Other causes of weight loss such as inadequate nutritional intake, malabsorption, opportunistic infections, or hypogonadism. | BMI, patient weight.  |                  |                         | 12 weeks                                | Continuation of prescribed HIV (anti-viral) therapy.   |
| SOMATULINE DEPOT               | Acromegaly   |   |   |                  |                         | 12 months                               | Either surgery and/or radiotherapy is not a therapeutic option for the patient or the patient has had inadequate response to surgery and/or radiotherapy.  |
| SOMAVERT                       | Acromegaly   |   | Monitor IGF-1 levels at 6 month intervals after IGF-1 levels stabilize within normal range. Monitor LFTs as recommended during therapy.   |                  |                         | 12 months                               | Prior to initiation of therapy IGF-1 levels were above age and gender adjusted normal range. If patient has been on therapy for the past 6 months demonstration of significant decrease in IGF-1 levels required. Patients were considered for/received treatment with surgery, radiation therapy, or medical treatment for acromegaly but rejected as inappropriate or had inadequate response. |
| STEROIDS, ANABOLIC             | All FDA-approved indications not otherwise excluded from Part D  | liver disease, abnormal blood lipids, renal disease, atherosclerosis, hypercalcemia, pregnancy, prostate cancer, breast cancer, warfarin therapy  |   |                  |                         | 6 months                                |  |
| TERBINAFINE                    | All FDA-approved indications not otherwise excluded from Part D  |   | LFTs, fungal diagnostic test (e.g., KOH preparation, positive fungal culture, or nail biopsy)   |                  |                         | 2 months for fingernails only.          |  |
| TESTOSTERONES                  | Primary hypogonadism (congenital or acquired), hypogonadotropic hypogonadism (e.g., idiopathic gonadotropin or LHRH deficiency)  | Female, prostate cancer, breast cancer  | Before the start of testosterone therapy patient has (or patient currently has) a confirmed low testosterone level (i.e. total testosterone less than 300 ng/dL, free or bioavailable testosterone less than 5 ng/dL) or absence of endogenous testosterone |                  |                         | 12 months                               |  |
| THALOMID                       | Newly diagnosed or advanced, refractory multiple myeloma (MM), moderate to severe erythema nodosum leprosum (ENL)  | Pregnancy   | If female of child bearing potential, pregnancy excluded by 2 negative urine or serum pregnancy tests. For MM requirement of combination therapy with dexamethasone. For ENL if have moderate to severe neuritis Thalomid can not be used as monotherapy.   |                  |                         | 12 months                               | Instruction regarding importance and proper utilization of appropriate contraceptive methods.  |
| TOPICAL-ULCERS                 | Diabetic neuropathic ulcer of the lower extremity  | Neoplasm at intended site of application, active wound infection not under control by way of active treatment   | Ulcer size after 10 weeks of therapy, does ulcer have adequate blood supply, ulcer extending into subcutaneous tissue or beyond   |                  |                         | 3 months, then additional 2 months upon |  |
| XENAZINE                       | Treatment of chorea associated with Huntington's disease   | Actively suicidal, untreated or inadequately treated depression, impaired hepatic function, current use of monoamine oxidase inhibitors or reserpine.   |   |                  |                         | 12 months                               | In patients who are taking reserpine, at least 20 days should elapse after stopping reserpine before initiation of Xenazine therapy.   |
| ZORBIVTE                       | Treatment of Short Bowel Syndrome in patients receiving specialized nutritional support. Zorbivte therapy should be used in conjunction with optimal management of Short Bowel Syndrome.                       | Recently diagnosed or recurrent active neoplasia.   | Tracking of patient weight for continuation/reapproval of therapy.  |                  |                         | 4 weeks                                 | Patient is currently receiving and will continue to receive any one or a combination of the following specialized nutritional support: high complex-carbohydrate, low-fat diet, TPN, IPN, PPN, rehydration solutions, electrolyte replacement.   |