HEALTH PLAN

Medicaid and Healthy Michigan Plan Formulary
July 2015

Key	
*	Generic Available
F	Females Only
M	Males Only
MDCH	Michigan Department of Community Health
OTC	Over the Counter
PA	Prior Authorization
QL	Quantity Limit
SP	Specialty Pharmacy
ST	Step Therapy

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MHP42721015G

MCLAREN HEALTH PLAN MEDICAID AND HEALTHY MICHIGAN PLAN
DRUG FORMULARY

BRAND NAME	GEQ	GENERIC NAME	STRENGTH	FORM	RESTRICTIONS	COMMENTS
ABILIFY	*	ARIPIPRAZOLE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ABILIFY	*	ARIPIPRAZOLE	15MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ABILIFY	*	ARIPIPRAZOLE	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ABILIFY	*	ARIPIPRAZOLE	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ABILIFY	*	ARIPIPRAZOLE	30MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ABILIFY	*	ARIPIPRAZOLE	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ABILIFY DISCMELT		ARIPIPRAZOLE	10 MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
ABILIFY DISCMELT		ARIPIPRAZOLE	15MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
ABILIFY MAINTENA		ARIPIPRAZOLE	400MG	SUSER VIAL	MDCH	MDCH CARVE OUT MEDICATION
ABILIFY MAINTENA		ARIPIPRAZOLE	300MG	SUSER VIAL	MDCH	MDCH CARVE OUT MEDICATION
ABREVA OTC		DOCOSANOL	10%	CREAM	QL	MAX 2GMS/FILL
ABSTRAL		FENTANYL CITRATE	100MCG	TAB SUBL	PA	CANCER DIAGNOSIS
ABSTRAL		FENTANYL CITRATE	200MCG	TAB SUBL	PA	CANCER DIAGNOSIS
ABSTRAL		FENTANYL CITRATE	300MCG	TAB SUBL	PA	CANCER DIAGNOSIS
ABSTRAL		FENTANYL CITRATE	400MCG	TAB SUBL	PA	CANCER DIAGNOSIS
ABSTRAL		FENTANYL CITRATE	600MCG	TAB SUBL	PA	CANCER DIAGNOSIS
ABSTRAL		FENTANYL CITRATE	800MCG	TAB SUBL	PA	CANCER DIAGNOSIS
ACCOLATE	*	ZAFIRLUKAST	10MG	TABLET	QL	MAX TWO TABLETS PER DAY
ACCOLATE	*	ZAFIRLUKAST	20MG	TABLET	QL	MAX TWO TABLETS PER DAY
ACCUNEB	*	ALBUTEROL SULFATE	0.63/3ML	NEB SOLN		
ACCUNEB	*	ALBUTEROL SULFATE	1.25MG/3ML	NEB SOLN		
ACCUPRIL	*	QUINAPRIL HCL	10MG	TABLET	QL	MAX ONE TABLET PER DAY
ACCUPRIL	*	QUINAPRIL HCL	20MG	TABLET	QL	MAX ONE TABLET PER DAY
ACCUPRIL	*	QUINAPRIL HCL	40MG	TABLET	QL	MAX ONE TABLET PER DAY
ACCUPRIL	*	QUINAPRIL HCL	5MG	TABLET	QL	MAX ONE TABLET PER DAY
ACCURETIC	*	QUINAPRIL/HCTZ	10-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
ACCURETIC	*	QUINAPRIL/HCTZ	20-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
ACCURETIC	*	QUINAPRIL/HCTZ	20-25MG	TABLET	QL	MAX ONE TABLET PER DAY
ACCUTANE	*	ISOTRETINOIN	10MG	CAPSULE	PA	ALT: BENZAMYCIN, BENZOYL PEROXIDE, CLEOCIN, MINOCIN, MONODOX AND RETIN-A
ACCUTANE	*	ISOTRETINOIN	20MG	CAPSULE	PA	ALT: BENZAMYCIN, BENZOYL PEROXIDE, CLEOCIN, MINOCIN, MONODOX AND RETIN-A
ACCUTANE	*	ISOTRETINOIN	30MG	CAPSULE	PA	ALT: BENZAMYCIN, BENZOYL PEROXIDE, CLEOCIN, MINOCIN, MONODOX AND RETIN-A
ACCUTANE	*	ISOTRETINOIN	40MG	CAPSULE	PA	ALT: BENZAMYCIN, BENZOYL PEROXIDE, CLEOCIN, MINOCIN, MONODOX AND RETIN-A

ACEON	*	PERINDOPRIL ERBUMINE	2MG	TABLET	QL	MAX 1.5 TABLETS PER DAY
ACEON	*	PERINDOPRIL ERBUMINE	4MG	TABLET	QL	MAX 1.5 TABLETS PER DAY
ACEON	*	PERINDOPRIL ERBUMINE	8MG	TABLET	QL	MAX TWO TABLETS PER DAY
ACIPHEX	*	RABEPRAZOLE SODIUM	20MG	TABLET DR	QL	MAX ONE TABLET PER DAY
ACLOVATE	*	ALCLOMETASONE DIPROPIONATE	0.05%	CREAM		
ACLOVATE	*	ALCLOMETASONE DIPROPIONATE	0.05%	OINTMENT		
ACTHAR GEL		CORTICOTROPIN	80 UNIT/ML	VIAL	MDCH	MDCH CARVE OUT MEDICATION
ACTIFED ALLERGY OTC	*	PSE/DIPHENHYDRAMINE	30-25MG	TABLET		
ACTIGALL	*	URSODIOL	300MG	CAPSULE		
ACTIMMUNE		INTERFERON GAMMA-RECOMB	100MCG/.5ML	VIAL	PA, SP	CRITERIA MUST BE MET
ACTIQ	*	FENTANYL CITRATE	1200MCG	LOZENGE HD	PA	CANCER DIAGNOSIS
ACTIQ	*	FENTANYL CITRATE	1600MCG	LOZENGE HD	PA	CANCER DIAGNOSIS
ACTIQ	*	FENTANYL CITRATE	200MCG	LOZENGE HD	PA	CANCER DIAGNOSIS
ACTIQ	*	FENTANYL CITRATE	400MCG	LOZENGE HD	PA	CANCER DIAGNOSIS
ACTIQ	*	FENTANYL CITRATE	600MCG	LOZENGE HD	PA	CANCER DIAGNOSIS
ACTIQ	*	FENTANYL CITRATE	800MCG	LOZENGE HD	PA	CANCER DIAGNOSIS
ACTIVELLA	*	ESTRADIOL/NORETH AC	1-0.5MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY.
ACTIVELLA LO	*	ESTRADIOL/NORETH AC	0.5-0.1MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY.
ACTONEL	*	RISEDRONATE SODIUM	150MG	TABLET	PA	ALT: FOSAMAX
ACTONEL	*	RISEDRONATE SODIUM	30MG	TABLET	PA	ALT: FOSAMAX
ACTONEL	*	RISEDRONATE SODIUM	35MG	TABLET	PA	ALT: FOSAMAX
ACTONEL	*	RISEDRONATE SODIUM	5MG	TABLET	PA	ALT: FOSAMAX
ACTOPLUS MET	*	PIOGLITAZONE HCL/ METFORMIN HC	15MG-500MG	TABLET	PA	ALT: ACTOS PLUS METFORMIN
ACTOPLUS MET	*	PIOGLITAZONE HCL/ METFORMIN HC	15MG-850MG	TABLET	PA	ALT: ACTOS PLUS METFORMIN
ACTOS	*	PIOGLITAZONE	15MG	TABLET	QL	MAX ONE TABLET PER DAY
ACTOS	*	PIOGLITAZONE	30MG	TABLET	QL	MAX ONE TABLET PER DAY
ACTOS	*	PIOGLITAZONE	45MG	TABLET	QL	MAX ONE TABLET PER DAY
ACULAR	*	KETOROLAC TROMETHAMINE	0.5%	OPTIC		
ACULAR LS	*	KETOROLAC TROMETHAMINE	0.4%	OPTIC	QL	MAX 5ML PER FILL
ACUVAIL		KETOROLAC TROMETHAMINE	0.45%	OPTIC	PA	ALT: ACULAR AND VOLTAREN
ACZONE		DAPSONE	5%	GEL	PA	ALT: BENZAMYCIN, BENZOYL PEROXIDE, CLEOCIN AND RETIN-A
ADALAT CC	*	NIFEDIPINE	30MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
ADALAT CC	*	NIFEDIPINE	60MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
ADALAT CC	*	NIFEDIPINE	90MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
ADCIRCA		TADALAFIL	20MG	TABLET	PA, SP	ALT: REVATIO BY PRIOR AUTHORIZATION
ADDERALL	*	AMPHETAMINE SALTS	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

ADDERALL	*	AMPHETAMINE SALTS	12.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL	*	AMPHETAMINE SALTS	15MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL	*	AMPHETAMINE SALTS	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL	*	AMPHETAMINE SALTS	30MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL	*	AMPHETAMINE SALTS	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL	*	AMPHETAMINE SALTS	7.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL XR	*	AMPHETAMINE SALTS	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL XR	*	AMPHETAMINE SALTS	15MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL XR	*	AMPHETAMINE SALTS	20MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL XR	*	AMPHETAMINE SALTS	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL XR	*	AMPHETAMINE SALTS	30MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ADDERALL XR	*	AMPHETAMINE SALTS	5MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ADEMPAS		RIOCIGUAT	0.5MG	TABLET	PA, SP	CRITERIA MUST BE MET
ADEMPAS		RIOCIGUAT	1.5MG	TABLET	PA, SP	CRITERIA MUST BE MET
ADEMPAS		RIOCIGUAT	1MG	TABLET	PA, SP	CRITERIA MUST BE MET
ADEMPAS		RIOCIGUAT	2.5MG	TABLET	PA, SP	CRITERIA MUST BE MET
ADEMPAS		RIOCIGUAT	2MG	TABLET	PA, SP	CRITERIA MUST BE MET
ADOXA	*	DOXYCYCLINE MONOHYDRATE	150MG	CAPSULE	PA	ALT: MINOCIN, MONODOX AND VIBRAMYCIN
ADRENACLICK	*	EPINEPHRINE	0.15/0.15	AUTO INJECT	QL	MAX 4 PENS PER FILL
ADRENACLICK	*	EPINEPHRINE	0.3MG/0.3	AUTO INJECT	QL	MAX 4 PENS PER FILL
ADVAIR DISKUS		FLUTICASONE/ SALMETEROL	100-50MCG	DISK W/DEV	QL	MAX ONE INHALER PER MONTH
ADVAIR DISKUS		FLUTICASONE/ SALMETEROL	250-50MCG	DISK W/DEV	QL	MAX ONE INHALER PER MONTH
ADVAIR DISKUS		FLUTICASONE/ SALMETEROL	500-50MCG	DISK W/DEV	QL	MAX ONE INHALER PER MONTH
ADVAIR HFA		FLUTICASONE/ SALMETEROL	115-21MCG	HFA AER AD	QL	MAX ONE INHALER PER MONTH
ADVAIR HFA		FLUTICASONE/ SALMETEROL	230-21MCG	HFA AER AD	QL	MAX ONE INHALER PER MONTH
ADVAIR HFA		FLUTICASONE/ SALMETEROL	45-21MCG	HFA AER AD	QL	MAX ONE INHALER PER MONTH
ADVIL OTC	*	IBUPROFEN	200MG	CAPSULE		
ADVIL OTC	*	IBUPROFEN	100MG	TAB CHEW		
ADVIL OTC	*	IBUPROFEN	100MG	TABLET		
ADVIL OTC	*	IBUPROFEN	200MG	TABLET		
AEROBID		FLUNISOLIDE	250MG	INHALER	QL	MAX ONE INHALER PER MONTH
AEROSPAN		FLUNISOLIDE	80MCG	HFA AER AD	QL	MAX ONE INHALER PER MONTH
AFINITOR		EVEROLIMUS	10MG	TABLET	PA, SP	CRITERIA MUST BE MET
AFINITOR		EVEROLIMUS	2.5MG	TABLET	PA, SP	CRITERIA MUST BE MET
AFINITOR		EVEROLIMUS	5MG	TABLET	PA, SP	CRITERIA MUST BE MET
AFINITOR		EVEROLIMUS	7.5MG	TABLET	PA, SP	CRITERIA MUST BE MET
AFINITOR DISPERZ		EVEROLIMUS	2MG	TAB SUSP	PA, SP	CRITERIA MUST BE MET

AFINITOR DISPERZ		EVEROLIMUS	3MG	TAB SUSP	PA, SP	CRITERIA MUST BE MET
AFINITOR DISPERZ		EVEROLIMUS	5MG	TAB SUSP	PA, SP	CRITERIA MUST BE MET
AGGRENOX		ASPIRIN/DIPYRIMADOLE	25MG-200MG	CPMP 12HR	PA, SP	ALT: PERSANTINE PLUS ASPIRIN
AGRYLIN	*	ANAGRELIDE HCL	0.5MG	CAPSULE		
AGRYLIN	*	ANAGRELIDE HCL	1MG	CAPSULE		
AKNE-MYCIN		ERYTHROMYCIN BASE	2%	OINTMENT	PA	ALT: ERY-GEL OR A/T/S SOLUTION
AKTEN		LIDOCAINE/ PF	3.5%	OPTIC GEL	QL	MAX 3MLS PER FILL
ALAVERT OTC	*	LORATADINE	10MG	TAB RAPDIS	QL	MAX ONE TABLET PER DAY
ALAVERT-D OTC	*	LORATADINE/ PSEUDOEPHEDRINE	5MG-120MG	TAB ER 12HR	QL	MAX TWO TABLETS PER DAY
ALBENZA		ALBENDAZOLE	200MG	TABLET	PA	CRITERIA MUST BE MET
ALCAINE	*	PROPARACAINE HCL	0.5%	OPTIC DROPS	QL	MAX 15MLS PER FILL
ALCHOLOL SWABS OTC	*	ALCOHOL ANTISEPTIC PADS		MED PAD	QL	MAX OF 200 PADS PER MONTH
ALDACTAZIDE	*	SPIRONOLACTONE/HCTZ	50-50MG	TABLET	PA	ALT: ALDACTAZIDE 25-25MG TABLET
ALDACTAZIDE	*	SPIRONOLACTONE/HCTZ	25-25MG	TABLET		
ALDACTONE	*	SPIRONOLACTONE	100MG	TABLET		
ALDACTONE	*	SPIRONOLACTONE	25MG	TABLET		
ALDACTONE	*	SPIRONOLACTONE	50MG	TABLET		
ALDARA	*	IMIQUIMOD	5%	CREAM PACK	QL	MAX TWELVE PACKETS EVERY 25 DAYS
ALDOMET	*	METHYLDOPA	125MG	TABLET		
ALDOMET	*	METHYLDOPA	250MG	TABLET		
ALDOMET	*	METHYLDOPA	500MG	TABLET		
ALDORIL	*	METHYLDOPA/HCTZ	250-15MG	TABLET		
ALDORIL	*	METHYLDOPA/HCTZ	250-25MG	TABLET		
ALDORIL-D		METHYLDOPA/HCTZ	500-50MG	TABLET		
ALESSE	*	LEVONORGESTREL-ETHINYL ESTRAD	0.1-0.02	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ALEVE OTC	*	NAPROXEN SODIUM	220MG	CAPSULE		
ALEVE OTC	*	NAPROXEN SODIUM	220MG	TABLET		
ALINIA		NITAZOXANIDE	100MG/5ML	SUSP RECON	PA	ALT: STROMECTOL
ALINIA		NITAZOXANIDE	500MG	TABLET	PA	ALT: STROMECTOL
ALKERAN		MELPHALAN	2MG	TABLET		
ALLEGRA		FEXOFENADINE HCL	30MG/5ML	ORAL SUSP	PA	ALT: CLARIITN AND ZYRTEC.
ALLEGRA OTC	*	FEXOFENADINE HCL	180MG	TABLET	QL	MAX ONE TABLET PER DAY
ALLEGRA OTC	*	FEXOFENADINE HCL	30MG	TABLET	QL	MAX TWO TABLETS PER DAY
ALLEGRA OTC	*	FEXOFENADINE HCL	60MG	TABLET	QL	MAX TWO TABLETS PER DAY
ALLEGRA-D 12HR OTC	*	FEXOFENADINE/ PSEUDOEPHEDRINE	60-120MG	TAB ER 12HR	PA	ALT: CLARITIN-D AND ZYRTEC-D.
ALLEGRA-D 24HR OTC	*	FEXOFENADINE/ PSEUDOEPHEDRINE	180-240MG	TAB ER 24HR	PA	ALT: CLARITIN-D AND ZYRTEC-D.
ALORA	*	ESTRADIOL	.025MG/24HR	PATCH TDBW	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS

ALORA	*	ESTRADIOL	.075MG/24H	PATCH TDBW	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
ALORA	*	ESTRADIOL	0.05MG/24H	PATCH TDBW	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
ALORA	*	ESTRADIOL	0.1MG/24HR	PATCH TDBW	F, QL	MAX EIGHT PATCHES EVERY 28 DAYS
ALPHAGAN	*	BRIMONIDINE TARTRATE	0.2%	OPTIC		
ALPHAGAN-P		BRIMONIDINE TARTRATE	0.1%	OPTIC	PA	ALT: GENERIC ALPHAGAN PRODUCTS
ALPHAGAN-P	*	BRIMONIDINE TARTRATE	0.15%	OPTIC		
ALREX		LOTEPREDNOL ETABONATE	0.2%	OPTIC	PA	ALT: DECADRON, FML AND PRED FORTE
ALSUMA	*	SUMATRIPTAN	6MG/0.5ML	PEN INJECTOR	QL	MAX 2MLS PER MONTH
ALTABAX		RETAPAMULIN	1%	OINTMENT	PA	ALT: BACTROBAN OINTMENT
ALTACE	*	RAMIPRIL	1.25MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
ALTACE	*	RAMIPRIL	2.5MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
ALTACE	*	RAMIPRIL	5MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
ALTACE	*	RAMIPRIL	10MG	CAPSULE	QL	MAX TWO CAPSULES PER DAY
ALTAVERA	*	LEVONORGESTREL-ETH ESTRADIOL	0.15-.03MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ALTERNAGEL OTC	*	ALUMINUM HYDROXIDE		ORAL SUSP		
ALUPENT		METAPROTERENOL SULFATE	650MCG	AER W/ADAP		
ALUPENT	*	METAPROTERENOL SULFATE	5%	NEB SOLN		
ALUPENT	*	METAPROTERENOL SULFATE	6MG/ML	NEB SOLN		
ALUPENT	*	METAPROTERENOL SULFATE	10MG/5ML	SYRUP		
ALUPENT	*	METAPROTERENOL SULFATE	10MG	TABLET		
ALUPENT	*	METAPROTERENOL SULFATE	20MG	TABLET		
ALVESCO HFA		CICLESONIDE	160MCG	HFA AER AD	QL	MAX ONE INHALER PER MONTH
ALVESCO HFA		CICLESONIDE	80MCG	HFA AER AD	QL	MAX ONE INHALER PER MONTH
ALYACEN	*	NORETHINDRONE- ETHINYL ESTRAD	1MG-35MCG	TABLET	F, QL	FEMALES ONLY. MAX 0NE PACK EVERY 28 DAYS
ALYACEN	*	NORETHINDRONE- ETHINYL ESTRAD	7 DAYS X 3	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
AMARYL	*	GLIMEPIRIDE	1MG	TABLET		
AMARYL	*	GLIMEPIRIDE	2MG	TABLET		
AMARYL	*	GLIMEPIRIDE	4MG	TABLET		
AMBIEN	*	ZOLPIDEM TARTRATE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
AMBIEN	*	ZOLPIDEM TARTRATE	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
AMBIEN CR	*	ZOLPIDEM TARTRATE	12.5MG	TAB MPHASE	MDCH	MDCH CARVE OUT MEDICATION
AMBIEN CR	*	ZOLPIDEM TARTRATE	6.25MG	TAB MPHASE	MDCH	MDCH CARVE OUT MEDICATION
AMERGE	*	NARATRIPTAN HCL	2.5MG	TABLET	QL	MAX NINE TABLETS PER MONTH
AMERGE	*	NARATRIPTAN HCL	1MG	TABLET	QL	MAX NINE TABLETS PER MONTH
AMICAR	*	AMINOCAPROIC ACID	250MG/ML	SYRUP	MDCH	MDCH CARVE OUT MEDICATION
AMICAR	*	AMINOCAPROIC ACID	1000MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
AMICAR	*	AMINOCAPROIC ACID	500MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

AMINOPHYLLINE	*	AMINOPHYLLINE	500MG	SUPPOS.		
AMINOPHYLLINE	*	AMINOPHYLLINE	100MG	TABLET		
AMITIZA		LUBIPROSTONE	24MCG	CAPSULE	PA	ALT: LACTULOSE AND MIRALAX
AMITIZA		LUBIPROSTONE	8MCG	CAPSULE	PA	ALT: LACTULOSE AND MIRALAX
AMOXIL	*	AMOXICILLIN TRIHYDRATE	250MG	CAPSULE		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	500MG	CAPSULE		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	50MG/ML	PED DROPS		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	200MG/5ML	SUSP RECON		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	400MG/5ML	SUSP RECON		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	500MG	TABLET		
AMOXIL	*	AMOXICILLIN TRIHYDRATE	875MG	TABLET		
AMOXIL CHEW	*	AMOXICILLIN TRIHYDRATE	125MG	TAB CHEW		
AMOXIL CHEW	*	AMOXICILLIN TRIHYDRATE	250MG	TAB CHEW		
AMOXIL CHEW	*	AMOXICILLIN TRIHYDRATE	400MG	TAB CHEW		
AMPYRA		DALFAMPRIDINE	10MG	TAB ER 12HR	PA, SP	CRITERIA MUST BE MET
ANAFRANIL	*	CLOMIPRAMINE HCL	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ANAFRANIL	*	CLOMIPRAMINE HCL	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ANAFRANIL	*	CLOMIPRAMINE HCL	75MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ANALPRAM HC	*	HYDROCORTISONE/ PRAMOXINE	1%-1%	CREAM/APPL	QL	MAX 30GMS PER FILL
ANALPRAM HC	*	HYDROCORTISONE/ PRAMOXINE	2.5%-1%	CREAM/APPL	QL	MAX 30GMS PER FILL
ANAPROX	*	NAPROXEN SODIUM	275MG	TABLET	QL	MAX SIX TABLETS PER DAY
ANAPROX DS	*	NAPROXEN SODIUM	550MG	TABLET	QL	MAX THREE TABLETS PER DAY
ANASPAZ	*	HYOSCYAMINE SULFATE	0.125MG	TAB RAPDIS		
ANDROGEL		TESTOSTERONE	1.25G (1%)	GEL MD PUMP	PA	AN ABNORMALLY LOW TESTOSTERONE LEVEL
ANDROGEL		TESTOSTERONE	20.25/1.25	GEL MD PUMP	PA	AN ABNORMALLY LOW TESTOSTERONE LEVEL
ANDROGEL		TESTOSTERONE	1.25GM-1.62%	GEL PACKET	PA	PRESCRIBER MUST SUBMIT LAB WORK TO CONFIRM AN ABNORMALLY LOW TESTOSTERONE LEVEL
ANDROGEL		TESTOSTERONE	2.5GM-1.62%	GEL PACKET	PA	PRESCRIBER MUST SUBMIT LAB WORK TO CONFIRM AN ABNORMALLY LOW TESTOSTERONE LEVEL
ANDROGEL	*	TESTOSTERONE	25MG (1%)	GEL PACKET	PA	PRESCRIBER MUST SUBMIT LAB WORK TO CONFIRM AN ABNORMALLY LOW TESTOSTERONE LEVEL
ANDROGEL	*	TESTOSTERONE	50MG (1%)	GEL PACKET	PA	PRESCRIBER MUST SUBMIT LAB WORK TO CONFIRM AN ABNORMALLY LOW TESTOSTERONE LEVEL
ANDROID		METHYLTESTOSTERONE	10MG	TABLET	PA	PRESCRIBER MUST SUBMIT LAB WORK TO CONFIRM AN ABNORMALLY LOW TESTOSTERONE LEVEL

ANORO ELLIPTA		UMECLIDINIUM BRM/ VILANTEROL	62.5-25MCG	BLST W/DEV	QL	MAX ONE INHALER PER MONTH
ANSAID	*	FLURBIPROFEN	100MG	TABLET		
ANSAID	*	FLURBIPROFEN	50MG	TABLET		
ANTABUSE	*	DISULFIRAM	250MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ANTABUSE	*	DISULFIRAM	500MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ANTIVERT	*	MECLIZINE HCL	12.5MG	TABLET		
ANTIVERT	*	MECLIZINE HCL	25MG	TABLET		
ANTURANE	*	SULFINPYRAZONE	200MG	CAPSULE		
ANUSOL HC	*	HYDROCORTISONE ACETATE	2.5%	CREAM		
ANUSOL HC	*	HYDROCORTISONE ACETATE	25MG	SUPP.RECT		
ANZEMET		DOLASETRON MESYLATE	100MG	TABLET	PA	CANCER DIAGNOSIS
ANZEMET		DOLASETRON MESYLATE	50MG	TABLET	PA	CANCER DIAGNOSIS
APIDRA SOLOSTAR		INSULIN GLULISINE	100 UNITS/ML	INSULIN PEN	AG	MAX AGE 18
APIDRA VIAL		INSULIN GLULISINE	100 U/ML	VIAL		
APLENZIN		BUPROPION HBR	ALL STRENGTHS	ALL FORMS	MDCH	MDCH CARVE OUT MEDICATION
APRESAZIDE		HYDRALAZINE HCL/ HCTZ	100-50MG	CAPSULE		
APRESAZIDE	*	HYDRALAZINE HCL/ HCTZ	25-25MG	CAPSULE		
APRESAZIDE	*	HYDRALAZINE HCL/ HCTZ	50-50MG	CAPSULE		
APRESOLINE	*	HYDRALAZINE HCL	100MG	TABLET		
APRESOLINE	*	HYDRALAZINE HCL	10MG	TABLET		
APRESOLINE	*	HYDRALAZINE HCL	25MG	TABLET		
APRESOLINE	*	HYDRALAZINE HCL	50MG	TABLET		
APRI	*	DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
APRISO		MESALAMINE	0.375GM	CAP ER 24HR	QL	MAX FOUR CAPSULES PER DAY
APTIVUS		TIPRANAVIR	250MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
APTIVUS		TIPRANAVIR/VITAMIN E TPGS	100MG/ML	ORAL SOLN	MDCH	MDCH CARVE OUT MEDICATION
ARANELLE	*	NORETHINDRONE-ETHINYL ESTRADI	7-9-5	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ARANESP		DARBEPOETIN ALPHA IN ALUBUMIN	150MCG/0.5	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA IN ALUBUMIN	200MCG/0.4	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA IN ALUBUMIN	25MCG/0.42ML	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA IN ALUBUMIN	300MCG/0.6	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA IN ALUBUMIN	40MCG/0.4ML	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA IN ALUBUMIN	500MCG/ML	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
ARANESP		DARBEPOETIN ALPHA IN ALUBUMIN	60MCG/0.3ML	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
ARAVA	*	LEFLUNOMIDE	10MG	TABLET		
ARAVA	*	LEFLUNOMIDE	20MG	TABLET		

ARCAPTA NEOHALER		INDACATEROL MALEATE	75MCG	CAP W/DEV	QL	MAX ONE INHALER PER MONTH
ARICEPT	*	DONEPEZIL HCL	23MG	TABLET	PA	ALT: ARICEPT 10MG*
ARICEPT	*	DONEPEZIL HCL	5MG	TABLET	QL	MAX ONE TABLET PER DAY
ARICEPT	*	DONEPEZIL HCL	10MG	TABLET	QL	MAX TWO TABLETS PER DAY
ARIMIDEX	*	ANASTROZOLE	1MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY.
ARIXTRA	*	FONDAPARINUX SODIUM	10MG/0.8ML	DISP SYRIN	PA	CRITERIA MUST BE MET
ARIXTRA	*	FONDAPARINUX SODIUM	2.5MG/0.5ML	DISP SYRIN	PA	CRITERIA MUST BE MET
ARIXTRA	*	FONDAPARINUX SODIUM	5MG/0.4ML	DISP SYRIN	PA	CRITERIA MUST BE MET
ARIXTRA	*	FONDAPARINUX SODIUM	7.5MG/0.6ML	DISP SYRIN	PA	CRITERIA MUST BE MET
ARMOUR THYROID		THYROID	120MG	TABLET	PA	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	15MG	TABLET	PA	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	180MG	TABLET	PA	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	240MG	TABLET	PA	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	300MG	TABLET	PA	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	30MG	TABLET	PA	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	60MG	TABLET	PA	MAX ONE TABLET PER DAY
ARMOUR THYROID		THYROID	90MG	TABLET	PA	MAX ONE TABLET PER DAY
ARNUITY ELLIPTA		FLUTICASONE FUMORATE	100MCG	BLST W/DEV	QL	MAX ONE INHALER PER MONTH
ARNUITY ELLIPTA		FLUTICASONE FUMORATE	200MCG	BLST W/DEV	QL	MAX ONE INHALER PER MONTH
AROMASIN	*	EXEMESTANE	25MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY.
ARTANE	*	TRIHEXYPHENIDYL HCL	2MG/5ML	ELIXIR		
ARTANE	*	TRIHEXYPHENIDYL HCL	2MG	TABLET		
ARTANE	*	TRIHEXYPHENIDYL HCL	5MG	TABLET		
ARTHROTEC	*	DICLOFENAC SODIUM/ MISOPROSTO	50MG/200MCG	TABLET DR	PA	ALT: VOLTAREN PLUS CYTOTEC
ARTHROTEC	*	DICLOFENAC SODIUM/ MISOPROSTO	75MG/200MCG	TABLET DR	PA	ALT: VOLTAREN PLUS CYTOTEC
ARTIFICIAL TEARS OTC	*	DEXTRAN 70/ HYPROMELLOSE	0.1%-0.3%	OPTIC DROPS		
ARTIFICIAL TEARS OTC	*	GLYCERIN/PROPYLENE GLYCOL	0.3%-1%	OPTIC DROPS		
ARTIFICIAL TEARS OTC	*	HYPROMELLOSE	0.4%	OPTIC DROPS		
ARTIFICIAL TEARS OTC	*	POLYVINYL ALCOHOL/ POVIDONE	0.5%-0.6%	OPTIC DROPS		
ARTIFICIAL TEARS OTC	*	POLYVINYL ALCOHOL	1.4%	OPTIC DROPS		
ARTIFICIAL TEARS OTC	*	DEXTRAN 70/ HYPROMELLOSE		OPTIC DROPS		
ASACOL HD		MESALAMINE	800MG	TABLET DR	PA	ALT: APRISO AND DELZICOL
ASCRIPTIN OTC	*	ASA/CALCIUM CARB/MAG/ AL HYDRO	325MG	TABLET		
ASENDIN	*	AMOXAPINE	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ASENDIN	*	AMOXAPINE	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ASENDIN	*	AMOXAPINE	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ASENDIN	*	AMOXAPINE	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

ASMANEX		MOMETASONE FUROATE	110MCG (30)	AER PWD BA	QL	MAX ONE INHALER PER MONTH
ASMANEX		MOMETASONE FUROATE	110MCG (7)	AER PWD BA	QL	MAX ONE INHALER PER MONTH
ASMANEX		MOMETASONE FUROATE	220MCG (120)	AER PWD BA	QL	MAX ONE INHALER PER MONTH
ASMANEX		MOMETASONE FUROATE	220MCG (14)	AER PWD BA	QL	MAX ONE INHALER PER MONTH
ASMANEX		MOMETASONE FUROATE	220MCG (30)	AER PWD BA	QL	MAX ONE INHALER PER MONTH
ASMANEX		MOMETASONE FUROATE	220MCG (60)	AER PWD BA	QL	MAX ONE INHALER PER MONTH
ASMANEX HFA		MOMETASONE FUROATE	100MCG	AER PWD BA	QL	MAX ONE INHALER PER MONTH
ASMANEX HFA		MOMETASONE FUROATE	200MCG	AER PWD BA	QL	MAX ONE INHALER PER MONTH
ASPIRIN BUFFERED OTC	*	ASPIRIN/CALCIUM CARB/MAG	325MG	TABLET		
ASPIRIN OTC	*	ASPIRIN	81MG	TAB CHEW		
ASPIRIN OTC	*	ASPIRIN	325MG	TABLET		
ASPIRIN OTC	*	ASPIRIN	500MG	TABLET		
ASPIRIN OTC	*	ASPIRIN	325MG	TABLET DR		
ASPIRIN OTC	*	ASPIRIN	500MG	TABLET DR		
ASPIRIN OTC	*	ASPIRIN	81MG	TABLET DR		
ASPIRIN OTC	*	ASPIRIN	650MG	TABLET EC		
ASTELIN	*	AZELASTINE HCL	137MCG	NASAL SPRAY	QL	MAX 30ML PER MONTH
ASTEPRO	*	AZELASTINE HCL	137MCG	NASAL SPRAY	PA	ALT: CLARITIN AND ZYRTEC
ATACAND	*	CANDESARTAN CILEXETIL	16MG	TABLET	PA	ALT: AVAPRO AND COZAAR
ATACAND	*	CANDESARTAN CILEXETIL	32MG	TABLET	PA	ALT: AVAPRO AND COZAAR
ATACAND	*	CANDESARTAN CILEXETIL	4MG	TABLET	PA	ALT: AVAPRO AND COZAAR
ATACAND	*	CANDESARTAN CILEXETIL	8MG	TABLET	PA	ALT: AVAPRO AND COZAAR
ATACAND HCT	*	CANDESARTAN CIL/HCTZ	16-12.5MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
ATACAND HCT	*	CANDESARTAN CIL/HCTZ	32-12.5MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
ATACAND HCT	*	CANDESARTAN CIL/HCTZ	32-25MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
ATARAX	*	HYDROXYZINE HCL	10MG/5ML	SYRUP		
ATARAX	*	HYDROXYZINE HCL	10MG	TABLET		
ATARAX	*	HYDROXYZINE HCL	25MG	TABLET		
ATARAX	*	HYDROXYZINE HCL	50MG	TABLET		
ATIVAN	*	LORAZEPAM	0.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ATIVAN	*	LORAZEPAM	1MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ATIVAN	*	LORAZEPAM	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ATRIPLA		EFAVIRENZ/EMTRICITAB/ TENOFOVIR	600-200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ATROVENT	*	IPRATROPIUM BROMIDE	21MCG	NASAL SPRAY	QL	MAX 30MLS PER MONTH
ATROVENT	*	IPRATROPIUM BROMIDE	42MCG	NASAL SPRAY	QL	MAX 30MLS PER MONTH
ATROVENT	*	IPRATROPIUM BROMIDE	0.2MG/ML	NEB SOLN		
ATROVENT HFA		IPRATROPIUM BROMIDE	17MCG	HFA AER AD	QL	MAX TWO INHALERS PER MONTH

AUBAGIO		TERIFLUNOMIDE	14MG	TABLET	PA, SP	CRITERIA MUST BE MET
AUBAGIO		TERIFLUNOMIDE	7MG	TABLET	PA, SP	CRITERIA MUST BE MET
AUGMENTIN		AMOXICILLIN/POTASSIUM CLAVULAN	125-31.25	SUSP RECON	PA	ALT: GENERIC AUGMENTIN
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULAN	200-28.5/5	SUSP RECON		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULAN	250-62.5/5	SUSP RECON		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULAN	400-57MG/5	SUSP RECON		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULAN	200-28.5MG	TAB CHEW		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULAN	400-57MG	TAB CHEW		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULAN	250-125MG	TABLET		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULAN	500-125MG	TABLET		
AUGMENTIN	*	AMOXICILLIN/POTASSIUM CLAVULAN	875-125MG	TABLET		
AUGMENTIN ES	*	AMOXICILLIN/POTASSIUM CLAVULAN	600-42.5/5	SUSP RECON		
AUGMENTIN XR	*	AMOXICILLIN/POTASSIUM CLAVULAN	1000-62.5	TABLET	PA	MAX FOUR TABLETS PER DAY
AURALGAN	*	ANTIPYRINE/ BENZOCAINE/ GLYCERI	5.4-1.4%	OPTIC		
AUVI-Q		EPINEPHRINE	0.3/0.3MG	AUTO INJ	PA	ALT: EPI-PEN
AUVI-Q		EPINEPHRINE	0.15-0.15	AUTO INJ	PA	ALT: EPI-PEN JR
AVALIDE	*	IRBESARTAN/HCTZ	150-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
AVALIDE	*	IRBESARTAN/HCTZ	300-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
AVANDIA		ROSIGLITAZONE MALEATE	2MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
AVANDIA		ROSIGLITAZONE MALEATE	4MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
AVANDIA		ROSIGLITAZONE MALEATE	8MG	TABLET	PA	ALT: ACTOS, AMARYL, DIABETA, GLUCOPHAGE, GLUCOTROL, PRECOSE AND STARLIX
AVAPRO	*	IRBESARTAN	150MG	TABLET	QL	MAX ONE TABLET PER DAY
AVAPRO	*	IRBESARTAN	300MG	TABLET	QL	MAX ONE TABLET PER DAY
AVAPRO	*	IRBESARTAN	75MG	TABLET	QL	MAX ONE TABLET PER DAY
AVC		SULFANILAMIDE	15%	CREAM/APPL		
AVELOX	*	MOXIFLOXACIN HCL	400MG	TABLET	PA	ALT: FLOXIN AND LEVAQUIN
AVIANE	*	LEVONORGESTREL-ETHINYL ESTRAD	0.1-0.02	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
AVINZA	*	MORPHINE SULFATE	120MG	CPMP 24HR	PA	CANCER DIAGNOSIS
AVINZA	*	MORPHINE SULFATE	30MG	CPMP 24HR	PA	CANCER DIAGNOSIS
AVINZA	*	MORPHINE SULFATE	45MG	CPMP 24HR	PA	CANCER DIAGNOSIS
AVINZA	*	MORPHINE SULFATE	60MG	CPMP 24HR	PA	CANCER DIAGNOSIS
AVINZA	*	MORPHINE SULFATE	75MG	CPMP 24HR	PA	CANCER DIAGNOSIS
AVINZA	*	MORPHINE SULFATE	90MG	CPMP 24HR	PA	CANCER DIAGNOSIS
AVONEX		INTERFERON BETA-1A/ALBUMIN	30MCG/0.5ML	KIT	PA, SP	CRITERIA MUST BE MET
AVONEX PEN		INTERFERON BETA-1A/ALBUMIN	30MCG/0.5ML	PEN INJECTOR	PA, SP	CRITERIA MUST BE MET

AXERT		ALMOTRIPTAN MALATE	12.5MG	TABLET	PA	ALT: AMERGE, IMITREX AND MAXALT.
AXERT		ALMOTRIPTAN MALATE	6.25MG	TABLET	PA	ALT: AMERGE, IMITREX AND MAXALT.
AXID	*	NIZATIDINE	150MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
AXID	*	NIZATIDINE	300MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
AXID	*	NIZATIDINE	150MG/10ML	SOLUTION	QL	MAX 20MLS PER DAY
AXIRON		TESTOSTERONE	30MG%	SOL MD PUMP	PA	AN ABNORMALLY LOW TESTOSTERONE LEVEL
AYGESTIN	*	NORETHINDRONE ACETATE	5MG	TABLET		
AZASITE		AZITHROMYCIN	1%	OPTIC		
AZELEX		AZELAIC ACID	20%	CREAM	PA	RETIN-A
AZOPT		BRINZOLAMIDE	1%	OPTIC		
AZULFIDINE	*	SULFASALAZINE	500MG	TABLET		
AZULFIDINE ENTAB	*	SULFASALAZINE	500MG	TABLET DR		
AZURETTE	*	DESOG-ET ETRA/ ETHINYL ESTRADIC	21-5	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
B&O SUPPRETTES	*	OPIUM/BELLADONNA ALKALOIDS	30-16.2MG	SUPP.RECT		
B&O SUPPRETTES	*	OPIUM/BELLADONNA ALKALOIDS	60-16.2MG	SUPP.RECT		
BACITRACIN	*	BACITRACIN	500U/GM	OPTIC OINT		
BACITRACIN OTC	*	BACITRACIN	500U/GM	OINTMENT		
BACTOCIL		OXACILLIN SODIUM	250MG	CAPSULE		
BACTOCIL		OXACILLIN SODIUM	500MG	CAPSULE		
BACTRIM	*	SULFAMETHOXAZOLE/ TRIMETHOPRI	200-40MG/5	ORAL SUSP		
BACTRIM	*	SULFAMETHOXAZOLE/ TRIMETHOPR	400-80MG	TABLET		
BACTRIM DS	*	SULFAMETHOXAZOLE/ TRIMETHOPRI	800-160MG	TABLET		
BACTROBAN	*	MUPIROCIN	2%	CREAM	QL	MAX 15GM PER MONTH
BACTROBAN	*	MUPIROCIN	2%	OINT.(GM)	QL	MAX 15GM PER MONTH
BALZIVA	*	NORETHINDRONE- ETHINYL ESTRAD	0.4-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
BANZEL		RUFINAMIDE	40MG/ML	ORAL SUSP	MDCH	MDCH CARVE OUT MEDICATION
BANZEL		RUFINAMIDE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BANZEL		RUFINAMIDE	400MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BARACLUDE		ENTECAVIR	0.05MG/ML	ORAL SOLN	PA, SP	CRITERIA MUST BE MET
BARACLUDE	*	ENTECAVIR	0.5MG	TABLET	PA, SP	CRITERIA MUST BE MET
BARACLUDE	*	ENTECAVIR	1MG	TABLET	PA, SP	CRITERIA MUST BE MET
BENADRYL OTC	*	DIPHENHYDRAMINE	25MG	CAPSULE		
BENADRYL OTC	*	DIPHENHYDRAMINE	50MG	CAPSULE		
BENADRYL OTC	*	DIPHENHYDRAMINE	12.5MG/5ML	ORAL ELIXER		
BENADRYL OTC	*	DIPHENHYDRAMINE	12.5MG/5ML	ORAL LIQUID		
BENADRYL OTC	*	DIPHENHYDRAMINE	25MG	TABLET		

BENEMID	*	PROBENECID	500MG	TABLET		
BENICAR		OLMESARTAN MEDOXOMIL	20MG	TABLET	PA	ALT: AVAPRO AND COZAAR.
BENICAR		OLMESARTAN MEDOXOMIL	40MG	TABLET	PA	ALT: AVAPRO AND COZAAR.
BENICAR		OLMESARTAN MEDOXOMIL	5MG	TABLET	PA	ALT: AVAPRO AND COZAAR.
BENICAR HCT		OLMESARTAN MEDOXOMIL/ HCTZ	20-12.5MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR.
BENICAR HCT		OLMESARTAN MEDOXOMIL/ HCTZ	40-12.5MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR.
BENICAR HCT		OLMESARTAN MEDOXOMIL/ HCTZ	40-25MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR.
BENTYL	*	DICYCLOMINE HCL	10MG	CAPSULE		
BENTYL	*	DICYCLOMINE HCL	10MG/5ML	ORAL SOLN		
BENTYL	*	DICYCLOMINE HCL	20MG	TABLET		
BENZAC AC	*	BENZOYL PEROXIDE	10%	CLEANSER		
BENZAC AC	*	BENZOYL PEROXIDE	5%	CLEANSER		
BENZAC AC	*	BENZOYL PEROXIDE	10%	GEL		
BENZAC AC	*	BENZOYL PEROXIDE	2.5%	GEL		
BENZAC AC	*	BENZOYL PEROXIDE	5%	GEL		
BENZAC W WASH	*	BENZOYL PEROXIDE	5%	CLEANSER		
BENZAC W WASH	*	BENZOYL PEROXIDE	10%	LIQUID		
BENZACLIN	*	CLINDAMYCIN/ BENZOYL PEROXIDE	1%-5%	GEL	PA	PEROXIDE
BENZAGEL -5	*	BENZOYL PEROXIDE	5%	GEL		
BENZAMYCIN	*	ERYTHROMYCIN BASE/BENZ PEROXI	3-5%	GEL		
BENZOYL PEROXIDE	*	BENZOYL PEROXIDE	5%	WASH		
BERINERT		C1 ESTERASE INHIBITOR	500(10ML)	KIT	MDCH	MDCH CARVE OUT MEDICATION
BESIVANCE		BESIFLOXACIN HCL	0.60%	OPTIC	PA	ALT: CILOXAN, OCUFLOX AND QUIXIN
BETADINE OTC		POVIDONE-IODINE	5%	CREAM		
BETADINE OTC		POVIDONE-IODINE	10%	SOLUTION		
BETAGAN	*	LEVOBUNOLOL HCL	0.25%	OPTIC		
BETAGAN	*	LEVOBUNOLOL HCL	0.5%	OPTIC		
BETAPACE	*	SOTALOL HCL	120MG	TABLET		
BETAPACE	*	SOTALOL HCL	160MG	TABLET		
BETAPACE	*	SOTALOL HCL	240MG	TABLET		
BETAPACE	*	SOTALOL HCL	80MG	TABLET		
BETASERON		INTERFERON BETA-1B	0.3MG	KIT	PA, SP	CRITERIA MUST BE MET
BETIMOL		TIMOLOL	0.25%	OPTIC	PA	ALT: TIMOPTIC
BETIMOL		TIMOLOL	0.5%	OPTIC	PA	ALT: TIMOPTIC
BETOPTIC	*	BETAXOLOL HCL	0.5%	OPTIC		
BETOPTIC-S		BETAXOLOL HCL	0.25%	OPTIC		

BIAXIN	*	CLARITHROMYCIN	125MG/5ML	SUSP RECON		
BIAXIN	*	CLARITHROMYCIN	250MG/5ML	SUSP RECON		
BIAXIN	*	CLARITHROMYCIN	250MG	TABLET		
BIAXIN	*	CLARITHROMYCIN	500MG	TABLET		
BIAXIN XL	*	CLARITHROMYCIN	500MG	TAB ER 24HR		
BICITRA	*	CITRIC ACID/SODIUM CITRATE	334-500MG	SOLUTION		
BIDIL		ISOSORBIDE DINITRATE/ HYDRALAZI	20-37.5MG	TABLET	PA	ALT: ISORDIL PLUS APRESOLINE
BIFERA RX		IRON PS/IRON HEM/ FA/B12	22-6-1-25	TABLET	PA	ALT: CHROMAGEN, FERROUS SULFATE
BILTRICIDE		PRAZIQUANTEL	600MG	TABLET	PA	ALT: STROMECTOL
BLEPH 10	*	SULFACETAMIDE SODIUM	10%	OPTIC		
BLEPHAMIDE		SULFACETAMIDE/ PREDNISOLONE	0.2%	OPTIC		
BLEPHAMIDE SOP		NA SULFACETM/ PREDNISOL AC	10-0.2%	OINT.(GM)		
BLOCADREN	*	TIMOLOL MALEATE	10MG	TABLET		
BLOCADREN	*	TIMOLOL MALEATE	20MG	TABLET		
BLOCADREN	*	TIMOLOL MALEATE	5MG	TABLET		
BONIVA	*	IBANDRONATE SODIUM	150MG	TABLET	PA	ALT: FOSAMAX
BOSULIF		BOSUTINIB	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BOSULIF		BOSUTINIB	500MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
B-PLEX	*	FOLIC ACID/VITAMIN B W/C	0.5MG	TABLET		
B-PLEX PLUS	*	MULTIVITS/FE/HEMATIN	27MG-0.8MG	TABLET	QL	MAX ONE TABLET PER DAY
BPO-10	*	BENZOYL PEROXIDE	10%	CLEANSER		
BPO-5	*	BENZOYL PEROXIDE	5%	CLEANSER		
BREO ELLIPTA		FLUTICASONE/ VILANTEROL	100-25MCG	AER POW BA	QL	MAX ONE INHALER PER MONTH
BRETHINE	*	TERBUTALINE SULFATE	2.5MG	TABLET		
BRETHINE	*	TERBUTALINE SULFATE	5MG	TABLET		
BREVICON	*	NORETHINDRONE-ETHINYL ESTRADI	0.5-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
BREVOXYL GEL	*	BENZOYL PEROXIDE	4%	GEL		
BREVOXYL GEL	*	BENZOYL PEROXIDE	8%	GEL		
BREVOXYL WASH	*	BENZOYL PEROXIDE	4%	LOTION		
BREVOXYL WASH	*	BENZOYL PEROXIDE	8%	LOTION		
BRIELLYN	*	NORETHINDRONE-RTHINYL ESTRADI	0.4-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
BRILINTA		TICAGRELOR	90MG	TABLET	PA	ALT: PLAVIX
BRINTELLIX		VORTIOXETINE HBR	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BRINTELLIX		VORTIOXETINE HBR	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BRINTELLIX		VORTIOXETINE HBR	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BRISDELLE		PAROXETINE MESYLATE	7.5MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
BROMDAY	*	BROMFENAC SODIUM	0.09%	DROPS	PA	ALT: ACULAR AND VOLTAREN

BRONKOSOL		ISOETHARINE HCL	10MG/ML	SOLUTION		
BROVANA		ARFORMOTEROL TARTRATE	15MCG/2ML	VIAL-NEB	PA	ALT: FORADIL AND SEREVENT
BUMEX	*	BUMETANIDE	0.5MG	TABLET		
BUMEX	*	BUMETANIDE	1MG	TABLET		
BUMEX	*	BUMETANIDE	2MG	TABLET		
BUPHENYL		SODIUM PHENYLBUTYRATE	500MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BUSPAR	*	BUSPIRONE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BUSPAR	*	BUSPIRONE HCL	15MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BUSPAR	*	BUSPIRONE HCL	30MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BUSPAR	*	BUSPIRONE HCL	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BUSPAR	*	BUSPIRONE HCL	7.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BUTISOL		BUTABARBITAL SODIUM	30MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
BUTRANS		BUPRENORPHINE	10MCG/HR	PATCH TDWK	QL	MAX ONE PATCH PER WEEK
BUTRANS		BUPRENORPHINE	20MCG/HR	PATCH TDWK	QL	MAX ONE PATCH PER WEEK
BUTRANS		BUPRENORPHINE	5MCG/HR	PATCH TDWK	QL	MAX ONE PATCH PER WEEK
BYDUREON		EXENATIDE MICROSPEHERES	2MG	VIAL	PA	CRITERIA MUST BE MET
BYETTA		EXENATIDE	10MCG/0.04ML	PEN INJECTOR	PA	CRITERIA MUST BE MET
BYETTA		EXENATIDE	5MCG/0.02ML	PEN INJECTOR	PA	CRITERIA MUST BE MET
CAFCIT	*	CAFFEINE CITRATED	60MG/3ML	ORAL SOLN	AG	MAX AGE OF ONE YEAR OLD
CAFCIT	*	CAFFEINE CITRATED	60MG/3ML	VIAL	AG	MAX AGE OF ONE YEAR OLD
CAFERGOT		ERGOTAMINE TARTRATE/CAFFEINE	2-100MG	SUPP.RECT		
CAFERGOT		ERGOTAMINE TARTRATE/CAFFEINE	1-100MG	TABLET		
CALAN	*	VERAPAMIL HCL	120MG	TABLET		
CALAN	*	VERAPAMIL HCL	80MG	TABLET		
CALAN SR	*	VERAPAMIL HCL	120MG	TABLET ER		
CALAN SR	*	VERAPAMIL HCL	180MG	TABLET ER		
CALAN SR	*	VERAPAMIL HCL	240MG	TABLET ER		
CALCIUM CARBONATE OTC	*	CALCIUM CARBONATE	500MG/ML	ORAL SUSP		
CALCIUM CARBONATE OTC	*	CALCIUM CARBONATE	200(500)	TAB CHEW		
CALCIUM CARBONATE OTC	*	CALCIUM CARBONATE	260(650)	TAB CHEW		
CALCIUM CARBONATE OTC	*	CALCIUM CARBONATE	400(1000)	TAB CHEW		
CALCIUM CARBONATE OTC	*	CALCIUM CARBONATE	500MG	TAB CHEW		
CALCIUM CARBONATE OTC	*	CALCIUM CARBONATE	500(1250)	TABLET		
CALCIUM CARBONATE OTC	*	CALCIUM CARBONATE	648MG	TABLET		
CALCIUM CARBONATE OTC	*	CALCIUM CARBONATE	650MG	TABLET		
CALCIUM CITRATE OTC	*	CALCIUM CITRATE	200(950)MG	TABLET		
CALCIUM CITRATE OTC	*	CALCIUM CITRATE	250MG	TABLET		

CALCIUM CIT-VIT D OTC	*	CALCIUM CITRATE/VITAMIN D	1500MG-200	TABLET		
CALCIUM GLUCONATE OTC	*	CALCIUM GLUCONATE	45(500)MG	TABLET		
CALCIUM GLUCONATE OTC	*	CALCIUM GLUCONATE	50MG	TABLET		
CALCIUM GLUCONATE OTC	*	CALCIUM GLUCONATE	60(648)MG	TABLET		
CALCIUM GLUCONATE OTC	*	CALCIUM GLUCONATE	60(650)MG	TABLET		
CALCIUM GLUCONATE OTC	*	CALCIUM GLUCONATE	61(648)MG	TABLET		
CALTRATE OTC	*	CALCIUM CARBONATE	600MG	TABLET		
CALTRATE-D OTC	*	CALCIUM CARB/ VITAMIN D	600-200	CAPSULE		
CALTRATE-D OTC	*	CALCIUM CARB/VITAMIN D	600-125	TABLET		
CALTRATE-D OTC	*	CALCIUM CARB/ VITAMIN D	600-800	TABLET		
CALTRATE-D PLUS OTC	*	CA/D3/MAG/ZINC/ COPPER/ MANG/BO	600-800	TAB CHEW		
CAMPRAL	*	ACAMPROSATE CALCIUM	333MG	TABLET DR	MDCH	MDCH CARVE OUT MEDICATION
CANTIL		MEPENZOLATE BROMIDE	25MG	TABLET		
CAPEX		FLUOCINOLONE ACETONIDE	0.01%	SHAMPOO	QL	MAX 120ML PER FILL
CAPITAL W/ CODEINE		CODEINE PHOSPHATE/ ACETAMINOP	12-120MG/5	ORAL SUSP		
CAPOTEN	*	CAPTOPRIL	100MG	TABLET		
CAPOTEN	*	CAPTOPRIL	12.5MG	TABLET		
CAPOTEN	*	CAPTOPRIL	25MG	TABLET		
CAPOTEN	*	CAPTOPRIL	50MG	TABLET		
CAPOZIDE	*	CAPTOPRIL/HCTZ	25-15MG	TABLET		
CAPOZIDE	*	CAPTOPRIL/HCTZ	25-25MG	TABLET		
CAPOZIDE	*	CAPTOPRIL/HCTZ	50-15MG	TABLET		
CAPOZIDE	*	CAPTOPRIL/HCTZ	50-25MG	TABLET		
CAPRELSA		VANDETANIB	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
CAPRELSA		VANDETANIB	300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
CARAC	*	FLUOROURACIL	0.5%	CREAM	QL	MAX 30GMS PER FILL
CARAFATE	*	SUCRALFATE	1G/10ML	ORAL SUSP	PA	ALT: CARAFATE TABLETS
CARAFATE	*	SUCRALFATE	1G	TABLET		
CARBAGLU		CARGLUMIC ACID	200MG	TAB DISPER	MDCH	MDCH CARVE OUT MEDICATION
CARBATROL	*	CARBAMAZEPINE	100MG	CPMP 12HR	MDCH	MDCH CARVE OUT MEDICATION
CARBATROL	*	CARBAMAZEPINE	200MG	CPMP 12HR	MDCH	MDCH CARVE OUT MEDICATION
CARBATROL	*	CARBAMAZEPINE	300MG	CPMP 12HR	MDCH	MDCH CARVE OUT MEDICATION
CARDENE	*	NICARDIPINE HCL	20MG	CAPSULE		
CARDENE	*	NICARDIPINE HCL	30MG	CAPSULE		
CARDIZEM	*	DILTIAZEM HCL	120MG	TABLET		
CARDIZEM	*	DILTIAZEM HCL	30MG	TABLET		
CARDIZEM	*	DILTIAZEM HCL	60MG	TABLET		

CARDIZEM	*	DILTIAZEM HCL	90MG	TABLET		
CARDIZEM CD	*	DILTIAZEM HCL	360MG	CAP ER 24HR	PA	ALT: CARDIZEM CD 180MG (2/DAY)
CARDIZEM CD	*	DILTIAZEM HCL	120MG	CAP ER 24HR	QL	MAX ONE CAPSULE PER DAY
CARDIZEM CD	*	DILTIAZEM HCL	240MG	CAP ER 24HR	QL	MAX ONE CAPSULE PER DAY
CARDIZEM CD	*	DILTIAZEM HCL	300MG	CAP ER 24HR	QL	MAX ONE CAPSULE PER DAY
CARDIZEM CD	*	DILTIAZEM HCL	180MG	CAP ER 24HR	QL	MAX TWO CAPSULES PER DAY
CARDIZEM LA	*	DILTIAZEM HCL	120MG	TAB ER 24HR	PA	ALT: CARDIZEM CD
CARDIZEM LA	*	DILTIAZEM HCL	180MG	TAB ER 24HR	PA	ALT: CARDIZEM CD
CARDIZEM LA	*	DILTIAZEM HCL	240MG	TAB ER 24HR	PA	ALT: CARDIZEM CD
CARDIZEM LA	*	DILTIAZEM HCL	300MG	TAB ER 24HR	PA	ALT: CARDIZEM CD
CARDIZEM LA	*	DILTIAZEM HCL	360MG	TAB ER 24HR	PA	ALT: CARDIZEM CD
CARDIZEM LA	*	DILTIAZEM HCL	420MG	TAB ER 24HR	PA	ALT: CARDIZEM CD
CARDIZEM SR	*	DILTIAZEM HCL	120MG	CAP ER 12HR		
CARDIZEM SR	*	DILTIAZEM HCL	60MG	CAP ER 12HR		
CARDIZEM SR	*	DILTIAZEM HCL	90MG	CAP ER 12HR		
CARDURA	*	DOXAZOSIN MESYLATE	1MG	TABLET		
CARDURA	*	DOXAZOSIN MESYLATE	2MG	TABLET		
CARDURA	*	DOXAZOSIN MESYLATE	4MG	TABLET		
CARDURA	*	DOXAZOSIN MESYLATE	8MG	TABLET		
CARMOL-20	*	UREA	20%	CREAM		
CARMOL-40	*	UREA	40%	CREAM		
CARMOL-40	*	UREA	40%	GEL		
CARMOL-40	*	UREA	40%	LOTION		
CARNITOR	*	LEVOCARNITINE (WITH SUGAR)	100MG/NL	ORAL SOLN	MDCH	MDCH CARVE OUT MEDICATION
CARNITOR	*	LEVOCARNITINE	330MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
CARNITOR SUGAR FREE		LEVOCARNITINE	100MG/ML	ORAL SOLN	MDCH	MDCH CARVE OUT MEDICATION
CASODEX	*	BICALUTAMIDE	50MG	TABLET	M, QL	MALES ONLY. MAX ONE TABLET PER DAY.
CATAFLAM	*	DICLOFENAC POTASSIUM	50MG	TABLET		
CATAPRES	*	CLONIDINE HCL	0.1MG	TABLET		
CATAPRES	*	CLONIDINE HCL	0.2MG	TABLET		
CATAPRES	*	CLONIDINE HCL	0.3MG	TABLET		
CATAPRES-TTS 1	*	CLONIDINE	0.1MG/24HR	PATCH TDWK	QL	MAX ONE PATCH PER WEEK
CATAPRES-TTS 2	*	CLONIDINE	0.2MG/24HR	PATCH TDWK	QL	MAX ONE PATCH PER WEEK
CATAPRES-TTS 3	*	CLONIDINE	0.3MG/24HR	PATCH TDWK	QL	MAX ONE PATCH PER WEEK
CAZIANT	*	DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
CECLOR	*	CEFACLOR	250MG	CAPSULE		
CECLOR	*	CEFACLOR	500MG	CAPSULE		

CECLOR	*	CEFACLOR	125MG/5ML	SUSP RECON		
CECLOR	*	CEFACLOR	375MG/5ML	SUSP RECON		
CEDAX	*	CEFTIBUTEN DIHYDRATE	400MG	CAPSULE	PA	ALT: OMNICEF AND VANTIN
CEDAX	*	CEFTIBUTEN DIHYDRATE	180/5ML	SUSP RECON	PA	ALT: OMNICEF AND VANTIN
CEFTIN		CEFUROXIME AXETIL	250MG/5ML	SUSP RECON		
CEFTIN	*	CEFUROXIME AXETIL	250MG	TABLET		
CEFTIN	*	CEFUROXIME AXETIL	500MG	TABLET		
CEFZIL	*	CEFPROZIL	125MG/5ML	SUSP RECON		
CEFZIL	*	CEFPROZIL	250MG/5ML	SUSP RECON		
CEFZIL	*	CEFPROZIL	250MG	TABLET		
CEFZIL	*	CEFPROZIL	500MG	TABLET		
CELEBREX	*	CELECOXIB	100MG	CAPSULE	PA	CRITERIA MUST BE MET
CELEBREX	*	CELECOXIB	200MG	CAPSULE	PA	CRITERIA MUST BE MET
CELEBREX	*	CELECOXIB	400MG	CAPSULE	PA	CRITERIA MUST BE MET
CELEBREX	*	CELECOXIB	50MG	CAPSULE	PA	CRITERIA MUST BE MET
CELEXA	*	CITALOPRAM HYDROBROMIDE	10MG/5ML	SOLUTION	MDCH	MDCH CARVE OUT MEDICATION
CELEXA	*	CITALOPRAM HYDROBROMIDE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
CELEXA	*	CITALOPRAM HYDROBROMIDE	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
CELEXA	*	CITALOPRAM HYDROBROMIDE	40MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
CELLCEPT	*	MYCOPHENOLATE MOFETIL	250MG	CAPSULE		
CELLCEPT	*	MYCOPHENOLATE MOFETIL	500MG	TABLET		
CELONTIN		METHSUXIMIDE	300MG	CAPSULE		
CEPHRADINE		CEPHRADINE	250MG	CAPSULE		
CEPHRADINE		CEPHRADINE	500MG	CAPSULE		
CEPHULAC	*	LACTULOSE	10G/15ML	SYRUP	MDCH	MDCH CARVE OUT MEDICATION
CERUMENEX		TRIETHANOLAMINE	10%	OTIC	QL	MAX 6MLS PER FILL
CESAMET		NABILONE	1MG	CAPSULE		
CETRAXAL		CIPROFLOXACIN HCL	0.2%	OTIC	QL	MAX 14MLS PER FILL
CHANTIX		VARENICLINE TARTRATE	0.5MG	TABLET	PA	ALT: NICODERM CQ. NICORETTE GUM AND ZYBAN
CHANTIX		VARENICLINE TARTRATE	1MG	TABLET	PA	ALT: NICODERM CQ. NICORETTE GUM AND ZYBAN
CHANTIX DOSE PACK		VARENICLINE TARTRATE	0.5(11)-1	TABLET	PA	ALT: NICODERM CQ. NICORETTE GUM AND ZYBAN
CHEMET		SUCCIMER	100MG	CAPSULE		
CHLOROQUINE	*	CHLOROQUINE PHOSPHATE	250MG	TABLET		
CHLOROQUINE	*	CHLOROQUINE PHOSPHATE	500MG	TABLET		
CHLOR-TRIMETON ALLERGY	*	CHLORPHENIRAMINE MALEATE	12MG	TABLET ER		
CHLOR-TRIMETON OTC	*	CHLORPHENIRAMINE MALEATE	4MG	TABLET		
CHROMAGEN	*	IRON AG/C/B12/CA/SUC ACID/STOM	70-150-10	TABLET		

CHROMAGEN FORTE	*	IRON FUM AG/C/B12/FA/CA/SUCC	151-60-1MG	TABLET		
CHRONULAC	*	LACTULOSE	10G/15ML	SYRUP	MDCH	MDCH CARVE OUT MEDICATION
CIBALITH S	*	LITHIUM CITRATE	8MEQ/5ML	SYRUP	MDCH	MDCH CARVE OUT MEDICATION
CILOXAN		CIPROFLOXACIN HCL	0.3%	OINT.(GM)		
CILOXAN	*	CIPROFLOXACIN HCL	0.3%	OPTIC		
CIMZIA		CERTOLIZUMAB ERGOL	400MG	KIT	PA, SP	CRITERIA MUST BE MET
CIMZIA		CERTOLIZUMAB PEGOL	400MG/2ML	KIT	PA, SP	CRITERIA MUST BE MET
CIMZIA		CERTOLIZUMAB ERGOL	400MG/2ML	SYRINGE	PA, SP	CRITERIA MUST BE MET
CIPRO	*	CIPROFLOXACIN	250MG/5ML	SUS MC REC		
CIPRO	*	CIPROFLOXACIN	500MG/5ML	SUS MC REC		
CIPRO	*	CIPROFLOXACIN HCL	250MG	TABLET	AG	MIN AGE 18
CIPRO	*	CIPROFLOXACIN HCL	500MG	TABLET	AG	MIN AGE 18
CIPRO	*	CIPROFLOXACIN HCL	750MG	TABLET	AG	MIN AGE 18
CIPRO	*	CIPROFLOXACIN HCL	100MG	TABLET		
CIPRO HC		CIPROFLOXACIN HCL	0.2%-1%	OTIC	QL	MAX 10ML PER FILL
CIPRO XR	*	CIPROFLOXACIN HCL	1000MG	TBMP 24HR	PA	ALT: CIPRO (NOT XR), FLOXIN AND LEVAQUIN
CIPRO XR	*	CIPROFLOXACIN HCL	500MG	TBMP 24HR	PA	ALT: CIPRO (NOT XR), FLOXIN AND LEVAQUIN
CIPRODEX		CIPROFLOXACIN HCL/ DEXAMETHAS(	0.3-0.1%	OTIC		
CLARINEX		DESLORATADINE	2.5MG/5ML	SYRUP	PA	ALT: CLARITIN AND ZYRTEC
CLARINEX	*	DESLORATADINE	5MG	TABLET	PA	ALT: CLARITIN AND ZYRTEC
CLARITIN OTC	*	LORATADINE	5MG/5ML	SYRUP	AG	MAX AGE 10
CLARITIN OTC	*	LORATADINE	10MG	TABLET	QL	MAX ONE TABLET PER DAY
CLARITIN REDITABS	*	LORATADINE	10MG	TAB RAPDIS	QL	MAX ONE TABLET PER DAY
CLARITIN-D 12 HR OTC	*	P-EPHED SUL/LORATADINE	120-5MG	TABLET	QL	MAX TWO TABLETS PER DAY
CLARITIN-D 24 HR OTC	*	P-EPHED SUL/LORATADINE	240-10MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
CLEOCIN	*	CLINDAMYCIN HCL	150MG	CAPSULE		
CLEOCIN	*	CLINDAMYCIN HCL	300MG	CAPSULE		
CLEOCIN	*	CLINDAMYCIN HCL	75MG	CAPSULE		
CLEOCIN	*	CLINDAMYCIN PHOSPHATE	2%	CREAM/APPL		
CLEOCIN	*	CLINDAMYCIN PALMITATE	75MG/5ML	SOLN RECON		
CLEOCIN	*	CLINDAMYCIN PHOSPHATE	1%	SOLUTION		
CLEOCIN T	*	CLINDAMYCIN PHOSPHATE	1%	GEL		
CLEOCIN T	*	CLINDAMYCIN PHOSPHATE	1%	LOTION		
CLEOCIN T	*	CLINDAMYCIN PHOSPHATE	1%	MED SWAB	QL	MAX 60 SWABS/30DAYS
CLIMARA	*	ESTRADIOL	0.025MG/24H	PATCH TDWK	F, QL	FEMALES ONLY. MAX ONE PATCH PER WEEK.
CLIMARA	*	ESTRADIOL	0.0375MG/24H	PATCH TDWK	F, QL	FEMALES ONLY. MAX ONE PATCH PER WEEK.
CLIMARA	*	ESTRADIOL	0.05MG/24H	PATCH TDWK	F, QL	FEMALES ONLY. MAX ONE PATCH PER WEEK.
CLIMARA	*	ESTRADIOL	0.06MG/24H	PATCH TDWK	F, QL	FEMALES ONLY. MAX ONE PATCH PER WEEK.

CLIMARA	*	ESTRADIOL	0.075MG/24H	PATCH TDWK	F, QL	FEMALES ONLY. MAX ONE PATCH PER WEEK.
CLIMARA	*	ESTRADIOL	0.1MG/24HR	PATCH TDWK	F, QL	FEMALES ONLY. MAX ONE PATCH PER WEEK.
CLINDESSE		CLINDAMYCIN PHOSPHATE	2%	CREAM	QL	MAX 1 BOX PER FILL
CLINORIL	*	SULINDAC	150MG	TABLET		
CLINORIL	*	SULINDAC	200MG	TABLET		
CLOBEX	*	CLOBETASOL PROPIONATE	0.05%	LOTION	PA	ALT: TEMOVATE SOLUTION
CLOBEX	*	CLOBETASOL PROPIONATE	0.05%	SHAMPOO	PA	ALT: TEMOVATE SOLUTION
CLODERM	*	CLOCORTOLONE PIVALATE	0.1%	CREAM	PA	ALT: LIDEX, TEMOVATE AND VALISONE
CLORPRES		CLONIDINE HCL/ CHLORTHALIDONE	0.1-15MG	TABLET		
CLORPRES		CLONIDINE HCL/ CHLORTHALIDONE	0.2-15MG	TABLET		
CLORPRES		CLONIDINE HCL/ CHLORTHALIDONE	0.3-15MG	TABLET		
CLOZARIL	*	CLOZAPINE	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
CLOZARIL	*	CLOZAPINE	200MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
CLOZARIL	*	CLOZAPINE	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
CLOZARIL	*	CLOZAPINE	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
COARTEM		ARTEMETHER/ LUMEFANTRINE	20MG-120MG	TABLET	PA	CRITERIA MUST BE MET
CODEINE	*	CODEINE SULFATE	15MG	TABLET		
CODEINE	*	CODEINE SULFATE	30MG	TABLET		
CODEINE	*	CODEINE SULFATE	60MG	TABLET		
COGENTIN	*	BENZTROPINE MESYLATE	ALL STRENGTHS	ALL FORMS		
COLACE OTC	*	DOCUSATE SODIUM	100MG	CAPSULE		
COLACE OTC	*	DOCUSATE SODIUM	50MG	CAPSULE		
COLACE OTC	*	DOCUSATE SODIUM	50MG/ML	ORAL LIQUID		
COLACE OTC	*	DOCUSATE SODIUM	60MG/15ML	ORAL SYRUP		
COLAZAL	*	BALSALAZIDE DISODIUM	750MG	CAPSULE		
COLBENEMID	*	COLCHICINE/PROBENECID	0.5-500MG	TABLET		
COLCRYS	*	COLCHICINE	0.6MG	TABLET	QL	MAX TWO TABLETS PER DAY
COLESTID	*	COLESTIPOL HCL	5G	GRANULES		
COLESTID	*	COLESTIPOL HCL	5G	PACKET		
COLESTID		COLESTIPOL HCL	7.5G	PACKET		
COLESTID	*	COLESTIPOL HCL	1G	TABLET		
COLYTE	*	ELECTROLYTE SOLUTION/PEG'S		SOLUTION		
COMBIPATCH		ESTRADIOL/NORETH AC	.05-14/24	PATCH TDSW	PA	ALT: ALORA AND CLIMARA
COMBIPATCH		ESTRADIOL/NORETH AC	.05-25/24	PATCH TDSW	PA	ALT: ALORA AND CLIMARA
COMBIVENT RESPIMAT		ALBUTEROL/IPATROPIUM	20-100MCG	AER INH	QL	MAX ONE INHALER EVERY 25 DAYS
COMBIVIR	*	LAMIVUDINE/ZIDOVUDINE	150-300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
COMETRIQ		CABOZANTINIB S-MALATE	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION

COMETRIQ		CABOZANTINIB S-MALATE	140MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
COMETRIQ		CABOZANTINIB S-MALATE	60MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
COMPAZINE	*	PROCHLORPERAZINE MALEATE	25MG	SUPP.RECT	QL	MAX TWELVE SUPPOSITORIES PER FILL
COMPAZINE		PROCHLORPERAZINE EDISYLATE	5MG/5ML	SYRUP		
COMPAZINE	*	PROCHLORPERAZINE MALEATE	10MG	TABLET		
COMPAZINE	*	PROCHLORPERAZINE MALEATE	5MG	TABLET		
COMPLERA		EMTRICITABINE/RILPIVIRINE/ TENOF(	200-25-30	TABLET	MDCH	MDCH CARVE OUT MEDICATION
COMTAN	*	ENTACAPONE	200MG	TABLET	QL	MAX EIGHT TABLETS PER DAY
CONCERTA	*	METHYLPHENIDATE HCL	18MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
CONCERTA	*	METHYLPHENIDATE HCL	27MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
CONCERTA	*	METHYLPHENIDATE HCL	36MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
CONCERTA	*	METHYLPHENIDATE HCL	54MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
CONDOMS OTC		CONDOMS			QL	MONTH
CONDYLOX		PODOFILOX	0.50%	GEL (GRAM)	PA	ALT: CONDYLOX SOLUTION
CONDYLOX	*	PODOFILOX	0.5%	SOLUTION		
COPAXONE		GLATIRAMER ACETATE	20MG	KIT	PA, SP	CRITERIA MUST BE MET
COPEGUS	*	RIBAVIRIN	200MG	TABLET	PA	CRITERIA MUST BE MET
CORDARONE	*	AMIODARONE HCL	200MG	TABLET		
COREG	*	CARVEDILOL	12.5MG	TABLET		
COREG	*	CARVEDILOL	25MG	TABLET		
COREG	*	CARVEDILOL	3.125MG	TABLET		
COREG	*	CARVEDILOL	6.25MG	TABLET		
CORGARD	*	NADOLOL	20MG	TABLET	QL	MAX ONE TABLET PER DAY
CORGARD	*	NADOLOL	40MG	TABLET	QL	MAX ONE TABLET PER DAY
CORGARD	*	NADOLOL	80MG	TABLET	QL	MAX TWO TABLETS PER DAY
CORTAID OTC	*	HYDROCORTISONE	1%	CREAM		
CORTAID OTC	*	HYDROCORTISONE	1%	OINTMENT		
CORTEF	*	HYDROCORTISONE	10MG	TABLET		
CORTEF	*	HYDROCORTISONE	20MG	TABLET		
CORTEF	*	HYDROCORTISONE	5MG	TABLET		
CORTENEMA	*	HYDROCORTISONE	100MG/60ML	ENEMA		
CORTIFOAM		HYDROCORTISONE ACETATE	10%	FOAM	QL	MAX 30GM PER FILL
CORTISPORIN	*	NEOMY SULF/BACITRAC ZN/POLY/HC	1%	OINT.(GM)		
CORTISPORIN	*	NEOMY SULF/POLYMYX B SULF/HC	3.5-10K-1	OTIC		
CORTISPORIN	*	NEOMY SULF/POLYMYX B SULF/HC	1%	SOLUTION		

CORTONE	*	CORTISONE ACETATE	25MG	TABLET		
CORZIDE	*	NADOLOL/ BENDROFLUMETHIAZIDE	40-5MG	TABLET	QL	MAX ONE TABLET PER DAY
CORZIDE	*	NADOLOL/ BENDROFLUMETHIAZIDE	80-5MG	TABLET	QL	MAX ONE TABLET PER DAY
COSOPT	*	DORZOLAMIDE HCL/ TIMOLOL MALEA	2%/0.5%	OPTIC	QL	MAX 10MLS PER MONTH
COUMADIN	*	WARFARIN SODIUM	10MG	TABLET		
COUMADIN	*	WARFARIN SODIUM	1MG	TABLET		
COUMADIN	*	WARFARIN SODIUM	2.5MG	TABLET		
COUMADIN	*	WARFARIN SODIUM	2MG	TABLET		
COUMADIN	*	WARFARIN SODIUM	3MG	TABLET		
COUMADIN	*	WARFARIN SODIUM	4MG	TABLET		
COUMADIN	*	WARFARIN SODIUM	5MG	TABLET		
COUMADIN	*	WARFARIN SODIUM	6MG	TABLET		
COUMADIN	*	WARFARIN SODIUM	7.5MG	TABLET		
COZAAR	*	LOSARTAN POTASSIUM	100MG	TABLET	QL	MAX ONE TABLET PER DAY
COZAAR	*	LOSARTAN POTASSIUM	25MG	TABLET	QL	MAX ONE TABLET PER DAY
COZAAR	*	LOSARTAN POTASSIUM	50MG	TABLET	QL	MAX ONE TABLET PER DAY
CREON		LIPASE/PROTEASE/ AMYLASE	12K-38-60K	CAPSULE DR		
CREON		LIPASE/PROTEASE/ AMYLASE	24K-76K-120K	CAPSULE DR		
CREON		LIPASE/PROTEASE/ AMYLASE	36-114-180K	CAPSULE DR		
CREON		LIPASE/PROTEASE/ AMYLASE	3-9.5-15K	CAPSULE DR		
CREON		LIPASE/PROTEASE/ AMYLASE	6K-19K-30K	CAPSULE DR		
CRESTOR		ROSUVASTATIN CALCIUM	10MG	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
CRESTOR		ROSUVASTATIN CALCIUM	20MG	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
CRESTOR		ROSUVASTATIN CALCIUM	40MG	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
CRESTOR		ROSUVASTATIN CALCIUM	5MG	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
CRIXIVAN		INDINAVIR SULFATE	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
CRIXIVAN		INDINAVIR SULFATE	200MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
CRIXIVAN		INDINAVIR SULFATE	400MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
CROLOM	*	CROMOLYN SODIUM	4%	OPTIC		
CRYSELLE	*	NORGESTREL-ETHINYL ESTRADIOL,	0.3-0.03MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
CUPRIMINE		PENICILLAMINE	250MG	CAPSULE		
CUTIVATE	*	FLUTICASONE PROPIONATE	0.05%	CREAM		
CUTIVATE	*	FLUTICASONE PROPIONATE	0.01%	OINT.(GM)		
CUVPOSA		GLYCOPYRROLATE	1MG/5ML	ORAL SOLN	AG	MAX AGE 10
CYCLAFEM	*	NORETHINDRONE-ETHINYL ESTRADI	1MG-35MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
CYCLAFEM	*	NORETHINDRONE-ETHINYL ESTRADI	7 DAYS X 3	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
CYCLESSA	*	DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
CYCLOGYL	*	CYCLOPENTOLATE HCL	1%	OPTIC DROPS		

CYCLOGYL	*	CYCLOPENTOLATE HCL	2%	OPTIC DROPS		
CYCLOMYDRIL		PHENYLEPHRINE/ CYCLOPENT HCL	1-0.2%	OPTIC		
CYCLOSET		BROMOCRIPTINE MESYLATE	0.8MG	TABLET	PA	ALT: ACTOS, AMARYL, DIABETA AND METFORMIN
CYMBALTA	*	DULOXETINE	20MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
CYMBALTA	*	DULOXETINE	30MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
CYMBALTA	*	DULOXETINE	60MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
CYSTAGON		CYSTEAMINE BITARTRATE	150MG	CAPSULE		
CYSTAGON		CYSTEAMINE BITARTRATE	50MG	CAPSULE		
CYTOMEL	*	LIOTHYRONINE	5MCG	TABLET	QL	MAX FOUR TABLETS PER DAY
CYTOMEL	*	LIOTHYRONINE	25MCG	TABLET	QL	MAX TWO TABLETS PER DAY
CYTOMEL	*	LIOTHYRONINE	50MCG	TABLET	QL	MAX TWO TABLETS PER DAY
CYTOTEC	*	MISOPROSTOL	100MCG	TABLET		
CYTOTEC	*	MISOPROSTOL	200MCG	TABLET		
CYTOVENE	*	GANCICLOVIR	250MG	CAPSULE	PA	CRITERIA MUST BE MET
CYTOVENE	*	GANCICLOVIR	500MG	CAPSULE	PA	CRITERIA MUST BE MET
CYTOXAN	*	CYCLOPHOSPHAMIDE	25MG	TABLET		
CYTOXAN	*	CYCLOPHOSPHAMIDE	50MG	TABLET		
DALIRESP		ROFLUMILAST	500MCG	TABLET	QL	MAX ONE TABLET PER DAY
DALMANE	*	FLURAZEPAM HCL	15MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
DALMANE	*	FLURAZEPAM HCL	30MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
DANOCRINE	*	DANAZOL	100MG	CAPSULE		
DANOCRINE	*	DANAZOL	200MG	CAPSULE		
DANOCRINE	*	DANAZOL	50MG	CAPSULE		
DANTRIUM	*	DANTROLENE SODIUM	100MG	CAPSULE	QL	MAX FOUR CAPSULES PER DAY
DANTRIUM	*	DANTROLENE SODIUM	25MG	CAPSULE	QL	MAX THREE CAPSULES PER DAY
DANTRIUM	*	DANTROLENE SODIUM	50MG	CAPSULE	QL	MAX THREE CAPSULES PER DAY
DAPSONE		DAPSONE	100MG	TABLET	QL	MAX THREE TABLETS PER DAY
DAPSONE		DAPSONE	25MG	TABLET	QL	MAX THREE TABLETS PER DAY
DARAPRIM		PYRIMETHAMINE	25MG	TABLET		
DASETTA	*	NORETHINDRONE-ETHINYL ESTRADI	1MG-35MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
DASETTA	*	NORETHINDRONE-ETHINYL ESTRADI	7 DAYS X 3	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
DAYPRO	*	OXAPROZIN	600MG	TABLET	QL	MAX TWO TABLETS PER DAY
DAYTRANA		METHYLPHENIDATE HCL	10MG/9HR	PATCH TD24HR	MDCH	MDCH CARVE OUT MEDICATION
DAYTRANA		METHYLPHENIDATE HCL	15MG/9HR	PATCH TD24HR	MDCH	MDCH CARVE OUT MEDICATION
DAYTRANA		METHYLPHENIDATE HCL	20MG/9HR	PATCH TD24HR	MDCH	MDCH CARVE OUT MEDICATION
DAYTRANA		METHYLPHENIDATE HCL	30MG/9HR	PATCH TD24HR	MDCH	MDCH CARVE OUT MEDICATION
DDAVP	*	DESMOPRESSIN ACETATE	0.1MG/ML	SPRAY/PUMP		

DDAVP	*	DESMOPRESSIN ACETATE	0.1MG	TABLET		
DDAVP	*	DESMOPRESSIN ACETATE	0.2MG	TABLET		
DECADRON	*	DEXAMETHASONE	0.5MG/5ML	ELIXIR		
DECADRON	*	DEXAMETHASONE SOD PHOSPHATE	0.05%	OINT.(GM)		
DECADRON	*	DEXAMETHASONE SOD PHOSPHATE	0.1%	OPTIC		
DECADRON	*	DEXAMETHASONE	0.5MG	TABLET		
DECADRON	*	DEXAMETHASONE	0.75MG	TABLET		
DECADRON	*	DEXAMETHASONE	1.5MG	TABLET		
DECADRON	*	DEXAMETHASONE	2MG	TABLET		
DECADRON	*	DEXAMETHASONE	4MG	TABLET		
DECADRON	*	DEXAMETHASONE	6MG	TABLET		
DECADRON	*	DEXAMETHASONE	1MG	TABLET		
DECHOLIN		DEHYDROCHOLIC ACID	250MG	TABLET		
DECLOMYCIN	*	DEMECLOCYCLINE HCL	150MG	TABLET		
DECLOMYCIN	*	DEMECLOCYCLINE HCL	300MG	TABLET		
DELTA CORTEF	*	PREDNISOLONE	5MG	TABLET		
DELTASONE	*	PREDNISONE	10MG	TAB DS PK		
DELTASONE	*	PREDNISONE	5MG	TAB DS PK		
DELTASONE	*	PREDNISONE	10MG	TABLET		
DELTASONE	*	PREDNISONE	1MG	TABLET		
DELTASONE	*	PREDNISONE	2.5MG	TABLET		
DELTASONE	*	PREDNISONE	20MG	TABLET		
DELTASONE	*	PREDNISONE	50MG	TABLET		
DELTASONE	*	PREDNISONE	5MG	TABLET		
DELZICOL		MESALAMINE	400MG	CAPSULE DR	QL	MAX SIX CAPSULES PER DAY
DEMADEX	*	TORSEMIDE	100MG	TABLET		
DEMADEX	*	TORSEMIDE	10MG	TABLET		
DEMADEX	*	TORSEMIDE	20MG	TABLET		
DEMADEX	*	TORSEMIDE	5MG	TABLET		
DEMEROL	*	MEPERIDINE HCL	50MG/5ML	SOLUTION		
DEMEROL	*	MEPERIDINE HCL	100MG	TABLET		
DEMEROL	*	MEPERIDINE HCL	50MG	TABLET		
DEMSER		METYROSINE	250MG	CAPSULE		
DEMULEN	*	ETHYNODIOL DIACE-ETH ESTRADIOL	1MG/35MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
DEMULEN	*	ETHYNODIOL DIACE-ETH ESTRADIOL	1MG/50MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
DEPAKENE	*	VALPROIC ACID	250MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
DEPAKENE	*	VALPROATE SODIUM	250MG/5ML	SYRUP	MDCH	MDCH CARVE OUT MEDICATION

DEPAKOTE	*	DIVALPROEX SODIUM	125MG	CAP SPRINK	MDCH	MDCH CARVE OUT MEDICATION
DEPAKOTE	*	DIVALPROEX SODIUM	125MG	TABLET DR	MDCH	MDCH CARVE OUT MEDICATION
DEPAKOTE	*	DIVALPROEX SODIUM	250MG	TABLET DR	MDCH	MDCH CARVE OUT MEDICATION
DEPAKOTE	*	DIVALPROEX SODIUM	500MG	TABLET DR	MDCH	MDCH CARVE OUT MEDICATION
DEPAKOTE ER	*	DIVALPROEX SODIUM	250MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
DEPAKOTE ER	*	DIVALPROEX SODIUM	500MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
DEPEN		PENICILLAMINE	250MG	TABLET		
DEPO PROVERA	*	MEDROXYPROGESTERONE ACETATE	150MG/ML	DISP SYRIN	F, QL	MAX 1 INJECTION EVERY 75 DAYS
DEPO PROVERA	*	MEDROXYPROGESTERONE ACETATE	150MG/ML	VIAL	F, QL	MAX 1 INJECTION EVERY 75 DAYS
DEPO-TESTOSTERONE	*	TESTOSTERONE CYPIONATE	100MG/ML	INJECTION	PA	AN ABNORMALLY LOW TESTOSTERONE LEVEL
DEPO-TESTOSTERONE	*	TESTOSTERONE CYPIONATE	200MG/ML	INJECTION	PA	AN ABNORMALLY LOW TESTOSTERONE LEVEL
DERMA-SMOOTH FS	*	FLUOCINOLONE/SHOWER CAP	0.01%	OIL		
DERMA-SMOOTH FS	*	FLUOCINOLONE ACETONIDE	0.01%	OIL		
DERMATOP	*	PREDNICARBATE	0.10%	CREAM	PA	ALT: DESOWEN AND ELOCON
DERMATOP	*	PREDNICARBATE	0.10%	OINT.(GM)	PA	ALT: DESOWEN AND ELOCON
DERMOTIC	*	FLUOCINOLONE ACETONIDE OIL	0.01%	OTIC		
DESOGEN	*	DESOGESTRIL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
DESONATE		DESONIDE	0.05%	GEL	PA	ALT: DESOWEN
DESOWEN	*	DESONIDE	0.05%	CREAM	QL	MAX 60GM PER MONTH
DESOWEN	*	DESONIDE	0.05%	LOTION	QL	MAX 59ML PER MONTH
DESOWEN	*	DESONIDE	0.05%	OINT.(GM)	QL	MAX 60GM PER MONTH
DESOXYN	*	METHAMPHETAMINE	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
DESQUAM-E	*	BENZOYL PEROXIDE	5%	GEL		
DESQUAM-X	*	BENZOYL PEROXIDE	10%	CLEANSER		
DESQUAM-X	*	BENZOYL PEROXIDE	5%	CLEANSER		
DESQUAM-X	*	BENZOYL PEROXIDE	10%	GEL		
DESYREL	*	TRAZODONE HCL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
DESYREL	*	TRAZODONE HCL	300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
DESYREL	*	TRAZODONE HCL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
DESYREL DIVIDOSE	*	TRAZODONE HCL	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
DETROL	*	TOLTERODINE TARTRATE	1MG	TABLET	QL	MAX TWO TABLETS PER DAY
DETROL	*	TOLTERODINE TARTRATE	2MG	TABLET	QL	MAX TWO TABLETS PER DAY
DETROL LA	*	TOLTERODINE TARTRATE	2MG	CAP ER 24HR	PA	ALT: DITROPAN AND DETROL (NOT LA)
DETROL LA	*	TOLTERODINE TARTRATE	4MG	CAP ER 24HR	PA	ALT: DITROPAN AND DETROL (NOT LA)
DEXEDRINE	*	D-AMPHETAMINE SULFATE	10MG	CAPSULE SA	MDCH	MDCH CARVE OUT MEDICATION
DEXEDRINE	*	D-AMPHETAMINE SULFATE	15MG	CAPSULE SA	MDCH	MDCH CARVE OUT MEDICATION

DEXEDRINE	*	D-AMPHETAMINE SULFATE	5MG	CAPSULE SA	MDCH	MDCH CARVE OUT MEDICATION
DEXILANT		DEXLANSOPRAZOLE	30MG	CAP DR MP	PA	ALT: ACIPHEX, PREVACID, PRILOSEC AND PROTONIX
DEXILANT		DEXLANSOPRAZOLE	60MG	CAP DR MP	PA	ALT: ACIPHEX, PREVACID, PRILOSEC AND PROTONIX
DEXTROSTAT	*	D-AMPHETAMINE SULFATE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
DEXTROSTAT	*	D-AMPHETAMINE SULFATE	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
DIABETA	*	GLYBURIDE	1.25MG	TABLET		
DIABETA	*	GLYBURIDE	2.5MG	TABLET		
DIABETA	*	GLYBURIDE	5MG	TABLET		
DIABINESE	*	CHLORPROPAMIDE	100MG	TABLET		
DIABINESE	*	CHLORPROPAMIDE	250MG	TABLET		
DIALYVITE		FOLIC ACID/VITAMIN B COMP W/C	1MG-100MG	TABLET		
DIAMOX	*	ACETAZOLAMIDE	125MG	TABLET		
DIAMOX	*	ACETAZOLAMIDE	250MG	TABLET		
DIAMOX SEQUELS	*	ACETAZOLAMIDE	500MG	CAPSULE SA	QL	MAX TWO CAPSULES PER DAY
DIASTAT	*	DIAZEPAM	2.5MG	KIT	MDCH	MDCH CARVE OUT MEDICATION
DIASTAT ACCUDIAL	*	DIAZEPAM	12.5-15-20MG	KIT	MDCH	MDCH CARVE OUT MEDICATION
DIASTAT ACCUDIAL	*	DIAZEPAM	5-7.5-10MG	KIT	MDCH	MDCH CARVE OUT MEDICATION
DIDRONEL	*	ETIDRONATE DISODIUM	200MG	TABLET		
DIDRONEL	*	ETIDRONATE DISODIUM	400MG	TABLET		
DIFFERIN	*	ADAPALENE	0.1%	CREAM	QL	MAX 45GM PER FILL
DIFFERIN	*	ADAPALENE	0.3%	GEL	QL	MAX 45GM PER FILL
DIFFERIN	*	ADAPALENE	0.1%	GEL	QL	MAX 45GM PER FILL
DIFFERIN		ADAPALENE	0.1%	LOTION	PA	RETIN-A AND DIFFERIN 0.1% CREAM OR GEL
DIFICID		FIDAXOMICIN	200MG	TABLET	PA	CRITERIA MUST BE MET
DIFLUCAN	*	FLUCONAZOLE	10MG/ML	SUSP RECON		
DIFLUCAN	*	FLUCONAZOLE	40MG/ML	SUSP RECON		
DIFLUCAN	*	FLUCONAZOLE	150MG	TABLET	QL	MAX EIGHT TABLETS PER MONTH
DIFLUCAN	*	FLUCONAZOLE	100MG	TABLET		
DIFLUCAN	*	FLUCONAZOLE	200MG	TABLET		
DIFLUCAN	*	FLUCONAZOLE	50MG	TABLET		
DILACOR XR	*	DILTIAZEM HCL	120MG	CAP ER DEG	QL	MAX ONE CAPSULE PER DAY
DILACOR XR	*	DILTIAZEM HCL	180MG	CAP ER DEG	QL	MAX ONE CAPSULE PER DAY
DILACOR XR	*	DILTIAZEM HCL	240MG	CAP ER DEG	QL	MAX ONE CAPSULE PER DAY
DILANTIN	*	PHENYTOIN SODIUM EXTENDED	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
DILANTIN		PHENYTOIN SODIUM EXTENDED	30MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
DILANTIN	*	PHENYTOIN	125MG/5ML	ORAL SUSP	MDCH	MDCH CARVE OUT MEDICATION

DILANTIN	*	PHENYTOIN	50MG	TAB CHEW	MDCH	MDCH CARVE OUT MEDICATION
DILATRATE-SR		ISOSORBIDE DINITRATE	40MG	CAPSULE SA		
DILAUDID	*	HYDROMORPHONE HCL	1MG/ML	LIQUID		
DILAUDID	*	HYDROMORPHONE HCL	3MG	SUPP.RECT		
DILAUDID	*	HYDROMORPHONE HCL	2MG	TABLET		
DILAUDID	*	HYDROMORPHONE HCL	4MG	TABLET		
DILAUDID	*	HYDROMORPHONE HCL	8MG	TABLET		
DIOVAN	*	VALSARTAN	160MG	TABLET	PA	ALT: AVAPRO AND COZAAR
DIOVAN	*	VALSARTAN	320MG	TABLET	PA	ALT: AVAPRO AND COZAAR
DIOVAN	*	VALSARTAN	40MG	TABLET	PA	ALT: AVAPRO AND COZAAR
DIOVAN	*	VALSARTAN	80MG	TABLET	PA	ALT: AVAPRO AND COZAAR
DIOVAN HCT	*	VALSARTAN/HCTZ	160-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
DIOVAN HCT	*	VALSARTAN/HCTZ	160-25MG	TABLET	QL	MAX ONE TABLET PER DAY
DIOVAN HCT	*	VALSARTAN/HCTZ	320-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
DIOVAN HCT	*	VALSARTAN/HCTZ	320-25MG	TABLET	QL	MAX ONE TABLET PER DAY
DIOVAN HCT	*	VALSARTAN/HCTZ	80-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
DIPENTUM		OLSALAZINE SODIUM	250MG	CAPSULE		
DIPROLENE	*	BETAMET DIPROP/PROP GLY	0.05%	LOTION	QL	MAX 60ML PER MONTH
DIPROLENE	*	BETAMET DIPROP/PROP GLY	0.05%	OINT.(GM)	QL	MAX 45GM PER MONTH
DIPROLENE AF	*	BETAMET DIPROP/PROP GLY	0.05%	CREAM	QL	MAX 45GM PER MONTH
DIPROSONE	*	BETAMETHASONE DIPROPIONATE	0.05%	CREAM	QL	MAX 45GM PER MONTH
DIPROSONE	*	BETAMETHASONE DIPROPIONATE	0.05%	GEL	QL	MAX 45GM PER MONTH
DIPROSONE	*	BETAMETHASONE DIPROPIONATE	0.05%	LOTION	QL	MAX 60ML PER MONTH
DIPROSONE	*	BETAMETHASONE DIPROPIONATE	0.05%	OINT.(GM)	QL	MAX 45GM PER MONTH
DISALCID	*	SALSALATE	500MG	TABLET		
DISALCID	*	SALSALATE	750MG	TABLET		
DITROPAN	*	OXYBUTYNIN CHLORIDE	5MG/5ML	SYRUP		
DITROPAN	*	OXYBUTYNIN CHLORIDE	5MG	TABLET		
DITROPAN XL	*	OXYBUTYNIN HCL	10MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
DITROPAN XL	*	OXYBUTYNIN HCL	15MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
DITROPAN XL	*	OXYBUTYNIN HCL	5MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
DIURIL		CHLOROTHIAZIDE	250MG/5ML	ORAL SUSP	AG	MAX AGE 10
DIURIL	*	CHLOROTHIAZIDE	250MG	TABLET		
DIURIL	*	CHLOROTHIAZIDE	500MG	TABLET		
DI-VI-SOL OTC	*	CHOLECALCIFEROL (VIT D3)	400IU/ML	ORAL DROPS		
DOK OTC	*	DOCUSATE SODIUM	100MG	CAPSULE		
DOK OTC	*	DOCUSATE SODIUM	100MG	TABLET		

DOLOBID	*	DIFLUNISAL	500MG	TABLET	PA	ALT: LODINE, MOBIC AND VOLTAREN
DOLOPHINE	*	METHADONE HCL	10MG/ML	ORAL CONC.	QL	MAX 12MLS PER DAY
DOLOPHINE	*	METHADONE HCL	5MG/5ML	SOLUTION		
DOLOPHINE	*	METHADONE HCL	10MG	TABLET	QL	MAX SIX TABLETS PER DAY
DOLOPHINE	*	METHADONE HCL	5MG	TABLET	QL	MAX TWELVE TABLETS PER DAY
DOMEBORO OTIC		ACETIC ACID/ALUMINUM ACETATE	2%	OTIC		
DONNATAL	*	BELLADONNA/PHENOBARB	16.2MG/5ML	ELIXIR		
DONNATAL	*	BELLADONNA/PHENOBARB	16.2MG	TABLET		
DOSTINEX	*	CABERGOLINE	0.5MG	TABLET	QL	MAX FOUR TABLETS PER DAY
DOVONEX	*	CALCIPOTRIENE	0.005%	CREAM	QL	MAX 60GMS PER FILL
DOVONEX	*	CALCIPOTRIENE	0.005%	OINT.(GM)	QL	MAX 60GMS PER FILL
DOVONEX	*	CALCIPOTRIENE	0.005%	SOLUTION		
DRAMAMINE OTC		DIMENHYDRINATE	25MG	TAB CHEW		
DRAMAMINE OTC		DIMENHYDRINATE	50MG	TAB CHEW		
DRAMAMINE OTC	*	DIMENHYDRINATE	50MG	TABLET		
DRISDOL	*	ERGOCALCIFEROL	50,000 UNITS	CAPSULE		
DRITHOCREME HP		ANTHRALIN	1%	CREAM		
DRYSOL		ALUMINUM CHLORIDE	20%	SOLUTION		
DUAC	*	CLINDAMYCIN/ BENZOYL PEROXIDE	1.2(1)%-5%	GEL	PA	ALT: BENZAMYCIN OR CLINDAMYCIN PLUS BENZOYL PEROXIDE
DUETACT	*	PIOGLITAZONE/GLIMEPIRIDE	30MG-2MG	TABLET	PA	ALT: ACTOS PLUS AMARYL
DUETACT	*	PIOGLITAZONE/GLIMEPIRIDE	30MG-4MG	TABLET	PA	ALT: ACTOS PLUS AMARYL
DULCOLAX OTC		BISACODYL	10MG	SUPP.RECT		
DULCOLAX OTC		BISACODYL	5MG	TABLET DR		
DULERA		MOMETASONE/ FORMOTEROL	100-5MCG	HFA INHALER	QL	MAX ONE INHALER PER MONTH
DULERA		MOMETASONE/ FORMOTEROL	200-5MCG	HFA INHALER	QL	MAX ONE INHALER PER MONTH
DUONEB	*	IPRATROPIUM/ALBUTEROL SULFATE	0.5-2.5/3	AMPUL-NEB.		
DURAGESIC	*	FENTANYL	100MCG/HR	PATCH TD72HR	QL	ACROSS ALL STRENGTHS.
DURAGESIC	*	FENTANYL	12MCG/HR	PATCH TD72HR	QL	ACROSS ALL STRENGTHS.
DURAGESIC	*	FENTANYL	25MCG/HR	PATCH TD72HR	QL	ACROSS ALL STRENGTHS.
DURAGESIC	*	FENTANYL	50MCG/HR	PATCH TD72HR	QL	ACROSS ALL STRENGTHS.
DURAGESIC	*	FENTANYL	75MCG/HR	PATCH TD72HR	QL	ACROSS ALL STRENGTHS.
DUREZOL		DIFLUPREDNATE	0.05%	OPTIC DROPS	PA	ALT: DECADRON, FML AND PRED FORTE
DURICEF	*	CEFADROXIL HYDRATE	500MG	CAPSULE		
DURICEF	*	CEFADROXIL HYDRATE	250MG/5ML	SUSP RECON		
DURICEF	*	CEFADROXIL HYDRATE	500MG/5ML	SUSP RECON		
DURICEF	*	CEFADROXIL HYDRATE	1G	TABLET		

DYAZIDE	*	TRIAMTERENCE/HCTZ	25/50	CAPSULE		
DYAZIDE	*	TRIAMTERENCE/HCTZ	37.5-25MG	CAPSULE		
DYMELOR	*	ACETOHEXAMIDE	500MG	TABLET		
DYNACIN	*	MINOCYCLINE HCL	100MG	TABLET	PA	ALT: MINOCIN
DYNACIN	*	MINOCYCLINE HCL	50MG	TABLET	PA	ALT: MINOCIN
DYNACIN	*	MINOCYCLINE HCL	75MG	TABLET	PA	ALT: MINOCIN
DYNACIRC	*	ISRADIPINE	2.5MG	CAPSULE		
DYNACIRC	*	ISRADIPINE	5MG	CAPSULE		
DYNAPEN	*	DICLOXACILLIN SODIUM	250MG	CAPSULE		
DYNAPEN	*	DICLOXACILLIN SODIUM	500MG	CAPSULE		
DYRENIUM		TRIAMTERENE	100MG	CAPSULE		
DYRENIUM		TRIAMTERENE	50MG	CAPSULE		
E.E.S.	*	ERYTHROMYCIN ETHYLSUCCINATE	400MG	TABLET		
E.E.S. 200	*	ERYTHROMYCIN ETHYLSUCCINATE	200MG/5ML	SUSP RECON		
EC-NAPROSYN	*	NAPROXEN	375MG	TABLET DR	QL	MAX THREE TABLETS PER DAY
EC-NAPROSYN	*	NAPROXEN	500MG	TABLET DR	QL	MAX THREE TABLETS PER DAY
ECOTRIN OTC	*	ASPIRIN	325MG	TABLET DR		
ECOTRIN OTC	*	ASPIRIN	81MG	TABLET DR		
EDARBI		AZILSARTAN MEDOXIMIL	40MG	TABLET	PA	ALT: AVAPRO AND COZAAR
EDARBI		AZILSARTAN MEDOXIMIL	80MG	TABLET	PA	ALT: AVAPRO AND COZAAR
EDECRIN		ETHACRYNIC ACID	25MG	TABLET		
EDLUAR		ZOLPIDEM TARTRATE	10MG	TAB SL	MDCH	MDCH CARVE OUT MEDICATION
EDLUAR		ZOLPIDEM TARTRATE	5MG	TAB SL	MDCH	MDCH CARVE OUT MEDICATION
EDURANT		RILPIVIRINE HCL	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
EFFEXOR	*	VENLAFAXINE HCL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
EFFEXOR	*	VENLAFAXINE HCL	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
EFFEXOR	*	VENLAFAXINE HCL	37.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
EFFEXOR	*	VENLAFAXINE HCL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
EFFEXOR	*	VENLAFAXINE HCL	75MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
EFFEXOR XR	*	VENLAFAXINE	150MG	CAP ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
EFFEXOR XR	*	VENLAFAXINE	37.5MG	CAP ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
EFFEXOR XR	*	VENLAFAXINE	75MG	CAP ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
EFFIENT		PRASUGREL HCL	10MG	TABLET	PA	ALT: PLAVIX
EFFIENT		PRASUGREL HCL	5MG	TABLET	PA	ALT: PLAVIX
EFUDEX	*	FLUOROURACIL	5%	CREAM		
EFUDEX	*	FLUOROURACIL	5%	SOLUTION		
ELAVIL	*	AMITRIPTYLINE HCL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

ELAVIL	*	AMITRIPTYLINE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ELAVIL	*	AMITRIPTYLINE HCL	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ELAVIL	*	AMITRIPTYLINE HCL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ELAVIL	*	AMITRIPTYLINE HCL	75MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ELDEPRYL	*	SELEGILINE HCL	5MG	CAPSULE		
ELESTAT	*	EPINASTINE HCL	0.05%	OPTIC	QL	MAX 5MLS PER FILL
ELIDEL		PIMECROLIMUS	1%	CREAM	PA	CRITERIA MUST BE MET
ELIMITE	*	PERMETHRIN	5%	CREAM	QL	MAX THREE TUBES PER FILL
ELINEST	*	NORGESTREL- ETHINYL ESTRADIOL	0.3-0.03MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ELIQUIS		APIXABAN	2.5MG	TABLET	PA	ALT: COUMADIN
ELIQUIS		APIXABAN	5MG	TABLET	PA	ALT: COUMADIN
ELIXOPHYLLINE	*	THEOPHYLLINE ANHYDROUS	80MG/15ML	ELIXIR		
ELLA		ULIPRISTAL ACETATE	30MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET EVERY 28 DAYS
ELMIRON		PENTOSAN POLYSULFATE SODIUM	100MG	CAPSULE	PA	CRITERIA MUST BE MET
ELOCON	*	MOMETASONE FUROATE	0.10%	CREAM		
ELOCON	*	MOMETASONE FUROATE	0.10%	OINT.(GM)		
ELOCON	*	MOMETASONE FUROATE	0.10%	SOLUTION		
EMEND		APREPITANT	125MG-80MG	CAP DS PACK	PA	CANCER DIAGNOSIS
EMEND		APREPITANT	125MG	CAPSULE	PA	CANCER DIAGNOSIS
EMEND		APREPITANT	40MG	CAPSULE	PA	CANCER DIAGNOSIS
EMEND		APREPITANT	80MG	CAPSULE	PA	CANCER DIAGNOSIS
EMLA	*	LIDOCAINE/PRILOCAINE	2.5-2.5%	CREAM		
EMOQUETTE	*	DESOGESTRIL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
EMPIRIN W/CODEINE	*	CODEINE PHOSPHATE/ ASPIRIN	15-325MG	TABLET		
EMPIRIN W/CODEINE	*	CODEINE PHOSPHATE/ ASPIRIN	30-325MG	TABLET		
EMPIRIN W/CODEINE	*	CODEINE PHOSPHATE/ ASPIRIN	60-325MG	TABLET		
EMSAM		SELEGILINE	12MG/24HR	PATCH TD 24HR	PA	ALT: ELDEPRYL
EMSAM		SELEGILINE	6MG/24HR	PATCH TD 24HR	PA	ALT: ELDEPRYL
EMSAM		SELEGILINE	9MG/24HR	PATCH TD 24HR	PA	ALT: ELDEPRYL
EMTRIVA		EMTRICTABINE	200MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
E-MYCIN	*	ERYTHROMYCIN BASE	250MG	TABLET DR		
EMYCT		ESTRAMUSTINE PHOSPHATE SODIUM	140MG	CAPSULE	PA	CRITERIA MUST BE MET
ENBREL		ETANERCPT	25MG	KIT	PA, SP	CRITERIA MUST BE MET
ENBREL		ETANERCPT	50MG	KIT	PA, SP	CRITERIA MUST BE MET
ENDURON	*	METHYCLOTHIAZIDE	5MG	TABLET		
ENEMEEZ OTC	*	DOCUSATE SODIUM/ BENZOCAINE	283-20MG/5ML	ENEMA		
ENEMEEZ OTC	*	DOCUSATE SODIUM	283MG/5ML	ENEMA		

ENPRESSE	*	LEVONORGESTREL- ETHINYL ESTRA	6-5-10	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ENSKYCE	*	DESOGESTREL- ETHINYL ESTRADIOL	0.15-0.03	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ENTOCORT	*	BUDESONIDE	3MG	CAPDR ER	PA	CRITERIA MUST BE MET
ENULOSE	*	LACTULOSE	10GM/15ML	SOLUTION	MDCH	MDCH CARVE OUT MEDICATION
EPANED		ENALAPRIL MALEATE	1MG/ML	SOLN RECON	AG	MAX AGE 10
EPINAL		EPINEPHRYL BORATE	1%	OPTIC		
EPIPEN		EPINEPHRINE	0.3MG	DISP SYRIN	QL	MAX 4 PENS PER FILL
EPIPEN JR		EPINEPHRINE	0.15MG	DISP SYRIN	QL	MAX 4 PENS PER FILL
EPIVIR	*	LAMIVUDINE	10MG/ML	SOLUTION	MDCH	MDCH CARVE OUT MEDICATION
EPIVIR	*	LAMIVUDINE	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
EPIVIR	*	LAMIVUDINE	300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
EPIVIR HBV		LAMIVUDINE	25MG/5ML	SOLUTION	PA, SP	CRITERIA MUST BE MET
EPIVIR HBV	*	LAMIVUDINE	100MG	TABLET	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	10,000U/ML	VIAL	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	20,000/2ML	VIAL	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	20,000U/ML	VIAL	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	2000U/ML	VIAL	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	3000U/ML	VIAL	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	40,000U/ML	VIAL	PA, SP	CRITERIA MUST BE MET
EPOGEN		EPOETIN ALFA	4000U/ML	VIAL	PA, SP	CRITERIA MUST BE MET
EPZICOM		ABACAVIR SULFATE/LAMUVIDINE	600-300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
EQUETRO		CARBAMAZEPINE	100MG	CPMP 12HR	MDCH	MDCH CARVE OUT MEDICATION
EQUETRO		CARBAMAZEPINE	200MG	CPMP 12HR	MDCH	MDCH CARVE OUT MEDICATION
EQUETRO		CARBAMAZEPINE	300MG	CPMP 12HR	MDCH	MDCH CARVE OUT MEDICATION
ERGOMAR		ERGOTAMINE TARTRATE	2MG	TAB SUBL		
ERIVEDGE		VISMODEGIB	150MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ERRIN	*	NORETHINDRONE	0.35MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ERYC	*	ERYTHROMYCIN BASE	250MG	CAPSULE DR		
ERYCETTE	*	ERYTHROMYCIN	2%	MED SWAB	PA	ALT: A/T/S SOLUTION
ERYGEL	*	ERYTHROMYCIN	2%	GEL		
ERYPED		ERYTHROMYCIN ETHYLSUCCINATE	200MG	TAB CHEW		
ERYPED 200	*	ERYTHROMYCIN ETHYLSUCCINATE	200MG/5ML	SUSP RECON		
ERYPED 400		ERYTHROMYCIN ETHYLSUCCINATE	400MG/5ML	SUSP RECON		
ERY-TAB	*	ERYTHROMYCIN BASE	250MG	TABLET DR		
ERY-TAB	*	ERYTHROMYCIN BASE	333MG	TABLET DR		
ERY-TAB	*	ERYTHROMYCIN BASE	500MG	TABLET DR		
ERYTHROMYCIN	*	ERYTHROMYCIN BASE	2%	SOLUTION		

ERYTHROMYCIN	*	ERYTHROMYCIN STEARATE	250MG	TABLET		
ERYTHROMYCIN	*	ERYTHROMYCIN STEARATE	500MG	TABLET		
ERYTHROMYCIN	*	ERYTHROMYCIN BASE	500MG	TABLET		
ESBRIET		PIRFENIDONE	267MG	CAPSULE	PA	CRITERIA MUST BE MET
ESGIC	*	BUTABITAL/APAP/CAFFEINE	50-325-40MG	CAPSULE	QL	MAX SIX TABLETS PER DAY
ESKALITH	*	LITHIUM CARBONATE	150MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ESKALITH	*	LITHIUM CARBONATE	300MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ESKALITH	*	LITHIUM CARBONATE	600MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ESKALITH CR	*	LITHIUM CARBONATE	450MG	TABLET ER	MDCH	MDCH CARVE OUT MEDICATION
ESTARYLLA	*	NORGESTIMATE- ETHINYL ESTRADIO	0.25-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ESTRACE		ESTRADIOL	0.01%	CREAM/APPL	F	FEMALES ONLY
ESTRACE	*	ESTRADIOL	0.5MG	TABLET	F	FEMALES ONLY
ESTRACE	*	ESTRADIOL	1MG	TABLET	F	FEMALES ONLY
ESTRACE	*	ESTRADIOL	2MG	TABLET	F	FEMALES ONLY
ESTRATEST	*	ME-TESTOSTERONE/ ESTROGEN,EST	2.5-1.25MG	TABLET	F	FEMALES ONLY
ESTRATEST HS	*	ME-TESTOSTERONE/ ESTROGEN,EST	1.25-0.625	TABLET	F	FEMALES ONLY
ESTROSTEP FE	*	NORETH A-ET ESTRA/FE FUMARATE	5-7-9-7	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ETHAQUIN		ETHAVERINE HCL	100MG	TABLET		
ETHYL CHLORIDE		ETHYL CHLORIDE	100%	SPRAY		
EULEXIN	*	FLUTAMIDE	125MG	CAPSULE		
EURAX		CROTAMITON	10%	CREAM	QL	MAX 60GMS PER FILL
EURAX		CROTAMITON	10%	LOTION	QL	MAX 60MLS PER FILL
EVISTA	*	RALOXIFENE HCL	60MG	TABLET	F, QL	MAX ONE TABLET PER DAY
EVOXAC	*	CEVIMELINE HCL	30MG	CAPSULE	QL	MAX THREE CAPSULES PER DAY
EXALGO	*	HYDROMORPHONE HCL	12MG	TAB ER 24HR	PA	CANCER DIAGNOSIS
EXALGO	*	HYDROMORPHONE HCL	16MG	TAB ER 24HR	PA	CANCER DIAGNOSIS
EXALGO	*	HYDROMORPHONE HCL	8MG	TAB ER 24HR	PA	CANCER DIAGNOSIS
EXELON	*	RIVASTIGMINE TARTATE	1.5MG	CAPSULE	QL	MAX TWO CAPSULES PER DAY
EXELON	*	RIVASTIGMINE TARTATE	3MG	CAPSULE	QL	MAX TWO CAPSULES PER DAY
EXELON	*	RIVASTIGMINE TARTATE	4.5MG	CAPSULE	QL	MAX TWO CAPSULES PER DAY
EXELON	*	RIVASTIGMINE TARTATE	6MG	CAPSULE	QL	MAX TWO CAPSULES PER DAY
EXELON		RIVASTIGMINE TARTATE	4.6MG/24HR	PATCH TD24HR	PA	CRITERIA MUST BE MET
EXELON		RIVASTIGMINE TARTATE	9.5MG/24HR	PATCH TD24HR	PA	CRITERIA MUST BE MET
EXJADE		DEFERASIROX	125MG	TAB DISPER	PA, SP	CRITERIA MUST BE MET
EXJADE		DEFERASIROX	250MG	TAB DISPER	PA, SP	CRITERIA MUST BE MET
EXJADE		DEFERASIROX	500MG	TAB DISPER	PA, SP	CRITERIA MUST BE MET

FALMINA	*	LEVONORGESTREL- ETHINYL ESTRA	0.1-0.02	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
FAMVIR	*	FAMCICLOVIR	125MG	TABLET	QL	MAX THREE TABLETS PER DAY
FAMVIR	*	FAMCICLOVIR	250MG	TABLET	QL	MAX THREE TABLETS PER DAY
FAMVIR	*	FAMCICLOVIR	500MG	TABLET	QL	MAX THREE TABLETS PER DAY
FANAPT		ILOPERIDONE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FANAPT		ILOPERIDONE	12MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FANAPT		ILOPERIDONE	1MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FANAPT		ILOPERIDONE	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FANAPT		ILOPERIDONE	4MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FANAPT		ILOPERIDONE	6MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FANAPT		ILOPERIDONE	8MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FARESTON		TOREMIFENE CITRATE	60MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FARXIGA		DAPAGLIFLOZIN PROPANEDIOL	5MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
FARXIGA		DAPAGLIFLOZIN PROPANEDIOL	10MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
FAZACLO	*	CLOZAPINE	100MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
FAZACLO	*	CLOZAPINE	12.5MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
FAZACLO	*	CLOZAPINE	150MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
FAZACLO	*	CLOZAPINE	200MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
FAZACLO	*	CLOZAPINE	25MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
FELBATOL	*	FELBAMATE	600MG/5ML	ORAL SUSP	MDCH	MDCH CARVE OUT MEDICATION
FELBATOL	*	FELBAMATE	400MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FELBATOL	*	FELBAMATE	600MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FELDENE	*	PIROXICAM	20MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
FELDENE	*	PIROXICAM	10MG	CAPSULE	QL	MAX TWO CAPSULES PER DAY
FEMARA	*	LETROZOLE	2.5MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY.
FEMCON FE	*	NORETH- ETHINYL ESTRADIOL/ IRON	0.4-35 (21)	TAB CHEW	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
FEMHRT	*	NORETHIND AC/ETHINYL ESTRADIOL	1MG-5MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY.
FEMHRT LO		NORETHIND AC/ETHINYL ESTRADIOL	0.5MG-2.5MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY.
FENTORA		FENTANYL CITRATE	100MCG	TABLET EFF	PA	CANCER DIAGNOSIS
FENTORA		FENTANYL CITRATE	200MCG	TABLET EFF	PA	CANCER DIAGNOSIS
FENTORA		FENTANYL CITRATE	400MCG	TABLET EFF	PA	CANCER DIAGNOSIS
FENTORA		FENTANYL CITRATE	600MCG	TABLET EFF	PA	CANCER DIAGNOSIS
FENTORA		FENTANYL CITRATE	800MCG	TABLET EFF	PA	CANCER DIAGNOSIS
FEOSOL OTC	*	IRON POLYSACCH/IRON HEME POLYP	28MG	TABLET		
FEOSOL OTC	*	FERROUS SULFATE	325(65)MG	TABLET		
FEOSOL OTC	*	IRON, CARBONYL	45MG	TABLET		

FERGON OTC	*	FERROUS GLUCONATE	240(27)MG	TABLET		
FER-IN-SOL OTC	*	FERROUS SULFATE	15MG/ML	DROPS		
FERRIPROX		DEFERIPRONE	500MG	TABLET		
FERROUS SULFATE OTC	*	FERROUS SULFATE	300MG/5ML	ORAL LIQUID		
FERROUS SULFATE OTC	*	FERROUS SULFATE	220(44)/5ML	ORAL SOLN		
FEVERALL OTC	*	ACETAMINOPHEN	120MG	SUPP RECTAL		
FEVERALL OTC	*	ACETAMINOPHEN	325MG	SUPP RECTAL		
FEVERALL OTC	*	ACETAMINOPHEN	650MG	SUPP RECTAL		
FEVERALL OTC	*	ACETAMINOPHEN	80MG	SUPP RECTAL		
FIBRICOR	*	FENOFIBRIC ACID	105MG	TABLET		
FIBRICOR	*	FENOFIBRIC ACID	35MG	TABLET		
FINACEA		AZELAIC ACID	15%	GEL	PA	CRITERIA MUST BE MET
FIORICET	*	BUTABITAL/APAP/CAFFEINE	50-300-40	TABLET	QL	MAX SIX TABLETS PER DAY
FIORICET	*	BUTABITAL/APAP/CAFFEINE	50-325-40	TABLET	QL	MAX SIX TABLETS PER DAY
FIORICET-CODEINE	*	BUTABITAL/APAP/CAFF/ CODEINE	30-50-325	CAPSULE	PA	ALT: TYLENOL #3 AND NORCO
FIORINAL	*	BUTALBITAL/ASP/CAFFEINE	325-40-50	CAPSULE	QL	MAX SIX CAPSULES PER DAY
FIORINAL	*	BUTALBITAL/ASP/CAFFEINE	325-40-50	TABLET	QL	MAX SIX TABLETS PER DAY
FIORINAL-CODEINE	*	BUTALBITAL/ASP/CAFF/ CODEINE	30MG	CAPSULE	QL	MAX SIX CAPSULES PER DAY
FIRST-DUKE'S MOUTHWASH		NYSTATIN/ HYDROCORTISONE/ DIPH	06GM-237ML	SUSP RECON		
FIRST-LANSOPRAZOLE		LANSOPRAZOLE	3MG/ML	SUSP RECON	AG	MAX AGE OF TEN YEARS OLD
FIRST-MARY'S MOUTHWASH		NYSTATIN/TCN/HC/ DIPHENHYDRAMI	1.2GM/237ML	SUSP RECON		
FIRST-OMEPRAZOLE		OMEPRAZOLE	2MG/ML	SUSP RECON	AG	MAX AGE OF TEN YEARS OLD
FLAGYL	*	METRONIDAZOLE	375MG	CAPSULE	PA	ALT: FLAGYL 250MG OR 500MG
FLAGYL	*	METRONIDAZOLE	250MG	TABLET		
FLAGYL	*	METRONIDAZOLE	500MG	TABLET		
FLAGYL ER		METRONIDAZOLE	750MG	TABLET ER	PA	ALT: FLAGYL 250MG OR 500MG
FLAREX		FLUOROMETHOLONE ACETATE	0.1%	OPTIC	PA	MAX 5MLS PER FILL
FLEXERIL	*	CYCLOBENZAPRINE HCL	10MG	TABLET		
FLEXERIL	*	CYCLOBENZAPRINE HCL	5MG	TABLET		
FLOMAX	*	TAMSULOSIN HCL	0.4MG	CAP ER 24HR	M, QL	MALES ONLY. MAX TWO CAPSULES PER DAY.
FLONASE	*	FLUTICASONE PROPIONATE	50MCG	SPRAY	QL	MAX 16GMS PER FILL
FLONASE OTC	*	FLUTICASONE PROPIONATE	50MCG	SPRAY	QL	MAX 16GMLS PER MONTH+G1491
FLO-PRED		PREDNISOLONE ACETATE	15MG/5ML	ORAL SUSP	PA	ALT: ORAPRED AND PRELONE
FLORINEF	*	FLUDROCORTISONE ACETATE	0.1MG	TABLET		
FLOVENT HFA		FLUTICASONE PROPIONATE	110MCG	AER W/ADAP	QL	MAX ONE INHALER PER MONTH
FLOVENT HFA		FLUTICASONE PROPIONATE	220MCG	AER W/ADAP	QL	MAX ONE INHALER PER MONTH
FLOVENT HFA		FLUTICASONE PROPIONATE	44MCG	AER W/ADAP	QL	MAX ONE INHALER PER MONTH

FLOVENT ROTODISC		FLUTICASONE PROPIONATE	250MCG	DISK W/DEV	QL	MAX ONE INHALER PER MONTH
FLOVENT ROTODISC		FLUTICASONE PROPIONATE	50MCG	DISK W/DEV	QL	MAX ONE INHALER PER MONTH
FLOXIN	*	OFLOXACIN	200MG	TABLET		
FLOXIN	*	OFLOXACIN	300MG	TABLET		
FLOXIN	*	OFLOXACIN	400MG	TABLET		
FLOXIN OTIC	*	OFLOXACIN	0.3%	OTIC		
FLUMADINE	*	RIMANTADINE HCL	100MG	TABLET		
FLUORITAB	*	SODIUM FLUORIDE	0.125/DROP	ORAL DROPS		
FLUORITAB	*	SODIUM FLUORIDE	0.5(1.1)MG	TAB CHEW		
FLUORITAB	*	SODIUM FLUORIDE	1MG(2.2MG)	TAB CHEW		
FLUOROPLEX		FLUOROURACIL	1%	CREAM		
FML	*	FLUOROMETHOLONE	0.1%	OPTIC		
FML FORTE		FLUOROMETHOLONE	0.25%	OPTIC		
FML S.O.P		FLUOROMETHOLONE	0.1%	OINT.(GM)		
FOCALIN	*	DEXMETHYLPHENIDATE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FOCALIN	*	DEXMETHYLPHENIDATE HCL	2.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FOCALIN	*	DEXMETHYLPHENIDATE HCL	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	10MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	15MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
FOCALIN XR		DEXMETHYLPHENIDATE HCL	20MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
FOCALIN XR		DEXMETHYLPHENIDATE HCL	25MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	30MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
FOCALIN XR		DEXMETHYLPHENIDATE HCL	35MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	40MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
FOCALIN XR	*	DEXMETHYLPHENIDATE HCL	5MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
FOLIC ACID	*	FOLIC ACID	1MG	TABLET		
FORADIL		FORMOTEROL FUMARATE	12MCG	CAP W/DEV	QL	MAX ONE INHALER PER MONTH
FORFIVO XL		BUPROPION HCL	450MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
FORTAMET	*	METFORMIN	500MG	TAB ER 24HR	PA	ALT: GLUCOPHAGE XR
FORTAMET	*	METFORMIN	1000MG	TAB ER 24HR	PA	ALT: GLUCOPHAGE XR
FORTEO		TERIPARATIDE	20MCG	INJECTION	PA, SP	CRITERIA MUST BE MET
FORTESTA	*	TESTOSTERONE	10MG (2%)	GEL MD PMP	PA	AN ABNORMALLY LOW TESTOSTERONE LEVEL
FORTICAL	*	CALCITONIN,SALMON, SYNTHETIC	200 U/DOSE	SPRAY/PUMP	PA	ALT: GENERIC MIACALCIN
FOSAMAX	*	ALENDRONATE SODIUM	35MG	TABLET	QL	MAX FOUR TABLETS EVERY 28 DAYS
FOSAMAX	*	ALENDRONATE SODIUM	70MG	TABLET	QL	MAX FOUR TABLETS EVERY 28 DAYS
FOSAMAX	*	ALENDRONATE SODIUM	10MG	TABLET	QL	MAX ONE TABLET PER DAY

FOSAMAX	*	ALENDRONATE SODIUM	40MG	TABLET	QL	MAX ONE TABLET PER DAY
FOSAMAX	*	ALENDRONATE SODIUM	5MG	TABLET	QL	MAX ONE TABLET PER DAY
FOSRENOL		LANTHANUM CARBONATE	1000MG	TAB CHEW	PA	ALT: PHOSLO
FOSRENOL		LANTHANUM CARBONATE	500MG	TAB CHEW	PA	ALT: PHOSLO
FOSRENOL		LANTHANUM CARBONATE	750MG	TAB CHEW	PA	ALT: PHOSLO
FRAGMIN		DALTEPARIN SODIUM, PORCINE	10000/ML	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
FRAGMIN		DALTEPARIN SODIUM, PORCINE	12500/0.5ML	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
FRAGMIN		DALTEPARIN SODIUM, PORCINE	15000/0.6ML	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
FRAGMIN		DALTEPARIN SODIUM, PORCINE	18000/0.72ML	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
FRAGMIN		DALTEPARIN SODIUM, PORCINE	2500/0.2ML	VIAL	PA, SP	CRITERIA MUST BE MET
FRAGMIN		DALTEPARIN SODIUM, PORCINE	5000/0.2ML	VIAL	PA, SP	CRITERIA MUST BE MET
FRAGMIN		DALTEPARIN SODIUM, PORCINE	7500/0.3ML	VIAL	PA, SP	CRITERIA MUST BE MET
FUNGOID TINCTURE OTC		MICONAZOLE NITRATE	2%	TINCTURE		
FURACIN		NITROFURAZONE	0.2%	CREAM		
FURACIN		NITROFURAZONE	0.2%	OINT.(GM)		
FURADANTIN	*	NITROFURANTOIN	25MG/5ML	ORAL SUSP		
GABITRIL		TIAGABINE HCL	12MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
GABITRIL		TIAGABINE HCL	16MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
GABITRIL	*	TIAGABINE HCL	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
GABITRIL	*	TIAGABINE HCL	4MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
GARAMYCIN	*	GENTAMICIN SULFATE	0.1%	CREAM		
GARAMYCIN	*	GENTAMICIN SULFATE	0.1%	OINT.(GM)		
GARAMYCIN	*	GENTAMICIN SULFATE	0.3%	OPTIC		
GARAMYCIN	*	GENTAMICIN SULFATE	3MG/ML	OPTIC		
GATTEX		TEDUGLUTIDE	5MG	KIT	PA, SP	CRITERIA MUST BE MET
GAVISCON OTC	*	MAG CARB/AL HYDROX/ ALGINIC AC	237.5-254	ORAL SUSP		
GAVISCON OTC	*	MAG CARB/AL HYDROX/ ALGINIC AC	358-95/15ML	ORAL SUSP		
GAVISCON OTC	*	MAGNESIUM CARBONATE/ AL HYDRC	105-160MG	TAB CHEW		
GAVISCON OTC	*	MG TRISILICATE/ALH/NAHCO3	14.2-80MG	TAB CHEW		
GEL-KAM OTC	*	STANNOUS FLUROIDE	0.4%	GEL(GM)		
GENERESS FE	*	NORETH-ETHINYL ESTRADIOL/IRON	0.8-25(24)	TAB CHEW	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
GENGRAF	*	CYCLOSPORIN, MODIFIED	25MG	CAPSULE		
GENGRAF	*	CYCLOSPORIN, MODIFIED	100MG	CAPSULE		
GENGRAF	*	CYCLOSPORIN, MODIFIED	100MG/ML	SOLUTION	AG	MAX AGE 10
GENOTROPIN		SOMATROPIN	12MG/ML	CARTRIDGE	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	5MG/ML	CARTRIDGE	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	0.2MG/0.25ML	DISP SYRIN	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET

GENOTROPIN		SOMATROPIN	0.4MG/0.25ML	DISP SYRIN	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	0.6MG/0.25ML	DISP SYRIN	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	0.8MG/0.25ML	DISP SYRIN	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	1.2MG/0.25ML	DISP SYRIN	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	1.4MG/0.25ML	DISP SYRIN	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	1.6MG/0.25ML	DISP SYRIN	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	1.8MG/0.25ML	DISP SYRIN	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	1MG/0.25ML	DISP SYRIN	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GENOTROPIN		SOMATROPIN	2MG/0.25ML	DISP SYRIN	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
GEODON	*	ZIPRASIDONE HCL	20MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
GEODON	*	ZIPRASIDONE HCL	40MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
GEODON	*	ZIPRASIDONE HCL	60MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
GEODON	*	ZIPRASIDONE HCL	80MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
GIANVI	*	E. ESTRADIOL/ DROSPIRENONE	0.02-3MG (24)	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
GILDAGIA	*	NORETHINDRONE/ ETHINYL ESTRAD	0.4-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
GILDESS FE	*	NORETH A-ET ESTRA/FE FUMARATE	1.5MG-30MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
GILDESS FE	*	NORETH A-ET ESTRA/FE FUMARATE	1MG-20MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
GILENYA		FINGOLIMOD HCL	0.5MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
GILOTRIF		AFATINIB DIMALEATE	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
GILOTRIF		AFATINIB DIMALEATE	30MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
GILOTRIF		AFATINIB DIMALEATE	40MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
GLEEVEC		IMATINIB MESYLATE	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
GLEEVEC		IMATINIB MESYLATE	400MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
GLUCAGON		GLUCAGON,HUMAN RECOMBINANT	1MG	KIT		
GLUCOPHAGE	*	METFORMIN HCL	1000MG	TABLET		
GLUCOPHAGE	*	METFORMIN HCL	500MG	TABLET		
GLUCOPHAGE	*	METFORMIN HCL	850MG	TABLET		
GLUCOPHAGE XR	*	METFORMIN HCL	500MG	TAB ER 24HR		
GLUCOPHAGE XR	*	METFORMIN HCL	750MG	TAB ER 24HR		
GLUCOTROL	*	GLIPIZIDE	10MG	TABLET		
GLUCOTROL	*	GLIPIZIDE	5MG	TABLET		
GLUCOTROL XL	*	GLIPIZIDE	10MG	TAB ER 24HR		
GLUCOTROL XL	*	GLIPIZIDE	2.5MG	TAB ER 24HR		
GLUCOTROL XL	*	GLIPIZIDE	5MG	TAB ER 24HR		
GLUCOVANCE	*	METFORMIN/GLYBURIDE	1.25-250MG	TABLET		

GLUCOVANCE	*	METFORMIN/GLYBURIDE	2.5-500MG	TABLET		
GLUCOVANCE	*	METFORMIN/GLYBURIDE	5MG-500MG	TABLET		
GLYNASE	*	GLYBURIDE,MICRONIZED	1.5MG	TABLET		
GLYNASE	*	GLYBURIDE,MICRONIZED	3MG	TABLET		
GLYNASE	*	GLYBURIDE,MICRONIZED	6MG	TABLET		
GLYSET		MIGLITOL	100MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
GLYSET		MIGLITOL	25MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
GLYSET		MIGLITOL	50MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
GOLYTELY	*	PEG-3350 AND ELECTROLYTES	236-22.74GM	SOLN RECON		
GRALISE		GABAPENTIN	300MG	TAB ER 24HR	PA	ALT: NEURONTIN
GRALISE		GABAPENTIN	600MG	TAB ER 24HR	PA	ALT: NEURONTIN
GRANISOL	*	GRANISETRON HCL	1MG/5ML	SOLUTION	PA	CANCER DIAGNOSIS
GRIFULVIN V	*	GRISEOFULVIN,MICROSIZE	125MG/5ML	ORAL SUSP	AG, QL	MAX AGE 10. MAX 40ML PER DAY.
GRIFULVIN V		GRISEOFULVIN,MICROSIZE	500MG	TABLET	QL	MAX TWO TABLETS PER DAY
GRIS-PEG	*	GRISEOFULVIN ULTRAMICROSIZE	125MG	TABLET	QL	MAX THREE TABLETS PER DAY
GRIS-PEG	*	GRISEOFULVIN ULTRAMICROSIZE	250MG	TABLET	QL	MAX THREE TABLETS PER DAY
GYNAZOLE-1		BUTACONAZOLE NITRATE	2%	CRM SR(GM)	PA	ALT: GYNE-LOTRIMIN AND TERAZOL
GYNE-LOTRIMIN OTC	*	CLOTRIMAZOLE	1%	CREAM/APPL		
GYNE-LOTRIMIN OTC	*	CLOTRIMAZOLE	2%	CREAM/APPL		
HALCION	*	TRIAZOLAM	0.125MG%	TABLET	MDCH	MDCH CARVE OUT MEDICATION
HALCION	*	TRIAZOLAM	0.25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
HALDOL	*	HALOPERIDOL LACTATE	0.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
HALDOL	*	HALOPERIDOL LACTATE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
HALDOL	*	HALOPERIDOL LACTATE	1MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
HALDOL	*	HALOPERIDOL LACTATE	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
HALDOL	*	HALOPERIDOL LACTATE	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
HALDOL	*	HALOPERIDOL LACTATE	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
HEATHER	*	NORETHINDRONE	0.35MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
HECTORAL	*	DOXERCALCIFEROL	0.5MCG	CAPSULE		
HECTORAL	*	DOXERCALCIFEROL	1MCG	CAPSULE		
HECTORAL	*	DOXERCALCIFEROL	2.5MCG	CAPSULE		
HEPARIN		HEPARIN SODIUM (PORCINE)	100 U/ML	DISP SYRIN		
HEPARIN		HEPARIN SODIUM (PORCINE)	5000 U/ML	DISP SYRIN		
HEPARIN		HEPARIN SODIUM (PORCINE)	10 UNIT/ML	VIAL		
HEPARIN		HEPARIN SODIUM (PORCINE)	100 U/ML	VIAL		
HEPARIN		HEPARIN SODIUM (PORCINE)	10000 U/ML	VIAL		
HEPARIN		HEPARIN SODIUM (PORCINE)	1000U/ML	VIAL		
HEPARIN		HEPARIN SODIUM (PORCINE)	20000U/ML	VIAL		

HEPARIN		HEPARIN SODIUM (PORCINE)	5000U/ML	VIAL		
HEPSERA	*	ADEFOVIR DIPIVOXIL	10MG	TABLET	PA	CRITERIA MUST BE MET
HEXALEN		ALTRETAMINE	50MG	CAPSULE	PA	CRITERIA MUST BE MET
HIPREX	*	METHENAMINE HIPPURATE	1GM	TABLET		
HORIZANT		GABAPENTIN ENACARBIL	600MG	TAB ER 24HR	PA	ALT: NEURONTIN
HUMALOG		INSULIN LISPRO	100U/ML	CARTRIDGE	AG	MAX AGE 18
HUMALOG		INSULIN LISPRO	100U/ML	PEN	AG	MAX AGE 18
HUMALOG		INSULIN LISPRO	100U/ML	VIAL		
HUMALOG MIX 50-50		INSULIN LISPRO/NPH	50/50	PEN	AG	MAX AGE 18
HUMALOG MIX 50-50		INSULIN LISPRO/NPH	50/50	VIAL		
HUMALOG MIX 75-25		INSULIN LISPRO/NPH	75/25	PEN	AG	MAX AGE 18
HUMALOG MIX 75-25		INSULIN LISPRO/NPH	75/25	VIAL		
HUMATIN	*	PAROMOMYCIN SULFATE	250MG	CAPSULE	PA	CRITERIA MUST BE MET
HUMATROPE		SOMATROPIN		CARTRIDGE	PA, SP	CRITERIA MUST BE MET
HUMATROPE		SOMATROPIN		VIAL	PA, SP	CRITERIA MUST BE MET
HUMIRA		ADALIMUMAB	20MG/0.4ML	KIT	PA, SP	CRITERIA MUST BE MET
HUMIRA		ADALIMUMAB	40MG/0.8ML	KIT	PA, SP	CRITERIA MUST BE MET
HUMIRA		ADALIMUMAB	40MG/0.8ML	PEN KIT	PA, SP	CRITERIA MUST BE MET
HUMORSOL		DEMECARIUM BROMIDE	0.125%	OPTIC		
HUMORSOL		DEMECARIUM BROMIDE	0.25%	OPTIC		
HUMULIN 70-30		HUMAN INSULIN NPH/REGULAR	70/30	PEN	AG	MAX AGE 18
HUMULIN 70-30		HUMAN INSULIN NPH/REGULAR	70/30	VIAL		
HUMULIN N		HUMAN INSULIN NPH	100U/ML	PEN	AG	MAX AGE 18
HUMULIN N		HUMAN INSULIN NPH	100U/ML	VIAL		
HUMULIN R		HUMAN INSULIN REGULAR	100U/ML	VIAL		
HUMULIN R		HUMAN INSULIN REGULAR	500U/ML	VIAL		
HYCAMTIN		TOPOTECAN HCL	0.25MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
HYCAMTIN		TOPOTECAN HCL	1MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
HYCET	*	HYDROCODONE/ ACETAMINOPHEN	7.5-325MG/15ML	SOLUTION		
HYCODAN	*	HYDROCODONE/ HOMATROPINE	5-1.5MG	SYRUP	QL	MAX 30MLS PER DAY
HYCODAN	*	HYDROCODONE/ HOMATROPINE	5-1.5MG	TABLET	QL	MAX SIX TABLETS PER DAY
HYDERGINE	*	ERGOLOID MESYLATES	0.5MG	TAB SUBL		
HYDERGINE	*	ERGOLOID MESYLATES	1MG	TAB SUBL		
HYDERGINE	*	ERGOLOID MESYLATES	1MG	TABLET		
HYDREA	*	HYDROXYUREA	500MG	CAPSULE		
HYDRODIURIL	*	HYDROCHLOROTHIAZIDE	25MG	TABLET		
HYDRODIURIL	*	HYDROCHLOROTHIAZIDE	50MG	TABLET		

HYDROPRES	*	RESERPINE/HCTZ	0.125-25MG	TABLET		
HYDROPRES	*	RESERPINE/HCTZ	0.125-50MG	TABLET		
HYGROTON	*	CHLORTHALIDONE	100MG	TABLET		
HYGROTON	*	CHLORTHALIDONE	25MG	TABLET		
HYGROTON	*	CHLORTHALIDONE	50MG	TABLET		
HYPERCARE		ALUMINUM CHLORIDE	20%	SOLUTION		
HYPER-SAL	*	SODIUM CHLORIDE	7%	VIAL-NEB	PA	CRITERIA MUST BE MET
HYTONE	*	HYDROCORTISONE	2.5%	CREAM		
HYTONE	*	HYDROCORTISONE	1%	LOTION		
HYTONE	*	HYDROCORTISONE	2.5%	LOTION		
HYTONE	*	HYDROCORTISONE	2.5%	OINT.(GM)		
HYTONE		HYDROCORTISONE ACETATE		POWDER		
HYTONE	*	HYDROCORTISONE	2.5%	SOLUTION		
HYTONE OTC	*	HYDROCORTISONE ACETATE	1%	CREAM		
HYTONE OTC	*	HYDROCORTISONE	1%	OINT.(GM)		
HYTRIN	*	TERAZOSIN HCL	10MG	CAPSULE		
HYTRIN	*	TERAZOSIN HCL	1MG	CAPSULE		
HYTRIN	*	TERAZOSIN HCL	2MG	CAPSULE		
HYTRIN	*	TERAZOSIN HCL	5MG	CAPSULE		
HYZAAR	*	LOSARTAN/HCTZ	100-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
HYZAAR	*	LOSARTAN/HCTZ	100-25MG	TABLET	QL	MAX ONE TABLET PER DAY
HYZAAR	*	LOSARTAN/HCTZ	50-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
ILEVRO		NEPAFENAC	0.30%	OPTIC DROPS	PA	ALT: DECADRON, FML AND PRED FORTE
ILOTYCIN	*	ERYTHROMYCIN BASE	5MG/GM	OINTMENT		
ILSONE	*	ERYTHROMYCIN ESTOLATE	125MG/5ML	ORAL SUSP		
IMDUR	*	ISOSORBIDE MONONITRATE	120MG	TAB ER 24HR		
IMDUR	*	ISOSORBIDE MONONITRATE	30MG	TAB ER 24HR		
IMDUR	*	ISOSORBIDE MONONITRATE	60MG	TAB ER 24HR		
IMITREX	*	SUMATRIPTAN SUCCINATE	4MG/0.5ML	KIT	QL	MAX 2MLS PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	6MG/0.5ML	KIT	QL	MAX 2MLS PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	4MG/0.5ML	KIT REFILL	QL	MAX 2MLS PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	6MG/0.5ML	KIT REFILL	QL	MAX 2MLS PER MONTH
IMITREX	*	SUMATRIPTAN	20MG	SPRAY	QL	MAX 1 BOX PER MONTH
IMITREX	*	SUMATRIPTAN	5MG	SPRAY	QL	MAX 1 BOX PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	100MG	TABLET	QL	MAX NINE TABLETS PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	25MG	TABLET	QL	MAX NINE TABLETS PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	50MG	TABLET	QL	MAX NINE TABLETS PER MONTH
IMITREX	*	SUMATRIPTAN SUCCINATE	6MG/0.5ML	VIAL	QL	MAX 2MLS PER MONTH

IMODIUM	*	LOPERAMIDE HCL	2MG	CAPSULE		
IMODIUM AD OTC	*	LOPERAMIDE HCL	2MG			
IMODIUM OTC	*	LOPERAMIDE HCL	2MG	CAPLET		
IMURAN	*	AZATHIOPRINE	50MG	TABLET		
INCRUSE ELLIPA		UMECLIDINIUM BROMIDE	62.5 MCG	BLST W/DEV	QL	MAX ONE INHALER PER MONTH
INDERAL	*	PROPRANOLOL HCL	40MG/5ML	SOLUTION		
INDERAL	*	PROPRANOLOL HCL	10MG	TABLET		
INDERAL	*	PROPRANOLOL HCL	20MG	TABLET		
INDERAL	*	PROPRANOLOL HCL	40MG	TABLET		
INDERAL	*	PROPRANOLOL HCL	60MG	TABLET		
INDERAL	*	PROPRANOLOL HCL	80MG	TABLET		
INDERAL	*	PROPRANOLOL HCL	20MG/5ML	SOLUTION		
INDERAL LA	*	PROPRANOLOL HCL	120MG	CAPSULE SA		
INDERAL LA	*	PROPRANOLOL HCL	160MG	CAPSULE SA		
INDERAL LA	*	PROPRANOLOL HCL	60MG	CAPSULE SA		
INDERAL LA	*	PROPRANOLOL HCL	80MG	CAPSULE SA		
INDERIDE	*	PROPRANOLOL/HCTZ	40/25	TABLET		
INDERIDE	*	PROPRANOLOL/HCTZ	80/25	TABLET		
INDOCIN	*	INDOMETHACIN	25MG	CAPSULE		
INDOCIN	*	INDOMETHACIN	50MG	CAPSULE		
INDOCIN	*	INDOMETHACIN	75MG	CAPSULE SA		
INDOCIN		INDOMETHACIN	50MG	SUPP.RECT		
INFLAMASE FORTE	*	PREDNISOLONE SOD PHOSPHATE	1%	OPTIC		
INH		ISONIAZID	50MG/5ML	SYRUP		
INH	*	ISONIAZID	100MG	TABLET		
INH	*	ISONIAZID	300MG	TABLET		
INH	*	ISONIAZID	100MG/ML	VIAL		
INLYTA		AXITINIB	1MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
INLYTA		AXITINIB	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
INSPRA	*	EPLERENONE	25MG	TABLET	QL	MAX TWO TABLETS PER DAY
INSPRA	*	EPLERENONE	50MG	TABLET	QL	MAX TWO TABLETS PER DAY
INSULIN SYRINGES			SYRINGE			
INTAL	*	CROMOLYN SODIUM	20MG/2ML	AMPUL-NEB.		
INTELENCE		ETRAVIRINE	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
INTELENCE		ETRAVIRINE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
INTERMEZZO		ZOLPIDEM TARTRATE	1.75MG	TABLET SL	MDCH	MDCH CARVE OUT MEDICATION
INTERMEZZO		ZOLPIDEM TARTRATE	3.5MG	TABLET SL	MDCH	MDCH CARVE OUT MEDICATION

INTRON A		INTERFERON ALFA-2B,RECOMB.	10MMU/0.2ML	PEN	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	3MMU/0.2ML	PEN	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	5MMU/0.2ML	PEN	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	10MMU	VIAL	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	10MMU/ML	VIAL	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	18MMU	VIAL	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	50MMU	VIAL	PA, SP	CRITERIA MUST BE MET
INTRON A		INTERFERON ALFA-2B,RECOMB.	6MMU/ML	VIAL	PA, SP	CRITERIA MUST BE MET
INTUNIV		GUANFACINE HCL	1MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
INTUNIV		GUANFACINE HCL	2MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
INTUNIV		GUANFACINE HCL	3MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
INTUNIV		GUANFACINE HCL	4MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
INVEGA		PALIPERIDONE	1.5MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
INVEGA		PALIPERIDONE	3MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
INVEGA		PALIPERIDONE	6MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
INVEGA		PALIPERIDONE	9MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
INVEGA SUSTENNA		PALIPERIDONE	117MG/0.75ML	SYRINGE	MDCH	MDCH CARVE OUT MEDICATION
INVEGA SUSTENNA		PALIPERIDONE	156MG/1ML	SYRINGE	MDCH	MDCH CARVE OUT MEDICATION
INVEGA SUSTENNA		PALIPERIDONE	234MG/1.5ML	SYRINGE	MDCH	MDCH CARVE OUT MEDICATION
INVEGA SUSTENNA		PALIPERIDONE	39MG/0.25ML	SYRINGE	MDCH	MDCH CARVE OUT MEDICATION
INVEGA SUSTENNA		PALIPERIDONE	78MG/0.5ML	SYRINGE	MDCH	MDCH CARVE OUT MEDICATION
INVIRASE		SAQUINAVIR MESYLATE	200MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
INVIRASE		SAQUINAVIR MESYLATE	500MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
INVOKANA		CANAGLIFLOZIN	100MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
INVOKANA		CANAGLIFLOZIN	300MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
IOPIDINE	*	APRACLONIDINE HCL	0.5%	OPTIC		
ISENTRESS		RALTEGRAVIR POTASSIUM	100MG	TAB CHEW	MDCH	MDCH CARVE OUT MEDICATION
ISENTRESS		RALTEGRAVIR POTASSIUM	25MG	TAB CHEW	MDCH	MDCH CARVE OUT MEDICATION
ISENTRESS		RALTEGRAVIR POTASSIUM	400MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ISMO	*	ISOSORBIDE MONONITRATE	20MG	TABLET		
ISOPTIN	*	VERAPAMIL HCL	120MG	TABLET		
ISOPTIN	*	VERAPAMIL HCL	40MG	TABLET		
ISOPTIN	*	VERAPAMIL HCL	80MG	TABLET		
ISOPTIN SR	*	VERAPAMIL HCL	120MG	TABLET ER		
ISOPTIN SR	*	VERAPAMIL HCL	180MG	TABLET ER		
ISOPTIN SR	*	VERAPAMIL HCL	240MG	TABLET ER		

ISOPTO ATROPINE	*	ATROPINE SULFATE	1%	OPTIC		
ISOPTO CARBACHOL		CARBACHOL	1.5%	OPTIC		
ISOPTO CARBACHOL		CARBACHOL	3%	OPTIC		
ISOPTO CARPINE	*	PILOCARPINE HCL	1%	OPTIC		
ISOPTO CARPINE	*	PILOCARPINE HCL	2%	OPTIC		
ISOPTO CARPINE	*	PILOCARPINE HCL	4%	OPTIC		
ISOPTO HOMATROPINE		HOMATROPINE HBR	2%	OPTIC		
ISOPTO HOMATROPINE	*	HOMATROPINE HBR	5%	OPTIC		
ISOPTO HYOSCINE		SCOPOLAMINE HBR	0.25%	OPTIC		
ISORDIL	*	ISOSORBIDE DINITRATE	2.5MG	TAB SUBL		
ISORDIL	*	ISOSORBIDE DINITRATE	5MG	TAB SUBL		
ISORDIL	*	ISOSORBIDE DINITRATE	10MG	TABLET		
ISORDIL	*	ISOSORBIDE DINITRATE	20MG	TABLET		
ISORDIL	*	ISOSORBIDE DINITRATE	30MG	TABLET		
ISORDIL	*	ISOSORBIDE DINITRATE	40MG	TABLET		
ISORDIL	*	ISOSORBIDE DINITRATE	5MG	TABLET		
ISORDIL	*	ISOSORBIDE DINITRATE	40MG	TABLET ER		
ISTALOL		TIMOLOL MALEATE	0.50%	OPTIC DROP	PA	ALT: TIMOPTIC
JAKAFI		RUXOLITINIB PHOSPHATE	10MG	TABLET	PA, SP	CRITERIA MUST BE MET
JAKAFI		RUXOLITINIB PHOSPHATE	15MG	TABLET	PA, SP	CRITERIA MUST BE MET
JAKAFI		RUXOLITINIB PHOSPHATE	20MG	TABLET	PA, SP	CRITERIA MUST BE MET
JAKAFI		RUXOLITINIB PHOSPHATE	25MG	TABLET	PA, SP	CRITERIA MUST BE MET
JAKAFI		RUXOLITINIB PHOSPHATE	5MG	TABLET	PA, SP	CRITERIA MUST BE MET
JANUVIA		SITAGLIPTIN PHOSPHATE	100MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
JANUVIA		SITAGLIPTIN PHOSPHATE	25MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
JANUVIA		SITAGLIPTIN PHOSPHATE	50MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
JENCYCLA	*	NORETHINDRONE	0.35MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
JINTELI	*	NORETHIND AC/ETHINYL ESTRADIOL	1MG-5MCG	TABLET		MAX ONE TABLET PER DAY
JOLIVETTE	*	NORETHINDRONE	35MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
JUNEL	*	NORETHINDRONE A-E ESTRADIOL	1.5MG-30MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
JUNEL	*	NORETHINDRONE A-E ESTRADIOL	1MG-20MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
JUNEL FE	*	NORETH A-ET ESTRA/FE FUMARATE	1.5MG-30MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
JUNEL FE	*	NORETH A-ET ESTRA/FE FUMARATE	1MG-20MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
K LYTE CL	*	POT CHLORIDE/POT BICARB/CIT AC	25MEQ	TABLET EFF		
K PHOS		NA PHOS,M-B/K PHOS,MONOB	700-305MG	TABLET		

KADIAN	*	MORPHINE SULFATE	100MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	10MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	130MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	150MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	200MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	20MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	30MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	40MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	50MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	60MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	70MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KADIAN	*	MORPHINE SULFATE	80MG	CAP ER PEL	PA	CANCER DIAGNOSIS
KALETRA		LOPINAVIR/RITONAVIR	33.3-133.3	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
KALETRA		LOPINAVIR/RITONAVIR	400-100/5ML	ORAL SOLN	MDCH	MDCH CARVE OUT MEDICATION
KALETRA		LOPINAVIR/RITONAVIR	100MG-25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
KALETRA		LOPINAVIR/RITONAVIR	200MG-50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
KALYDECO		IVACAFTOR	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
KAON	*	POTASSIUM GLUCONATE	20MEQ/15ML	ELIXIR		
KAOPECTATE OTC	*	BISMUTH SUBSALICYCLATE		ORAL SUSP		
KAPVAY	*	CLONIDINE	0.1MG	TAB ER 12HR	MDCH	MDCH CARVE OUT MEDICATION
KARIVA	*	DESOG-ET ESTRA/ ETHINYL ESTRA	21-5	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
KAY CIEL	*	POTASSIUM CHLORIDE	20MEQ/15ML	LIQUID		
KAY CIEL	*	POTASSIUM CHLORIDE	40MEQ/15ML	LIQUID		
KAYEXALATE	*	SODIUM POLYSTYRENE SULFONATE		POWDER		
K-DUR	*	POTASSIUM CHLORIDE	10MEQ	TAB PRT SR		
K-DUR	*	POTASSIUM CHLORIDE	20MEQ	TAB PRT SR		
KEFLEX	*	CEPHALEXIN MONOHYDRATE	250MG	CAPSULE		
KEFLEX	*	CEPHALEXIN MONOHYDRATE	500MG	CAPSULE		
KEFLEX	*	CEPHALEXIN MONOHYDRATE	125MG/5ML	SUSP RECON		
KEFLEX	*	CEPHALEXIN MONOHYDRATE	250MG/5ML	SUSP RECON		
KELNOR	*	ETHYNODIOL D-ETHINYL ESTRADIOL	1MG-35MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
KENACORT		TRIAMCINOLONE	4MG	TABLET		
KENACORT		TRIAMCINOLONE	8MG	TABLET		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.025%	CREAM		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.1%	CREAM		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.5%	CREAM		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.025%	LOTION		

KENALOG	*	TRIAMCINOLONE ACETONIDE	0.1%	LOTION		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.025%	OINT.(GM)		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.1%	OINT.(GM)		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.5%	OINTMENT		
KENALOG	*	TRIAMCINOLONE ACETONIDE	0.1%	PASTE		
KENALOG	*	TRIAMCINOLONE ACETONIDE		POWDER		
KEPPRA	*	LEVETIRACETAM	100MG/ML	SOLUTION	MDCH	MDCH CARVE OUT MEDICATION
KEPPRA	*	LEVETIRACETAM	250MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
KEPPRA	*	LEVETIRACETAM	500MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
KEPPRA	*	LEVETIRACETAM	750MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
KEPPRA XR	*	LEVETIRACETAM	500MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
KEPPRA XR	*	LEVETIRACETAM	750MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
KERLONE	*	BETAXOLOL HCL	10MG	TABLET		
KERLONE	*	BETAXOLOL HCL	20MG	TABLET		
KETEK		TELITHROMYCIN	300MG	TABLET	PA	
KETEK		TELITHROMYCIN	400MG	TABLET	PA	
KETODAN		KETOCONAZOLE	2%	FOAM	PA	ALT: NIZORAL
KETOSTIX					QL	MAX 50 KETOSTIX EVERY 25 DAYS
KHEDEZLA	*	DESVENLAFAXINE	100MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
KHEDEZLA	*	DESVENLAFAXINE	50MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
KINERET		ANAKINRA	100MG/0.67ML	DISP SYRIN	MDCH	MDCH CARVE OUT MEDICATION
KLARON	*	SULFACETAMIDE SODIUM	10%	SUSPENSION	QL	MAX 236MLS PER MONTH
KLONOPIN	*	CLONAZEPAM	0.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
KLONOPIN	*	CLONAZEPAM	1MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
KLONOPIN	*	CLONAZEPAM	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
KLOR CON	*	POTASSIUM CHLORIDE	20MEQ	PACKET		
KLOR CON	*	POTASSIUM CHLORIDE	25MEQ	PACKET		
KLOR CON		POTASSIUM CHLORIDE	15MG	TABLET		
KLOR CON	*	POTASSIUM CHLORIDE	8MEQ	TABLET ER		
K-LYTE	*	POTASSIUM BICARBONATE/CIT AC	25MEQ	TABLET EFF		
KORLYM		MIFEPRISTONE	300MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
K-PHOS		POTASSIUM PHOSPHATE,MONOBASI	500MG	TABLET		
KRISTALOSE	*	LACTULOSE	10GM	PACKET	PA	ALT: LACTULOSE ORAL SOLUTION
KRISTALOSE	*	LACTULOSE	20GM	PACKET	PA	ALT: LACTULOSE ORAL SOLUTION
K-TAB	*	POTASSIUM CHLORIDE	10MEQ	TABLET ER		
KURVELA	*	LEVONORGESTREL- ETH ESTRADIOL	0.15-0.03	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS

KUVAN		SAPROPTERIN DIHYDROCHLORIDE	100MG	TABLET SOL	MDCH	MDCH CARVE OUT MEDICATION
KWELL	*	LINDANE	1%	LOTION	PA	ALT: NIX AND RID
KWELL	*	LINDANE	1%	SHAMPOO	PA	ALT: NIX AND RID
KYTRIL	*	GRANISETRON HCL	1MG	TABLET	PA	CANCER DIAGNOSIS
LAC-HYDRIN	*	AMMONIUM LACTATE	12%	CREAM		
LAC-HYDRIN	*	AMMONIUM LACTATE	12%	LOTION		
LACRISERT		HYDROXYPROPYL CELLULOSE	5MG%	INSERT	PA	ALT: ARTIFICIAL TEARS AND SYSTANE
LACTULOSE	*	LACTULOSE	10GM/15ML	SOLUTION	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL	*	LAMOTRIGINE	25MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL	*	LAMOTRIGINE	5MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL	*	LAMOTRIGINE	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL	*	LAMOTRIGINE	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL	*	LAMOTRIGINE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL	*	LAMOTRIGINE	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL XR	*	LAMOTRIGINE	100MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL XR	*	LAMOTRIGINE	200MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL XR	*	LAMOTRIGINE	250MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL XR	*	LAMOTRIGINE	25MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL XR	*	LAMOTRIGINE	300MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
LAMICTAL XR	*	LAMOTRIGINE	50MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
LAMISIL	*	TERBINAFINE HCL	250MG	TABLET	QL	MAX ONE TABLET PER DAY
LANCETS OTC					QL	100 LANCETS PER MONTH OVER AGE 21.
LANOXIN	*	DIGOXIN	50MCG/ML	ELIXIR		
LANOXIN	*	DIGOXIN	125MCG	TABLET		
LANOXIN	*	DIGOXIN	250MCG	TABLET		
LANTUS		INSULIN GLARGINE	100U/ML	CARTRIDGE	AG	MAX AGE 18
LANTUS		INSULIN GLARGINE	100 U/ML	VIAL		
LANTUS SOLOSTAR		INSULIN GLARGINE	100U/ML	PEN		
LARIAM	*	MEFLOQUINE	250MG	TABLET	QL	MAX ONE TABLET EVERY 7 DAYS
LARIN FE	*	NORETH A-ET ESTRA/ FE FUMARATE	1.5-0.03MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LARIN FE	*	NORETH A-ET ESTRA/ FE FUMARATE	1MG-20MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LASIX	*	FUROSEMIDE	10MG/ML	SOLUTION		
LASIX	*	FUROSEMIDE	40MG/5ML	SOLUTION		
LASIX	*	FUROSEMIDE	20MG	TABLET		
LASIX	*	FUROSEMIDE	40MG	TABLET		
LASIX	*	FUROSEMIDE	80MG	TABLET		

LATUDA		LURASIDONE HCL	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LATUDA		LURASIDONE HCL	40MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LATUDA		LURASIDONE HCL	60MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LATUDA		LURASIDONE HCL	80MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LAVOCLEN-4	*	BENZOYL PEROXIDE	4%	CLEANSER		
LAVOCLEN-8	*	BENZOYL PEROXIDE	8%	CLEANSER		
LAZANDA		FENTANYL	100MCG	NASAL SPRAY	PA	CANCER DIAGNOSIS
LAZANDA		FENTANYL	400MCG	NASAL SPRAY	PA	CANCER DIAGNOSIS
LEENA	*	NORETHINDRONE-ETHINYL ESTRADI	7-9-5	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LESCOL	*	FLUVASTATIN SODIUM	20MG	CAPSULE	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LESCOL	*	FLUVASTATIN SODIUM	40MG	CAPSULE	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LESCOL XL		FLUVASTATIN SODIUM	80MG	TAB ER 24HR	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LESSINA	*	LEVONORGESTREL-ETHINYL ESTRAI	0.1-0.02	TABLET		FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LETAIRIS		AMBRISENTAN	10MG	TABLET	PA, SP	CRITERIA MUST BE MET
LETAIRIS		AMBRISENTAN	5MG	TABLET	PA, SP	CRITERIA MUST BE MET
LEUKERAN		CHLORAMBUCIL	2MG	TABLET		
LEUKINE		SARAGRAMOSTIM	250MCG	VIAL	PA, SP	CRITERIA MUST BE MET
LEVAQUIN	*	LEVOFLOXACIN	250MG	TABLET	QL	MAX ONE TABLET PER DAY
LEVAQUIN	*	LEVOFLOXACIN	500MG	TABLET	QL	MAX ONE TABLET PER DAY
LEVAQUIN	*	LEVOFLOXACIN	750MG	TABLET	QL	MAX ONE TABLET PER DAY
LEVBID	*	HYOSCYAMINE SULFATE	0.375MG	TAB ER 12HR		
LEVEMIR		INSULIN DETEMIR	U-100	PEN		
LEVEMIR		INSULIN DETEMIR	U-100	VIAL		
LEVLEN	*	LEVONORGESTREL-ETH ESTRA	0.15-0.03	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LEVO-DROMORAN		LEVORPHANOL TARTRATE	2MG	TABLET		
LEVORA	*	LEVONORGESTREL-ETH ESTRA	0.15-.03MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LEVOTHROID	*	LEVOTHYROXINE SODIUM	100MCG	TABLET		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	112MCG	TABLET		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	125MCG	TABLET		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	137MCG	TABLET		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	150MCG	TABLET		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	175MCG	TABLET		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	200MCG	TABLET		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	25MCG	TABLET		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	50MCG	TABLET		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	75MCG	TABLET		
LEVOTHROID	*	LEVOTHYROXINE SODIUM	88MCG	TABLET		

LEVOXYL	*	LEVOTHYROXINE SODIUM	100MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	112MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	125MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	125MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	137MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	150MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	175MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	200MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	25MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	50MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	75MCG	TABLET		
LEVOXYL	*	LEVOTHYROXINE SODIUM	88MCG	TABLET		
LEVSIN	*	HYOSCYAMINE SULFATE	125MCG/5ML	ELIXIR		
LEVSIN	*	HYOSCYAMINE SULFATE	0.125MG/ML	ORAL DROPS		
LEVSIN	*	HYOSCYAMINE SULFATE	0.125MG	TAB RAPDIS		
LEVSIN	*	HYOSCYAMINE SULFATE	0.125MG	TABLET		
LEVSIN	*	HYOSCYAMINE	0.15MG	TABLET		
LEVSIN SL	*	HYOSCYAMINE SULFATE	0.125MG	TAB SUBL		
LEVSIN SL	*	HYOSCYAMINE SULFATE	0.125MG	TABLET SL		
LEXAPRO	*	ESCITALOPRAM OXALATE	5MG/5ML	SOLUTION	MDCH	MDCH CARVE OUT MEDICATION
LEXAPRO	*	ESCITALOPRAM OXALATE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LEXAPRO	*	ESCITALOPRAM OXALATE	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LEXAPRO	*	ESCITALOPRAM OXALATE	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LEXIVA		FOSAMPRENAVIR CALCIUM	50MG/ML	ORAL SUSP	MDCH	MDCH CARVE OUT MEDICATION
LEXIVA		FOSAMPRENAVIR CALCIUM	700MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LIALDA		MESALAMINE	1.2G	TABLET DR	PA	ALT: APRISO AND DELZICOL
LIBRAX	*	CLIDINIUM/CL-DIAZEPOXIDE	2.5/5	CAPSULE		
LIBRAX	*	CHLORDIAZEPOXIDE/ CLIDINIUM BR	5MG-2.5MG	CAPSULE		
LIBRIUM	*	CHLORDIAZEPOXIDE HCL	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LIBRIUM	*	CHLORDIAZEPOXIDE HCL	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LIBRIUM	*	CHLORDIAZEPOXIDE HCL	5MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LIDEX	*	FLUOCINONIDE	0.05%	CREAM		
LIDEX	*	FLUOCINONIDE	0.05%	GEL		
LIDEX	*	FLUOCINONIDE	0.05%	OINT.(GM)		
LIDEX	*	FLUOCINONIDE	0.05%	SOLUTION		
LIDEX-E	*	FLUOCINONIDE/EMOLLIENT	0.05%	CREAM		
LIDOCAINE	*	LIDOCAINE	5%	OINT.(GM)	QL	MAX 40GM EVERY 30 DAYS

LIDODERM	*	LIDOCAINE	5%(700MG)	ADH PATCH	QL	MAX ONE PATCH PER DAY
LIMBITROL	*	AMITRIPTYLINE/ CHLORDIAZEPOXIDE	12.5-5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LIMBITROL DS	*	AMITRIPTYLINE/ CHLORDIAZEPOXIDE	25-10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LINZESS		LINACLOTIDE	145MCG	CAPSULE	PA	CRITERIA MUST BE MET
LINZESS		LINACLOTIDE	290MCG	CAPSULE	PA	CRITERIA MUST BE MET
LIORESAL	*	BACLOFEN	10MG	TABLET		
LIORESAL	*	BACLOFEN	20MG	TABLET		
LIPITOR	*	ATORVASTATIN CALCIUM	10MG	TABLET	QL	MAX ONE TABLET PER DAY
LIPITOR	*	ATORVASTATIN CALCIUM	20MG	TABLET	QL	MAX ONE TABLET PER DAY
LIPITOR	*	ATORVASTATIN CALCIUM	40MG	TABLET	QL	MAX ONE TABLET PER DAY
LIPITOR	*	ATORVASTATIN CALCIUM	80MG	TABLET	QL	MAX ONE TABLET PER DAY
LIPOFEN	*	FENOFIBRATE	150MG	CAPSULE	PA	ALT: FIBRICOR, LOPID AND LOFIBRA
LIPOFEN	*	FENOFIBRATE	50MG	CAPSULE	PA	ALT: FIBRICOR, LOPID AND LOFIBRA
LITHOBID	*	LITHIUM CARBONATE	300MG	TABLET ER	MDCH	MDCH CARVE OUT MEDICATION
LITHOSTAT		ACETOHYDROXAMIC ACID	250MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LIVALO		PITAVASTATIN CALCIUM	1MG	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LIVALO		PITAVASTATIN CALCIUM	2MG	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LIVALO		PITAVASTATIN CALCIUM	4MG	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
LO OVRAL	*	NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03MG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LO OVRAL	*	NORGESTREL-ETHINYL ESTRADIOL	0.5-0.05MG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LO/OVRAL	*	NORGESTREL-ETHINYL ESTRADIOL	0.3-0.03MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOCOID	*	HYDROCORTISONE BUTYRATE	0.1%	CREAM		
LOCOID	*	HYDROCORTISONE BUTYRATE	0.1%	OINT.(GM)		
LOCOID	*	HYDROCORTISONE BUTYRATE	0.1%	SOLUTION		
LOCOID LIPOCREAM	*	HYDROCORTISONE BUTYRATE/ EMO	0.1%	CREAM	PA	ALT: LOCOID (NOT LIPOCREAM)
LODINE	*	ETODOLAC	300MG	CAPSULE	QL	MAX TWO TABLETS PER DAY
LODINE	*	ETODOLAC	200MG	CAPSULE	QL	MAX TWO TABLETS PER DAY
LODINE	*	ETODOLAC	400MG	TABLET	QL	MAX TWO TABLETS PER DAY
LODINE	*	ETODOLAC	500MG	TABLET	QL	MAX TWO TABLETS PER DAY
LODINE XL	*	ETODOLAC	600MG	TABLET ER	QL	MAX ONE TABLET PER DAY
LODINE XL	*	ETODOLAC	400MG	TABLET ER	QL	MAX TWO TABLETS PER DAY
LODINE XL	*	ETODOLAC	500MG	TABLET ER	QL	MAX TWO TABLETS PER DAY
LODOSYN	*	CARBIDOPA	25MG	TABLET		
LOESTRIN	*	NORETHINDRONE A-E ESTRADIOL	1.5MG-30MCG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOESTRIN	*	NORETHINDRONE A-E ESTRADIOL	1MG-20MCG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOESTRIN FE	*	NORETH A-ET ESTRA/FE FUMARATE	1.5MG-30MCG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOESTRIN FE	*	NORETH A-ET ESTRA/FE FUMARATE	1MG-20MCG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS

LOFIBRA	*	FENOFIBRATE,MICRONIZED	134MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
LOFIBRA	*	FENOFIBRATE,MICRONIZED	200MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
LOFIBRA	*	FENOFIBRATE,MICRONIZED	67MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
LOFIBRA	*	FENOFIBRATE,MICRONIZED	160MG	TABLET	QL	MAX ONE TABLET PER DAY
LOFIBRA	*	FENOFIBRATE,MICRONIZED	54MG	TABLET	QL	MAX ONE TABLET PER DAY
LOKARA	*	DESONIDE	0.05%	LOTION		
LOMOTIL	*	DIPHENOXYLATE HCL/ATROP SULF	2.5-0.25/5	LIQUID		
LOMOTIL	*	DIPHENOXYLATE HCL/ ATROPINE	2.5-0.025MG	TABLET		
LONITEN	*	MINOXIDIL	10MG	TABLET		
LONITEN	*	MINOXIDIL	2.5MG	TABLET		
LOPID	*	GEMFIBROZIL	600MG	TABLET		
LOPID	*	GEMFIBROZIL	600MG	TABLET		
LOPRESSOR	*	METOPROLOL TARTRATE	100MG	TABLET		
LOPRESSOR	*	METOPROLOL TARTRATE	25MG	TABLET		
LOPRESSOR	*	METOPROLOL TARTRATE	50MG	TABLET		
LOPRESSOR HCT	*	METOPROLOL/HCTZ	100MG-50MG	TABLET		
LOPRESSOR HCT	*	METOPROLOL/HCTZ	50MG-25MG	TABLET		
LOPROX	*	CICLOPIROX OLAMINE	0.77%	CREAM		
LOPROX	*	CICLOPIROX	0.77%	GEL		
LOPROX	*	CICLOPIROX	1%	SHAMPOO		
LOPROX	*	CICLOPIROX	8%	SOLUTION		
LOPROX	*	CICLOPIROX OLAMINE	0.77%	SUSPENSION		
LORYNA	*	E. ESTRADIOL/DROSPIRENONE	0.02-3MG (24)	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LOTEMAX		LOTEPREDNOL ETABONATE	0.5%	DROPS SUSP	PA	ALT: DECADRON, FML AND PRED FORTE
LOTEMAX		LOTEPREDNOL ETABONATE	0.5%	GEL	PA	ALT: DECADRON, FML AND PRED FORTE
LOTEMAX		LOTEPREDNOL ETABONATE	0.5%	OINT.(GM)	PA	ALT: DECADRON, FML AND PRED FORTE
LOTENSIN	*	BENAZEPRIL HCL	10MG	TABLET	QL	MAX TWO TABLETS PER DAY
LOTENSIN	*	BENAZEPRIL HCL	20MG	TABLET	QL	MAX TWO TABLETS PER DAY
LOTENSIN	*	BENAZEPRIL HCL	40MG	TABLET	QL	MAX TWO TABLETS PER DAY
LOTENSIN	*	BENAZEPRIL HCL	5MG	TABLET	QL	MAX TWO TABLETS PER DAY
LOTENSIN HCT	*	BENAZEPRIL/HCTZ	10-12.5MG	TABLET	QL	MAX TWO TABLETS PER DAY
LOTENSIN HCT	*	BENAZEPRIL/HCTZ	20-12.5MG	TABLET	QL	MAX TWO TABLETS PER DAY
LOTENSIN HCT	*	BENAZEPRIL/HCTZ	20-25MG	TABLET	QL	MAX TWO TABLETS PER DAY
LOTENSIN HCT	*	BENAZEPRIL/HCTZ	5-6.25MG	TABLET	QL	MAX TWO TABLETS PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	10-20MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	10-40MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	2.5-10MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY

LOTREL	*	AMLODIPINE/BENAZEPRIL	5-10MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	5-20MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
LOTREL	*	AMLODIPINE/BENAZEPRIL	5-40MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
LOTRIMIN	*	CLOTRIMAZOLE	1%	CREAM		
LOTRIMIN OTC	*	CLOTRIMAZOLE	1%	CREAM		
LOTRIMIN OTC	*	CLOTRIMAZOLE	1%	SOLUTION		
LOTRISONE	*	CLOTRIMAZOLE/ BETAMETHASONE D	1%- .05%	CREAM		
LOTRISONE	*	CLOTRIMAZOLE/ BETAMETHASONE D	1%-.05%	LOTION		
LOVAZA	*	OMEGA-3 ACID ETHYL ESTERS	1GM	CAPSULE	PA	CRITERIA MUST BE MET
LOVENOX	*	ENOXAPARIN SOD	100MG/ML	DISP SYRIN	PA, QL	PRIOR AUTHORIZATION REQUIRED FOR MORE THAN 28 SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	120MG/0.8ML	DISP SYRIN	PA, QL	SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	150MG/ML	DISP SYRIN	PA, QL	SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	30MG/0.3ML	DISP SYRIN	PA, QL	SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	40MG/0.4ML	DISP SYRIN	PA, QL	SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	60MG/0.6ML	DISP SYRIN	PA, QL	SYRINGES (14 DAY SUPPLY)
LOVENOX	*	ENOXAPARIN SOD	80MG/0.8ML	DISP SYRIN	PA, QL	SYRINGES (14 DAY SUPPLY)
LOXITANE	*	LOXAPINE SUCCINATE	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LOXITANE	*	LOXAPINE SUCCINATE	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LOXITANE	*	LOXAPINE SUCCINATE	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LOXITANE	*	LOXAPINE SUCCINATE	5MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LOZOL	*	INDAPAMIDE	1.25MG	TABLET		
LOZOL	*	INDAPAMIDE	2.5MG	TABLET		
LUDIOMIL	*	MAPROTILINE HCL	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LUDIOMIL	*	MAPROTILINE HCL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LUDIOMIL	*	MAPROTILINE HCL	75MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LUFYLLIN		DYPHYLLINE	200MG	TABLET		
LUFYLLIN		DYPHYLLINE	400MG	TABLET		
LUFYLLIN GG		GUAIFENESIN/DYPHYLLINE	200-200MG	TABLET		
LUMIGAN		BIMATOPROST	0.01%	OPTIC	PA	ALT: XALATAN
LUMINAL SODIUM		PHENOBARBITAL SODIUM	130MG/ML	DISP SYRIN	MDCH	MDCH CARVE OUT MEDICATION
LUNESTA	*	ESZOPICLONE	1MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LUNESTA	*	ESZOPICLONE	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

LUNESTA	*	ESZOPICLONE	3MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LUPRON DEPOT		LEUPROLIDE ACETATE	11.25MG	SYRINGE KIT	PA, SP	CRITERIA MUST BE MET
LUPRON DEPOT		LEUPROLIDE ACETATE	22.5MG	SYRINGE KIT	PA, SP	CRITERIA MUST BE MET
LUPRON DEPOT		LEUPROLIDE ACETATE	3.75MG	SYRINGE KIT	PA, SP	CRITERIA MUST BE MET
LUPRON DEPOT		LEUPROLIDE ACETATE	30MG	SYRINGE KIT	PA, SP	CRITERIA MUST BE MET
LUPRON DEPOT		LEUPROLIDE ACETATE	45MG	SYRINGE KIT	PA, SP	CRITERIA MUST BE MET
LUPRON DEPOT		LEUPROLIDE ACETATE	7.5MG	SYRINGE KIT	PA, SP	CRITERIA MUST BE MET
LUPRON DEPOT-PEDIATRIC		LEUPROLIDE ACETATE	11.25MG	KIT	PA, SP	CRITERIA MUST BE MET
LUPRON DEPOT-PEDIATRIC		LEUPROLIDE ACETATE	15MG	KIT	PA, SP	CRITERIA MUST BE MET
LUPRON DEPOT-PEDIATRIC		LEUPROLIDE ACETATE	30MG	KIT	PA, SP	CRITERIA MUST BE MET
LUPRON DEPOT-PEDIATRIC		LEUPROLIDE ACETATE	7.5MG	KIT	PA, SP	CRITERIA MUST BE MET
LURIDE	*	SODIUM FLUORIDE	0.5MG/ML	ORAL DROPS		
LURIDE	*	SODIUM FLUORIDE	0.25MG	TAB CHEW		
LURIDE	*	SODIUM FLUORIDE	0.5MG	TAB CHEW		
LURIDE	*	SODIUM FLUORIDE	1MG	TAB CHEW		
LUTERA	*	LEVONORGESTREL-ETHINYL ESTRAD	0.1-0.02	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
LUVOX	*	FLUVOXAMINE MALEATE	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LUVOX	*	FLUVOXAMINE MALEATE	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LUVOX	*	FLUVOXAMINE MALEATE	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LUVOX	*	FLUVOXAMINE MALEATE	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
LUVOX CR		FLUVOXAMINE MALEATE	100MG	CAP ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
LUVOX CR		FLUVOXAMINE MALEATE	150MG	CAP ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
LUXIQ	*	BETAMETHASONE VALERATE	0.12%	FOAM	PA	ALT: TEMOVATE AND VALISONE
LYBREL	*	LEVONORGESTREL-ETH ESTRA	90-20MCG	TABLET	PA	ALT: FORMULARY BIRTH CONTROL MEDICATIONS
LYRICA		PREGABALIN	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LYRICA		PREGABALIN	150MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LYRICA		PREGABALIN	200MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LYRICA		PREGABALIN	225MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LYRICA		PREGABALIN	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LYRICA		PREGABALIN	300MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LYRICA		PREGABALIN	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LYRICA		PREGABALIN	75MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
LYSORDREN		MITOTANE	500MG	TABLET	PA	
LYSTEDA	*	TRANEXAMIC ACID	650MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
MAALOX OTC	*	MAG HYDROX/AL HYDROX/ SIMETH	200-200-20	ORAL SUSP		
MAALOX OTC	*	CALCIUM CARBONATE/ SIMETHICONE	1000-60MG	TAB CHEW		
MACROBID	*	NITROFURANTOIN MONOHYDRATE M	100MG	CAPSULE	QL	MAX TWO CAPSULES PER DAY

MACRODANTIN	*	NITROFURANTOIN MACROCRYSTAL	25MG	CAPSULE	QL	MAX FOUR CAPSULE PER DAY
MACRODANTIN	*	NITROFURANTOIN MACROCRYSTAL	50MG	CAPSULE	QL	MAX FOUR CAPSULE PER DAY
MACRODANTIN	*	NITROFURANTOIN MACROCRYSTAL	100MG	CAPSULE	QL	MAX FOUR CAPSULES PER DAY
MAGAN		MAGNESIUM SALICYLATE	545MG	TABLET		
MAGNESIUM OXIDE OTC	*	MAGNESIUM OXIDE	500MG	TABLET		
MAG-OX OTC	*	MAGNESIUM OXIDE	400MG	TABLET		
MALARONE	*	ATOVAQUONE/ PROGUANIL HCL	250-100MG	TABLET	PA	ALT: LARIAM
MALARONE	*	ATOVAQUONE/ PROGUANIL HCL	62.5-25MG	TABLET	PA	ALT: LARIAM
MANDELAMINE	*	METHENAMINE MANDELATE	500MG/5ML	ORAL SUSP		
MANDELAMINE	*	METHENAMINE MANDELATE	500MG	TABLET EC		
MARINOL	*	DRONABINOL	10MG	CAPSULE	PA	CANCER DIAGNOSIS
MARINOL	*	DRONABINOL	2.5MG	CAPSULE	PA	CANCER DIAGNOSIS
MARINOL	*	DRONABINOL	5MG	CAPSULE	PA	CANCER DIAGNOSIS
MARPLAN		ISOCARBOXAZID	10MG	TABLET		
MARPRES		HYDRALAZ/RESERPINE/ HCTZ	25-0.1-15	TABLET		
MATERNA	*	PRENATAL VITS W-CA,FE,FA(1MG)		TABLET	F	
MATERNAL VITAMIN/MIN	*	PRENATAL VIT/FE FUMARATE/FA	60-1MG	TABLET	F	
MATULANE		PROCARBAZINE HCL	50MG	CAPSULE	PA	
MAVIK	*	TRANDOLAPRIL	1MG	TABLET	QL	MAX ONE TABLET PER DAY
MAVIK	*	TRANDOLAPRIL	2MG	TABLET	QL	MAX ONE TABLET PER DAY
MAVIK	*	TRANDOLAPRIL	4MG	TABLET	QL	MAX ONE TABLET PER DAY
MAXALT	*	RIZATRIPTAN BENZOATE	10MG	TABLET	QL	MAX NINE TABLETS PER MONTH
MAXALT	*	RIZATRIPTAN BENZOATE	5MG	TABLET	QL	MAX NINE TABLETS PER MONTH
MAXALT MLT	*	RIZATRIPTAN BENZOATE	10MG	TAB RAPDIS	QL	MAX NINE TABLETS PER MONTH
MAXALT MLT	*	RIZATRIPTAN BENZOATE	5MG	TAB RAPDIS	QL	MAX NINE TABLETS PER MONTH
MAXIDEX		DEXAMETHASONE	0.1%	OPTIC	QL	MAX 5MLS PER FILL
MAXITROL	*	NEO/POLYMYX B SULF/DEXAMETH	0.1%	OINT.(GM)		
MAXITROL	*	NEO/POLYMYX B SULF/DEXAMETH	0.1%	OPTIC		
MAXZIDE	*	TRIAMTERENE/HCTZ	37.5/25MG	TABLET		
MAXZIDE	*	TRIAMTERENE/HCTZ	75/50MG	TABLET		
MECLOMEN	*	MECLOFENAMATE SODIUM	100MG	CAPSULE		
MECLOMEN	*	MECLOFENAMATE SODIUM	50MG	CAPSULE		
MEDROL	*	METHYLPREDNISOLONE	4MG	TAB DS PK		
MEDROL	*	METHYLPREDNISOLONE	16MG	TABLET		
MEDROL		METHYLPREDNISOLONE	2MG	TABLET		
MEDROL	*	METHYLPREDNISOLONE	32MG	TABLET		
MEDROL	*	METHYLPREDNISOLONE	4MG	TABLET		

MEDROL	*	METHYLPREDNISOLONE	8MG	TABLET		
MEGACE	*	MEGESTROL ACETATE	40MG/ML	ORAL SUSP		
MEGACE	*	MEGESTROL ACETATE	20MG	TABLET		
MEGACE	*	MEGESTROL ACETATE	40MG	TABLET		
MEGACE ES		MEGESTROL ACETATE	625MG/5ML	SUSPENSION	PA	FAILURE OF GENERIC MEGACE (NOT ES)
MEKINIST		TRAMETINIB DIMETHYL SULOXIDE	0.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
MEKINIST		TRAMETINIB DIMETHYL SULOXIDE	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
MELLARIL	*	THIORIDAZINE HYDROCHLORIDE	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
MELLARIL	*	THIORIDAZINE HYDROCHLORIDE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
MELLARIL	*	THIORIDAZINE HYDROCHLORIDE	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
MELLARIL	*	THIORIDAZINE HYDROCHLORIDE	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
MELLARIL	*	THIORIDAZINE HYDROCHLORIDE	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
MENEST		ESTROGENS, ESTERIFIED	0.3MG	TABLET	PA	ALT: ESTRACE
MENEST		ESTROGENS, ESTERIFIED	0.625MG	TABLET	PA	ALT: ESTRACE
MENEST		ESTROGENS, ESTERIFIED	1.25MG	TABLET	PA	ALT: ESTRACE
MENEST		ESTROGENS, ESTERIFIED	2.5MG	TABLET	PA	ALT: ESTRACE
MEPHYTON		PHYTONADIONE	5MG	TABLET		
MEPRON	*	ATOVAQUONE	750MG/5ML	ORAL SUSP	QL	MAX 10MLS PER DAY
MESTINON		PYRIDOSTIGMINE BROMIDE	60MG/5ML	SYRUP		
MESTINON	*	PYRIDOSTIGMINE BROMIDE	60MG	TABLET		
MESTINON		PYRIDOSTIGMINE BROMIDE	180MG	TABLET ER		ALT: GENERIC MESTINON 60MG
METADATE CD	*	METHYLPHENIDATE HCL	10MG	CPMP 30-70	MDCH	MDCH CARVE OUT MEDICATION
METADATE CD	*	METHYLPHENIDATE HCL	20MG	CPMP 30-70	MDCH	MDCH CARVE OUT MEDICATION
METADATE CD	*	METHYLPHENIDATE HCL	30MG	CPMP 30-70	MDCH	MDCH CARVE OUT MEDICATION
METADATE CD	*	METHYLPHENIDATE HCL	40MG	CPMP 30-70	MDCH	MDCH CARVE OUT MEDICATION
METADATE CD	*	METHYLPHENIDATE HCL	50MG	CPMP 30-70	MDCH	MDCH CARVE OUT MEDICATION
METADATE CD	*	METHYLPHENIDATE HCL	60MG	CPMP 30-70	MDCH	MDCH CARVE OUT MEDICATION
METADATE ER	*	METHYLPHENIDATE HCL	10MG	TABLET ER	MDCH	MDCH CARVE OUT MEDICATION
METAGLIP	*	GLIPIZIDE/METFORMIN HCL	2.5-250MG	TABLET		
METAGLIP	*	GLIPIZIDE/METFORMIN HCL	2.5-500MG	TABLET		
METAGLIP	*	GLIPIZIDE/METFORMIN HCL	5MG-500MG	TABLET		
METAMUCIL OTC	*	PSYLLIUM SEED		POWDER		
METHERGINE	*	METHYLERGONOVINE MALEATE	0.2MG	TABLET		
METHITEST		METHYLTESTOSTERONE	10MG	TABLET	PA	AN ABNORMALLY LOW TESTOSTERONE LEVEL
METHOTREXATE	*	METHOTREXATE SODIUM	2.5MG	TABLET		
METHOTREXATE	*	METHOTREXATE SODIUM/PF	25MG/ML	VIAL		

METHYLIN CHEWABLES		METHYLPHENIDATE HCL	10MG	TAB CHEW	MDCH	MDCH CARVE OUT MEDICATION
METHYLIN CHEWABLES		METHYLPHENIDATE HCL	2.5MG	TAB CHEW	MDCH	MDCH CARVE OUT MEDICATION
METHYLIN CHEWABLES		METHYLPHENIDATE HCL	5MG	TAB CHEW	MDCH	MDCH CARVE OUT MEDICATION
METIPRANOLOL	*	METIPRANOLOL	0.3%	OPTIC DROPS		
METROCREAM	*	METRONIDAZOLE	0.75%	CREAM		
METROGEL	*	METRONIDAZOLE	1%	GEL	PA	ALT: METROCREAM AND METROGEL 0.75%
METROGEL	*	METRONIDAZOLE	0.75%	GEL		
METROGEL-VAGINAL	*	METRONIDAZOLE	0.75%	GEL W/APPL		
METROLOTION	*	METRONIDAZOLE	0.75%	LOTION	QL	MAX 118MLS PER MONTH
MEVACOR	*	LOVASTATIN	10MG	TABLET	QL	MAX 1.5 TABLETS PER DAY
MEVACOR	*	LOVASTATIN	20MG	TABLET	QL	MAX 1.5 TABLETS PER DAY
MEVACOR	*	LOVASTATIN	20MG	TABLET	QL	MAX 1.5 TABLETS PER DAY
MEVACOR	*	LOVASTATIN	40MG	TABLET	QL	MAX TWO TABLETS PER DAY
MEXITIL	*	MEXILETINE HCL	150MG	CAPSULE		
MEXITIL	*	MEXILETINE HCL	200MG	CAPSULE		
MEXITIL	*	MEXILETINE HCL	250MG	CAPSULE		
MIACALCIN	*	CALCITONIN,SALMON,SYN	200U/DOSE	SPRAY/PUMP	QL	MAX 3.7MLS EVERY 28 DAYS
MICARDIS	*	TELMISARTAN	20MG	TABLET	PA	ALT: AVAPRO AND COZAAR
MICARDIS	*	TELMISARTAN	40MG	TABLET	PA	ALT: AVAPRO AND COZAAR
MICARDIS	*	TELMISARTAN	80MG	TABLET	PA	ALT: AVAPRO AND COZAAR
MICARDIS HCT	*	TELMISARTAN/HCTZ	40-12.5MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
MICARDIS HCT	*	TELMISARTAN/HCTZ	80-12.5MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
MICARDIS HCT	*	TELMISARTAN/HCTZ	80-25MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
MICROGESTIN	*	NORETHINDRONE A-E ESTRADIOL	1.5MG-30MCG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MICROGESTIN	*	NORETHINDRONE A-E ESTRADIOL	1MG-20MCG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MICROGESTIN FE	*	NORETH A-ET ESTRA/FE FUMARATE	1.5MG-30MCG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MICROGESTIN FE	*	NORETH A-ET ESTRA/FE FUMARATE	1MG-20MCG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MICRO-K	*	POTASSIUM CHLORIDE	10MEQ	CAPSULE SA		
MICRO-K	*	POTASSIUM CHLORIDE	8MEQ	CAPSULE SA		
MICRONASE	*	GLYBURIDE	5MG	TABLET		
MICRONOR	*	NORETHINDRONE	0.35MG	TABLET	F,QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MICROZIDE	*	HYDROCHLOROTHIAZIDE	12.5MG	CAPSULE		
MIDAMOR	*	AMILORIDE HCL	5MG	TABLET		
MIDRIN	*	ISOMETHEPTENE/APAP/DICH	65-325-100	CAPSULE	QL	MAX SIX CAPSULES PER DAY
MIGRANAL	*	DIHYDROERGOTAMINE MESYLATE	0.5MG/SPRAY	SPRAY/PUMP	PA	MIDRIN
MILTOWN	*	MEPROBAMATE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
MILTOWN	*	MEPROBAMATE	400MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

MIMVEY	*	ESTRADIOL/NORETH AC	1-0.5MG	TABLET	F,QL	MAX ONE TABLET PER DAY
MINIPRES	*	PRAZOSIN HCL	1MG	CAPSULE		
MINIPRES	*	PRAZOSIN HCL	2MG	CAPSULE		
MINIPRES	*	PRAZOSIN HCL	5MG	CAPSULE		
MINOCIN	*	MINOCYCLINE HCL	100MG	CAPSULE		
MINOCIN	*	MINOCYCLINE HCL	50MG	CAPSULE		
MINOCIN	*	MINOCYCLINE	75MG	CAPSULE		
MIRALAX OTC	*	POLYETHYLENE GLYCOL 3350	100%	POWDER		
MIRAPEX	*	PRAMIPEXOLE DI-HCL	0.125MG	TABLET	QL	MAX THREE TABLETS PER DAY
MIRAPEX	*	PRAMIPEXOLE DI-HCL	0.25MG	TABLET	QL	MAX THREE TABLETS PER DAY
MIRAPEX	*	PRAMIPEXOLE DI-HCL	0.5MG	TABLET	QL	MAX THREE TABLETS PER DAY
MIRAPEX	*	PRAMIPEXOLE DI-HCL	0.75MG	TABLET	QL	MAX THREE TABLETS PER DAY
MIRAPEX	*	PRAMIPEXOLE DI-HCL	1.5MG	TABLET	QL	MAX THREE TABLETS PER DAY
MIRAPEX	*	PRAMIPEXOLE DI-HCL	1MG	TABLET	QL	MAX THREE TABLETS PER DAY
MIRAPEX ER	*	PRAMIPEXOLE DI-HCL	0.375MG	TAB ER 24HR	PA	ALT: MIRAPEX (NOT ER)
MIRAPEX ER	*	PRAMIPEXOLE DI-HCL	0.75MG	TAB ER 24HR	PA	ALT: MIRAPEX (NOT ER)
MIRAPEX ER	*	PRAMIPEXOLE DI-HCL	1.5MG	TAB ER 24HR	PA	ALT: MIRAPEX (NOT ER)
MIRAPEX ER		PRAMIPEXOLE DI-HCL	2.25MG	TAB ER 24HR	PA	ALT: MIRAPEX (NOT ER)
MIRAPEX ER		PRAMIPEXOLE DI-HCL	3.75MG	TAB ER 24HR	PA	ALT: MIRAPEX (NOT ER)
MIRAPEX ER		PRAMIPEXOLE DI-HCL	3MG	TAB ER 24HR	PA	ALT: MIRAPEX (NOT ER)
MIRAPEX ER		PRAMIPEXOLE DI-HCL	4.5MG	TAB ER 24HR	PA	ALT: MIRAPEX (NOT ER)
MIRCETTE	*	DESOG- ET ESTRA/ETHINY ESTRA	21-5	TABLET	F, QL	FEMALES ONLY. QL OF 1 PACK PER MONTH
MISSION PRENATAL	*	PRENATAL VIT/FE GLUCONATE/FA	30-0.4MG	TABLET	F	FEMALES ONLY
MISSION PRENATAL	*	PRENATAL VIT/FE GLUCONATE/FA	30-0.8MG	TABLET	F	FEMALES ONLY
MISSION PRENATAL HP	*	PV W-O CAL/FE GLUCONATE/FA	30-0.8MG	TABLET	F	FEMALES ONLY
MOBIC	*	MELOXICAM	7.5MG/5ML	ORAL SUSP	PA	ALT: MOBIC TABLETS
MOBIC	*	MELOXICAM	15MG	TABLET	QL	MAX ONE TABLET PER DAY
MOBIC	*	MELOXICAM	7.5MG	TABLET	QL	MAX TWO TABLETS PER DAY
MODICON	*	NORETHINDRONE-ETHINYL ESTRADI	0.5-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MODURETIC	*	HCTZ/AMILORIDE	50-5MG	TABLET		
MONISTAT 1 OTC	*	MICONAZOLE NITRATE	1200MG-2%	KIT		
MONISTAT 3 OTC	*	MICONAZOLE NITRATE	200MG-2%	CMB PF CRM		
MONISTAT 3 OTC	*	MICONAZOLE NITRATE	4%	CREAM/PF APP		
MONISTAT 7 OTC	*	MICONAZOLE NITRATE	2%	CMB PF CRM		
MONISTAT 7 OTC	*	MICONAZOLE NITRATE	2%	CREAM/APPL		
MONODOX	*	DOXYCYCLINE MONOHYDRATE	75MG	CAPSULE	PA	ALT: MONODOX 50MG AND 100MG
MONODOX	*	DOXYCYCLINE MONOHYDRATE	100MG	CAPSULE		

MONODOX	*	DOXYCYCLINE MONOHYDRATE	50MG	CAPSULE		
MONONESSA	*	NORGESTIMATE-ETHINYL ESTRADIO	0.25MG-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
MONOPRIL	*	FOSINOPRIL SODIUM	10MG	TABLET	QL	MAX TWO TABLETS PER DAY
MONOPRIL	*	FOSINOPRIL SODIUM	20MG	TABLET	QL	MAX TWO TABLETS PER DAY
MONOPRIL	*	FOSINOPRIL SODIUM	40MG	TABLET	QL	MAX TWO TABLETS PER DAY
MONOPRIL-HCT	*	FOSINOPRIL SODIUM/HCTZ	10/12.5MG	TABLET	QL	MAX TWO TABLETS PER DAY
MONOPRIL-HCT	*	FOSINOPRIL SODIUM/HCTZ	20/12.5MG	TABLET	QL	MAX TWO TABLETS PER DAY
MONUROL		FOSFOMYCIN TROMETHAMINE	3GM	PACKET	QL	MAX 1 PACKET PER FILL
MOTRIN	*	IBUPROFEN	100MG/5ML	ORAL SUSP		
MOTRIN	*	IBUPROFEN	600MG	TABLET	QL	MAX FIVE TABLETS PER DAY
MOTRIN	*	IBUPROFEN	800MG	TABLET	QL	MAX FOUR TABLETS PER DAY
MOTRIN	*	IBUPROFEN	400MG	TABLET		
MOTRIN IB OTC	*	IBUPROFEN	200MG	TABLET		
MOTRIN INFANT DROPS OTC		IBUPROFEN	50MG/1.25ML	DROPS SUSP		
MOTRIN OTC	*	IBUPROFEN	100MG/5ML	ORAL SUSP		
MOTRIN OTC		IBUPROFEN	100MG	TAB CHEW		
MOTRIN OTC		IBUPROFEN	100MG	TABLET		
MS CONTIN	*	MORPHINE SULFATE	100MG	TABLET ER	QL	MAX THREE TABLETS PER DAY
MS CONTIN	*	MORPHINE SULFATE	15MG	TABLET ER	QL	MAX THREE TABLETS PER DAY
MS CONTIN	*	MORPHINE SULFATE	200MG	TABLET ER	QL	MAX THREE TABLETS PER DAY
MS CONTIN	*	MORPHINE SULFATE	30MG	TABLET ER	QL	MAX THREE TABLETS PER DAY
MS CONTIN	*	MORPHINE SULFATE	60MG	TABLET ER	QL	MAX THREE TABLETS PER DAY
MSIR	*	MORPHINE SULFATE	10MG/5ML	ORAL SOLN		
MSIR	*	MORPHINE SULFATE	20MG/5ML	ORAL SOLN		
MSIR	*	MORPHINE SULFATE	30MG	TABLET	QL	MAX SIX TABLETS PER DAY
MSIR	*	MORPHINE SULFATE	15MG	TABLET	QL	MAX TWELVE TABLETS PERY DAY
MUCOMYST	*	ACETYLCYSTEINE	10%	VIAL-NEB.		
MUCOMYST	*	ACETYLCYSTEINE	20%	VIAL-NEB.		
MULTAQ		DRONEDARONE HCL	400MG	TABLET	QL	MAX TWO TABLETS PER DAY
M-VIT	*	PV W-O CAL/FERROUS FUMARATE/FA	27-1MG	TABLET	F	FEMALES ONLY
MY WAY OTC	*	LEVONORGESTREL	1.5MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER MONTH
MYAMBUTOL	*	ETHAMBUTOL HCL	100MG	TABLET		
MYAMBUTOL	*	ETHAMBUTOL HCL	400MG	TABLET		
MYCELEX	*	CLOTRIMAZOLE	1%	SOLUTION		
MYCELEX TROCHE	*	CLOTRIMAZOLE	10MG	TROCHE		
MYCOBUTIN	*	RIFABUTIN	150MG	CAPSULE		
MYCOLOG	*	NYSTATIN/TRIAMCINOLONE	100000-0.1	CREAM	QL	MAX 30GM PER MONTH

MYCOLOG	*	NYSTATIN/TRIAMCINOLONE	100000-0.1	OINT.(GM)	QL	MAX 30GM PER MONTH
MYCOSTATIN	*	NYSTATIN	100MU/G	CREAM		
MYCOSTATIN	*	NYSTATIN	100MU/G	OINT.(GM)		
MYCOSTATIN	*	NYSTATIN	100K U/ML	ORAL SUSP		
MYCOSTATIN	*	NYSTATIN	100000 U/G	POWDER		
MYCOSTATIN	*	NYSTATIN	50000000U	POWDER		
MYCOSTATIN	*	NYSTATIN	100MU	TABLET		
MYCOSTATIN	*	NYSTATIN	500000 U	TABLET		
MYDFRIN	*	PHENYLEPHRINE HCL	2.5%	OPTIC		
MYDRIACYL	*	TROPICAMIDE	0.5%	OPTIC		
MYDRIACYL	*	TROPICAMIDE	1%	OPTIC		
MYDRIACYL	*	TROPICAMIDE	1%	OPTIC DROPS		
MYFORTIC	*	MYCOPHENOLATE	180MG	TABLET DR	PA	ALT: CELLCEPT
MYFORTIC	*	MYCOPHENOLATE	360MG	TABLET DR	PA	ALT: CELLCEPT
MYLERAN		BUSULFAN	2MG	TABLET		
MYOXIN		CHLOROXYLENOL/BENZOC/ HYDROC	1-15-10/ML	OTIC SUSP	QL	MAX 15ML PER FILL
MYRBETRIQ		MIRABEGRON	25MG	TAB ER 24HR	PA	ALT: DETROL AND DITROPAN
MYRBETRIQ		MIRABEGRON	50MG	TAB ER 24HR	PA	ALT: DETROL AND DITROPAN
MYSOLINE	*	PRIMIDONE	250MG	TABLET		
MYSOLINE	*	PRIMIDONE	50MG	TABLET		
MYZILRA	*	LEVONORGESTREL- ETH ESTRADIOL	6-5-10	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NALDECON	*	PHENYLEPHRINE/PP HCL/P-TLOX/CP		TABLET ER		
NALFON	*	FENOPROFEN CALCIUM	600MG	TABLET		
NAMENDA		MEMANTINE HCL	10MG	TABLET	PA	CRITERIA MUST BE MET
NAMENDA		MEMANTINE HCL	5MG	TABLET	PA	CRITERIA MUST BE MET
NAPHCON-A OTC	*	NAPHAZOLINE HCL/ PHENIRAMINE	0.025-0.3%	OPTIC DROPS		
NAPROSYN	*	NAPROXEN	125MG/5ML	ORAL SUSP		
NAPROSYN	*	NAPROXEN	375MG	TABLET	QL	MAX FOUR TABLETS PER DAY
NAPROSYN	*	NAPROXEN	250MG	TABLET	QL	MAX SIX TABLETS PER DAY
NAPROSYN	*	NAPROXEN	500MG	TABLET	QL	MAX THREE TABLETS PER DAY
NARDIL	*	PHENELZINE SULFATE	15MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NASACORT AQ	*	TRIAMCINOLONE ACETONIDE	55MCG	SPRAY	PA	ALT: FLONASE AND NASACORT OTC
NASACORT OTC		TRIAMCINOLONE ACETONIDE	55MCG	SPRAY	QL	MAX 16.9ML PER MONTH
NASALIDE	*	FLUNISOLIDE	0.03%	NASAL SPRAY	QL	MAX 25ML EVERY 25DAYS
NASONEX		MOMETASONE FUROATE	50MCG	SPRAY	PA	ALT: FLONASE AND NASACORT OTC
NATACHEW	*	PV W-O CAL/FERROUS FUMARATE/FA	29-1MG	TAB CHEW	F	FEMALES ONLY
NATACYN		NATAMYCIN	5%	OPTIC	PA	MAX 15MLS PER FILL

NATALINS	*	PRENATAL VITS W-CA,FE,FA(<1MG)		TABLET	F	FEMALES ONLY
NATURETIN		BENDROFLUMETHIAZIDE	5MG	TABLET		
NAVANE	*	THIOTHIXENE	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
NAVANE	*	THIOTHIXENE	1MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
NAVANE	*	THIOTHIXENE	2MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
NAVANE	*	THIOTHIXENE	5MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
NEBUPENT		PENTAMIDINE ISETHIONATE	300MG	VIAL	PA	
NECON	*	NORETHINDRONE-ETHINYL ESTRAD	0.5-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NECON	*	NORETHINDRONE-ETHINYL ESTRADI	10/11	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NECON	*	NORETHINDRONE-ETHINYL ESTRADI	1MG-35MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NECON	*	NORETHINDRONE-MESTRANOL	1MG-50MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NECON	*	NORETHINDRONE ETHINYL-ESTRADI	7 DAYS X3	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NEEDLES AND SYRINGES						
NEODECADRON		NEOMYCIN SULFATE/DEX NA PH	0.35-0.1%	OPTIC		
NEOMYCIN SULFATE	*	NEOMYCIN SULFATE	500MG	TABLET		
NEORAL	*	CYCLOSPORINE, MODIFIED	100MG	CAPSULE		
NEORAL	*	CYCLOSPORINE, MODIFIED	25MG	CAPSULE		
NEORAL	*	CYCLOSPORINE, MODIFIED	100MG/ML	ORAL SOLN		
NEOSPORIN	*	NEOMYCIN/POLYMYXN B/ GRAMICIDI	1.75MG-10K	OPTIC DROPS		
NEOSPORIN OTC	*	NEOMYCIN/BACITRACIN/ POLYMIXIN	3.5-400-5K	OINT.(GM)		
NEPTAZANE	*	METHAZOLAMIDE	25MG	TABLET		
NEPTAZANE	*	METHAZOLAMIDE	50MG	TABLET		
NESINA		ALOGLIPTIN BENZOATE	12.5MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
NESINA		ALOGLIPTIN BENZOATE	25MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
NESINA		ALOGLIPTIN BENZOATE	6.25MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
NESTABS	*	PRENATAL VIT#86/ IRON BISGLY/ FA	32MG-1MG	TABLET	PA	ALT: MATERNA AND PRENATAL PLUS
NEULASTA		PEGFILGRASTIM	6MG/006ML	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
NEUMEGA		OPRELVEKIN	5MG	SOLUTION	PA, SP	CRITERIA MUST BE MET
NEUPOGEN		FILGRASTIM	300MGCG	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
NEUPOGEN		FILGRASTIM	480MCG/0.8ML	DISP SYRIN	PA, SP	CRITERIA MUST BE MET
NEUPOGEN		FILGRASTIM	300MCG	VIAL	PA, SP	CRITERIA MUST BE MET
NEUPOGEN		FILGRASTIM	480MCG/1.6	VIAL	PA, SP	CRITERIA MUST BE MET
NEUPRO		ROTIGOTINE	1MG/24HR	PATCH TD24HR	PA	ALT: MIRAPEX AND REQUIP
NEUPRO		ROTIGOTINE	2MG/24HR	PATCH TD24HR	PA	ALT: MIRAPEX AND REQUIP
NEUPRO		ROTIGOTINE	3MG/24HR	PATCH TD24HR	PA	ALT: MIRAPEX AND REQUIP

NEUPRO		ROTIGOTINE	4MG/24HR	PATCH TD24HR	PA	ALT: MIRAPEX AND REQUIP
NEUPRO		ROTIGOTINE	6MG/24HR	PATCH TD24HR	PA	ALT: MIRAPEX AND REQUIP
NEUPRO		ROTIGOTINE	8MG/24HR	PATCH TD24HR	PA	ALT: MIRAPEX AND REQUIP
NEURONTIN	*	GABAPENTIN	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
NEURONTIN	*	GABAPENTIN	300MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
NEURONTIN	*	GABAPENTIN	400MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
NEURONTIN	*	GABAPENTIN	250MG/5ML	ORAL SOLN	MDCH	MDCH CARVE OUT MEDICATION
NEURONTIN	*	GABAPENTIN	600MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NEURONTIN	*	GABAPENTIN	800MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NEVANAC		NEPAFENAC	0.1%	OPTIC DROPS	PA	ALT: ACULAR AND VOLTAREN
NEXAVAR		SORAFENIB TOSYLATE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NEXIUM	*	ESOMEPRAZOLE MAG TRIHYDARATE	20MG	CAPSULE DR	PA	ALT: ACIPHEX, NEXIUM OTC, PREVACID, PRILOSEC AND PROTONIX
NEXIUM	*	ESOMEPRAZOLE MAG TRIHYDARATE	40MG	CAPSULE DR	PA	ALT: ACIPHEX, NEXIUM OTC, PREVACID, PRILOSEC AND PROTONIX
NEXIUM		ESOMEPRAZOLE MAGNESIUM	10MG	SUSP DR PKT	PA	PREVACID SOLTABS
NEXIUM		ESOMEPRAZOLE MAGNESIUM	2.5MG	SUSP DR PKT	PA	PREVACID SOLTABS
NEXIUM		ESOMEPRAZOLE MAGNESIUM	20MG	SUSP DR PKT	PA	PREVACID SOLTABS
NEXIUM		ESOMEPRAZOLE MAGNESIUM	40MG	SUSP DR PKT	PA	PREVACID SOLTABS
NEXIUM		ESOMEPRAZOLE MAGNESIUM	5MG	SUSP DR PKT	PA	PREVACID SOLTABS
NEXIUM OTC		ESOMEPRAZOLE MAGNESIUM	20MG	CAPSULE DR	QL	MAX FOUR CAPSULES PER DAY
NEXT CHOICE ONE DOSE	*	LEVONORGESTREL	1.5MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER MONTH
NIACIN OTC	*	NIACIN	100MG	TABLET		
NIACIN OTC	*	NIACIN	500MG	TABLET		
NIACIN OTC	*	NIACIN	50MG	TABLET		
NIASPAN	*	NIACIN	1000MG	TABLET ER	PA	ALT: SLO-NIACIN
NIASPAN	*	NIACIN	500MG	TABLET ER	PA	ALT: SLO-NIACIN
NIASPAN	*	NIACIN	750MG	TABLET ER	PA	ALT: SLO-NIACIN
NICODERM OTC	*	NICOTINE	14MG	PATCH TD24HR	QL	MAX ONE PATCH PER DAY
NICODERM OTC	*	NICOTINE	21MG	PATCH TD24HR	QL	MAX ONE PATCH PER DAY
NICODERM OTC	*	NICOTINE	7MG	PATCH TD24HR	QL	MAX ONE PATCH PER DAY
NICORETTE GUM OTC	*	NICOTINE POLACRILEX	4MG	GUM	QL	MAX 24 PIECES PER DAY

NICORETTE GUM OTC	*	NICOTINE POLACRILEX	2MG	GUM	QL	MAX 30 PIECES PER DAY
NICORETTE LOZENGE OTC	*	NICOTINE POLACRILEX	2MG	LOZENGE	QL	MAX 20 LOZENGES PER DAY
NICORETTE LOZENGE OTC	*	NICOTINE POLACRILEX	4MG	LOZENGE	QL	MAX 20 LOZENGES PER DAY
NICOTROL INHALER		NICOTINE	10MG	CARTRIDGE	PA	ALT: NICOTINE GUM/PATCHES/LOZENGE AND ZYBAN
NICOTROL NASAL SPRAY		NICOTINE	10MG/ML	NASAL SPRAY	PA	ALT: NICOTINE GUM/PATCHES/LOZENGE AND ZYBAN
NIFEREX-150 FORTE	*	IRON PS COMPLEX/VIT B12/FA	150-25-1MG	CAPSULE		
NIMOTOP	*	NIMODIPINE	30MG	CAPSULE		
NIRAVAM	*	ALPRAZOLAM	0.25MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
NIRAVAM	*	ALPRAZOLAM	0.5MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
NIRAVAM	*	ALPRAZOLAM	1MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
NIRAVAM	*	ALPRAZOLAM	2MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
NITRO-BID	*	NITROGLYCERIN	2.5MG	CAPSULE SA		
NITRO-BID	*	NITROGLYCERIN	6.5MG	CAPSULE SA		
NITRO-BID	*	NITROGLYCERIN	9MG	CAPSULE SA		
NITRO-BID		NITROGLYCERIN	2%	OINT.(GM)		
NITRO-DUR	*	NITROGLYCERIN	0.1MG/HR	PATCH TD 24	QL	MAX ONE PATCH PER DAY
NITRO-DUR	*	NITROGLYCERIN	0.2MG/HR	PATCH TD 24	QL	MAX ONE PATCH PER DAY
NITRO-DUR		NITROGLYCERIN	0.3MG/HR	PATCH TD 24	QL	MAX ONE PATCH PER DAY
NITRO-DUR	*	NITROGLYCERIN	0.4MG/HR	PATCH TD 24	QL	MAX ONE PATCH PER DAY
NITRO-DUR	*	NITROGLYCERIN	0.6MH/HR	PATCH TD 24	QL	MAX ONE PATCH PER DAY
NITRO-DUR		NITROGLYCERIN	0.8MG/HR	PATCH TD 24	QL	MAX ONE PATCH PER DAY
NITROGARD		NITROGLYCERIN	2MG	TAB BUC SA		
NITROLINGUAL SPRAY	*	NITROGLYCERIN	0.4MG/DOSE	SPRAY	PA	THE PAST 60 DAYS. MAX 12MLS/25 DAYS
NITROMIST	*	NITROGLYCERIN	0.4MG/DOSE	AEROSOL	PA	THE PAST 60 DAYS.
NITROQUICK		NITROGLYCERIN	0.3MG	TAB SUBL		
NITROQUICK	*	NITROGLYCERIN	0.4MG	TAB SUBL		
NITROQUICK		NITROGLYCERIN	0.6MG	TAB SUBL		
NITROSTAT		NITROGLYCERIN	0.3MG	TABLET SL		
NITROSTAT	*	NITROGLYCERIN	0.4MG	TABLET SL		
NITROSTAT		NITROGLYCERIN	0.6MG	TABLET SL		
NIX OTC	*	PERMETHRIN	1%	LIQUID		
NIZORAL	*	KETOCONAZOLE	2%	CREAM		
NIZORAL	*	KETOCONAZOLE	2%	SHAMPOO		
NIZORAL	*	KETOCONAZOLE	200MG	TABLET		
NOCTEC	*	CHLORAL HYDRATE	500MG/5ML	SYRUP	MDCH	MDCH CARVE OUT MEDICATION
NOLVADEX	*	TAMOXIFEN CITRATE	10MG	TABLET	F	FEMALES ONLY

NOLVADEX	*	TAMOXIFEN CITRATE	20MG	TABLET	F	FEMALES ONLY
NORCO	*	HYDROCODONE BIT/APAP	10MG-325MG	TABLET	QL	MAX TWELVE TABLETS PERY DAY
NORCO	*	HYDROCODONE BIT/APAP	5MG-325MG	TABLET	QL	MAX TWELVE TABLETS PERY DAY
NORCO	*	HYDROCODONE BIT/APAP	7.5MG-325MG	TABLET	QL	MAX TWELVE TABLETS PERY DAY
NORDETTE	*	LEVONORGESTREL-ETH ESTRA	0.15-.03MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NORDITROPIN FLEXPRO		SOMATROPIN	10MG/1.5ML	PEN INJECTOR	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
NORDITROPIN FLEXPRO		SOMATROPIN	15MG/1.5ML	PEN INJECTOR	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
NORDITROPIN FLEXPRO		SOMATROPIN	5MG/1.5ML	PEN INJECTOR	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
NORDITROPIN NORDIFLEX		SOMATROPIN	30MG/3ML	PEN INJECTOR	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
NORFLEX	*	ORPHENADRINE CITRATE	100MG	TABLET ER		
NORINYL 1 + 35	*	NORETHINDRONE-ETHINYL ESTRAD	1-0.035MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NORINYL 1 + 50	*	NORETHINDRONE-ETHINYL ESTRAD	1-0.050MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NORITATE		METRONIDAZOLE	1%	CREAM	PA	ALT: METROCREAM AND METROLOTION
NORMODYNE		LABETALOL HCL	5MG/ML	DISP SYRIN		
NORMODYNE	*	LABETALOL HCL	100MG	TABLET		
NORMODYNE	*	LABETALOL HCL	200MG	TABLET		
NORMODYNE	*	LABETALOL HCL	300MG	TABLET		
NORPACE	*	DISOPYRAMIDE PHOSPHATE	100MG	CAPSULE		
NORPACE	*	DISOPYRAMIDE PHOSPHATE	150MG	CAPSULE		
NORPACE CR		DISOPYRAMIDE PHOSPHATE	100MG	CAPSULE SA		
NORPACE CR		DISOPYRAMIDE PHOSPHATE	150MG	CAPSULE SA		
NORPRAMIN	*	DESIPRAMINE HCL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NORPRAMIN	*	DESIPRAMINE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NORPRAMIN	*	DESIPRAMINE HCL	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NORPRAMIN	*	DESIPRAMINE HCL	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NORPRAMIN	*	DESIPRAMINE HCL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NORPRAMIN	*	DESIPRAMINE HCL	75MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NOR-Q-D	*	NORETHINDRONE	0.35MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NORTREL	*	NORETHINDRONE-ETHINYL ESTRAD	0.5-0.035MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
NORVASC	*	AMLODIPINE BESYLATE	10MG	TABLET	QL	MAX ONE TABLET PER DAY
NORVASC	*	AMLODIPINE BESYLATE	2.5MG	TABLET	QL	MAX TWO TABLETS PER DAY
NORVASC	*	AMLODIPINE BESYLATE	5MG	TABLET	QL	MAX TWO TABLETS PER DAY
NORVIR		RITONAVIR	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
NORVIR		RITONAVIR	80MG/ML	SOLUTION	MDCH	MDCH CARVE OUT MEDICATION
NOVACET	*	SODIUM SULFACETAMIDE-SULFUR	10-5%	LOTION		
NOVOLIN 70/30		HUMAN INSULIN NPH/REGULAR	70-30 U/ML	VIAL		
NOVOLIN N		HUMAN INSULIN NPH	100 U/ML	VIAL		

NOVOLIN R		HUMAN INSULIN REGULAR	100 U/ML	VIAL		
NOVOLOG		INSULIN ASPART	100 U/ML	CARTRIDGE	AG	MAX AGE 18
NOVOLOG		INSULIN ASPART	100 U/ML	VIAL		
NOVOLOG FLEXPEN		INSULIN ASPART	100/ML	INSULIN PEN	AG	MAX AGE 18
NOVOLOG MIX 70-30		INSULIN ASP PRT/ INSULIN ASPART	70-30/ML	VIAL		
NOVOLOG MIX 70-30 FLEXPEN		INSULIN ASP PRT/ INSULIN ASPART	70-30/ML	INSULIN PEN	AG	MAX AGE 18
NOXAFIL		POSACONAZOLE	200MG/5ML	ORAL SUSP	PA	CRITERIA MUST BE MET
NUCYNTA		TAPENTADOL HCL	100MG	TABLET	PA	CRITERIA MUST BE MET
NUCYNTA		TAPENTADOL HCL	50MG	TABLET	PA	CRITERIA MUST BE MET
NUCYNTA		TAPENTADOL HCL	75MG	TABLET	PA	CRITERIA MUST BE MET
NUCYNTA ER		TAPENTADOL HCL	100MG	TAB ER 12HR	PA	CRITERIA MUST BE MET
NUCYNTA ER		TAPENTADOL HCL	150MG	TAB ER 12HR	PA	CRITERIA MUST BE MET
NUCYNTA ER		TAPENTADOL HCL	200MG	TAB ER 12HR	PA	CRITERIA MUST BE MET
NUCYNTA ER		TAPENTADOL HCL	250MG	TAB ER 12HR	PA	CRITERIA MUST BE MET
NUCYNTA ER		TAPENTADOL HCL	50MG	TAB ER 12HR	PA	CRITERIA MUST BE MET
NULEV	*	HYOSCYAMINE SULFATE	0.125MG	TABLET RAPDIS		
NUTROPIN		SOMATROPIN	10MG	VIAL	PA, SP	CRITERIA MUST BE MET
NUTROPIN AQ		SOMATROPIN	10MG/2ML	CARTRIDGE	PA, SP	CRITERIA MUST BE MET
NUVARING		ETONOGRESTREL/ET ESTRADIOL	0.12-0.015	RING	F, QL	MAX ONE RING EVERY 28 DAYS
NUVIGIL		ARMODAFINIL	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NUVIGIL		ARMODAFINIL	250MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NUVIGIL		ARMODAFINIL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
NYSTATIN	*	NYSTATIN	100000/G	CREAM		
NYSTATIN	*	NYSTATIN	100000/G	OINTMENT		
NYSTATIN	*	NYSTATIN	100000/ML	ORAL SUSP		
NYSTATIN	*	NYSTATIN	150MM UNIT	POWDER		
NYSTATIN	*	NYSTATIN	500MM UNIT	POWDER		
NYSTATIN	*	NYSTATIN	50MM UNIT	POWDER		
NYSTATIN	*	NYSTATIN	100K UNIT	TABLET		
NYSTATIN	*	NYSTATIN	500K UNIT	TABLET		
O-CAL FA	*	PRENATAL VIT/FE FUMARATE/FA	66-1MG	TABLET	F	FEMALES ONLY
OCELLA	*	ETHINYL ESTRADIOL/DROSPIRE	0.03-3MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
OCUFEN	*	FLURBIPROFEN SODIUM	0.03%	OPTIC		
OCUFLOX	*	OFLOXACIN	0.3%	OPTIC DROPS		
OCUPRESS	*	CARTEOLOL HCL	1%	OPTIC		
OGEN	*	ESTROPIPATE	0.75MG	TABLET	F	FEMALES ONLY
OGEN	*	ESTROPIPATE	3MG	TABLET	F	FEMALES ONLY

OGESTREL	*	NORGESTREL-ETHINYL ESTRADIOL	0.5-0.05MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
OLEPTRO		TRAZADONE HCL	150MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
OLEPTRO		TRAZODONE HCL	300MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
OLUX	*	CLOBETASOL PROPIONATE	0.05%	FOAM	QL	MAX 50GM PER FILL
OLUX-E		CLOBETASOL PROPIONATE/ EMOLLIE	0.05%	FOAM	PA	ALT: OLUX AND TEMOVATE
OMNARIS		CICLESONIDE	50MCG	SPRAY/PUMP	PA	ALT: FLONASE AND NASACORT AQ
OMNICEF	*	CEFDINIR	300MG	CAPSULE		
OMNICEF	*	CEFDINIR	125MG/5ML	SUSP RECON		
OMNICEF	*	CEFDINIR	250MG/5ML	SUSP RECON		
OMNIPEN	*	AMPICILLIN TRIHYDRATE	125MG/5ML	SUSP RECON		
OMNIPEN	*	AMPICILLIN TRIHYDRATE	250MG/5ML	SUSP RECON		
OMNIPRED	*	PREDNISOLONE ACETATE	1%	DROPS		
OMNITROPE		SOMATROPIN	5MG/1.5ML	CARTRIDGE	PA, SP	CRITERIA MUST BE MET
OMNITROPE		SOMATROPIN	5.8MG	VIAL	PA, SP	CRITERIA MUST BE MET
ONFI		CLOBAZAM	2.5MG/ML	ORAL SUSP	MDCH	MDCH CARVE OUT MEDICATION
ONFI		CLOBAZAM	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ONFI		CLOBAZAM	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ONGLYZA		SAXAGLIPTIN HCL	2.5MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
ONGLYZA		SAXAGLIPTIN HCL	5MG	TABLET	PA	GLUCOTROL, PRECOSE AND STARLIX
OPANA	*	OXYMORPHONE HCL	10MG	TABLET	PA	ALT: DILAUDID, MSIR AND OXY IR
OPANA	*	OXYMORPHONE HCL	5MG	TABLET	PA	ALT: DILAUDID, MSIR AND OXY IR
OPANA ER		OXYMORPHONE HCL	10MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OPANA ER		OXYMORPHONE HCL	20MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OPANA ER		OXYMORPHONE HCL	30MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OPANA ER		OXYMORPHONE HCL	40MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OPANA ER		OXYMORPHONE HCL	5MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OPCON-A OTC	*	NAPHAZOLINE HCL/ PHENIRAMINE	0.0268-.315	OPTIC DROPS		
OPIUM	*	OPIUM	10%	TINCTURE		
OPTIMYD		NA SULFACETM/PREDNIS SP	0.5%	OPTIC		
OPTIPRANOLOL	*	METIPRANOLOL	0.3%	OPTIC		
OPTIVAR	*	AZELASTINE HCL	0.05%	OPTIC	QL	MAX 6MLS PER MONTH
ORACIT		CITRIC ACID/SODIUM CITRATE	640-490MG	SOLUTION		
ORALONE	*	TRIAMCINOLONE ACETONIDE	0.10%	PASTE	QL	MAX TWO TUBES PER MONTH
ORAP		PIMOZIDE	ALL STRENGTHS	ALL FORMS	MDCH	MDCH CARVE OUT MEDICATION
ORAPRED	*	PREDNISOLONE SOD PHOSPHATE	15MG/5ML	SOLUTION		
ORBASE	*	TRIAMCINOLONE ACETONIDE	0.1%	PASTE	QL	MAX 10GM PER MONTH

ORFADIN		NITISINONE	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ORFADIN		NITISINONE	2MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ORFADIN		NITISINONE	5MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ORGANIDIN NR	*	GUAIFENESIN	200MG	TABLET		
ORINASE	*	TOLBUTAMIDE	500MG	TABLET		
ORSYTHIA	*	LEVONORGESTREL-ETHINYL ESTRAD	0.1-0.02	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO CEPT	*	DESOGESTREL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO CYCLEN	*	NORGESTIMATE-ETHINYL ESTRAD	0.25-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO EVRA	*	ETHINYL ESTRADIOL/NORELGEST	20-150/24H	PATCH TDWK	F, QL	FEMALES ONLY. MAX THREE PATCHES EVERY 28 DAYS
ORTHO MICRONOR	*	NORETHINDRONE	0.35MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO NOVUM	*	NORETHINDRONE-ETHINYL ESTRAD	1-0.035MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO NOVUM	*	NORETHINDRONE-MESTRANOL	1-0.05MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO NOVUM	*	NORETHINDRONE-ETHIN ESTRADIOL	10-11	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO NOVUM 7/7/7	*	NORETHINDRONE-ETHINYL ESTRAD	7/7/7	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORTHO TRI CYCLEN	*	NORGESTIMATE-ETHINYL ESTRAD	7 DAYSX3 28	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ORUDIS	*	KETOPROFEN	25MG	CAPSULE	QL	
ORUDIS	*	KETOPROFEN	50MG	CAPSULE	QL	
ORUDIS	*	KETOPROFEN	75MG	CAPSULE	QL	
OSMOPREP		NAPHOS M-B M-H/NA PHOS DI BASIC	1.5GM	TABLET	PA	ALT: GOLYTELY, NULYTELY AND TRILYTE
OSPHENA		OSPEMIFENE	60MG	TABLET	PA	ALT: ESTRACE AND PREMARIN
OTICAINE	*	BENZOCAINE	20%	OTIC		
OVCON-35	*	NORETHINDRONE-ETHINYL ESTRAD	0.4-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
OVCON-50	*	NORETHINDRONE-ETHINYL ESTRAD	1-0.05MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
OVIDE	*	MALATHION	0.5%	LOTION	QL	MAX 118MLS PER FILL
OXACILLIN SODIUM		OXACILLIN SODIUM	250MG/5ML	SUSP RECON		
OXYCONTIN	*	OXYCODONE HCL	10MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYCONTIN	*	OXYCODONE HCL	20MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYCONTIN		OXYCODONE HCL	30MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYCONTIN	*	OXYCODONE HCL	40MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYCONTIN		OXYCODONE HCL	60MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYCONTIN	*	OXYCODONE HCL	80MG	TAB ER 12HR	PA	ALT: BUTRANS, DURAGESIC AND MS CONTIN
OXYIR	*	OXYCODONE HCL	5MG	CAPSULE		
OXYIR	*	OXYCODONE HCL	20MG	TABLET	QL	MAX NINE TABLETS PER DAY
OXYIR	*	OXYCODONE HCL	30MG	TABLET	QL	MAX SIX TABLETS PER DAY
OXYIR	*	OXYCODONE HCL	15MG	TABLET	QL	MAX TWELVE TABLETS PERY DAY
OXYIR	*	OXYCODONE HCL	10MG	TABLET		

OXYIR	*	OXYCODONE HCL	5MG	TABLET		
OXYTROL		OXYBUTYNIN	3.69MG/24HR	PATCH TDSW	PA	FAILURE OF DITROPAN TABLETS/LIQUID
PACERONE	*	AMIODARONE	100MG	TABLET		
PACERONE	*	AMIODARONE	200MG	TABLET		
PACERONE	*	AMIODARONE	400MG	TABLET		
PAMELOR	*	NORTRIPTYLINE HCL	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
PAMELOR	*	NORTRIPTYLINE HCL	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
PAMELOR	*	NORTRIPTYLINE HCL	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
PAMELOR	*	NORTRIPTYLINE HCL	75MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
PAMINE	*	METHSCOPOLAMINE BR	2.5MG	TABLET		
PAMINE FORTE	*	METHSCOPOLAMINE BR	5MG	TABLET		
PANCREAZE		LIPASE/PROTEASE/ AMYLASE	10.5K/25K	CAPSULE DR		
PANCREAZE		LIPASE/PROTEASE/ AMYLASE	16.8-40-70	CAPSULE DR		
PANCREAZE		LIPASE/PROTEASE/ AMYLASE	21-37-61	CAPSULE DR		
PANCREAZE		LIPASE/PROTEASE/ AMYLASE	4.2K/10K	CAPSULE DR		
PANOXYL-10	*	BENZOYL PEROXIDE	10%	CLEANSER		
PANOXYL-4	*	BENZOYL PEROXIDE	4%	CLEANSER		
PANOXYL-8	*	BENZOYL PEROXIDE	8%	CLEANSER		
PARAFON DSC	*	CHLORZOXAZONE	500MG	TABLET		
PARAFON FORTE	*	CHLORZOXAZONE	500MG	TABLET		
PARCOPA	*	CARBIDOPA/LEVODOPA	10MG-100MG	TAB RAPDIS	PA	FAILURE OF SINEMET/CR
PARCOPA	*	CARBIDOPA/LEVODOPA	25MG-100MG	TAB RAPDIS	PA	FAILURE OF SINEMET/CR
PARCOPA	*	CARBIDOPA/LEVODOPA	25MG-250MG	TAB RAPDIS	PA	FAILURE OF SINEMET/CR
PAREGORIC		PAREGORIC	2MG/5ML	LIQUID		
PAREMYD		HYDROXYAMPHETAMINE/ TROPICAM	1%-0.25%	DROPS	PA	CRITERIA MUST BE MET
PARLODEL	*	BROMOCRIPTINE MESYLATE	5MG	CAPSULE		
PARLODEL	*	BROMOCRIPTINE MESYLATE	2.5MG	TABLET		
PARNATE	*	TRANYLCYPROMINE SULFATE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PATADAY		OLOPATADINE HCL	0.2%	OPTIC	PA	ALT: CROLOM, ELESTAT, OPTIVAR AND ZADITOR
PATANASE	*	OLOPATADINE HCL	0.6%	SPRAY/PUMP	PA	ALT: ASTELIN, ALLEGRA, CLARITIN AND ZYRTEC
PATANOL		OLOPATADINE HCL	0.1%	OPTIC	PA	ALT: CROLOM, ELESTAT, OPTIVAR AND ZADITOR
PAVABID	*	PAPAVERINE HCL	150MG	CAPSULE SA		
PAVABID HP		PAPAVERINE HCL	300MG	TABLET		
PAXIL	*	PAROXETINE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PAXIL	*	PAROXETINE HCL	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PAXIL	*	PAROXETINE HCL	30MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PAXIL	*	PAROXETINE HCL	40MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PAXIL		PAROXETINE HCL	10MG/5ML	ORAL SUSP	MDCH	MDCH CARVE OUT MEDICATION

PAXIL CR	*	PAROXETINE HCL	12.5MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
PAXIL CR	*	PAROXETINE HCL	25MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
PAXIL CR	*	PAROXETINE HCL	37.5MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
PEDIALYTE OTC		ELECTROLYTE, ORAL		ORAL SOLN		
PEDIAPRED	*	PREDNISOLONE SODIUM PHOSPHAT	5MG/5ML	ORAL SOLN		
PEDIAPRED	*	PREDNISOLONE SOD PHOSPHATE	5MG/5ML	SOLUTION		
PEGANONE		ETHOTOIN	250MG	TABLET		
PEGASYS		PEGINTERFEFON ALFA-2A	180MCG/0.5ML	KIT	PA, SP	CRITERIA MUST BE MET
PEGASYS		PEGINTERFEFON ALFA-2A	180MCG/ML	VIAL	PA, SP	CRITERIA MUST BE MET
PEG-INTRON		PEGINTERFERON ALFA 2B	120MCG/0.5	KIT	PA, SP	CRITERIA MUST BE MET
PEG-INTRON		PEGINTERFERON ALFA 2B	150MCG/0.5	KIT	PA, SP	CRITERIA MUST BE MET
PEG-INTRON		PEGINTERFERON ALFA 2B	80MCG/0.5	KIT	PA, SP	CRITERIA MUST BE MET
PEG-INTRON REDIPEN		PEGINTERFERON ALFA 2B	120MCG/0.5	PEN INJECTOR	PA, SP	CRITERIA MUST BE MET
PEG-INTRON REDIPEN		PEGINTERFERON ALFA 2B	50MCG/0.5	PEN INJECTOR	PA, SP	CRITERIA MUST BE MET
PEG-INTRON REDIPEN		PEGINTERFERON ALFA 2B	80 MCG/0.5	PEN INJECTOR	PA, SP	CRITERIA MUST BE MET
PEN G	*	PENICILLIN G POTASSIUM	20MMU	VIAL		
PEN G	*	PENICILLIN G POTASSIUM	5MMU	VIAL		
PEN VEE K	*	PENICILLIN V POTASSIUM	125MG/5ML	SUSP RECON		
PEN VEE K	*	PENICILLIN V POTASSIUM	250MG/5ML	SUSP RECON		
PEN VEE K	*	PENICILLIN V POTASSIUM	250MG	TABLET		
PEN VEE K	*	PENICILLIN V POTASSIUM	500MG	TABLET		
PENLAC	*	CICLOPIROX	8%	SOLUTION		
PENTASA		MESALAMINE	250MG	CAPSULE SA	PA	ALT: APRISO AND DELZICOL
PENTASA		MESALAMINE	500MG	CAPSULE SA	PA	ALT: APRISO AND DELZICOL
PEPCID	*	FAMOTIDINE	40MG/5ML	ORAL SUSP		
PEPCID	*	FAMOTIDINE	20MG	TABLET		
PEPCID	*	FAMOTIDINE	20MG	TABLET		
PEPCID	*	FAMOTIDINE	40MG	TABLET		
PEPCID	*	FAMOTIDINE	40MG	TABLET		
PEPCID AC OTC	*	FAMOTIDINE	10MG	TABLET		
PEPTO-BISMOL OTC	*	BISMUTH SUBSALICYLATE	262MG/15ML	ORAL SUSP		
PEPTO-BISMOL OTC	*	BISMUTH SUBSALICYLATE	525MG/15ML	ORAL SUSP		
PERCOCET	*	OXYCODONE/ ACETAMINOPHEN	10/325	TABLET	PA	MAX 12 PER DAY
PERCOCET	*	OXYCODONE/ ACETAMINOPHEN	7.5/325	TABLET	PA	MAX 12 PER DAY
PERCOCET	*	OXYCODONE/ ACETAMINOPHEN	5/325	TABLET	QL	MAX 12 PER DAY
PERCODAN	*	OXYCODONE/ASPIRIN	4.88-325MG	TABLET	QL	MAX 12 PER DAY
PERFOROMIST		FORMOTEROL FUMARATE	2MCG-2ML	VIAL-NEB	PA	ALT ARCAPTA, FORADIL AND SEREVENT

PERIACTIN	*	CYPROHEPTADINE HCL	2MG/5ML	ORAL SYRUP		
PERIACTIN	*	CYPROHEPTADINE HCL	4MG	TABLET		
PERI-COLACE	*	SENNOSIDES/DOCUSATE SODIUM	8.6MG-50MG	TABLET		
PERIDEX	*	CHLORHEXIDINE GLUCONATE	1.2MG/ML	LIQUID		
PERIOSTAT	*	DOXYCYCLINE HYCLATE	20MG	TABLET		
PERSANTINE	*	DIPYRIDAMOLE	25MG	TABLET		
PERSANTINE	*	DIPYRIDAMOLE	50MG	TABLET		
PERSANTINE	*	DIPYRIDAMOLE	75MG	TABLET		
PERTZYE		LIPASE/PROTEASE/ AMYLASE	16K/57.5K	CAPSULE DR		
PERTZYE		LIPASE/PROTEASE/ AMYLASE	8K-28.75K	CAPSULE DR		
PEXEVA		PAROXETINE MESYLATE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PEXEVA		PAROXETINE MESYLATE	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PEXEVA		PAROXETINE MESYLATE	30MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PEXEVA		PAROXETINE MESYLATE	40MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PHENERGAN	*	PROMETHAZINE HCL	12.5MG	SUPP.RECT	QL	MAX TWELVE SUPPOSITORIES PER FILL
PHENERGAN	*	PROMETHAZINE HCL	25MG	SUPP.RECT	QL	MAX TWELVE SUPPOSITORIES PER FILL
PHENERGAN	*	PROMETHAZINE HCL	50MG	SUPP.RECT	QL	MAX TWELVE SUPPOSITORIES PER FILL
PHENERGAN	*	PROMETHAZINE HCL	6.25MG/5ML	SYRUP		
PHENERGAN	*	PROMETHAZINE HCL	12.5MG	TABLET		
PHENERGAN	*	PROMETHAZINE HCL	25MG	TABLET		
PHENERGAN	*	PROMETHAZINE HCL	50MG	TABLET		
PHENERGAN DM	*	PROMETHAZINE/ DEXTROMETHORPH	15-6.25/5	SYRUP		
PHENERGAN VC	*	PROMETHAZINE HCL/ PHENYLEPHRI	6.25-5/5ML	SYRUP		
PHENERGAN VC/CODEINE	*	PROMETHAZINE/PHENYLEPH/ CODEI	6.25-5-10	SYRUP	QL	MAX 120ML PER MONTH
PHENERGAN/CODEINE	*	PROMETHAZINE HCL/ CODEINE	6.25-10/5ML	SYRUP	QL	MAX 120ML PER MONTH
PHENOBARBITAL	*	PHENOBARBITAL	20MG/5ML	ELIXER	MDCH	MDCH CARVE OUT MEDICATION
PHENOBARBITAL	*	PHENOBARBITAL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PHENOBARBITAL	*	PHENOBARBITAL	15MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PHENOBARBITAL	*	PHENOBARBITAL	16.2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PHENOBARBITAL	*	PHENOBARBITAL	30MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PHENOBARBITAL	*	PHENOBARBITAL	32.4MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PHENOBARBITAL	*	PHENOBARBITAL	60MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PHENOBARBITAL	*	PHENOBARBITAL	64.8MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PHENOBARBITAL	*	PHENOBARBITAL	97.2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PHENOBARBITAL		PHENOBARBITAL SODIUM	130MG/ML	VIAL	MDCH	MDCH CARVE OUT MEDICATION
PHENOBARBITAL		PHENOBARBITAL SODIUM	65MG/ML	VIAL	MDCH	MDCH CARVE OUT MEDICATION
PHENYTEK	*	PHENYTOIN SODIUM EXTENDED	200MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION

PHENYTEK	*	PHENYTOIN SODIUM EXTENDED	300MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
PHISOHEX		HEXACHLOROPHENE	3%	LIQUID		
PHOSLO	*	CALCIUM ACETATE	667MG	CAPSULE		
PHOSLO	*	CALCIUM ACETATE	667MG	TABLET		
PHOSPHOLINE IODIDE		ECHOTHIOPHATE IODIDE	0.125%	OPTIC		
PHRENILIN	*	ACETAMINOPHEN/ BUTALBITAL	50MG-325MG	TABLET		
PILOCAR	*	PILOCARPINE	1%	OPTIC		
PILOCAR	*	PILOCARPINE	2%	OPTIC		
PILOCAR	*	PILOCARPINE	4%	OPTIC		
PILOCAR	*	PILOCARPINE	5MG	TABLET		
PILOCAR	*	PILOCARPINE	7.5MG	TABLET		
PIRMELLA	*	NORETHINDRONE- ETHINYL ESTRAD	1MG-35MCG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
PIRMELLA	*	NORETHINDRONE- ETHINYL ESTRAD	7 DAYS X 3	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
PLAN B ONE-STEP	*	LEVONORGESTREL	1.5MG	TABLET	QL	MAX ONE TABLET PER MONTH
PLAQUENIL	*	HYDROCHLOROQUINE SULFATE	200MG	TABLET		
PLAVIX	*	CLOPIDOGREL BISULFATE	300MG	TABLET	PA	CRITERIA MUST BE MET
PLAVIX	*	CLOPIDOGREL BISULFATE	75MG	TABLET	QL	MAX ONE TABLET PER DAY
PLEGRIDY		PEGINTERFERON BETA 1A	63-94MCG/ML	PEN INJECTOR	PA, SP	CRITERIA MUST BE MET
PLEGRIDY		PEGINTERFERON BETA	125MCG/0.5ML	PEN INJECTOR	PA, SP	CRITERIA MUST BE MET
PLEGRIDY		PEGINTERFERON BETA 1A	63-94MCG/ML	SYRINGE	PA, SP	CRITERIA MUST BE MET
PLEGRIDY		PEGINTERFERON BETA	125MCG/0.5ML	SYRINGE	PA, SP	CRITERIA MUST BE MET
PLENDIL	*	FELODIPINE	10MG	TABLET	QL	MAX ONE TABLET PER DAY
PLENDIL	*	FELODIPINE	2.5MG	TABLET	QL	MAX ONE TABLET PER DAY
PLENDIL	*	FELODIPINE	5MG	TABLET	QL	MAX ONE TABLET PER DAY
PLETAL	*	CILOSTAZOL	100MG	TABLET		
PLETAL	*	CILOSTAZOL	50MG	TABLET		
PLEXION	*	SULFACETAMIDE NA/ SULFUR	10-5%	CLEANSER		
PLEXION	*	SULFACETAMIDE NA/ SULFUR	10-5%	CREAM		
PLEXION	*	SULFACETAMIDE SODIUM/ SULFUR	10%-5%	MED PAD		
POLARAMINE	*	DEXCHLORPHENIRAMINE MALEATE	2MG/5ML	ORAL SYRUP		
POLARAMINE	*	DEXCHLORPHENIRAMINE MALEATE	6MG	TABLET ER		
POLYCITRA K	*	CITRIC ACID/POTASSIUM CITRATE	1002-3300	PACKET		
POLYCITRA K	*	CITRIC ACID/POTASSIUM CITRATE	334-1100/5	SOLUTION		
POLYSPORIN OTC	*	BACITRACIN/POLYMYXIN B SULFATE	500-10K/G	OINT.(GM)		
POLYTRIM	*	POLYMYXIN B SULFATE/TMP	10K U-0.1%	OPTIC		
POLYTRIM	*	POLYMYXIN B SULF/ TRIMETHOPRIM	10K/ML-0.1	OPTIC DROPS		
POLY-VI-FLOR		PEDI MULTIVIT #37/FLUORIDE	0.25MG/ML	DROPS		

POLY-VI-FLOR		PEDI MULTIVIT #37/FLUORIDE	0.25MG	TAB CHEW		
POLY-VI-FLOR		PEDI MULTIVIT #37/FLUORIDE	0.5MG	TAB CHEW		
POLY-VI-FLOR		PEDI MULTIVIT #37/FLUORIDE	1MG	TAB CHEW		
POLY-VI-FLOR WITH IRON		PEDI MULTIVIT #37/FLUORIDE & FE	0.25-7MG/1ML	DROPS		
POLY-VI-FLOR WITH IRON		PEDI MULTIVIT #37/FLUORIDE & FE	0.5MG-10MG	TAB CHEW		
POLY-VI-SOL OTC	*	PEDIATRIC MULTIVI COMB NO 2		DROPS		
POLY-VI-SOL WITH IRON OTC	*	PED MULTIVIT #45/ IRON SULFATE		DROPS		
PONSTEL	*	MEFENAMIC ACID	250MG	CAPSULE	PA	ALT: LODINE, MOBIC, MOTRIN AND NAPROSYN
PONTOCAINE		TETRACAINE	0.5%	OINT.(GM)		
PONTOCAINE	*	TETRACAINE HCL	0.5%	OPTIC		
PONTOCAINE		TETRACAINE HCL	2%	SOLUTION		
PORTIA	*	LEVONORGESTREL-ETH ESTRA	0.15-.03MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
POTASSIUM GLUCONATE	*	POTASSIUM GLUCONATE	2MEQ	TABLET		
POTIGA		EZOGABINE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
POTIGA		EZOGABINE	300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
POTIGA		EZOGABINE	400MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
POTIGA		EZOGABINE	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PRADAXA		DABIGATRAN ETEXILATE MESYLATE	150MG	CAPSULE	PA	ALT: COUMADIN
PRADAXA		DABIGATRAN ETEXILATE MESYLATE	75MG	CAPSULE	PA	ALT: COUMADIN
PRANDIN	*	REPAGLINIDE	0.5MG	TABLET	QL	MAX THREE TABLETS PER DAY
PRANDIN	*	REPAGLINIDE	1MG	TABLET	QL	MAX THREE TABLETS PER DAY
PRANDIN	*	REPAGLINIDE	2MG	TABLET	QL	MAX THREE TABLETS PER DAY
PRAVACHOL	*	PRAVASTATIN	10MG	TABLET	QL	MAX ONE TABLET PER DAY
PRAVACHOL	*	PRAVASTATIN	20MG	TABLET	QL	MAX ONE TABLET PER DAY
PRAVACHOL	*	PRAVASTATIN	40MG	TABLET	QL	MAX ONE TABLET PER DAY
PRAVACHOL	*	PRAVASTATIN	80MG	TABLET	QL	MAX ONE TABLET PER DAY
PRECOSE	*	ACARBOSE	100MG	TABLET		
PRECOSE	*	ACARBOSE	25MG	TABLET		
PRECOSE	*	ACARBOSE	50MG	TABLET		
PRED FORTE	*	PREDNISOLONE ACETATE	1%	OPTIC DROPS		
PRED MILD		PREDNISOLONE ACETATE	0.12%	OPTIC DROPS		
PRED-G		GENTAMICIN/PREDNISOL AC	0.3-0.6%	OINT.(GM)		
PRED-G		GENTAMICIN/PREDNISOL AC	1%	OPTIC		
PREDNISONE		PREDNISONE	5MG/5ML	SOLUTION		
PREFEST		ESTRADIOL/NORGESTIMATE	1-1-0.09MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PRELONE	*	PREDNISOLONE	15MG/5ML	SYRUP		
PREMARIN		ESTROGENS,CONJUGATED	0.625MG/G	CREAM/APPL	F	FEMALES ONLY. MAX 42.5GM PER MONTH

PREMARIN		ESTROGENS,CONJUGATED	0.3MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PREMARIN		ESTROGENS,CONJUGATED	0.45MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PREMARIN		ESTROGENS,CONJUGATED	0.625MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PREMARIN		ESTROGENS,CONJUGATED	0.9MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PREMARIN		ESTROGENS,CONJUGATED	1.25MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PREMESIS RX	*	CA CARBONATE/VIT B12/FA/VIT B6	1MG	TAB MPHASE	F	FEMALES ONLY
PREMPHASE		ESTROGEN,CON/M-PROGEST ACET	0.625-5MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PREMPRO		ESTROGEN,CON/M-PROGEST ACET	0.625-2.5	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PREMPRO		ESTROGEN,CON/M-PROGEST ACET	0.3-1.5MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PREMPRO		ESTROGEN,CON/M-PROGEST ACET	0.625-5MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PREMPRO LO		ESTROGEN,CON/M-PROGEST ACET	0.45-1.5MG	TABLET	F, QL	FEMALES ONLY. MAX ONE TABLET PER DAY
PRENATAL	*	PRENATAL VIT/FE FUMARATE/FA	29-1MG	TAB CHEW	F	FEMALES ONLY
PRENATAL MTR	*	PRENATAL VIT/FE FUMARATE/FA/SE	27-1MG	TABLET	F	FEMALES ONLY
PRENATAL PLUS	*	PRENATAL VIT/FE FUMARATE/FA	27-1MG	TABLET	F	FEMALES ONLY
PRENATAL RX1	*	PRENATAL VITAMIN		TABLET	F	FEMALES ONLY
PRENATAL S	*	PRENATAL VIT/FE FUMARATE/FA	27-0.8MG	TABLET	F	FEMALES ONLY
PRENATE	*	PRENATAL VIT/FE FUM/DOSS/FA	90-1MG	TABLET ER	F	FEMALES ONLY
PREVACID OTC	*	LANSOPRAZOLE	15MG	CAPSULE	QL	MAX FOUR CAPSULES PER DAY
PREVACID RX	*	LANSOPRAZOLE	15MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
PREVACID RX	*	LANSOPRAZOLE	30MG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
PREVACID SOLUTAB		LANSOPRAZOLE	15MG	TAB RAPDIS	AG	MAX AGE 10
PREVACID SOLUTAB		LANSOPRAZOLE	30MG	TAB RAPDIS	AG	MAX AGE 10
PREVALITE	*	CHOLESTYRAMINE/ ASPARTAME	4GM	POWDER		
PREVALITE	*	CHOLESTYRAMINE/ ASPARTAME	4GM	POWDER PACK		
PREVIDENT	*	SODIUM FLUORIDE	1.10%	PASTE		
PREVIDENT	*	SODIUM FLUORIDE	0.20%	SOLUTION		
PREVIDENT	*	SODIUM FLUORIDE	1.10%	GEL		
PREVIDENT 5000 PLUS	*	SODIUM FLUORIDE	1.10%	CREAM		
PREVIFEM	*	NORGESTIMATE- ETHINYL ESTRADIC	0.25-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
PREVPAC	*	LANSOPRAZOLE/ AMOXICILLIN/ CLAR	30-500-500	PACKET	PA	ALT: PREVACID, AMOXICILLIN AND BIAXIN
PREZISTA		DARUNAVIR ETHANOLATE	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PREZISTA		DARUNAVIR ETHANOLATE	400MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PREZISTA		DARUNAVIR ETHANOLATE	600MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PREZISTA		DARUNAVIR ETHANOLATE	75MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PRILOSEC	*	OMEPRAZOLE	20MG	CAPSULE	QL	MAX FOUR CAPSULES PER DAY
PRILOSEC	*	OMEPRAZOLE	40MG	CAPSULE	QL	MAX TWO CAPSULES PER DAY
PRILOSEC	*	OMEPRAZOLE	10MG	CAPSULE	QL	MAX TWO CAPSULES PER DAY

PRILOSEC OTC	*	OMEPRAZOLE MAGNESIUM	20MG	TABLET DR	QL	MAX FOUR TABLETS PER DAY
PRIMAQUINE		PRIMAQUINE PHOSPHATE	26.3MG	TABLET		
PRIMSOL		TRIMETHOPRIM	50MG/5ML	SOLUTION	AG	MAX AGE 10
PRINCIPEN	*	AMPICILLIN TRIHYDRATE	250MG	CAPSULE		
PRINCIPEN	*	AMPICILLIN TRIHYDRATE	500MG	CAPSULE		
PRINIVIL	*	LISINOPRIL	10MG	TABLET	QL	MAX TWO TABLETS PER DAY
PRINIVIL	*	LISINOPRIL	2.5MG	TABLET	QL	MAX TWO TABLETS PER DAY
PRINIVIL	*	LISINOPRIL	20MG	TABLET	QL	MAX TWO TABLETS PER DAY
PRINIVIL	*	LISINOPRIL	30MG	TABLET	QL	MAX TWO TABLETS PER DAY
PRINIVIL	*	LISINOPRIL	40MG	TABLET	QL	MAX TWO TABLETS PER DAY
PRINIVIL	*	LISINOPRIL	5MG	TABLET	QL	MAX TWO TABLETS PER DAY
PRINZIDE	*	LISINOPRIL/HCTZ	10-12.5MG	TABLET	QL	MAX TWO TABLETS PER DAY
PRINZIDE	*	LISINOPRIL/HCTZ	20-12.5MG	TABLET	QL	MAX TWO TABLETS PER DAY
PRINZIDE	*	LISINOPRIL/HCTZ	20-25MG	TABLET	QL	MAX TWO TABLETS PER DAY
PRISTIQ ER		DESVENLAFAXINE	100MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
PRISTIQ ER		DESVENLAFAXINE	50MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
PROAIR HFA		ALBUTEROL SULFATE	90MCG	HFA AER AD	QL	MAX TWO INHALERS PER MONTH
PROAIR RESPIMAT		ALBUTEROL SULFATE	90MCG	HFA AER AD	QL	MAX ONE INHALER PER MONTH
PROAMTINE	*	MIDODRINE	10MG	TABLET	QL	MAX THREE TABLETS PER DAY
PROAMTINE	*	MIDODRINE	2.5MG	TABLET	QL	MAX THREE TABLETS PER DAY
PROAMTINE	*	MIDODRINE	5MG	TABLET	QL	MAX THREE TABLETS PER DAY
PRO-BANTHINE		PROPANTHELINE BROMIDE	7.5MG	TABLET		
PROBENECID	*	PROBENECID	500MG	TABLET		
PROCAN SR	*	PROCAINAMIDE HCL	500MG	TABLET ER		
PROCAN SR	*	PROCAINAMIDE HCL	750MG	TABLET ER		
PROCARDIA	*	NIFEDIPINE	10MG	CAPSULE		
PROCARDIA	*	NIFEDIPINE	20MG	CAPSULE		
PROCARDIA XL	*	NIFEDIPINE	30MG	TABLET ER	QL	MAX ONE TABLET PER DAY
PROCARDIA XL	*	NIFEDIPINE	60MG	TABLET ER	QL	MAX ONE TABLET PER DAY
PROCARDIA XL	*	NIFEDIPINE	90MG	TABLET ER	QL	MAX ONE TABLET PER DAY
PROCRIT		EPOETIN ALFA	10,000U/ML	VIAL	PA, SP	CRITERIA MUST BE MET
PROCTOCORT	*	HYDROCORTISONE	1%	CREAM		
PROCTOCREAM-HC	*	HYDROCORTISONE	2.5%	CREAM		
PROCTOFOAM	*	PRAMOXINE HCL	1%	FOAM	PA	MAX 15GM PER FILL
PROCTOFOAM HC		HYDROCORTISONE/ PRAMOXINE	1%-1%	FOAM	PA	ALT: ANUSOL HC
PROGRAF	*	TACROLIMUS ANHYDROUS	0.5MG	CAPSULE		
PROGRAF	*	TACROLIMUS ANHYDROUS	1MG	CAPSULE		

PROGRAF	*	TACROLIMUS ANHYDROUS	5MG	CAPSULE		
PROLIXIN	*	FLUPHENAZINE HCL	2.5MG/5ML	ELIXER	MDCH	MDCH CARVE OUT MEDICATION
PROLIXIN	*	FLUPHENAZINE HCL	5MG/ML	ORAL CONC.	MDCH	MDCH CARVE OUT MEDICATION
PROLIXIN	*	FLUPHENAZINE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PROLIXIN	*	FLUPHENAZINE HCL	1MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PROLIXIN	*	FLUPHENAZINE HCL	2.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PROLIXIN	*	FLUPHENAZINE HCL	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PROMETRIUM	*	PROGESTERONE, MICRONIZED	100MG	CAPSULE	F, QL	FEMALES ONLY. MAX ONCE CAPSULE PER DAY.
PROMETRIUM	*	PROGESTERONE, MICRONIZED	200MG	CAPSULE	F, QL	FEMALES ONLY. MAX TWO CAPSULES PER DAY.
PRONESTYL		PROCAINAMIDE HCL	375MG	CAPSULE		
PROPANTHELINE		PROPANTHELINE BROMIDE	15MG	TABLET		
PROSCAR	*	FINASTERIDE	5MG	TABLET	M	MALES ONLY
PROSOM	*	ESTAZOLAM	1MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PROSOM	*	ESTAZOLAM	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PROTONIX	*	PANTOPRAZOLE SODIUM	20MG	TABLET	QL	MAX ONE TABLET PER DAY
PROTONIX	*	PANTOPRAZOLE SODIUM	40MG	TABLET DR	QL	MAX TWO TABLETS PER DAY
PROTOPIC	*	TACROLIMUS	0.03%	OINT.(GM)	PA	CRITERIA MUST BE MET
PROVENTIL	*	ALBUTEROL	90MCG	AEROSOL	QL	MAX TWO INHALERS PER MONTH
PROVENTIL	*	ALBUTEROL SULFATE	0.83MG/ML	NEB SOLN		
PROVENTIL	*	ALBUTEROL SULFATE	5MG/ML	NEB SOLN		
PROVENTIL	*	ALBUTEROL SULFATE	2MG/5ML	ORAL SYRUP		
PROVENTIL	*	ALBUTEROL SULFATE	2MG	TABLET		
PROVENTIL	*	ALBUTEROL SULFATE	4MG	TABLET		
PROVENTIL HFA		ALBUTEROL SULFATE	90MCG	HFA AER AD	QL	MAX TWO INHALERS PER MONTH
PROVERA	*	MEDROXYPROGESTERONE ACETATE	10MG	TABLET	F	FEMALES ONLY
PROVERA	*	MEDROXYPROGESTERONE ACETATE	2.5MG	TABLET	F	FEMALES ONLY
PROVERA	*	MEDROXYPROGESTERONE ACETATE	5MG	TABLET	F	FEMALES ONLY
PROVIGIL	*	MODAFINIL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PROVIGIL	*	MODAFINIL	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
PROZAC	*	FLUOXETINE HCL	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
PROZAC	*	FLUOXETINE HCL	20MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
PROZAC	*	FLUOXETINE HCL	40MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
PROZAC	*	FLUOXETINE HCL	20MG/5ML	SOLUTION	MDCH	MDCH CARVE OUT MEDICATION
PROZAC WEEKLY	*	FLUOXETINE HCL	90MG	CAPSULE DR	MDCH	MDCH CARVE OUT MEDICATION
PSORCON	*	DIFLORASONE DIACETATE	0.05%	CREAM	QL	MAX 60GM PER MONTH
PSORCON	*	DIFLORASONE DIACETATE	0.05%	OINT.(GM)	QL	MAX 60GM PER MONTH
PTU		PROPYLTHIOURACIL	50MG	TABLET		
PULMICORT FLEXHALER		BUDESONIDE	180MCG	AER POW BA	QL	MAX 1 INHALER PER MONTH

PULMICORT FLEXHALER		BUDESONIDE	90MCG	AER POW BA	QL	MAX 1 INHALER PER MONTH
PULMICORT RESPULES	*	BUDESONIDE	0.25MG/2ML	AMPUL-NEB.	AG	MAX AGE 10
PULMICORT RESPULES	*	BUDESONIDE	0.5MG/2ML	AMPUL-NEB.	AG	MAX AGE 10
PULMICORT RESPULES		BUDESONIDE	1MG/2ML	AMPUL-NEB.	AG	MAX AGE 10
PULMOZYME		DORNASE ALFA	1MG/ML	NEB SOLN	PA, SP	CRITERIA MUST BE MET
PURINETHOL	*	MERCAPTOPURINE	50MG	TABLET		
PYRAZINAMIDE	*	PYRAZINAMIDE	500MG	TABLET		
PYRIDIUM	*	PHENAZOPYRIDINE HCL	100MG	TABLET	QL	MAX SIX TABLETS PER DAY
PYRIDIUM	*	PHENAZOPYRIDINE HCL	200MG	TABLET	QL	MAX THREE TABLETS PER DAY
QNASL		BECLOMETHASONE DIPROPIONATE	80MCG	NASAL SPRAY	PA	ALT: FLONASE AND NASACORT AQ
QUESTRAN	*	CHOLESTYRAMINE/ SUCROSE	4G	PACKET		
QUESTRAN	*	CHOLESTYRAMINE/ SUCROSE	4G	POWDER		
QUESTRAN LT	*	CHOLESTYRAMINE/ ASPARTAME	4G	PACKET		
QUESTRAN LT	*	CHOLESTYRAMINE/ ASPARTAME	4G	POWDER		
QUIBRON		GUAIFENESIN/THEOPHYLLINE	90/150	CAPSULE		
QUINAGLUTE	*	QUINIDINE GLUCONATE	324MG	TABLET ER		
QUINAMM	*	QUININE SULFATE	260MG	TABLET		
QUINIDINE	*	QUINIDINE SULFATE	200MG	TABLET		
QUINIDINE	*	QUINIDINE SULFATE	300MG	TABLET		
QUINIDINE	*	QUINIDINE SULFATE	300MG	TABLET ER		
QUIXIN	*	LEVOFLOXACIN	0.5*	OPTIC DROPS		
QVAR		BECLOMETHASONE DIPROPIONATE	40MCG	AER W/ADAP	QL	MAX 1 INHALER PER MONTH
QVAR		BECLOMETHASONE DIPROPIONATE	80MCG	AER W/ADAP	QL	MAX 1 INHALER PER MONTH
RANEXA		RANOLAZINE	1000MG	TABLET	ST	FAILURE OF IMDUR IN THE PAST 90 DAYS
RANEXA		RANOLAZINE	500MG	TABLET	ST	FAILURE OF IMDUR IN THE PAST 90 DAYS
RAPAMUNE		SIROLIMUS	1MG/ML	ORAL SOLN	PA	ALT: PROGRAF
RAPAMUNE	*	SIROLIMUS	0.5MG	TABLET	PA	ALT: PROGRAF
RAPAMUNE	*	SIROLIMUS	1MG	TABLET	PA	ALT: PROGRAF
RAPAMUNE	*	SIROLIMUS	2MG	TABLET	PA	ALT: PROGRAF
RAUDIXIN		RAUWOLFIA SERPENTINA	50MG	TABLET		
RAZADYNE	*	GALANTAMINE HBR	12MG	TABLET	QL	MAX TWO TABLETS PER DAY
RAZADYNE	*	GALANTAMINE HBR	4MG	TABLET	QL	MAX TWO TABLETS PER DAY
RAZADYNE	*	GALANTAMINE HBR	8MG	TABLET	QL	MAX TWO TABLETS PER DAY
RAZADYNE ER	*	GALANTAMINE HBR	16MG	CAP 24HR PEL	QL	MAX ONE CAPSULE PER DAY
RAZADYNE ER	*	GALANTAMINE HBR	24MG	CAP 24HR PEL	QL	MAX ONE CAPSULE PER DAY
RAZADYNE ER	*	GALANTAMINE HBR	8MG	CAP 24HR PEL	QL	MAX ONE CAPSULE PER DAY
REBETOL	*	RIBAVIRIN	200MG	CAPSULE	PA	CRITERIA MUST BE MET

REBETOL		RIBAVIRIN	40MG/ML	ORAL SOLN	PA	CRITERIA MUST BE MET
REBIF		INTERFERON BETA-1A/ALBUMIN	44MCG/0.5ML	KIT	PA, SP	CRITERIA MUST BE MET
REBIF		INTERFERON BETA-1A/ALBUMIN	8.8-22(6)	KIT	PA, SP	CRITERIA MUST BE MET
REBIF		INTERFERON BETA-1A/ALBUMIN	22MCG/0.5ML	SYRINGE	PA, SP	CRITERIA MUST BE MET
RECLIPSEN	*	DESOGESTRIL-ETHINYL ESTRADIOL	0.15-0.03	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
RECTIV		NITROGLYCERIN	24745	OINT.(GM)	PA	MAX 30GMS PER FILL
REESE PINWORM OTC	*	PYRANTEL PAMOATE	144MG/ML	ORAL SUSP		
REGLAN	*	METOCLOPRAMIDE HCL	5MG/5ML	ORAL SOLN		
REGLAN	*	METOCLOPRAMIDE HCL	10MG	TABLET		
REGLAN	*	METOCLOPRAMIDE HCL	5MG	TABLET		
RELAFEN	*	NABUMETONE	500MG	TABLET	QL	MAX TWO TABLETS PER DAY
RELAFEN	*	NABUMETONE	750MG	TABLET	QL	MAX TWO TABLETS PER DAY
RELENZA		ZANAMIVIR	5MG	DISK W/DEV	QL	MAX 20GMS PER FILL
REMERON	*	MIRTAZAPINE	15MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
REMERON	*	MIRTAZAPINE	30MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
REMERON	*	MIRTAZAPINE	45MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
REMERON ODT	*	MIRTAZAPINE	15MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
REMERON ODT	*	MIRTAZAPINE	30MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
REMERON ODT	*	MIRTAZAPINE	45MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
RENAGEL		SEVELAMER HCL	400MG	TABLET	PA	ALT: PHOSLO
RENAGEL		SEVELAMER HCL	800MG	TABLET	PA	ALT: PHOSLO
RENESE		POLYTHIAZIDE	1MG	TABLET		
RENESE		POLYTHIAZIDE	2MG	TABLET		
RENESE		POLYTHIAZIDE	4MG	TABLET		
REPLIVA	*	IRON AG FUM/C/FA/MV CMB11/CAT	151-200-1	TABLET		
REQUIP	*	ROPINIROLE HCL	0.25MG	TABLET		
REQUIP	*	ROPINIROLE HCL	0.5MG	TABLET		
REQUIP	*	ROPINIROLE HCL	1MG	TABLET		
REQUIP	*	ROPINIROLE HCL	2MG	TABLET		
REQUIP	*	ROPINIROLE HCL	3MG	TABLET		
REQUIP	*	ROPINIROLE HCL	4MG	TABLET		
REQUIP	*	ROPINIROLE HCL	5MG	TABLET		
REQUIP XL	*	ROPINIROLE HCL	12MG	TAB ER 24HR	PA	ALT: MIRAPEX AND REQUIP
REQUIP XL	*	ROPINIROLE HCL	2MG	TAB ER 24HR	PA	ALT: MIRAPEX AND REQUIP
REQUIP XL	*	ROPINIROLE HCL	4MG	TAB ER 24HR	PA	ALT: MIRAPEX AND REQUIP
REQUIP XL	*	ROPINIROLE HCL	6MG	TAB ER 24HR	PA	ALT: MIRAPEX AND REQUIP
REQUIP XL	*	ROPINIROLE HCL	8MG	TAB ER 24HR	PA	ALT: MIRAPEX AND REQUIP

RESCRIPTOR		DELAVIRDINE MESYLATE	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
RESCRIPTOR		DELAVIRDINE MESYLATE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
RESTASIS		CYCLOSPORINE	0.05%	OPTIC	PA	ALT: ARTIFICIAL TEARS AND SYSTANE
RESTORIL	*	TEMAZEPAM	15MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
RESTORIL	*	TEMAZEPAM	30MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
RETIN-A	*	TRETINOIN	0.05%	CREAM	AG	MAX AGE 30
RETIN-A	*	TRETINOIN	0.025%	CREAM	AG	MAX AGE 30
RETIN-A	*	TRETINOIN	0.1%	CREAM	AG	MAX AGE 30
RETIN-A	*	TRETINOIN	0.01%	GEL	AG	MAX AGE 30
RETIN-A	*	TRETINOIN	0.025%	GEL	AG	MAX AGE 30
RETIN-A	*	TRETINOIN	0.025%	GEL	AG	MAX AGE 30
RETROVIR	*	ZIDOVUDINE	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
RETROVIR	*	ZIDOVUDINE	10MG/ML	SYRUP	MDCH	MDCH CARVE OUT MEDICATION
RETROVIR	*	ZIDOVUDINE	300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
REVATIO	*	SILDENAFIL CITRATE	20MG	TABLET	PA	CRITERIA MUST BE MET
REVIA	*	NALTREXONE HCL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
REVLIMID		LENALIDOMIDE	10MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
REVLIMID		LENALIDOMIDE	15MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
REVLIMID		LENALIDOMIDE	2.5MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
REVLIMID		LENALIDOMIDE	20MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
REVLIMID		LENALIDOMIDE	25MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
REVLIMID		LENALIDOMIDE	5MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
REYATAZ		ATAZANAVIR SULFATE	150MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
REYATAZ		ATAZANAVIR SULFATE	200MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
REZIRA	*	PSEUDOEPHEDRINE/ HYDROCODONE		SOLUTION	QL	MAX 20MLS PER DAY
RHEUMATREX	*	METHOTREXATE SODIUM	2.5MG	TAB DS PK		
RHEUMATREX	*	METHOTREXATE SODIUM	2.5MG	TABLET		
RHINOCORT AQ	*	BUDESONIDE	32MCG	SPRAY	PA	ALT: FLONASE AND NASACORT AQ
RID OTC	*	PIPERONYL BUTOXIDE/ PYRETHRINS	4%-0.33%	SHAMPOO		
RIFADIN	*	RIFAMPIN	150MG	CAPSULE		
RIFADIN	*	RIFAMPIN	300MG	CAPSULE		
RIFAMATE		RIFAMPIN/ ISONIAZID	300-150MG	CAPSULE		
RILUTEK	*	RILUZOLE	50MG	TABLET	PA	CRITERIA MUST BE MET
RIMSO-50		DIMETHYL SULFOXIDE	50%	ORAL SOLN	QL	MAX 4MLS PER DAY
RIOMET		METFORMIN HCL	500MG/ML	SOLUTION	AG	MAX AGE 10
RISPERDAL	*	RISPERIDONE	0.25MG		MDCH	MDCH CARVE OUT MEDICATION
RISPERDAL	*	RISPERIDONE	0.5MG		MDCH	MDCH CARVE OUT MEDICATION

RISPERDAL	*	RISPERIDONE	1MG		MDCH	MDCH CARVE OUT MEDICATION
RISPERDAL	*	RISPERIDONE	2MG		MDCH	MDCH CARVE OUT MEDICATION
RISPERDAL	*	RISPERIDONE	3MG		MDCH	MDCH CARVE OUT MEDICATION
RISPERDAL	*	RISPERIDONE	4MG		MDCH	MDCH CARVE OUT MEDICATION
RISPERDAL M-TAB	*	RISPERIDONE	0.5MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
RISPERDAL M-TAB	*	RISPERIDONE	1MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
RISPERDAL M-TAB	*	RISPERIDONE	2MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
RISPERDAL M-TAB	*	RISPERIDONE	3MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
RISPERDAL M-TAB	*	RISPERIDONE	4MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
RITALIN	*	METHYLPHENIDATE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
RITALIN	*	METHYLPHENIDATE HCL	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
RITALIN	*	METHYLPHENIDATE HCL	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
RITALIN LA	*	METHYLPHENIDATE HCL	10MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
RITALIN LA	*	METHYLPHENIDATE HCL	20MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
RITALIN LA	*	METHYLPHENIDATE HCL	30MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
RITALIN LA	*	METHYLPHENIDATE HCL	40MG	CPMP 50-50	MDCH	MDCH CARVE OUT MEDICATION
RITALIN SR	*	METHYLPHENIDATE HCL	20MG	TABLET ER	MDCH	MDCH CARVE OUT MEDICATION
ROBAXIN	*	METHOCARBAMOL	500MG	TABLET		
ROBAXIN	*	METHOCARBAMOL	750MG	TABLET		
ROBINUL	*	GLYCOPYRROLATE	1MG	TABLET		
ROBINUL FORTE	*	GLYCOPYRROLATE	2MG	TABLET		
ROBITUSSIN AC	*	GUAIFENESIN/CODEINE PHOS	100-10MG/5	SYRUP		
ROBITUSSIN DAC	*	GUAIFENESIN/P-EPHED HCL/COD	100-30-10	SYRUP		
ROBITUSSIN DM OTC	*	GUAIFENESIN/ DEXTROMETHORPHAI	100-10MG/5ML	ORAL LIQUID		
ROBITUSSIN OTC	*	GUAIFENESIN	100MG/5ML	ORAL LIQUID		
ROBITUSSIN OTC	*	GUAIFENESIN	100MG/5ML	ORAL SYRUP		
ROCALTROL	*	CALCITRIOL	0.25MCG	CAPSULE		
ROCALTROL	*	CALCITRIOL	0.5MCG	CAPSULE		
ROCALTROL	*	CALCITRIOL	1MCG/ML	ORAL SOLN		
RONDEC DM	*	DEXTRO/PE/CHLORPHEN	3-3.5-1/ML	ORAL DROPS		
ROSANIL	*	SULFACETAMIDE NA/SULFUR	10-5%(W/W)	CLEANSER	QL	MAX 341MLS PER MONTH
ROSULA	*	SULFACETAMIDE NA/SULFUR/UREA	10%-4%-10%	CLEANSER		
ROWASA	*	MESALAMINE	4GM/60ML	ENEMA		
ROXANOL	*	MORPHINE SULFATE	20MG	SUPP.RECT		
ROXICODONE	*	OXYCODONE HCL	5MG/5ML	SOLUTION		
ROXICODONE INTENSOL	*	OXYCODONE HCL	20MG/ML	ORAL CONC.		
ROZEREM		RAMELTEON	8MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

RYNATAN	*	PHENYLEPHRINE/PYRIL TAN/CP	5-12.5-2/5	ORAL SUSP		
RYNATUSS	*	CAR-B-PEN TA/EPHED TAN/PE/CP	30-5-5-4/5	ORAL SUSP		
RYTHMOL	*	PROPAFENONE HCL	225MG	TABLET		
RYTHMOL	*	PROPAFENONE HCL	300MG	TABLET		
RYTHMOL	*	PROPAFENONE HCL	150MG	TABLET		
RYTHMOL SR	*	PROPAFENONE HCL	225MG	CAP ER 12HR	PA	FAILURE OF GENERIC RYTHMOL (NOT SR)
RYTHMOL SR	*	PROPAFENONE HCL	325MG	CAP ER 12HR	PA	FAILURE OF GENERIC RYTHMOL (NOT SR)
RYTHMOL SR	*	PROPAFENONE HCL	425MG	CAP ER 12HR	PA	FAILURE OF GENERIC RYTHMOL (NOT SR)
SABRIL		VIGABATRIN	500MG	POWDER PACK	MDCH	MDCH CARVE OUT MEDICATION
SABRIL		VIGABATRIN	500MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SALAGEN	*	PILOCARPINE HCL	5MG	TABLET		
SALURON		HYDROFLUMETHIAZIDE	50MG	TABLET		
SANCTURA	*	TROSPIUM CHLORIDE	20MG	TABLET	PA	CRITERIA MUST BE MET
SANCTURA XR	*	TROSPIUM CHLORIDE	60MG	CAP ER 24HR	PA	CRITERIA MUST BE MET
SANCUSO		GRANISETRON	3.1MG/24HR	PATCH TDWK	PA	CANCER DIAGNOSIS
SANDOSTATIN	*	OCTREOTIDE ACETATE	1000MCG/ML	VIAL	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN	*	OCTREOTIDE ACETATE	100MCG/ML	VIAL	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN	*	OCTREOTIDE ACETATE	200MCG/ML	VIAL	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN	*	OCTREOTIDE ACETATE	500MCG/ML	VIAL	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN	*	OCTREOTIDE ACETATE	50MCG/ML	VIAL	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN LAR		OCTREOTIDE ACETATE	10MG	KIT	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN LAR		OCTREOTIDE ACETATE	20MG	KIT	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANDOSTATIN LAR		OCTREOTIDE ACETATE	30MG	KIT	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SANTYL		COLLAGENASE	250 UNIT/G	OINT.(GM)		
SAPHRIS		ASENAPINE	10MG	TAB SL	MDCH	MDCH CARVE OUT MEDICATION
SAPHRIS		ASENAPINE	5MG	TAB SL	MDCH	MDCH CARVE OUT MEDICATION
SARAFEM	*	FLUOXETINE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SARAFEM	*	FLUOXETINE HCL	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SAVELLA		MILNACIPRAN HCL	100MG	TABLET	PA	CRITERIA MUST BE MET
SAVELLA		MILNACIPRAN HCL	12.5MG	TABLET	PA	CRITERIA MUST BE MET
SAVELLA		MILNACIPRAN HCL	25MG	TABLET	PA	CRITERIA MUST BE MET
SAVELLA		MILNACIPRAN HCL	50MG	TABLET	PA	CRITERIA MUST BE MET
SECONAL		SECOBARBITAL SODIUM	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SECTRAL	*	ACEBUTOLOL HCL	200MG	CAPSULE		
SECTRAL	*	ACEBUTOLOL HCL	400MG	CAPSULE		
SELENIUM SULFIDE	*	SELENIUM SULFIDE	2.25%	SHAMPOO		
SELSUN	*	SELENIUM SULFIDE	2.5%	SHAMPOO		

SELZENTRY		MARAVIROC	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SELZENTRY		MARAVIROC	300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SENNA OTC	*	SENNA LEAF EXTRACT	176MG/5ML	ORAL SYRUP		
SENNA OTC	*	SENNOSIDES	8.6MG	TABLET		
SENOKOT-S OTC	*	SENNOSIDES	8.6MG	TABLET		
SENSIPAR		CINACALCET	30MG	TABLET	PA	FAILURE OF TWO FORMULARY POTASSIUM SPARING DIURETICS
SENSIPAR		CINACALCET	60MG	TABLET	PA	DIURETICS
SENSIPAR		CINACALCET	90MG	TABLET	PA	DIURETICS
SEPTRA	*	SULFAMETHOXAZOLE/TMP	200-40MG/5	ORAL SUSP		
SEPTRA	*	SULFAMETHOXAZOLE/TMP	400-80MG	TABLET		
SEPTRA DS	*	SULFAMETHOXAZOLE/TMP	800-160MG	TABLET		
SERAX	*	OXAZEPAM	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SERAX	*	OXAZEPAM	15MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SERAX	*	OXAZEPAM	30MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SEREVENT		SALMETEROL XINAFOATE	50MCG	DISK W/DEV	QL	MAX 1 INHALER PER MONTH
SEROMYCIN		CYCLOSERINE	250MG	CAPSULE	PA	CRITERIA MUST BE MET
SEROQUEL	*	QUETIAPINE FUMARATE	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SEROQUEL	*	QUETIAPINE FUMARATE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SEROQUEL	*	QUETIAPINE FUMARATE	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SEROQUEL	*	QUETIAPINE FUMARATE	300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SEROQUEL	*	QUETIAPINE FUMARATE	400MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SEROQUEL	*	QUETIAPINE FUMARATE	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SEROQUEL XR		QUETIAPINE FUMARATE	150MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
SEROQUEL XR		QUETIAPINE FUMARATE	200MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
SEROQUEL XR		QUETIAPINE FUMARATE	300MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
SEROQUEL XR		QUETIAPINE FUMARATE	400MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
SEROQUEL XR		QUETIAPINE FUMARATE	50MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
SEROSTIM		SOMATROPIN	4MG	VIAL	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SEROSTIM		SOMATROPIN	5MG	VIAL	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SEROSTIM		SOMATROPIN	6MG	VIAL	PA, SP	GROWTH HORMONE CRITERIA MUST BE MET
SERPASIL	*	RESERPINE	0.1MG	TABLET		
SERPASIL	*	RESERPINE	0.25MG	TABLET		

SERZONE	*	NEFAZODONE HCL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SERZONE	*	NEFAZODONE HCL	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SERZONE	*	NEFAZODONE HCL	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SERZONE	*	NEFAZODONE HCL	250MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SERZONE	*	NEFAZODONE HCL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SILENOR		DOXEPIN HCL	3MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SILENOR		DOXEPIN HCL	6MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SILVADENE	*	SILVER SULFADIAZINE	1%	CREAM		
SIMPONI		GOLIMUMAB	50MG/0.5ML	DISP SYRINGE	PA, SP	CRITERIA MUST BE MET
SINEMET	*	CARBIDOPA/ LEVODOPA	10MG-100MG	TABLET		
SINEMET	*	CARBIDOPA/ LEVODOPA	25MG-100MG	TABLET		
SINEMET	*	CARBIDOPA/ LEVODOPA	25MG-250MG	TABLET		
SINEMET CR	*	CARBIDOPA/ LEVODOPA	25MG-100MG	TABLET ER		
SINEMET CR	*	CARBIDOPA/ LEVODOPA	50MG-200MG	TABLET ER		
SINEQUAN	*	DOXEPIN HCL	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SINEQUAN	*	DOXEPIN HCL	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SINEQUAN	*	DOXEPIN HCL	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SINEQUAN	*	DOXEPIN HCL	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SINEQUAN	*	DOXEPIN HCL	75MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SINEQUAN	*	DOXEPIN HCL	10MG/ML	ORAL CONC.	MDCH	MDCH CARVE OUT MEDICATION
SINGULAIR	*	MONTELUKAST SODIUM	4MG	GRANULES	AG, QL	PER DAY
SINGULAIR	*	MONTELUKAST SODIUM	4MG	TAB CHEW	QL	MAX ONE TABLET PER DAY
SINGULAIR	*	MONTELUKAST SODIUM	5MG	TAB CHEW	QL	MAX ONE TABLET PER DAY
SINGULAIR	*	MONTELUKAST SODIUM	10MG	TABLET	QL	MAX ONE TABLET PER DAY
SIRTURO		BEDAQUILINE FUMARATE	100MG	TABLET	PA	CRITERIA MUST BE MET
SKELAXIN	*	METAXALONE	800MG	TABLET	PA	ZANAFLEX
SKLICE		IVERMECTIN	0.50%	LOTION	PA	ALT: NIX AND RID
SLO-BID	*	THEOPHYLLINE ANHYDROUS	125MG	CAP ER 12HR		
SLO-BID	*	THEOPHYLLINE ANHYDROUS	200MG	CAP ER 12HR		
SLO-BID	*	THEOPHYLLINE ANHYDROUS	250MG	CAPSULE SA		
SLO-NIACIN OTC	*	NIACIN	1000MG	TABLET ER		
SLO-NIACIN OTC	*	NIACIN	500MG	TABLET ER		
SLO-NIACIN OTC	*	NIACIN	750MG	TABLET ER		
SODIUM BICARBONATE OTC	*	SODIUM BICARBONATE	325MG	TABLET		
SODIUM BICARBONATE OTC	*	SODIUM BICARBONATE	650MG	TABLET		

SODIUM CHLORIDE	*	SODIUM CHLORIDE 0.9%	0.9%	VIAL		
SOMA	*	CARISOPRODOL	250MG	TABLET	PA	ZANAFLEX
SOMA	*	CARISOPRODOL	350MG	TABLET	PA	ZANAFLEX
SONATA	*	ZALEPLON	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SONATA	*	ZALEPLON	5MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SORIATANE	*	ACITRETIN	10MG	CAPSULE	PA	CRITERIA MUST BE MET
SORIATANE	*	ACITRETIN	17.5MG	CAPSULE	PA	CRITERIA MUST BE MET
SORIATANE	*	ACITRETIN	25MG	CAPSULE	PA	CRITERIA MUST BE MET
SOTYLIZE		SOTALOL	5MG/ML	ORAL SOLN	AG	MAX AGE OF TEN YEARS OLD.
SPACERS					QL	MAX TWO SPACERS EVERY SIX MONTHS
SPECTAZOLE	*	ECONAZOLE NITRATE	1%	CREAM	QL	MAX 30GM PER MONTH
SPECTRACEF	*	CEFDITOREN PIVOXIL	200MG	TABLET	PA	ALT: OMNICEF
SPECTRACEF	*	CEFDITOREN PIVOXIL	400MG	TABLET	PA	ALT: OMNICEF
SPIRIVA		TIOTROPIUM BROMIDE	18MCG	CAPSULE	QL	MAX 1 INHALER PER MONTH
SPORANOX	*	ITRACONAZOLE	100MG	CAPSULE		
SPRINTEC	*	NORGESTIMATE-ETHINYL ESTRAD	0.25-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
SPRYCEL		DASATINIB	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SPRYCEL		DASATINIB	140MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SPRYCEL		DASATINIB	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SPRYCEL		DASATINIB	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SPRYCEL		DASATINIB	70MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SPRYCEL		DASATINIB	80MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SPS		SODIUM POLYSTYRENE SULFONATE	30GM/120ML	ENEMA		
SPS	*	SODIUM POLYSTYRENE SULFONATE	15GM/60ML	ORAL SUSP		
SRONYX	*	LEVONORGESTREL-ETHINYL ESTRAD	0.1-0.02	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
SSKI	*	POTASSIUM IODIDE	1G/ML	SOLUTION		
STADOL	*	BUTORPHANOL TARTRATE	10MG/ML	SPRAY	QL	MAX 5MLS PER MONTH
STALEVO	*	CARBIDOPA/ LEVODOPA/ ENTACAPO	12.5-50MG	TABLET	PA	ALT: SINEMET
STALEVO	*	CARBIDOPA/ LEVODOPA/ ENTACAPO	25-100-200	TABLET	PA	ALT: SINEMET
STALEVO	*	CARBIDOPA/ LEVODOPA/ ENTACAPO	31.25-125	TABLET	PA	ALT: SINEMET
STALEVO	*	CARBIDOPA/ LEVODOPA/ ENTACAPO	37.5-150MG	TABLET	PA	ALT: SINEMET
STALEVO	*	CARBIDOPA/ LEVODOPA/ ENTACAPO	50-200-200	TABLET	PA	ALT: SINEMET
STARLIX	*	NATEGLINIDE	120MG	TABLET	QL	MAX THREE TABLETS PER DAY
STARLIX	*	NATEGLINIDE	60MG	TABLET	QL	MAX THREE TABLETS PER DAY
STELAZINE	*	TRIFLUOPERAZINE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
STELAZINE	*	TRIFLUOPERAZINE HCL	1MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
STELAZINE	*	TRIFLUOPERAZINE HCL	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

STELAZINE	*	TRIFLUOPERAZINE HCL	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
STIMATE		DESMOPRESSIN ACETATE	150/SPRAY	SPRAY/PUMP	PA, SP	CRITERIA MUST BE MET
STIVARGA		REGORAFENIB	40MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
STRATTERA		ATOMOXETINE HCL	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
STRATTERA		ATOMOXETINE HCL	10MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
STRATTERA		ATOMOXETINE HCL	18MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
STRATTERA		ATOMOXETINE HCL	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
STRATTERA		ATOMOXETINE HCL	40MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
STRATTERA		ATOMOXETINE HCL	60MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
STRATTERA		ATOMOXETINE HCL	80MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
STRIANT		TESTOSTERONE	30MG	MUC ER 12HR	PA	CRITERIA MUST BE MET
STRIBILD		ELVITEGR/ COBICIST/ EMTRIC/ TENO	150MG-200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
STRIVERDI RESPIMAT		OLODATEROL HCL	2.5MCG	MIST INHALER	QL	MAX 4GM PER MONTH
STROMECTOL	*	IVERMECTIN	3MG	TABLET		
STRONGSTART	*	PRENATAL VIT/FE FUMARATE/FA	29-1MG	TAB CHEW	F	FEMALES ONLY
STUART PRENATAL	*	PRENATAL VIT/FE FUMARATE/FA	60-0.8MG	TABLET	F	FEMALES ONLY
STUARTNATAL 1+1	*	PRENATAL VIT/FE FUMARATE/FA	65-1MG	TABLET	F	FEMALES ONLY
SUBOXONE		BUPRENORPHINE HCL/NALOXONE HC	12MG-3MG	FILM	MDCH	MDCH CARVE OUT MEDICATION
SUBOXONE		BUPRENORPHINE HCL/NALOXONE HC	2MG-0.5MG	FILM	MDCH	MDCH CARVE OUT MEDICATION
SUBOXONE		BUPRENORPHINE HCL/NALOXONE HC	4MG-1MG	FILM	MDCH	MDCH CARVE OUT MEDICATION
SUBOXONE		BUPRENORPHINE HCL/NALOXONE HC	8MG-2MG	FILM	MDCH	MDCH CARVE OUT MEDICATION
SUBOXONE	*	BUPRENORPHINE HCL/NALOXONE HC	2MG-0.5MG	TAB SL	MDCH	MDCH CARVE OUT MEDICATION
SUBOXONE	*	BUPRENORPHINE HCL/NALOXONE HC	8MG-2MG	TAB SL	MDCH	MDCH CARVE OUT MEDICATION
SUBSYS		FENTANYL	100MCG	SL SPRAY	PA	CANCER DIAGNOSIS
SUBSYS		FENTANYL	1200MCG	SL SPRAY	PA	CANCER DIAGNOSIS
SUBSYS		FENTANYL	1600MCG	SL SPRAY	PA	CANCER DIAGNOSIS
SUBSYS		FENTANYL	200MCG	SL SPRAY	PA	CANCER DIAGNOSIS
SUBSYS		FENTANYL	400MCG	SL SPRAY	PA	CANCER DIAGNOSIS
SUBSYS		FENTANYL	600MCG	SL SPRAY	PA	CANCER DIAGNOSIS
SUBSYS		FENTANYL	800MCG	SL SPRAY	PA	CANCER DIAGNOSIS
SUDAFED OTC	*	PSEUDOEPHEDRINE HCL	30MG	TABLET		
SUDAFED PE OTC	*	PHENYLEPHRINE HCL	10MG	TABLET		
SULAR	*	NISOLDIPINE	20MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
SULAR	*	NISOLDIPINE	30MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
SULAR	*	NISOLDIPINE	40MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
SULFACET-R	*	SODIUM SULFACETAMIDE-SULFUR	10-5%	LOTION		
SULFADIAZINE	*	SULFADIAZINE	500MG	TABLET		

SULFAMYLON	*	MAFENIDE ACETATE	8.5%	CREAM		
SULTRIN	*	SULFATHIAZ/SULFACET/ SULFABENZ		CREAM/APPL		
SUMAVEL DOSEPRO		SUMATRIPTAN SUCCINATE	6MG/0.5ML	INJ NDL FR	PA	TABLETS. MAX 2MLS PER MONTH.
SUMYCIN	*	TETRACYCLINE HCL	250MG	CAPSULE	PA	
SUMYCIN	*	TETRACYCLINE HCL	500MG	CAPSULE	PA	
SUPRAX	*	CEFIXIME	100MG/5ML	SUSP RECON	PA	ALT: OMNICEF
SUPRAX	*	CEFIXIME	200MG/5ML	SUSP RECON	PA	ALT: OMNICEF
SUPRAX		CEFIXIME	500MG/5ML	SUSP RECON	PA	ALT: OMNICEF
SUPRAX		CEFIXIME	100MG	TAB CHEW	PA	ALT: OMNICEF
SUPRAX		CEFIXIME	200MG	TAB CHEW	PA	ALT: OMNICEF
SURMONTIL		TRIMIPRAMINE MALEATE	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SURMONTIL		TRIMIPRAMINE MALEATE	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SURMONTIL		TRIMIPRAMINE MALEATE	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SUSTIVA		EFAVIRENZ	200MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SUSTIVA		EFAVIRENZ	600MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
SUTENT		SUNITINIB MALATE	12.5MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SUTENT		SUNITINIB MALATE	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SUTENT		SUNITINIB MALATE	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SYEDA	*	ETHINYL ESTRADIOL/DROSPIRE	0.03-3MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
SYMBICORT		BUDESONIDE/FORMOTEROL FUMARA	160-4.5MCG	HFA AER AD	QL	MAX 1 INHALER PER MONTH
SYMBICORT		BUDESONIDE/FORMOTEROL FUMARA	80-4.5MCG	HFA AER AD	QL	MAX 1 INHALER PER MONTH
SYMBYAX	*	OLANZAPINE/FLUOXETINE	12MG-25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SYMBYAX	*	OLANZAPINE/FLUOXETINE	12MG-50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SYMBYAX	*	OLANZAPINE/FLUOXETINE	3MG-25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SYMBYAX	*	OLANZAPINE/FLUOXETINE	6MG-25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SYMBYAX	*	OLANZAPINE/FLUOXETINE	6MG-50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
SYMLINPEN 120		PRAMLINTIDE ACETATE	2700/2.7ML	PEN INJECTOR	PA	CRITERIA MUST BE MET
SYMLINPEN 60		PRAMLINTIDE ACETATE	1500/1.5ML	PEN INJECTOR	PA	CRITERIA MUST BE MET
SYMMETREL	*	AMANTADINE HCL	100MG	CAPSULE		
SYMMETREL	*	AMANTADINE HCL	50MG/5ML	SYRUP		
SYNALAR	*	FLUOCINOLONE ACETONIDE	0.01%	CREAM		
SYNALAR	*	FLUOCINOLONE ACETONIDE	0.025%	CREAM		
SYNALAR	*	FLUOCINOLONE ACETONIDE	0.025%	OINTMENT		
SYNALAR	*	FLUOCINOLONE ACETONIDE	0.01%	SOLUTION		
SYNTHROID	*	LEVOTHYROXINE SODIUM	100MCG	TABLET		
SYNTHROID	*	LEVOTHYROXINE SODIUM	112MCG	TABLET		

SYNTHROID	*	LEVOTHYROXINE SODIUM	125MCG	TABLET		
SYNTHROID	*	LEVOTHYROXINE SODIUM	137MCG	TABLET		
SYNTHROID	*	LEVOTHYROXINE SODIUM	150MCG	TABLET		
SYNTHROID	*	LEVOTHYROXINE SODIUM	175MCG	TABLET		
SYNTHROID	*	LEVOTHYROXINE SODIUM	200MCG	TABLET		
SYNTHROID	*	LEVOTHYROXINE SODIUM	25MCG	TABLET		
SYNTHROID	*	LEVOTHYROXINE SODIUM	300MCG	TABLET		
SYNTHROID	*	LEVOTHYROXINE SODIUM	50MCG	TABLET		
SYNTHROID	*	LEVOTHYROXINE SODIUM	75MCG	TABLET		
SYNTHROID	*	LEVOTHYROXINE SODIUM	88MCG	TABLET		
SYPRINE		TRIENTINE HCL	250MG	CAPSULE		
TABLOID		THIOGUANINE	40MG	TABLET	PA	CRITERIA MUST BE MET
TACLONEX	*	CALCIPOTRIENE/ BETAMETHASONE	0.005-0.064	OINT.(GM)	PA	ALT: DOVONEX PLUS VALISONE
TACLONEX		CALCIPOTRIENE/ BETAMETHASONE	0.005-0.064	SUSPENSION	PA	ALT: DOVONEX PLUS VALISONE
TAFINLAR		DABRAFENIB MESYLATE	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
TAFINLAR		DABRAFENIB MESYLATE	75MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
TAGAMET	*	CIMETIDINE	300MG/5ML	ORAL SOLN		
TAGAMET	*	CIMETIDINE	200MG	TABLET		
TAGAMET	*	CIMETIDINE	300MG	TABLET		
TAGAMET	*	CIMETIDINE	400MG	TABLET		
TAGAMET	*	CIMETIDINE	800MG	TABLET		
TAMBOCOR	*	FLECAINIDE ACETATE	100MG	TABLET		
TAMBOCOR	*	FLECAINIDE ACETATE	150MG	TABLET		
TAMBOCOR	*	FLECAINIDE ACETATE	50MG	TABLET		
TAMIFLU		OSELTAMIVIR PHOSPHATE	30MG	CAPSULE	QL	MAX 10 CAPSULES PER FILL
TAMIFLU		OSELTAMIVIR PHOSPHATE	45MG	CAPSULE	QL	MAX 10 CAPSULES PER FILL
TAMIFLU		OSELTAMIVIR PHOSPHATE	75MG	CAPSULE	QL	MAX 10 CAPSULES PER FILL
TAMIFLU		OSELTAMIVIR	12MG/ML	SUSP RECON		
TAMIFLU		OSELTAMIVIR PHOSPHATE	6MG/ML	SUSP RECON		
TANZEUM		ALBIGLUTIDE	30MG/0.5ML	PEN INJECTOR	PA	CRITERIA MUST BE MET
TANZEUM		ALBIGLUTIDE	50MG/0.5ML	PEN INJECTOR	PA	CRITERIA MUST BE MET
TAPAZOLE	*	METHIMAZOLE	10MG	TABLET	QL	MAX SIX TABLETS PER DAY
TAPAZOLE	*	METHIMAZOLE	5MG	TABLET	QL	MAX THREE TABLETS PER DAY
TARCEVA		ERLOTINIB HCL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TARCEVA		ERLOTINIB HCL	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TARCEVA		ERLOTINIB HCL	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TARGRETIN		BEXAROTENE	75MG	CAPSULE	PA	CRITERIA MUST BE MET

TARGRETIN		BEXAROTENE	1%	GEL	PA	CRITERIA MUST BE MET
TASIGNA		NILOTINIB	200MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
TASMAR		TOLCAPONE	100MG	TABLET		
TAVIST	*	CLEMASTINE FUMARATE	0.67MG/5ML	SYRUP		
TAVIST	*	CLEMASTINE FUMARATE	2.68MG	TABLET		
TAVIST OTC	*	CLEMASTINE FUMARATE	1.34MG	TABLET		
TAZORAC		TAZAROTENE	0.05%	CREAM	PA	CRITERIA MUST BE MET
TAZORAC		TAZAROTENE	0.1%	GEL	PA	CRITERIA MUST BE MET
TECFIDERA		DIMETHYL FUMARATE	120-240MG	CAPSULE DR	PA, SP	CRITERIA MUST BE MET
TECFIDERA		DIMETHYL FUMARATE	120MG	CAPSULE DR	PA, SP	CRITERIA MUST BE MET
TECFIDERA		DIMETHYL FUMARATE	240MG	CAPSULE DR	PA, SP	CRITERIA MUST BE MET
TEGRETOL	*	CARBAMAZEPINE	100MG/5ML	ORAL SUSP	MDCH	MDCH CARVE OUT MEDICATION
TEGRETOL	*	CARBAMAZEPINE	100MG	TAB CHEW	MDCH	MDCH CARVE OUT MEDICATION
TEGRETOL	*	CARBAMAZEPINE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TEGRETOL XR	*	CARBAMAZEPINE	100MG	TAB ER 12HR	MDCH	MDCH CARVE OUT MEDICATION
TEGRETOL XR	*	CARBAMAZEPINE	200MG	TAB ER 12HR	MDCH	MDCH CARVE OUT MEDICATION
TEGRETOL XR	*	CARBAMAZEPINE	400MG	TAB ER 12HR	MDCH	MDCH CARVE OUT MEDICATION
TEKTURNA		ALISKIREN HEMIFUMARATE	150MG	TABLET	PA	ALT: AVAPRO, COZAAR, MONOPRIL AND ZESTRIL
TEKTURNA		ALISKIREN HEMIFUMARATE	300MG	TABLET	PA	ALT: AVAPRO, COZAAR, MONOPRIL AND ZESTRIL
TEKTURNA HCT		ALISKIREN/HCTZ	150-12.5MG	TABLET	PA	ALT: AVALIDE, MONOPRIL-HCT, HYZAAR AND ZESTORETIC
TEKTURNA HCT		ALISKIREN/HCTZ	150-25MG	TABLET	PA	ZESTORETIC
TEKTURNA HCT		ALISKIREN/HCTZ	300-25MG	TABLET	PA	ZESTORETIC
TEMODAR	*	TEMOZOLOMIDE	100MG	CAPSULE	PA	CRITERIA MUST BE MET
TEMODAR	*	TEMOZOLOMIDE	140MG	CAPSULE	PA	CRITERIA MUST BE MET
TEMODAR	*	TEMOZOLOMIDE	180MG	CAPSULE	PA	CRITERIA MUST BE MET
TEMODAR	*	TEMOZOLOMIDE	20MG	CAPSULE	PA	CRITERIA MUST BE MET
TEMODAR	*	TEMOZOLOMIDE	250MG	CAPSULE	PA	CRITERIA MUST BE MET
TEMODAR	*	TEMOZOLOMIDE	5MG	CAPSULE	PA	CRITERIA MUST BE MET
TEMOVATE	*	CLOBETASOL PROPIONATE	0.05%	CREAM	QL	MAX 45GM PER MONTH
TEMOVATE	*	CLOBETASOL PROPIONATE	0.05%	GEL	QL	MAX 45GM PER MONTH
TEMOVATE	*	CLOBETASOL PROPIONATE	0.05%	OINT.(GM)	QL	MAX 45GM PER MONTH
TEMOVATE	*	CLOBETASOL PROPIONATE	0.05%	SOLUTION	QL	MAX 50ML PER MONTH
TEMOVATE-E	*	CLOBETASOL EMOLLIENT	0.05%	CREAM	QL	MAX 45GM PER MONTH
TENEX	*	GUANFACINE HCL	1MG	TABLET		
TENEX	*	GUANFACINE HCL	2MG	TABLET		

TENORETIC 100	*	ATENOLOL-CHLORTHALIDONE	100MG-25MG			
TENORETIC 50	*	ATENOLOL-CHLORTHALIDONE	50MG-25MG			
TENORMIN	*	ATENOLOL	100MG	TABLET		
TENORMIN	*	ATENOLOL	25MG	TABLET		
TENORMIN	*	ATENOLOL	50MG	TABLET		
TERAZOL 3	*	TERCONAZOLE	0.80%	CREAM/APPL		
TERAZOL 3	*	TERCONAZOLE	80MG	SUPP VAG		
TERAZOL 7	*	TERCONAZOLE	0.40%	CREAM/APPL		
TERRAMYCIN W/POLY		OXY-TCN HCL/POLYMYX B SULF		OINT.(GM)		
TESSALON PERLES	*	BENZONATATE	100MG	CAPSULE	QL	MAX SIX CAPSULES PER DAY
TESSALON PERLES	*	BENZONATATE	200MG	CAPSULE	QL	MAX THREE CAPSULES PER DAY
TEST STRIPS-BAYER				STRIP	QL	MAX 300 TEST STRIPS UNDER AGE 21. MAX 100 TEST STRIPS OVER THE AGE OF 21.
TESTIM	*	TESTOSTERONE	50MG (1%)	GEL	PA	CRITERIA MUST BE MET
TESTRED		METHYLTESTOSTERONE	10MG	CAPSULE	PA	PRESCRIBER MUST SUBMIT LAB WORK TO CONFIRM AN ABNORMALLY LOW TESTOSTERONE LEVEL
TETRACYCLINE	*	TETRACYCLINE HCL	250MG	CAPSULE	PA	
TETRACYCLINE	*	TETRACYCLINE HCL	500MG	CAPSULE	PA	
TEVETEN	*	EPROSARTAN MESYLATE	600MG	TABLET	PA	ALT: AVAPRO AND COZAAR
TEVETEN HCT		EPROSARTAN/HCTZ	600-12.5MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
TEVETEN HCT		EPROSARTAN/HCTZ	600-25MG	TABLET	PA	ALT: AVALIDE, DIOVAN HCT AND HYZAAR
THALOMID		THALIDOMIDE	100MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
THALOMID		THALIDOMIDE	150MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
THALOMID		THALIDOMIDE	200MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
THALOMID		THALIDOMIDE	50MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
THEO-24		THEOPHYLLINE ANHYDROUS	200MG	CAP ER 24HR	PA	ALTERNATIVE: THEO-DUR OR SLO-BID
THEO-24		THEOPHYLLINE ANHYDROUS	300MG	CAP ER 24HR	PA	ALTERNATIVE: THEO-DUR OR SLO-BID
THEO-DUR	*	THEOPHYLLINE ANHYDROUS	100MG	TAB ER 12HR		
THEO-DUR	*	THEOPHYLLINE ANHYDROUS	200MG	TAB ER 12HR		
THEO-DUR	*	THEOPHYLLINE ANHYDROUS	300MG	TAB ER 12HR		
THEO-DUR	*	THEOPHYLLINE ANHYDROUS	450MG	TAB ER 12HR		
THERAGRAN M OTC	*	MULTIVITAMIN/IRON/MIN/FA		TABLET		
THORAZINE	*	CHLORPROMAZINE HCL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
THORAZINE	*	CHLORPROMAZINE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
THORAZINE	*	CHLORPROMAZINE HCL	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
THORAZINE	*	CHLORPROMAZINE HCL	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
THORAZINE	*	CHLORPROMAZINE HCL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

THYROLAR-1		LIOTRIX	12.5-50MCG	TABLET	PA	ALT: SYNTHROID
THYROLAR-1/2		LIOTRIX	6.25-25MCG	TABLET	PA	ALT: SYNTHROID
THYROLAR-1/4		LIOTRIX	3.1-12.5MCG	TABLET	PA	ALT: SYNTHROID
THYROLAR-2		LIOTRIX	25-100MCG	TABLET	PA	ALT: SYNTHROID
THYROLAR-3		LIOTRIX	37.5-150MCG	TABLET	PA	ALT: SYNTHROID
TIAZAC	*	DILTIAZEM HCL	120MG	CAPSULE SA	QL	MAX ONE CAPSULE PER DAY
TIAZAC	*	DILTIAZEM HCL	180MG	CAPSULE SA	QL	MAX ONE CAPSULE PER DAY
TIAZAC	*	DILTIAZEM HCL	240MG	CAPSULE SA	QL	MAX ONE CAPSULE PER DAY
TIAZAC	*	DILTIAZEM HCL	300MG	CAPSULE SA	QL	MAX ONE CAPSULE PER DAY
TIAZAC	*	DILTIAZEM HCL	360MG	CAPSULE SA	QL	MAX ONE CAPSULE PER DAY
TIAZAC	*	DILTIAZEM HCL	420MG	CAPSULE SA	QL	MAX ONE CAPSULE PER DAY
TICLID	*	TICLOPIDINE HCL	250MG	TABLET		
TIGAN	*	TRIMETHOBENZAMIDE HCL	300MG	CAPSULE		
TIGAN	*	TRIMETHOBENZAMIDE HCL/ B-CAINE	200MG	SUPP.RECT		
TIKOSYN		DOFETILIDE	125MG	CAPSULE	PA	CRITERIA MUST BE MET
TIKOSYN		DOFETILIDE	250MG	CAPSULE	PA	CRITERIA MUST BE MET
TIKOSYN		DOFETILIDE	500MG	CAPSULE	PA	CRITERIA MUST BE MET
TILIA FE	*	NORETH A-ET ESTRA/FE FUMARATE	5-7-9-7	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TIMOPTIC	*	TIMOLOL MALEATE	0.25%	DROPS		
TIMOPTIC	*	TIMOLOL MALEATE	0.5%	DROPS		
TIMOPTIC OCUDOSE		TIMOLOL MALEATE/PF	0.25%	DROPERETTE	PA	ALT: TIMOPTIC*
TIMOPTIC OCUDOSE		TIMOLOL MALEATE/PF	0.5%	DROPERETTE	PA	ALT: TIMOPTIC*
TIMOPTIC XE	*	TIMOLOL MALEATE	0.25%	SOL GEL		
TIMOPTIC-XE	*	TIMOLOL MALEATE	0.5%	SOL-GEL		
TINACTIN OTC	*	TOLNAFTATE	1%	CREAM		
TINACTIN OTC	*	TOLNAFTATE	1%	SPRAY		
TIROSINT		LEVOTHYROXINE SODIUM	100MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	112MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	125MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	137MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	13MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	150MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	25MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	50MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	75MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
TIROSINT		LEVOTHYROXINE SODIUM	88MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
TIVICAY		DOLUTEGRAVIR SODIUM	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

TOBI	*	TOBRAMYCIN	300MG/5ML	AMPUL-NEB	PA	CRITERIA MUST BE MET
TOBI PODHALER		TOBRAMYCIN	28MG	CAP W/DEV	PA, SP	CRITERIA MUST BE MET
TOBRADEX	*	TOBRAMYCIN/ DEXAMETHASONE	0.3%-0.1%	DROPS SUSP		
TOBRADEX		TOBRAMYCIN/ DEXAMETHASONE	0.3%-0.1%	OINT.(GM)	QL	MAX 3.5GM PER FILL
TOBRADEX ST		TOBRAMYCIN/ DEXAMETHASONE	0.3%-0.05%	DROPS SUSP	QL	MAX 5MLS PER FILL
TOBREX	*	TOBRAMYCIN	0.3%	DROPS		
TOBREX		TOBRAMYCIN	0.3%	OINT.(GM)	QL	MAX 3.5GMS PER FILL
TOFRANIL	*	IMIPRAMINE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TOFRANIL	*	IMIPRAMINE HCL	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TOFRANIL	*	IMIPRAMINE HCL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TOFRANIL PM	*	IMIPRAMINE PAMOATE	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
TOFRANIL PM	*	IMIPRAMINE PAMOATE	125MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
TOFRANIL PM	*	IMIPRAMINE PAMOATE	150MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
TOFRANIL PM	*	IMIPRAMINE PAMOATE	75MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
TOLECTIN	*	TOLMETIN SODIUM	400MG	CAPSULE		
TOLECTIN	*	TOLMETIN SODIUM	200MG	TABLET		
TOLECTIN	*	TOLMETIN SODIUM	600MG	TABLET		
TOLINASE	*	TOLAZAMIDE	100MG	TABLET		
TOLINASE	*	TOLAZAMIDE	250MG	TABLET		
TOLINASE	*	TOLAZAMIDE	500MG	TABLET		
TOPAMAX	*	TOPIRAMATE	15MG	CAP SPRINK	MDCH	MDCH CARVE OUT MEDICATION
TOPAMAX	*	TOPIRAMATE	25MG	CAP SPRINK	MDCH	MDCH CARVE OUT MEDICATION
TOPAMAX	*	TOPIRAMATE	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TOPAMAX	*	TOPIRAMATE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TOPAMAX	*	TOPIRAMATE	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TOPAMAX	*	TOPIRAMATE	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TOPICORT	*	DESOXIMETASONE	0.05%	CREAM	PA	ALT: LIDEX, TEMOVATE AND VALISONE
TOPICORT	*	DESOXIMETASONE	0.05%	GEL	PA	ALT: LIDEX, TEMOVATE AND VALISONE
TOPICORT	*	DESOXIMETASONE	0.05%	OINT.(GM)	PA	ALT: LIDEX, TEMOVATE AND VALISONE
TOPROL XL	*	METOPROLOL SUCCINATE	25MG	TAB ER 24HR	PA	ALT: IMDUR, LOPRESSOR AND TENORMIN
TOPROL XL	*	METOPROLOL SUCCINATE	50MG	TAB ER 24HR	PA	ALT: IMDUR, LOPRESSOR AND TENORMIN
TOPROL XL	*	METOPROLOL SUCCINATE	100MG	TAB ER 24HR	PA	ALT: IMDUR, LOPRESSOR AND TENORMIN
TOPROL XL	*	METOPROLOL SUCCINATE	200MG	TAB ER 24HR	PA	ALT: IMDUR, LOPRESSOR AND TENORMIN
TORADOL	*	KETOROLAC TROMETHAMINE	10MG	TABLET	QL	MAX 20 TABLETS PER FILL
TORADOL	*	KETOROLAC TROMETHAMINE	20MG	TABLET	QL	MAX 20 TABLETS PER FILL
TOUJEO SOLOSTAR		INSULIN GLARGINE	300U/ML	INSULIN PEN		
TRACLEER		BOSENTAN	125MG	TABLET	PA, SP	CRITERIA MUST BE MET
TRACLEER		BOSENTAN	62.5MG	TABLET	PA, SP	CRITERIA MUST BE MET

TRADJENTA		LINAGLIPTIN	5MG	TABLET	PA	ALT: ACTOS, AMARYL, DIABETA, GLUCOPHAGE, GLUCOTROL, PRECOSE AND STARLIX
TRANDATE	*	LABETALOL HCL	100MG	TABLET		
TRANDATE	*	LABETALOL HCL	200MG	TABLET		
TRANDATE	*	LABETALOL HCL	300MG	TABLET		
TRANSDERM-SCOP		SCOPOLAMINE HBR	1.5MG/72HR	PATCH TD72HR	PA	MAX 1 PATCH EVERY 3 DAYS
TRANXENE T-TAB	*	CLORAZEPATE DIPOTASSIUM	15MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRANXENE T-TAB	*	CLORAZEPATE DIPOTASSIUM	3.75MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRANXENE T-TAB	*	CLORAZEPATE DIPOTASSIUM	7.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRAVATAN		TRAVOPROST	0.004%	OPTIC	PA	ALT: XALATAN
TRAVATAN-Z		TRAVOPROST	0.004%	OPTIC	PA	ALT: XALATAN
TRECATOR		ETHIONAMIDE	250MG	TABLET		
TRENTAL	*	PENTOXIFYLLINE	400MG	TABLET ER		
TRIAVIL	*	AMITRIPTYLINE HCL/PERPHENAZINE	10-2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRIAVIL	*	AMITRIPTYLINE HCL/PERPHENAZINE	10-4MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRIAVIL	*	AMITRIPTYLINE HCL/PERPHENAZINE	25-2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRIAVIL	*	AMITRIPTYLINE HCL/PERPHENAZINE	25-4MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRIAZ	*	BENZOYL PEROXIDE	6%	CLEANSER		
TRICOR	*	FENOFIBRATE, NANOCRYSTAL	145MG	TABLET	PA	ALT: FIBRICOR, LOFIBRA AND LOPID
TRICOR	*	FENOFIBRATE, NANOCRYSTAL	48MG	TABLET	PA	ALT: FIBRICOR, LOFIBRA AND LOPID
TRIDESILON	*	DESONIDE	0.05%	CREAM		
TRIDESILON	*	DESONIDE	0.05%	OINT.(GM)		
TRI-ESTARYLLA	*	NORGESTIMATE- ETHINYL ESTRADIO	7DAYSX3 28	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRILAFON	*	PERPHENAZINE	16MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRILAFON	*	PERPHENAZINE	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRILAFON	*	PERPHENAZINE	4MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRILAFON	*	PERPHENAZINE	8MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRI-LEGEST FE	*	NORETH A-ET ESTRA/ FE FUMARATE	5-7-9-7	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRILEPTAL	*	OXCARBAZEPINE	300MG/5ML	ORAL SUSP	MDCH	MDCH CARVE OUT MEDICATION
TRILEPTAL	*	OXCARBAZEPINE	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRILEPTAL	*	OXCARBAZEPINE	300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRILEPTAL	*	OXCARBAZEPINE	600MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TRI-LINYAH	*	NORGESTIMATE- ETHINYL ESTRADIO	7DAYSX3 28	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRILIPIX	*	FENOFIBRIC ACID (CHOLINE)	135MG	CAPSULE DR	PA	ALT: FIBRICOR, LOFIBRA AND LOPID
TRILIPIX	*	FENOFIBRIC ACID (CHOLINE)	45MG	CAPSULE DR	PA	ALT: FIBRICOR, LOFIBRA AND LOPID
TRILISATE	*	CHOL SAL/MAGNESIUM SALICYLATE	500MG/5ML	LIQUID		
TRILISATE	*	CHOL SAL/MAGNESIUM SALICYLATE	1000MG	TABLET		

TRILISATE	*	CHOL SAL/MAGNESIUM SALICYLATE	500MG	TABLET		
TRILISATE	*	CHOL SAL/MAGNESIUM SALICYLATE	750MG	TABLET		
TRIMPEX	*	TRIMETHOPRIM	100MG	TABLET		
TRINESSA	*	NORGESTIMATE-ETHINYL ESTRADIO	7DAYSX3 28	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRI-NORINYL	*	NORETHINDRONE-ETHINYL ESTRAD	7-9-5	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRIOXIN		CHLOROXYLENOL/BENZOC/ HYDROC	1-15-10/ML	OTIC SUSP	QL	MAX 15ML PER FILL
TRIPHASIL	*	LEVONORGESTREL-ETH ESTRA	6-5-10	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRI-PREVIFEM	*	NORGESTIMATE- ETHINYL ESTRADIC	7DAYSX3 28	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRI-SPRINTEC	*	NORGESTIMATE-ETHINYL ESTRAD	7 DAYSX3 28	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRI-VI-SOL	*	PED MULTIVIT A, C, D3	1500-35/ML	DROPS	AG	MAX AGE 10
TRI-VI-SOL WITH IRON	*	PED MULTIVIT A, C, D3 #21 WITH IRO	1500-10ML	DROPS	AG	MAX AGE 10
TRIVORA	*	LEVONORGESTREL-ETH ESTRADIOL	6-5-10	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
TRIZIVIR	*	ABACAVIR/LAMIVUDINE/ ZIDOVUDINE	150-300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TROKENDI XR		TOPIRAMATE	100MG	CAP ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
TROKENDI XR		TOPIRAMATE	200MG	CAP ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
TROKENDI XR		TOPIRAMATE	25MG	CAP ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
TROKENDI XR		TOPIRAMATE	50MG	CAP ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
TRULICITY		DULAGLUTIDE	0.75MG/0.5ML	PEN INJECTOR	PA	CRITERIA MUST BE MET
TRULICITY		DULAGLUTIDE	1.5MG/0.5ML	PEN INJECTOR	PA	CRITERIA MUST BE MET
TRUSOPT	*	DORZOLAMIDE HCL	2%	DROPS		
TRUVADA		EMTRICTABINE/TENOFIVIR	200-300mg	TABLET	MDCH	MDCH CARVE OUT MEDICATION
T-STAT	*	ERYTHROMYCIN BASE/ETHANOL	2%	SOLUTION		
TUDORZA PRESSAIR		ACLIDINIUM BROMIDE	400MCG	AER INHALER	QL	MAX ONE INHALER PER MONTH
TUMS OTC	*	CALCIUM CARBONATE	200(500)MG	TAB CHEW		
TYKERB		LAPATINIB DITOSYLATE	250MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
TYLENOL #2	*	CODEINE PHOS/ACETAMINOPHEN	15-300MG	TABLET		
TYLENOL #3	*	CODEINE PHOSPHATE/APAP	30-300MG	TABLET	QL	MAX TWELVE TABLETS PER DAY
TYLENOL #4	*	CODEINE PHOSPHATE/APAP	60-300MG	TABLET	QL	MAX SIX TABLETS PER DAY
TYLENOL OTC	*	ACETAMINOPHEN	80MG	CHEW TAB		
TYLENOL OTC	*	ACETAMINOPHEN	80MG/0.8ML	DROPS		
TYLENOL OTC	*	ACETAMINOPHEN	160MG/5ML	ELIXER		
TYLENOL OTC	*	ACETAMINOPHEN	160MG/5ML	LIQUID		
TYLENOL OTC	*	ACETAMINOPHEN	160MG/5ML	ORAL SUSP		
TYLENOL OTC	*	ACETAMINOPHEN	120MG	RECT SUPP		
TYLENOL OTC	*	ACETAMINOPHEN	325MG	TABLET		
TYLENOL OTC		ACETAMINOPHEN	500MG	TABLET		
TYLENOL OTC	*	ACETAMINOPHEN	650MG	TABLET		

TYLENOL/CODEINE	*	CODEINE PHOS/ ACETAMINOPHEN	12-120MG/5ML	ELIXER		
TYMPAGESIC	*	PHENYLEPHRINE/ANTIPY/ B-CAINE		OTIC		
TYZEKA		TELBIVUDINE	600MG	TABLET	PA, SP	CRITERIA MUST BE MET
UCERIS		BUDESONIDE	9MG	TAB DR ER	PA	CRITERIA MUST BE MET
ULESFIA		BENZOYL ALCOHOL	5%	LOTION	PA	ALT: NIX AND RID
ULORIC		FEBUXOSTAT	40MG	TABLET	PA	ALT: ALLOPURINOL
ULORIC		FEBUXOSTAT	80MG	TABLET	PA	ALT: ALLOPURINOL
ULTRACET	*	TRAMADOL/ ACETAMINOPHEN	37.5-325MG	TABLET	PA	ALT: TYLENOL PLUS ULTRAM
ULTRAM	*	TRAMADOL HCL	50MG	TABLET	QL	MAX EIGHT TABLETS PER DAY
ULTRAM ER	*	TRAMADOL	200MG	TAB ER 24HR	QL	CUMULATIVE TRAMADOL ALL STRENGTHS
ULTRAM ER	*	TRAMADOL	100MG	TAB ER 24HR	QL	CUMULATIVE TRAMADOL ALL STRENGTHS
ULTRAM ER	*	TRAMADOL	300MG	TAB ER 24HR	QL	CUMULATIVE TRAMADOL ALL STRENGTHS
ULTRASE MT 6		AMYLASE/LIPASE/ PROTEASE	20K-6K-20K	CAPSULE DR		
ULTRAVATE	*	HALOBETASOL PROPIONATE	0.05%	CREAM	QL	MAX 50GM PER MONTH
ULTRAVATE	*	HALOBETASOL PROPIONATE	0.05%	OINTMENT	QL	MAX 50GM PER MONTH
ULTRESA		LIPASE/PROTEASE/ AMYLASE	13.8-24.6K	CAPSULE DR		
ULTRESA		LIPASE/PROTEASE/ AMYLASE	20.7-41.4K	CAPSULE DR		
ULTRESA		LIPASE/PROTEASE/ AMYLASE	23-46-46K	CAPSULE DR		
UNIRETIC	*	MOEXIPRIL/HCTZ	15-12.5MG	TABLET	PA	ALT: LOTENSIN HCT, MONOPRIL HCT AND ZESTORETIC
UNIRETIC	*	MOEXIPRIL/HCTZ	7.5-12.5MG	TABLET	PA	ALT: LOTENSIN HCT, MONOPRIL HCT AND ZESTORETIC
UNIRETIC	*	MOEXIPRIL/HCTZ	15-25MG	TABLET	PA	ALT: LOTENSIN HCT, MONOPRIL HCT AND ZESTORETIC
UNIVASC	*	MOEXIPRIL	7.5MG	TABLET	PA	ALT: ALTACE, LOTENSIN, MONOPRIL AND ZESTRIL
UNIVASC	*	MOEXIPRIL	15MG	TABLET	PA	ALT: ALTACE, LOTENSIN, MONOPRIL AND ZESTRIL
URECHOLINE	*	BETHANECHOL CHLORIDE	10MG	TABLET		
URECHOLINE	*	BETHANECHOL CHLORIDE	25MG	TABLET		
URECHOLINE	*	BETHANECHOL CHLORIDE	50MG	TABLET		
URECHOLINE	*	BETHANECHOL CHLORIDE	5MG	TABLET		
URELLE		METHEN/M-BLUE/SAL/NA PHOS/HYOS	81-0.12MG	TABLET		
UREX	*	METHENAMINE HIPPURATE	1G	TABLET		
URISPAS	*	FLAVOXATE HCL	100MG	TABLET		
UROCIT-K	*	POTASSIUM CITRATE	10MEQ	TABLET ER	QL	MAX TWO TABLETS PER DAY
UROCIT-K	*	POTASSIUM CITRATE	15MEQ	TABLET ER	QL	MAX TWO TABLETS PER DAY
UROCIT-K	*	POTASSIUM CITRATE	5MEQ	TABLET ER	QL	MAX TWO TABLETS PER DAY
UROQUID		METHEN MAND/ NAPHOS M-B M-H	500-500MG	TABLET		
UROXATRAL	*	ALFUZOSIN HCL	10MG	TAB ER 24HR	QL	MAX ONE TABLET PER DAY
URSO	*	URSODIOL	250MG	TABLET	PA	ALT: ACTIGALL
URSO FORTE	*	URSODIOL	500MG	TABLET	PA	ALT: ACTIGALL
VAGIFEM		ESTRADIOL	10MCG	TABLET-VAG	PA	MAX EIGHT TABLETS EVERY 28 DAYS

VALISONE	*	BETAMETHASONE VALERATE	0.1%	CREAM		
VALISONE	*	BETAMETHASONE VALERATE	0.1%	LOTION		
VALISONE	*	BETAMETHASONE VALERATE	0.1%	OINT.(GM)		
VALIUM	*	DIAZEPAM	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VALIUM	*	DIAZEPAM	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VALIUM	*	DIAZEPAM	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VALTREX	*	VALACYCLOVIR HCL	500MG	TABLET	QL	MAX FOUR PER DAY
VALTREX	*	VALACYCLOVIR HCL	1000MG	TABLET	QL	MAX TWO PER DAY
VANCOCIN		VANCOMYCIN HCL	125MG	CAPSULE	QL	PRIOR AUTHORIZATION REQUIRED FOR MORE THAN A 5 DAY SUPPLY
VANCOCIN		VANCOMYCIN HCL	250MG	CAPSULE	QL	PRIOR AUTHORIZATION REQUIRED FOR MORE THAN A 5 DAY SUPPLY
VANDAZOLE	*	METRONIDAZOLE	0.75%	GEL W/APPL		
VANTIN	*	CEFPODOXIME PROXETIL	100MG/5ML	SUSP RECON	QL	MAX 10ML PER DAY
VANTIN	*	CEFPODOXIME PROXETIL	50MG/5ML	SUSP RECON	QL	MAX 10ML PER DAY
VANTIN	*	CEFPODOXIME PROXETIL	100MG	TABLET	QL	MAX TWO TABLETS PER DAY
VANTIN	*	CEFPODOXIME PROXETIL	200MG	TABLET	QL	MAX TWO TABLETS PER DAY
VASCEPA		ICOSAPENT ETHYL	1GM	CAPSULE	PA	CRITERIA MUST BE MET
VASERETIC	*	ENALAPRIL/HCTZ	10MG-25MG	TABLET		
VASERETIC	*	ENALAPRIL/HCTZ	5MG-12.5MG	TABLET		
VASOCIDIN	*	NA SULFACETM/PREDNIS SP	10-0.25%	OPTIC		
VASODILAN	*	ISOXSUPRINE HCL	10MG	TABLET		
VASODILAN	*	ISOXSUPRINE HCL	20MG	TABLET		
VASOTEC	*	ENALAPRIL MALEATE	10MG	TABLET		
VASOTEC	*	ENALAPRIL MALEATE	2.5MG	TABLET		
VASOTEC	*	ENALAPRIL MALEATE	20MG	TABLET		
VASOTEC	*	ENALAPRIL MALEATE	5MG	TABLET		
VCF OTC		NONOXYNOL 9	12.50%	VAG FOAM		
VELIVET	*	DESOGESTREL-ETHINYL ESTRADIOL	7 DAYS X 3	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
VENLAFAXINE ER	*	VENLAFAXINE HCL	150MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
VENLAFAXINE ER		VENLAFAXINE HCL	225MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
VENLAFAXINE ER	*	VENLAFAXINE HCL	37.5MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
VENLAFAXINE ER	*	VENLAFAXINE HCL	75MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
VENTOLIN HFA		ALBUTEROL SULFATE	90MCG	HFA AER AD	QL	MAX 2 INHALERS PER MONTH
VEPESID	*	ETOPOSIDE	50MG	CAPSULE		
VERELAN	*	VERAPAMIL HCL	120MG	CAP 24HR PEL	QL	MAX ONE CAPSULE PER DAY
VERELAN	*	VERAPAMIL HCL	180MG	CAP 24HR PEL	QL	MAX ONE CAPSULE PER DAY
VERELAN	*	VERAPAMIL HCL	240MG	CAP 24HR PEL	QL	MAX ONE CAPSULE PER DAY

VERELAN	*	VERAPAMIL HCL	360MG	CAP 24HR PEL	QL	MAX ONE CAPSULE PER DAY
VERIPRED		PREDNISOLONE SOD PHOSPHATE	20MG/5ML	SOLUTION	PA	ALT: ORAPRED AND PRELONE
VESANOID	*	TRETINOIN	10MG	CAPSULE	PA	CRITERIA MUST BE MET
VESTURA	*	ETHINYL ESTRADIOL/ DROSPIRENON	0.02-3(24)	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
VEXOL		RIMEXOLONE	1%	OPTIC	PA	ALT: DECADRON, FML AND PRED FORTE
VFEND	*	VORICONAZOLE	20MG/5ML	SUSP RECON	PA	CRITERIA MUST BE MET
VFEND	*	VORICONAZOLE	200MG	TABLET	PA	CRITERIA MUST BE MET
VFEND	*	VORICONAZOLE	50MG	TABLET	PA	CRITERIA MUST BE MET
VIBRAMYCIN	*	DOXYCYCLINE HYCLATE	100MG	CAPSULE		
VIBRAMYCIN	*	DOXYCYCLINE HYCLATE	50MG	CAPSULE		
VIBRAMYCIN	*	DOXYCYCLINE HYCLATE	100MG	CAPSULE DR		
VIBRAMYCIN	*	DOXYCYCLINE MONOHYDRATE	25MG/5ML	SUSP RECON		
VIBRAMYCIN		DOXYCYCLINE CALCIUM	50MG/5ML	SYRUP		
VIBRA-TAB	*	DOXYCYCLINE HYCLATE	100MG	TABLET		
VICODIN	*	HYDROCODONE/APAP	5-300MG	TABLET	PA	ALT: NORCO 5/325
VICODIN ES	*	HYDROCODONE/APAP	7.5-300MG	TABLET	PA	ALT: NORCO 7.5/325
VICODIN HP	*	HYDROCODONE/APAP	10-300MG	TABLET	PA	ALT: NORCO 10/325
VICON FORTE	*	FOLIC ACID/MULTIVITS-MIN		CAPSULE		
VICTOZA		LIRAGLUTIDE	0.6MG/0.1ML	PEN INJECTOR	PA	CRITERIA MUST BE MET
VIDEX		DIDANOSINE	FNL10MG/ML	SOLN RECON	MDCH	MDCH CARVE OUT MEDICATION
VIDEX EC	*	DIDANOSINE	125MG	CAPSULE DR	MDCH	MDCH CARVE OUT MEDICATION
VIDEX EC	*	DIDANOSINE	200MG	CAPSULE DR	MDCH	MDCH CARVE OUT MEDICATION
VIDEX EC	*	DIDANOSINE	250MG	CAPSULE DR	MDCH	MDCH CARVE OUT MEDICATION
VIDEX EC	*	DIDANOSINE	400MG	CAPSULE DR	MDCH	MDCH CARVE OUT MEDICATION
VIGAMOX		MOXIFLOXACIN HCL	0.5%	DROPS	PA	ALT: CILOXAN, OCUFLOX AND QUIXIN
VIIBRYD		VILAZODONE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIIBRYD		VILAZODONE HCL	20MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIIBRYD		VILAZODONE HCL	40MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIMPAT		LACOSAMIDE	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIMPAT		LACOSAMIDE	150MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIMPAT		LACOSAMIDE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIMPAT		LACOSAMIDE	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIOKACE		LIPASE/PROTEASE/ AMYLASE	10.4-39.2K	TABLET		
VIOKACE		LIPASE/PROTEASE/ AMYLASE	20.9-78.3K	TABLET		
VIORELE	*	DESOG-ET ESTRA/ ETHINYL ESTRA	21-5	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
VIRACEPT		NELFINAVIR MESYLATE	250MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIRACEPT		NELFINAVIR MESYLATE	625MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION

VIRAMUNE	*	NEVIRAPINE	50MG/5ML	ORAL SUSP	MDCH	MDCH CARVE OUT MEDICATION
VIRAMUNE	*	NEVIRAPINE	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIREAD		TENOFOVIR DISOPROXIL FUMARATE	300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIROPTIC	*	TRIFLURIDINE	1%	DROPS		
VISKEN	*	PINDOLOL	10MG	TABLET		
VISKEN	*	PINDOLOL	5MG	TABLET		
VISTARIL	*	HYDROXYZINE PAMOATE	100MG	CAPSULE		
VISTARIL	*	HYDROXYZINE PAMOATE	25MG	CAPSULE		
VISTARIL	*	HYDROXYZINE PAMOATE	50MG	CAPSULE		
VITAFOL		FE FUMARATE/CAL/E/FA/MULTIVIT	65-1MG	TABLET		
VITAMIN B-1 OTC	*	THIAMINE HCL	100MG	TABLET		
VITAMIN B-12	*	CYANOCOBALAMIN	1000MCG/ML	VIAL		
VITAMIN B-6 OTC	*	PYRIDOXINE HCL	100MG	TABLET		
VITAMIN B-6 OTC	*	PYRIDOXINE HCL	25MG	TABLET		
VITAMIN B-6 OTC	*	PYRIDOXINE HCL	50MG	TABLET		
VITAMIN D OTC	*	CHOLECALCIFEROL	400IU/ML	ORAL DROPS	AG	MAX AGE 10
VITAMIN-D RX	*	ERGOCALCIFEROL	50,000 UNITS	CAPSULE		
VITUZ		HYDROCODONE/ CHLORPHENIRMAIN	5MG-4MG/5ML	SOLUTION	QL	MAX 20MLS PER DAY
VIVACTIL	*	PROTRIPTYLINE HCL	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIVACTIL	*	PROTRIPTYLINE HCL	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VIVITROL		NALTREXONE MICROSPHERES	380MG	SUS ER REC	MDCH	MDCH CARVE OUT MEDICATION
VOLTAREN		DICLOFENAC SODIUM	0.1%	GEL	PA	MAX 300GM PER MONTH
VOLTAREN	*	DICLOFENAC SODIUM	0.10%	OPTIC		
VOLTAREN	*	DICLOFENAC SODIUM	25MG	TABLET EC		
VOLTAREN	*	DICLOFENAC SODIUM	50MG	TABLET EC		
VOLTAREN	*	DICLOFENAC SODIUM	75MG	TABLET EC		
VOLTAREN-XR	*	DICLOFENAC SODIUM	100MG	TAB ER 24HR	QL	MAX TWO TABLETS PER DAY
VOSOL	*	ACETIC ACID	2%	SOLUTION		
VOSOL HC	*	ACETIC ACID/HYDROCORTISONE	2-1%	OTIC		
VOSPIRE ER	*	ALBUTEROL SULFATE	4MG	TAB ER 12HR		
VOSPIRE ER	*	ALBUTEROL SULFATE	8MG	TAB ER 12HR		
VOTRIENT		PAZOPANIB HCL	200MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
VYTORIN		EZETIMIBE/SIMVASTIN	10/10	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
VYTORIN		EZETIMIBE/SIMVASTIN	10/20	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
VYTORIN		EZETIMIBE/SIMVASTIN	10/40	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
VYTORIN		EZETIMIBE/SIMVASTIN	10/80	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
VYVANSE		LISDEXAMFETAMINE DIMESYLATE	20MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION

VYVANSE		LISDEXAMFETAMINE DIMESYLATE	30MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
VYVANSE		LISDEXAMFETAMINE DIMESYLATE	40MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
VYVANSE		LISDEXAMFETAMINE DIMESYLATE	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
VYVANSE		LISDEXAMFETAMINE DIMESYLATE	60MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
VYVANSE		LISDEXAMFETAMINE DIMESYLATE	70MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
WART REMOVER OTC		SALICYCLIC ACID	17%	LIQUID		
WELCHOL		COLESEVELAM HCL	3.75GM	POWD PACK	PA	ALT: COLESTID AND QUESTRAN
WELCHOL		COLESEVELAM HCL	625MG	TABLET	PA	ALT: COLESTID AND QUESTRAN
WELLBUTRIN	*	BUPROPION HCL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
WELLBUTRIN	*	BUPROPION HCL	75MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
WELLBUTRIN SR	*	BUPROPION HCL	100MG	TABLET ER	MDCH	MDCH CARVE OUT MEDICATION
WELLBUTRIN SR	*	BUPROPION HCL	150MG	TABLET ER	MDCH	MDCH CARVE OUT MEDICATION
WELLBUTRIN SR	*	BUPROPION HCL	200MG	TABLET ER	MDCH	MDCH CARVE OUT MEDICATION
WELLBUTRIN XL	*	BUPROPION HCL	150MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
WELLBUTRIN XL	*	BUPROPION HCL	300MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
WELLCOVORIN	*	LEUCOVORIN CALCIUM	10MG	TABLET		
WELLCOVORIN	*	LEUCOVORIN CALCIUM	15MG	TABLET		
WELLCOVORIN	*	LEUCOVORIN CALCIUM	25MG	TABLET		
WELLCOVORIN	*	LEUCOVORIN CALCIUM	5MG	TABLET		
WERA	*	NORETHINDRONE-ETHINYL ESTRAD	0.5-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
WESTCORT	*	HYDROCORTISONE VALERATE	0.2%	CREAM	QL	MAX 60GM PER MONTH
WESTCORT	*	HYDROCORTISONE VALERATE	0.2%	OINTMENT	QL	MAX 60GM PER MONTH
XALATAN	*	LATANOPROST	0.005%	OPTIC	QL	MAX 2.5MLS PER 28 DAYS
XALKORI		CRIZOTINIB	200MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
XALKORI		CRIZOTINIB	250MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
XANAX	*	ALPRAZOLAM	0.25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
XANAX	*	ALPRAZOLAM	0.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
XANAX	*	ALPRAZOLAM	1MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
XANAX	*	ALPRAZOLAM	2MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
XANAX XR	*	ALPRAZOLAM	0.5MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
XANAX XR	*	ALPRAZOLAM	1MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
XANAX XR	*	ALPRAZOLAM	2MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
XANAX XR	*	ALPRAZOLAM	3MG	TAB ER 24HR	MDCH	MDCH CARVE OUT MEDICATION
XARELTO		RIBAROXABAN	10MG	TABLET	PA	ALT: COUMADIN
XARELTO		RIBAROXABAN	15MG	TABLET	PA	ALT: COUMADIN
XARELTO		RIBAROXABAN	20MG	TABLET	PA	ALT: COUMADIN
XELJANZ		TOFACITINIB CITRATE	5MG	TABLET	PA, SP	CRITERIA MUST BE MET

XELODA	*	CAPECITABINE	150MG	TABLET	PA, SP	CRITERIA MUST BE MET
XELODA	*	CAPECITABINE	500MG	TABLET	PA, SP	CRITERIA MUST BE MET
XENAZINE		TETRABENAZINE	12.5MG	TABLET	PA, SP	CRITERIA MUST BE MET
XENAZINE		TETRABENAZINE	25MG	TABLET	PA, SP	CRITERIA MUST BE MET
XERAC AC		ALUMINUM CHLORIDE	6.25%	SOLUTION		
XIBROM	*	BROMFEVAC	0.09%	OPTIC	PA	ALT: ACULAR AND VOLTAREN
XIFAXAN		RIFAXIMIN	550MG	TABLET	PA	FAILURE OF LACTULOSE IN PAST 60 DAYS. MAX TWO TABLETS PER DAY.
XIFAXAN		RIFAXIMIN	200MG	TABLET	QL	MAX 10 TABLETS PER FILL
XOLEGEL		KETOCONAZOLE	2%	GEL	PA	ALT: NIZORAL
XOPENEX	*	LEVALBUTEROL HCL	0.31MG/3ML	SOLUTION	PA	FAILURE OF AN ALBUTEROL PRODUCT
XOPENEX	*	LEVALBUTEROL HCL	0.63MG/3ML	SOLUTION	PA	FAILURE OF AN ALBUTEROL PRODUCT
XOPENEX	*	LEVALBUTEROL HCL	1.25MG/3ML	SOLUTION	PA	FAILURE OF AN ALBUTEROL PRODUCT
XOPENEX HFA		LEVALBUTEROL TARTRATE	45MCG	HFA AER AD	PA	MAX 2 INHALERS PER MONTH
X-VIATE	*	UREA	40%	CREAM		
X-VIATE	*	UREA	40%	GEL		
X-VIATE	*	UREA	40%	LOTION		
XYLOCAINE	*	LIDOCAINE HCL	2%	JELLY		
XYLOCAINE	*	LIDOCAINE HCL	5%	OINT.(GM)	QL	MAX 40GM EVERY 30 DAYS
XYLOCAINE	*	LIDOCAINE HCL	20MG/ML	SOLUTION		
XYLOCAINE	*	LIDOCAINE HCL	40MG/ML	SOLUTION		
XYREM		SODIUM OXYBATE	500MG/ML	SOLUTION	PA, SP	CRITERIA MUST BE MET
XYZAL	*	LEVOCETIRIZINE DIHYDROCHLORIDE	2.5MG/5ML	ORAL SOLN	PA	ALT: CLARITIN AND ZYRTEC
XYZAL	*	LEVOCETIRIZINE DIHYDROCHLORIDE	5MG	TABLET	QL	MAX ONE TABLET PER DAY
YASMIN	*	E. ESTRADIOL/ DROSPIRENONE	0.03-3MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
YAZ	*	E. ESTRADIOL/ DROSPIRENONE	0.02-3MG (24)	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
YODOXIN		IODOQUINOL	210MG	TABLET		
ZADITOR OTC	*	KETOTIFEN FUMARATE	0.025	DROPS		
ZANAFLEX	*	TIZANIDINE HCL	2MG	TABLET		
ZANAFLEX	*	TIZANIDINE HCL	4MG	TABLET		
ZANTAC	*	RANITIDINE HCL	150MG	CAPSULE		
ZANTAC	*	RANITIDINE HCL	300MG	CAPSULE		
ZANTAC	*	RANITIDINE HCL	15MG/ML	SYRUP		
ZANTAC	*	RANITIDINE HCL	150MG	TABLET		
ZANTAC	*	RANITIDINE HCL	300MG	TABLET		
ZARAH	*	ETHINYL ESTRADIOL/DROSPIRE	0.03-3MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZARONTIN	*	ETHOSUXIMIDE	250MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION

ZARONTIN	*	ETHOSUXIMIDE	250MG/5ML	ORAL SOLN	MDCH	MDCH CARVE OUT MEDICATION
ZAROXLYN	*	METOLAZONE	10MG	TABLET		
ZAROXLYN	*	METOLAZONE	2.5MG	TABLET		
ZAROXLYN	*	METOLAZONE	5MG	TABLET		
ZAVESCA		MIGLUSTAT	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ZEBETA	*	BISOPROLOL FUMARATE	10MG	TABLET		
ZEBETA	*	BISOPROLOL FUMARATE	5MG	TABLET		
ZEGERID OTC	*	OMEPRAZOLE/SODIUM BICARBONAT	20MG-1.1GM	CAPSULE	QL	MAX ONE CAPSULE PER DAY
ZELBORAF		VEMURAFENIB	240MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZEMPLAR	*	PARICALCITOL	1MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
ZEMPLAR	*	PARICALCITOL	2MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
ZEMPLAR	*	PARICALCITOL	4MCG	CAPSULE	QL	MAX ONE CAPSULE PER DAY
ZENCHENT	*	NORETHINDRONE-ETHINYL ESTRAD	0.4-0.035	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZENCHENT FE	*	NORETH-ETHINYL ESTRADIOL/ IRON	0.4-35(21)	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZENPEP		LIPASE/PROTEASE/ AMYLASE	10K/34K/55K	CAPSULE DR		
ZENPEP		LIPASE/PROTEASE/ AMYLASE	15K/51K/82K	CAPSULE DR		
ZENPEP		LIPASE/PROTEASE/ AMYLASE	20K/68K/109K	CAPSULE DR		
ZENPEP		LIPASE/PROTEASE/ AMYLASE	25K-85K-136K	CAPSULE DR		
ZENPEP		LIPASE/PROTEASE/ AMYLASE	2K-68K-109K	CAPSULE DR		
ZENPEP		LIPASE/PROTEASE/ AMYLASE	3K-10K-16K	CAPSULE DR		
ZENPEP		LIPASE/PROTEASE/ AMYLASE	5K-17K-27K	CAPSULE DR		
ZENZEDI	*	DEXTROAMPHETAMINE SULFATE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZENZEDI		DEXTROAMPHETAMINE SULFATE	2.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZENZEDI	*	DEXTROAMPHETAMINE SULFATE	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZENZEDI		DEXTROAMPHETAMINE SULFATE	7.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZEOSA	*	NORETH-ETHINYL ESTRADIOL/ IRON	0.4-35(21)	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZERIT	*	STAVUDINE	15MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ZERIT	*	STAVUDINE	20MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ZERIT	*	STAVUDINE	30MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ZERIT	*	STAVUDINE	40MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ZERIT	*	STAVUDINE	1MG/ML	SOLN RECON		
ZESTORETIC	*	LISINOPRIL/HCTZ	10-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
ZESTORETIC	*	LISINOPRIL/HCTZ	20-12.5MG	TABLET	QL	MAX ONE TABLET PER DAY
ZESTORETIC	*	LISINOPRIL/HCTZ	20-25MG	TABLET	QL	MAX TWO TABLETS PER DAY
ZESTRIL	*	LISINOPRIL	10MG	TABLET	QL	MAX ONE TABLET PER DAY
ZESTRIL	*	LISINOPRIL	2.5MG	TABLET	QL	MAX ONE TABLET PER DAY
ZESTRIL	*	LISINOPRIL	20MG	TABLET	QL	MAX ONE TABLET PER DAY

ZESTRIL	*	LISINOPRIL	30MG	TABLET	QL	MAX ONE TABLET PER DAY
ZESTRIL	*	LISINOPRIL	40MG	TABLET	QL	MAX ONE TABLET PER DAY
ZESTRIL	*	LISINOPRIL	5MG	TABLET	QL	MAX ONE TABLET PER DAY
ZETACET	*	SULFACETAMIDE NA/SULFUR	10-5%	CLEANSER		
ZETACET	*	SULFACETAMIDE NA/SULFUR	10-5%	CREAM		
ZETIA		EZETIMIBE	10MG	TABLET	PA	ALT: LIPITOR, MEVACOR, PRAVACHOL AND ZOCOR
ZIAC	*	BISOPROLOL/HCTZ	10-6.25MG	TABLET	QL	MAX ONE TABLET PER DAY
ZIAC	*	BISOPROLOL/HCTZ	2.5-6.25MG	TABLET	QL	MAX ONE TABLET PER DAY
ZIAC	*	BISOPROLOL/HCTZ	5-6.25MG	TABLET	QL	MAX ONE TABLET PER DAY
ZIAGEN		ABACAVIR SULFATE	20MG/ML	SOLUTION	MDCH	MDCH CARVE OUT MEDICATION
ZIAGEN	*	ABACAVIR SULFATE	300MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZITHROMAX		AZITHROMYCIN	250MG	CAPSULE	QL	
ZITHROMAX	*	AZITHROMYCIN	1G	PACKET	QL	MAX 1 PACKET PER FILL
ZITHROMAX	*	AZITHROMYCIN	100MG/5ML	SUSP RECON		
ZITHROMAX	*	AZITHROMYCIN	200MG/5ML	SUSP RECON		
ZITHROMAX	*	AZITHROMYCIN	250MG	TABLET		
ZITHROMAX	*	AZITHROMYCIN	500MG	TABLET		
ZITHROMAX	*	AZITHROMYCIN	600MG	TABLET		
Z-MAX		AZITHROMYCIN	2G/60ML	SUSP SR REC	QL	MAX 1 BOX PER FILL
ZOCOR	*	SIMVASTATIN	10MG	TABLET	QL	MAX ONE TABLET PER DAY
ZOCOR	*	SIMVASTATIN	20MG	TABLET	QL	MAX ONE TABLET PER DAY
ZOCOR	*	SIMVASTATIN	40MG	TABLET	QL	MAX ONE TABLET PER DAY
ZOCOR	*	SIMVASTATIN	5MG	TABLET	QL	MAX ONE TABLET PER DAY
ZOCOR	*	SIMVASTATIN	80MG	TABLET	QL	MAX ONE TABLET PER DAY
ZOFRAN	*	ONDANSETRON HCL	4MG/5ML	SOLUTION	AG	MAX AGE 10
ZOFRAN	*	ONDANSETRON HCL	4MG	TABLET	QL	MAX FOUR TABLETS PER DAY
ZOFRAN	*	ONDANSETRON HCL	8MG	TABLET	QL	MAX FOUR TABLETS PER DAY
ZOFRAN ODT	*	ONDANSETRON HCL	4MG	TABLET	QL	MAX 60 TABLETS/FILL
ZOFRAN ODT	*	ONDANSETRON HCL	8MG	TABLET	QL	MAX 60 TABLETS/FILL
ZOLINZA		VORINOSTAT	100MG	CAPSULE	PA, SP	CRITERIA MUST BE MET
ZOLOFT	*	SERTRALINE HCL	20MG/ML	ORAL CONC	MDCH	MDCH CARVE OUT MEDICATION
ZOLOFT	*	SERTRALINE HCL	100MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZOLOFT	*	SERTRALINE HCL	25MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZOLOFT	*	SERTRALINE HCL	50MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZOLPIMIST		ZOLPIDEM TARTRATE	5MG/SPRAY	SPRAY/PUMP	MDCH	MDCH CARVE OUT MEDICATION
ZOMIG	*	ZOLMITRIPTAN	5MG	NASAL SPRAY	PA	ALT: IMITREX NASAL SPRAY
ZOMIG	*	ZOLMITRIPTAN	2.5MG	TABLET	PA	ALT: AMERGE, IMITREX AND MAXALT

ZOMIG	*	ZOLMITRIPTAN	5MG	TABLET	PA	ALT: AMERGE, IMITREX AND MAXALT
ZOMIG ZMT	*	ZOLMITRIPTAN	2.5MG	TAB RAPDIS	PA	ALT: MAXALT MLT
ZOMIG ZMT	*	ZOLMITRIPTAN	5MG	TAB RAPDIS	PA	ALT: MAXALT MLT
ZONEGRAN	*	ZONISAMIDE	100MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ZONEGRAN	*	ZONISAMIDE	25MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ZONEGRAN	*	ZONISAMIDE	50MG	CAPSULE	MDCH	MDCH CARVE OUT MEDICATION
ZORPRIN	*	ASPIRIN	800MG	TABLET ER	PA	
ZOVIA 1-35E	*	ETHYNODIOL D-ETHINYL ESTRADIOR	1-0.035MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZOVIA 1-50E	*	ETHYNODIOL D-ETHINYL ESTRADIOR	1-0.050MG	TABLET	F, QL	FEMALES ONLY. MAX ONE PACK EVERY 28 DAYS
ZOVIRAX	*	ACYCLOVIR	200MG	CAPSULE		
ZOVIRAX		ACYCLOVIR	5%	CREAM	PA	ALT: ZOVIRAX OINTMENT
ZOVIRAX	*	ACYCLOVIR	5%	OINT.(GM)	QL	MAX 15GMS PER FILL
ZOVIRAX	*	ACYCLOVIR	200MG/5ML	ORAL SUSP		
ZOVIRAX	*	ACYCLOVIR	400MG	TABLET		
ZOVIRAX	*	ACYCLOVIR	800MG	TABLET		
ZUBSOLV		BUPRENORPHINE HCL/ NALOXONE H	1.4-0.36	TAB SL	MDCH	MDCH CARVE OUT MEDICATION
ZUBSOLV		BUPRENORPHINE HCL/ NALOXONE H	5.7-1.4MG	TAB SL	MDCH	MDCH CARVE OUT MEDICATION
ZUTRIPRO	*	HYDROCODONE/CHLORPHENIRAMIN	60-5-4MG/5ML	SOLUTION	QL	MAX 20MLS PER DAY
ZYBAN	*	BUPROPION HCL	150MG	TABLET	QL	MAX TWO TABLETS PER DAY
ZYFLO		ZILEUTON	600MG	TABLET	PA	ALT: SINGULAIR
ZYFLO CR		ZILEUTON	600MG	TBMP 12HR	PA	ALT: SINGULAIR
ZYLOPRIM	*	ALLOPURINOL	100MG	TABLET		
ZYLOPRIM	*	ALLOPURINOL	300MG	TABLET		
ZYMAXID	*	GATIFLOXACIN	0.5%	OPTIC	PA	ALT: CILOXAN, OCUFLOX AND QUIXIN
ZYPREXA	*	OLANZAPINE	20MG	ALL FORMS	MDCH	MDCH CARVE OUT MEDICATION
ZYPREXA	*	OLANZAPINE	10MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZYPREXA	*	OLANZAPINE	15MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZYPREXA	*	OLANZAPINE	2.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZYPREXA	*	OLANZAPINE	5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZYPREXA	*	OLANZAPINE	7.5MG	TABLET	MDCH	MDCH CARVE OUT MEDICATION
ZYPREXA ZYDIS	*	OLANZAPINE	10MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
ZYPREXA ZYDIS	*	OLANZAPINE	15MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
ZYPREXA ZYDIS	*	OLANZAPINE	20MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
ZYPREXA ZYDIS	*	OLANZAPINE	5MG	TAB RAPDIS	MDCH	MDCH CARVE OUT MEDICATION
ZYRTEC OTC	*	CETIRIZINE HCL	10MG	TABLET	QL	MAX TWO TABLETS PER DAY
ZYRTEC OTC	*	CETIRIZINE HCL	1MG/ML	ORAL SYRUP	QL	MAX 10MLS PER DAY
ZYRTEC OTC	*	CETIRIZINE HCL	10MG CHEW	TABLET	QL	MAX ONE TABLET PER DAY

ZYRTEC OTC	*	CETIRIZINE HCL	5MG	TABLET	QL	MAX ONE TABLET PER DAY
ZYRTEC OTC	*	CETIRIZINE HCL	5MG CHEW	TABLET	QL	MAX ONE TABLET PER DAY
ZYRTEC-D OTC	*	P-EPHED HCL/CETIRIZINE HCL	120-5MG	TAB ER 12HR	QL	MAX TWO TABLETS PER DAY
ZYVOX		LINEZOLID	100MG/5ML	SUSP RECON	PA	CRITERIA MUST BE MET
ZYVOX		LINEZOLID	600MG	TABLET	PA	CRITERIA MUST BE MET