2020 Medicaid List of Covered Drugs (Formulary)

Families and Children
MinnesotaCare
Minnesota Senior Care Plus (MSC+)
Special Needs BasicCare (SNBC)

Member Services: **1-866-431-0801** (toll free)
TTY: **1-800-627-3529** or **711** (toll free)
Monday – Friday, 8 a.m. – 8 p.m.

Website
www.primewest.org/members

Address
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308

The information included in this ***List of Covered Drugs*** was correct as of 10/01/2020. To see the most current information, visit our website at **www.primewest.org/members**. If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this Medicaid ***List of Covered Drugs*** at any time.

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Members must use network pharmacies to receive prescription drug benefits.

This list is subject to change and is not all-inclusive. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands, and mandatory generics whenever applicable. Note to existing members: This ***List of Covered Drugs*** has changed since last year. Please review this document to make sure that it still has the drugs you take. Please contact Member Services at the number listed on this page with questions.

If you have Medicare, you need to get most of your prescription drugs through the Medicare Prescription Drug Program (Medicare Part D). You must be enrolled in a Medicare prescription drug plan to get prescription drug benefits.

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DHS_Approved_12/19/2019

1-866-431-0801 (toll free); TTY **1-800-627-3529** or **711**

Attention. If you need free help interpreting this document, call the above number.

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ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ဟ်သူဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၢၤကလီလၢတၢ်ကကျိးထံဝဲဒဉ်လံာ် တီလံာ်မီတခါအံၤန့ဉ်, ကိးဘဉ်လီတဲစိနီၢ်ဂံၢ်လၢထးအံၤန့ဉ်တက့ၢ်.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ, ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

Civil Rights Notice

Discrimination is against the law. PrimeWest Health does not discriminate on the basis of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Auxiliary Aids and Services: PrimeWest Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 (toll free) or TTY 1-800-627-3529 or 711.**

Language Assistance Services: PrimeWest Health provides translated documents and spoken language interpreting, free of charge and in a timely manner, when language assistance services are necessary to ensure limited English speakers have meaningful access to our information and services. **Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 (toll free) or TTY 1-800-627-3529 or 711.**

Civil Rights Complaints

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You may contact any of the following four agencies directly to file a discrimination complaint.

U.S. Department of Health and Human Services' Office for Civil Rights (OCR)

You have the right to file a complaint with the OCR, a federal agency, if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- age
- disability
- sex
- religion (in some cases)

Contact the **OCR** directly to file a complaint:

Director
U.S. Department of Health and Human Services' Office for Civil Rights
200 Independence Avenue SW
Room 515F
HHH Building
Washington, DC 20201
Customer Response Center: Toll-free: 800-368-1019
TDD 800-537-7697
Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

In Minnesota, you have the right to file a complaint with the MDHR if you believe you have been discriminated against because of any of the following:

- race
- color
- national origin
- religion
- creed
- sex
- sexual orientation
- marital status
- public assistance status
- disability

Contact the **MDHR** directly to file a complaint:

Minnesota Department of Human Rights
540 Fairview Avenue North
Suite 201
St. Paul, MN 55104
651-539-1100 (voice)
800-657-3704 (toll free)
711 or 800-627-3529 (MN Relay)
651-296-9042 (fax)
Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

You have the right to file a complaint with DHS if you believe you have been discriminated against in our health care programs because of any of the following:

- race
- color
- national origin
- creed
- religion
- sexual orientation
- public assistance status
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)
- marital status
- political beliefs
- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information

Complaints must be in writing and filed within 180 days of the date you discovered the alleged discrimination. The complaint must contain your name and address and describe the discrimination you are complaining about. After we get your complaint, we will review it and notify you in writing about whether we have authority to investigate. If we do, we will investigate the complaint.

DHS will notify you in writing of the investigation's outcome. You have the right to appeal the outcome if you disagree with the decision. To appeal, you must send a written request to have DHS review the investigation outcome. Be brief and state why you disagree with the decision. Include additional information you think is important.

If you file a complaint in this way, the people who work for the agency named in the complaint cannot retaliate against you. This means they cannot punish you in any way for filing a complaint. Filing a complaint in this way does not stop you from seeking out other legal or administrative actions.

Contact **DHS** directly to file a discrimination complaint:

Civil Rights Coordinator
Minnesota Department of Human Services
Equal Opportunity and Access Division
P.O. Box 64997
St. Paul, MN 55164-0997
651-431-3040 (voice) or use your preferred relay service

PrimeWest Health Complaint Notice

You have the right to file a complaint with PrimeWest Health if you believe you have been discriminated against because of any of the following:

- medical condition
- health status
- receipt of health care services
- claims experience
- medical history
- genetic information
- disability (including mental or physical impairment)
- marital status
- age
- sex (including sex stereotypes and gender identity)
- sexual orientation
- national origin
- race
- color
- religion
- creed
- public assistance status
- political beliefs

You can file a complaint and ask for help in filing a complaint in person or by mail, phone, fax, or email at:

Rebecca Fuller
Civil Rights Coordinator
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308
Toll Free: 1-866-431-0801
TTY: 1-800-627-3529 or 711
Fax: 1-320-762-8750
Email: rebecca.fuller@primewest.org

American Indian Health Statement

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For elders age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

Important Information

What is a list of covered drugs?

A list of covered drugs includes the prescription drugs covered by PrimeWest Health. The drugs on the list are selected by PrimeWest Health with the help of a team of doctors and pharmacists. PrimeWest Health will generally cover the drugs listed in the list of covered drugs as long as the drug is medically necessary, the prescription is filled at a PrimeWest Health network pharmacy, and other requirements related to the drug are followed.

Does the list of covered drugs ever change?

The PrimeWest Health list of covered drugs can change during the course of a calendar year. If changes occur which will impact the coverage of a medication you are taking, PrimeWest Health will make reasonable efforts to contact you and your prescriber to inform you and your prescriber about the change and possible alternative medications which will be covered.

Examples of some changes that may occur are:

- A drug you are taking is no longer preferred
- A drug is removed from the list of covered drugs due to safety reasons
- Changes in prior authorization requirements

How are drugs listed in the ***List of Covered Drugs***?

All drugs are listed by category using their generic names. Categories are listed alphabetically, and then drugs are listed alphabetically in each category.

What is a Preferred Drug List?

In Minnesota, all managed care organizations are required to follow the Department of Human Services' Preferred Drug List (PDL). The PDL is created by the Department of Human Services, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are more or less cost effective. Generally, drugs that are listed on the PDL as preferred are more cost effective and drugs that are listed as non-preferred on the PDL are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs will require a prior authorization. To receive a non-preferred drug, your doctor or health care provider must get prior authorization. The Preferred Drug List is a portion of your PrimeWest Health ***List of Covered Drugs***. PrimeWest Health's ***List of Covered Drugs*** is a complete list of all covered drugs. The Preferred Drug List is available on the department's website: Minnesota Fee-for-Service Medicaid Preferred Drug List (**http://minnesota.magellanmedicaid.com/pdl.asp**).

What are generic or biosimilar drugs?

A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredient as the brand name drug and produces the same clinical effect as the brand name drug.

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to and has no clinically meaningful differences in terms of safety and effectiveness from an already-approved biological product. Biosimilar drugs are not the same as generic drugs, but, like generics, biosimilar drugs may offer more affordable treatment options for you.

Generic or biosimilar substitution means a generic version or biosimilar version of a drug is given instead of the brand name or non-biosimilar version of the drug.

PrimeWest Health will cover the brand name or non-biosimilar version of the drug only when:

1. Your prescriber informs PrimeWest Health in writing that the brand name or non-biosimilar version of the drug is medically necessary; OR
2. PrimeWest Health may prefer the dispensing of certain brand name version over the generic or non-biosimilar version over the biosimilar version of the drug; OR
3. Minnesota law requires the dispensing of the brand name or non-biosimilar version of the drug.

Within the ***List of Covered Drugs***, brand name drugs are capitalized (e.g., REPATHA) and generic drugs are listed in lower-case italics (e.g., *rosuvastatin*).

What are over-the-counter drugs?

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, PrimeWest Health may cover it.

What are specialty drugs?

Specialty drugs are used by people with complex or chronic diseases. These drugs often require special handling, dispensing, or monitoring by a specially-trained pharmacist.

If you are prescribed a drug that is on the PrimeWest Health Specialty Drug List, your prescriber will need to send the prescription of that specialty drug to PrimeWest Health's Specialty Pharmacy.

Name of Specialty Pharmacy: MedImpact Direct
Phone and TTY: **1-855-873-8739** (toll free; TTY **711**)
Fax: **1-888-783-1773**
Hours of Operation: Weekdays, 7 a.m. – 7 p.m.;
Saturday, 8 a.m. – 4 p.m.

You will also need to call the specialty pharmacy at **1-855-873-8739** (toll free; TTY **711**) to set up an account. You will need to have your PrimeWest Health member identification (ID) card when you call the specialty pharmacy.

What if a drug is not on the ***List of Covered Drugs***?

Not all drugs are covered. If a drug is not listed in the ***List of Covered Drugs***, you should contact Member Services at **1-866-431-0801** (toll free) or TTY **1-800-627-3529** or **711** and ask if the drug is covered. If not, it is considered a "non-formulary" drug. If you need a drug that is not included in the ***List of Covered Drugs***, we will cover it if your qualified health care provider shows us that: 1) the drug that is normally covered has caused a harmful reaction to you; 2) there is a reason to believe the drug that is normally covered would cause a harmful reaction; or 3) the drug prescribed by your qualified health care provider is more effective for you than the drug that is normally covered. The drug must be in a class of drugs that is covered.

If PrimeWest Health does not cover your drug, you can do one of these things:

- You can ask your health care provider if there is another covered drug that will work for you.
- You and/or your health care provider can ask PrimeWest Health to make an "exception" and cover the drug for you. If your exception request is approved, the drug will be covered at the appropriate generic or brand name copay.

Your health care provider can request a non-formulary drug by contacting PrimeWest Health's Pharmacy Benefit Manager at **1-877-391-9294** (toll free), 7 days a week, 24 hours a day. TTY users call **1-800-627-3529** or **711** (toll free). Or, he/she can submit a formulary exception request form. The form is available on our website at **www.primewest.org**. If you were receiving the prescribed non-formulary drug upon enrollment with us, up to a 34-day supply will be covered during the review process. You and your health care provider will be notified of the decision.

We will cover an antipsychotic drug, even if it is not on our drug list, if your provider certifies this is best for you. There is no copay for antipsychotic drugs. In certain cases, we will also cover other drugs used to treat a mental illness or emotional disturbance even if the drug is not on our approved drug list. We will do this for up to one year if your provider certifies the drug is best for you and you have been treated with the drug for 90 days before: 1) we removed the drug from our drug list; or 2) you enrolled in the plan.

If pharmacy staff tells you a drug is not covered and asks you to pay, ask them to call your qualified health care provider. We cannot pay you back if you pay for it. There may be another drug that will work that is covered. If the pharmacy won't call your qualified health care provider, you can. You can also call Member Services at **1-866-431-0801** (toll free) for help. TTY users call **1-800-627-3529** or **711** (toll free).

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior authorization:** PrimeWest Health requires you or your health care provider to get prior authorization for certain drugs. This means that you will need to get approval from PrimeWest Health before you fill your prescriptions. If you don't get approval, PrimeWest Health may not cover the drug.
- **Quantity limits:** For certain drugs, PrimeWest Health limits the amount of the drug that PrimeWest Health will cover.
- **Age requirements:** In some cases, there are age requirements for you to try certain drugs. A prior authorization is needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this ***List of Covered Drugs***. A drug restriction or limit can be removed if your doctor submits a statement or documentation supporting the request. Refer to your ***Member Handbook*** for more information. You can also get more information about the restrictions applied to specific covered drugs by contacting Member Services at **1-866-431-0801** (toll free) or TTY **1-800-627-3529** or **711** or by visiting our website at **www.primewest.org/members**.

Excluded drugs: Some drugs are excluded from the ***List of Covered Drugs***. Excluded drugs include the following:

- Drugs used to treat sexual or erectile dysfunction
- Drugs used to enhance fertility
- Drugs used for cosmetic purposes, including drugs to treat hair loss
- Drugs or products to promote weight loss
- Drugs not clinically proven to be effective
- Investigational or experimental drugs
- Medical cannabis

Can I request an exception to the coverage restrictions?

Yes. Your health care provider can obtain the ***Formulary Exception Form*** from **www.primewest.org/formularies** or by contacting Member Services at **1-866-431-0801** (toll free) or TTY **1-800-627-3529** or **711**. Your provider must return this form to the fax number or address listed on the document. To facilitate a thorough review and to ensure that your health care provider receives a response within 24 hours, PrimeWest Health asks that all information requested in the form be provided, including documentation of which medications have been tried and failed, including the dosages used, and the identified reason for failure (e.g., side effects).

What will a prescription cost?

All copay information for prescriptions is listed in the ***Member Handbook***. If you have additional questions, contact Member Services at **1-866-431-0801** (toll free) or TTY **1-800-627-3529** or **711** or by visiting our website at **www.primewest.org/members**.

List of Covered Drugs

Utilization Management Coverage Abbreviations

The Drug List includes coverage abbreviations. The following table explains the abbreviations used.

Symbol	Description
PA	Prior Authorization Restriction
QL	Quantity Limit Restriction
Age	Age Limit Restriction
SP	Specialty Drug

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
ALAVERT D-12 ALLERGY-SINUS TAB 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALL DAY ALLERGY-D 5-120 MG TAB 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALL DAY ALLERGY-D TABLET 12 HOUR 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALL DAY ALLERGY-D TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALL DAY ALLERGY-D TABLET INDOOR & OUTDOOR 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERCLEAR D-12HR TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERCLEAR D-24HR ER TABLET 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF D 12-HOUR TAB NON-DROWSY 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF D-12 TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF D-24HR TABLET 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF D-24HR TABLET INNER 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF D-24HR TABLET OUTER 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF-D 12 HOUR TAB NON-DROWSY, 12 HOUR 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF-D TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF-NASAL DECONG TB 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF-NASAL DECONG TB NON-DROWSY 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF-NASAL DECONG TB NON-DROWSY, 24 HR 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY-CONGES RELF ER TABLET 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY-CONGES RELF ER TABLET NON-DROWSY,24 HR RLF 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY-CONGEST RLF-D 24HR TAB 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY-CONGESTION RLF 12H TAB 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY-CONGESTION RLF 12H TAB NON-DROWSY, 12 HOUR 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLER-TEC D 5-120 MG TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
cetirizine-pse er 5-120 mg tab 12 hr relief 5-120 mg	PDL Preferred Generic	Age (Min 2 Years)

Drug	Status	Notes
cetirizine-pse er 5-120 mg tab 5-120 mg	PDL Preferred Generic	Age (Min 2 Years)
CLARINEX-D 12 HOUR TABLET 2.5-120 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day); Age (Min 2 Years)
CVS ALLERGY RELIEF D-24HR TAB 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
CVS ALLERGY RELIEF-D TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
CVS ALLERGY RELIEF-D12 TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
EQL ALL DAY ALLERGY-D TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
EQL ALLERGY-CONGEST RLF ER TAB 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
EQL ALLERGY-CONGESTION 12H TAB 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg	Non-PDL Generic	Age (Min 2 Years)
GNP ALL DAY ALLERGY-D TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
GNP ALLERGY-CONGES RELF ER TAB 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
GNP ALLERGY-CONGES RELF ER TAB NON-DROWSY,24 HR RLF 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
GNP LORATADINE-D 12 HOUR TAB 12 HOUR 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
GNP LORATADINE-D 24HR TABLET NON-DROWSY 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
HM ALLERGY COMPLETE-D TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
HM ALLERGY RLF-NASAL DECONG TB NON-DROWSY,24 HR RLF 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
HM ALLERGY-CONGESTION 12HR TAB NON-DROWSY, 12 HOUR 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
KRO ALLERGY-CONGEST RLF ER TAB 24 HOUR 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
LORATADINE-D 12 HOUR TABLET 12 HOUR 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
LORATADINE-D 12 HOUR TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
LORATADINE-D 24HR TABLET 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
LORATADINE-D 24HR TABLET 24 HR 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
LORATADINE-D 24HR TABLET NON-DROWSY 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
MEIJER ALL DAY ALLERGY-D TAB 12 HOUR 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
PUB ALLERGY RELIEF D-24HR TAB 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
PUB ALLERGY RELIEF-D TABLET INDOOR & OUTDOOR 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)

Drug	Status	Notes
QC LORATADINE-D 24HR TABLET NON-DROWSY 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
RA ALLERGY-CONGESTION 12HR TAB 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
RA ALLERGY-CONGESTION 12HR TAB NON-DROWSY 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
RA CETIRI-D ER TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
RA LORATA-D 24-HOUR TABLET 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
SEMPREX-D 8 MG-60 MG CAPSULE 8-60 MG	PDL Non-Preferred Brand	PA; Age (Min 2 Years)
SM ALL DAY ALLERGY-D TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
SM LORATA-DINE D 24HR TABLET 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
SM LORATADINE-D 12 HOUR TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
SM LORATADINE-D 12 HOUR TABLET NON-DROWSY, 12 HOURS 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
SW ALLERGY RELIEF-D TABLET 12 HOUR RELIEF 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-FEX D 24 HOUR 180-240 TAB ALLERGY/CONGEST 180-240 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-FEX D 24 HOUR 180-240 TAB ALLERGY/CONGEST,24HR 180-240 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-ITIN D 12 HOUR TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ITIN D 24 HOUR TABLET 10-240 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ZYR D TABLET 12 HR 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ZYR D TABLET 12 HR RELIEF 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ZYR D TABLET 5-120 MG	PDL Preferred Generic	Age (Min 2 Years)
Allergenic Extracts, Therapeutics		
GRASTEK 2,800 BAU SL TABLET INNER 2,800 BAU	Non-PDL Brand	PA
GRASTEK 2,800 BAU SL TABLET OUTER 2,800 BAU	Non-PDL Brand	PA
ODACTRA 12 SQ-HDM SL TABLET INNER 12 SQ-HDM	Non-PDL Brand	PA
ODACTRA 12 SQ-HDM SL TABLET OUTER 12 SQ-HDM	Non-PDL Brand	PA
ORALAIR 100 IR STARTER PACK 100 INDX REACTIVITY	Non-PDL Brand	PA
ORALAIR 300 IR ADULT SAMPLE KT 300 INDX REACTIVITY	Non-PDL Brand	PA
ORALAIR 300 IR STARTER PACK 300 INDX REACTIVITY	Non-PDL Brand	PA
ORALAIR 300 IR SUBLINGUAL TAB 300 INDX REACTIVITY	Non-PDL Brand	PA

Drug	Status	Notes
RAGWITEK SUBLINGUAL TABLET INNER 12 AMB A 1 UNIT	Non-PDL Brand	PA
RAGWITEK SUBLINGUAL TABLET OUTER 12 AMB A 1 UNIT	Non-PDL Brand	PA
Antihistamines - 1St Generation		
ALER-CAPS 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLER-CHLOR 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
ALLER-G-TIME 25 MG CAPLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY 25 MG CAPSULE MULTI-SYMPTOM 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY 25 MG SOFTGEL D/F, GLUTEN-FREE 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY 25 MG TABLET MINI-TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY 4 MG TABLET U-D 4 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY 50 MG/20 ML SOLUTION 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
ALLERGY RELIEF 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
ALLERGY RELIEF 25 MG CAPSULE 25 MG	Non-PDL Brand	Age (Min 2 Years)
ALLERGY RELIEF 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY RELIEF 25 MG SOFTGEL 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY RELIEF 25 MG SOFTGEL SOFTGEL 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY RELIEF 25 MG SOFTGEL SOFTGEL, D/F 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY RELIEF 4 MG TABLET 4 HOUR RELIEF 4 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY RELIEF 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
ALLERGY-TIME 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
BANOPHEN 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
BANOPHEN 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
BANOPHEN 50 MG CAPSULE 50 MG	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
BENADRYL 25 MG LIQUI-GELS D/F, LIQUI-GELS 25 MG	Non-PDL Brand	Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB 25 MG	Non-PDL Brand	Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB 25 MG	Non-PDL Generic	Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB ULTRATAB 25 MG	Non-PDL Brand	Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB ULTRATAB 25 MG	Non-PDL Generic	Age (Min 2 Years)
carbinoxamine 4 mg/5 ml liquid 4 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
carbinoxamine maleate 4 mg tab 4 mg	Non-PDL Generic	Age (Min 2 Years)
CHILD ALLERGY RLF 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD AURODRYL 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD BENADRYL 12.5 MG TB CHEW 12.5 MG	Non-PDL Brand	Age (Min 2 Years)
CHILD DIPHENHYDRAMIN 12.5 MG/5 INNER 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD DIPHENHYDRAMIN 12.5 MG/5 OUTER 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD DIPHENHYDRAMIN 25 MG/10 ML INNER 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD DIPHENHYDRAMIN 25 MG/10 ML OUTER 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S ALLERGY 12.5 MG/5 ML A/F,CHERRY 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S ALLERGY 12.5 MG/5 ML A/F,CHERRY,CHILD 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S BENADRYL 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Brand	Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML A/F, CHERRY 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML A/F,10X5ML,CHERRY 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML A/F,S/F,D/F,BUBB GUM 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML CHILDREN,A/F,CHERRY 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML S/F, A/F,SINGLE DOSE 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML S/F,A/F, SINGLE DOSE 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD'S WAL-DRYL ALLERGY ODT CHERRY 12.5 MG	Non-PDL Generic	Age (Min 2 Years)
CHILD'S WAL-DRYL ALLERGY ODT GRAPE 12.5 MG	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
CHLD ALLRGY RLF 12.5 MG CHEW TB 12.5 MG	Non-PDL Generic	Age (Min 2 Years)
CHLORHIST 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
chlorpheniramine 4 mg tablet 24's 4 mg	Non-PDL Generic	Age (Min 2 Years)
chlorpheniramine 4 mg tablet 4 mg	Non-PDL Generic	Age (Min 2 Years)
chlorpheniramine 4 mg tablet u-d 4 mg	Non-PDL Generic	Age (Min 2 Years)
chlorpheniramine 4 mg tablet u-d, 250's 4 mg	Non-PDL Generic	Age (Min 2 Years)
chlorpheniramine er 12 mg tab 12 mg	Non-PDL Generic	Age (Min 2 Years)
CHLOR-TRIMETON ALLERGY 4 MG	Non-PDL Brand	Age (Min 2 Years)
clemastine fum 2.68 mg tab 2.68 mg	Non-PDL Generic	Age (Min 2 Years)
COMPLETE ALLERGY 25 MG CAPLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
COMPLT ALLERGY MED 25 MG CP 25 MG	Non-PDL Generic	Age (Min 2 Years)
CVS ALLERGY 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
CVS ALLERGY 25 MG SOFTGEL D/F,SOFTGEL 25 MG	Non-PDL Generic	Age (Min 2 Years)
CVS ALLERGY 50 MG/20 ML LIQ MAXIMUM STRENGTH 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CVS ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
CVS ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
CVS ALLERGY RELIEF 25 MG TAB 25 MG	Non-PDL Generic	Age (Min 2 Years)
CVS ALLERGY RELIEF 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
CVS CHILD ALLERGY 12.5 MG ODT 12.5 MG	Non-PDL Generic	Age (Min 2 Years)
CVS CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
cyproheptadine 2 mg/5 ml soln 2 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
cyproheptadine 2 mg/5 ml syrup 2 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
cyproheptadine 4 mg tablet 4 mg	Non-PDL Generic	Age (Min 2 Years)
DAYHIST ALLERGY 1.34 MG TABLET 12 HR RELIEF 1.34 MG	Non-PDL Generic	Age (Min 2 Years)
DIPHEDRYL 12.5 MG/5 ML ELIXIR 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
DIPHEDRYL ALLERGY CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
DIPHEN 12.5 MG/5 ML ELIXIR 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
DIPHEN 25 MG CAPLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
DIPHENHIST 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 12.5 mg/5 ml (otc) 12.5 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 12.5 mg/5 ml 12.5 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 12.5 mg/5 ml a/f 12.5 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg caplet caplet 25 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg capsule (otc) 25 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg capsule u-d (otc) 25 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg capsule u-d, 10x10 (otc) 25 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg tablet 25 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg tablet inner 25 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg tablet outer 25 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg/10 ml 12.5 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 50 mg capsule (otc) 50 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 50 mg capsule u-d (otc) 50 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 50 mg capsule u-d, 10x10 (otc) 50 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine cough syrup 12.5 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
ED CHLORPED JR SYRUP 2 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
EQ ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
EQ ALLERGY RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG ODT CHERRY 12.5 MG	Non-PDL Generic	Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG/5 ML A/F, D/F, BUBBLE GUM 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG/5 ML A/F,CHERRY 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG/5 ML CHILDREN,A/F,CHERRY 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
EQ CHLORTABS 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
EQL ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
EQL ALLERGY 25 MG TABLET MINI-TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
EQL ALLERGY 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
EQL ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
EQL CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
GERI-DRYL 12.5 MG/5 ML LIQUID 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
GERI-DRYL 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
GNP ALLERGY 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
GNP ALLERGY 25 MG SOFTGEL D/F, GLUTEN-FREE 25 MG	Non-PDL Generic	Age (Min 2 Years)
GNP ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
GNP ALLERGY 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
GNP ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
GNP CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
GNP DAYHIST ALLERGY 1.34 MG TB 12 HR RELIEF 1.34 MG	Non-PDL Generic	Age (Min 2 Years)
GNP DIPHEDRYL 12.5 MG/5 ML ELX 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
GNP DIPHEDRYL ALLERGY CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
GS ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
GS ALLERGY RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
GS ALLERGY RELIEF 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
GS CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
HM ALLERGY 25 MG CAPSULE MULTI-SYMPTOM 25 MG	Non-PDL Generic	Age (Min 2 Years)
HM ALLERGY 25 MG TABLET MINITABS 25 MG	Non-PDL Generic	Age (Min 2 Years)
HM ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
HM ALLERGY RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
HM ALLERGY RELIEF 4 MG TABLET 4 HOUR, GLUTEN-FREE 4 MG	Non-PDL Generic	Age (Min 2 Years)
HM CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
HM CHILD ALLERGY 12.5 MG/5 ML A/F,CHERRY 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine 10 mg/5 ml soln 10 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine 10 mg/5 ml syrup 10 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 10 mg tablet coated 10 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 10 mg tablet coated,u-d,10x10 10 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 10 mg tablet f/c 10 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 10 mg tablet f/c,10x10,u-d,inner 10 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 10 mg tablet f/c,10x10,u-d,outer 10 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 25 mg tablet 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 25 mg tablet coated 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 25 mg tablet coated,u-d,10x10 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 25 mg tablet f/c 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 25 mg tablet f/c,10x10,u-d,inner 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 25 mg tablet f/c,10x10,u-d,outer 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 50 mg tablet 50 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 50 mg tablet coated 50 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 50 mg tablet f/c 50 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 50 mg tablet f/c,10x10,u-d,inner 50 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 50 mg tablet f/c,10x10,u-d,outer 50 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 100 mg cap 100 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 25 mg cap 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 25 mg cap inner 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 25 mg cap outer 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 25 mg cap u-d, 10x10, inner 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 25 mg cap u-d, outer, 10x10 25 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 50 mg cap 50 mg	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
hydroxyzine pam 50 mg cap u-d, 10x10, inner 50 mg	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 50 mg cap u-d, outer, 10x10 50 mg	Non-PDL Generic	Age (Min 2 Years)
KRO ALLERGY 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
KRO ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
KRO ALLERGY 25 MG TABLET GLUTEN FREE 25 MG	Non-PDL Generic	Age (Min 2 Years)
KRO CHILD ALLERGY 12.5 MG/5 ML A/F, CHERRY 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
KRO CHILD ALLERGY 12.5 MG/5 ML CHERRY, GLUTEN-F,A/F 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
M-DRYL 12.5 MG/5 ML SOLUTION 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
MICLARA LQ 1.25 MG/5 ML SYRUP 1.25 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
NARAMIN 12.5 MG ORAL SOLUTION 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
NIGHT ALLERGY RLF 25 MG CAPLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
PHARBECHLOR 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
PHARBEDRYL 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
PHARBEDRYL 50 MG CAPSULE 50 MG	Non-PDL Generic	Age (Min 2 Years)
promethazine 12.5 mg tablet 10x10,u-d,inner 12.5 mg	Non-PDL Generic	Age (Min 2 Years)
promethazine 12.5 mg tablet 10x10,u-d,outer 12.5 mg	Non-PDL Generic	Age (Min 2 Years)
promethazine 12.5 mg tablet 12.5 mg	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg tablet 10x10, inner 25 mg	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg tablet 10x10, outer 25 mg	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg tablet 25 mg	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg/ml syringe carpuject,l/l,10's 25 mg/ml	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg/ml syringe l/l,10's 25 mg/ml	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg/ml vial 25's,inner 25 mg/ml	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg/ml vial 25's,outer 25 mg/ml	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg/ml vial inner, latex-free 25 mg/ml	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg/ml vial outer, latex-free 25 mg/ml	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
promethazine 50 mg tablet 50 mg	Non-PDL Generic	Age (Min 2 Years)
promethazine 50 mg/ml vial 25's,inner 50 mg/ml	Non-PDL Generic	Age (Min 2 Years)
promethazine 50 mg/ml vial 25's,outer 50 mg/ml	Non-PDL Generic	Age (Min 2 Years)
promethazine 50 mg/ml vial inner, latex-f, sdv 50 mg/ml	Non-PDL Generic	Age (Min 2 Years)
promethazine 50 mg/ml vial outer, latex-f, sdv 50 mg/ml	Non-PDL Generic	Age (Min 2 Years)
promethazine 6.25 mg/5 ml soln 6.25 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
promethazine 6.25 mg/5 ml syrp 6.25 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
PUB ALLERGY 12.5 MG/5 ML LIQ A/F,CHERRY FLAVOR 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
PUB ALLERGY 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
PUB ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
PUB ALLERGY 25 MG TABLET EASY TO SWALLOW 25 MG	Non-PDL Generic	Age (Min 2 Years)
PUB DAYHIST ALLERGY 1.34 MG TB 12HR RELIEF 1.34 MG	Non-PDL Generic	Age (Min 2 Years)
QC CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
qc chlorpheniramine 4 mg tab 4 mg	Non-PDL Generic	Age (Min 2 Years)
QC COMPLETE ALLERGY 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
QC COMPLETE ALLERGY 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
QC COMPLETE ALLERGY 25 MG CPLT CAPLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
QC COMPLETE ALLERGY 25 MG CPLT CAPLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
RA ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
RA ALLERGY MED 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
RA ALLERGY MED 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
RA ALLERGY MED 25 MG TABLET COATED MINITABS 25 MG	Non-PDL Generic	Age (Min 2 Years)
RA ALLERGY MED CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
RA ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
RA ALLERGY RELIEF 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
RA CHILD ALLERGY 12.5 MG ODT CHERRY 12.5 MG	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
RA CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
RA CHILD ALLERGY 12.5 MG/5 ML CHERRY, A/F 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
ra chlorpheniramine 4 mg tab 4 mg	Non-PDL Generic	Age (Min 2 Years)
RA COMPLETE ALLERGY 25 MG CPLT COATED CAPLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
RA DIPHEDRYL 12.5 MG/5 ML ELIX A/F 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
RA DIPHEDRYL 12.5 MG/5 ML LIQ 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
SILADRYL 12.5 MG/5 ML LIQUID A/F, S/F 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
SM ALLERGY 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
SM ALLERGY 4-HR 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
SM ALLERGY RELIEF 1.34 MG TAB 1.34 MG	Non-PDL Generic	Age (Min 2 Years)
SM ALLERGY RELIEF 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
SM ALLERGY RELIEF 12.5 MG/5 ML CHILDREN'S, CHERRY 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
SM ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
SM ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	Age (Min 2 Years)
SM ALLERGY RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
SM ALLERGY RELIEF 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
SM CHILD ALLERGY 12.5 MG/5 ML DYE-FREE, BUBBLEGUM 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
TOTAL ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-DRYL ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
WAL-DRYL ALLERGY 12.5 MG/5 ML CHILDREN,A/F,S/F,D/F 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
WAL-DRYL ALLERGY 12.5 MG/5 ML CHILDREN'S,A/F 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG CAPSULE 25 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG CAPSULE GLUTEN-FREE 25 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG MINITAB 25 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG MINITAB COATED,GLUTEN-FREE 25 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG MINITAB MINITAB, COATED 25 MG	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
WAL-DRYL ALLERGY 25 MG SOFTGEL LIQUID GEL, D/F 25 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-FINATE 4 MG TABLET 4 MG	Non-PDL Generic	Age (Min 2 Years)
Antihistamines - 2Nd Generation		
24HOUR ALLERGY 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
24HR ALLERGY(LEVOCETIRZN) 5 MG 5 MG	PDL Preferred Generic	Age (Min 2 Years)
ALAVERT 10 MG ODT 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALAVERT 10 MG ODT CITRUS BURST,12-FREE 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALAVERT 10 MG ODT CITRUS BURST,24 HOUR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALL DAY ALLERGY 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 24 HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERCLEAR 10 MG TABLET NON-DROWSY, 24HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY (LORATADINE) 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF 10 MG ODT NON-DROWSY 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET 24 HOUR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET NON-DROWSY,24 HOUR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RELIEF 5 MG/5 ML SOLN A/F 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
ALLERGY RLF (CETRZN) 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
ALLER-TEC 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 1 mg/ml soln (otc) 1 mg/ml	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 1 mg/ml soln (rx) 1 mg/ml	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 1 mg/ml soln children, s/f, grape (otc) 1 mg/ml	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml	PDL Preferred Generic	Age (Min 2 Years)

Drug	Status	Notes
cetirizine hcl 1 mg/ml syrup (rx) 1 mg/ml	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 1 mg/ml syrup grape (rx) 1 mg/ml	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 10 mg chew tab inner 10 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 10 mg chew tab outer 10 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 10 mg tablet 10 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner 10 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer 10 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 10 mg tablet indoor & outdoor 10 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 10 mg tablet indoor/outdoor 24 hr 10 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 10 mg tablet indoor/outdoor 24hr 10 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 10 mg tablet indoor-outdoor,24hr 10 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 5 mg chew tab children's, inner 5 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 5 mg chew tab children's,outer,u-d 5 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 5 mg tablet 5 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 5 mg tablet indoor & outdoor 5 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 5 mg tablet indoor/outdoor, 24hr 5 mg	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 5 mg/5 ml soln inner 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
cetirizine hcl 5 mg/5 ml soln outer 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML BUBBLE GUM 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML CHILDREN'S, GRAPE 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML CHILDREN'S,GRAPE 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML GLUTEN-FREE 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD ALLERGY 5 MG/5 ML SOLN 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD ALLERGY RELIEF 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)

Drug	Status	Notes
CHILD ALLERGY RELIEF 5 MG/5 ML 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD CETIRIZINE 10 MG CHEW TB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CHILD CETIRIZINE 10 MG CHEW TB CHEWABLE, ALLERGY 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CHILD CETIRIZINE 5 MG CHEW TAB 5 MG	PDL Preferred Generic	Age (Min 2 Years)
CHILD CETIRIZINE HCL 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD CETIRIZINE HCL 1 MG/ML A/F,S/F,CHILDREN'S 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD CLARITIN 5 MG/5 ML SOLN 5 MG/5 ML	Non-PDL Brand	Age (Min 2 Years)
CHILD CLARITIN 5 MG/5 ML SOLN A/F,D/F,S/F,GRAPE 5 MG/5 ML	Non-PDL Brand	Age (Min 2 Years)
CHILD CLARITIN 5 MG/5 ML SOLN D/F,2YRS OLDER,GRAPE 5 MG/5 ML	Non-PDL Brand	Age (Min 2 Years)
CHILD CLARITIN 5 MG/5 ML SOLN D/F,S/F,A/F,GRAPE 5 MG/5 ML	Non-PDL Brand	Age (Min 2 Years)
CHILD LORATADINE 5 MG TAB CHEW 5 MG	Non-PDL Generic	Age (Min 2 Years)
child loratadine 5 mg/5 ml sol 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
child loratadine 5 mg/5 ml syr 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
child loratadine 5 mg/5 ml syr grape, s/f 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
child loratadine 5 mg/5 ml syr s/f, a/f, gluten/f 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
CHILD WAL-ITIN 5 MG/5 ML SOLN 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD WAL-ITIN 5 MG/5 ML SYRUP 24 HR,D/F,A/F,GRAPE 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION CHERRY 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION GRAPE 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION S/F, A/F, GRAPE 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION S/F, D/F, BUBBLE GUM 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CHILD ZYRTEC 1 MG/ML SOLUTION 1 MG/ML	Non-PDL Brand	Age (Min 2 Years)
CHILD ZYRTEC 1 MG/ML SOLUTION D/F,S/F,GRAPE 1 MG/ML	Non-PDL Brand	Age (Min 2 Years)
CHILD'S WAL-ZYR 10 MG CHEW TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CLARINEX 5 MG TABLET F/C 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day); Age (Min 2 Years)
CLARITIN 10 MG REDITABS 10 MG	Non-PDL Brand	Age (Min 2 Years)
CLARITIN 10 MG TABLET (OTC) 10 MG	Non-PDL Brand	Age (Min 2 Years)

Drug	Status	Notes
CLARITIN 10 MG TABLET (OTC) 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CLARITIN 10 MG TABLET NON-DROWSY (OTC) 10 MG	Non-PDL Brand	Age (Min 2 Years)
CLARITIN 10 MG TABLET NON-DROWSY (OTC) 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CLARITIN 5 MG/5 ML SYRUP A/F,D/F 5 MG/5 ML	Non-PDL Brand	Age (Min 2 Years)
CVS ALLERGY (CETRZN) 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CVS ALLERGY (CETRZN) 10 MG TAB INDOOR/OUTDOOR, 24HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB INNER 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB NON-DROWSY,24 HOUR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB OUTER 10 MG	PDL Preferred Generic	Age (Min 2 Years)
CVS ALLERGY RELIEF 5 MG TABLET 5 MG	PDL Preferred Generic	Age (Min 2 Years)
CVS ALLERGY RELIEF 5 MG/5 ML A/F, S/F. GLUTEN/F 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
CVS ALLERGY RELIEF 5 MG/5 ML CHILDREN'S,NON-DRWSY 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
CVS CHILD ALLERGY RELF 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CVS CHILD ALLERGY RELF 1 MG/ML S/F,A/F, DYE-FREE 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
CVS CHILD ALLERGY RLF 5 MG CHW 5 MG	Non-PDL Generic	Age (Min 2 Years)
desloratadine 2.5 mg odt inner 2.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
desloratadine 2.5 mg odt outer 2.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
desloratadine 5 mg odt inner 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
desloratadine 5 mg odt outer 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
desloratadine 5 mg tablet 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
desloratadine 5 mg tablet f/c 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
EQ ALLERGY (LORAT) 10 MG TAB INNER 10 MG	PDL Preferred Generic	Age (Min 2 Years)

Drug	Status	Notes
EQ ALLERGY (LORAT) 10 MG TAB OUTER 10 MG	PDL Preferred Generic	Age (Min 2 Years)
EQ ALLERGY RELIEF 1 MG/ML SOLN 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET INDOOR/OUTDOOR, 24HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	PDL Preferred Generic	Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET NON-DROWSY, 24 HOUR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET NON-DROWSY,24 HOUR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
EQ CHILD ALLERGY 5 MG/5 ML SOL 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
EQ CHILD ALLERGY RELF 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
EQ CHILD ALLERGY RELF 1 MG/ML S/F, A/F, D/F 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
EQ CHILD ALLERGY RELIEF SOLN D/F,NON-DROWSY,GRAPE 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
EQL ALL DAY ALLERGY 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
EQL ALLERGY RELIEF 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
EQL CHLD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
EQL CHLD ALL DAY ALLER 1 MG/ML CHILDREN'S,GRAPE 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
GNP ALL DAY ALLERGY 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
GNP ALL DAY ALLERGY 10 MG TAB INDOOR/OUTDOOR 24 HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
GNP ALLERGY RELF 5 MG/5 ML SLN A/F 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
GNP CHLD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
GNP CHLD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
GNP CHLD ALL DAY ALLER 1 MG/ML BUBBLE GUM 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
gnp chld loratadine 5 mg/5 ml 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
gnp chld loratadine 5 mg/5 ml s/f, a/f, gluten/f 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
gnp loratadine 10 mg tablet 10 mg	PDL Preferred Generic	Age (Min 2 Years)
gnp loratadine 10 mg tablet 24 hour, non-drowsy 10 mg	PDL Preferred Generic	Age (Min 2 Years)

Drug	Status	Notes
gnp loratadine 10 mg tablet non-drowsy 10 mg	PDL Preferred Generic	Age (Min 2 Years)
gnp loratadine 10 mg tablet non-drowsy, 24hr 10 mg	PDL Preferred Generic	Age (Min 2 Years)
gnp loratadine 5 mg/5 ml syrup non-drowsy 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
GS ALL DAY ALLERGY 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
GS ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
GS ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	PDL Preferred Generic	Age (Min 2 Years)
GS CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
HM ALL DAY ALLERGY 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
HM ALL DAY ALLERGY 10 MG TAB INDOOR/OUTDOOR 24 HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
HM ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
HM CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
HM CHILD CETIRIZINE 1 MG/ML D/F, S/F, BUBBLEGUM 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
HM CHILD CETIRIZINE 1 MG/ML D/F,GRAPE,S/F,GLUT-F 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
hm child loratadine 5 mg/5 ml 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
hm child loratadine 5 mg/5 ml a/f, s/f, grape 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
hm loratadine 10 mg tablet 10 mg	PDL Preferred Generic	Age (Min 2 Years)
KRO ALL DAY ALLERGY 10 MG TAB GLUTEN-FREE, 24 HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
KRO ALLERGY RELIEF 10 MG TAB NON-DROWSY,GLUTEN-F 10 MG	PDL Preferred Generic	Age (Min 2 Years)
KRO CHILD ALLERGY RELIEF SOLN D/F, S/F, GRAPE 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
KRO CHLD ALL DAY ALLER 1 MG/ML 24HR, GLUTEN-F, S/F 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
KRO CHLD ALL DAY ALLER 1 MG/ML D/F,GLUTEN-F,S/F,24H 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
levocetirizine 2.5 mg/5 ml sol 2.5 mg/5 ml	PDL Preferred Generic	QL (10 ML per 1 day); Age (Min 2 Years)
levocetirizine 5 mg tablet (otc) 5 mg	PDL Preferred Generic	Age (Min 2 Years)
levocetirizine 5 mg tablet (rx) 5 mg	PDL Preferred Generic	Age (Min 2 Years)
levocetirizine 5 mg tablet f/c (rx) 5 mg	PDL Preferred Generic	Age (Min 2 Years)
LORADAMED 10 MG TABLET INNER 10 MG	PDL Preferred Generic	Age (Min 2 Years)

Drug	Status	Notes
LORADAMED 10 MG TABLET OUTER 10 MG	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg odt non-drowsy 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg odt non-drowsy, citrus 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg tablet 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg tablet 10x10, outer 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg tablet 10x10,u-d,inner 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg tablet 10x10,u-d,outer 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg tablet 24 hour, non-drowsy 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg tablet inner 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg tablet non-drowsy 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg tablet non-drowsy, 24 hour 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg tablet non-drowsy, 24hr 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 10 mg tablet outer 10 mg	PDL Preferred Generic	Age (Min 2 Years)
loratadine 5 mg/5 ml syrup children's 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
loratadine 5 mg/5 ml syrup children's, a/f, d/f 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
loratadine allergy 5 mg/5 ml d/f, a/f, s/f 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
PUB ALLERGY RELIEF 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
PUB ALLERGY RELIEF 10 MG TAB 24 HR,INDOOR/OUTDOOR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
PUB ALLERGY RELIEF 10 MG TAB INDOOR & OUTDOOR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
PUB ALLERGY RELIEF 10 MG TAB NON-DROWSY 10 MG	PDL Preferred Generic	Age (Min 2 Years)
PUB CHILDREN'S ALLERGY 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
QC ALL DAY ALLERGY 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
QC CHILDREN'S ALLERGY 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
qc loratadine 10 mg tablet non-drowsy 10 mg	PDL Preferred Generic	Age (Min 2 Years)
RA ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
RA ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)

Drug	Status	Notes
ra cetirizine hcl 10 mg tablet 10 mg	PDL Preferred Generic	Age (Min 2 Years)
RA CHILD ALLERGY 5 MG/5 ML SOL 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
RA CHILD ALLERGY RELF 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
RA CHILD ALLERGY RLF 5 MG CHEW 5 MG	Non-PDL Generic	Age (Min 2 Years)
ra loratadine 10 mg tablet non-drowsy 10 mg	PDL Preferred Generic	Age (Min 2 Years)
SM ALL DAY ALLERGY 1 MG/ML SYR 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
SM ALL DAY ALLERGY 10 MG TAB 10 MG	PDL Preferred Generic	Age (Min 2 Years)
SM ALL DAY ALLERGY 10 MG TAB INDOOR/OUTDOOR 24 HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
SM ALLERGY RELIEF 10 MG ODT NON-DROWSY 10 MG	PDL Preferred Generic	Age (Min 2 Years)
SM ALLERGY RELIEF 10 MG ODT NON-DROWSY, 24HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
SM CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
SM CHILD ALL DAY ALLER 1 MG/ML CHERRY 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
SM CHILD ALL DAY ALLER 1 MG/ML D/F, S/F, A/F BUBBLE 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
SM CHILD ALL DAY ALLER 1 MG/ML GRAPE 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
SM CHILD ALL DAY ALLER 1 MG/ML S/F, GRAPE 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
SM CHILD ALLERGY 5 MG/5 ML SOL 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
sm child loratadine 5 mg/5 ml s/f, a/f, gluten/f 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
sm loratadine 10 mg odt non-drowsy, 24hr 10 mg	PDL Preferred Generic	Age (Min 2 Years)
sm loratadine 10 mg tablet 10 mg	PDL Preferred Generic	Age (Min 2 Years)
sm loratadine 10 mg tablet non-drowsy 10 mg	PDL Preferred Generic	Age (Min 2 Years)
sm loratadine 10 mg tablet non-drowsy,gluten-f 10 mg	PDL Preferred Generic	Age (Min 2 Years)
sm loratadine 5 mg/5 ml syrup 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
sm loratadine 5 mg/5 ml syrup d/f 5 mg/5 ml	PDL Preferred Generic	Age (Min 2 Years)
SW ALLERGY RELIEF 10 MG TAB 24 HOUR RELIEF 10 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ITIN 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY 10 MG	PDL Preferred Generic	Age (Min 2 Years)

Drug	Status	Notes
WAL-ITIN 10 MG TABLET NON-DROWSY, + 30 10 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY, 24 HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY, 24HR 10 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY,24 HR RLF 10 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ITIN 5 MG/5 ML SYRUP CHILDREN'S, GRAPE 5 MG/5 ML	PDL Preferred Generic	Age (Min 2 Years)
WAL-ZYR 10 MG TABLET 10 MG	PDL Preferred Generic	Age (Min 2 Years)
WAL-ZYR SOLUTION CHILDREN'S 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
WAL-ZYR SOLUTION CHILDREN'S, A/F 1 MG/ML	PDL Preferred Generic	Age (Min 2 Years)
Nasal Antihistamine		
azelastine 0.1% (137 mcg) spry 137 mcg (0.1 %)	PDL Preferred Generic	QL (60 ML per 30 days)
azelastine 0.15% nasal spray 0.15 % (205.5 mcg)	PDL Preferred Generic	QL (60 ML per 30 days)
olopatadine 665 mcg nasal spry 0.6 %	PDL Non-Preferred Generic	PA; QL (30.5 GM per 30 days)
PATANASE 665 MCG NASAL SPRAY 0.6 %	PDL Non-Preferred Brand	PA; QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
DYMISTA NASAL SPRAY 137-50 MCG/SPRAY	PDL Non-Preferred Brand	PA; QL (23 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
24 HOUR ALLERGY 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
ALLER-FLO 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
ALLER-FLO 50 MCG SPRAY INNER 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
ALLER-FLO 50 MCG SPRAY OUTER 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
BECONASE AQ 0.042% SPRAY 42 MCG (0.042 %)	PDL Non-Preferred Brand	PA; QL (25 GM per 30 days)
budesonide 32 mcg nasal spray (otc) 32 mcg/actuation	PDL Non-Preferred Generic	PA
CLARISPRAY 50 MCG NASAL SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
cvs budesonide 32 mcg spray (otc) 32 mcg/actuation	PDL Non-Preferred Generic	PA
cvs fluticasone prop 50 mcg (otc) 50 mcg/actuation	PDL Preferred Generic	QL (16 GM per 30 days)

Drug	Status	Notes
EQ ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
eql fluticasone prop 50 mcg (otc) 50 mcg/actuation	PDL Preferred Generic	QL (16 GM per 30 days)
flunisolide 0.025% spray 25 mcg (0.025 %)	PDL Non-Preferred Generic	PA; QL (25 ML per 30 days)
fluticasone prop 50 mcg spray (otc) 50 mcg/actuation	PDL Preferred Generic	QL (16 GM per 30 days)
fluticasone prop 50 mcg spray (rx) 50 mcg/actuation	PDL Preferred Generic	QL (16 GM per 30 days)
fluticasone prop 50 mcg spray 120 dose, aqueous (rx) 50 mcg/actuation	PDL Preferred Generic	QL (16 GM per 30 days)
fluticasone prop 50 mcg spray 120 metered sprays (rx) 50 mcg/actuation	PDL Preferred Generic	QL (16 GM per 30 days)
gnp budesonide 32 mcg spray (otc) 32 mcg/actuation	PDL Non-Preferred Generic	PA
gnp fluticasone prop 50 mcg sp (otc) 50 mcg/actuation	PDL Preferred Generic	QL (16 GM per 30 days)
HM ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
KRO 24HR ALLERGY RLF 50 MCG SPR 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
mometasone furoate 50 mcg spry 50 mcg/actuation	PDL Preferred Generic	QL (17 GM per 30 days)
NASONEX 50 MCG NASAL SPRAY SCENT-FREE 50 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (17 GM per 30 days)
OMNARIS 50 MCG NASAL SPRAY 50 MCG	PDL Non-Preferred Brand	PA; QL (5 GM per 12 days)
QC ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
qc fluticasone prop 50 mcg (otc) 50 mcg/actuation	PDL Preferred Generic	QL (16 GM per 30 days)
QNASL 80 MCG NASAL SPRAY 80 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (10.6 GM per 30 days)
QNASL CHILDREN'S 40 MCG SPRAY 40 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (6.8 GM per 30 days)
ra budesonide 32 mcg spray (otc) 32 mcg/actuation	PDL Non-Preferred Generic	PA
SM ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	QL (16 ML per 30 days)
TICANASE KIT 50 MCG- 0.9 %	PDL Non-Preferred Brand	PA
TICASPRAY KIT 50 MCG- 0.9 %	PDL Non-Preferred Brand	PA
XHANCE 93 MCG EXHALATION DELIVERY NASAL SPRAY EXHALATION DELIVERY 93 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (32 ML per 30 days)
XHANCE 93 MCG EXHALATION DELIVERY NASAL SPRAY SAMPLE 93 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (32 ML per 30 days)

Drug	Status	Notes
ZETONNA 37 MCG NASAL SPRAY 37 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (6.1 GM per 30 days)
Nasal Mast Cell Stabilizers Agents		
cromolyn sodium nasal spray 5.2 mg/spray (4 %)	Non-PDL Generic	
NASALCROM 5.2 MG NASAL SPRAY 100 METERED SPRAYS 5.2 MG/SPRAY (4 %)	Non-PDL Brand	
NASALCROM 5.2 MG NASAL SPRAY 200 METERED SPRAYS 5.2 MG/SPRAY (4 %)	Non-PDL Brand	
V-R NASAL ALLERGY SYM SPRAY 5.2 MG/SPRAY (4 %)	Non-PDL Generic	
Antiemesis/Antivertigo		
Antiemetic, Cannibinoid-Type		
CESAMET 1 MG CAPSULE 1 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
dronabinol 10 mg capsule 10 mg	Non-PDL Generic	QL (2 EA per 1 day)
dronabinol 2.5 mg capsule 2.5 mg	Non-PDL Generic	QL (2 EA per 1 day)
dronabinol 2.5 mg capsule soft gelatin 2.5 mg	Non-PDL Generic	QL (2 EA per 1 day)
dronabinol 5 mg capsule 5 mg	Non-PDL Generic	QL (2 EA per 1 day)
dronabinol 5 mg capsule soft gelatin 5 mg	Non-PDL Generic	QL (2 EA per 1 day)
dronabinol 5 mg capsule u-d, 3x10, inner 5 mg	Non-PDL Generic	QL (2 EA per 1 day)
dronabinol 5 mg capsule u-d, 3x10, outer 5 mg	Non-PDL Generic	QL (2 EA per 1 day)
Antiemetic/Antivertigo Agents		
AKYNZEO 300-0.5 MG CAPSULE 300-0.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 28 days)
aprepitant 125 mg capsule inner 125 mg	Non-PDL Generic	QL (1 EA per 21 days)
aprepitant 125 mg capsule outer 125 mg	Non-PDL Generic	QL (1 EA per 21 days)
aprepitant 125-80-80 mg pack 125 mg (1)- 80 mg (2)	Non-PDL Generic	QL (3 EA per 21 days)
aprepitant 40 mg capsule inner 40 mg	Non-PDL Generic	QL (1 EA per 28 days)
aprepitant 40 mg capsule outer 40 mg	Non-PDL Generic	QL (1 EA per 28 days)
aprepitant 80 mg capsule 80 mg	Non-PDL Generic	QL (2 EA per 21 days)
aprepitant 80 mg capsule inner 80 mg	Non-PDL Generic	QL (2 EA per 21 days)
aprepitant 80 mg capsule outer 80 mg	Non-PDL Generic	QL (2 EA per 21 days)
COMPRO 25 MG SUPPOSITORY 25 MG	Non-PDL Generic	

Drug	Status	Notes
CVS MOTION SICKNESS II TABLET 25 MG	Non-PDL Generic	
CVS MOTION SICKNESS RELIEF TAB CHEWABLE TABLET 25 MG	Non-PDL Generic	
DRAMAMINE LESS DROWSY 25 MG TB 25 MG	Non-PDL Generic	
EMEND 40 MG CAPSULE U-D,INNER 40 MG	Non-PDL Brand	QL (1 EA per 28 days)
EMEND 40 MG CAPSULE U-D,OUTER 40 MG	Non-PDL Brand	QL (1 EA per 28 days)
EMEND 40 MG CAPSULE U-U,U-D,OUTER 40 MG	Non-PDL Brand	QL (1 EA per 28 days)
EQ MOTION SICKNESS 25 MG TAB 25 MG	Non-PDL Generic	
EQL MOTION SICKNESS 25 MG TAB 25 MG	Non-PDL Generic	
GNP MOTION SICKNES 25 MG TAB 25 MG	Non-PDL Generic	
GNP MOTION SICKNESS RLF 25 MG 25 MG	Non-PDL Generic	
granisetron hcl 1 mg tablet 1 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
granisetron hcl 1 mg tablet f/c 1 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
granisetron hcl 1 mg tablet f/c, 2x10, outer 1 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
granisetron hcl 1 mg tablet f/c, inner 1 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
granisetron hcl 1 mg tablet f/c, outer 1 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
granisetron hcl 1 mg tablet inner 1 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
granisetron hcl 1 mg tablet outer 1 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
granisetron hcl 1 mg tablet u-d, 2x10 1 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
granisetron hcl 1 mg tablet u-d, f/c 1 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
HM MOTION RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	
HM MOTION RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	
meclizine 12.5 mg caplet (otc) 12.5 mg	Non-PDL Generic	
meclizine 12.5 mg caplet caplet (otc) 12.5 mg	Non-PDL Generic	

Drug	Status	Notes
meclizine 12.5 mg tablet (rx) 12.5 mg	Non-PDL Generic	
meclizine 12.5 mg tablet 10x10, u-d, inner (rx) 12.5 mg	Non-PDL Generic	
meclizine 12.5 mg tablet 10x10, u-d, outer (rx) 12.5 mg	Non-PDL Generic	
meclizine 12.5 mg tablet inner (rx) 12.5 mg	Non-PDL Generic	
meclizine 12.5 mg tablet outer (rx) 12.5 mg	Non-PDL Generic	
meclizine 25 mg tablet (otc) 25 mg	Non-PDL Generic	
meclizine 25 mg tablet (rx) 25 mg	Non-PDL Generic	
meclizine 25 mg tablet 10x10, u-d, inner (rx) 25 mg	Non-PDL Generic	
meclizine 25 mg tablet 10x10, u-d, outer (rx) 25 mg	Non-PDL Generic	
meclizine 25 mg tablet chew 25 mg	Non-PDL Generic	
meclizine 25 mg tablet chew raspberry 25 mg	Non-PDL Generic	
meclizine 25 mg tablet inner (rx) 25 mg	Non-PDL Generic	
meclizine 25 mg tablet outer (rx) 25 mg	Non-PDL Generic	
MEDI-MECLIZINE 25 MG TABLET INNER, F/C 25 MG	Non-PDL Generic	
MEDI-MECLIZINE 25 MG TABLET OUTER, F/C 25 MG	Non-PDL Generic	
MOTION RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	
MOTION SICKNESS 25 MG TABLET 25 MG	Non-PDL Generic	
MOTION SICKNESS RELIEF TB CHEW CHEWABLE TABLET 25 MG	Non-PDL Generic	
MOTION SICKNESS RLF 25 MG TAB 25 MG	Non-PDL Generic	
MOTION-TIME 25 MG TABLET CHEW 25 MG	Non-PDL Generic	
ondansetron 4 mg/5 ml solution 4 mg/5 ml	PDL Preferred Generic	QL (50 ML per 15 days)
ondansetron 4 mg/5 ml solution inner 4 mg/5 ml	PDL Preferred Generic	QL (50 ML per 15 days)
ondansetron 4 mg/5 ml solution outer 4 mg/5 ml	PDL Preferred Generic	QL (50 ML per 15 days)
ondansetron 4 mg/5 ml solution strawberry 4 mg/5 ml	PDL Preferred Generic	QL (50 ML per 15 days)
ondansetron hcl 24 mg tablet f/c,u-d,1x1 24 mg	PDL Preferred Generic	
ondansetron hcl 4 mg tablet 4 mg	PDL Preferred Generic	

Drug	Status	Notes
ondansetron hcl 4 mg tablet f/c 4 mg	PDL Preferred Generic	
ondansetron hcl 4 mg tablet f/c, 1x3, u-d 4 mg	PDL Preferred Generic	
ondansetron hcl 4 mg tablet f/c,u-d,1x3 4 mg	PDL Preferred Generic	
ondansetron hcl 4 mg tablet u-d, 10x10, outer 4 mg	PDL Preferred Generic	
ondansetron hcl 4 mg tablet u-d, inner 4 mg	PDL Preferred Generic	
ondansetron hcl 8 mg tablet 8 mg	PDL Preferred Generic	
ondansetron hcl 8 mg tablet f/c 8 mg	PDL Preferred Generic	
ondansetron hcl 8 mg tablet f/c, 1x3, u-d 8 mg	PDL Preferred Generic	
ondansetron hcl 8 mg tablet f/c, u-u 8 mg	PDL Preferred Generic	
ondansetron hcl 8 mg tablet f/c,u-d,1x3 8 mg	PDL Preferred Generic	
ondansetron hcl 8 mg tablet u-d, 10x10, outer 8 mg	PDL Preferred Generic	
ondansetron hcl 8 mg tablet u-d, inner 8 mg	PDL Preferred Generic	
ondansetron odt 4 mg tablet 3x10 4 mg	PDL Preferred Generic	
ondansetron odt 4 mg tablet 3x10, inner 4 mg	PDL Preferred Generic	
ondansetron odt 4 mg tablet 3x10, outer 4 mg	PDL Preferred Generic	
ondansetron odt 4 mg tablet 4 mg	PDL Preferred Generic	
ondansetron odt 4 mg tablet inner 4 mg	PDL Preferred Generic	
ondansetron odt 4 mg tablet outer 4 mg	PDL Preferred Generic	
ondansetron odt 8 mg tablet 3x10 8 mg	PDL Preferred Generic	
ondansetron odt 8 mg tablet 3x10, outer 8 mg	PDL Preferred Generic	
ondansetron odt 8 mg tablet 8 mg	PDL Preferred Generic	
ondansetron odt 8 mg tablet inner 8 mg	PDL Preferred Generic	
ondansetron odt 8 mg tablet outer 8 mg	PDL Preferred Generic	
prochlorperazine 10 mg tab 10 mg	Non-PDL Generic	
prochlorperazine 10 mg tab f/c 10 mg	Non-PDL Generic	
prochlorperazine 10 mg tab u-d,10x10,inner 10 mg	Non-PDL Generic	

Drug	Status	Notes
prochlorperazine 10 mg tab u-d,10x10,outer 10 mg	Non-PDL Generic	
prochlorperazine 25 mg supp inner 25 mg	Non-PDL Generic	
prochlorperazine 25 mg supp outer 25 mg	Non-PDL Generic	
prochlorperazine 5 mg tablet 5 mg	Non-PDL Generic	
prochlorperazine 5 mg tablet f/c 5 mg	Non-PDL Generic	
prochlorperazine 5 mg tablet u-d,10x10,inner 5 mg	Non-PDL Generic	
prochlorperazine 5 mg tablet u-d,10x10,outer 5 mg	Non-PDL Generic	
promethazine 12.5 mg suppos 12.5 mg	Non-PDL Generic	
promethazine 12.5 mg suppos inner 12.5 mg	Non-PDL Generic	
promethazine 12.5 mg suppos outer 12.5 mg	Non-PDL Generic	
promethazine 25 mg suppository 25 mg	Non-PDL Generic	
promethazine 25 mg suppository inner 25 mg	Non-PDL Generic	
promethazine 25 mg suppository outer 25 mg	Non-PDL Generic	
promethazine 50 mg suppository 50 mg	Non-PDL Generic	
PROMETHEGAN 12.5 MG SUPPOS INNER 12.5 MG	Non-PDL Generic	
PROMETHEGAN 12.5 MG SUPPOS OUTER 12.5 MG	Non-PDL Generic	
PROMETHEGAN 25 MG SUPPOSITORY INNER 25 MG	Non-PDL Generic	
PROMETHEGAN 25 MG SUPPOSITORY OUTER 25 MG	Non-PDL Generic	
PROMETHEGAN 50 MG SUPPOSITORY INNER 50 MG	Non-PDL Generic	
PROMETHEGAN 50 MG SUPPOSITORY OUTER 50 MG	Non-PDL Generic	
RA MOTION SICKNESS RLF TB CHEW RASPBERRY FLAVOR 25 MG	Non-PDL Generic	
SANCUSO 3.1 MG/24 HR PATCH 3.1 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)
SM MOTION SICKNESS 25 MG TAB 25 MG	Non-PDL Generic	
TRAVEL SICKNESS 25 MG TAB CHEW 25 MG	Non-PDL Generic	
TRAVEL-EASE 25 MG TABLET 25 MG	Non-PDL Generic	
trimethobenzamide 300 mg cap 300 mg	Non-PDL Generic	

Drug	Status	Notes
VERTICALM 25 MG TABLET 25 MG	Non-PDL Generic	
WAL-DRAM-2 25 MG TABLET 25 MG	Non-PDL Generic	
ZOFRAN 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA
ZOFRAN 8 MG TABLET 8 MG	PDL Non-Preferred Brand	PA
ZOFRAN 8 MG TABLET U-D 8 MG	PDL Non-Preferred Brand	PA
ZUPLENZ 4 MG SOLUBLE FILM INNER 4 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 3 days)
ZUPLENZ 4 MG SOLUBLE FILM OUTER 4 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 3 days)
ZUPLENZ 8 MG SOLUBLE FILM INNER 8 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 3 days)
ZUPLENZ 8 MG SOLUBLE FILM OUTER 8 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 3 days)
Asthma And Copd		
5-Lipoxygenase Inhibitors		
zileuton er 600 mg tablet 600 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
ZYFLO 600 MG FILMTAB 600 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT 17 MCG HFA INHALER 17 MCG/ACTUATION	PDL Preferred Brand	QL (25.8 GM per 30 days)
ipratropium br 0.02% soln 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln 25's 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln 25's,p/f 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln 25's,p/f,u-d 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln 30's 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln 30's,p/f 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln 30's,p/f,strl 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln 30's,p/f,u-d 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln 30's,u-d 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln 60's 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln 60's,p/f 0.02 %	PDL Preferred Generic	

Drug	Status	Notes
ipratropium br 0.02% soln 60's,p/f,u-d 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln inner 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln inner, p/f 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln outer 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln outer, p/f 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln p/f, inner 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln p/f, outer 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln p/f,outer 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln sdv, p/f 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln sdv, p/f, inner 0.02 %	PDL Preferred Generic	
ipratropium br 0.02% soln sdv, p/f, outer 0.02 %	PDL Preferred Generic	
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA 62.5 MCG INH 62.5 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
LONHALA MAGNAIR 25 MCG REFILL 25 MCG/ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
LONHALA MAGNAIR 25 MCG STARTER 25 MCG/ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
SEEBRI NEOHALER 15.6 MCG INHAL INNER 15.6 MCG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
SEEBRI NEOHALER 15.6 MCG INHAL OUTER 15.6 MCG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 30 CAPS W/HANDIHALER 18 MCG	PDL Preferred Brand	QL (30 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 5 CAPS W/HANDIHALER 18 MCG	PDL Preferred Brand	QL (30 EA per 30 days)
SPIRIVA 18 MCG CP-HANDIHALER 90 CAPS W/HANDIHALER 18 MCG	PDL Preferred Brand	QL (30 EA per 30 days)
SPIRIVA RESPIMAT 1.25 MCG INH 1.25 MCG/ACTUATION	PDL Preferred Brand	QL (4 GM per 30 days)
SPIRIVA RESPIMAT 2.5 MCG INH 2.5 MCG/ACTUATION	PDL Preferred Brand	QL (4 GM per 30 days)
TUDORZA PRESSAIR 400 MCG INHAL 400 MCG/ACTUATION	PDL Preferred Brand	QL (1 EA per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION INNER 175 MCG/3 ML	PDL Non-Preferred Brand	PA; QL (90 ML per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION OUTER 175 MCG/3 ML	PDL Non-Preferred Brand	PA; QL (90 ML per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION SAMPLE 175 MCG/3 ML	PDL Non-Preferred Brand	PA; QL (90 ML per 30 days)
Beta-Adrenergic Agents		

Drug	Status	Notes
albuterol sulf 2 mg/5 ml syrup 2 mg/5 ml	PDL Preferred Generic	
albuterol sulfate 2 mg tab 2 mg	PDL Non-Preferred Generic	PA
albuterol sulfate 2 mg tab inner 2 mg	PDL Non-Preferred Generic	PA
albuterol sulfate 2 mg tab outer 2 mg	PDL Non-Preferred Generic	PA
albuterol sulfate 2 mg tab u-d, 10x10, inner 2 mg	PDL Non-Preferred Generic	PA
albuterol sulfate 2 mg tab u-d, outer 2 mg	PDL Non-Preferred Generic	PA
albuterol sulfate 4 mg tab 4 mg	PDL Non-Preferred Generic	PA
albuterol sulfate 4 mg tab inner 4 mg	PDL Non-Preferred Generic	PA
albuterol sulfate 4 mg tab outer 4 mg	PDL Non-Preferred Generic	PA
albuterol sulfate er 4 mg tab 4 mg	PDL Non-Preferred Generic	PA
albuterol sulfate er 8 mg tab 8 mg	PDL Non-Preferred Generic	PA
metaproterenol 10 mg/5 ml syr 10 mg/5 ml	PDL Preferred Generic	
terbutaline sulfate 2.5 mg tab 2.5 mg	Non-PDL Generic	
terbutaline sulfate 5 mg tab 5 mg	Non-PDL Generic	
Beta-Adrenergic Agents, Inhaled, Short Acting		
albuterol 2.5 mg/0.5 ml sol 2.5 mg/0.5 ml	PDL Preferred Generic	
albuterol 5 mg/ml solution 5 mg/ml	PDL Preferred Generic	
albuterol hfa 90 mcg inhaler 90 mcg/actuation	PDL Preferred Generic	Generic for ProAir HFA
albuterol hfa 90 mcg inhaler 90 mcg/actuation	PDL Preferred Generic	Generic for Proventil HFA
albuterol hfa 90 mcg inhaler 90 mcg/actuation	PDL Preferred Generic	Generic for Ventolin HFA
albuterol sul 0.63 mg/3 ml sol 25's, p/f, u-d 0.63 mg/3 ml	PDL Preferred Generic	

Drug	Status	Notes
albuterol sul 0.63 mg/3 ml sol 30's,p/f,strl 0.63 mg/3 ml	PDL Preferred Generic	
albuterol sul 0.63 mg/3 ml sol u-d, 25's 0.63 mg/3 ml	PDL Preferred Generic	
albuterol sul 1.25 mg/3 ml sol inner 1.25 mg/3 ml	PDL Preferred Generic	
albuterol sul 1.25 mg/3 ml sol outer 1.25 mg/3 ml	PDL Preferred Generic	
albuterol sul 1.25 mg/3 ml sol p/f,pedia,25's,u-d 1.25 mg/3 ml	PDL Preferred Generic	
albuterol sul 1.25 mg/3 ml sol p/f,pedia,30's,u-d 1.25 mg/3 ml	PDL Preferred Generic	
albuterol sul 1.25 mg/3 ml sol u-d, 25's 1.25 mg/3 ml	PDL Preferred Generic	
albuterol sul 2.5 mg/3 ml soln 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	
albuterol sul 2.5 mg/3 ml soln 25's, u-d, p/f 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	
albuterol sul 2.5 mg/3 ml soln 30's, p/f 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	
albuterol sul 2.5 mg/3 ml soln 30's, u-d, p/f 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	
albuterol sul 2.5 mg/3 ml soln 60's, u-d, p/f 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	
albuterol sul 2.5 mg/3 ml soln inner 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	
albuterol sul 2.5 mg/3 ml soln outer 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	
albuterol sul 2.5 mg/3 ml soln p/f, inner 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	
albuterol sul 2.5 mg/3 ml soln p/f, outer 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	
levalbuterol 0.31 mg/3 ml sol inner 0.31 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 0.31 mg/3 ml sol inner,p/f,12x3ml 0.31 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 0.31 mg/3 ml sol outer 0.31 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 0.31 mg/3 ml sol outer,p/f,24x3ml 0.31 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 0.31 mg/3 ml sol p/f, inner 0.31 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 0.31 mg/3 ml sol p/f, outer 0.31 mg/3 ml	PDL Non-Preferred Generic	PA

Drug	Status	Notes
levalbuterol 0.63 mg/3 ml sol inner 0.63 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 0.63 mg/3 ml sol inner,p/f,12x3ml 0.63 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 0.63 mg/3 ml sol outer 0.63 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 0.63 mg/3 ml sol outer,p/f,24x3ml 0.63 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 0.63 mg/3 ml sol p/f, inner 0.63 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 0.63 mg/3 ml sol p/f, outer 0.63 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 1.25 mg/3 ml sol inner 1.25 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 1.25 mg/3 ml sol inner,p/f,12x3ml 1.25 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 1.25 mg/3 ml sol outer 1.25 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 1.25 mg/3 ml sol outer,p/f,24x3ml 1.25 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 1.25 mg/3 ml sol p/f, inner 1.25 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol 1.25 mg/3 ml sol p/f, outer 1.25 mg/3 ml	PDL Non-Preferred Generic	PA
levalbuterol conc 1.25 mg/0.5 inner 1.25 mg/0.5 ml	PDL Non-Preferred Generic	PA
levalbuterol conc 1.25 mg/0.5 inner, p/f 1.25 mg/0.5 ml	PDL Non-Preferred Generic	PA
levalbuterol conc 1.25 mg/0.5 inner,p/f 1.25 mg/0.5 ml	PDL Non-Preferred Generic	PA
levalbuterol conc 1.25 mg/0.5 outer 1.25 mg/0.5 ml	PDL Non-Preferred Generic	PA
levalbuterol conc 1.25 mg/0.5 outer, p/f 1.25 mg/0.5 ml	PDL Non-Preferred Generic	PA

Drug	Status	Notes
levalbuterol conc 1.25 mg/0.5 outer,p/f 1.25 mg/0.5 ml	PDL Non-Preferred Generic	PA
levalbuterol tar hfa 45 mcg inh 45 mcg/actuation	Non-PDL Generic	
PROAIR DIGIHALER 90 MCG INHALR 90 MCG/ACTUATION	PDL Non-Preferred Brand	PA
PROAIR HFA 90 MCG INHALER 90 MCG/ACTUATION	PDL Preferred Brand	
PROAIR RESPICLICK 90 MCG INHLR 90 MCG/ACTUATION	PDL Preferred Brand	
PROVENTIL HFA 90 MCG INHALER 90 MCG/ACTUATION	PDL Preferred Brand	
VENTOLIN HFA 90 MCG INHALER 60 ACTUATIONS 90 MCG/ACTUATION	PDL Preferred Brand	
VENTOLIN HFA 90 MCG INHALER DOSE COUNTER,200 INH 90 MCG/ACTUATION	PDL Preferred Brand	
XOPENEX 0.31 MG/3 ML SOLUTION INNER 0.31 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX 0.31 MG/3 ML SOLUTION OUTER 0.31 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX 0.63 MG/3 ML SOLUTION INNER 0.63 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX 0.63 MG/3 ML SOLUTION OUTER 0.63 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX 1.25 MG/3 ML SOLUTION P/F, INNER 1.25 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX 1.25 MG/3 ML SOLUTION P/F, OUTER 1.25 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX CONC 1.25 MG/0.5 ML INNER 1.25 MG/0.5 ML	PDL Non-Preferred Brand	PA
XOPENEX CONC 1.25 MG/0.5 ML OUTER 1.25 MG/0.5 ML	PDL Non-Preferred Brand	PA
XOPENEX HFA 45 MCG INHALER 45 MCG/ACTUATION	PDL Preferred Brand	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
ARCAPTA NEOHALER 75 MCG CAP INNER 75 MCG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ARCAPTA NEOHALER 75 MCG CAP OUTER 75 MCG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
STRIVERDI RESPIMAT INHAL SPRAY 2.5 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled,Long Acting		
BROVANA 15 MCG/2 ML SOLUTION 30'S, OUTER 15 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
BROVANA 15 MCG/2 ML SOLUTION INNER 15 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
BROVANA 15 MCG/2 ML SOLUTION OUTER 15 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
BROVANA 15 MCG/2 ML SOLUTION SAMPLE 15 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)

Drug	Status	Notes
PERFOROMIST 20 MCG/2 ML SOLN INNER 20 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
PERFOROMIST 20 MCG/2 ML SOLN OUTER 20 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
SEREVENT DISKUS 50 MCG 50 MCG/DOSE	PDL Preferred Brand	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA 62.5-25 MCG INH 62.5-25 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALER 9-4.8 MCG	PDL Non-Preferred Brand	PA; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT 20-100 MCG 20-100 MCG/ACTUATION	PDL Preferred Brand	
ipratropium-albuterol 0.5-3(2.5) mg/3 ml 0.5 mg-3 mg(2.5 mg base)/3 ml	PDL Preferred Generic	
ipratropium-albuterol 0.5-3(2.5) mg/3 ml inner 0.5 mg-3 mg(2.5 mg base)/3 ml	PDL Preferred Generic	
ipratropium-albuterol 0.5-3(2.5) mg/3 ml outer 0.5 mg-3 mg(2.5 mg base)/3 ml	PDL Preferred Generic	
ipratropium-albuterol 0.5-3(2.5) mg/3 ml sdv 0.5 mg-3 mg(2.5 mg base)/3 ml	PDL Preferred Generic	
ipratropium-albuterol 0.5-3(2.5) mg/3 ml u-d, 30's, 1vl/pouch 0.5 mg-3 mg(2.5 mg base)/3 ml	PDL Preferred Generic	
ipratropium-albuterol 0.5-3(2.5) mg/3 ml u-d, 30's,single vl 0.5 mg-3 mg(2.5 mg base)/3 ml	PDL Preferred Generic	
ipratropium-albuterol 0.5-3(2.5) mg/3 ml u-d,30's,5 vls/pouch 0.5 mg-3 mg(2.5 mg base)/3 ml	PDL Preferred Generic	
ipratropium-albuterol 0.5-3(2.5) mg/3 ml u-d,60's,5vls/pouch 0.5 mg-3 mg(2.5 mg base)/3 ml	PDL Preferred Generic	
ipratropium-albuterol 0.5-3(2.5) mg/3 ml u-d,60's,6 vls/pouch 0.5 mg-3 mg(2.5 mg base)/3 ml	PDL Preferred Generic	
STIOLTO RESPIMAT INHAL SPRAY 2.5-2.5 MCG/ACTUATION	PDL Preferred Brand	QL (4 GM per 30 days)
UTIBRON NEOHALER 27.5-15.6 MCG INNER 27.5-15.6 MCG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
UTIBRON NEOHALER 27.5-15.6 MCG OUTER 27.5-15.6 MCG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR 100-50 DISKUS 100-50 MCG/DOSE	PDL Preferred Brand	QL (60 EA per 30 days)
ADVAIR 250-50 DISKUS 250-50 MCG/DOSE	PDL Preferred Brand	QL (60 EA per 30 days)
ADVAIR 500-50 DISKUS 500-50 MCG/DOSE	PDL Preferred Brand	QL (60 EA per 30 days)
ADVAIR HFA 115-21 MCG INHALER DOSE COUNTER,120 INH 115-21 MCG/ACTUATION	PDL Preferred Brand	QL (12 GM per 30 days)
ADVAIR HFA 230-21 MCG INHALER DOSE COUNTER,120 INH 230-21 MCG/ACTUATION	PDL Preferred Brand	QL (12 GM per 30 days)
ADVAIR HFA 45-21 MCG INHALER DOSE COUNTER,120 INH 45-21 MCG/ACTUATION	PDL Preferred Brand	QL (12 GM per 30 days)
AIRDUO RESPICLICK 113-14 MCG 113-14 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)

Drug	Status	Notes
AIRDUO RESPICLICK 232-14 MCG 232-14 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
AIRDUO RESPICLICK 55-14 MCG 55-14 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
BREO ELLIPTA 100-25 MCG INH 100-25 MCG/DOSE	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
BREO ELLIPTA 200-25 MCG INH 200-25 MCG/DOSE	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
budesonide-formoterol 160-4.5 160-4.5 mcg/actuation	PDL Non-Preferred Generic	PA; QL (10.2 GM per 30 days)
budesonide-formoterol 80-4.5 80-4.5 mcg/actuation	PDL Non-Preferred Generic	PA; QL (10.2 GM per 30 days)
DULERA 100 MCG-5 MCG INHALER 100-5 MCG/ACTUATION	PDL Preferred Brand	QL (13 GM per 30 days)
DULERA 200 MCG-5 MCG INHALER 200-5 MCG/ACTUATION	PDL Preferred Brand	QL (13 GM per 30 days)
DULERA 50 MCG-5 MCG INHALER 50-5 MCG/ACTUATION	PDL Preferred Brand	QL (13 GM per 30 days)
fluticasone-salmeterol 100-50 100-50 mcg/dose	PDL Preferred Generic	QL (60 EA per 30 days)
fluticasone-salmeterol 113-14 113-14 mcg/actuation	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
fluticasone-salmeterol 232-14 232-14 mcg/actuation	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
fluticasone-salmeterol 250-50 250-50 mcg/dose	PDL Preferred Generic	QL (60 EA per 30 days)
fluticasone-salmeterol 500-50 500-50 mcg/dose	PDL Preferred Generic	QL (60 EA per 30 days)
fluticasone-salmeterol 55-14 55-14 mcg/actuation	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
SYMBICORT 160-4.5 MCG INHALER 160-4.5 MCG/ACTUATION	PDL Preferred Brand	QL (10.2 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER 80-4.5 MCG/ACTUATION	PDL Preferred Brand	QL (10.2 GM per 30 days)
WIXELA 100-50 INHUB 100-50 MCG/DOSE	PDL Preferred Generic	QL (60 EA per 30 days)
WIXELA 250-50 INHUB 250-50 MCG/DOSE	PDL Preferred Generic	QL (60 EA per 30 days)
WIXELA 500-50 INHUB 500-50 MCG/DOSE	PDL Preferred Generic	QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
TRELEGY ELLIPTA 100-62.5-25 100-62.5-25 MCG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
Glucocorticoids, Orally Inhaled		
ALVESCO 160 MCG INHALER 160 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (12.2 GM per 30 days)

Drug	Status	Notes
ALVESCO 80 MCG INHALER 80 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (12.2 GM per 30 days)
ARMONAIR RESPICLICK 232 MCG 232 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ARMONAIR RESPICLICK 55 MCG 55 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ARNUITY ELLIPTA 100 MCG INH 100 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
ARNUITY ELLIPTA 200 MCG INH 200 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
ARNUITY ELLIPTA 50 MCG INH 50 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
ASMANEX HFA 100 MCG INHALER 100 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (13 GM per 30 days)
ASMANEX HFA 200 MCG INHALER 200 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (13 GM per 30 days)
ASMANEX HFA 50 MCG INHALER 50 MCG/ACTUATION	PDL Preferred Brand	QL (13 GM per 30 days)
ASMANEX TWISTHALER 110 MCG #30 110 MCG/ ACTUATION (30)	PDL Preferred Brand	QL (1 EA per 30 days)
ASMANEX TWISTHALER 220 MCG #30 220 MCG/ ACTUATION (30)	PDL Preferred Brand	QL (1 EA per 30 days)
ASMANEX TWISTHALER 220 MCG #60 220 MCG/ ACTUATION (60)	PDL Preferred Brand	QL (1 EA per 30 days)
ASMANEX TWISTHALR 220 MCG #120 220 MCG/ ACTUATION (120)	PDL Preferred Brand	QL (1 EA per 30 days)
budesonide 0.25 mg/2 ml susp 0.25 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp inner 0.25 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp inner, single-dose 0.25 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp inner,u-d,sdv 0.25 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp outer 0.25 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp outer, single-dose 0.25 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp outer,u-d,sdv,30's 0.25 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp 0.5 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp 2 mlx5, sdv, inner 0.5 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp 30's,sdv, outer 0.5 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp inner 0.5 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp inner,single-dose 0.5 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp outer 0.5 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)

Drug	Status	Notes
budesonide 0.5 mg/2 ml susp outer,single-dose 0.5 mg/2 ml	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 1 mg/2 ml inh susp inner 1 mg/2 ml	PDL Preferred Generic	QL (60 ML per 30 days)
budesonide 1 mg/2 ml inh susp outer 1 mg/2 ml	PDL Preferred Generic	QL (60 ML per 30 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	PDL Preferred Brand	QL (60 EA per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	PDL Preferred Brand	QL (120 EA per 30 days)
FLOVENT 50 MCG DISKUS 50 MCG/ACTUATION	PDL Preferred Brand	QL (60 EA per 30 days)
FLOVENT HFA 110 MCG INHALER 120 INH,DOSE COUNTER 110 MCG/ACTUATION	PDL Preferred Brand	QL (12 GM per 30 days)
FLOVENT HFA 220 MCG INHALER 120 INH,DOSE COUNTER 220 MCG/ACTUATION	PDL Preferred Brand	QL (24 GM per 30 days)
FLOVENT HFA 44 MCG INHALER 44 MCG/ACTUATION	PDL Preferred Brand	QL (21.2 GM per 30 days)
PULMICORT 0.25 MG/2 ML RESPUL 0.25 MG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
PULMICORT 0.5 MG/2 ML RESPULE 0.5 MG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
PULMICORT 1 MG/2 ML RESPULE 1 MG/2 ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
PULMICORT 180 MCG FLEXHALER 180 MCG/ACTUATION	PDL Preferred Brand	QL (1 EA per 30 days)
PULMICORT 90 MCG FLEXHALER 60 DOSES 90 MCG/ACTUATION	PDL Preferred Brand	QL (1 EA per 30 days)
PULMICORT 90 MCG FLEXHALER SAMPLE 90 MCG/ACTUATION	PDL Preferred Brand	QL (1 EA per 30 days)
QVAR REDIHALER 40 MCG 40 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (21.2 GM per 30 days)
QVAR REDIHALER 80 MCG 80 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab		
DUPIXENT 200 MG/1.14 ML SYRING OUTER, SUV, P/F, L/F 200 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
DUPIXENT 200 MG/1.14 ML SYRING SAMPLE,SUV, P/F, L/F 200 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML SYRINGE OUTER, SUV, P/F, L/F 300 MG/2 ML	PDL Non-Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML SYRINGE SAMPLE,SUV, P/F, L/F 300 MG/2 ML	PDL Non-Preferred Brand	PA; SP
Leukotriene Receptor Antagonists		
ACCOLATE 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
ACCOLATE 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
montelukast sod 10 mg tablet 10 mg	PDL Preferred Generic	
montelukast sod 10 mg tablet 15 yr +, f/c 10 mg	PDL Preferred Generic	

Drug	Status	Notes
montelukast sod 10 mg tablet 15+ yrs, f/c 10 mg	PDL Preferred Generic	
montelukast sod 10 mg tablet f/c 10 mg	PDL Preferred Generic	
montelukast sod 10 mg tablet f/c, inner 10 mg	PDL Preferred Generic	
montelukast sod 10 mg tablet f/c, outer 10 mg	PDL Preferred Generic	
montelukast sod 10 mg tablet f/c, u-u 10 mg	PDL Preferred Generic	
montelukast sod 4 mg granules 4 mg	PDL Non-Preferred Generic	PA
montelukast sod 4 mg granules inner 4 mg	PDL Non-Preferred Generic	PA
montelukast sod 4 mg granules inner, foil pkt 4 mg	PDL Non-Preferred Generic	PA
montelukast sod 4 mg granules outer 4 mg	PDL Non-Preferred Generic	PA
montelukast sod 4 mg granules outer, foil pkt 4 mg	PDL Non-Preferred Generic	PA
montelukast sod 4 mg tab chew 2-5 yrs 4 mg	PDL Preferred Generic	
montelukast sod 4 mg tab chew 2-5 yrs old 4 mg	PDL Preferred Generic	
montelukast sod 4 mg tab chew 4 mg	PDL Preferred Generic	
montelukast sod 4 mg tab chew u-u 4 mg	PDL Preferred Generic	
montelukast sod 5 mg tab chew 5 mg	PDL Preferred Generic	
montelukast sod 5 mg tab chew 6-14 years 5 mg	PDL Preferred Generic	
montelukast sod 5 mg tab chew 6-14 yrs 5 mg	PDL Preferred Generic	
montelukast sod 5 mg tab chew 6-14 yrs old 5 mg	PDL Preferred Generic	
montelukast sod 5 mg tab chew u-u 5 mg	PDL Preferred Generic	
SINGULAIR 10 MG TABLET F/C,U-U 10 MG	PDL Non-Preferred Brand	PA
SINGULAIR 4 MG GRANULES 4 MG	PDL Non-Preferred Brand	PA
SINGULAIR 4 MG TABLET CHEW U-U 4 MG	PDL Non-Preferred Brand	PA
SINGULAIR 5 MG TABLET CHEW U-U 5 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
zafirlukast 10 mg tablet 10 mg	PDL Preferred Generic	
zafirlukast 20 mg tablet f/c 20 mg	PDL Preferred Generic	
zafirlukast 20 mg tablet f/c, inner 20 mg	PDL Preferred Generic	
zafirlukast 20 mg tablet f/c, outer 20 mg	PDL Preferred Generic	
Mast Cell Stabilizers		
cromolyn 100 mg/5 ml oral conc 100 mg/5 ml	Non-PDL Generic	
cromolyn 100 mg/5 ml oral conc inner 100 mg/5 ml	Non-PDL Generic	
cromolyn 100 mg/5 ml oral conc outer 100 mg/5 ml	Non-PDL Generic	
Mast Cell Stabilizers, Orally Inhaled		
cromolyn 20 mg/2 ml neb soln inner 20 mg/2 ml	Non-PDL Generic	
cromolyn 20 mg/2 ml neb soln outer 20 mg/2 ml	Non-PDL Generic	
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP 250 MCG TABLET 250 MCG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DALIRESP 500 MCG TABLET 500 MCG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment		
ACE AEROSOL CLOUD ENHANCER	Non-PDL Brand	
AEROCHAMBER MINI 10'S, LATEX-FREE	Non-PDL Brand	
AEROCHAMBER MV HOLD CHAMBER	Non-PDL Brand	
AEROCHAMBER PLUS FLOW-VU	Non-PDL Brand	
AEROCHAMBER PLUS FLOW-VU LARGE	Non-PDL Brand	
AEROCHAMBER PLUS FLOW-VU MED	Non-PDL Brand	
AEROCHAMBER PLUS FLOW-VU MED WITH MASK	Non-PDL Brand	
AEROCHAMBER PLUS FLOW-VU SMALL	Non-PDL Brand	
AEROCHAMBER PLUS W-FLOWSIGNAL	Non-PDL Brand	
AEROCHAMBER Z-STAT PLUS LARGE W/MASK, LARGE	Non-PDL Brand	
AEROCHAMBER Z-STAT PLUS W-FLOW	Non-PDL Brand	
AEROCHAMBER Z-STAT PLUS W-FLOW W/FLOWSIGNAL	Non-PDL Brand	
AEROCHAMBER Z-STAT PLUS-MED W/MASK-MED,CMFT SEAL	Non-PDL Brand	
AEROCHAMBER Z-STAT PLUS-SMALL W/MASK-SM,CMFT SEAL	Non-PDL Brand	
AEROECLIPSE II NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
AERONEB GO NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
AEROTRACH HOLDING CHAMBER	Non-PDL Brand	
AEROVENT PLUS HOLDING CHAMBER	Non-PDL Brand	

Drug	Status	Notes
AIRS DISPOSABLE NEBULIZER KIT (RX)	Non-PDL Brand	QL (1 EA per 365 days)
ALTERA NEBULIZER HANDSET	Non-PDL Brand	QL (1 EA per 365 days)
ALTERA NEBULIZER SYSTEM	Non-PDL Brand	QL (1 EA per 365 days)
AURA PORTANEB MESH NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
BREATHERITE MDI SPACER	Non-PDL Brand	
BREATHERITE SPACER-ADULT MASK	Non-PDL Brand	
BREATHERITE SPACER-INFANT MASK	Non-PDL Brand	
BREATHERITE SPACER-LG CHLD MSK	Non-PDL Brand	
BREATHERITE SPACER-NEONATE MSK	Non-PDL Brand	
BREATHERITE SPACER-SM CHLD MSK	Non-PDL Brand	
BREATHRITE VALVED MDI CHAMBER	Non-PDL Brand	
BREATHRITE VALVED MDI SPACER	Non-PDL Brand	
CLEVER CHOICE CHAMBER-LRG MASK	Non-PDL Brand	
CLEVER CHOICE CHAMBER-MED MASK	Non-PDL Brand	
CLEVER CHOICE CHAMBER-SM MASK	Non-PDL Brand	
CLEVER CHOICE NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
CLEVER CHOICE WHISPER AIRE PED	Non-PDL Brand	QL (1 EA per 365 days)
COMPACT COMPRESS NEBUL KIT	Non-PDL Brand	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER	Non-PDL Brand	
COMPACT SPACE CHAMBER PLUS	Non-PDL Brand	
COMPACT SPACE CHAMBER-LRG MASK	Non-PDL Brand	
COMPACT SPACE CHAMBER-MED MASK	Non-PDL Brand	
COMPACT SPACE CHAMBER-SM MASK	Non-PDL Brand	
COMPACT ULTRASON NEBUL KIT	Non-PDL Brand	QL (1 EA per 365 days)
COMP-AIR NEBULIZER SYSTEM MODEL NE-C801 (RX)	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS DISPOSABLE NEBULIZER (RX)	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS PULMO-AIDE COMPRS	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS PULMOMATE COMPRESSOR	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS PULMONEB LT COMP-NEB	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS TRAVEL COMPRES-NEBUL PORTABLE	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS TRAVEL COMPRES-NEBUL PORTABLE,W/BATTERY	Non-PDL Brand	QL (1 EA per 365 days)
EASIVENT HOLDING CHAMBER HOSPITAL PACK	Non-PDL Brand	
EASIVENT HOLDING CHAMBER RETAIL PACK	Non-PDL Brand	
EASIVENT MASK-LARGE	Non-PDL Brand	QL (1 EA per 365 days)
EASIVENT MASK-MEDIUM	Non-PDL Brand	QL (1 EA per 365 days)
EASIVENT MASK-SMALL	Non-PDL Brand	QL (1 EA per 365 days)
EASY AIR COMPRESSOR NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
EASY NEB COMPRESSOR NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
EBASE CONTROLLER W-CONN CORD	Non-PDL Brand	QL (1 EA per 365 days)
ERAPID NEBULIZER SYSTEM	Non-PDL Brand	QL (1 EA per 365 days)
FLEXICHAMBER	Non-PDL Brand	
FLEXICHAMBER-LG CHILD MASK	Non-PDL Brand	
FLEXICHAMBER-SM ADULT MASK	Non-PDL Brand	

Drug	Status	Notes
FLEXICHAMBER-SM CHILD MASK	Non-PDL Brand	
FLYP NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
HOME NEBULIZER PLUS SIDESTREAM	Non-PDL Brand	QL (1 EA per 365 days)
IN-CHECK DIAL TRAINING DEVICE	Non-PDL Brand	
INNOSPIRE DELUXE COMPRES NEB	Non-PDL Brand	QL (1 EA per 365 days)
INNOSPIRE ELEGANCE COMPRES NEB	Non-PDL Brand	QL (1 EA per 365 days)
INNOSPIRE ESSENCE COMPRES NEB	Non-PDL Brand	QL (1 EA per 365 days)
INNOSPIRE ESSENCE COMPRESS NEB	Non-PDL Brand	QL (1 EA per 365 days)
INNOSPIRE GO NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
INNOSPIRE MINI COMPRESSOR NEB PORTABLE,W/ACCESSORI	Non-PDL Brand	QL (1 EA per 365 days)
INNOSPIRE MINI COMPRESSOR NEB PORTABLE,W/BATTERY	Non-PDL Brand	QL (1 EA per 365 days)
INSPIRACHAMBER	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-LARGE	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-MED	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-SMALL	Non-PDL Brand	
INTELLIGENT MESH NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
LC PLUS NEBULIZER SET	Non-PDL Brand	QL (1 EA per 365 days)
LC PLUS NEBULIZER-PED MASK	Non-PDL Brand	QL (1 EA per 365 days)
LITEAIRE MDI CHAMBER	Non-PDL Brand	
LITETOUCH LARGE MASK	Non-PDL Brand	
LITETOUCH MEDIUM MASK	Non-PDL Brand	
LITETOUCH SMALL MASK	Non-PDL Brand	
MICROAIR MESH NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
MICROCHAMBER LATEX/F	Non-PDL Brand	
MICROCHAMBER W/POLYBAG	Non-PDL Brand	
MICROSPACER FOR AEROSOL DEVICE LATEX/F	Non-PDL Brand	
MICROSPACER FOR AEROSOL DEVICE W/POLYBAG	Non-PDL Brand	
MINI PLUS NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
MISTASSIST IFCD	Non-PDL Brand	
MISTASSIST IFCD KIT	Non-PDL Brand	
MY MDI PORTABLE NEBULISER	Non-PDL Brand	QL (1 EA per 365 days)
OMBRA COMPRESSOR SYSTEM	Non-PDL Brand	QL (1 EA per 365 days)
ONE WAY VALVED MOUTHPIECE	Non-PDL Brand	
ONE WAY VALVED MOUTHPIECE INSPIRATORY	Non-PDL Brand	
OPTICHAMBER ADULT MASK-LARGE	Non-PDL Brand	
OPTICHAMBER DIAMOND VHC	Non-PDL Brand	
OPTICHAMBER DIAMOND W-LRG MASK	Non-PDL Brand	
OPTICHAMBER DIAMOND W-MED MASK	Non-PDL Brand	
OPTICHAMBER DIAMOND W-SML MASK	Non-PDL Brand	
PANDA MASK LARGE	Non-PDL Brand	
PANDA MASK MEDIUM	Non-PDL Brand	
PANDA MASK SMALL	Non-PDL Brand	

Drug	Status	Notes
PARI BABY NEBULIZER REUSABLE, SIZE 0 (RX)	Non-PDL Brand	QL (1 EA per 365 days)
PARI BABY NEBULIZER REUSABLE, SIZE 1 (RX)	Non-PDL Brand	QL (1 EA per 365 days)
PARI BABY NEBULIZER REUSABLE, SIZE 2 (RX)	Non-PDL Brand	QL (1 EA per 365 days)
PARI LC D NEBULIZER SET	Non-PDL Brand	QL (1 EA per 365 days)
PARI LC D NEBULIZER SET	Non-PDL Brand	QL (1 EA per 365 days)
PARI LC PLUS NEBULIZER SET	Non-PDL Brand	QL (1 EA per 365 days)
PARI LC SPRINT NEBULIZER SET	Non-PDL Brand	QL (1 EA per 365 days)
PARI LC SPRINT SINUS NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
PARI LC STAR NEBULIZER SET	Non-PDL Brand	QL (1 EA per 365 days)
PARI SINUS AEROSOL SYSTEM	Non-PDL Brand	QL (1 EA per 365 days)
PARI TREK S COMBO PACK	Non-PDL Brand	QL (1 EA per 365 days)
PARI TREK S COMPACT COMPRESSOR	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC DINOSAUR NEBUL SYSTM	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC DOG NEBULIZER SYSTM	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC FROG NEBULIZER SYSTM	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC MEDIUM MASK	Non-PDL Brand	
PEDIATRIC MOUTHPIECE	Non-PDL Brand	
PEDIATRIC PANDA MASK	Non-PDL Brand	
PEDIATRIC SMALL MASK	Non-PDL Brand	
PFLEX INSPIRATORY TRAINER	Non-PDL Brand	
POCKET CHAMBER	Non-PDL Brand	
PORTABLE NEBULIZER SYSTEM	Non-PDL Brand	QL (1 EA per 365 days)
PRIMEAIRE CHAMBER	Non-PDL Brand	
PRO COMFORT SPACER-ADULT MASK	Non-PDL Brand	
PRO COMFORT SPACER-CHILD MASK	Non-PDL Brand	
PROCARE COMPRESSOR NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
PROCARE PEDIATRIC NEB BEAR	Non-PDL Brand	QL (1 EA per 365 days)
PROCARE PEDIATRIC NEB DOG	Non-PDL Brand	QL (1 EA per 365 days)
PROCARE PEDIATRIC NEB EAGLE	Non-PDL Brand	QL (1 EA per 365 days)
PROCARE SPACER WITH ADULT MASK	Non-PDL Brand	
PROCARE SPACER WITH CHILD MASK	Non-PDL Brand	
PROCHAMBER HOLDING CHAMBER	Non-PDL Brand	
PRODIGY MINI-MIST NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
PRONEB ULTRA II COMPRESSOR W/LC PLUS NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
PULMO-AIDE COMPACT COMPRESSOR COMPRESSOR/NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
PULMO-AIDE COMPRESSOR-NEBULIZ 2 PLUG, DISP NEBULIZ	Non-PDL Brand	QL (1 EA per 365 days)
PULMONEB LT COMPRESSOR NEBUL	Non-PDL Brand	QL (1 EA per 365 days)
RITEFLO SPACER	Non-PDL Brand	
SAMI THE SEAL COMPRESSOR NEBUL W/ACCESSORIES	Non-PDL Brand	QL (1 EA per 365 days)
SIDESTREAM CUSTOM NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
SIDESTREAM DISPOS NEBULIZER DISPOSABLE	Non-PDL Brand	QL (1 EA per 365 days)
SIDESTREAM NEBULIZER PEDIATRIC WITH MASK & TUBING	Non-PDL Brand	QL (1 EA per 365 days)

Drug	Status	Notes
SIDESTREAM PEDIATRIC FACE MASK	Non-PDL Brand	
SIDESTREAM PLUS NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
SIDESTREAM REUSABLE NEBULIZER LATEX-FREE	Non-PDL Brand	QL (1 EA per 365 days)
SIDESTREAM REUSABLE NEBULIZER WITH TUBING	Non-PDL Brand	QL (1 EA per 365 days)
SILICONE MASK-INFANT	Non-PDL Brand	
SILICONE MASK-PEDIATRIC	Non-PDL Brand	
SINUSTAR AEROSOL DELIVERY SYST	Non-PDL Brand	QL (1 EA per 365 days)
SINUSTAR REUSABLE NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
SOOTHENEB COMPRESSOR NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
SOOTHENEB MESH NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
SPACE CHAMBER PLUS	Non-PDL Brand	
SUNRISE COMPRESSOR-NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
THRESHOLD IMT TRAINER	Non-PDL Brand	
THRESHOLD PEP DEVICE	Non-PDL Brand	
TRUNEB NEBULIZER KIT	Non-PDL Brand	QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM	Non-PDL Brand	QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM DELUXE	Non-PDL Brand	QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM HRI, LC PLUS	Non-PDL Brand	QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM HRI, LC SPRINT	Non-PDL Brand	QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM LC PLUS	Non-PDL Brand	QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM LC PLUS, DELUXE	Non-PDL Brand	QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM LC PLUS, PEDIATRIC	Non-PDL Brand	QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM LC SPRINT	Non-PDL Brand	QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM LC SPRINT, PEDIATRIC	Non-PDL Brand	QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM LC SPRINT, STANDARD	Non-PDL Brand	QL (1 EA per 365 days)
VIXONE NEBULIZER KIT	Non-PDL Brand	QL (1 EA per 365 days)
VIXONE NEBULIZER-ADULT MASK	Non-PDL Brand	QL (1 EA per 365 days)
VIXONE NEBULIZER-PEDIATRIC MSK	Non-PDL Brand	QL (1 EA per 365 days)
VORTEX ADULT MASK	Non-PDL Brand	
VORTEX FROG CHILD MASK	Non-PDL Brand	
VORTEX HOLDING CHAMBER	Non-PDL Brand	
VORTEX HOLDING CHAMBER HRI	Non-PDL Brand	
VORTEX HOLDING CHAMBER NON-ELECTROSTATIC	Non-PDL Brand	
VORTEX HOLDING CHAMBER-CHILD MASK	Non-PDL Brand	
VORTEX HOLDING CHAMBER-TODDLER MASK	Non-PDL Brand	
VORTEX LADYBUG TODDLER MASK	Non-PDL Brand	
VORTEX VHC FROG CHILD MASK	Non-PDL Brand	
VORTEX VHC FROG CHILD MASK HRI	Non-PDL Brand	

Drug	Status	Notes
VORTEX VHC FROG CHILD MASK W/CHILD FROG MASK	Non-PDL Brand	
VORTEX VHC LADYBUG TODDLER MSK	Non-PDL Brand	
VORTEX VHC LADYBUG TODDLER MSK HRI	Non-PDL Brand	
VORTEX VHC LADYBUG TODDLER MSK W/TODDLR LADYBUG MSK	Non-PDL Brand	
WILLIS THE WHALE COMPRESSR NEB	Non-PDL Brand	QL (1 EA per 365 days)
WINDMILL TRAINER FOR MINI WRIGHT PFM	Non-PDL Brand	
Xanthines		
caffeine cit 60 mg/3 ml oral 10's,sdv,p/f,latex-f 60 mg/3 ml (20 mg/ml)	Non-PDL Generic	
caffeine cit 60 mg/3 ml oral 60 mg/3 ml (20 mg/ml)	Non-PDL Generic	
caffeine cit 60 mg/3 ml oral p/f 60 mg/3 ml (20 mg/ml)	Non-PDL Generic	
caffeine cit 60 mg/3 ml oral p/f, sdv, inner 60 mg/3 ml (20 mg/ml)	Non-PDL Generic	
caffeine cit 60 mg/3 ml oral p/f, sdv, outer 60 mg/3 ml (20 mg/ml)	Non-PDL Generic	
caffeine cit 60 mg/3 ml oral suv, inner 60 mg/3 ml (20 mg/ml)	Non-PDL Generic	
caffeine cit 60 mg/3 ml oral suv, outer 60 mg/3 ml (20 mg/ml)	Non-PDL Generic	
ELIXOPHYLLIN 80 MG/15 ML ELIX 80 MG/15 ML	Non-PDL Generic	
THEO-24 ER 100 MG CAPSULE 100 MG	Non-PDL Brand	
THEO-24 ER 200 MG CAPSULE 200 MG	Non-PDL Brand	
THEO-24 ER 300 MG CAPSULE 300 MG	Non-PDL Brand	
THEO-24 ER 400 MG CAPSULE 400 MG	Non-PDL Brand	
THEOCHRON ER 100 MG TABLET 100 MG	Non-PDL Generic	
THEOCHRON ER 200 MG TABLET 200 MG	Non-PDL Generic	
THEOCHRON ER 300 MG TABLET 300 MG	Non-PDL Generic	
theophylline 80 mg/15 ml soln 80 mg/15 ml	Non-PDL Generic	
theophylline 80 mg/15 ml soln a/f 80 mg/15 ml	Non-PDL Generic	
theophylline er 100 mg tablet 100 mg	Non-PDL Generic	
theophylline er 200 mg tablet 200 mg	Non-PDL Generic	
theophylline er 300 mg tab 300 mg	Non-PDL Generic	
theophylline er 400 mg tablet 400 mg	Non-PDL Generic	
theophylline er 450 mg tab 450 mg	Non-PDL Generic	

Drug	Status	Notes
theophylline er 600 mg tablet 600 mg	Non-PDL Generic	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
memantine 5-10 mg titration pk 5-10 mg	Non-PDL Generic	QL (49 EA per 28 days)
memantine hcl 10 mg tablet 10 mg	PDL Preferred Generic	QL (60 EA per 30 days)
memantine hcl 10 mg tablet f/c 10 mg	PDL Preferred Generic	QL (60 EA per 30 days)
memantine hcl 10 mg tablet f/c, inner 10 mg	PDL Preferred Generic	QL (60 EA per 30 days)
memantine hcl 10 mg tablet f/c, outer 10 mg	PDL Preferred Generic	QL (60 EA per 30 days)
memantine hcl 2 mg/ml solution 2 mg/ml	PDL Non-Preferred Generic	PA; QL (300 ML per 30 days)
memantine hcl 5 mg tablet 5 mg	PDL Preferred Generic	QL (60 EA per 30 days)
memantine hcl 5 mg tablet f/c 5 mg	PDL Preferred Generic	QL (60 EA per 30 days)
memantine hcl 5 mg tablet f/c, inner 5 mg	PDL Preferred Generic	QL (60 EA per 30 days)
memantine hcl 5 mg tablet f/c, outer 5 mg	PDL Preferred Generic	QL (60 EA per 30 days)
memantine hcl 5 mg tablet inner 5 mg	PDL Preferred Generic	QL (60 EA per 30 days)
memantine hcl 5 mg tablet outer 5 mg	PDL Preferred Generic	QL (60 EA per 30 days)
memantine hcl er 14 mg capsule 14 mg	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
memantine hcl er 21 mg capsule 21 mg	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
memantine hcl er 28 mg capsule 28 mg	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
memantine hcl er 7 mg capsule 7 mg	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
NAMENDA 10 MG TABLET F/C 10 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
NAMENDA 10 MG TABLET F/C, OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
NAMENDA 10 MG TABLET F/C,INNER 10 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
NAMENDA 5 MG TABLET F/C 5 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
NAMENDA 5 MG TABLET F/C, OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)

Drug	Status	Notes
NAMENDA 5 MG TABLET F/C,INNER 5 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
NAMENDA 5-10 MG TITRATION PK 5-10 MG	PDL Non-Preferred Brand	PA; QL (49 EA per 28 days)
NAMENDA XR 14 MG CAPSULE 14 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
NAMENDA XR 21 MG CAPSULE 21 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
NAMENDA XR 28 MG CAPSULE 28 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
NAMENDA XR 7 MG CAPSULE 7 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK 7-14-21-28 MG	PDL Non-Preferred Brand	PA; QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
NAMZARIC 14 MG-10 MG CAPSULE 14-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NAMZARIC 21 MG-10 MG CAPSULE 21-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NAMZARIC 28 MG-10 MG CAPSULE 28-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NAMZARIC 7 MG-10 MG CAPSULE 7-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NAMZARIC TITRATION PACK 7/14/21/28 MG-10 MG	PDL Non-Preferred Brand	PA; QL (28 EA per 28 days)
Cholinesterase Inhibitors		
ARICEPT 10 MG TABLET F/C 10 MG	PDL Non-Preferred Brand	PA
ARICEPT 23 MG TABLET 23 MG	PDL Non-Preferred Brand	PA
ARICEPT 5 MG TABLET F/C 5 MG	PDL Non-Preferred Brand	PA
donepezil hcl 10 mg tablet 10 mg	PDL Preferred Generic	
donepezil hcl 10 mg tablet f/c 10 mg	PDL Preferred Generic	
donepezil hcl 23 mg tablet 23 mg	PDL Non-Preferred Generic	PA
donepezil hcl 5 mg tablet 5 mg	PDL Preferred Generic	
donepezil hcl 5 mg tablet f/c 5 mg	PDL Preferred Generic	
donepezil hcl 5 mg tablet u-d,f/c,10x10 5 mg	PDL Preferred Generic	
donepezil hcl odt 10 mg tablet 10 mg	PDL Preferred Generic	
donepezil hcl odt 10 mg tablet 3x10 10 mg	PDL Preferred Generic	
donepezil hcl odt 10 mg tablet inner 10 mg	PDL Preferred Generic	

Drug	Status	Notes
donepezil hcl odt 10 mg tablet outer 10 mg	PDL Preferred Generic	
donepezil hcl odt 5 mg tablet 3x10 5 mg	PDL Preferred Generic	
donepezil hcl odt 5 mg tablet 5 mg	PDL Preferred Generic	
donepezil hcl odt 5 mg tablet inner 5 mg	PDL Preferred Generic	
donepezil hcl odt 5 mg tablet outer 5 mg	PDL Preferred Generic	
EXELON 13.3 MG/24HR PATCH INNER 13.3 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
EXELON 13.3 MG/24HR PATCH OUTER 13.3 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
EXELON 4.6 MG/24HR PATCH INNER 4.6 MG/24 HR	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
EXELON 4.6 MG/24HR PATCH OUTER 4.6 MG/24 HR	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
EXELON 9.5 MG/24HR PATCH INNER 9.5 MG/24 HR	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
EXELON 9.5 MG/24HR PATCH OUTER 9.5 MG/24 HR	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
galantamine 4 mg/ml oral soln 4 mg/ml	PDL Non-Preferred Generic	PA; QL (200 ML per 30 days)
galantamine er 16 mg capsule 16 mg	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
galantamine er 24 mg capsule 24 mg	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
galantamine er 8 mg capsule 8 mg	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
galantamine hbr 12 mg tablet 12 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 12 mg tablet f/c 12 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 4 mg tablet 4 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 4 mg tablet f/c 4 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 4 mg tablet f/c, inner 4 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 4 mg tablet f/c, outer 4 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)

Drug	Status	Notes
galantamine hbr 4 mg tablet f/c,inner 4 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 4 mg tablet f/c,outer 4 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 8 mg tablet 8 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 8 mg tablet f/c 8 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 8 mg tablet f/c,inner 8 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 8 mg tablet f/c,outer 8 mg	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
pyridostigmine 60 mg/5 ml soln 60 mg/5 ml	Non-PDL Generic	
pyridostigmine 60 mg/5 ml soln inner 60 mg/5 ml	Non-PDL Generic	
pyridostigmine 60 mg/5 ml soln outer 60 mg/5 ml	Non-PDL Generic	
pyridostigmine br 60 mg tablet 60 mg	Non-PDL Generic	
pyridostigmine br 60 mg tablet u-d, 10x10, inner 60 mg	Non-PDL Generic	
pyridostigmine br 60 mg tablet u-d, 10x10, outer 60 mg	Non-PDL Generic	
pyridostigmine er 180 mg tab 180 mg	Non-PDL Generic	
RAZADYNE 12 MG TABLET 12 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
RAZADYNE 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
RAZADYNE 8 MG TABLET 8 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
RAZADYNE ER 16 MG CAPSULE 16 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
RAZADYNE ER 24 MG CAPSULE 24 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
RAZADYNE ER 8 MG CAPSULE 8 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
rivastigmine 1.5 mg capsule 1.5 mg	PDL Non-Preferred Generic	PA
rivastigmine 1.5 mg capsule 10x10 1.5 mg	PDL Non-Preferred Generic	PA
rivastigmine 1.5 mg capsule inner, u-d 1.5 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
rivastigmine 1.5 mg capsule outer,10x10, u-d 1.5 mg	PDL Non-Preferred Generic	PA
rivastigmine 13.3 mg/24hr ptch 13.3 mg/24 hour	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 13.3 mg/24hr ptch inner 13.3 mg/24 hour	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 13.3 mg/24hr ptch outer 13.3 mg/24 hour	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 3 mg capsule 10x10 3 mg	PDL Non-Preferred Generic	PA
rivastigmine 3 mg capsule 3 mg	PDL Non-Preferred Generic	PA
rivastigmine 4.5 mg capsule 4.5 mg	PDL Non-Preferred Generic	PA
rivastigmine 4.5 mg capsule inner, u-d 4.5 mg	PDL Non-Preferred Generic	PA
rivastigmine 4.5 mg capsule outer, 10x10, u-d 4.5 mg	PDL Non-Preferred Generic	PA
rivastigmine 4.6 mg/24hr patch 4.6 mg/24 hr	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 4.6 mg/24hr patch inner 4.6 mg/24 hr	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 4.6 mg/24hr patch outer 4.6 mg/24 hr	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 6 mg capsule 6 mg	PDL Non-Preferred Generic	PA
rivastigmine 6 mg capsule inner, u-d 6 mg	PDL Non-Preferred Generic	PA
rivastigmine 6 mg capsule outer, 10x10, u-d 6 mg	PDL Non-Preferred Generic	PA
rivastigmine 9.5 mg/24hr patch 9.5 mg/24 hr	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 9.5 mg/24hr patch inner 9.5 mg/24 hr	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)

Drug	Status	Notes
rivastigmine 9.5 mg/24hr patch outer 9.5 mg/24 hr	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
Behavioral Health Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
mirtazapine 15 mg odt 15 mg	PDL Preferred Generic	
mirtazapine 15 mg odt 5x6 15 mg	PDL Preferred Generic	
mirtazapine 15 mg tablet 15 mg	PDL Preferred Generic	
mirtazapine 15 mg tablet f/c 15 mg	PDL Preferred Generic	
mirtazapine 15 mg tablet f/c,government use 15 mg	PDL Preferred Generic	
mirtazapine 15 mg tablet u-d, 10x10, inner 15 mg	PDL Preferred Generic	
mirtazapine 15 mg tablet u-d, 10x10, outer 15 mg	PDL Preferred Generic	
mirtazapine 15 mg tablet u-d,10x10,inner 15 mg	PDL Preferred Generic	
mirtazapine 15 mg tablet u-d,10x10,outer 15 mg	PDL Preferred Generic	
mirtazapine 30 mg odt 30 mg	PDL Preferred Generic	
mirtazapine 30 mg odt 5x6 30 mg	PDL Preferred Generic	
mirtazapine 30 mg tablet 30 mg	PDL Preferred Generic	
mirtazapine 30 mg tablet f/c 30 mg	PDL Preferred Generic	
mirtazapine 30 mg tablet f/c,government use 30 mg	PDL Preferred Generic	
mirtazapine 30 mg tablet u-d, 10x10, inner 30 mg	PDL Preferred Generic	
mirtazapine 30 mg tablet u-d, 10x10, outer 30 mg	PDL Preferred Generic	
mirtazapine 30 mg tablet u-d,10x10,inner 30 mg	PDL Preferred Generic	
mirtazapine 30 mg tablet u-d,10x10,outer 30 mg	PDL Preferred Generic	
mirtazapine 45 mg odt 45 mg	PDL Preferred Generic	
mirtazapine 45 mg odt 5x6 45 mg	PDL Preferred Generic	
mirtazapine 45 mg tablet 45 mg	PDL Preferred Generic	
mirtazapine 45 mg tablet f/c 45 mg	PDL Preferred Generic	
mirtazapine 45 mg tablet f/c,government use 45 mg	PDL Preferred Generic	

Drug	Status	Notes
mirtazapine 45 mg tablet u-d, 10x10, inner 45 mg	PDL Preferred Generic	
mirtazapine 45 mg tablet u-d, 10x10, outer 45 mg	PDL Preferred Generic	
mirtazapine 45 mg tablet u-d,10x10,inner 45 mg	PDL Preferred Generic	
mirtazapine 45 mg tablet u-d,10x10,outer 45 mg	PDL Preferred Generic	
mirtazapine 7.5 mg tablet 7.5 mg	PDL Preferred Generic	
REMERON 15 MG SOLTAB INNER 15 MG	PDL Non-Preferred Brand	PA
REMERON 15 MG SOLTAB OUTER 15 MG	PDL Non-Preferred Brand	PA
REMERON 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA
REMERON 30 MG SOLTAB INNER 30 MG	PDL Non-Preferred Brand	PA
REMERON 30 MG SOLTAB OUTER 30 MG	PDL Non-Preferred Brand	PA
REMERON 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA
REMERON 45 MG SOLTAB INNER 45 MG	PDL Non-Preferred Brand	PA
REMERON 45 MG SOLTAB OUTER 45 MG	PDL Non-Preferred Brand	PA
Maois - Non-Selective & Irreversible		
phenelzine sulfate 15 mg tab 15 mg	Non-PDL Generic	
tranylcypromine sulf 10 mg tab 10 mg	Non-PDL Generic	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
APLENZIN ER 174 MG TABLET 174 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APLENZIN ER 348 MG TABLET 348 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APLENZIN ER 522 MG TABLET 522 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
bupropion hcl 100 mg tablet 100 mg	PDL Preferred Generic	
bupropion hcl 100 mg tablet f/c 100 mg	PDL Preferred Generic	
bupropion hcl 100 mg tablet u-d, 10x10, inner 100 mg	PDL Preferred Generic	
bupropion hcl 100 mg tablet u-d, outer 100 mg	PDL Preferred Generic	
bupropion hcl 75 mg tablet 75 mg	PDL Preferred Generic	
bupropion hcl 75 mg tablet f/c 75 mg	PDL Preferred Generic	

Drug	Status	Notes
bupropion hcl 75 mg tablet u-d, 10x10, inner 75 mg	PDL Preferred Generic	
bupropion hcl 75 mg tablet u-d, outer 75 mg	PDL Preferred Generic	
bupropion hcl sr 100 mg tablet 100 mg	PDL Preferred Generic	
bupropion hcl sr 100 mg tablet f/c 100 mg	PDL Preferred Generic	
bupropion hcl sr 100 mg tablet f/c, inner 100 mg	PDL Preferred Generic	
bupropion hcl sr 100 mg tablet f/c, outer 100 mg	PDL Preferred Generic	
bupropion hcl sr 100 mg tablet inner,u-d,10x10/f/c 100 mg	PDL Preferred Generic	
bupropion hcl sr 100 mg tablet outer,u-d,10x10,f/c 100 mg	PDL Preferred Generic	
bupropion hcl sr 150 mg tablet 150 mg	PDL Preferred Generic	
bupropion hcl sr 150 mg tablet f/c 150 mg	PDL Preferred Generic	
bupropion hcl sr 150 mg tablet f/c, inner 150 mg	PDL Preferred Generic	
bupropion hcl sr 150 mg tablet f/c, outer 150 mg	PDL Preferred Generic	
bupropion hcl sr 200 mg tablet 200 mg	PDL Preferred Generic	
bupropion hcl xl 150 mg tablet 150 mg	PDL Preferred Generic	
bupropion hcl xl 150 mg tablet f/c 150 mg	PDL Preferred Generic	
bupropion hcl xl 150 mg tablet inner 150 mg	PDL Preferred Generic	
bupropion hcl xl 150 mg tablet outer 150 mg	PDL Preferred Generic	
bupropion hcl xl 300 mg tablet 300 mg	PDL Preferred Generic	
bupropion hcl xl 300 mg tablet f/c, inner, u-d,3x10 300 mg	PDL Preferred Generic	
bupropion hcl xl 300 mg tablet f/c, u-d, 3x10,outer 300 mg	PDL Preferred Generic	
bupropion hcl xl 300 mg tablet once daily 300 mg	PDL Preferred Generic	
bupropion hcl xl 300 mg tablet u-d,3x10,inner 300 mg	PDL Preferred Generic	
bupropion hcl xl 300 mg tablet u-d,3x10,outer 300 mg	PDL Preferred Generic	
bupropion hcl xl 450 mg tablet 450 mg	PDL Preferred Generic	QL (1 EA per 1 day)
FORFIVO XL 450 MG TABLET 450 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
WELLBUTRIN SR 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
WELLBUTRIN SR 150 MG TABLET F/C 150 MG	PDL Non-Preferred Brand	PA
WELLBUTRIN SR 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
WELLBUTRIN XL 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA
WELLBUTRIN XL 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA
Selective Serotonin Reuptake Inhibitor (Ssris)		
CELEXA 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
CELEXA 20 MG TABLET F/C 20 MG	PDL Non-Preferred Brand	PA
CELEXA 40 MG TABLET F/C 40 MG	PDL Non-Preferred Brand	PA
citalopram hbr 10 mg tablet 10 mg	PDL Preferred Generic	
citalopram hbr 10 mg tablet f/c 10 mg	PDL Preferred Generic	
citalopram hbr 10 mg tablet f/c, inner 10 mg	PDL Preferred Generic	
citalopram hbr 10 mg tablet f/c, outer 10 mg	PDL Preferred Generic	
citalopram hbr 10 mg tablet f/c, u-d, 10x10 10 mg	PDL Preferred Generic	
citalopram hbr 10 mg tablet f/c,unit dose 10 mg	PDL Preferred Generic	
citalopram hbr 10 mg/5 ml soln 10 mg/5 ml	PDL Preferred Generic	
citalopram hbr 20 mg tablet 20 mg	PDL Preferred Generic	
citalopram hbr 20 mg tablet f/c 20 mg	PDL Preferred Generic	
citalopram hbr 20 mg tablet f/c, 10x10 20 mg	PDL Preferred Generic	
citalopram hbr 20 mg tablet f/c, inner 20 mg	PDL Preferred Generic	
citalopram hbr 20 mg tablet f/c, outer 20 mg	PDL Preferred Generic	
citalopram hbr 20 mg tablet f/c,unit dose 20 mg	PDL Preferred Generic	
citalopram hbr 40 mg tablet 40 mg	PDL Preferred Generic	
citalopram hbr 40 mg tablet f/c 40 mg	PDL Preferred Generic	
citalopram hbr 40 mg tablet f/c, u-d, 10x10 40 mg	PDL Preferred Generic	
citalopram hbr 40 mg tablet f/c,unit dose 40 mg	PDL Preferred Generic	
escitalopram 10 mg tablet 10 mg	PDL Preferred Generic	

Drug	Status	Notes
escitalopram 10 mg tablet f/c 10 mg	PDL Preferred Generic	
escitalopram 10 mg tablet f/c,u-d,10x10,outer 10 mg	PDL Preferred Generic	
escitalopram 10 mg tablet f/c,u-d,inner 10 mg	PDL Preferred Generic	
escitalopram 20 mg tablet 20 mg	PDL Preferred Generic	
escitalopram 20 mg tablet f/c 20 mg	PDL Preferred Generic	
escitalopram 20 mg tablet f/c,u-d,10x10,outer 20 mg	PDL Preferred Generic	
escitalopram 20 mg tablet f/c,u-d,inner 20 mg	PDL Preferred Generic	
escitalopram 5 mg tablet f/c 5 mg	PDL Preferred Generic	
escitalopram oxalate 5 mg/5 ml 5 mg/5 ml	PDL Preferred Generic	
escitalopram oxalate 5 mg/5 ml oral solution 5 mg/5 ml	PDL Preferred Generic	
fluoxetine 20 mg/5 ml solution 20 mg/5 ml (4 mg/ml)	PDL Preferred Generic	
fluoxetine dr 90 mg capsule once weekly 90 mg	PDL Non-Preferred Generic	PA
fluoxetine hcl 10 mg capsule 10 mg	PDL Preferred Generic	
fluoxetine hcl 10 mg capsule 12's 10 mg	PDL Preferred Generic	
fluoxetine hcl 10 mg capsule 4x7, u-u 10 mg	PDL Preferred Generic	
fluoxetine hcl 10 mg capsule u-d, 10x10 10 mg	PDL Preferred Generic	
fluoxetine hcl 10 mg tablet 10 mg	PDL Non-Preferred Generic	PA
fluoxetine hcl 10 mg tablet f/c 10 mg	PDL Non-Preferred Generic	PA
fluoxetine hcl 10 mg tablet inner 10 mg	PDL Non-Preferred Generic	PA
fluoxetine hcl 10 mg tablet outer 10 mg	PDL Non-Preferred Generic	PA
fluoxetine hcl 20 mg capsule 12's 20 mg	PDL Preferred Generic	
fluoxetine hcl 20 mg capsule 20 mg	PDL Preferred Generic	
fluoxetine hcl 20 mg capsule 4x7, u-u 20 mg	PDL Preferred Generic	

Drug	Status	Notes
fluoxetine hcl 20 mg capsule inner 20 mg	PDL Preferred Generic	
fluoxetine hcl 20 mg capsule outer 20 mg	PDL Preferred Generic	
fluoxetine hcl 20 mg capsule u-d, 10x10 20 mg	PDL Preferred Generic	
fluoxetine hcl 20 mg tablet 20 mg	PDL Non-Preferred Generic	PA
fluoxetine hcl 20 mg tablet f/c 20 mg	PDL Non-Preferred Generic	PA
fluoxetine hcl 20 mg tablet inner 20 mg	PDL Non-Preferred Generic	PA
fluoxetine hcl 20 mg tablet outer 20 mg	PDL Non-Preferred Generic	PA
fluoxetine hcl 40 mg capsule 40 mg	PDL Preferred Generic	
fluoxetine hcl 40 mg capsule inner 40 mg	PDL Preferred Generic	
fluoxetine hcl 40 mg capsule outer 40 mg	PDL Preferred Generic	
fluoxetine hcl 60 mg tablet 60 mg	PDL Non-Preferred Brand	PA
fluoxetine hcl 60 mg tablet 60 mg	PDL Non-Preferred Generic	PA
fluvoxamine er 100 mg capsule 100 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
fluvoxamine er 150 mg capsule 150 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
fluvoxamine maleate 100 mg tab 100 mg	PDL Preferred Generic	
fluvoxamine maleate 100 mg tab f/c 100 mg	PDL Preferred Generic	
fluvoxamine maleate 100 mg tab u-d,10x10,inner 100 mg	PDL Preferred Generic	
fluvoxamine maleate 100 mg tab u-d,10x10,outer 100 mg	PDL Preferred Generic	
fluvoxamine maleate 25 mg tab 25 mg	PDL Preferred Generic	
fluvoxamine maleate 25 mg tab f/c 25 mg	PDL Preferred Generic	
fluvoxamine maleate 50 mg tab 50 mg	PDL Preferred Generic	
fluvoxamine maleate 50 mg tab f/c 50 mg	PDL Preferred Generic	

Drug	Status	Notes
fluvoxamine maleate 50 mg tab u-d,10x10,inner 50 mg	PDL Preferred Generic	
fluvoxamine maleate 50 mg tab u-d,10x10,outer 50 mg	PDL Preferred Generic	
LEXAPRO 10 MG TABLET F/C 10 MG	PDL Non-Preferred Brand	PA
LEXAPRO 20 MG TABLET F/C 20 MG	PDL Non-Preferred Brand	PA
LEXAPRO 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
paroxetine cr 12.5 mg tablet 12.5 mg	PDL Non-Preferred Generic	PA
paroxetine cr 12.5 mg tablet f/c 12.5 mg	PDL Non-Preferred Generic	PA
paroxetine cr 25 mg tablet 25 mg	PDL Non-Preferred Generic	PA
paroxetine cr 25 mg tablet f/c 25 mg	PDL Non-Preferred Generic	PA
paroxetine cr 37.5 mg tablet 37.5 mg	PDL Non-Preferred Generic	PA
paroxetine er 12.5 mg tablet 12.5 mg	PDL Non-Preferred Generic	PA
paroxetine er 25 mg tablet 25 mg	PDL Non-Preferred Generic	PA
paroxetine er 37.5 mg tablet 37.5 mg	PDL Non-Preferred Generic	PA
paroxetine hcl 10 mg tablet f/c 10 mg	PDL Preferred Generic	
paroxetine hcl 10 mg tablet f/c,u-d,10x10,inner 10 mg	PDL Preferred Generic	
paroxetine hcl 10 mg tablet f/c,u-d,10x10,outer 10 mg	PDL Preferred Generic	
paroxetine hcl 20 mg tablet 20 mg	PDL Preferred Generic	
paroxetine hcl 20 mg tablet f/c 20 mg	PDL Preferred Generic	
paroxetine hcl 20 mg tablet f/c,u-d,10x10 20 mg	PDL Preferred Generic	
paroxetine hcl 20 mg tablet f/c,u-d,10x10,inner 20 mg	PDL Preferred Generic	
paroxetine hcl 20 mg tablet f/c,u-d,10x10,outer 20 mg	PDL Preferred Generic	
paroxetine hcl 20 mg tablet u-d,10x10,inner 20 mg	PDL Preferred Generic	

Drug	Status	Notes
paroxetine hcl 20 mg tablet u-d,10x10,outer 20 mg	PDL Preferred Generic	
paroxetine hcl 30 mg tablet 30 mg	PDL Preferred Generic	
paroxetine hcl 30 mg tablet f/c 30 mg	PDL Preferred Generic	
paroxetine hcl 30 mg tablet f/c,u-d,10x10,outer 30 mg	PDL Preferred Generic	
paroxetine hcl 30 mg tablet inner 30 mg	PDL Preferred Generic	
paroxetine hcl 40 mg tablet f/c 40 mg	PDL Preferred Generic	
paroxetine hcl 40 mg tablet f/c,u-d,10x10,inner 40 mg	PDL Preferred Generic	
paroxetine hcl 40 mg tablet f/c,u-d,10x10,outer 40 mg	PDL Preferred Generic	
PAXIL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
PAXIL 10 MG TABLET F/C 10 MG	PDL Non-Preferred Brand	PA
PAXIL 10 MG/5 ML SUSPENSION 10 MG/5 ML	PDL Non-Preferred Brand	PA
PAXIL 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
PAXIL 20 MG TABLET F/C 20 MG	PDL Non-Preferred Brand	PA
PAXIL 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA
PAXIL 30 MG TABLET F/C 30 MG	PDL Non-Preferred Brand	PA
PAXIL 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
PAXIL CR 12.5 MG TABLET 12.5 MG	PDL Non-Preferred Brand	PA
PAXIL CR 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
PAXIL CR 37.5 MG TABLET 37.5 MG	PDL Non-Preferred Brand	PA
PEXEVA 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PEXEVA 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PEXEVA 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PEXEVA 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PROZAC 10 MG PULVULE PULVULE 10 MG	PDL Non-Preferred Brand	PA
PROZAC 20 MG PULVULE PULVULE 20 MG	PDL Non-Preferred Brand	PA
PROZAC 40 MG PULVULE 40 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
SARAFEM 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
SARAFEM 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
sertraline 20 mg/ml oral conc 20 mg/ml	PDL Preferred Generic	
sertraline 20 mg/ml oral conc w/dispensing syringe 20 mg/ml	PDL Preferred Generic	
sertraline hcl 100 mg tablet 100 mg	PDL Preferred Generic	
sertraline hcl 100 mg tablet f/c 100 mg	PDL Preferred Generic	
sertraline hcl 25 mg tablet 25 mg	PDL Preferred Generic	
sertraline hcl 25 mg tablet f/c 25 mg	PDL Preferred Generic	
sertraline hcl 25 mg tablet f/c,10x10,outer 25 mg	PDL Preferred Generic	
sertraline hcl 25 mg tablet f/c,inner 25 mg	PDL Preferred Generic	
sertraline hcl 50 mg tablet 50 mg	PDL Preferred Generic	
sertraline hcl 50 mg tablet f/c 50 mg	PDL Preferred Generic	
ZOLOFT 100 MG TABLET F/C, U-U 100 MG	PDL Non-Preferred Brand	PA
ZOLOFT 100 MG TABLET F/C,U-D 100 MG	PDL Non-Preferred Brand	PA
ZOLOFT 20 MG/ML ORAL CONC 20 MG/ML	PDL Non-Preferred Brand	PA
ZOLOFT 25 MG TABLET F/C, U-U 25 MG	PDL Non-Preferred Brand	PA
ZOLOFT 50 MG TABLET F/C, U-U 50 MG	PDL Non-Preferred Brand	PA
ZOLOFT 50 MG TABLET F/C,U-D 50 MG	PDL Non-Preferred Brand	PA
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
nefazodone hcl 100 mg tablet 100 mg	PDL Preferred Generic	
nefazodone hcl 150 mg tablet 150 mg	PDL Preferred Generic	
nefazodone hcl 200 mg tablet 200 mg	PDL Preferred Generic	
nefazodone hcl 250 mg tablet 250 mg	PDL Preferred Generic	
nefazodone hcl 50 mg tablet 50 mg	PDL Preferred Generic	
trazodone 100 mg tablet 100 mg	PDL Preferred Generic	
trazodone 100 mg tablet f/c 100 mg	PDL Preferred Generic	

Drug	Status	Notes
trazodone 150 mg tablet 150 mg	PDL Preferred Generic	
trazodone 150 mg tablet u-d, 10x10, outer 150 mg	PDL Preferred Generic	
trazodone 150 mg tablet u-d, inner 150 mg	PDL Preferred Generic	
trazodone 300 mg tablet 300 mg	PDL Preferred Generic	
trazodone 50 mg tablet 50 mg	PDL Preferred Generic	
trazodone 50 mg tablet f/c 50 mg	PDL Preferred Generic	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
CYMBALTA 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA
CYMBALTA 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA
CYMBALTA 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA
desvenlafaxine er 100 mg tab 100 mg	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
desvenlafaxine er 50 mg tab 50 mg	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
desvenlafaxine succnt er 100 mg 100 mg	PDL Non-Preferred Generic	PA
desvenlafaxine succnt er 25 mg 25 mg	PDL Non-Preferred Generic	PA
desvenlafaxine succnt er 50 mg 50 mg	PDL Non-Preferred Generic	PA
duloxetine hcl dr 20 mg cap 20 mg	PDL Preferred Generic	
duloxetine hcl dr 20 mg cap inner 20 mg	PDL Preferred Generic	
duloxetine hcl dr 20 mg cap outer 20 mg	PDL Preferred Generic	
duloxetine hcl dr 30 mg cap 30 mg	PDL Preferred Generic	
duloxetine hcl dr 30 mg cap inner 30 mg	PDL Preferred Generic	
duloxetine hcl dr 30 mg cap outer 30 mg	PDL Preferred Generic	
duloxetine hcl dr 60 mg cap 60 mg	PDL Preferred Generic	
duloxetine hcl dr 60 mg cap inner 60 mg	PDL Preferred Generic	
duloxetine hcl dr 60 mg cap outer 60 mg	PDL Preferred Generic	
EFFEXOR XR 150 MG CAPSULE 150 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
EFFEXOR XR 150 MG CAPSULE INNER 150 MG	PDL Non-Preferred Brand	PA
EFFEXOR XR 150 MG CAPSULE OUTER 150 MG	PDL Non-Preferred Brand	PA
EFFEXOR XR 150 MG CAPSULE U-U 150 MG	PDL Non-Preferred Brand	PA
EFFEXOR XR 37.5 MG CAPSULE 37.5 MG	PDL Non-Preferred Brand	PA
EFFEXOR XR 37.5 MG CAPSULE INNER 37.5 MG	PDL Non-Preferred Brand	PA
EFFEXOR XR 37.5 MG CAPSULE OUTER 37.5 MG	PDL Non-Preferred Brand	PA
EFFEXOR XR 37.5 MG CAPSULE U-U 37.5 MG	PDL Non-Preferred Brand	PA
EFFEXOR XR 75 MG CAPSULE 75 MG	PDL Non-Preferred Brand	PA
EFFEXOR XR 75 MG CAPSULE U-U 75 MG	PDL Non-Preferred Brand	PA
FETZIMA 20-40 MG TITRATION PAK 20 MG (2)- 40 MG (26)	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FETZIMA ER 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FETZIMA ER 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FETZIMA ER 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FETZIMA ER 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PRISTIQ ER 100 MG TABLET F/C 100 MG	PDL Non-Preferred Brand	PA
PRISTIQ ER 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
PRISTIQ ER 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
venlafaxine hcl 100 mg tablet 100 mg	PDL Preferred Generic	
venlafaxine hcl 100 mg tablet f/c 100 mg	PDL Preferred Generic	
venlafaxine hcl 25 mg tablet 25 mg	PDL Preferred Generic	
venlafaxine hcl 25 mg tablet f/c 25 mg	PDL Preferred Generic	
venlafaxine hcl 25 mg tablet inner 25 mg	PDL Preferred Generic	
venlafaxine hcl 25 mg tablet outer 25 mg	PDL Preferred Generic	
venlafaxine hcl 37.5 mg tablet 37.5 mg	PDL Preferred Generic	
venlafaxine hcl 37.5 mg tablet f/c 37.5 mg	PDL Preferred Generic	
venlafaxine hcl 37.5 mg tablet inner 37.5 mg	PDL Preferred Generic	

Drug	Status	Notes
venlafaxine hcl 37.5 mg tablet outer 37.5 mg	PDL Preferred Generic	
venlafaxine hcl 37.5 mg tablet u-d,10x10,inner 37.5 mg	PDL Preferred Generic	
venlafaxine hcl 37.5 mg tablet u-d,10x10,outer 37.5 mg	PDL Preferred Generic	
venlafaxine hcl 50 mg tablet 50 mg	PDL Preferred Generic	
venlafaxine hcl 50 mg tablet f/c 50 mg	PDL Preferred Generic	
venlafaxine hcl 75 mg tablet 75 mg	PDL Preferred Generic	
venlafaxine hcl 75 mg tablet f/c 75 mg	PDL Preferred Generic	
venlafaxine hcl 75 mg tablet inner 75 mg	PDL Preferred Generic	
venlafaxine hcl 75 mg tablet outer 75 mg	PDL Preferred Generic	
venlafaxine hcl 75 mg tablet u-d,10x10,inner 75 mg	PDL Preferred Generic	
venlafaxine hcl 75 mg tablet u-d,10x10,outer 75 mg	PDL Preferred Generic	
venlafaxine hcl er 150 mg cap 150 mg	PDL Preferred Generic	
venlafaxine hcl er 150 mg cap inner 150 mg	PDL Preferred Generic	
venlafaxine hcl er 150 mg cap outer 150 mg	PDL Preferred Generic	
venlafaxine hcl er 150 mg cap redipak, u-d 150 mg	PDL Preferred Generic	
venlafaxine hcl er 150 mg tab 150 mg	PDL Non-Preferred Generic	PA
venlafaxine hcl er 225 mg tab 225 mg	PDL Non-Preferred Generic	PA
venlafaxine hcl er 37.5 mg cap 37.5 mg	PDL Preferred Generic	
venlafaxine hcl er 37.5 mg cap inner 37.5 mg	PDL Preferred Generic	
venlafaxine hcl er 37.5 mg cap outer 37.5 mg	PDL Preferred Generic	
venlafaxine hcl er 37.5 mg cap redipak, u-d 37.5 mg	PDL Preferred Generic	
venlafaxine hcl er 37.5 mg tab 37.5 mg	PDL Non-Preferred Generic	PA
venlafaxine hcl er 75 mg cap 75 mg	PDL Preferred Generic	
venlafaxine hcl er 75 mg cap inner 75 mg	PDL Preferred Generic	

Drug	Status	Notes
venlafaxine hcl er 75 mg cap outer 75 mg	PDL Preferred Generic	
venlafaxine hcl er 75 mg cap redipak, u-d 75 mg	PDL Preferred Generic	
venlafaxine hcl er 75 mg tab 75 mg	PDL Non-Preferred Generic	PA
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VIIBRYD 10-20 MG STARTER PACK 10 MG (7)- 20 MG (23)	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VIIBRYD 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VIIBRYD 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
TRINTELLIX 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
TRINTELLIX 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
chlordiazepo-amitriptyl 5-12.5 12.5-5 mg	Non-PDL Generic	
chlordiazepox-amitriptyl 10-25 25-10 mg	Non-PDL Generic	
Tricyclic Antidepressant/Phenothiazine Combinatns		
perphen-amitrip 2 mg-10 mg tab 2-10 mg	Non-PDL Generic	
perphen-amitrip 2 mg-25 mg tab 2-25 mg	Non-PDL Generic	
perphen-amitrip 4 mg-10 mg tab 4-10 mg	Non-PDL Generic	
perphen-amitrip 4 mg-25 mg tab 4-25 mg	Non-PDL Generic	
perphen-amitrip 4 mg-50 mg tab 4-50 mg	Non-PDL Generic	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
amitriptyline hcl 10 mg tab 10 mg	Non-PDL Generic	
amitriptyline hcl 10 mg tab f/c 10 mg	Non-PDL Generic	
amitriptyline hcl 10 mg tab u-d, 10x10, inner 10 mg	Non-PDL Generic	
amitriptyline hcl 10 mg tab u-d, outer 10 mg	Non-PDL Generic	
amitriptyline hcl 100 mg tab 100 mg	Non-PDL Generic	

Drug	Status	Notes
amitriptyline hcl 100 mg tab f/c 100 mg	Non-PDL Generic	
amitriptyline hcl 100 mg tab u-d, 10x10, inner 100 mg	Non-PDL Generic	
amitriptyline hcl 100 mg tab u-d, outer 100 mg	Non-PDL Generic	
amitriptyline hcl 150 mg tab 150 mg	Non-PDL Generic	
amitriptyline hcl 150 mg tab f/c 150 mg	Non-PDL Generic	
amitriptyline hcl 25 mg tab 25 mg	Non-PDL Generic	
amitriptyline hcl 25 mg tab f/c 25 mg	Non-PDL Generic	
amitriptyline hcl 25 mg tab u-d 25 mg	Non-PDL Generic	
amitriptyline hcl 25 mg tab u-d, 10x10, inner 25 mg	Non-PDL Generic	
amitriptyline hcl 25 mg tab u-d, outer 25 mg	Non-PDL Generic	
amitriptyline hcl 50 mg tab 50 mg	Non-PDL Generic	
amitriptyline hcl 50 mg tab f/c 50 mg	Non-PDL Generic	
amitriptyline hcl 50 mg tab u-d 50 mg	Non-PDL Generic	
amitriptyline hcl 50 mg tab u-d, 10x10, inner 50 mg	Non-PDL Generic	
amitriptyline hcl 50 mg tab u-d, outer 50 mg	Non-PDL Generic	
amitriptyline hcl 75 mg tab 75 mg	Non-PDL Generic	
amitriptyline hcl 75 mg tab f/c 75 mg	Non-PDL Generic	
amitriptyline hcl 75 mg tab u-d, 10x10, inner 75 mg	Non-PDL Generic	
amitriptyline hcl 75 mg tab u-d, outer 75 mg	Non-PDL Generic	
amoxapine 100 mg tablet 100 mg	Non-PDL Generic	
amoxapine 150 mg tablet 150 mg	Non-PDL Generic	
amoxapine 25 mg tablet 25 mg	Non-PDL Generic	
amoxapine 50 mg tablet 50 mg	Non-PDL Generic	
clomipramine 25 mg capsule 25 mg	Non-PDL Generic	
clomipramine 50 mg capsule 50 mg	Non-PDL Generic	
clomipramine 50 mg capsule inner 50 mg	Non-PDL Generic	

Drug	Status	Notes
clomipramine 50 mg capsule outer 50 mg	Non-PDL Generic	
clomipramine 75 mg capsule 75 mg	Non-PDL Generic	
desipramine 10 mg tablet 10 mg	Non-PDL Generic	
desipramine 10 mg tablet f/c 10 mg	Non-PDL Generic	
desipramine 100 mg tablet 100 mg	Non-PDL Generic	
desipramine 150 mg tablet 150 mg	Non-PDL Generic	
desipramine 150 mg tablet f/c 150 mg	Non-PDL Generic	
desipramine 25 mg tablet 25 mg	Non-PDL Generic	
desipramine 50 mg tablet 50 mg	Non-PDL Generic	
desipramine 50 mg tablet f/c 50 mg	Non-PDL Generic	
desipramine 75 mg tablet 75 mg	Non-PDL Generic	
doxepin 10 mg capsule 10 mg	Non-PDL Generic	
doxepin 10 mg capsule u-d, 10x10, inner 10 mg	Non-PDL Generic	
doxepin 10 mg capsule u-d,10x10,outer 10 mg	Non-PDL Generic	
doxepin 10 mg/ml oral conc 10 mg/ml	Non-PDL Generic	
doxepin 100 mg capsule 100 mg	Non-PDL Generic	
doxepin 100 mg capsule u-d, 10x10, inner 100 mg	Non-PDL Generic	
doxepin 100 mg capsule u-d,10x10,outer 100 mg	Non-PDL Generic	
doxepin 150 mg capsule 150 mg	Non-PDL Generic	
doxepin 25 mg capsule 25 mg	Non-PDL Generic	
doxepin 25 mg capsule u-d, 10x10, inner 25 mg	Non-PDL Generic	
doxepin 25 mg capsule u-d,10x10,outer 25 mg	Non-PDL Generic	
doxepin 50 mg capsule 50 mg	Non-PDL Generic	
doxepin 50 mg capsule u-d, 10x10, inner 50 mg	Non-PDL Generic	
doxepin 50 mg capsule u-d,10x10,outer 50 mg	Non-PDL Generic	
doxepin 75 mg capsule 75 mg	Non-PDL Generic	

Drug	Status	Notes
imipramine hcl 10 mg tablet 10 mg	Non-PDL Generic	
imipramine hcl 10 mg tablet f/c 10 mg	Non-PDL Generic	
imipramine hcl 25 mg tablet 25 mg	Non-PDL Generic	
imipramine hcl 25 mg tablet f/c 25 mg	Non-PDL Generic	
imipramine hcl 25 mg tablet u-d 25 mg	Non-PDL Generic	
imipramine hcl 50 mg tablet 50 mg	Non-PDL Generic	
imipramine hcl 50 mg tablet f/c 50 mg	Non-PDL Generic	
imipramine hcl 50 mg tablet u-d 50 mg	Non-PDL Generic	
imipramine pamoate 100 mg cap 100 mg	Non-PDL Generic	
imipramine pamoate 125 mg cap 125 mg	Non-PDL Generic	
imipramine pamoate 150 mg cap 150 mg	Non-PDL Generic	
imipramine pamoate 75 mg cap 75 mg	Non-PDL Generic	
maprotiline 25 mg tablet 25 mg	Non-PDL Generic	
maprotiline 50 mg tablet 50 mg	Non-PDL Generic	
maprotiline 75 mg tablet 75 mg	Non-PDL Generic	
nortriptyline 10 mg/5 ml soln 10 mg/5 ml	Non-PDL Generic	
nortriptyline hcl 10 mg cap 10 mg	Non-PDL Generic	
nortriptyline hcl 25 mg cap 25 mg	Non-PDL Generic	
nortriptyline hcl 50 mg cap 50 mg	Non-PDL Generic	
nortriptyline hcl 75 mg cap 75 mg	Non-PDL Generic	
protriptyline hcl 10 mg tablet 10 mg	Non-PDL Generic	
protriptyline hcl 5 mg tablet 5 mg	Non-PDL Generic	
trimipramine maleate 100 mg cp 100 mg	Non-PDL Generic	
trimipramine maleate 25 mg cap 25 mg	Non-PDL Generic	
trimipramine maleate 50 mg cap 50 mg	Non-PDL Generic	
Behavioral Health Other		
Adrenergics, Aromatic, Non-Catecholamine		

Drug	Status	Notes
ADDERALL XR 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADDERALL XR 15 MG CAPSULE 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADDERALL XR 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ADDERALL XR 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ADDERALL XR 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ADDERALL XR 5 MG CAPSULE 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS ER 1.25 MG/ML SUSP 1.25 MG/ML	PDL Non-Preferred Brand	PA; QL (450 ML per 30 days)
ADZENYS XR-ODT 12.5 MG TABLET 12.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 15.7 MG TABLET 15.7 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 18.8 MG TABLET 18.8 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 3.1 MG TABLET 3.1 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 6.3 MG TABLET 6.3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 9.4 MG TABLET 9.4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
amphetamine sulfate 10 mg tab 10 mg	PDL Non-Preferred Generic	PA
amphetamine sulfate 5 mg tab 5 mg	PDL Non-Preferred Generic	PA
DEXEDRINE SPANSULE 10 MG 10 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
DEXEDRINE SPANSULE 15 MG 15 MG	PDL Non-Preferred Brand	PA; QL (120 EA per 30 days)
DEXEDRINE SPANSULE 5 MG 5 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
dextroamp-amphet er 10 mg cap 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
dextroamp-amphet er 15 mg cap 15 mg	PDL Preferred Generic	QL (1 EA per 1 day)
dextroamp-amphet er 20 mg cap 20 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphet er 25 mg cap 25 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphet er 30 mg cap 30 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphet er 5 mg cap 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
dextroamp-amphetam 12.5 mg tab 12.5 mg	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
dextroamp-amphetam 7.5 mg tab 7.5 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphetamin 10 mg tab 10 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphetamin 15 mg tab 15 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphetamin 20 mg tab 20 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphetamin 30 mg tab 30 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphetamine 5 mg tab 5 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamphetamine 10 mg tab 10 mg	PDL Preferred Generic	QL (180 EA per 30 days)
dextroamphetamine 5 mg tab 5 mg	PDL Preferred Generic	QL (90 EA per 30 days)
dextroamphetamine 5 mg/5 ml 5 mg/5 ml	PDL Non-Preferred Generic	PA; QL (1800 ML per 30 days)
dextroamphetamine er 10 mg cap 10 mg	PDL Preferred Generic	QL (60 EA per 30 days)
dextroamphetamine er 15 mg cap 15 mg	PDL Preferred Generic	QL (120 EA per 30 days)
dextroamphetamine er 15 mg cap inner 15 mg	PDL Preferred Generic	QL (120 EA per 30 days)
dextroamphetamine er 15 mg cap outer 15 mg	PDL Preferred Generic	QL (120 EA per 30 days)
dextroamphetamine er 5 mg cap 5 mg	PDL Preferred Generic	QL (60 EA per 30 days)
DYANAVEL XR 2.5 MG/ML SUSP 2.5 MG/ML	PDL Non-Preferred Brand	PA; QL (240 ML per 30 days)
EVEKEO 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
EVEKEO 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
methamphetamine 5 mg tablet 5 mg	Non-PDL Generic	QL (150 EA per 30 days)
MYDAYIS ER 12.5 MG CAPSULE 12.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MYDAYIS ER 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MYDAYIS ER 37.5 MG CAPSULE 37.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MYDAYIS ER 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PROCENTRA 5 MG/5 ML SOLUTION 5 MG/5 ML	PDL Non-Preferred Brand	PA; QL (1800 ML per 30 days)
VYVANSE 10 MG CAPSULE 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
VYVANSE 10 MG CHEWABLE TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
VYVANSE 20 MG CAPSULE 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
VYVANSE 20 MG CHEWABLE TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYVANSE 30 MG CAPSULE 30 MG	PDL Preferred Brand	QL (1 EA per 1 day)
VYVANSE 30 MG CHEWABLE TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYVANSE 40 MG CAPSULE 40 MG	PDL Preferred Brand	QL (1 EA per 1 day)
VYVANSE 40 MG CHEWABLE TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYVANSE 50 MG CAPSULE 50 MG	PDL Preferred Brand	QL (1 EA per 1 day)
VYVANSE 50 MG CHEWABLE TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYVANSE 60 MG CAPSULE 60 MG	PDL Preferred Brand	QL (1 EA per 1 day)
VYVANSE 60 MG CHEWABLE TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYVANSE 70 MG CAPSULE 70 MG	PDL Preferred Brand	QL (1 EA per 1 day)
ZENZEDI 10 MG TABLET 10 MG	PDL Preferred Generic	PA; QL (180 EA per 30 days)
ZENZEDI 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
ZENZEDI 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
ZENZEDI 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZENZEDI 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZENZEDI 5 MG TABLET 5 MG	PDL Preferred Generic	PA; QL (90 EA per 30 days)
ZENZEDI 7.5 MG TABLET 7.5 MG	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
acamprosate calc dr 333 mg tab 333 mg	Non-PDL Generic	
acamprosate calc dr 333 mg tab enteric coated 333 mg	Non-PDL Generic	
acamprosate calc dr 333 mg tab enteric-coated,inner 333 mg	Non-PDL Generic	
acamprosate calc dr 333 mg tab enteric-coated,outer 333 mg	Non-PDL Generic	
acamprosate calc dr 333 mg tab inner 333 mg	Non-PDL Generic	
acamprosate calc dr 333 mg tab outer 333 mg	Non-PDL Generic	
disulfiram 250 mg tablet 250 mg	Non-PDL Generic	

Drug	Status	Notes
disulfiram 500 mg tablet 500 mg	Non-PDL Generic	
VIVITROL 380 MG VIAL + DILUENT W/ SYR NDL,OUTER,SUV 380 MG	Non-PDL Brand	SP
VIVITROL 380 MG VIAL INNER, SUV 380 MG	Non-PDL Brand	SP
Anti-Anxiety - Benzodiazepines		
alprazolam 0.25 mg tablet 0.25 mg	Non-PDL Generic	
alprazolam 0.25 mg tablet u-d, 10x10, inner 0.25 mg	Non-PDL Generic	
alprazolam 0.25 mg tablet u-d, outer 0.25 mg	Non-PDL Generic	
alprazolam 0.5 mg tablet 0.5 mg	Non-PDL Generic	
alprazolam 0.5 mg tablet u-d, 10x10, inner 0.5 mg	Non-PDL Generic	
alprazolam 0.5 mg tablet u-d, outer 0.5 mg	Non-PDL Generic	
alprazolam 1 mg tablet 1 mg	Non-PDL Generic	
alprazolam 1 mg tablet u-d, 10x10, inner 1 mg	Non-PDL Generic	
alprazolam 1 mg tablet u-d, outer 1 mg	Non-PDL Generic	
alprazolam 1 mg tablet u-d,10x10 1 mg	Non-PDL Generic	
alprazolam 2 mg tablet 2 mg	Non-PDL Generic	
alprazolam er 0.5 mg tablet 0.5 mg	Non-PDL Generic	
alprazolam er 1 mg tablet 1 mg	Non-PDL Generic	
alprazolam er 2 mg tablet 2 mg	Non-PDL Generic	
alprazolam er 3 mg tablet 3 mg	Non-PDL Generic	
ALPRAZOLAM INTENSOL 1 MG/ML 1 MG/ML	Non-PDL Brand	
alprazolam odt 0.25 mg tab 0.25 mg	Non-PDL Generic	
alprazolam odt 0.25 mg tab 10x10, outer 0.25 mg	Non-PDL Generic	
alprazolam odt 0.25 mg tab inner 0.25 mg	Non-PDL Generic	
alprazolam odt 0.5 mg tab 0.5 mg	Non-PDL Generic	
alprazolam odt 0.5 mg tab 10x10, outer 0.5 mg	Non-PDL Generic	
alprazolam odt 0.5 mg tab inner 0.5 mg	Non-PDL Generic	
alprazolam odt 1 mg tab 1 mg	Non-PDL Generic	

Drug	Status	Notes
alprazolam odt 1 mg tab 10x10, outer 1 mg	Non-PDL Generic	
alprazolam odt 1 mg tab inner 1 mg	Non-PDL Generic	
alprazolam odt 2 mg tab 10x10, outer 2 mg	Non-PDL Generic	
alprazolam odt 2 mg tab 2 mg	Non-PDL Generic	
alprazolam odt 2 mg tab inner 2 mg	Non-PDL Generic	
alprazolam xr 0.5 mg tablet 0.5 mg	Non-PDL Generic	
alprazolam xr 1 mg tablet 1 mg	Non-PDL Generic	
alprazolam xr 2 mg tablet 2 mg	Non-PDL Generic	
alprazolam xr 3 mg tablet 3 mg	Non-PDL Generic	
chlordiazepoxide 10 mg capsule 10 mg	Non-PDL Generic	
chlordiazepoxide 10 mg capsule u-d, 10x10, inner 10 mg	Non-PDL Generic	
chlordiazepoxide 10 mg capsule u-d, outer 10 mg	Non-PDL Generic	
chlordiazepoxide 25 mg capsule 25 mg	Non-PDL Generic	
chlordiazepoxide 25 mg capsule u-d, 10x10, inner 25 mg	Non-PDL Generic	
chlordiazepoxide 25 mg capsule u-d, outer 25 mg	Non-PDL Generic	
chlordiazepoxide 5 mg capsule 5 mg	Non-PDL Generic	
chlordiazepoxide 5 mg capsule gelcap 5 mg	Non-PDL Generic	
chlordiazepoxide 5 mg capsule u-d, 10x10, inner 5 mg	Non-PDL Generic	
chlordiazepoxide 5 mg capsule u-d, outer 5 mg	Non-PDL Generic	
clorazepate 15 mg tablet 15 mg	Non-PDL Generic	
clorazepate 3.75 mg tablet 3.75 mg	Non-PDL Generic	
clorazepate 7.5 mg tablet 7.5 mg	Non-PDL Generic	
diazepam 10 mg tablet 10 mg	Non-PDL Generic	
diazepam 10 mg tablet u-d, 10x10, inner 10 mg	Non-PDL Generic	
diazepam 10 mg tablet u-d, outer 10 mg	Non-PDL Generic	
diazepam 2 mg tablet 2 mg	Non-PDL Generic	

Drug	Status	Notes
diazepam 2 mg tablet u-d, 10x10, inner 2 mg	Non-PDL Generic	
diazepam 2 mg tablet u-d, outer 2 mg	Non-PDL Generic	
diazepam 5 mg tablet 5 mg	Non-PDL Generic	
diazepam 5 mg tablet u-d 5 mg	Non-PDL Generic	
diazepam 5 mg tablet u-d, 10x10, inner 5 mg	Non-PDL Generic	
diazepam 5 mg tablet u-d, outer 5 mg	Non-PDL Generic	
diazepam 5 mg tablet u-d,10x10 5 mg	Non-PDL Generic	
diazepam 5 mg/5 ml solution 5 mg/5 ml (1 mg/ml)	Non-PDL Generic	
diazepam 5 mg/ml oral conc 5 mg/ml	Non-PDL Generic	
DIAZEPAM 5 MG/ML ORAL CONC 5 MG/ML	Non-PDL Generic	
lorazepam 0.5 mg tablet 0.5 mg	Non-PDL Generic	
lorazepam 0.5 mg tablet outer 0.5 mg	Non-PDL Generic	
lorazepam 1 mg tablet 1 mg	Non-PDL Generic	
lorazepam 1 mg tablet outer 1 mg	Non-PDL Generic	
lorazepam 2 mg tablet 2 mg	Non-PDL Generic	
lorazepam 2 mg tablet u-d, 10x10, inner 2 mg	Non-PDL Generic	
lorazepam 2 mg tablet u-d,10x10,outer 2 mg	Non-PDL Generic	
lorazepam 2 mg/ml oral concent 2 mg/ml	Non-PDL Generic	
LORAZEPAM INTENSOL 2 MG/ML 2 MG/ML	Non-PDL Generic	
oxazepam 10 mg capsule 10 mg	Non-PDL Generic	
oxazepam 15 mg capsule 15 mg	Non-PDL Generic	
oxazepam 30 mg capsule 30 mg	Non-PDL Generic	
Anti-Anxiety Drugs		
buspirone hcl 10 mg tablet 10 mg	Non-PDL Generic	
buspirone hcl 10 mg tablet outer 10 mg	Non-PDL Generic	
buspirone hcl 15 mg tablet 10x10, outer 15 mg	Non-PDL Generic	

Drug	Status	Notes
buspirone hcl 15 mg tablet 15 mg	Non-PDL Generic	
buspirone hcl 30 mg tablet 30 mg	Non-PDL Generic	
buspirone hcl 30 mg tablet u-d,10x10,inner 30 mg	Non-PDL Generic	
buspirone hcl 30 mg tablet u-d,10x10,outer 30 mg	Non-PDL Generic	
buspirone hcl 5 mg tablet 5 mg	Non-PDL Generic	
buspirone hcl 5 mg tablet u-d,10x10,inner 5 mg	Non-PDL Generic	
buspirone hcl 5 mg tablet u-d,10x10,outer 5 mg	Non-PDL Generic	
buspirone hcl 7.5 mg tablet 7.5 mg	Non-PDL Generic	
meprobamate 200 mg tablet 200 mg	Non-PDL Generic	
meprobamate 400 mg tablet 400 mg	Non-PDL Generic	
Anti-Mania Drugs		
lithium 8 meq/5 ml solution 8meq=300mg lith carb 8 meq/5 ml	Non-PDL Generic	
lithium carbonate 150 mg cap 150 mg	Non-PDL Generic	
lithium carbonate 300 mg cap 300 mg	Non-PDL Generic	
lithium carbonate 300 mg tab 300 mg	Non-PDL Generic	
lithium carbonate 600 mg cap 600 mg	Non-PDL Generic	
lithium carbonate er 300 mg tb 300 mg	Non-PDL Generic	
lithium carbonate er 300 mg tb f/c 300 mg	Non-PDL Generic	
lithium carbonate er 300 mg tb f/c, inner 300 mg	Non-PDL Generic	
lithium carbonate er 300 mg tb f/c, outer 300 mg	Non-PDL Generic	
lithium carbonate er 300 mg tb f/c,u-d,10x10,outer 300 mg	Non-PDL Generic	
lithium carbonate er 300 mg tb f/c,u-d,inner 300 mg	Non-PDL Generic	
lithium carbonate er 450 mg tb 10x10, outer 450 mg	Non-PDL Generic	
lithium carbonate er 450 mg tb 450 mg	Non-PDL Generic	
lithium carbonate er 450 mg tb inner 450 mg	Non-PDL Generic	
lithium carbonate er 450 mg tb outer 450 mg	Non-PDL Generic	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		

Drug	Status	Notes
VRAYLAR 1.5 MG CAPSULE 1.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 1.5 MG CAPSULE INNER 1.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 1.5 MG CAPSULE OUTER 1.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 1.5 MG-3 MG PACK 1.5 MG (1)- 3 MG (6)	PDL Non-Preferred Brand	PA; QL (7 EA per 28 days)
VRAYLAR 3 MG CAPSULE 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 3 MG CAPSULE INNER 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 3 MG CAPSULE OUTER 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 4.5 MG CAPSULE 4.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 6 MG CAPSULE 6 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY MAINTENA ER 300 MG SYR 300 MG	Non-PDL Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 300 MG VL LATEX-FREE,INNER,SUV 300 MG	Non-PDL Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 300 MG VL LATEX-FREE,OUTER,SUV 300 MG	Non-PDL Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG SYR L/F, SAMPLE, SUV 400 MG	Non-PDL Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG SYR LATEX-FREE, SUV 400 MG	Non-PDL Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG VL LATEX-FREE,INNER,SUV 400 MG	Non-PDL Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG VL LATEX-FREE,OUTER,SUV 400 MG	Non-PDL Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG VL SUV,NFRS,LATEX-FREE 400 MG	Non-PDL Brand	QL (1 EA per 26 days)
ABILIFY MYCITE 10 MG KIT 10 MG	PDL Non-Preferred Brand	PA; SP
ABILIFY MYCITE 15 MG KIT 15 MG	PDL Non-Preferred Brand	PA; SP
ABILIFY MYCITE 2 MG KIT 2 MG	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
ABILIFY MYCITE 20 MG KIT 20 MG	PDL Non-Preferred Brand	PA; SP
ABILIFY MYCITE 30 MG KIT 30 MG	PDL Non-Preferred Brand	PA; SP
ABILIFY MYCITE 5 MG KIT 5 MG	PDL Non-Preferred Brand	PA; SP
aripiprazole 1 mg/ml solution 1 mg/ml	PDL Preferred Generic	QL (30 ML per 1 day)
aripiprazole 10 mg tablet 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 10 mg tablet inner 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 10 mg tablet outer 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 15 mg tablet 15 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 15 mg tablet inner 15 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 15 mg tablet outer 15 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 2 mg tablet 2 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 2 mg tablet inner 2 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 2 mg tablet outer 2 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 20 mg tablet 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 20 mg tablet inner 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 20 mg tablet outer 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 30 mg tablet 30 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 30 mg tablet inner 30 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 30 mg tablet outer 30 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 5 mg tablet 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 5 mg tablet inner 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole 5 mg tablet outer 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
aripiprazole odt 10 mg tablet 10 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
aripiprazole odt 15 mg tablet 15 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
ARISTADA ER 1,064 MG/3.9 ML SYR INNER, SUV 1,064 MG/3.9 ML	PDL Non-Preferred Brand	PA; QL (3.9 ML per 14 days)

Drug	Status	Notes
ARISTADA ER 1,064 MG/3.9 ML SYR OUTER, SUV,L/F 1,064 MG/3.9 ML	PDL Non-Preferred Brand	PA; QL (3.9 ML per 14 days)
ARISTADA ER 441 MG/1.6 ML SYRN INNER, L/F, SUV 441 MG/1.6 ML	PDL Non-Preferred Brand	PA; QL (1.6 ML per 14 days)
ARISTADA ER 441 MG/1.6 ML SYRN OUTER, L/F, SUV 441 MG/1.6 ML	PDL Non-Preferred Brand	PA; QL (1.6 ML per 14 days)
ARISTADA ER 662 MG/2.4 ML SYRN INNER, L/F, SUV 662 MG/2.4 ML	PDL Non-Preferred Brand	PA; QL (2.4 ML per 14 days)
ARISTADA ER 662 MG/2.4 ML SYRN OUTER, L/F, SUV 662 MG/2.4 ML	PDL Non-Preferred Brand	PA; QL (2.4 ML per 14 days)
ARISTADA ER 882 MG/3.2 ML SYRN INNER, L/F, SUV 882 MG/3.2 ML	PDL Non-Preferred Brand	PA; QL (3.2 ML per 14 days)
ARISTADA ER 882 MG/3.2 ML SYRN OUTER, L/F, SUV 882 MG/3.2 ML	PDL Non-Preferred Brand	PA; QL (3.2 ML per 14 days)
ARISTADA INITIO ER 675 MG/2.4 675 MG/2.4 ML	PDL Non-Preferred Brand	PA
REXULTI 0.25 MG TABLET 0.25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REXULTI 0.5 MG TABLET 0.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REXULTI 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REXULTI 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REXULTI 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REXULTI 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
loxapine 10 mg capsule 10 mg	Non-PDL Generic	
loxapine 10 mg capsule u-d, 10x10, inner 10 mg	Non-PDL Generic	
loxapine 10 mg capsule u-d,10x10,outer 10 mg	Non-PDL Generic	
loxapine 25 mg capsule 25 mg	Non-PDL Generic	
loxapine 25 mg capsule u-d, 10x10, inner 25 mg	Non-PDL Generic	
loxapine 25 mg capsule u-d,10x10,outer 25 mg	Non-PDL Generic	
loxapine 5 mg capsule 5 mg	Non-PDL Generic	
loxapine 50 mg capsule 50 mg	Non-PDL Generic	
loxapine 50 mg capsule u-d, 10x10, inner 50 mg	Non-PDL Generic	
loxapine 50 mg capsule u-d,10x10,outer 50 mg	Non-PDL Generic	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		

Drug	Status	Notes
CAPLYTA 42 MG CAPSULE INNER 42 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CAPLYTA 42 MG CAPSULE OUTER 42 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
clozapine 100 mg tablet 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 100 mg tablet inner 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 100 mg tablet outer 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 100 mg tablet u-d,inner,10x10 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 100 mg tablet u-d,outer,10x10 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 200 mg tablet 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 200 mg tablet inner 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 200 mg tablet outer 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 200 mg tablet u-d,inner,10x10 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 200 mg tablet u-d,outer,10x10 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 25 mg tablet 25 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 25 mg tablet inner 25 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 25 mg tablet outer 25 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 50 mg tablet 50 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 50 mg tablet inner 50 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 50 mg tablet outer 50 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 100 mg tablet 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 100 mg tablet inner 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 100 mg tablet outer 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 12.5 mg tablet 12.5 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 150 mg tablet 150 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 200 mg tablet 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 25 mg tablet 25 mg	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 25 mg tablet inner 25 mg	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
clozapine odt 25 mg tablet outer 25 mg	PDL Preferred Generic	QL (3 EA per 1 day)
CLOZARIL 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 100 MG TABLET U-D, INNER 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 100 MG TABLET U-D, OUTER 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 25 MG TABLET U-D, INNER 25 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 25 MG TABLET U-D, OUTER 25 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
FANAPT 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 12 MG TABLET 12 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 6 MG TABLET 6 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 8 MG TABLET 8 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT TITRATION PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	PDL Non-Preferred Brand	PA; QL (8 EA per 28 days)
GEODON 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
GEODON 20 MG/ML VIAL INNER, SDV, P/F 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON 20 MG/ML VIAL OUTER, SDV, P/F 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON 20 MG/ML VIAL SUV, INNER, L/F 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON 20 MG/ML VIAL SUV, OUTER, L/F 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
GEODON 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
GEODON 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVEGA ER 1.5 MG TABLET 1.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVEGA ER 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVEGA ER 6 MG TABLET 6 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
INVEGA ER 9 MG TABLET 9 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVEGA SUSTENNA 117 MG/0.75 ML 117 MG/0.75 ML	PDL Preferred Brand	QL (0.75 ML per 21 days)
INVEGA SUSTENNA 156 MG/ML SYRG 156 MG/ML	PDL Preferred Brand	QL (1 ML per 21 days)
INVEGA SUSTENNA 234 MG/1.5 ML 234 MG/1.5 ML	PDL Preferred Brand	QL (1.5 ML per 21 days)
INVEGA SUSTENNA 39 MG/0.25 ML 39 MG/0.25 ML	PDL Preferred Brand	QL (0.25 ML per 21 days)
INVEGA SUSTENNA 78 MG/0.5 ML 78 MG/0.5 ML	PDL Preferred Brand	QL (0.5 ML per 21 days)
INVEGA TRINZA 273 MG/0.875 ML 273 MG/0.875 ML	PDL Preferred Brand	QL (0.875 ML per 84 days)
INVEGA TRINZA 410 MG/1.315 ML 410 MG/1.315 ML	PDL Preferred Brand	QL (1.315 ML per 84 days)
INVEGA TRINZA 546 MG/1.75 ML 546 MG/1.75 ML	PDL Preferred Brand	QL (1.75 ML per 84 days)
INVEGA TRINZA 819 MG/2.625 ML 819 MG/2.625 ML	PDL Preferred Brand	QL (2.625 ML per 84 days)
LATUDA 120 MG TABLET 120 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 20 MG TABLET 20 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 40 MG TABLET 40 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 40 MG TABLET INNER 40 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 40 MG TABLET OUTER 40 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 60 MG TABLET 60 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 60 MG TABLET INNER 60 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 60 MG TABLET OUTER 60 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 80 MG TABLET 80 MG	PDL Preferred Brand	QL (60 EA per 30 days)
LATUDA 80 MG TABLET INNER 80 MG	PDL Preferred Brand	QL (60 EA per 30 days)
LATUDA 80 MG TABLET OUTER 80 MG	PDL Preferred Brand	QL (60 EA per 30 days)
olanzapine 10 mg tablet 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 10 mg tablet f/c 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 10 mg tablet f/c, u-d 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 10 mg tablet inner 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 10 mg tablet outer 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
olanzapine 10 mg vial suv 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 10 mg vial suv, latex-free 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 15 mg tablet 15 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 15 mg tablet f/c 15 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 15 mg tablet f/c, u-d 15 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 15 mg tablet f/c,u-d,10x10,inner 15 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 15 mg tablet f/c,u-d,10x10,outer 15 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 2.5 mg tablet 2.5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 2.5 mg tablet f/c 2.5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 2.5 mg tablet f/c, u-d 2.5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 2.5 mg tablet f/c,u-d,10x10,inner 2.5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 2.5 mg tablet f/c,u-d,10x10,outer 2.5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 20 mg tablet 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 20 mg tablet f/c 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 20 mg tablet f/c, u-d 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 20 mg tablet f/c,u-d,10x10,inner 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 20 mg tablet f/c,u-d,10x10,outer 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 5 mg tablet 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 5 mg tablet f/c 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 5 mg tablet f/c, inner 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 5 mg tablet f/c, outer 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 5 mg tablet f/c, u-d 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 7.5 mg tablet 7.5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 7.5 mg tablet f/c 7.5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 7.5 mg tablet f/c, u-d 7.5 mg	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
olanzapine odt 10 mg tablet 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet 10x10 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet 3x10, outer 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet 3x10's 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet 5x6, outer 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet inner 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet outer 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 15 mg tablet 10x10 15 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 15 mg tablet 15 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 15 mg tablet 3x10, outer 15 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 15 mg tablet 3x10's 15 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 15 mg tablet 5x6, outer 15 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 15 mg tablet inner 15 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 15 mg tablet outer 15 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 20 mg tablet 10x10 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 20 mg tablet 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 20 mg tablet 3x10, outer 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
olanzapine odt 20 mg tablet 3x10's 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 20 mg tablet 5x6, outer 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 20 mg tablet inner 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 20 mg tablet outer 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 5 mg tablet 10x10 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 5 mg tablet 3x10, outer 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 5 mg tablet 3x10's 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 5 mg tablet 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 5 mg tablet 5x6, outer 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 5 mg tablet inner 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 5 mg tablet outer 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
paliperidone er 1.5 mg tablet 1.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
paliperidone er 3 mg tablet 3 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
paliperidone er 3 mg tablet f/c 3 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
paliperidone er 3 mg tablet inner 3 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
paliperidone er 3 mg tablet outer 3 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
paliperidone er 6 mg tablet 6 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
paliperidone er 6 mg tablet f/c 6 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
paliperidone er 6 mg tablet inner 6 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
paliperidone er 6 mg tablet outer 6 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
paliperidone er 9 mg tablet 9 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
paliperidone er 9 mg tablet f/c 9 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
paliperidone er 9 mg tablet inner 9 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
paliperidone er 9 mg tablet outer 9 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
PERSERIS ER 120 MG SYRINGE KIT 120 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
PERSERIS ER 90 MG SYRINGE KIT 90 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
quetiapine er 150 mg tablet 150 mg	PDL Preferred Generic	QL (1 EA per 1 day)
quetiapine er 200 mg tablet 200 mg	PDL Preferred Generic	QL (1 EA per 1 day)
quetiapine er 300 mg tablet 300 mg	PDL Preferred Generic	QL (1 EA per 1 day)
quetiapine er 400 mg tablet 400 mg	PDL Preferred Generic	QL (1 EA per 1 day)
quetiapine er 50 mg tablet 50 mg	PDL Preferred Generic	QL (1 EA per 1 day)
quetiapine fumarate 100 mg tab 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 100 mg tab f/c 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 200 mg tab 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 200 mg tab f/c 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 200 mg tab f/c, inner 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 200 mg tab f/c, outer 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 25 mg tab 25 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 25 mg tab f/c 25 mg	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
quetiapine fumarate 25 mg tab f/c, inner 25 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 25 mg tab f/c, outer 25 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 300 mg tab 300 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 300 mg tab f/c 300 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 400 mg tab 400 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 400 mg tab f/c 400 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 50 mg tab 50 mg	PDL Preferred Generic	QL (3 EA per 1 day)
quetiapine fumarate 50 mg tab f/c 50 mg	PDL Preferred Generic	QL (3 EA per 1 day)
RISPERDAL 0.5 MG TABLET 0.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 1 MG/ML SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA; QL (8 ML per 1 day)
RISPERDAL 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL CONSTA 12.5 MG VIAL L/F, SUV, INNER 12.5 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 12.5 MG VIAL L/F, SUV, OUTER 12.5 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 25 MG VIAL L/F, SUV, INNER 25 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 25 MG VIAL L/F, SUV, OUTER 25 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 37.5 MG VIAL L/F, SUV, INNER 37.5 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 37.5 MG VIAL L/F, SUV, OUTER 37.5 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 50 MG VIAL L/F, SUV, INNER 50 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 50 MG VIAL L/F, SUV, OUTER 50 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
risperidone 0.25 mg odt 5x6, outer 0.25 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.25 mg odt inner 0.25 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.25 mg tablet f/c 0.25 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.25 mg tablet f/c,u-d,10x10,inner 0.25 mg	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
risperidone 0.25 mg tablet f/c,u-d,10x10,outer 0.25 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.25 mg tablet u-d,10x10,f/c,inner 0.25 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.25 mg tablet u-d,10x10,f/c,outer 0.25 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.5 mg odt 3x10 0.5 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.5 mg odt inner 0.5 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.5 mg odt outer 0.5 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.5 mg tablet f/c 0.5 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.5 mg tablet f/c,u-d,10x10,inner 0.5 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.5 mg tablet f/c,u-d,10x10,outer 0.5 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg odt 7x4 1 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg odt inner 1 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg odt outer 1 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg tablet f/c 1 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg tablet f/c,u-d,10x10,inner 1 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg tablet f/c,u-d,10x10,outer 1 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg tablet u-d,10x10,f/c,inner 1 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg tablet u-d,10x10,f/c,outer 1 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg/ml solution 1 mg/ml	PDL Preferred Generic	QL (8 ML per 1 day)
risperidone 1 mg/ml solution with pipette 1 mg/ml	PDL Preferred Generic	QL (8 ML per 1 day)
risperidone 1 mg/ml solution with syringe 1 mg/ml	PDL Preferred Generic	QL (8 ML per 1 day)
risperidone 2 mg odt 7x4 2 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 2 mg odt 7x4, outer 2 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 2 mg odt inner 2 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 2 mg odt outer 2 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 2 mg tablet 10x10,u-d,inner,f/c 2 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 2 mg tablet 10x10,u-d,outer,f/c 2 mg	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
risperidone 2 mg tablet f/c 2 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg odt 7x4 3 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg odt 7x4, outer 3 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg odt inner 3 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg odt outer 3 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg tablet 10x10,u-d,inner,f/c 3 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg tablet 10x10,u-d,outer,f/c 3 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg tablet f/c 3 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg odt 3x10 4 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg odt 7x4 4 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg odt 7x4, outer 4 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg odt inner 4 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg odt outer 4 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg tablet 10x10,u-d,inner,f/c 4 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg tablet 10x10,u-d,outer,f/c 4 mg	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg tablet f/c 4 mg	PDL Preferred Generic	QL (2 EA per 1 day)
SAPHRIS 10 MG TAB SUBLINGUAL INNER 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 10 MG TAB SUBLINGUAL OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 2.5 MG TAB SUBLINGUAL INNER 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 2.5 MG TAB SUBLINGUAL OUTER 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 5 MG TAB SUBLINGUAL INNER 5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 5 MG TAB SUBLINGUAL OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SECUADO 3.8 MG/24 HR PATCH INNER 3.8 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SECUADO 3.8 MG/24 HR PATCH OUTER 3.8 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SECUADO 5.7 MG/24 HR PATCH INNER 5.7 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SECUADO 5.7 MG/24 HR PATCH OUTER 5.7 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
SECUADO 7.6 MG/24 HR PATCH INNER 7.6 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SECUADO 7.6 MG/24 HR PATCH OUTER 7.6 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL 100 MG TABLET F/C 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 200 MG TABLET F/C 200 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 25 MG TABLET F/C 25 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 400 MG TABLET F/C 400 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 50 MG TABLET F/C 50 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL XR 150 MG TABLET F/C 150 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 200 MG TABLET F/C 200 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 300 MG TABLET F/C 300 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 400 MG TABLET F/C 400 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 50 MG TABLET F/C 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR SAMPLE KIT 50 MG(3)-200 MG (1)-300 MG(11)	PDL Non-Preferred Brand	PA
VERSACLOZ 50 MG/ML SUSPENSION 50 MG/ML	PDL Non-Preferred Brand	PA; QL (18 ML per 1 day)
ziprasidone 20 mg/ml vial inner, suv, l/f 20 mg/ml (final conc.)	PDL Non-Preferred Generic	
ziprasidone 20 mg/ml vial inner, suv, p/f, l/f 20 mg/ml (final conc.)	PDL Non-Preferred Generic	
ziprasidone 20 mg/ml vial outer, suv, l/f 20 mg/ml (final conc.)	PDL Non-Preferred Generic	
ziprasidone 20 mg/ml vial outer, suv, p/f, l/f 20 mg/ml (final conc.)	PDL Non-Preferred Generic	
ziprasidone hcl 20 mg capsule 20 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 20 mg capsule inner 20 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 20 mg capsule outer 20 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 20 mg capsule u-d 20 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 40 mg capsule 40 mg	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
ziprasidone hcl 40 mg capsule inner 40 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 40 mg capsule outer 40 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 40 mg capsule u-d 40 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 60 mg capsule 60 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 60 mg capsule inner 60 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 60 mg capsule outer 60 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 60 mg capsule u-d 60 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 80 mg capsule 80 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 80 mg capsule inner 80 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 80 mg capsule outer 80 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 80 mg capsule u-d 80 mg	PDL Preferred Generic	QL (2 EA per 1 day)
ZYPREXA 10 MG TABLET F/C 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA 10 MG VIAL 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA 15 MG TABLET F/C 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA 5 MG TABLET F/C 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA 7.5 MG TABLET 7.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA RELPREVV 210 MG VIAL INNER, SDV 210 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
ZYPREXA RELPREVV 210 MG VL KIT SDV, OUTER 210 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
ZYPREXA RELPREVV 300 MG VIAL INNER, SUV 300 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
ZYPREXA RELPREVV 300 MG VL KIT SDV, OUTER 300 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
ZYPREXA RELPREVV 405 MG VIAL INNER, SUV 405 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 28 days)
ZYPREXA RELPREVV 405 MG VL KIT SUV, OUTER 405 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 28 days)
ZYPREXA ZYDIS 10 MG TABLET INNER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 10 MG TABLET OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
ZYPREXA ZYDIS 15 MG TABLET INNER 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 15 MG TABLET OUTER 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 20 MG TABLET INNER 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 20 MG TABLET OUTER 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 5 MG TABLET INNER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 5 MG TABLET OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene 1 mg capsule 1 mg	Non-PDL Generic	
thiothixene 10 mg capsule 10 mg	Non-PDL Generic	
thiothixene 10 mg capsule u-d,10x10,inner 10 mg	Non-PDL Generic	
thiothixene 10 mg capsule u-d,10x10,outer 10 mg	Non-PDL Generic	
thiothixene 2 mg capsule 2 mg	Non-PDL Generic	
thiothixene 2 mg capsule u-d,10x10,inner 2 mg	Non-PDL Generic	
thiothixene 2 mg capsule u-d,10x10,outer 2 mg	Non-PDL Generic	
thiothixene 5 mg capsule 5 mg	Non-PDL Generic	
thiothixene 5 mg capsule u-d,10x10,inner 5 mg	Non-PDL Generic	
thiothixene 5 mg capsule u-d,10x10,outer 5 mg	Non-PDL Generic	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol 0.5 mg tablet 0.5 mg	Non-PDL Generic	
haloperidol 0.5 mg tablet u-d,inner 0.5 mg	Non-PDL Generic	
haloperidol 0.5 mg tablet u-d,outer 0.5 mg	Non-PDL Generic	
haloperidol 1 mg tablet 1 mg	Non-PDL Generic	
haloperidol 1 mg tablet u-d 1 mg	Non-PDL Generic	
haloperidol 1 mg tablet u-d,inner 1 mg	Non-PDL Generic	
haloperidol 1 mg tablet u-d,outer 1 mg	Non-PDL Generic	
haloperidol 10 mg tablet 10 mg	Non-PDL Generic	

Drug	Status	Notes
haloperidol 10 mg tablet 10x10,u-d,inner 10 mg	Non-PDL Generic	
haloperidol 10 mg tablet 10x10,u-d,outer 10 mg	Non-PDL Generic	
haloperidol 10 mg tablet u-d,inner,10x10 10 mg	Non-PDL Generic	
haloperidol 10 mg tablet u-d,outer,10x10 10 mg	Non-PDL Generic	
haloperidol 2 mg tablet 2 mg	Non-PDL Generic	
haloperidol 2 mg tablet u-d,inner 2 mg	Non-PDL Generic	
haloperidol 2 mg tablet u-d,outer 2 mg	Non-PDL Generic	
haloperidol 20 mg tablet 20 mg	Non-PDL Generic	
haloperidol 20 mg tablet 3x10,u-d,inner 20 mg	Non-PDL Generic	
haloperidol 20 mg tablet 3x10,u-d,outer 20 mg	Non-PDL Generic	
haloperidol 5 mg tablet 5 mg	Non-PDL Generic	
haloperidol 5 mg tablet u-d 5 mg	Non-PDL Generic	
haloperidol 5 mg tablet u-d,inner 5 mg	Non-PDL Generic	
haloperidol 5 mg tablet u-d,outer 5 mg	Non-PDL Generic	
haloperidol dec 100 mg/ml amp 5's, sterile 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml amp inner, suv, l/f 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml amp outer, suv, l/f 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial latex-free, suv 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial latex-free,suv,inner 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial latex-free,suv,outer 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial mdv 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial mdv,inner,latex-free 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial mdv,outer,latex-free 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial muv, l/f 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial sdv, latex-free 100 mg/ml	Non-PDL Generic	

Drug	Status	Notes
haloperidol dec 100 mg/ml vial sdv,inner,latex-free 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial sdv,outer,latex-free 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial suv 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial suv, latex-free 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial suv,inner,latex-free 100 mg/ml	Non-PDL Generic	
haloperidol dec 100 mg/ml vial suv,outer,latex-free 100 mg/ml	Non-PDL Generic	
haloperidol dec 250 mg/5 ml vl latex-free, muv 50 mg/ml	Non-PDL Generic	
haloperidol dec 250 mg/5 ml vl muv, latex-free 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial l/f, suv, inner 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial l/f, suv, outer 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial mdv 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial sdv, latex-free 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial sdv,inner,latex-free 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial sdv,outer,latex-free 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial suv, inner 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial suv, outer 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial suv,inner,latex-free 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml vial suv,outer,latex-free 50 mg/ml	Non-PDL Generic	
haloperidol dec 500 mg/5 ml vl inner,muv,latex-free 100 mg/ml	Non-PDL Generic	
haloperidol dec 500 mg/5 ml vl latex-free, muv 100 mg/ml	Non-PDL Generic	
haloperidol dec 500 mg/5 ml vl mdv, latex-free 100 mg/ml	Non-PDL Generic	
haloperidol dec 500 mg/5 ml vl muv, latex-free 100 mg/ml	Non-PDL Generic	
haloperidol dec 500 mg/5 ml vl outer,muv,latex-free 100 mg/ml	Non-PDL Generic	
haloperidol decan 50 mg/ml amp 3's 50 mg/ml	Non-PDL Generic	
haloperidol decan 50 mg/ml amp inner, suv, l/f 50 mg/ml	Non-PDL Generic	

Drug	Status	Notes
haloperidol decan 50 mg/ml amp outer,suv, l/f 50 mg/ml	Non-PDL Generic	
haloperidol lac 2 mg/ml conc 2 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml ampul 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml syring inner, l/f, p/f, sdv 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml syring outer, l/f, p/f, sdv 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial 10's,sdv,p/f,latex-f 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial inner, suv 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial latex-free,mdv,inner 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial latex-free,mdv,outer 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial latex-free,sdv,inner 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial latex-free,sdv,outer 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial mdv, latex-free 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial outer, suv 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial sdv, l/f, inner 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial sdv, l/f, outer 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial suv 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial suv, inner 5 mg/ml	Non-PDL Generic	
haloperidol lac 5 mg/ml vial suv, outer 5 mg/ml	Non-PDL Generic	
haloperidol lac 50 mg/10 ml vl latex-free, mdv 5 mg/ml	Non-PDL Generic	
Anti-Psychotics,Phenothiazines		
chlorpromazine 10 mg tablet 10 mg	Non-PDL Generic	
chlorpromazine 10 mg tablet u-d, 10x10, inner 10 mg	Non-PDL Generic	
chlorpromazine 10 mg tablet u-d, outer 10 mg	Non-PDL Generic	
chlorpromazine 100 mg tablet 100 mg	Non-PDL Generic	
chlorpromazine 100 mg tablet inner 100 mg	Non-PDL Generic	
chlorpromazine 100 mg tablet outer 100 mg	Non-PDL Generic	

Drug	Status	Notes
chlorpromazine 100 mg tablet u-d, 10x10, inner 100 mg	Non-PDL Generic	
chlorpromazine 100 mg tablet u-d, outer 100 mg	Non-PDL Generic	
chlorpromazine 200 mg tablet 200 mg	Non-PDL Generic	
chlorpromazine 200 mg tablet coated 200 mg	Non-PDL Generic	
chlorpromazine 200 mg tablet inner 200 mg	Non-PDL Generic	
chlorpromazine 200 mg tablet outer 200 mg	Non-PDL Generic	
chlorpromazine 200 mg tablet u-d, 10x10, inner 200 mg	Non-PDL Generic	
chlorpromazine 200 mg tablet u-d, outer 200 mg	Non-PDL Generic	
chlorpromazine 25 mg tablet 25 mg	Non-PDL Generic	
chlorpromazine 25 mg tablet inner 25 mg	Non-PDL Generic	
chlorpromazine 25 mg tablet outer 25 mg	Non-PDL Generic	
chlorpromazine 25 mg tablet u-d, 10x10, inner 25 mg	Non-PDL Generic	
chlorpromazine 25 mg tablet u-d, outer 25 mg	Non-PDL Generic	
chlorpromazine 50 mg tablet 50 mg	Non-PDL Generic	
chlorpromazine 50 mg tablet coated 50 mg	Non-PDL Generic	
chlorpromazine 50 mg tablet inner 50 mg	Non-PDL Generic	
chlorpromazine 50 mg tablet outer 50 mg	Non-PDL Generic	
chlorpromazine 50 mg tablet u-d, 10x10, inner 50 mg	Non-PDL Generic	
chlorpromazine 50 mg tablet u-d, outer 50 mg	Non-PDL Generic	
fluphenazine 1 mg tablet f/c 1 mg	Non-PDL Generic	
fluphenazine 1 mg tablet u-d, 10x10, inner 1 mg	Non-PDL Generic	
fluphenazine 1 mg tablet u-d,10x10,outer 1 mg	Non-PDL Generic	
fluphenazine 10 mg tablet f/c 10 mg	Non-PDL Generic	
fluphenazine 10 mg tablet u-d, 10x10, inner 10 mg	Non-PDL Generic	
fluphenazine 10 mg tablet u-d,10x10,outer 10 mg	Non-PDL Generic	
fluphenazine 2.5 mg tablet f/c 2.5 mg	Non-PDL Generic	

Drug	Status	Notes
fluphenazine 2.5 mg tablet u-d, 10x10, inner 2.5 mg	Non-PDL Generic	
fluphenazine 2.5 mg tablet u-d,10x10,outer 2.5 mg	Non-PDL Generic	
fluphenazine 2.5 mg/5 ml elix 2.5 mg/5 ml	Non-PDL Generic	
fluphenazine 2.5 mg/ml vial 2.5 mg/ml	Non-PDL Generic	
fluphenazine 5 mg tablet f/c 5 mg	Non-PDL Generic	
fluphenazine 5 mg tablet f/c, inner 5 mg	Non-PDL Generic	
fluphenazine 5 mg tablet f/c, outer 5 mg	Non-PDL Generic	
fluphenazine 5 mg/ml conc 5 mg/ml	Non-PDL Generic	
fluphenazine dec 125 mg/5 ml mdv, latex-free 25 mg/ml	Non-PDL Generic	
fluphenazine dec 125 mg/5 ml muv, latex-free 25 mg/ml	Non-PDL Generic	
perphenazine 16 mg tablet 16 mg	Non-PDL Generic	
perphenazine 16 mg tablet f/c 16 mg	Non-PDL Generic	
perphenazine 2 mg tablet 2 mg	Non-PDL Generic	
perphenazine 2 mg tablet f/c 2 mg	Non-PDL Generic	
perphenazine 2 mg tablet u-d 2 mg	Non-PDL Generic	
perphenazine 4 mg tablet 4 mg	Non-PDL Generic	
perphenazine 4 mg tablet f/c 4 mg	Non-PDL Generic	
perphenazine 4 mg tablet u-d 4 mg	Non-PDL Generic	
perphenazine 4 mg tablet u-d, 10x10, outer 4 mg	Non-PDL Generic	
perphenazine 4 mg tablet u-d, inner 4 mg	Non-PDL Generic	
perphenazine 8 mg tablet 8 mg	Non-PDL Generic	
perphenazine 8 mg tablet f/c 8 mg	Non-PDL Generic	
perphenazine 8 mg tablet u-d 8 mg	Non-PDL Generic	
perphenazine 8 mg tablet u-d, 10x10, outer 8 mg	Non-PDL Generic	
perphenazine 8 mg tablet u-d, inner 8 mg	Non-PDL Generic	
thioridazine 10 mg tablet 10 mg	Non-PDL Generic	

Drug	Status	Notes
thioridazine 10 mg tablet u-d,10x10,inner 10 mg	Non-PDL Generic	
thioridazine 10 mg tablet u-d,10x10,outer 10 mg	Non-PDL Generic	
thioridazine 100 mg tablet 100 mg	Non-PDL Generic	
thioridazine 100 mg tablet f/c 100 mg	Non-PDL Generic	
thioridazine 100 mg tablet u-d,10x10,inner 100 mg	Non-PDL Generic	
thioridazine 100 mg tablet u-d,10x10,outer 100 mg	Non-PDL Generic	
thioridazine 25 mg tablet 25 mg	Non-PDL Generic	
thioridazine 25 mg tablet u-d,10x10,inner 25 mg	Non-PDL Generic	
thioridazine 25 mg tablet u-d,10x10,outer 25 mg	Non-PDL Generic	
thioridazine 50 mg tablet 50 mg	Non-PDL Generic	
thioridazine 50 mg tablet f/c 50 mg	Non-PDL Generic	
thioridazine 50 mg tablet u-d,10x10,inner 50 mg	Non-PDL Generic	
thioridazine 50 mg tablet u-d,10x10,outer 50 mg	Non-PDL Generic	
trifluoperazine 1 mg tablet 1 mg	Non-PDL Generic	
trifluoperazine 1 mg tablet f/c 1 mg	Non-PDL Generic	
trifluoperazine 1 mg tablet u-d,10x10,inner 1 mg	Non-PDL Generic	
trifluoperazine 1 mg tablet u-d,10x10,outer 1 mg	Non-PDL Generic	
trifluoperazine 10 mg tablet 10 mg	Non-PDL Generic	
trifluoperazine 10 mg tablet f/c 10 mg	Non-PDL Generic	
trifluoperazine 10 mg tablet u-d,10x10,inner 10 mg	Non-PDL Generic	
trifluoperazine 10 mg tablet u-d,10x10,outer 10 mg	Non-PDL Generic	
trifluoperazine 2 mg tablet 2 mg	Non-PDL Generic	
trifluoperazine 2 mg tablet f/c 2 mg	Non-PDL Generic	
trifluoperazine 2 mg tablet u-d,10x10,inner 2 mg	Non-PDL Generic	
trifluoperazine 2 mg tablet u-d,10x10,outer 2 mg	Non-PDL Generic	
trifluoperazine 5 mg tablet 5 mg	Non-PDL Generic	

Drug	Status	Notes
trifluoperazine 5 mg tablet f/c 5 mg	Non-PDL Generic	
trifluoperazine 5 mg tablet u-d,10x10,inner 5 mg	Non-PDL Generic	
trifluoperazine 5 mg tablet u-d,10x10,outer 5 mg	Non-PDL Generic	
Barbiturates		
phenobarbital 100 mg tablet 100 mg	Non-PDL Generic	
phenobarbital 15 mg tablet 15 mg	Non-PDL Generic	
phenobarbital 16.2 mg tablet 16.2 mg	Non-PDL Generic	
phenobarbital 20 mg/5 ml elix 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	
phenobarbital 20 mg/5 ml soln 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	
phenobarbital 30 mg tablet 30 mg	Non-PDL Generic	
phenobarbital 32.4 mg tablet 32.4 mg	Non-PDL Generic	
phenobarbital 60 mg tablet 60 mg	Non-PDL Generic	
phenobarbital 64.8 mg tablet 64.8 mg	Non-PDL Generic	
phenobarbital 97.2 mg tablet 97.2 mg	Non-PDL Generic	
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
ramelteon 8 mg tablet 8 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ROZEREM 8 MG TABLET 8 MG	PDL Preferred Brand	QL (1 EA per 1 day)
Menopausal Symptoms Suppressant - Ssris		
BRISDELLE 7.5 MG CAPSULE 7.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
paroxetine mesylate 7.5 mg cap 7.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents		
armodafinil 150 mg tablet 150 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
armodafinil 200 mg tablet 200 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
armodafinil 250 mg tablet 250 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
armodafinil 50 mg tablet 50 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)

Drug	Status	Notes
modafinil 100 mg tablet 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 100 mg tablet inner 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 100 mg tablet outer 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 100 mg tablet u-d,3x10,outer 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 100 mg tablet u-d,inner 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 200 mg tablet 200 mg	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 200 mg tablet inner 200 mg	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 200 mg tablet outer 200 mg	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 200 mg tablet u-d,3x10,outer 200 mg	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 200 mg tablet u-d,inner 200 mg	Non-PDL Generic	QL (2 EA per 1 day)
Narcotic Antagonists		
naloxone 0.4 mg/ml carpuject inner, l/f, p/f, suv 0.4 mg/ml	Non-PDL Generic	
naloxone 0.4 mg/ml carpuject outer, l/f, p/f, suv 0.4 mg/ml	Non-PDL Generic	
naloxone 2 mg/2 ml syringe latex-free, p/f,sdv 1 mg/ml	PDL Preferred Generic	
naloxone 2 mg/2 ml syringe suv, p/f, l/f, inner 1 mg/ml	PDL Preferred Generic	
naloxone 2 mg/2 ml syringe suv, p/f, l/f, outer 1 mg/ml	PDL Preferred Generic	
naltrexone 50 mg tablet 50 mg	Non-PDL Generic	
naltrexone 50 mg tablet f/c 50 mg	Non-PDL Generic	
naltrexone 50 mg tablet u-d, 3x10,outer,f/c 50 mg	Non-PDL Generic	
naltrexone 50 mg tablet u-d, inner, f/c 50 mg	Non-PDL Generic	
NARCAN 4 MG NASAL SPRAY 4 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 30 days)
Pineal Hormone Agents		
cvs melatonin 3 mg tablet (rx) 3 mg	Non-PDL Generic	
gnp melatonin 3 mg tablet (rx) 3 mg	Non-PDL Generic	
MELATIN 3 MG TABLET 3 MG	Non-PDL Generic	
melatonin 3 mg odt cherry 3 mg	Non-PDL Generic	
melatonin 3 mg tablet (rx) 3 mg	Non-PDL Generic	

Drug	Status	Notes
melatonin 3 mg tablet 024665 (rx) 3 mg	Non-PDL Generic	
melatonin 3 mg tablet 3-10 mg	Non-PDL Generic	
melatonin 3 mg tablet glut/lac-f,s/f,p/f (rx) 3 mg	Non-PDL Generic	
melatonin 3 mg tablet gluten-free (rx) 3 mg	Non-PDL Generic	
melatonin 3 mg tablet inner (rx) 3 mg	Non-PDL Generic	
melatonin 3 mg tablet outer (rx) 3 mg	Non-PDL Generic	
melatonin 3 mg tablet p/f (rx) 3 mg	Non-PDL Generic	
melatonin 3 mg tablet p/f,d/f (rx) 3 mg	Non-PDL Generic	
melatonin 3 mg tablet p/f,s/f,gluten-free (rx) 3 mg	Non-PDL Generic	
melatonin 3 mg tablet s/f (rx) 3 mg	Non-PDL Generic	
melatonin 3 mg tablet s/f,p/f (rx) 3 mg	Non-PDL Generic	
melatonin 3 mg tablet s/f,p/f,gluten-free (rx) 3 mg	Non-PDL Generic	
ra melatonin 3 mg tablet (rx) 3 mg	Non-PDL Generic	
sm melatonin 3 mg tablet (rx) 3 mg	Non-PDL Generic	
sm melatonin 3 mg tablet p/f,lactose-free (rx) 3 mg	Non-PDL Generic	
sm melatonin 3 mg tablet w/ chamomile (rx) 3-500 mg-mcg	Non-PDL Generic	
sv melatonin 3 mg tablet (rx) 3 mg	Non-PDL Generic	
Sedative-Hypnotics - Benzodiazepines		
estazolam 1 mg tablet 1 mg	Non-PDL Generic	
estazolam 2 mg tablet 2 mg	Non-PDL Generic	
flurazepam 15 mg capsule 15 mg	Non-PDL Generic	
flurazepam 30 mg capsule 30 mg	Non-PDL Generic	
midazolam hcl 2 mg/ml syrup 4 oral dispensers 2 mg/ml	Non-PDL Generic	
quazepam 15 mg tablet 15 mg	Non-PDL Generic	
temazepam 15 mg capsule 15 mg	Non-PDL Generic	
temazepam 15 mg capsule u-d,10x10,inner 15 mg	Non-PDL Generic	

Drug	Status	Notes
temazepam 15 mg capsule u-d,10x10,outer 15 mg	Non-PDL Generic	
temazepam 22.5 mg capsule 22.5 mg	Non-PDL Generic	
temazepam 30 mg capsule 30 mg	Non-PDL Generic	
temazepam 30 mg capsule u-d,10x10,inner 30 mg	Non-PDL Generic	
temazepam 30 mg capsule u-d,10x10,outer 30 mg	Non-PDL Generic	
temazepam 7.5 mg capsule 7.5 mg	Non-PDL Generic	
temazepam 7.5 mg capsule u-d, 3x10, outer 7.5 mg	Non-PDL Generic	
temazepam 7.5 mg capsule u-d, inner 7.5 mg	Non-PDL Generic	
triazolam 0.125 mg tablet 0.125 mg	Non-PDL Generic	
triazolam 0.25 mg tablet 0.25 mg	Non-PDL Generic	
Sedative-Hypnotics,Non-Barbiturate		
ALKA-SELTZER PLUS ALLERGY TAB 25 MG	Non-PDL Generic	
AMBIEN 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AMBIEN 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AMBIEN CR 12.5 MG TABLET 12.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AMBIEN CR 6.25 MG TABLET 6.25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 10 MG TABLET F/C, INNER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 10 MG TABLET F/C, OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 10 MG TABLET F/C, SAMPLE 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 15 MG TABLET F/C, INNER 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 15 MG TABLET F/C, OUTER 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 15 MG TABLET F/C, SAMPLE 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 20 MG TABLET F/C, INNER 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 20 MG TABLET F/C, OUTER 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 20 MG TABLET F/C, SAMPLE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 5 MG TABLET F/C, INNER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
BELSOMRA 5 MG TABLET F/C, OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 5 MG TABLET F/C, SAMPLE 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COMPOZ 25 MG GELCAP 25 MG	Non-PDL Generic	
CVS NIGHTTIME SLEEP 25 MG CPLT 25 MG	Non-PDL Generic	
CVS NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLET 25 MG	Non-PDL Generic	
CVS NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLETS 25 MG	Non-PDL Generic	
CVS NIGHTTIME SLEEP 25 MG SFGL 25 MG	Non-PDL Generic	
diphenhydramine 25 mg caplet caplet 25 mg	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg caplet caplet, u-d 25 mg	Non-PDL Generic	Age (Min 2 Years)
EQ NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLET 25 MG	Non-PDL Generic	
EQL NIGHTTIME SLEEP 25 MG CPLT 25 MG	Non-PDL Generic	
eszopiclone 1 mg tablet 1 mg	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 2 mg tablet 2 mg	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 2 mg tablet f/c 2 mg	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 2 mg tablet f/c, inner 2 mg	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 2 mg tablet f/c, outer 2 mg	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 3 mg tablet 3 mg	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 3 mg tablet f/c 3 mg	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 3 mg tablet f/c, inner 3 mg	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 3 mg tablet f/c, outer 3 mg	PDL Preferred Generic	QL (1 EA per 1 day)
GNP NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLET 25 MG	Non-PDL Generic	
GS NIGHTTIME SLEEP AID 25 MG 25 MG	Non-PDL Generic	
GS SLEEP TIME 25 MG SOFTGEL 25 MG	Non-PDL Generic	
HM Z-SLEEP 25 MG SOFTGEL 25 MG	Non-PDL Generic	
INTERMEZZO 1.75 MG TAB SUBLING 1.75 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INTERMEZZO 3.5 MG TAB SUBLING 3.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
KRO EZ NITE SLEEP 25 MG SFTGL 25 MG	Non-PDL Generic	
LUNESTA 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LUNESTA 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LUNESTA 2 MG TABLET F/C 2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LUNESTA 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LUNESTA 3 MG TABLET F/C 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NIGHTTIME SLEEP AID 25 MG CPLT 25 MG	Non-PDL Generic	
NIGHTTIME SLEEP AID 25 MG CPLT CAPLET 25 MG	Non-PDL Generic	
NIGHTTIME SLEEP AID 25 MG CPLT MINI CAPLET 25 MG	Non-PDL Generic	
NIGHTTIME SLEEP AID 25 MG CPLT MINI-CAPLET 25 MG	Non-PDL Generic	
NIGHTTIME SLEEP AID 25 MG SFGL 25 MG	Non-PDL Generic	
NYTOL 25 MG QUICKCAPS CAPLET CAPLET 25 MG	Non-PDL Generic	
QC NIGHTTIME SLEEP 25 MG TAB 25 MG	Non-PDL Generic	
RA NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLET 25 MG	Non-PDL Generic	
RA SLEEP AID 25 MG CAPLET 25 MG	Non-PDL Generic	
RA SLEEP AID 25 MG CAPLET NIGHTTIME 25 MG	Non-PDL Generic	
RA SLEEP TABLET 25 MG	Non-PDL Generic	
RA SLEEP-AID SOFTGEL 25 MG	Non-PDL Generic	
SIMPLY SLEEP 25 MG CAPLET 25 MG	Non-PDL Generic	
SLEEP AID 25 MG CAPLET 25 MG	Non-PDL Generic	
SLEEP AID 25 MG CAPLET MINI CAPLET, D/F 25 MG	Non-PDL Generic	
SLEEP AID 25 MG CAPLET NIGHTTIME 25 MG	Non-PDL Generic	
SLEEP AID 25 MG LIQUID GEL 25 MG	Non-PDL Generic	
SLEEP AID 25 MG TABLET 25 MG	Non-PDL Generic	
SLEEP II 25 MG TABLET 25 MG	Non-PDL Generic	
SLEEP TABS 25 MG TABLET 25 MG	Non-PDL Generic	

Drug	Status	Notes
SM NIGHTTIME SLEEP 25 MG CPLT 25 MG	Non-PDL Generic	
SM SLEEP AID 25 MG CAPLET CAPLET 25 MG	Non-PDL Generic	
SM Z-SLEEP 25 MG SOFTGEL 25 MG	Non-PDL Generic	
SOMINEX 25 MG TABLET 25 MG	Non-PDL Generic	
WAL-SLEEP Z 25 MG SOFTGEL 25 MG	Non-PDL Generic	
zaleplon 10 mg capsule 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zaleplon 5 mg capsule 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tart 1.75 mg tab sl inner 1.75 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart 1.75 mg tab sl outer 1.75 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart 3.5 mg tablet sl inner 3.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart 3.5 mg tablet sl outer 3.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart er 12.5 mg tab 12.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart er 12.5 mg tab f/c 12.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart er 6.25 mg tab 6.25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart er 6.25 mg tab coated 6.25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart er 6.25 mg tab f/c 6.25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tartrate 10 mg tablet 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 10 mg tablet f/c 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 10 mg tablet f/c,u-d,10x10 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 10 mg tablet u-d,inner 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 10 mg tablet u-d,outer,10x10 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 5 mg tablet 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
zolpidem tartrate 5 mg tablet f/c 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 5 mg tablet f/c, inner 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 5 mg tablet f/c, outer 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 5 mg tablet u-d,inner 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 5 mg tablet u-d,outer,10x10 5 mg	PDL Preferred Generic	QL (1 EA per 1 day)
ZOLPIMIST 5 MG ORAL SPRAY 5 MG/SPRAY (0.1 ML)	PDL Non-Preferred Brand	PA; QL (7.7 ML per 30 days)
ZZZQUIL 25 MG LIQUICAP 25 MG	Non-PDL Brand	
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
NUPLAZID 34 MG CAPSULE 34 MG	PDL Non-Preferred Brand	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
olanzapine-fluoxetine 12-25 mg 12-25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine-fluoxetine 12-50 mg 12-50 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine-fluoxetine 3-25 mg 3-25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine-fluoxetine 6-25 mg 6-25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine-fluoxetine 6-50 mg 6-50 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
SYMBYAX 12-50 MG CAPSULE 12-50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SYMBYAX 3-25 MG CAPSULE 3-25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SYMBYAX 6-25 MG CAPSULE 6-25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SYMBYAX 6-50 MG CAPSULE 6-50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
clonidine hcl er 0.1 mg tablet 0.1 mg	Non-PDL Generic	QL (120 EA per 30 days)
guanfacine hcl er 1 mg tablet 1 mg	PDL Preferred Generic	QL (1 EA per 1 day)
guanfacine hcl er 2 mg tablet 2 mg	PDL Preferred Generic	QL (1 EA per 1 day)
guanfacine hcl er 3 mg tablet 3 mg	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
guanfacine hcl er 4 mg tablet 4 mg	PDL Preferred Generic	QL (1 EA per 1 day)
INTUNIV ER 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INTUNIV ER 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INTUNIV ER 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INTUNIV ER 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
ADHANSIA XR 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADHANSIA XR 35 MG CAPSULE 35 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADHANSIA XR 45 MG CAPSULE 45 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADHANSIA XR 55 MG CAPSULE 55 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADHANSIA XR 70 MG CAPSULE 70 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADHANSIA XR 85 MG CAPSULE 85 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 15 MG CAPSULE 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CONCERTA ER 18 MG TABLET 18 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CONCERTA ER 27 MG TABLET 27 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CONCERTA ER 36 MG TABLET 36 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
CONCERTA ER 54 MG TABLET 54 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COTEMPLA XR-ODT 17.3 MG TABLET 17.3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COTEMPLA XR-ODT 25.9 MG TABLET 25.9 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
COTEMPLA XR-ODT 8.6 MG TABLET 8.6 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
DAYTRANA 10 MG/9 HR PATCH 1.1MG/HR,INNER 10 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 10 MG/9 HR PATCH 1.1MG/HR,OUTER 10 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 15 MG/9 HR PATCH INNER 15 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 15 MG/9 HR PATCH OUTER 15 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 20 MG/9 HOUR PATCH 2.2MG/HR, INNER 20 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 20 MG/9 HOUR PATCH 2.2MG/HR, OUTER 20 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 30 MG/9 HOUR PATCH 3.3MG/HR 30 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
dexmethylphenidate 10 mg tab 10 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dexmethylphenidate 2.5 mg tab 2.5 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dexmethylphenidate 5 mg tab 5 mg	PDL Preferred Generic	QL (2 EA per 1 day)
dexmethylphenidate er 10 mg cp 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dexmethylphenidate er 15 mg cp 15 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dexmethylphenidate er 20 mg cp 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dexmethylphenidate er 25 mg cp 25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dexmethylphenidate er 30 mg cp 30 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dexmethylphenidate er 35 mg cp 35 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dexmethylphenidate er 40 mg cp 40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dexmethylphenidate er 5 mg cap 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
FOCALIN 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FOCALIN 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FOCALIN 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FOCALIN XR 10 MG CAPSULE 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
FOCALIN XR 15 MG CAPSULE 15 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FOCALIN XR 20 MG CAPSULE 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FOCALIN XR 25 MG CAPSULE 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FOCALIN XR 30 MG CAPSULE 30 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FOCALIN XR 35 MG CAPSULE 35 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FOCALIN XR 40 MG CAPSULE 40 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FOCALIN XR 5 MG CAPSULE 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JORNAY PM 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JORNAY PM 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JORNAY PM 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JORNAY PM 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JORNAY PM 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
METADATE ER 20 MG TABLET 20 MG	PDL Preferred Generic	QL (90 EA per 30 days)
METHYLIN 10 MG/5 ML SOLUTION 10 MG/5 ML	PDL Non-Preferred Brand	PA
METHYLIN 5 MG/5 ML SOLUTION 5 MG/5 ML	PDL Non-Preferred Brand	PA
methylphenidate 10 mg chew tab 10 mg	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 10 mg tablet 10 mg	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 10 mg tablet inner 10 mg	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 10 mg tablet outer 10 mg	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 10 mg/5 ml sol 10 mg/5 ml	PDL Non-Preferred Generic	PA
methylphenidate 2.5 mg chew tb 2.5 mg	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 20 mg tablet 20 mg	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 5 mg chew tab 5 mg	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 5 mg tablet 5 mg	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 5 mg tablet inner 5 mg	PDL Preferred Generic	QL (90 EA per 30 days)

Drug	Status	Notes
methylphenidate 5 mg tablet outer 5 mg	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 5 mg/5 ml soln 5 mg/5 ml	PDL Non-Preferred Generic	PA
methylphenidate cd 10 mg cap 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate cd 20 mg cap 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate cd 30 mg cap 30 mg	PDL Preferred Generic	QL (2 EA per 1 day)
methylphenidate cd 40 mg cap 40 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate cd 50 mg cap 50 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate cd 60 mg cap 60 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er 10 mg tab 10 mg	PDL Preferred Generic	QL (3 EA per 1 day)
methylphenidate er 18 mg tab 18 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er 20 mg tab 20 mg	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate er 27 mg tab 27 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er 36 mg tab 36 mg	PDL Preferred Generic	QL (2 EA per 1 day)
methylphenidate er 54 mg tab 54 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er 72 mg tab 72 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er(cd) 10 mg cp 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er(cd) 20 mg cp 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er(cd) 30 mg cp 30 mg	PDL Preferred Generic	QL (2 EA per 1 day)
methylphenidate er(cd) 40 mg cp 40 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er(cd) 50 mg cp 50 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er(cd) 60 mg cp 60 mg	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er(la) 10 mg cp 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er(la) 20 mg cp 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er(la) 30 mg cp 30 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
methylphenidate er(la) 40 mg cp 40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate la 10 mg cap 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate la 20 mg cap 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate la 30 mg cap 30 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
methylphenidate la 40 mg cap 40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate la 60 mg cap 60 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
QUILLICHEW ER 20 MG CHEW TAB 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QUILLICHEW ER 30 MG CHEW TAB 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
QUILLICHEW ER 40 MG CHEW TAB 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	PDL Non-Preferred Brand	PA; 120mL BOTTLE; QL (8 ML per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	PDL Non-Preferred Brand	PA; 150mL BOTTLE; QL (10 ML per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	PDL Non-Preferred Brand	PA; 180mL BOTTLE; QL (12 ML per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	PDL Non-Preferred Brand	PA; 60mL BOTTLE; QL (2 ML per 1 day)
RITALIN 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
RITALIN 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
RITALIN 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
RITALIN LA 10 MG CAPSULE 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
RITALIN LA 20 MG CAPSULE 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
RITALIN LA 30 MG CAPSULE 30 MG	PDL Preferred Brand	QL (2 EA per 1 day)
RITALIN LA 40 MG CAPSULE 40 MG	PDL Preferred Brand	QL (1 EA per 1 day)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
atomoxetine hcl 10 mg capsule 10 mg	PDL Preferred Generic	QL (60 EA per 30 days)
atomoxetine hcl 100 mg capsule 100 mg	PDL Preferred Generic	QL (30 EA per 30 days)

Drug	Status	Notes
atomoxetine hcl 18 mg capsule 18 mg	PDL Preferred Generic	QL (60 EA per 30 days)
atomoxetine hcl 25 mg capsule 25 mg	PDL Preferred Generic	QL (60 EA per 30 days)
atomoxetine hcl 40 mg capsule 40 mg	PDL Preferred Generic	QL (60 EA per 30 days)
atomoxetine hcl 60 mg capsule 60 mg	PDL Preferred Generic	QL (30 EA per 30 days)
atomoxetine hcl 80 mg capsule 80 mg	PDL Preferred Generic	QL (30 EA per 30 days)
STRATTERA 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
STRATTERA 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
STRATTERA 18 MG CAPSULE 18 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
STRATTERA 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
STRATTERA 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
STRATTERA 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
STRATTERA 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
Cardiovascular Disease Arrhythmia		
Antiarrhythmics		
amiodarone hcl 100 mg tablet 100 mg	Non-PDL Generic	
amiodarone hcl 200 mg tablet 200 mg	Non-PDL Generic	
amiodarone hcl 200 mg tablet u-d 200 mg	Non-PDL Generic	
amiodarone hcl 200 mg tablet u-d, 10x10, inner 200 mg	Non-PDL Generic	
amiodarone hcl 200 mg tablet u-d, 10x10, outer 200 mg	Non-PDL Generic	
amiodarone hcl 400 mg tablet 400 mg	Non-PDL Generic	
disopyramide 100 mg capsule 100 mg	Non-PDL Generic	
disopyramide 150 mg capsule 150 mg	Non-PDL Generic	
dofetilide 125 mcg capsule 125 mcg	Non-PDL Generic	
dofetilide 250 mcg capsule 250 mcg	Non-PDL Generic	
dofetilide 500 mcg capsule 500 mcg	Non-PDL Generic	
flecainide acetate 100 mg tab 100 mg	Non-PDL Generic	
flecainide acetate 150 mg tab 150 mg	Non-PDL Generic	

Drug	Status	Notes
flecainide acetate 50 mg tab 50 mg	Non-PDL Generic	
mexiletine 150 mg capsule 150 mg	Non-PDL Generic	
mexiletine 200 mg capsule 200 mg	Non-PDL Generic	
mexiletine 250 mg capsule 250 mg	Non-PDL Generic	
MULTAQ 400 MG TABLET F/C 400 MG	Non-PDL Brand	
MULTAQ 400 MG TABLET F/C, 10X10, U-D 400 MG	Non-PDL Brand	
MULTAQ 400 MG TABLET SAMPLE 400 MG	Non-PDL Brand	
NORPACE CR 100 MG CAPSULE 100 MG	Non-PDL Brand	
NORPACE CR 150 MG CAPSULE 150 MG	Non-PDL Brand	
PACERONE 100 MG TABLET 100 MG	Non-PDL Generic	
PACERONE 100 MG TABLET U-D, 10X10, INNER 100 MG	Non-PDL Generic	
PACERONE 100 MG TABLET U-D,10X10, OUTER 100 MG	Non-PDL Generic	
PACERONE 200 MG TABLET 200 MG	Non-PDL Generic	
PACERONE 200 MG TABLET U-D, 10X10, INNER 200 MG	Non-PDL Generic	
PACERONE 200 MG TABLET U-D, 10X10, OUTER 200 MG	Non-PDL Generic	
PACERONE 400 MG TABLET 400 MG	Non-PDL Generic	
PACERONE 400 MG TABLET U-D, INNER 400 MG	Non-PDL Generic	
PACERONE 400 MG TABLET U-D, OUTER 400 MG	Non-PDL Generic	
propafenone hcl 150 mg tablet 150 mg	Non-PDL Generic	
propafenone hcl 150 mg tablet f/c 150 mg	Non-PDL Generic	
propafenone hcl 225 mg tab 225 mg	Non-PDL Generic	
propafenone hcl 225 mg tab f/c 225 mg	Non-PDL Generic	
propafenone hcl 300 mg tab 300 mg	Non-PDL Generic	
propafenone hcl er 225 mg cap 225 mg	Non-PDL Generic	
propafenone hcl er 325 mg cap 325 mg	Non-PDL Generic	
propafenone hcl er 325 mg cap inner 325 mg	Non-PDL Generic	
propafenone hcl er 325 mg cap outer 325 mg	Non-PDL Generic	
propafenone hcl er 425 mg cap 425 mg	Non-PDL Generic	

Drug	Status	Notes
quinidine gluc er 324 mg tab 324 mg	Non-PDL Generic	
quinidine sulfate 200 mg tab 200 mg	Non-PDL Generic	
quinidine sulfate 300 mg tab 300 mg	Non-PDL Generic	
Cardiovascular Disease Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
epinephrine 0.1 mg/ml syringe suv 0.1 mg/ml	Non-PDL Generic	
epinephrine 1 mg/10 ml abbojct l/f, inner, sdv 0.1 mg/ml	Non-PDL Generic	
epinephrine 1 mg/10 ml abbojct l/f, outer, sdv 0.1 mg/ml	Non-PDL Generic	
Digitalis Glycosides		
DIGITEK 125 MCG TABLET 125 MCG (0.125 MG)	Non-PDL Generic	
DIGITEK 125 MCG TABLET INNER 125 MCG (0.125 MG)	Non-PDL Generic	
DIGITEK 125 MCG TABLET OUTER 125 MCG (0.125 MG)	Non-PDL Generic	
DIGITEK 250 MCG TABLET 250 MCG (0.25 MG)	Non-PDL Generic	
DIGITEK 250 MCG TABLET INNER 250 MCG (0.25 MG)	Non-PDL Generic	
DIGITEK 250 MCG TABLET OUTER 250 MCG (0.25 MG)	Non-PDL Generic	
DIGOX 125 MCG TABLET 125 MCG (0.125 MG)	Non-PDL Generic	
DIGOX 250 MCG TABLET 250 MCG (0.25 MG)	Non-PDL Generic	
digoxin 0.05 mg/ml solution 50 mcg/ml (0.05 mg/ml)	Non-PDL Brand	
digoxin 0.125 mg tablet 125 mcg (0.125 mg)	Non-PDL Generic	
digoxin 0.25 mg tablet 250 mcg (0.25 mg)	Non-PDL Generic	
digoxin 125 mcg tablet 125 mcg (0.125 mg)	Non-PDL Generic	
digoxin 125 mcg tablet inner 125 mcg (0.125 mg)	Non-PDL Generic	
digoxin 125 mcg tablet outer 125 mcg (0.125 mg)	Non-PDL Generic	
digoxin 250 mcg tablet 250 mcg (0.25 mg)	Non-PDL Generic	
digoxin 250 mcg tablet inner 250 mcg (0.25 mg)	Non-PDL Generic	
digoxin 250 mcg tablet outer 250 mcg (0.25 mg)	Non-PDL Generic	
Cardiovascular Disease Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		

Drug	Status	Notes
amlodipine-benazepril 10-20 mg 10-20 mg	PDL Preferred Generic	
amlodipine-benazepril 10-40 mg 10-40 mg	PDL Preferred Generic	
amlodipine-benazepril 2.5-10 2.5-10 mg	PDL Preferred Generic	
amlodipine-benazepril 5-10 mg 5-10 mg	PDL Preferred Generic	
amlodipine-benazepril 5-20 mg 5-20 mg	PDL Preferred Generic	
amlodipine-benazepril 5-40 mg 5-40 mg	PDL Preferred Generic	
LOTREL 10-20 MG CAPSULE 10-20 MG	PDL Non-Preferred Brand	PA
LOTREL 10-40 MG CAPSULE 10-40 MG	PDL Non-Preferred Brand	PA
LOTREL 5-10 MG CAPSULE 5-10 MG	PDL Non-Preferred Brand	PA
LOTREL 5-20 MG CAPSULE 5-20 MG	PDL Non-Preferred Brand	PA
LOTREL 5-40 MG CAPSULE 5-40 MG	PDL Non-Preferred Brand	PA
PRESTALIA 14 MG-10 MG TABLET 14-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PRESTALIA 3.5 MG-2.5 MG TABLET 3.5-2.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PRESTALIA 7 MG-5 MG TABLET 7-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
TARKA ER 2-180 MG TABLET 2-180 MG	PDL Non-Preferred Brand	PA
TARKA ER 2-240 MG TABLET 2-240 MG	PDL Non-Preferred Brand	PA
TARKA ER 4-240 MG TABLET 4-240 MG	PDL Non-Preferred Brand	PA
trandolapril-verapamil er 1-240 mg tablet 1-240 mg	Non-PDL Generic	
trandolapril-verapamil er 2-180 mg tablet 2-180 mg	Non-PDL Generic	
trandolapril-verapamil er 2-240 mg tablet 2-240 mg	Non-PDL Generic	
trandolapril-verapamil er 4-240 mg tablet 4-240 mg	Non-PDL Generic	
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
ACCURETIC 10-12.5 MG TABLET 10-12.5 MG	PDL Non-Preferred Brand	PA
ACCURETIC 20-12.5 MG TABLET 20-12.5 MG	PDL Non-Preferred Brand	PA
ACCURETIC 20-25 MG TABLET 20-25 MG	PDL Non-Preferred Brand	PA
benazepril-hydrochlorothiazide 10-12.5 mg tab 10-12.5 mg	PDL Preferred Generic	

Drug	Status	Notes
benazepril-hydrochlorothiazide 20-12.5 mg tab 20-12.5 mg	PDL Preferred Generic	
benazepril-hydrochlorothiazide 20-25 mg tab 20-25 mg	PDL Preferred Generic	
benazepril-hydrochlorothiazide 5-6.25 mg tab 5-6.25 mg	PDL Preferred Generic	
captopril-hydrochlorothiazide 25-15 mg tablet 25-15 mg	PDL Preferred Generic	
captopril-hydrochlorothiazide 25-25 mg tablet 25-25 mg	PDL Preferred Generic	
captopril-hydrochlorothiazide 50-15 mg tablet 50-15 mg	PDL Preferred Generic	
captopril-hydrochlorothiazide 50-25 mg tablet 50-25 mg	PDL Preferred Generic	
enalapril-hydrochlorothiazide 10-25 mg tablet 10-25 mg	PDL Preferred Generic	
enalapril-hydrochlorothiazide 5-12.5 mg tab 5-12.5 mg	PDL Preferred Generic	
enalapril-hydrochlorothiazide 5-12.5 mg tab tablet 5-12.5 mg	PDL Preferred Generic	
fosinopril-hydrochlorothiazide 10-12.5 mg tab 10-12.5 mg	PDL Preferred Generic	
fosinopril-hydrochlorothiazide 20-12.5 mg tab 20-12.5 mg	PDL Preferred Generic	
lisinopril-hydrochlorothiazide 10-12.5 mg tab 10-12.5 mg	PDL Preferred Generic	
lisinopril-hydrochlorothiazide 20-12.5 mg tab 20-12.5 mg	PDL Preferred Generic	
lisinopril-hydrochlorothiazide 20-25 mg tab 20-25 mg	PDL Preferred Generic	
LOTENSIN HCT 10-12.5 MG TABLET 10-12.5 MG	PDL Non-Preferred Brand	PA
LOTENSIN HCT 20-12.5 MG TABLET 20-12.5 MG	PDL Non-Preferred Brand	PA
LOTENSIN HCT 20-25 MG TABLET 20-25 MG	PDL Non-Preferred Brand	PA
quinapril-hydrochlorothiazide 10-12.5 mg tab 10-12.5 mg	PDL Preferred Generic	
quinapril-hydrochlorothiazide 20-12.5 mg tab 20-12.5 mg	PDL Preferred Generic	
quinapril-hydrochlorothiazide 20-25 mg tab 20-25 mg	PDL Preferred Generic	
VASERETIC 10-25 MG TABLET 10-25 MG	PDL Non-Preferred Brand	PA
ZESTORETIC 10-12.5 MG TABLET 10-12.5 MG	PDL Non-Preferred Brand	PA
ZESTORETIC 20-12.5 MG TABLET 20-12.5 MG	PDL Non-Preferred Brand	PA
ZESTORETIC 20-25 MG TABLET 20-25 MG	PDL Non-Preferred Brand	PA
Alpha/Beta-Adrenergic Blocking Agents		

Drug	Status	Notes
carvedilol 12.5 mg tablet 12.5 mg	PDL Preferred Generic	
carvedilol 12.5 mg tablet 12's 12.5 mg	PDL Preferred Generic	
carvedilol 12.5 mg tablet f/c 12.5 mg	PDL Preferred Generic	
carvedilol 12.5 mg tablet f/c, u-d 12.5 mg	PDL Preferred Generic	
carvedilol 12.5 mg tablet f/c,inner,u-d 12.5 mg	PDL Preferred Generic	
carvedilol 12.5 mg tablet f/c,outer,10x10,u-d 12.5 mg	PDL Preferred Generic	
carvedilol 25 mg tablet 25 mg	PDL Preferred Generic	
carvedilol 25 mg tablet f/c 25 mg	PDL Preferred Generic	
carvedilol 25 mg tablet f/c, u-d 25 mg	PDL Preferred Generic	
carvedilol 25 mg tablet f/c,inner,u-d 25 mg	PDL Preferred Generic	
carvedilol 25 mg tablet f/c,outer,10x10,u-d 25 mg	PDL Preferred Generic	
carvedilol 3.125 mg tablet 3.125 mg	PDL Preferred Generic	
carvedilol 3.125 mg tablet f/c 3.125 mg	PDL Preferred Generic	
carvedilol 3.125 mg tablet f/c, inner 3.125 mg	PDL Preferred Generic	
carvedilol 3.125 mg tablet f/c, outer 3.125 mg	PDL Preferred Generic	
carvedilol 3.125 mg tablet f/c, u-d 3.125 mg	PDL Preferred Generic	
carvedilol 3.125 mg tablet f/c,inner,u-d 3.125 mg	PDL Preferred Generic	
carvedilol 3.125 mg tablet f/c,u-d,outer,10x10 3.125 mg	PDL Preferred Generic	
carvedilol 6.25 mg tablet 12's 6.25 mg	PDL Preferred Generic	
carvedilol 6.25 mg tablet 6.25 mg	PDL Preferred Generic	
carvedilol 6.25 mg tablet f/c 6.25 mg	PDL Preferred Generic	
carvedilol 6.25 mg tablet f/c, inner 6.25 mg	PDL Preferred Generic	
carvedilol 6.25 mg tablet f/c, outer 6.25 mg	PDL Preferred Generic	
carvedilol 6.25 mg tablet f/c, u-d 6.25 mg	PDL Preferred Generic	
carvedilol 6.25 mg tablet f/c,inner,u-d 6.25 mg	PDL Preferred Generic	
carvedilol 6.25 mg tablet f/c,outer,10x10,u-d 6.25 mg	PDL Preferred Generic	

Drug	Status	Notes
carvedilol 6.25 mg tablet u-d,10x10,f/c,inner 6.25 mg	PDL Preferred Generic	
carvedilol 6.25 mg tablet u-d,10x10,f/c,outer 6.25 mg	PDL Preferred Generic	
carvedilol er 10 mg capsule 10 mg	PDL Non-Preferred Generic	PA
carvedilol er 20 mg capsule 20 mg	PDL Non-Preferred Generic	PA
carvedilol er 40 mg capsule 40 mg	PDL Non-Preferred Generic	PA
carvedilol er 80 mg capsule 80 mg	PDL Non-Preferred Generic	PA
COREG 12.5 MG TABLET 12.5 MG	PDL Non-Preferred Brand	PA
COREG 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
COREG 3.125 MG TABLET 3.125 MG	PDL Non-Preferred Brand	PA
COREG 6.25 MG TABLET 6.25 MG	PDL Non-Preferred Brand	PA
COREG CR 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA
COREG CR 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA
COREG CR 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA
COREG CR 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA
labetalol hcl 100 mg tablet 100 mg	PDL Preferred Generic	
labetalol hcl 100 mg tablet f/c 100 mg	PDL Preferred Generic	
labetalol hcl 100 mg tablet u-d, 10x10, inner 100 mg	PDL Preferred Generic	
labetalol hcl 100 mg tablet u-d,10x10 100 mg	PDL Preferred Generic	
labetalol hcl 100 mg tablet u-d,10x10,outer 100 mg	PDL Preferred Generic	
labetalol hcl 200 mg tablet 200 mg	PDL Preferred Generic	
labetalol hcl 200 mg tablet f/c 200 mg	PDL Preferred Generic	
labetalol hcl 200 mg tablet u-d 200 mg	PDL Preferred Generic	
labetalol hcl 200 mg tablet u-d, 10x10, inner 200 mg	PDL Preferred Generic	
labetalol hcl 200 mg tablet u-d,10x10 200 mg	PDL Preferred Generic	

Drug	Status	Notes
labetalol hcl 200 mg tablet u-d,10x10,outer 200 mg	PDL Preferred Generic	
labetalol hcl 300 mg tablet 300 mg	PDL Preferred Generic	
labetalol hcl 300 mg tablet f/c 300 mg	PDL Preferred Generic	
labetalol hcl 300 mg tablet u-d,10x10 300 mg	PDL Preferred Generic	
Alpha-Adrenergic Blocking Agents		
CARDURA 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA
CARDURA 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA
CARDURA 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA
CARDURA 8 MG TABLET 8 MG	PDL Non-Preferred Brand	PA
CARDURA XL 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA
CARDURA XL 8 MG TABLET 8 MG	PDL Non-Preferred Brand	PA
doxazosin mesylate 1 mg tab 1 mg	PDL Preferred Generic	
doxazosin mesylate 1 mg tab u-d, 10x10, inner 1 mg	PDL Preferred Generic	
doxazosin mesylate 1 mg tab u-d, outer, 10x10 1 mg	PDL Preferred Generic	
doxazosin mesylate 2 mg tab 2 mg	PDL Preferred Generic	
doxazosin mesylate 2 mg tab u-d, 10x10, inner 2 mg	PDL Preferred Generic	
doxazosin mesylate 2 mg tab u-d, outer, 10x10 2 mg	PDL Preferred Generic	
doxazosin mesylate 4 mg tab 4 mg	PDL Preferred Generic	
doxazosin mesylate 4 mg tab u-d, 10x10, inner 4 mg	PDL Preferred Generic	
doxazosin mesylate 4 mg tab u-d, outer, 10x10 4 mg	PDL Preferred Generic	
doxazosin mesylate 8 mg tab 8 mg	PDL Preferred Generic	
phenoxybenzamine hcl 10 mg cap 10 mg	Non-PDL Generic	PA; SP
prazosin 1 mg capsule 1 mg	Non-PDL Generic	
prazosin 1 mg capsule u-d,10x10,inner 1 mg	Non-PDL Generic	
prazosin 1 mg capsule u-d,10x10,outer 1 mg	Non-PDL Generic	
prazosin 2 mg capsule 2 mg	Non-PDL Generic	

Drug	Status	Notes
prazosin 2 mg capsule u-d,10x10,inner 2 mg	Non-PDL Generic	
prazosin 2 mg capsule u-d,10x10,outer 2 mg	Non-PDL Generic	
prazosin 5 mg capsule 5 mg	Non-PDL Generic	
prazosin 5 mg capsule u-d,10x10,inner 5 mg	Non-PDL Generic	
prazosin 5 mg capsule u-d,10x10,outer 5 mg	Non-PDL Generic	
terazosin 1 mg capsule 1 mg	PDL Preferred Generic	
terazosin 1 mg capsule u-d,10x10,inner 1 mg	PDL Preferred Generic	
terazosin 1 mg capsule u-d,10x10,outer 1 mg	PDL Preferred Generic	
terazosin 10 mg capsule 10 mg	PDL Preferred Generic	
terazosin 2 mg capsule 2 mg	PDL Preferred Generic	
terazosin 2 mg capsule u-d,10x10,inner 2 mg	PDL Preferred Generic	
terazosin 2 mg capsule u-d,10x10,outer 2 mg	PDL Preferred Generic	
terazosin 5 mg capsule 5 mg	PDL Preferred Generic	
terazosin 5 mg capsule u-d,10x10,inner 5 mg	PDL Preferred Generic	
terazosin 5 mg capsule u-d,10x10,outer 5 mg	PDL Preferred Generic	
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
amlodipine-valsartan-hydrochlorothiazide 10-160-12.5 mg tab 10-160-12.5 mg	PDL Preferred Generic	
amlodipine-valsartan-hydrochlorothiazide 10-160-25 mg tab 10-160-25 mg	PDL Preferred Generic	
amlodipine-valsartan-hydrochlorothiazide 10-320-25 mg tab 10-320-25 mg	PDL Preferred Generic	
amlodipine-valsartan-hydrochlorothiazide 5-160-12.5 mg tab 5-160-12.5 mg	PDL Preferred Generic	
amlodipine-valsartan-hydrochlorothiazide 5-160-25 mg tab 5-160-25 mg	PDL Preferred Generic	
EXFORGE HCT 10-160-12.5 MG TAB 10-160-12.5 MG	PDL Non-Preferred Brand	PA
EXFORGE HCT 10-160-25 MG TAB 10-160-25 MG	PDL Non-Preferred Brand	PA
EXFORGE HCT 10-320-25 MG TAB 10-320-25 MG	PDL Non-Preferred Brand	PA
EXFORGE HCT 5-160-12.5 MG TAB 5-160-12.5 MG	PDL Non-Preferred Brand	PA
EXFORGE HCT 5-160-25 MG TAB 5-160-25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
olmsrtn-amldpn-hydrochlorothiazide 20-5-12.5 20-5-12.5 mg	PDL Non-Preferred Generic	PA
olmsrtn-amldpn-hydrochlorothiazide 40-10-12.5 40-10-12.5 mg	PDL Non-Preferred Generic	PA
olmsrtn-amldpn-hydrochlorothiazide 40-10-25 mg 40-10-25 mg	PDL Non-Preferred Generic	PA
olmsrtn-amldpn-hydrochlorothiazide 40-5-12.5 40-5-12.5 mg	PDL Non-Preferred Generic	PA
olmsrtn-amldpn-hydrochlorothiazide 40-5-25 mg 40-5-25 mg	PDL Non-Preferred Generic	PA
TRIBENZOR 20-5-12.5 MG TABLET 20-5-12.5 MG	PDL Non-Preferred Brand	PA
TRIBENZOR 40-10-12.5 MG TABLET 40-10-12.5 MG	PDL Non-Preferred Brand	PA
TRIBENZOR 40-10-25 MG TABLET 40-10-25 MG	PDL Non-Preferred Brand	PA
TRIBENZOR 40-5-12.5 MG TABLET 40-5-12.5 MG	PDL Non-Preferred Brand	PA
TRIBENZOR 40-5-25 MG TABLET 40-5-25 MG	PDL Non-Preferred Brand	PA
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
ATACAND HCT 16-12.5 MG TAB 16-12.5 MG	PDL Non-Preferred Brand	PA
ATACAND HCT 32-12.5 MG TAB 32-12.5 MG	PDL Non-Preferred Brand	PA
ATACAND HCT 32-25 MG TABLET 32-25 MG	PDL Non-Preferred Brand	PA
AVALIDE 150-12.5 MG TABLET 150-12.5 MG	PDL Non-Preferred Brand	PA
AVALIDE 300-12.5 MG TABLET 300-12.5 MG	PDL Non-Preferred Brand	PA
BENICAR HCT 20-12.5 MG TABLET F/C 20-12.5 MG	PDL Non-Preferred Brand	PA
BENICAR HCT 40-12.5 MG TABLET F/C 40-12.5 MG	PDL Non-Preferred Brand	PA
BENICAR HCT 40-25 MG TABLET F/C 40-25 MG	PDL Non-Preferred Brand	PA
candesartan-hydrochlorothiazide 16-12.5 mg tb 16-12.5 mg	PDL Non-Preferred Generic	PA
candesartan-hydrochlorothiazide 32-12.5 mg tb 32-12.5 mg	PDL Non-Preferred Generic	PA
candesartan-hydrochlorothiazide 32-25 mg tab 32-25 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
DIOVAN HCT 160-12.5 MG TAB 160-12.5 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 160-25 MG TABLET 160-25 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 320-12.5 MG TAB 320-12.5 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 320-12.5 MG TAB INNER 320-12.5 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 320-12.5 MG TAB OUTER 320-12.5 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 320-25 MG TABLET 320-25 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 320-25 MG TABLET INNER 320-25 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 320-25 MG TABLET OUTER 320-25 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 80-12.5 MG TABLET 80-12.5 MG	PDL Non-Preferred Brand	PA
EDARBYCLOR 40-12.5 MG TABLET 40-12.5 MG	PDL Non-Preferred Brand	PA
EDARBYCLOR 40-25 MG TABLET 40-25 MG	PDL Non-Preferred Brand	PA
HYZAAR 100-12.5 TABLET 100-12.5 MG	PDL Non-Preferred Brand	PA
HYZAAR 100-12.5 TABLET U-U 100-12.5 MG	PDL Non-Preferred Brand	PA
HYZAAR 100-25 TABLET F/C 100-25 MG	PDL Non-Preferred Brand	PA
HYZAAR 100-25 TABLET U-U,F/C 100-25 MG	PDL Non-Preferred Brand	PA
HYZAAR 50-12.5 TABLET F/C 50-12.5 MG	PDL Non-Preferred Brand	PA
HYZAAR 50-12.5 TABLET U-U, F/C 50-12.5 MG	PDL Non-Preferred Brand	PA
irbesartan-hydrochlorothiazide 150-12.5 mg tb 150-12.5 mg	PDL Preferred Generic	
irbesartan-hydrochlorothiazide 150-12.5 mg tb f/c 150-12.5 mg	PDL Preferred Generic	
irbesartan-hydrochlorothiazide 300-12.5 mg tb 300-12.5 mg	PDL Preferred Generic	
irbesartan-hydrochlorothiazide 300-12.5 mg tb f/c 300-12.5 mg	PDL Preferred Generic	
losartan-hydrochlorothiazide 100-12.5 mg tab 100-12.5 mg	PDL Preferred Generic	
losartan-hydrochlorothiazide 100-12.5 mg tab f/c 100-12.5 mg	PDL Preferred Generic	
losartan-hydrochlorothiazide 100-25 mg tab 100-25 mg	PDL Preferred Generic	
losartan-hydrochlorothiazide 100-25 mg tab f/c 100-25 mg	PDL Preferred Generic	
losartan-hydrochlorothiazide 50-12.5 mg tab 50-12.5 mg	PDL Preferred Generic	

Drug	Status	Notes
losartan-hydrochlorothiazide 50-12.5 mg tab f/c 50-12.5 mg	PDL Preferred Generic	
MICARDIS HCT 40-12.5 MG TABLET 3X10 BLIST PACK,U-D 40-12.5 MG	PDL Non-Preferred Brand	PA
MICARDIS HCT 80-12.5 MG TABLET 3X10 BLIST PACK,U-D 80-12.5 MG	PDL Non-Preferred Brand	PA
MICARDIS HCT 80-25 MG TABLET 3X10 BLIST PACK,U-D 80-25 MG	PDL Non-Preferred Brand	PA
olmesartan-hydrochlorothiazide 20-12.5 mg tab 20-12.5 mg	PDL Non-Preferred Generic	PA
olmesartan-hydrochlorothiazide 40-12.5 mg tab 40-12.5 mg	PDL Non-Preferred Generic	PA
olmesartan-hydrochlorothiazide 40-25 mg tab 40-25 mg	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 40-12.5 mg tb 40-12.5 mg	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 40-12.5 mg tb inner 40-12.5 mg	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 40-12.5 mg tb outer 40-12.5 mg	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-12.5 mg tb 80-12.5 mg	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-12.5 mg tb inner 80-12.5 mg	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-12.5 mg tb outer 80-12.5 mg	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-25 mg tab 80-25 mg	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-25 mg tab inner 80-25 mg	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-25 mg tab outer 80-25 mg	PDL Non-Preferred Generic	PA
valsartan-hydrochlorothiazide 160-12.5 mg tab 160-12.5 mg	PDL Preferred Generic	
valsartan-hydrochlorothiazide 160-12.5 mg tab f/c 160-12.5 mg	PDL Preferred Generic	
valsartan-hydrochlorothiazide 160-25 mg tab 160-25 mg	PDL Preferred Generic	
valsartan-hydrochlorothiazide 160-25 mg tab f/c 160-25 mg	PDL Preferred Generic	

Drug	Status	Notes
valsartan-hydrochlorothiazide 320-12.5 mg tab 320-12.5 mg	PDL Preferred Generic	
valsartan-hydrochlorothiazide 320-12.5 mg tab f/c 320-12.5 mg	PDL Preferred Generic	
valsartan-hydrochlorothiazide 320-25 mg tab 320-25 mg	PDL Preferred Generic	
valsartan-hydrochlorothiazide 320-25 mg tab f/c 320-25 mg	PDL Preferred Generic	
valsartan-hydrochlorothiazide 80-12.5 mg tab 80-12.5 mg	PDL Preferred Generic	
valsartan-hydrochlorothiazide 80-12.5 mg tab f/c 80-12.5 mg	PDL Preferred Generic	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
amlodipine-olmesartan 10-20 mg 10-20 mg	PDL Non-Preferred Generic	PA
amlodipine-olmesartan 10-40 mg 10-40 mg	PDL Non-Preferred Generic	PA
amlodipine-olmesartan 5-20 mg 5-20 mg	PDL Non-Preferred Generic	PA
amlodipine-olmesartan 5-40 mg 5-40 mg	PDL Non-Preferred Generic	PA
amlodipine-valsartan 10-160 mg 10-160 mg	PDL Preferred Generic	
amlodipine-valsartan 10-320 mg 10-320 mg	PDL Preferred Generic	
amlodipine-valsartan 5-160 mg 5-160 mg	PDL Preferred Generic	
amlodipine-valsartan 5-320 mg 5-320 mg	PDL Preferred Generic	
AZOR 10-20 MG TABLET 10-20 MG	PDL Non-Preferred Brand	PA
AZOR 10-40 MG TABLET 10-40 MG	PDL Non-Preferred Brand	PA
AZOR 5-20 MG TABLET 5-20 MG	PDL Non-Preferred Brand	PA
AZOR 5-40 MG TABLET 5-40 MG	PDL Non-Preferred Brand	PA
EXFORGE 10-160 MG TABLET 10-160 MG	PDL Non-Preferred Brand	PA
EXFORGE 10-320 MG TABLET 10-320 MG	PDL Non-Preferred Brand	PA
EXFORGE 5-160 MG TABLET 5-160 MG	PDL Non-Preferred Brand	PA
EXFORGE 5-320 MG TABLET 5-320 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
telmisartan-amlodipine 40-10 40-10 mg	PDL Non-Preferred Generic	PA
telmisartan-amlodipine 40-5 mg 40-5 mg	PDL Non-Preferred Generic	PA
telmisartan-amlodipine 80-10 80-10 mg	PDL Non-Preferred Generic	PA
telmisartan-amlodipine 80-5 mg 80-5 mg	PDL Non-Preferred Generic	PA
TWYNSTA 40-10 MG TABLET 40-10 MG	PDL Non-Preferred Brand	PA
TWYNSTA 40-5 MG TABLET 40-5 MG	PDL Non-Preferred Brand	PA
TWYNSTA 80-10 MG TABLET 80-10 MG	PDL Non-Preferred Brand	PA
TWYNSTA 80-5 MG TABLET 80-5 MG	PDL Non-Preferred Brand	PA
Antihypertensives, Ace Inhibitors		
ACCUPRIL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
ACCUPRIL 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
ACCUPRIL 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
ACCUPRIL 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
ALTACE 1.25 MG CAPSULE 1.25 MG	PDL Non-Preferred Brand	PA
ALTACE 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA
ALTACE 2.5 MG CAPSULE 2.5 MG	PDL Non-Preferred Brand	PA
ALTACE 5 MG CAPSULE 5 MG	PDL Non-Preferred Brand	PA
benazepril hcl 10 mg tablet 10 mg	PDL Preferred Generic	
benazepril hcl 10 mg tablet f/c 10 mg	PDL Preferred Generic	
benazepril hcl 20 mg tablet 20 mg	PDL Preferred Generic	
benazepril hcl 20 mg tablet f/c 20 mg	PDL Preferred Generic	
benazepril hcl 40 mg tablet 40 mg	PDL Preferred Generic	
benazepril hcl 40 mg tablet f/c 40 mg	PDL Preferred Generic	
benazepril hcl 5 mg tablet 5 mg	PDL Preferred Generic	

Drug	Status	Notes
benazepril hcl 5 mg tablet f/c 5 mg	PDL Preferred Generic	
captopril 100 mg tablet 100 mg	PDL Preferred Generic	
captopril 12.5 mg tablet 12.5 mg	PDL Preferred Generic	
captopril 12.5 mg tablet u-d, 10x10, inner 12.5 mg	PDL Preferred Generic	
captopril 12.5 mg tablet u-d, outer 12.5 mg	PDL Preferred Generic	
captopril 25 mg tablet 25 mg	PDL Preferred Generic	
captopril 25 mg tablet u-d, 10x10, inner 25 mg	PDL Preferred Generic	
captopril 25 mg tablet u-d, outer 25 mg	PDL Preferred Generic	
captopril 50 mg tablet 50 mg	PDL Preferred Generic	
enalapril maleate 10 mg tab 10 mg	PDL Preferred Generic	
enalapril maleate 10 mg tab for repackaging only 10 mg	PDL Preferred Generic	
enalapril maleate 10 mg tab u-d 10 mg	PDL Preferred Generic	
enalapril maleate 2.5 mg tab 2.5 mg	PDL Preferred Generic	
enalapril maleate 2.5 mg tab for repackaging only 2.5 mg	PDL Preferred Generic	
enalapril maleate 2.5 mg tab u-d 2.5 mg	PDL Preferred Generic	
enalapril maleate 20 mg tab 20 mg	PDL Preferred Generic	
enalapril maleate 20 mg tab for repackaging only 20 mg	PDL Preferred Generic	
enalapril maleate 20 mg tab u-d 20 mg	PDL Preferred Generic	
enalapril maleate 20 mg tab u-d, 10x10, inner 20 mg	PDL Preferred Generic	
enalapril maleate 20 mg tab u-d, 10x10, outer 20 mg	PDL Preferred Generic	
enalapril maleate 5 mg tablet 10x10 5 mg	PDL Preferred Generic	
enalapril maleate 5 mg tablet 5 mg	PDL Preferred Generic	
enalapril maleate 5 mg tablet for repackaging only 5 mg	PDL Preferred Generic	
EPANED 1 MG/ML ORAL SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA; QL (1200 ML per 30 days)
fosinopril sodium 10 mg tab 10 mg	PDL Preferred Generic	
fosinopril sodium 20 mg tab 20 mg	PDL Preferred Generic	

Drug	Status	Notes
fosinopril sodium 40 mg tab 40 mg	PDL Preferred Generic	
lisinopril 10 mg tablet 10 mg	PDL Preferred Generic	
lisinopril 10 mg tablet adherence pack 10 mg	PDL Preferred Generic	
lisinopril 10 mg tablet for repackaging only 10 mg	PDL Preferred Generic	
lisinopril 10 mg tablet u-d 10 mg	PDL Preferred Generic	
lisinopril 2.5 mg tablet 2.5 mg	PDL Preferred Generic	
lisinopril 20 mg tablet 20 mg	PDL Preferred Generic	
lisinopril 20 mg tablet u-d 20 mg	PDL Preferred Generic	
lisinopril 30 mg tablet 30 mg	PDL Preferred Generic	
lisinopril 40 mg tablet 40 mg	PDL Preferred Generic	
lisinopril 40 mg tablet adherence pack 40 mg	PDL Preferred Generic	
lisinopril 40 mg tablet inner 40 mg	PDL Preferred Generic	
lisinopril 40 mg tablet outer 40 mg	PDL Preferred Generic	
lisinopril 5 mg tablet 5 mg	PDL Preferred Generic	
lisinopril 5 mg tablet adherence pack 5 mg	PDL Preferred Generic	
lisinopril 5 mg tablet inner 5 mg	PDL Preferred Generic	
lisinopril 5 mg tablet outer 5 mg	PDL Preferred Generic	
LOTENSIN 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
LOTENSIN 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
LOTENSIN 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
moexipril hcl 15 mg tablet 15 mg	PDL Preferred Generic	
moexipril hcl 7.5 mg tablet 7.5 mg	PDL Preferred Generic	
perindopril erbumine 2 mg tab 2 mg	PDL Preferred Generic	
perindopril erbumine 4 mg tab 4 mg	PDL Preferred Generic	
perindopril erbumine 8 mg tab 8 mg	PDL Preferred Generic	
PRINIVIL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PRINIVIL 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
QBRELIS 1 MG/ML SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA; QL (1200 ML per 30 days)
quinapril 10 mg tablet 10 mg	PDL Preferred Generic	
quinapril 20 mg tablet 20 mg	PDL Preferred Generic	
quinapril 20 mg tablet f/c 20 mg	PDL Preferred Generic	
quinapril 20 mg tablet f/c, inner 20 mg	PDL Preferred Generic	
quinapril 20 mg tablet f/c, outer 20 mg	PDL Preferred Generic	
quinapril 40 mg tablet 40 mg	PDL Preferred Generic	
quinapril 40 mg tablet f/c 40 mg	PDL Preferred Generic	
quinapril 5 mg tablet 5 mg	PDL Preferred Generic	
ramipril 1.25 mg capsule 1.25 mg	PDL Preferred Generic	
ramipril 10 mg capsule 10 mg	PDL Preferred Generic	
ramipril 2.5 mg capsule 2.5 mg	PDL Preferred Generic	
ramipril 5 mg capsule 5 mg	PDL Preferred Generic	
trandolapril 1 mg tablet 1 mg	PDL Preferred Generic	
trandolapril 2 mg tablet 2 mg	PDL Preferred Generic	
trandolapril 4 mg tablet 4 mg	PDL Preferred Generic	
VASOTEC 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
VASOTEC 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA
VASOTEC 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
VASOTEC 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
ZESTRIL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
ZESTRIL 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA
ZESTRIL 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
ZESTRIL 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA
ZESTRIL 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ZESTRIL 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
Antihypertensives, Angiotensin Receptor Antagonist		
ATACAND 16 MG TABLET 16 MG	PDL Non-Preferred Brand	PA
ATACAND 32 MG TABLET 32 MG	PDL Non-Preferred Brand	PA
ATACAND 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA
ATACAND 8 MG TABLET 8 MG	PDL Non-Preferred Brand	PA
AVAPRO 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA
AVAPRO 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA
AVAPRO 75 MG TABLET 75 MG	PDL Non-Preferred Brand	PA
BENICAR 20 MG TABLET F/C 20 MG	PDL Non-Preferred Brand	PA
BENICAR 40 MG TABLET F/C 40 MG	PDL Non-Preferred Brand	PA
BENICAR 5 MG TABLET F/C 5 MG	PDL Non-Preferred Brand	PA
candesartan cilexetil 16 mg tb 16 mg	PDL Non-Preferred Generic	PA
candesartan cilexetil 32 mg tb 32 mg	PDL Non-Preferred Generic	PA
candesartan cilexetil 32 mg tb inner 32 mg	PDL Non-Preferred Generic	PA
candesartan cilexetil 32 mg tb outer 32 mg	PDL Non-Preferred Generic	PA
candesartan cilexetil 4 mg tab 4 mg	PDL Non-Preferred Generic	PA
candesartan cilexetil 8 mg tab 8 mg	PDL Non-Preferred Generic	PA
candesartan cilexetil 8 mg tab inner 8 mg	PDL Non-Preferred Generic	PA
candesartan cilexetil 8 mg tab outer 8 mg	PDL Non-Preferred Generic	PA
COZAAR 100 MG TABLET F/C 100 MG	PDL Non-Preferred Brand	PA
COZAAR 100 MG TABLET U-U,F/C 100 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
COZAAR 25 MG TABLET F/C 25 MG	PDL Non-Preferred Brand	PA
COZAAR 50 MG TABLET F/C 50 MG	PDL Non-Preferred Brand	PA
COZAAR 50 MG TABLET U-U, F/C 50 MG	PDL Non-Preferred Brand	PA
DIOVAN 160 MG TABLET 160 MG	PDL Non-Preferred Brand	PA
DIOVAN 320 MG TABLET 320 MG	PDL Non-Preferred Brand	PA
DIOVAN 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
DIOVAN 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA
EDARBI 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
EDARBI 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA
eprosartan mesylate 600 mg tab 600 mg	PDL Non-Preferred Generic	PA
irbesartan 150 mg tablet 150 mg	PDL Preferred Generic	
irbesartan 150 mg tablet f/c 150 mg	PDL Preferred Generic	
irbesartan 300 mg tablet 300 mg	PDL Preferred Generic	
irbesartan 300 mg tablet f/c 300 mg	PDL Preferred Generic	
irbesartan 75 mg tablet 75 mg	PDL Preferred Generic	
irbesartan 75 mg tablet f/c 75 mg	PDL Preferred Generic	
losartan potassium 100 mg tab 100 mg	PDL Preferred Generic	
losartan potassium 100 mg tab f/c 100 mg	PDL Preferred Generic	
losartan potassium 100 mg tab f/c,10x10,u-d,inner 100 mg	PDL Preferred Generic	
losartan potassium 100 mg tab f/c,10x10,u-d,outer 100 mg	PDL Preferred Generic	
losartan potassium 25 mg tab 25 mg	PDL Preferred Generic	
losartan potassium 25 mg tab f/c 25 mg	PDL Preferred Generic	
losartan potassium 25 mg tab f/c,10x10,u-d,inner 25 mg	PDL Preferred Generic	
losartan potassium 25 mg tab f/c,10x10,u-d,outer 25 mg	PDL Preferred Generic	
losartan potassium 50 mg tab 50 mg	PDL Preferred Generic	

Drug	Status	Notes
losartan potassium 50 mg tab f/c 50 mg	PDL Preferred Generic	
losartan potassium 50 mg tab f/c,10x10,u-d,inner 50 mg	PDL Preferred Generic	
losartan potassium 50 mg tab f/c,10x10,u-d,outer 50 mg	PDL Preferred Generic	
MICARDIS 20 MG TABLET U-D,3X10 CARDS 20 MG	PDL Non-Preferred Brand	PA
MICARDIS 40 MG TABLET 3X10 BLIST PACK,U-D 40 MG	PDL Non-Preferred Brand	PA
MICARDIS 80 MG TABLET 3X10 BLIST PACK,U-D 80 MG	PDL Non-Preferred Brand	PA
olmesartan medoxomil 20 mg tab 20 mg	PDL Non-Preferred Generic	PA
olmesartan medoxomil 20 mg tab inner 20 mg	PDL Non-Preferred Generic	PA
olmesartan medoxomil 20 mg tab outer 20 mg	PDL Non-Preferred Generic	PA
olmesartan medoxomil 40 mg tab 40 mg	PDL Non-Preferred Generic	PA
olmesartan medoxomil 40 mg tab inner 40 mg	PDL Non-Preferred Generic	PA
olmesartan medoxomil 40 mg tab outer 40 mg	PDL Non-Preferred Generic	PA
olmesartan medoxomil 5 mg tab 5 mg	PDL Non-Preferred Generic	PA
telmisartan 20 mg tablet 20 mg	PDL Non-Preferred Generic	PA
telmisartan 20 mg tablet inner 20 mg	PDL Non-Preferred Generic	PA
telmisartan 20 mg tablet outer 20 mg	PDL Non-Preferred Generic	PA
telmisartan 40 mg tablet 40 mg	PDL Non-Preferred Generic	PA
telmisartan 40 mg tablet inner 40 mg	PDL Non-Preferred Generic	PA
telmisartan 40 mg tablet outer 40 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
telmisartan 80 mg tablet 80 mg	PDL Non-Preferred Generic	PA
telmisartan 80 mg tablet inner 80 mg	PDL Non-Preferred Generic	PA
telmisartan 80 mg tablet outer 80 mg	PDL Non-Preferred Generic	PA
valsartan 160 mg tablet 160 mg	PDL Preferred Generic	
valsartan 160 mg tablet f/c 160 mg	PDL Preferred Generic	
valsartan 320 mg tablet 320 mg	PDL Preferred Generic	
valsartan 320 mg tablet f/c 320 mg	PDL Preferred Generic	
valsartan 40 mg tablet 40 mg	PDL Preferred Generic	
valsartan 40 mg tablet f/c 40 mg	PDL Preferred Generic	
valsartan 80 mg tablet 80 mg	PDL Preferred Generic	
valsartan 80 mg tablet f/c 80 mg	PDL Preferred Generic	
Antihypertensives, Sympatholytic		
clonidine 0.1 mg/day patch inner 0.1 mg/24 hr	Non-PDL Generic	
clonidine 0.1 mg/day patch outer 0.1 mg/24 hr	Non-PDL Generic	
clonidine 0.2 mg/day patch inner 0.2 mg/24 hr	Non-PDL Generic	
clonidine 0.2 mg/day patch outer 0.2 mg/24 hr	Non-PDL Generic	
clonidine 0.3 mg/day patch inner 0.3 mg/24 hr	Non-PDL Generic	
clonidine 0.3 mg/day patch outer 0.3 mg/24 hr	Non-PDL Generic	
clonidine hcl 0.1 mg tablet 0.1 mg	Non-PDL Generic	
clonidine hcl 0.1 mg tablet u-d 0.1 mg	Non-PDL Generic	
clonidine hcl 0.1 mg tablet u-d, 10x10, inner 0.1 mg	Non-PDL Generic	
clonidine hcl 0.1 mg tablet u-d, outer 0.1 mg	Non-PDL Generic	
clonidine hcl 0.2 mg tablet 0.2 mg	Non-PDL Generic	
clonidine hcl 0.2 mg tablet u-d, 10x10, inner 0.2 mg	Non-PDL Generic	
clonidine hcl 0.2 mg tablet u-d, outer 0.2 mg	Non-PDL Generic	

Drug	Status	Notes
clonidine hcl 0.3 mg tablet 0.3 mg	Non-PDL Generic	
clonidine hcl 0.3 mg tablet u-d, 10x10, inner 0.3 mg	Non-PDL Generic	
clonidine hcl 0.3 mg tablet u-d, outer 0.3 mg	Non-PDL Generic	
guanfacine 1 mg tablet 1 mg	Non-PDL Generic	
guanfacine 2 mg tablet 2 mg	Non-PDL Generic	
methyldopa 250 mg tablet 250 mg	Non-PDL Generic	
methyldopa 250 mg tablet f/c 250 mg	Non-PDL Generic	
methyldopa 250 mg tablet u-d,f/c,inner,10x10 250 mg	Non-PDL Generic	
methyldopa 250 mg tablet u-d,f/c,outer 250 mg	Non-PDL Generic	
methyldopa 500 mg tablet 500 mg	Non-PDL Generic	
methyldopa 500 mg tablet f/c 500 mg	Non-PDL Generic	
methyldopa 500 mg tablet u-d,f/c,inner,10x10 500 mg	Non-PDL Generic	
methyldopa 500 mg tablet u-d,f/c,outer 500 mg	Non-PDL Generic	
methyldopa-hydrochlorothiazide 250-15 mg tab 250-15 mg	Non-PDL Generic	
methyldopa-hydrochlorothiazide 250-25 mg tab 250-25 mg	Non-PDL Generic	
Antihypertensives, Vasodilators		
hydralazine 10 mg tablet 10 mg	Non-PDL Generic	
hydralazine 10 mg tablet f/c 10 mg	Non-PDL Generic	
hydralazine 10 mg tablet u-d, 10x10, inner 10 mg	Non-PDL Generic	
hydralazine 10 mg tablet u-d, 10x10, outer 10 mg	Non-PDL Generic	
hydralazine 10 mg tablet u-d,10x10,inner 10 mg	Non-PDL Generic	
hydralazine 10 mg tablet u-d,10x10,outer 10 mg	Non-PDL Generic	
hydralazine 100 mg tablet 100 mg	Non-PDL Generic	
hydralazine 100 mg tablet f/c 100 mg	Non-PDL Generic	
hydralazine 25 mg tablet 25 mg	Non-PDL Generic	
hydralazine 25 mg tablet f/c 25 mg	Non-PDL Generic	

Drug	Status	Notes
hydralazine 25 mg tablet f/c, inner 25 mg	Non-PDL Generic	
hydralazine 25 mg tablet f/c, outer 25 mg	Non-PDL Generic	
hydralazine 25 mg tablet u-d,10x10 25 mg	Non-PDL Generic	
hydralazine 25 mg tablet u-d,10x10,inner 25 mg	Non-PDL Generic	
hydralazine 25 mg tablet u-d,10x10,outer 25 mg	Non-PDL Generic	
hydralazine 50 mg tablet 10x10,u-d,f/c,inner 50 mg	Non-PDL Generic	
hydralazine 50 mg tablet 10x10,u-d,f/c,outer 50 mg	Non-PDL Generic	
hydralazine 50 mg tablet 50 mg	Non-PDL Generic	
hydralazine 50 mg tablet f/c 50 mg	Non-PDL Generic	
hydralazine 50 mg tablet u-d,10x10 50 mg	Non-PDL Generic	
hydralazine 50 mg tablet u-d,10x10,inner 50 mg	Non-PDL Generic	
hydralazine 50 mg tablet u-d,10x10,outer 50 mg	Non-PDL Generic	
minoxidil 10 mg tablet 10 mg	Non-PDL Generic	
minoxidil 10 mg tablet 10x10, u-d, inner 10 mg	Non-PDL Generic	
minoxidil 10 mg tablet 10x10, u-d, outer 10 mg	Non-PDL Generic	
minoxidil 2.5 mg tablet 10x10, u-d, inner 2.5 mg	Non-PDL Generic	
minoxidil 2.5 mg tablet 10x10, u-d, outer 2.5 mg	Non-PDL Generic	
minoxidil 2.5 mg tablet 2.5 mg	Non-PDL Generic	
Beta-Adrenergic Blocking Agents		
acebutolol 200 mg capsule 200 mg	PDL Non-Preferred Generic	PA
acebutolol 400 mg capsule 400 mg	PDL Non-Preferred Generic	PA
atenolol 100 mg tablet 100 mg	PDL Preferred Generic	
atenolol 100 mg tablet government use only 100 mg	PDL Preferred Generic	
atenolol 100 mg tablet u-d, 10x10, inner 100 mg	PDL Preferred Generic	
atenolol 100 mg tablet u-d, outer 100 mg	PDL Preferred Generic	

Drug	Status	Notes
atenolol 25 mg tablet 25 mg	PDL Preferred Generic	
atenolol 25 mg tablet u-d, 10x10, inner 25 mg	PDL Preferred Generic	
atenolol 25 mg tablet u-d, outer 25 mg	PDL Preferred Generic	
atenolol 50 mg tablet 50 mg	PDL Preferred Generic	
atenolol 50 mg tablet u-d, 10x10, inner 50 mg	PDL Preferred Generic	
atenolol 50 mg tablet u-d, outer 50 mg	PDL Preferred Generic	
BETAPACE 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA
BETAPACE 160 MG TABLET 160 MG	PDL Non-Preferred Brand	PA
BETAPACE 240 MG TABLET 240 MG	PDL Non-Preferred Brand	PA
BETAPACE 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA
BETAPACE AF 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA
BETAPACE AF 160 MG TABLET 160 MG	PDL Non-Preferred Brand	PA
BETAPACE AF 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA
betaxolol 10 mg tablet 10 mg	PDL Non-Preferred Generic	PA
betaxolol 20 mg tablet 20 mg	PDL Non-Preferred Generic	PA
bisoprolol fumarate 10 mg tab 10 mg	PDL Preferred Generic	
bisoprolol fumarate 5 mg tab 5 mg	PDL Preferred Generic	
bisoprolol fumarate 5 mg tab f/c 5 mg	PDL Preferred Generic	
BYSTOLIC 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 2.5 MG TABLET INNER, U-D 2.5 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 2.5 MG TABLET OUTER, U-D, 10X10 2.5 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 5 MG TABLET INNER, U-D 5 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
BYSTOLIC 5 MG TABLET OUTER, U-D, 10X10 5 MG	PDL Non-Preferred Brand	PA
CORGARD 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
CORGARD 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
CORGARD 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA
HEMANGEOL 4.28 MG/ML ORAL SOLN 4.28 MG/ML	PDL Non-Preferred Brand	PA; QL (360 ML per 30 days)
INDERAL LA 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA
INDERAL LA 160 MG CAPSULE 160 MG	PDL Non-Preferred Brand	PA
INDERAL LA 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA
INDERAL LA 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA
INDERAL XL 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA
INDERAL XL 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA
INNOPRAN XL 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA
INNOPRAN XL 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 100 MG CAP 100 MG	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 200 MG CAP 200 MG	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 25 MG CAP 25 MG	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 50 MG CAP 50 MG	PDL Non-Preferred Brand	PA
LEVATOL 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
LOPRESSOR 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
LOPRESSOR 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
metoprolol succ er 100 mg tab 100 mg	PDL Preferred Generic	
metoprolol succ er 100 mg tab f/c 100 mg	PDL Preferred Generic	
metoprolol succ er 100 mg tab inner 100 mg	PDL Preferred Generic	
metoprolol succ er 100 mg tab outer 100 mg	PDL Preferred Generic	
metoprolol succ er 100 mg tab u-d, 10x10 100 mg	PDL Preferred Generic	
metoprolol succ er 200 mg tab 200 mg	PDL Preferred Generic	

Drug	Status	Notes
metoprolol succ er 200 mg tab f/c 200 mg	PDL Preferred Generic	
metoprolol succ er 25 mg tab 25 mg	PDL Preferred Generic	
metoprolol succ er 25 mg tab f/c 25 mg	PDL Preferred Generic	
metoprolol succ er 25 mg tab inner 25 mg	PDL Preferred Generic	
metoprolol succ er 25 mg tab outer 25 mg	PDL Preferred Generic	
metoprolol succ er 50 mg tab 50 mg	PDL Preferred Generic	
metoprolol succ er 50 mg tab coated 50 mg	PDL Preferred Generic	
metoprolol succ er 50 mg tab f/c 50 mg	PDL Preferred Generic	
metoprolol succ er 50 mg tab inner 50 mg	PDL Preferred Generic	
metoprolol succ er 50 mg tab outer 50 mg	PDL Preferred Generic	
metoprolol tartrate 100 mg tab 100 mg	PDL Preferred Generic	
metoprolol tartrate 100 mg tab 10x10,u-d,inner 100 mg	PDL Preferred Generic	
metoprolol tartrate 100 mg tab 10x10,u-d,outer 100 mg	PDL Preferred Generic	
metoprolol tartrate 100 mg tab 12's 100 mg	PDL Preferred Generic	
metoprolol tartrate 100 mg tab f/c 100 mg	PDL Preferred Generic	
metoprolol tartrate 100 mg tab inner 100 mg	PDL Preferred Generic	
metoprolol tartrate 100 mg tab outer 100 mg	PDL Preferred Generic	
metoprolol tartrate 100 mg tab u-d,robot ready,innr 100 mg	PDL Preferred Generic	
metoprolol tartrate 100 mg tab u-d,robot ready,outr 100 mg	PDL Preferred Generic	
metoprolol tartrate 25 mg tab 25 mg	PDL Preferred Generic	
metoprolol tartrate 25 mg tab f/c 25 mg	PDL Preferred Generic	
metoprolol tartrate 25 mg tab inner 25 mg	PDL Preferred Generic	
metoprolol tartrate 25 mg tab outer 25 mg	PDL Preferred Generic	
metoprolol tartrate 25 mg tab u-d,10x10,inner 25 mg	PDL Preferred Generic	
metoprolol tartrate 25 mg tab u-d,10x10,outer 25 mg	PDL Preferred Generic	
metoprolol tartrate 37.5 mg tb 37.5 mg	PDL Preferred Generic	

Drug	Status	Notes
metoprolol tartrate 50 mg tab 10x10,u-d,inner 50 mg	PDL Preferred Generic	
metoprolol tartrate 50 mg tab 10x10,u-d,outer 50 mg	PDL Preferred Generic	
metoprolol tartrate 50 mg tab 12's 50 mg	PDL Preferred Generic	
metoprolol tartrate 50 mg tab 50 mg	PDL Preferred Generic	
metoprolol tartrate 50 mg tab f/c 50 mg	PDL Preferred Generic	
metoprolol tartrate 50 mg tab inner 50 mg	PDL Preferred Generic	
metoprolol tartrate 50 mg tab outer 50 mg	PDL Preferred Generic	
metoprolol tartrate 75 mg tab 75 mg	PDL Preferred Generic	
nadolol 20 mg tablet 20 mg	PDL Preferred Generic	
nadolol 20 mg tablet u-d,10x10,inner 20 mg	PDL Preferred Generic	
nadolol 20 mg tablet u-d,10x10,outer 20 mg	PDL Preferred Generic	
nadolol 40 mg tablet 40 mg	PDL Preferred Generic	
nadolol 40 mg tablet u-d,10x10,inner 40 mg	PDL Preferred Generic	
nadolol 40 mg tablet u-d,10x10,outer 40 mg	PDL Preferred Generic	
nadolol 80 mg tablet 80 mg	PDL Preferred Generic	
pindolol 10 mg tablet 10 mg	PDL Preferred Generic	
pindolol 5 mg tablet 5 mg	PDL Preferred Generic	
propranolol 10 mg tablet 10 mg	PDL Preferred Generic	
propranolol 20 mg tablet 20 mg	PDL Preferred Generic	
propranolol 20 mg/5 ml soln 20 mg/5 ml (4 mg/ml)	PDL Preferred Generic	
propranolol 40 mg tablet 40 mg	PDL Preferred Generic	
propranolol 40 mg/5 ml soln 40 mg/5 ml (8 mg/ml)	PDL Preferred Generic	
propranolol 60 mg tablet 60 mg	PDL Preferred Generic	
propranolol 80 mg tablet 80 mg	PDL Preferred Generic	
propranolol er 120 mg capsule 120 mg	PDL Preferred Generic	
propranolol er 160 mg capsule 160 mg	PDL Preferred Generic	

Drug	Status	Notes
propranolol er 60 mg capsule 60 mg	PDL Preferred Generic	
propranolol er 80 mg capsule 80 mg	PDL Preferred Generic	
SORINE 120 MG TABLET U-D,INNER 120 MG	PDL Preferred Generic	
SORINE 120 MG TABLET U-D,OUTER 120 MG	PDL Preferred Generic	
SORINE 160 MG TABLET U-D,INNER 160 MG	PDL Preferred Generic	
SORINE 160 MG TABLET U-D,OUTER 160 MG	PDL Preferred Generic	
SORINE 240 MG TABLET U-D,INNER 240 MG	PDL Preferred Generic	
SORINE 240 MG TABLET U-D,OUTER 240 MG	PDL Preferred Generic	
SORINE 80 MG TABLET U-D,INNER 80 MG	PDL Preferred Generic	
SORINE 80 MG TABLET U-D,OUTER 80 MG	PDL Preferred Generic	
sotalol 120 mg tablet 120 mg	PDL Preferred Generic	
sotalol 160 mg tablet 160 mg	PDL Preferred Generic	
sotalol 240 mg tablet 240 mg	PDL Preferred Generic	
sotalol 80 mg tablet 80 mg	PDL Preferred Generic	
sotalol 80 mg tablet inner 80 mg	PDL Preferred Generic	
sotalol 80 mg tablet outer 80 mg	PDL Preferred Generic	
SOTALOL AF 120 MG TABLET 120 MG	PDL Preferred Generic	
SOTALOL AF 160 MG TABLET 160 MG	PDL Preferred Generic	
SOTALOL AF 80 MG TABLET 80 MG	PDL Preferred Generic	
SOTYLIZE 5 MG/ML ORAL SOLUTION 5 MG/ML	PDL Non-Preferred Brand	PA; QL: 8 BOTTLES IN 30 DAYS
TENORMIN 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
TENORMIN 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
TENORMIN 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
timolol maleate 10 mg tablet 10 mg	PDL Non-Preferred Generic	PA
timolol maleate 20 mg tablet 20 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
timolol maleate 5 mg tablet 5 mg	PDL Non-Preferred Generic	PA
TOPROL XL 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
TOPROL XL 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
TOPROL XL 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
TOPROL XL 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
Beta-Adrenergic Blocking Agents/Thiazide & Related		
atenolol-chlorthalidone 100-25 100-25 mg	Non-PDL Generic	
atenolol-chlorthalidone 50-25 50-25 mg	Non-PDL Generic	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab 10-6.25 mg	Non-PDL Generic	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab f/c 10-6.25 mg	Non-PDL Generic	
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tb 2.5-6.25 mg	Non-PDL Generic	
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tb f/c 2.5-6.25 mg	Non-PDL Generic	
bisoprolol-hydrochlorothiazide 5-6.25 mg tab 5-6.25 mg	Non-PDL Generic	
bisoprolol-hydrochlorothiazide 5-6.25 mg tab f/c 5-6.25 mg	Non-PDL Generic	
DUTOPROL 100-12.5 MG TABLET 100-12.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
DUTOPROL 25-12.5 MG TABLET 25-12.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DUTOPROL 50-12.5 MG TABLET 50-12.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LOPRESSOR HCT 50-25 TABLET 50-25 MG	PDL Non-Preferred Brand	PA
metoprolol-hydrochlorothiazide 100-25 mg tab 100-25 mg	Non-PDL Generic	
metoprolol-hydrochlorothiazide 100-50 mg tab 100-50 mg	Non-PDL Generic	
metoprolol-hydrochlorothiazide 50-25 mg tab 50-25 mg	Non-PDL Generic	
nadolol-bendroflu 80-5 mg tab 80-5 mg	Non-PDL Generic	
propranolol-hydrochlorothiazide 40-25 mg tab 40-25 mg	Non-PDL Generic	
propranolol-hydrochlorothiazide 80-25 mg tab 80-25 mg	Non-PDL Generic	
TENORETIC 100 TABLET 100-25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
TENORETIC 50 TABLET 50-25 MG	PDL Non-Preferred Brand	PA
ZIAC 10-6.25 MG TABLET 10-6.25 MG	PDL Non-Preferred Brand	PA
ZIAC 2.5-6.25 MG TABLET 2.5-6.25 MG	PDL Non-Preferred Brand	PA
ZIAC 5-6.25 MG TABLET 5-6.25 MG	PDL Non-Preferred Brand	PA
Calcium Channel Blocking Agents		
ADALAT CC 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA
ADALAT CC 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA
ADALAT CC 90 MG TABLET 90 MG	PDL Non-Preferred Brand	PA
amlodipine besylate 10 mg tab 10 mg	PDL Preferred Generic	
amlodipine besylate 10 mg tab u-d, 10x10 10 mg	PDL Preferred Generic	
amlodipine besylate 10 mg tab u-d,inner 10 mg	PDL Preferred Generic	
amlodipine besylate 10 mg tab u-d,outer,10x10 10 mg	PDL Preferred Generic	
amlodipine besylate 2.5 mg tab 2.5 mg	PDL Preferred Generic	
amlodipine besylate 5 mg tab 5 mg	PDL Preferred Generic	
amlodipine besylate 5 mg tab u-d,inner 5 mg	PDL Preferred Generic	
amlodipine besylate 5 mg tab u-d,outer,10x10 5 mg	PDL Preferred Generic	
CALAN SR 120 MG CAPLET CAPLET, F/C 120 MG	PDL Non-Preferred Brand	PA
CALAN SR 180 MG CAPLET CAPLET, F/C 180 MG	PDL Non-Preferred Brand	PA
CALAN SR 240 MG CAPLET CAPLET, F/C 240 MG	PDL Non-Preferred Brand	PA
CARDIZEM 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA
CARDIZEM 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA
CARDIZEM 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA
CARDIZEM CD 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA
CARDIZEM CD 180 MG CAPSULE 180 MG	PDL Non-Preferred Brand	PA
CARDIZEM CD 240 MG CAPSULE 240 MG	PDL Non-Preferred Brand	PA
CARDIZEM CD 300 MG CAPSULE 300 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
CARDIZEM CD 360 MG CAPSULE 360 MG	PDL Non-Preferred Brand	PA
CARDIZEM LA 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA
CARDIZEM LA 180 MG TABLET 180 MG	PDL Non-Preferred Brand	PA
CARDIZEM LA 240 MG TABLET 240 MG	PDL Non-Preferred Brand	PA
CARDIZEM LA 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA
CARDIZEM LA 360 MG TABLET 360 MG	PDL Non-Preferred Brand	PA
CARDIZEM LA 420 MG TABLET 420 MG	PDL Non-Preferred Brand	PA
CARTIA XT 120 MG CAPSULE 120 MG	PDL Preferred Generic	
CARTIA XT 180 MG CAPSULE 180 MG	PDL Preferred Generic	
CARTIA XT 240 MG CAPSULE 240 MG	PDL Preferred Generic	
CARTIA XT 300 MG CAPSULE 300 MG	PDL Preferred Generic	
DILT XR 120 MG CAPSULE 120 MG	PDL Preferred Generic	
DILT XR 180 MG CAPSULE 180 MG	PDL Preferred Generic	
DILT XR 240 MG CAPSULE 240 MG	PDL Preferred Generic	
diltiazem 120 mg tablet 120 mg	PDL Preferred Generic	
diltiazem 12hr er 120 mg cap 120 mg	PDL Preferred Generic	
diltiazem 12hr er 120 mg cap u-d, outer 120 mg	PDL Preferred Generic	
diltiazem 12hr er 120 mg cap u-d,inner 120 mg	PDL Preferred Generic	
diltiazem 12hr er 60 mg cap 60 mg	PDL Preferred Generic	
diltiazem 12hr er 60 mg cap u-d, outer 60 mg	PDL Preferred Generic	
diltiazem 12hr er 60 mg cap u-d,inner 60 mg	PDL Preferred Generic	
diltiazem 12hr er 90 mg cap 90 mg	PDL Preferred Generic	
diltiazem 12hr er 90 mg cap u-d, outer 90 mg	PDL Preferred Generic	
diltiazem 12hr er 90 mg cap u-d,inner 90 mg	PDL Preferred Generic	
diltiazem 24h er(cd) 120 mg cp 120 mg	PDL Preferred Generic	
diltiazem 24h er(cd) 120 mg cp once a day dosage 120 mg	PDL Preferred Generic	

Drug	Status	Notes
diltiazem 24h er(cd) 180 mg cp 180 mg	PDL Preferred Generic	
diltiazem 24h er(cd) 180 mg cp once a day dosage 180 mg	PDL Preferred Generic	
diltiazem 24h er(cd) 240 mg cp 240 mg	PDL Preferred Generic	
diltiazem 24h er(cd) 240 mg cp once a day dosage 240 mg	PDL Preferred Generic	
diltiazem 24h er(cd) 300 mg cp 300 mg	PDL Preferred Generic	
diltiazem 24h er(cd) 300 mg cp once a day dosage 300 mg	PDL Preferred Generic	
diltiazem 24h er(cd) 360 mg cp 360 mg	PDL Preferred Generic	
diltiazem 24h er(la) 180 mg tb 180 mg	PDL Preferred Generic	
diltiazem 24h er(la) 240 mg tb 240 mg	PDL Preferred Generic	
diltiazem 24h er(la) 300 mg tb 300 mg	PDL Preferred Generic	
diltiazem 24h er(la) 360 mg tb 360 mg	PDL Preferred Generic	
diltiazem 24h er(la) 420 mg tb 420 mg	PDL Preferred Generic	
diltiazem 24hr er 120 mg cap 120 mg	PDL Preferred Generic	
diltiazem 24hr er 120 mg cap once-a-day dosage 120 mg	PDL Preferred Generic	
diltiazem 24hr er 120 mg cap once-a-day-dosage 120 mg	PDL Preferred Generic	
diltiazem 24hr er 180 mg cap 180 mg	PDL Preferred Generic	
diltiazem 24hr er 180 mg cap once-a-day dosage 180 mg	PDL Preferred Generic	
diltiazem 24hr er 240 mg cap 240 mg	PDL Preferred Generic	
diltiazem 24hr er 240 mg cap once-a-day dosage 240 mg	PDL Preferred Generic	
diltiazem 24hr er 300 mg cap 300 mg	PDL Preferred Generic	
diltiazem 24hr er 300 mg cap once-a-day dosage 300 mg	PDL Preferred Generic	
diltiazem 24hr er 360 mg cap 360 mg	PDL Preferred Generic	
diltiazem 24hr er 360 mg cap once-a-day dosage 360 mg	PDL Preferred Generic	
diltiazem 24hr er 360 mg cap once-a-day-dosage 360 mg	PDL Preferred Generic	
diltiazem 24hr er 420 mg cap 420 mg	PDL Preferred Generic	
diltiazem 30 mg tablet 30 mg	PDL Preferred Generic	

Drug	Status	Notes
diltiazem 30 mg tablet u-d 30 mg	PDL Preferred Generic	
diltiazem 30 mg tablet u-d, 10x10, inner 30 mg	PDL Preferred Generic	
diltiazem 30 mg tablet u-d, 10x10, outer 30 mg	PDL Preferred Generic	
diltiazem 60 mg tablet 60 mg	PDL Preferred Generic	
diltiazem 60 mg tablet u-d 60 mg	PDL Preferred Generic	
diltiazem 60 mg tablet u-d, 10x10, inner 60 mg	PDL Preferred Generic	
diltiazem 60 mg tablet u-d, 10x10, outer 60 mg	PDL Preferred Generic	
diltiazem 90 mg tablet 90 mg	PDL Preferred Generic	
diltiazem 90 mg tablet u-d, 10x10, inner 90 mg	PDL Preferred Generic	
diltiazem 90 mg tablet u-d, 10x10, outer 90 mg	PDL Preferred Generic	
felodipine er 10 mg tablet 10 mg	PDL Preferred Generic	
felodipine er 10 mg tablet f/c 10 mg	PDL Preferred Generic	
felodipine er 2.5 mg tablet 2.5 mg	PDL Preferred Generic	
felodipine er 2.5 mg tablet f/c 2.5 mg	PDL Preferred Generic	
felodipine er 5 mg tablet 5 mg	PDL Preferred Generic	
felodipine er 5 mg tablet f/c 5 mg	PDL Preferred Generic	
isradipine 2.5 mg capsule 2.5 mg	PDL Preferred Generic	
isradipine 5 mg capsule 5 mg	PDL Preferred Generic	
MATZIM LA 180 MG TABLET 180 MG	PDL Preferred Generic	
MATZIM LA 240 MG TABLET 240 MG	PDL Preferred Generic	
MATZIM LA 300 MG TABLET 300 MG	PDL Preferred Generic	
MATZIM LA 360 MG TABLET 360 MG	PDL Preferred Generic	
MATZIM LA 420 MG TABLET 420 MG	PDL Preferred Generic	
nicardipine 20 mg capsule 20 mg	PDL Preferred Generic	
nicardipine 30 mg capsule 30 mg	PDL Preferred Generic	
nifedipine 10 mg capsule 10 mg	PDL Preferred Generic	

Drug	Status	Notes
nifedipine 10 mg capsule inner 10 mg	PDL Preferred Generic	
nifedipine 10 mg capsule outer 10 mg	PDL Preferred Generic	
nifedipine 20 mg capsule 20 mg	PDL Preferred Generic	
nifedipine er 30 mg tablet 30 mg	PDL Preferred Generic	
nifedipine er 30 mg tablet 30 mg	PDL Preferred Generic	
nifedipine er 30 mg tablet f/c 30 mg	PDL Preferred Generic	
nifedipine er 30 mg tablet f/c 30 mg	PDL Preferred Generic	
nifedipine er 30 mg tablet u-d, 10x10, outer 30 mg	PDL Preferred Generic	
nifedipine er 30 mg tablet u-d, inner 30 mg	PDL Preferred Generic	
nifedipine er 60 mg tablet 60 mg	PDL Preferred Generic	
nifedipine er 60 mg tablet 60 mg	PDL Preferred Generic	
nifedipine er 60 mg tablet f/c 60 mg	PDL Preferred Generic	
nifedipine er 60 mg tablet f/c 60 mg	PDL Preferred Generic	
nifedipine er 60 mg tablet u-d, 10x10, outer 60 mg	PDL Preferred Generic	
nifedipine er 60 mg tablet u-d, inner 60 mg	PDL Preferred Generic	
nifedipine er 90 mg tablet 90 mg	PDL Preferred Generic	
nifedipine er 90 mg tablet 90 mg	PDL Preferred Generic	
nifedipine er 90 mg tablet f/c 90 mg	PDL Preferred Generic	
nifedipine er 90 mg tablet f/c 90 mg	PDL Preferred Generic	
nifedipine er 90 mg tablet u-d, 3x10, outer 90 mg	PDL Preferred Generic	
nifedipine er 90 mg tablet u-d, inner 90 mg	PDL Preferred Generic	
nimodipine 30 mg capsule 30 mg	PDL Non-Preferred Generic	PA
nimodipine 30 mg capsule inner 30 mg	PDL Non-Preferred Generic	PA
nimodipine 30 mg capsule non-saleable, inner 30 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
nimodipine 30 mg capsule outer 30 mg	PDL Non-Preferred Generic	PA
nimodipine 30 mg capsule u-d, 25x4, outer 30 mg	PDL Non-Preferred Generic	PA
nimodipine 30 mg capsule u-d, 5x6 30 mg	PDL Non-Preferred Generic	PA
nisoldipine er 17 mg tablet 17 mg	PDL Non-Preferred Generic	PA
nisoldipine er 20 mg tablet 20 mg	PDL Non-Preferred Generic	PA
nisoldipine er 25.5 mg tablet 25.5 mg	PDL Non-Preferred Generic	PA
nisoldipine er 30 mg tablet 30 mg	PDL Non-Preferred Generic	PA
nisoldipine er 34 mg tablet 34 mg	PDL Non-Preferred Generic	PA
nisoldipine er 40 mg tablet 40 mg	PDL Non-Preferred Generic	PA
nisoldipine er 8.5 mg tablet 8.5 mg	PDL Non-Preferred Generic	PA
NORVASC 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
NORVASC 10 MG TABLET U-D 10 MG	PDL Non-Preferred Brand	PA
NORVASC 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA
NORVASC 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
NORVASC 5 MG TABLET U-D 5 MG	PDL Non-Preferred Brand	PA
NYMALIZE 30 MG/5 ML ORAL SYRNG INNER 30 MG/5 ML	PDL Non-Preferred Brand	PA; SP
NYMALIZE 30 MG/5 ML ORAL SYRNG OUTER 30 MG/5 ML	PDL Non-Preferred Brand	PA; SP
NYMALIZE 60 MG/10 ML ORAL SYRN INNER 60 MG/10 ML	PDL Non-Preferred Brand	PA; SP
NYMALIZE 60 MG/10 ML ORAL SYRN OUTER 60 MG/10 ML	PDL Non-Preferred Brand	PA; SP
PROCARDIA 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA
PROCARDIA XL 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PROCARDIA XL 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA
PROCARDIA XL 90 MG TABLET 90 MG	PDL Non-Preferred Brand	PA
SULAR ER 17 MG TABLET 17 MG	PDL Non-Preferred Brand	PA
SULAR ER 34 MG TABLET 34 MG	PDL Non-Preferred Brand	PA
SULAR ER 8.5 MG TABLET 8.5 MG	PDL Non-Preferred Brand	PA
TAZTIA XT 120 MG CAPSULE 120 MG	PDL Preferred Generic	
TAZTIA XT 180 MG CAPSULE 180 MG	PDL Preferred Generic	
TAZTIA XT 240 MG CAPSULE 240 MG	PDL Preferred Generic	
TAZTIA XT 300 MG CAPSULE 300 MG	PDL Preferred Generic	
TAZTIA XT 360 MG CAPSULE 360 MG	PDL Preferred Generic	
TIADYLT ER 120 MG CAPSULE 120 MG	PDL Preferred Generic	
TIADYLT ER 180 MG CAPSULE 180 MG	PDL Preferred Generic	
TIADYLT ER 240 MG CAPSULE 240 MG	PDL Preferred Generic	
TIADYLT ER 300 MG CAPSULE 300 MG	PDL Preferred Generic	
TIADYLT ER 360 MG CAPSULE 360 MG	PDL Preferred Generic	
TIADYLT ER 420 MG CAPSULE 420 MG	PDL Preferred Generic	
TIAZAC ER 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA
TIAZAC ER 180 MG CAPSULE 180 MG	PDL Non-Preferred Brand	PA
TIAZAC ER 240 MG CAPSULE 240 MG	PDL Non-Preferred Brand	PA
TIAZAC ER 300 MG CAPSULE 300 MG	PDL Non-Preferred Brand	PA
TIAZAC ER 360 MG CAPSULE 360 MG	PDL Non-Preferred Brand	PA
TIAZAC ER 420 MG CAPSULE 420 MG	PDL Non-Preferred Brand	PA
verapamil 120 mg tablet 120 mg	PDL Preferred Generic	
verapamil 120 mg tablet f/c 120 mg	PDL Preferred Generic	
verapamil 120 mg tablet u-d 120 mg	PDL Preferred Generic	
verapamil 360 mg cap pellet 360 mg	PDL Preferred Generic	

Drug	Status	Notes
verapamil 40 mg tablet f/c 40 mg	PDL Preferred Generic	
verapamil 80 mg tablet 80 mg	PDL Preferred Generic	
verapamil 80 mg tablet f/c 80 mg	PDL Preferred Generic	
verapamil 80 mg tablet u-d 80 mg	PDL Preferred Generic	
verapamil er 120 mg capsule 120 mg	PDL Preferred Generic	
verapamil er 120 mg capsule u-d,10x10,inner 120 mg	PDL Preferred Generic	
verapamil er 120 mg capsule u-d,10x10,outer 120 mg	PDL Preferred Generic	
verapamil er 120 mg tablet f/c 120 mg	PDL Preferred Generic	
verapamil er 120 mg tablet u-d,10x10,inner 120 mg	PDL Preferred Generic	
verapamil er 120 mg tablet u-d,10x10,outer 120 mg	PDL Preferred Generic	
verapamil er 180 mg capsule 180 mg	PDL Preferred Generic	
verapamil er 180 mg tablet 180 mg	PDL Preferred Generic	
verapamil er 180 mg tablet f/c 180 mg	PDL Preferred Generic	
verapamil er 180 mg tablet u-d,10x10,inner 180 mg	PDL Preferred Generic	
verapamil er 180 mg tablet u-d,10x10,outer 180 mg	PDL Preferred Generic	
verapamil er 240 mg capsule 240 mg	PDL Preferred Generic	
verapamil er 240 mg tablet 240 mg	PDL Preferred Generic	
verapamil er 240 mg tablet f/c 240 mg	PDL Preferred Generic	
verapamil er 240 mg tablet u-d,inner,10x30,pc 240 mg	PDL Preferred Generic	
verapamil er 240 mg tablet u-d,outer,10x30,pc 240 mg	PDL Preferred Generic	
verapamil er pm 100 mg capsule 100 mg	PDL Preferred Generic	
verapamil er pm 200 mg capsule 200 mg	PDL Preferred Generic	
verapamil er pm 300 mg capsule 300 mg	PDL Preferred Generic	
verapamil sr 120 mg capsule 120 mg	PDL Preferred Generic	
verapamil sr 180 mg capsule 180 mg	PDL Preferred Generic	
verapamil sr 240 mg capsule 240 mg	PDL Preferred Generic	

Drug	Status	Notes
VERELAN 120 MG CAP PELLET 120 MG	PDL Non-Preferred Brand	PA
VERELAN 180 MG CAP PELLET 180 MG	PDL Non-Preferred Brand	PA
VERELAN 240 MG CAP PELLET 240 MG	PDL Non-Preferred Brand	PA
VERELAN 360 MG CAP PELLET 360 MG	PDL Non-Preferred Brand	PA
VERELAN PM 100 MG CAP PELLET 100 MG	PDL Non-Preferred Brand	PA
VERELAN PM 200 MG CAP PELLET 200 MG	PDL Non-Preferred Brand	PA
VERELAN PM 300 MG CAP PELLET 300 MG	PDL Non-Preferred Brand	PA
Loop Diuretics		
bumetanide 0.5 mg tablet 0.5 mg	Non-PDL Generic	
bumetanide 0.5 mg tablet u-d, 10x10, inner 0.5 mg	Non-PDL Generic	
bumetanide 0.5 mg tablet u-d, outer 0.5 mg	Non-PDL Generic	
bumetanide 1 mg tablet 1 mg	Non-PDL Generic	
bumetanide 1 mg tablet u-d, 10x10, inner 1 mg	Non-PDL Generic	
bumetanide 1 mg tablet u-d, outer 1 mg	Non-PDL Generic	
bumetanide 2 mg tablet 2 mg	Non-PDL Generic	
furosemide 10 mg/ml solution s/f 10 mg/ml	Non-PDL Generic	
furosemide 10 mg/ml solution w/dropper,boxed 10 mg/ml	Non-PDL Generic	
furosemide 20 mg tablet 20 mg	Non-PDL Generic	
furosemide 20 mg tablet u-d, 10x10, inner 20 mg	Non-PDL Generic	
furosemide 20 mg tablet u-d,10x10,outer 20 mg	Non-PDL Generic	
furosemide 40 mg tablet 40 mg	Non-PDL Generic	
furosemide 40 mg tablet u-d, 10x10, inner 40 mg	Non-PDL Generic	
furosemide 40 mg tablet u-d,10x10,outer 40 mg	Non-PDL Generic	
furosemide 40 mg/5 ml soln s/f 40 mg/5 ml (8 mg/ml)	Non-PDL Generic	
furosemide 80 mg tablet 80 mg	Non-PDL Generic	
furosemide 80 mg tablet u-d, 10x10, inner 80 mg	Non-PDL Generic	

Drug	Status	Notes
furosemide 80 mg tablet u-d, outer, 10x10 80 mg	Non-PDL Generic	
torsemide 10 mg tablet 10 mg	Non-PDL Generic	
torsemide 100 mg tablet 100 mg	Non-PDL Generic	
torsemide 20 mg tablet 10x10, u-d, inner 20 mg	Non-PDL Generic	
torsemide 20 mg tablet 10x10, u-d, outer 20 mg	Non-PDL Generic	
torsemide 20 mg tablet 20 mg	Non-PDL Generic	
torsemide 5 mg tablet 5 mg	Non-PDL Generic	
Potassium Sparing Diuretics		
amiloride hcl 5 mg tablet 5 mg	Non-PDL Generic	
spironolactone 100 mg tablet 100 mg	Non-PDL Generic	
spironolactone 100 mg tablet f/c 100 mg	Non-PDL Generic	
spironolactone 100 mg tablet inner 100 mg	Non-PDL Generic	
spironolactone 100 mg tablet outer 100 mg	Non-PDL Generic	
spironolactone 25 mg tablet 25 mg	Non-PDL Generic	
spironolactone 25 mg tablet f/c 25 mg	Non-PDL Generic	
spironolactone 25 mg tablet f/c,u-d,10x10 25 mg	Non-PDL Generic	
spironolactone 25 mg tablet u-d,10x10,inner 25 mg	Non-PDL Generic	
spironolactone 25 mg tablet u-d,10x10,outer 25 mg	Non-PDL Generic	
spironolactone 50 mg tablet 50 mg	Non-PDL Generic	
spironolactone 50 mg tablet f/c 50 mg	Non-PDL Generic	
spironolactone 50 mg tablet f/c,u-d,10x10 50 mg	Non-PDL Generic	
spironolactone 50 mg tablet f/c,u-d,10x10,inner 50 mg	Non-PDL Generic	
spironolactone 50 mg tablet f/c,u-d,10x10,outer 50 mg	Non-PDL Generic	
Potassium Sparing Diuretics In Combination		
amiloride hcl-hydrochlorothiazide 5-50 mg tab 5-50 mg	Non-PDL Generic	
spironolactone-hydrochlorothiazide 25-25 tab 25-25 mg	Non-PDL Generic	
spironolactone-hydrochlorothiazide 25-25 tab inner 25-25 mg	Non-PDL Generic	

Drug	Status	Notes
spironolactone-hydrochlorothiazide 25-25 tab outer 25-25 mg	Non-PDL Generic	
triamterene-hydrochlorothiazide 37.5-25 mg cp 37.5-25 mg	Non-PDL Generic	
triamterene-hydrochlorothiazide 37.5-25 mg cp u-d,10x10,inner 37.5-25 mg	Non-PDL Generic	
triamterene-hydrochlorothiazide 37.5-25 mg cp u-d,10x10,outer 37.5-25 mg	Non-PDL Generic	
triamterene-hydrochlorothiazide 37.5-25 mg tb 37.5-25 mg	Non-PDL Generic	
triamterene-hydrochlorothiazide 75-50 mg tab 75-50 mg	Non-PDL Generic	
triamterene-hydrochlorothiazide 75-50 mg tab u-d,10x10,inner 75-50 mg	Non-PDL Generic	
triamterene-hydrochlorothiazide 75-50 mg tab u-d,10x10,outer 75-50 mg	Non-PDL Generic	
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ADCIRCA 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; SP
ALYQ 20 MG TABLET 20 MG	PDL Non-Preferred Generic	PA; SP
REVATIO 10 MG/ML ORAL SUSP 10 MG/ML	PDL Non-Preferred Brand	PA; SP
REVATIO 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
sildenafil 10 mg/ml oral susp 10 mg/ml	Non-PDL Generic	PA; SP
sildenafil 20 mg tablet 20 mg	PDL Preferred Generic	PA
sildenafil 20 mg tablet f/c 20 mg	PDL Preferred Generic	PA
tadalafil 20 mg tablet 20 mg	PDL Non-Preferred Generic	PA; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
ambrisentan 10 mg tablet 10 mg	PDL Non-Preferred Generic	PA; SP; QL (30 EA per 30 days)
ambrisentan 5 mg tablet 5 mg	PDL Non-Preferred Generic	PA; SP; QL (30 EA per 30 days)
bosentan 125 mg tablet 125 mg	PDL Non-Preferred Generic	PA; SP; QL (60 EA per 30 days)
bosentan 62.5 mg tablet 62.5 mg	PDL Non-Preferred Generic	PA; SP; QL (60 EA per 30 days)
LETAIRIS 10 MG TABLET 10 MG	PDL Preferred Brand	SP; QL (30 EA per 30 days)

Drug	Status	Notes
LETAIRIS 5 MG TABLET 5 MG	PDL Preferred Brand	SP; QL (30 EA per 30 days)
OPSUMIT 10 MG TABLET F/C 10 MG	PDL Non-Preferred Brand	PA; SP
OPSUMIT 10 MG TABLET F/C,5X3 10 MG	PDL Non-Preferred Brand	PA; SP
TRACLEER 125 MG TABLET F/C 125 MG	PDL Preferred Brand	SP; QL (60 EA per 30 days)
TRACLEER 125 MG TABLET F/C, U-D, 10X3 125 MG	PDL Preferred Brand	SP; QL (60 EA per 30 days)
TRACLEER 32 MG TABLET FOR SUSP INNER 32 MG	PDL Non-Preferred Brand	PA; SP
TRACLEER 32 MG TABLET FOR SUSP OUTER 32 MG	PDL Non-Preferred Brand	PA; SP
TRACLEER 62.5 MG TABLET F/C 62.5 MG	PDL Preferred Brand	SP; QL (60 EA per 30 days)
TRACLEER 62.5 MG TABLET F/C, U-D, 10X3 62.5 MG	PDL Preferred Brand	SP; QL (60 EA per 30 days)
Renin Inhibitor, Direct		
aliskiren 150 mg tablet 150 mg	PDL Non-Preferred Generic	PA
aliskiren 300 mg tablet 300 mg	PDL Non-Preferred Generic	PA
TEKTURNA 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA
TEKTURNA 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURNA HCT 150-12.5 MG TAB 150-12.5 MG	PDL Preferred Brand	
TEKTURNA HCT 150-25 MG TABLET 150-25 MG	PDL Preferred Brand	
TEKTURNA HCT 300-12.5 MG TAB 300-12.5 MG	PDL Preferred Brand	
TEKTURNA HCT 300-25 MG TABLET 300-25 MG	PDL Preferred Brand	
Thiazide And Related Diuretics		
chlorothiazide 500 mg tablet 500 mg	Non-PDL Generic	
chlorthalidone 25 mg tablet 25 mg	Non-PDL Generic	
chlorthalidone 25 mg tablet u-d, 10x10, inner 25 mg	Non-PDL Generic	
chlorthalidone 25 mg tablet u-d, outer 25 mg	Non-PDL Generic	
chlorthalidone 50 mg tablet 50 mg	Non-PDL Generic	
hydrochlorothiazide 12.5 mg cp 12.5 mg	Non-PDL Generic	

Drug	Status	Notes
hydrochlorothiazide 12.5 mg cp u-d, 10x10, outer 12.5 mg	Non-PDL Generic	
hydrochlorothiazide 12.5 mg cp u-d, inner 12.5 mg	Non-PDL Generic	
hydrochlorothiazide 12.5 mg tb 12.5 mg	Non-PDL Generic	
hydrochlorothiazide 25 mg tab 25 mg	Non-PDL Generic	
hydrochlorothiazide 25 mg tab u-d 25 mg	Non-PDL Generic	
hydrochlorothiazide 50 mg tab 50 mg	Non-PDL Generic	
indapamide 1.25 mg tablet 1.25 mg	Non-PDL Generic	
indapamide 1.25 mg tablet f/c 1.25 mg	Non-PDL Generic	
indapamide 2.5 mg tablet 2.5 mg	Non-PDL Generic	
indapamide 2.5 mg tablet f/c 2.5 mg	Non-PDL Generic	
indapamide 2.5 mg tablet u-d, outer, 10x10 2.5 mg	Non-PDL Generic	
indapamide 2.5 mg tablet u-d,10x10,inner,f/c 2.5 mg	Non-PDL Generic	
metolazone 10 mg tablet 10 mg	Non-PDL Generic	
metolazone 2.5 mg tablet 2.5 mg	Non-PDL Generic	
metolazone 2.5 mg tablet u-d,10x10,inner 2.5 mg	Non-PDL Generic	
metolazone 2.5 mg tablet u-d,10x10,outer 2.5 mg	Non-PDL Generic	
metolazone 5 mg tablet 5 mg	Non-PDL Generic	
metolazone 5 mg tablet u-d,10x10,inner 5 mg	Non-PDL Generic	
metolazone 5 mg tablet u-d,10x10,outer 5 mg	Non-PDL Generic	
Vasodilators, Combination		
BIDIL TABLET 20-37.5 MG	Non-PDL Brand	
Cardiovascular Disease Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
ezetimibe-simvastatin 10-10 mg 10-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ezetimibe-simvastatin 10-20 mg 10-20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ezetimibe-simvastatin 10-40 mg 10-40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
ezetimibe-simvastatin 10-80 mg 10-80 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
VYTORIN 10-10 MG TABLET 10-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYTORIN 10-20 MG TABLET 10-20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYTORIN 10-40 MG TABLET 10-40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYTORIN 10-80 MG TABLET 10-80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
atorvastatin 10 mg tablet 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin 10 mg tablet f/c 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin 10 mg tablet f/c, inner 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin 10 mg tablet f/c, outer 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin 10 mg tablet f/c,u-d 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin 20 mg tablet 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin 20 mg tablet f/c 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin 20 mg tablet f/c, 10x10, outer 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin 20 mg tablet f/c, inner 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin 20 mg tablet f/c, outer 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
atorvastatin 20 mg tablet f/c,u-d 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
atorvastatin 40 mg tablet 40 mg	PDL Preferred Generic	QL (1 EA per 1 day)
atorvastatin 40 mg tablet f/c 40 mg	PDL Preferred Generic	QL (1 EA per 1 day)
atorvastatin 40 mg tablet f/c, inner 40 mg	PDL Preferred Generic	QL (1 EA per 1 day)
atorvastatin 40 mg tablet f/c, outer 40 mg	PDL Preferred Generic	QL (1 EA per 1 day)
atorvastatin 40 mg tablet f/c. inner 40 mg	PDL Preferred Generic	QL (1 EA per 1 day)
atorvastatin 80 mg tablet 80 mg	PDL Preferred Generic	QL (1 EA per 1 day)
atorvastatin 80 mg tablet f/c 80 mg	PDL Preferred Generic	QL (1 EA per 1 day)
atorvastatin 80 mg tablet f/c, inner 80 mg	PDL Preferred Generic	QL (1 EA per 1 day)
atorvastatin 80 mg tablet f/c, outer 80 mg	PDL Preferred Generic	QL (1 EA per 1 day)
atorvastatin 80 mg tablet u-d, 5x6, outer 80 mg	PDL Preferred Generic	QL (1 EA per 1 day)
atorvastatin 80 mg tablet u-d, inner 80 mg	PDL Preferred Generic	QL (1 EA per 1 day)
CRESTOR 20 MG TABLET COATED 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CRESTOR 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE 5 MG CAPSULE 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 40 MG TABLET F/C 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 40 MG TABLET F/C, 10X10, U-D 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 80 MG TABLET F/C 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 80 MG TABLET F/C, 8X8, U-D 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
lovastatin 10 mg tablet 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
lovastatin 20 mg tablet 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
lovastatin 20 mg tablet adherence pack 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
lovastatin 20 mg tablet u-d 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
lovastatin 20 mg tablet u-d, 10x10, inner 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
lovastatin 20 mg tablet u-d, 10x10, outer 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
lovastatin 40 mg tablet 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
lovastatin 40 mg tablet adherence pack 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
pravastatin sodium 10 mg tab 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 10 mg tab f/c 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 10 mg tab u-d, 10x10 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 20 mg tab 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 20 mg tab adherence pack 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 20 mg tab f/c 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
pravastatin sodium 20 mg tab u-d, 10x10 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 20 mg tab u-d,inner 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 20 mg tab u-d,outer,10x10 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 40 mg tab 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 40 mg tab adherence pack 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 40 mg tab f/c 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 40 mg tab u-d, 10x10 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 40 mg tab u-d,10x10,outer 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 40 mg tab u-d,inner 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 80 mg tab 80 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 80 mg tab f/c 80 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin calcium 10 mg tab 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
rosuvastatin calcium 20 mg tab 20 mg	PDL Preferred Generic	QL (1 EA per 1 day)
rosuvastatin calcium 40 mg tab 40 mg	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
rosuvastatin calcium 5 mg tab 5 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 10 mg tablet 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 10 mg tablet 10x10, u-d, inner 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 10 mg tablet 10x10, u-d, outer 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 10 mg tablet f/c 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 10 mg tablet f/c, inner 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 10 mg tablet f/c,10x10, outer 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 10 mg tablet f/c,u-d,10x10 10 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 20 mg tablet 10x10, u-d, inner 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 20 mg tablet 10x10, u-d, outer 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 20 mg tablet 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 20 mg tablet f/c 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 20 mg tablet f/c, inner 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
simvastatin 20 mg tablet f/c,10x10, outer 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 20 mg tablet f/c,u-d,10x30 20 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 40 mg tablet 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 40 mg tablet f/c 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 40 mg tablet f/c, inner 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 40 mg tablet f/c, u-d, 10x10 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 40 mg tablet f/c,10x10, outer 40 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 5 mg tablet 5 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 5 mg tablet f/c 5 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 5 mg tablet f/c, 10x10 5 mg	PDL Preferred Generic	$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
simvastatin 80 mg tablet 80 mg	PDL Preferred Generic	QL (1 EA per 1 day)
simvastatin 80 mg tablet f/c 80 mg	PDL Preferred Generic	QL (1 EA per 1 day)
ZOCOR 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT 150 MG/ML PEN L/F,P/F,INNER,SDV 150 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 150 MG/ML PEN L/F,P/F,OUTER,SDV 150 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 150 MG/ML PEN SDV, LATEX-F, P/F 150 MG/ML	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PRALUENT 150 MG/ML PEN SUV, P/F, LATEX-FREE 150 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 75 MG/ML PEN INNER, SUV, P/F, L/F 75 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 75 MG/ML PEN L/F,P/F,INNER,SDV 75 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 75 MG/ML PEN L/F,P/F,OUTER,SDV 75 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 75 MG/ML PEN OUTER, SUV, P/F, L/F 75 MG/ML	PDL Non-Preferred Brand	PA
REPATHA 140 MG/ML SURECLICK P/F, SUV 140 MG/ML	PDL Non-Preferred Brand	PA
REPATHA 140 MG/ML SYRINGE P/F, SUV 140 MG/ML	PDL Non-Preferred Brand	PA
REPATHA 420 MG/3.5 ML PUSHTRONX 420 MG/3.5 ML	PDL Non-Preferred Brand	PA
Bile Salt Sequestrants		
CHOLESTYRAMINE LIGHT PACKET 4 GRAM	PDL Preferred Generic	
CHOLESTYRAMINE LIGHT PACKET INNER 4 GRAM	PDL Preferred Generic	
CHOLESTYRAMINE LIGHT PACKET OUTER 4 GRAM	PDL Preferred Generic	
CHOLESTYRAMINE LIGHT POWDER 4 GRAM	PDL Preferred Generic	
cholestyramine packet 4 gram	PDL Preferred Generic	
cholestyramine packet inner 4 gram	PDL Preferred Generic	
cholestyramine packet orange flavor, inner 4 gram	PDL Preferred Generic	
cholestyramine packet orange flavor, outer 4 gram	PDL Preferred Generic	
cholestyramine packet outer 4 gram	PDL Preferred Generic	
cholestyramine powder 4 gram	PDL Preferred Generic	
colesevelam 625 mg tablet 625 mg	PDL Non-Preferred Generic	PA
colesevelam hcl 3.75 g packet 3.75 gram	PDL Non-Preferred Generic	PA
COLESTID 1 GM TABLET 1 GRAM	PDL Non-Preferred Brand	PA
COLESTID FLAVORED GRANULES 5 GRAM	PDL Non-Preferred Brand	PA
COLESTID FLAVORED GRANULES 7.5 GRAM	PDL Non-Preferred Brand	PA
COLESTID GRANULES 5 GRAM	PDL Non-Preferred Brand	PA

Drug	Status	Notes
COLESTID GRANULES PACKET 5 GRAM	PDL Non-Preferred Brand	PA
colestipol hcl 1 gm tablet f/c 1 gram	PDL Preferred Generic	
colestipol hcl granules 5 gram	PDL Preferred Generic	
colestipol hcl granules packet 5 gram	PDL Preferred Generic	
colestipol micronized 1 gm tab micronized 1 gram	PDL Preferred Generic	
PREVALITE PACKET 4 GRAM	PDL Preferred Generic	
PREVALITE PACKET INNER,SINGLE DOSE 4 GRAM	PDL Preferred Generic	
PREVALITE PACKET OUTER 4 GRAM	PDL Preferred Generic	
PREVALITE POWDER 4 GRAM	PDL Preferred Generic	
QUESTRAN LIGHT POWDER 4 GRAM	PDL Non-Preferred Brand	PA
QUESTRAN PACKET INNER 4 GRAM	PDL Non-Preferred Brand	PA
QUESTRAN PACKET OUTER 4 GRAM	PDL Non-Preferred Brand	PA
QUESTRAN POWDER 4 GRAM	PDL Non-Preferred Brand	PA
WELCHOL 3.75G PACKET 3.75 GRAM	PDL Non-Preferred Brand	PA
WELCHOL 625 MG TABLET 625 MG	PDL Non-Preferred Brand	PA
Lipotropics		
ANTARA 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA
ANTARA 90 MG CAPSULE 90 MG	PDL Non-Preferred Brand	PA
ezetimibe 10 mg tablet 10 mg	PDL Preferred Generic	QL (1 EA per 1 day)
fenofibrate 120 mg tablet 120 mg	PDL Non-Preferred Generic	PA
fenofibrate 130 mg capsule 130 mg	PDL Non-Preferred Generic	PA
fenofibrate 134 mg capsule 134 mg	PDL Preferred Generic	
fenofibrate 134 mg capsule inner 134 mg	PDL Preferred Generic	
fenofibrate 134 mg capsule micronized 134 mg	PDL Preferred Generic	
fenofibrate 134 mg capsule outer 134 mg	PDL Preferred Generic	

Drug	Status	Notes
fenofibrate 145 mg tablet 145 mg	PDL Preferred Generic	
fenofibrate 145 mg tablet f/c 145 mg	PDL Preferred Generic	
fenofibrate 145 mg tablet f/c, 10x10, outer 145 mg	PDL Preferred Generic	
fenofibrate 145 mg tablet f/c, 5x6, outer 145 mg	PDL Preferred Generic	
fenofibrate 145 mg tablet f/c, inner 145 mg	PDL Preferred Generic	
fenofibrate 150 mg capsule 150 mg	PDL Non-Preferred Generic	PA
fenofibrate 160 mg tablet 160 mg	PDL Preferred Generic	
fenofibrate 160 mg tablet f/c 160 mg	PDL Preferred Generic	
fenofibrate 160 mg tablet f/c,3x10,u-d,inner 160 mg	PDL Preferred Generic	
fenofibrate 160 mg tablet f/c,3x10,u-d,outer 160 mg	PDL Preferred Generic	
fenofibrate 200 mg capsule 200 mg	PDL Preferred Generic	
fenofibrate 200 mg capsule micronized 200 mg	PDL Preferred Generic	
fenofibrate 40 mg tablet 40 mg	PDL Non-Preferred Generic	PA
fenofibrate 43 mg capsule 43 mg	PDL Non-Preferred Generic	PA
fenofibrate 48 mg tablet 48 mg	PDL Preferred Generic	
fenofibrate 48 mg tablet f/c 48 mg	PDL Preferred Generic	
fenofibrate 48 mg tablet f/c, 10x10, outer 48 mg	PDL Preferred Generic	
fenofibrate 48 mg tablet f/c, 3x10, outer 48 mg	PDL Preferred Generic	
fenofibrate 48 mg tablet f/c, inner 48 mg	PDL Preferred Generic	
fenofibrate 50 mg capsule 50 mg	PDL Non-Preferred Generic	PA
fenofibrate 54 mg tablet 54 mg	PDL Preferred Generic	
fenofibrate 54 mg tablet f/c 54 mg	PDL Preferred Generic	
fenofibrate 67 mg capsule 67 mg	PDL Preferred Generic	

Drug	Status	Notes
fenofibric acid 105 mg tablet 105 mg	PDL Non-Preferred Generic	PA
fenofibric acid 35 mg tablet 35 mg	PDL Non-Preferred Generic	PA
fenofibric acid dr 135 mg cap 135 mg	PDL Non-Preferred Generic	PA
fenofibric acid dr 45 mg cap 45 mg	PDL Non-Preferred Generic	PA
FENOGLIDE 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA
FENOGLIDE 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
FIBRICOR 105 MG TABLET 105 MG	PDL Non-Preferred Brand	PA
FIBRICOR 35 MG TABLET 35 MG	PDL Non-Preferred Brand	PA
gemfibrozil 600 mg tablet 600 mg	PDL Preferred Generic	
gemfibrozil 600 mg tablet f/c 600 mg	PDL Preferred Generic	
LIPOFEN 150 MG CAPSULE 150 MG	PDL Non-Preferred Brand	PA
LIPOFEN 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA
LOPID 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA
LOVAZA 1 GM CAPSULE 1 GRAM	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
niacin 500 mg tablet (rx) 500 mg	PDL Preferred Generic	
niacin er 1,000 mg tablet 1,000 mg	PDL Preferred Generic	
niacin er 1,000 mg tablet f/c 1,000 mg	PDL Preferred Generic	
niacin er 500 mg tablet (rx) 500 mg	PDL Preferred Generic	
niacin er 500 mg tablet f/c (rx) 500 mg	PDL Preferred Generic	
niacin er 500 mg tablet f/c, inner (rx) 500 mg	PDL Preferred Generic	
niacin er 500 mg tablet f/c, outer (rx) 500 mg	PDL Preferred Generic	
niacin er 750 mg tablet 750 mg	PDL Preferred Generic	
NIACOR 500 MG TABLET 500 MG	PDL Non-Preferred Generic	PA

Drug	Status	Notes
NIASPAN ER 1,000 MG TABLET 1,000 MG	PDL Preferred Brand	
NIASPAN ER 500 MG TABLET 500 MG	PDL Preferred Brand	
NIASPAN ER 750 MG TABLET 750 MG	PDL Preferred Brand	
omega-3 ethyl esters 1 gm cap 1 gram	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
TRICOR 145 MG TABLET 145 MG	PDL Non-Preferred Brand	PA
TRICOR 48 MG TABLET 48 MG	PDL Non-Preferred Brand	PA
TRIGLIDE 160 MG TABLET 160 MG	PDL Non-Preferred Brand	PA
TRILIPIX DR 135 MG CAPSULE 135 MG	PDL Non-Preferred Brand	PA
TRILIPIX DR 45 MG CAPSULE 45 MG	PDL Non-Preferred Brand	PA
VASCEPA 0.5 GM CAPSULE 0.5 GRAM	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
VASCEPA 1 GM CAPSULE 1 GRAM	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
ZETIA 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Niacin Preparations		
ENDUR-ACIN ER 250 MG TABLET 250 MG	PDL Preferred Generic	
ENDUR-ACIN ER 500 MG TABLET 500 MG	PDL Preferred Generic	
ENDUR-ACIN ER 750 MG TABLET 750 MG	PDL Preferred Generic	
gnp niacin 250 mg tablet w/calcium (rx) 250 mg	PDL Preferred Generic	
hm niacin tr 250 mg tablet gluten-free (rx) 250 mg	PDL Preferred Generic	
niacin 100 mg tablet (rx) 100 mg	PDL Preferred Generic	
niacin 250 mg tablet (rx) 250 mg	PDL Preferred Generic	
niacin 250 mg tablet s/f,d/f,p/f,na/f (rx) 250 mg	PDL Preferred Generic	
niacin 50 mg tablet (rx) 50 mg	PDL Preferred Generic	
niacin 500 mg capsule sa (rx) 500 mg	PDL Preferred Generic	
niacin 500 mg tablet (rx) 500 mg	PDL Preferred Generic	
NIACIN 500 MG TABLET 500 MG	PDL Preferred Generic	
niacin 500 mg tablet s/f,l/f,y/f,gluten/f (rx) 500 mg	PDL Preferred Generic	

Drug	Status	Notes
niacin 750 mg tablet sa 750 mg	PDL Preferred Generic	
niacin er 1,000 mg tablet (rx) 1,000 mg	PDL Preferred Generic	
niacin er 250 mg tablet s/f, p/f (rx) 250 mg	PDL Preferred Generic	
niacin er 500 mg caplet caplet,cdt,p/f (rx) 500 mg	PDL Preferred Generic	
niacin er 500 mg tablet (rx) 500 mg	PDL Preferred Generic	
niacin er 500 mg tablet na/f,p/f,s/f (rx) 500 mg	PDL Preferred Generic	
niacin sa 250 mg capsule (rx) 250 mg	PDL Preferred Generic	
niacin tr 250 mg capsule (rx) 250 mg	PDL Preferred Generic	
niacin tr 250 mg capsule p/f,na/f,gluten/f (rx) 250 mg	PDL Preferred Generic	
niacin tr 250 mg tablet (rx) 250 mg	PDL Preferred Generic	
niacin tr 250 mg tablet p/f,s/f (rx) 250 mg	PDL Preferred Generic	
niacin tr 500 mg capsule (rx) 500 mg	PDL Preferred Generic	
niacin tr 500 mg tablet (rx) 500 mg	PDL Preferred Generic	
niacinamide 500 mg tablet (rx) 500 mg	PDL Preferred Generic	
niacinamide 500 mg tablet pure,s/f,gluten-free (rx) 500 mg	PDL Preferred Generic	
plain niacin 250 mg tablet (rx) 250 mg	PDL Preferred Generic	
plain niacin 500 mg tablet (rx) 500 mg	PDL Preferred Generic	
ra niacin 100 mg tablet p/f (rx) 100 mg	PDL Preferred Generic	
ra niacin 500 mg tablet (rx) 500 mg	PDL Preferred Generic	
ra niacin 500 mg tablet no flush (rx) 500 mg	PDL Preferred Generic	
sm niacin tr 250 mg tablet gluten-free (rx) 250 mg	PDL Preferred Generic	
Cardiovascular Disease Miscellaneous Agents		
Adrenergic Vasopressor Agents		
midodrine hcl 10 mg tablet 10 mg	Non-PDL Generic	
midodrine hcl 2.5 mg tablet 2.5 mg	Non-PDL Generic	
midodrine hcl 5 mg tablet 5 mg	Non-PDL Generic	
midodrine hcl 5 mg tablet u-d, 10x10, inner 5 mg	Non-PDL Generic	

Drug	Status	Notes
midodrine hcl 5 mg tablet u-d, 10x10, outer 5 mg	Non-PDL Generic	
midodrine hcl 5 mg tablet u-d,10x10,outer 5 mg	Non-PDL Generic	
midodrine hcl 5 mg tablet u-d,inner 5 mg	Non-PDL Generic	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO 24 MG-26 MG TABLET F/C 24-26 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ENTRESTO 49 MG-51 MG TABLET F/C 49-51 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ENTRESTO 97 MG-103 MG TABLET F/C 97-103 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic		
ranolazine er 1,000 mg tablet 1,000 mg	Non-PDL Generic	QL (60 EA per 30 days)
ranolazine er 500 mg tablet 500 mg	Non-PDL Generic	QL (120 EA per 30 days)
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
amlodipine-atorvast 10-10 mg 10-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 10-20 mg 10-20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 10-40 mg 10-40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 10-80 mg 10-80 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 2.5-10 mg 2.5-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 2.5-20 mg 2.5-20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 2.5-40 mg 2.5-40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 5-10 mg 5-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 5-20 mg 5-20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 5-40 mg 5-40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
amlodipine-atorvast 5-80 mg 5-80 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
CADUET 10 MG-10 MG TABLET 10-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CADUET 10 MG-20 MG TABLET 10-20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CADUET 10 MG-40 MG TABLET 10-40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CADUET 10 MG-80 MG TABLET 10-80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CADUET 5 MG-10 MG TABLET 5-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CADUET 5 MG-20 MG TABLET 5-20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CADUET 5 MG-40 MG TABLET 5-40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CADUET 5 MG-80 MG TABLET 5-80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Cardiovascular Disease Vasodilation		
Vasodilators,Coronary		
amyl nitrite ampul 0.3 ml	Non-PDL Generic	
ISORDIL 40 MG TABLET 40 MG	Non-PDL Brand	
isosorbide dinitr er 40 mg tab 40 mg	Non-PDL Generic	
isosorbide dinitrate 10 mg tab 10 mg	Non-PDL Generic	
isosorbide dinitrate 10 mg tab inner 10 mg	Non-PDL Generic	
isosorbide dinitrate 10 mg tab outer 10 mg	Non-PDL Generic	
isosorbide dinitrate 10 mg tab u-d 10 mg	Non-PDL Generic	
isosorbide dinitrate 20 mg tab 20 mg	Non-PDL Generic	
isosorbide dinitrate 20 mg tab inner 20 mg	Non-PDL Generic	
isosorbide dinitrate 20 mg tab outer 20 mg	Non-PDL Generic	
isosorbide dinitrate 20 mg tab u-d 20 mg	Non-PDL Generic	
isosorbide dinitrate 30 mg tab 30 mg	Non-PDL Generic	
isosorbide dinitrate 40 mg tab 40 mg	Non-PDL Generic	
isosorbide dinitrate 5 mg tab 5 mg	Non-PDL Generic	
isosorbide dinitrate 5 mg tab inner 5 mg	Non-PDL Generic	

Drug	Status	Notes
isosorbide dinitrate 5 mg tab outer 5 mg	Non-PDL Generic	
isosorbide mononit 10 mg tab 10 mg	Non-PDL Generic	
isosorbide mononit 20 mg tab 20 mg	Non-PDL Generic	
isosorbide mononit er 120 mg 120 mg	Non-PDL Generic	
isosorbide mononit er 120 mg f/c 120 mg	Non-PDL Generic	
isosorbide mononit er 30 mg tb 10x10, outer 30 mg	Non-PDL Generic	
isosorbide mononit er 30 mg tb 30 mg	Non-PDL Generic	
isosorbide mononit er 30 mg tb f/c 30 mg	Non-PDL Generic	
isosorbide mononit er 30 mg tb inner 30 mg	Non-PDL Generic	
isosorbide mononit er 60 mg tb 10x10, outer 60 mg	Non-PDL Generic	
isosorbide mononit er 60 mg tb 60 mg	Non-PDL Generic	
isosorbide mononit er 60 mg tb f/c 60 mg	Non-PDL Generic	
isosorbide mononit er 60 mg tb inner 60 mg	Non-PDL Generic	
MINITRAN 0.1 MG/HR PATCH 0.1 MG/HR	Non-PDL Generic	
MINITRAN 0.2 MG/HR PATCH 0.2 MG/HR	Non-PDL Generic	
MINITRAN 0.4 MG/HR PATCH 0.4 MG/HR	Non-PDL Generic	
MINITRAN 0.6 MG/HR PATCH 0.6 MG/HR	Non-PDL Generic	
NITRO-BID 2% OINTMENT 1 GM X 48 FOILPACS 2 %	Non-PDL Brand	
NITRO-BID 2% OINTMENT W/ APPLICATOR 2 %	Non-PDL Brand	
NITRO-DUR 0.3 MG/HR PATCH INNER 0.3 MG/HR	Non-PDL Brand	
NITRO-DUR 0.3 MG/HR PATCH OUTER 0.3 MG/HR	Non-PDL Brand	
NITRO-DUR 0.8 MG/HR PATCH INNER 0.8 MG/HR	Non-PDL Brand	
NITRO-DUR 0.8 MG/HR PATCH OUTER 0.8 MG/HR	Non-PDL Brand	
nitroglycerin 0.1 mg/hr patch 0.1 mg/hr	Non-PDL Generic	
nitroglycerin 0.1 mg/hr patch inner 0.1 mg/hr	Non-PDL Generic	
nitroglycerin 0.1 mg/hr patch outer 0.1 mg/hr	Non-PDL Generic	
nitroglycerin 0.2 mg/hr patch 0.2 mg/hr	Non-PDL Generic	
nitroglycerin 0.2 mg/hr patch inner 0.2 mg/hr	Non-PDL Generic	

Drug	Status	Notes
nitroglycerin 0.2 mg/hr patch outer 0.2 mg/hr	Non-PDL Generic	
nitroglycerin 0.3 mg tablet sl 0.3 mg	Non-PDL Generic	
nitroglycerin 0.4 mg tablet sl 0.4 mg	Non-PDL Generic	
nitroglycerin 0.4 mg tablet sl inner 0.4 mg	Non-PDL Generic	
nitroglycerin 0.4 mg tablet sl outer 0.4 mg	Non-PDL Generic	
nitroglycerin 0.4 mg/hr patch 0.4 mg/hr	Non-PDL Generic	
nitroglycerin 0.4 mg/hr patch inner 0.4 mg/hr	Non-PDL Generic	
nitroglycerin 0.4 mg/hr patch outer 0.4 mg/hr	Non-PDL Generic	
nitroglycerin 0.6 mg tablet sl 0.6 mg	Non-PDL Generic	
nitroglycerin 0.6 mg/hr patch 0.6 mg/hr	Non-PDL Generic	
nitroglycerin 0.6 mg/hr patch inner 0.6 mg/hr	Non-PDL Generic	
nitroglycerin 0.6 mg/hr patch outer 0.6 mg/hr	Non-PDL Generic	
NITRO-TIME ER 2.5 MG CAPSULE 2.5 MG	Non-PDL Generic	
NITRO-TIME ER 6.5 MG CAPSULE 6.5 MG	Non-PDL Generic	
NITRO-TIME ER 9 MG CAPSULE 9 MG	Non-PDL Generic	
Vasodilators,Peripheral		
ergoloid mesylates 1 mg tab 1 mg	Non-PDL Generic	
isoxsuprine 10 mg tablet 10 mg	Non-PDL Generic	
isoxsuprine 20 mg tablet 20 mg	Non-PDL Generic	
papaverine 60 mg/2 ml vial suv, latex-free 30 mg/ml	Non-PDL Generic	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Preventive	QL (1 EA per 364 days)
ELURYNG VAGINAL RING INNER 0.12-0.015 MG/24 HR	Preventive	QL (1 EA per 28 days)
ELURYNG VAGINAL RING OUTER 0.12-0.015 MG/24 HR	Preventive	QL (1 EA per 28 days)
etonogestrel-ee vaginal ring inner 0.12-0.015 mg/24 hr	Preventive	QL (1 EA per 28 days)
etonogestrel-ee vaginal ring outer 0.12-0.015 mg/24 hr	Preventive	QL (1 EA per 28 days)

Drug	Status	Notes
Contraceptives,Implantable		
NEXPLANON 68 MG IMPLANT 68 MG	Preventive	QL (1 EA per 365 days)
Contraceptives,Injectable		
DEPO-PROVERA 150 MG/ML SYRINGE SUV 150 MG/ML	Preventive	QL (1 ML per 84 days)
DEPO-PROVERA 150 MG/ML VIAL SDV 150 MG/ML	Preventive	QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SYRINGE SUV 104 MG/0.65 ML	Preventive	QL (0.65 ML per 84 days)
medroxyprogesterone 150 mg/ml inner,suv,latex-free 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml outer,suv,latex-free 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml sdv 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml sdv, latex-free 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml sdv,latex-free,inner 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml sdv,latex-free,outer 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml suv 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml suv 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml suv, l/f, inner 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml suv, l/f, outer 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml suv, latex-free 150 mg/ml	Preventive	QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml terumo ndl, suv 150 mg/ml	Preventive	QL (1 ML per 84 days)
Contraceptives,Intravaginal		
GYNOL II 3% GEL 3 %	Preventive	
TODAY CONTRACEPTIVE SPONGE 1,000 MG	Preventive	
VCF CONTRACEPTIVE FILM 28 %	Preventive	
VCF CONTRACEPTIVE FILM 28 %	Preventive	
VCF CONTRACEPTIVE FOAM 12.5 %	Preventive	
VCF CONTRACEPTIVE GEL 4 %	Preventive	
Contraceptives,Oral		
AFIRMELLE-28 TABLET INNER 0.1-20 MG-MCG	Preventive	
AFIRMELLE-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	
AFTERA 1.5 MG TABLET 1.5 MG	Preventive	
ALTAVERA-28 TABLET INNER 0.15-0.03 MG	Preventive	
ALTAVERA-28 TABLET OUTER 0.15-0.03 MG	Preventive	
ALYACEN 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	
ALYACEN 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	
ALYACEN 7-7-7-28 TABLET INNER 0.5/0.75/1 MG-35 MCG	Preventive	
ALYACEN 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG-35 MCG	Preventive	

Drug	Status	Notes
AMETHIA 0.15-0.03-0.01 MG TAB INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
AMETHIA 0.15-0.03-0.01 MG TAB OUTER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
AMETHIA LO TABLET INNER 0.10 MG-20 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
AMETHIA LO TABLET OUTER 0.10 MG-20 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
AMETHYST 90-20 MCG TABLET 90-20 MCG (28)	Preventive	
APRI 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	
APRI 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	
ARANELLE 28 TABLET INNER 0.5/1/0.5-35 MG-MCG	Preventive	
ARANELLE 28 TABLET OUTER 0.5/1/0.5-35 MG-MCG	Preventive	
ASHLYNA 0.15-0.03-0.01 MG TAB F/C,INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
ASHLYNA 0.15-0.03-0.01 MG TAB F/C,OUTER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
AUBRA EQ-28 TABLET INNER 0.1-20 MG-MCG	Preventive	
AUBRA EQ-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	
AUBRA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	
AUBRA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	
AUROVELA 1 MG-20 MCG TABLET INNER 1-20 MG-MCG	Preventive	
AUROVELA 1 MG-20 MCG TABLET OUTER 1-20 MG-MCG	Preventive	
AUROVELA 21 1.5-30 TABLET INNER 1.5-30 MG-MCG	Preventive	
AUROVELA 21 1.5-30 TABLET OUTER 1.5-30 MG-MCG	Preventive	
AUROVELA 24 FE 1 MG-20 MCG TAB INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
AUROVELA 24 FE 1 MG-20 MCG TAB OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
AUROVELA FE 1.5 MG-30 MCG TAB INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
AUROVELA FE 1.5 MG-30 MCG TAB OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
AUROVELA FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
AUROVELA FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
AVIANE-28 TABLET INNER 0.1-20 MG-MCG	Preventive	
AVIANE-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	
AYUNA-28 TABLET INNER 0.15-0.03 MG	Preventive	
AYUNA-28 TABLET OUTER 0.15-0.03 MG	Preventive	
AZURETTE 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	

Drug	Status	Notes
AZURETTE 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
BALCOLTRA TABLET INNER 0.1 MG-0.02 MG (21)/36.5 MG(7)	Preventive	QL (28 EA per 28 days)
BALCOLTRA TABLET OUTER 0.1 MG-0.02 MG (21)/36.5 MG(7)	Preventive	QL (28 EA per 28 days)
BALZIVA 28 TABLET INNER 0.4-35 MG-MCG	Preventive	
BALZIVA 28 TABLET OUTER 0.4-35 MG-MCG	Preventive	
BEKYREE 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
BEKYREE 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
BLISOVI 24 FE TABLET INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
BLISOVI 24 FE TABLET OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
BLISOVI FE 1.5-30 TABLET INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
BLISOVI FE 1.5-30 TABLET OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
BLISOVI FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
BLISOVI FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
BRIELLYN TABLET 0.4-35 MG-MCG	Preventive	
CAMILA 0.35 MG TABLET INNER 0.35 MG	Preventive	
CAMILA 0.35 MG TABLET OUTER 0.35 MG	Preventive	
CAMRESE 0.15-0.03-0.01 MG TAB 2 X 91 TABS,OUTER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
CAMRESE 0.15-0.03-0.01 MG TAB NON-SALEA,1X91,INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
CAMRESE LO TABLET INNER 0.10 MG-20 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
CAMRESE LO TABLET OUTER 0.10 MG-20 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
CAZIANT 28 DAY TABLET INNER 0.1/.125/.15-25 MG-MCG	Preventive	
CAZIANT 28 DAY TABLET OUTER 0.1/.125/.15-25 MG-MCG	Preventive	
CHARLOTTE 24 FE CHEWABLE TAB INNER 1 MG-20 MCG(24) /75 MG (4)	Preventive	
CHARLOTTE 24 FE CHEWABLE TAB OUTER 1 MG-20 MCG(24) /75 MG (4)	Preventive	
CHATEAL EQ-28 TABLET INNER 0.15-0.03 MG	Preventive	
CHATEAL EQ-28 TABLET OUTER 0.15-0.03 MG	Preventive	
CHATEAL-28 TABLET CLINIC PACK, OUTER 0.15-0.03 MG	Preventive	
CHATEAL-28 TABLET INNER 0.15-0.03 MG	Preventive	

Drug	Status	Notes
CHATEAL-28 TABLET MONOCARTON, INNER 0.15-0.03 MG	Preventive	
CHATEAL-28 TABLET OUTER 0.15-0.03 MG	Preventive	
CHATEAL-28 TABLET SHIPPER CASE, OUTER 0.15-0.03 MG	Preventive	
CRYSELLE-28 TABLET INNER 0.3-30 MG-MCG	Preventive	
CRYSELLE-28 TABLET OUTER 0.3-30 MG-MCG	Preventive	
CYCLAFEM 1-35-28 TABLET INNER 1-35 MG-MCG	Preventive	
CYCLAFEM 1-35-28 TABLET OUTER 1-35 MG-MCG	Preventive	
CYCLAFEM 7-7-7-28 TABLET INNER 0.5/0.75/1 MG-35 MCG	Preventive	
CYCLAFEM 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	
CYRED 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	
CYRED 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	
CYRED EQ 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	
CYRED EQ 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	
DASETTA 1-35-28 TABLET 6'S, OUTER 1-35 MG-MCG	Preventive	
DASETTA 1-35-28 TABLET INNER 1-35 MG-MCG	Preventive	
DASETTA 7/7/7-28 TABLET 6X28, OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	
DASETTA 7/7/7-28 TABLET INNER 0.5/0.75/1 MG-35 MCG	Preventive	
DAYSEE 0.15-0.03-0.01 MG TAB F/C, INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
DAYSEE 0.15-0.03-0.01 MG TAB F/C, OUTER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
DEBLITANE 0.35 MG TABLET INNER 0.35 MG	Preventive	
DEBLITANE 0.35 MG TABLET OUTER 0.35 MG	Preventive	
DEMULEN 1/50 (21) ORAL TABLET 1-50 MG-MCG (21)	Non-PDL Brand	
desogest-eth estra 0.15-0.03 mg inner 0.15-0.03 mg	Preventive	
desogest-eth estra 0.15-0.03 mg outer 0.15-0.03 mg	Preventive	
desogestr-eth estrad eth estra 0.15-0.02 mgx21 /0.01 mg x 5	Preventive	
drosp-ee-levomef 3-0.02-0.451 inner 3-0.02-0.451 mg (24) (4)	Preventive	
drosp-ee-levomef 3-0.02-0.451 outer 3-0.02-0.451 mg (24) (4)	Preventive	
drosp-ee-levomef 3-0.03-0.451 inner 3-0.03-0.451 mg (21) (7)	Preventive	
drosp-ee-levomef 3-0.03-0.451 outer 3-0.03-0.451 mg (21) (7)	Preventive	
drospirenone-ee 3-0.02 mg tab f/c, inner 3-0.02 mg	Preventive	
drospirenone-ee 3-0.02 mg tab f/c, outer 3-0.02 mg	Preventive	
drospirenone-ee 3-0.02 mg tab inner 3-0.02 mg	Preventive	
drospirenone-ee 3-0.02 mg tab outer 3-0.02 mg	Preventive	

Drug	Status	Notes
drospirenone-ee 3-0.03 mg tab 3-0.03 mg	Preventive	
drospirenone-ee 3-0.03 mg tab f/c,outer 3-0.03 mg	Preventive	
drospirenone-ee 3-0.03 mg tab inner 3-0.03 mg	Preventive	
drospirenone-ee 3-0.03 mg tab non-saleable, inner 3-0.03 mg	Preventive	
drospirenone-ee 3-0.03 mg tab outer 3-0.03 mg	Preventive	
ECONTRA EZ 1.5 MG TABLET INNER 1.5 MG	Preventive	
ECONTRA EZ 1.5 MG TABLET OUTER 1.5 MG	Preventive	
ECONTRA ONE-STEP 1.5 MG TABLET INNER 1.5 MG	Preventive	
ECONTRA ONE-STEP 1.5 MG TABLET OUTER 1.5 MG	Preventive	
ELINEST-28 TABLET INNER 0.3-30 MG-MCG	Preventive	
ELINEST-28 TABLET OUTER 0.3-30 MG-MCG	Preventive	
ELLA 30 MG TABLET 30 MG	Preventive	
EMOQUETTE 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	
EMOQUETTE 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	
ENPRESSE-28 TABLET 6'S 50-30 (6)/75-40 (5)/125-30(10)	Preventive	
ENSKYCE 28 TABLET INNER 0.15-0.03 MG	Preventive	
ENSKYCE 28 TABLET OUTER 0.15-0.03 MG	Preventive	
ERRIN 0.35 MG TABLET INNER 0.35 MG	Preventive	
ERRIN 0.35 MG TABLET OUTER 0.35 MG	Preventive	
ESTARYLLA 0.25-0.035 MG TABLET INNER 0.25-35 MG-MCG	Preventive	
ESTARYLLA 0.25-0.035 MG TABLET OUTER 0.25-35 MG-MCG	Preventive	
ethynodiol-eth estra 1 mg-35 mcg inner 1-35 mg-mcg	Preventive	
ethynodiol-eth estra 1 mg-35 mcg outer 1-35 mg-mcg	Preventive	
ethynodiol-eth estra 1 mg-50 mcg inner 1-50 mg-mcg	Preventive	
ethynodiol-eth estra 1 mg-50 mcg outer 1-50 mg-mcg	Preventive	
FALMINA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	
FALMINA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	
FAYOSIM TABLET INNER 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	
FAYOSIM TABLET OUTER 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	
FEMYNOR 28 TABLET 0.25-35 MG-MCG	Preventive	
GIANVI 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	
GIANVI 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	
HAILEY 21 1.5 MG-30 MCG TAB INNER 1.5-30 MG-MCG	Preventive	
HAILEY 21 1.5 MG-30 MCG TAB OUTER 1.5-30 MG-MCG	Preventive	

Drug	Status	Notes
HAILEY 24 FE 1 MG-20 MCG TAB INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
HAILEY 24 FE 1 MG-20 MCG TAB OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
HAILEY FE 1.5-30 TABLET INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
HAILEY FE 1.5-30 TABLET OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
HAILEY FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
HAILEY FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
HEATHER 0.35 MG TABLET INNER 0.35 MG	Preventive	
HEATHER 0.35 MG TABLET OUTER 0.35 MG	Preventive	
INCASSIA 0.35 MG TABLET INNER 0.35 MG	Preventive	
INCASSIA 0.35 MG TABLET OUTER 0.35 MG	Preventive	
INTROVALE 0.15-0.03 MG TABLET 0.15 MG-30 MCG (91)	Preventive	QL (91 EA per 84 days)
ISIBLOOM 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	
ISIBLOOM 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	
JAIMIESS 0.15-0.03-0.01 MG TAB 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
JASMIEL 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	
JASMIEL 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	
JENCYCLA 0.35 MG TABLET INNER 0.35 MG	Preventive	
JENCYCLA 0.35 MG TABLET OUTER 0.35 MG	Preventive	
JOLESSA 0.15 MG-0.03 MG TABLET 0.15 MG-30 MCG (91)	Preventive	QL (91 EA per 84 days)
JULEBER 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	
JULEBER 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	
JUNEL 1 MG-20 MCG TABLET 3X21 1-20 MG-MCG	Preventive	
JUNEL 1.5 MG-30 MCG TABLET 3'S 1.5-30 MG-MCG	Preventive	
JUNEL FE 1 MG-20 MCG TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	
JUNEL FE 1.5 MG-30 MCG TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
JUNEL FE 24 TABLET INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
JUNEL FE 24 TABLET OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
KAITLIB FE CHEWABLE TABLET INNER 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	
KAITLIB FE CHEWABLE TABLET OUTER 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	
KALLIGA 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	
KALLIGA 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	

Drug	Status	Notes
KARIVA 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
KARIVA 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
KELNOR 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	
KELNOR 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	
KELNOR 1-50 TABLET INNER 1-50 MG-MCG	Preventive	
KELNOR 1-50 TABLET OUTER 1-50 MG-MCG	Preventive	
KURVELO-28 TABLET INNER 0.15-0.03 MG	Preventive	
KURVELO-28 TABLET OUTER 0.15-0.03 MG	Preventive	
LARIN 1.5 MG-30 MCG TABLET INNER 1.5-30 MG-MCG	Preventive	
LARIN 1.5 MG-30 MCG TABLET OUTER 1.5-30 MG-MCG	Preventive	
LARIN 21 1-20 TABLET INNER 1-20 MG-MCG	Preventive	
LARIN 21 1-20 TABLET OUTER 1-20 MG-MCG	Preventive	
LARIN 24 FE 1 MG-20 MCG TABLET INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
LARIN 24 FE 1 MG-20 MCG TABLET OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
LARIN FE 1.5-30 TABLET INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
LARIN FE 1.5-30 TABLET OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
LARIN FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
LARIN FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
LARISSIA-28 TABLET 0.1-20 MG-MCG	Preventive	
LAYOLIS FE CHEWABLE TABLET 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	
LEENA 28 TABLET INNER 0.5/1/0.5-35 MG-MCG	Preventive	
LEENA 28 TABLET OUTER 0.5/1/0.5-35 MG-MCG	Preventive	
LESSINA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	
LESSINA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	
LEVONEST-28 TABLET 6X28, OUTER 50-30 (6)/75-40 (5)/125-30(10)	Preventive	
LEVONEST-28 TABLET INNER 50-30 (6)/75-40 (5)/125-30(10)	Preventive	
levono-e estrad 0.15-0.03-0.01 0.15 mg-30 mcg (84)/10 mcg (7)	Preventive	QL (91 EA per 84 days)
levonor-e estrad 0.1-0.02-0.01 inner 0.10 mg-20 mcg (84)/10 mcg (7)	Preventive	QL (91 EA per 84 days)
levonor-e estrad 0.1-0.02-0.01 outer 0.10 mg-20 mcg (84)/10 mcg (7)	Preventive	QL (91 EA per 84 days)
levonor-eth estra 0.09-0.02 mg inner, f/c 90-20 mcg (28)	Preventive	
levonor-eth estra 0.09-0.02 mg outer, f/c 90-20 mcg (28)	Preventive	

Drug	Status	Notes
levonor-eth estrad 0.1-0.02 mg inner 0.1-20 mg-mcg	Preventive	
levonor-eth estrad 0.1-0.02 mg outer 0.1-20 mg-mcg	Preventive	
levonor-eth estrad 0.15-0.03 inner 0.15-0.03 mg	Preventive	
levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg	Preventive	
levonor-eth estrad triphasic inner 50-30 (6)/75-40 (5)/125-30(10)	Preventive	
levonor-eth estrad triphasic outer 50-30 (6)/75-40 (5)/125-30(10)	Preventive	
levonorg 0.15 mg-ee 20-25-30 mcg 0.15 mg-20 mcg/ 0.15 mg-25 mcg	Preventive	
levonorgestrel 1.5 mg tablet (otc) 1.5 mg	Preventive	
levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet 0.15 mg-30 mcg (91)	Preventive	QL (91 EA per 84 days)
levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet 1x91, inner 0.15 mg-30 mcg (91)	Preventive	QL (91 EA per 84 days)
levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet 3x91 wallets,outer 0.15 mg-30 mcg (91)	Preventive	QL (91 EA per 84 days)
levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet inner 0.15 mg-30 mcg (91)	Preventive	QL (91 EA per 84 days)
levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet outer 0.15 mg-30 mcg (91)	Preventive	QL (91 EA per 84 days)
LEVORA-28 TABLET INNER 0.15-0.03 MG	Preventive	
LEVORA-28 TABLET OUTER 0.15-0.03 MG	Preventive	
LILLOW-28 TABLET 0.15-0.03 MG	Preventive	
LO LOESTRIN FE 1-10 TABLET 1 MG-10 MCG (24)/10 MCG (2)	Preventive	
LOJAIMIESS 0.1-0.02-0.01 TAB 0.10 MG-20 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
LORYNA 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	
LORYNA 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	
LOW-OGESTREL-28 TABLET INNER 0.3-30 MG-MCG	Preventive	
LOW-OGESTREL-28 TABLET OUTER 0.3-30 MG-MCG	Preventive	
LO-ZUMANDIMINE 3 MG-0.02 MG TB INNER 3-0.02 MG	Preventive	
LO-ZUMANDIMINE 3 MG-0.02 MG TB OUTER 3-0.02 MG	Preventive	
LUTERA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	
LUTERA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	
LYZA 0.35 MG TABLET INNER 0.35 MG	Preventive	
LYZA 0.35 MG TABLET OUTER 0.35 MG	Preventive	
MARLISSA-28 TABLET 3X28, OUTER 0.15-0.03 MG	Preventive	
MARLISSA-28 TABLET INNER 0.15-0.03 MG	Preventive	
MELODETTA 24 FE CHEWABLE TAB INNER 1 MG-20 MCG(24) /75 MG (4)	Preventive	
MELODETTA 24 FE CHEWABLE TAB OUTER 1 MG-20 MCG(24) /75 MG (4)	Preventive	

Drug	Status	Notes
MIBELAS 24 FE CHEWABLE TABLET INNER 1 MG-20 MCG(24) /75 MG (4)	Preventive	
MIBELAS 24 FE CHEWABLE TABLET OUTER 1 MG-20 MCG(24) /75 MG (4)	Preventive	
MICROGESTIN 21 1.5-30 TAB INNER 1.5-30 MG-MCG	Preventive	
MICROGESTIN 21 1.5-30 TAB OUTER 1.5-30 MG-MCG	Preventive	
MICROGESTIN 21 1-20 TABLET INNER 1-20 MG-MCG	Preventive	
MICROGESTIN 21 1-20 TABLET OUTER 1-20 MG-MCG	Preventive	
MICROGESTIN FE 1.5-30 TAB INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
MICROGESTIN FE 1.5-30 TAB OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	
MICROGESTIN FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
MICROGESTIN FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
MILI 0.25-0.035 MG TABLET INNER 0.25-35 MG-MCG	Preventive	
MILI 0.25-0.035 MG TABLET OUTER 0.25-35 MG-MCG	Preventive	
MONO-LINYAH 28 TABLET INNER 0.25-35 MG-MCG	Preventive	
MONO-LINYAH 28 TABLET OUTER 0.25-35 MG-MCG	Preventive	
MY CHOICE 1.5 MG TABLET 1.5 MG	Preventive	
MY WAY 1.5 MG TABLET (OTC) 1.5 MG	Preventive	
NATAZIA 28 TABLET F/C, INNER 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Preventive	
NATAZIA 28 TABLET F/C, OUTER 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Preventive	
NECON 0.5-35-28 TABLET INNER 0.5-35 MG-MCG	Preventive	
NECON 0.5-35-28 TABLET OUTER 0.5-35 MG-MCG	Preventive	
NEW DAY 1.5 MG TABLET 1.5 MG	Preventive	
NIKKI 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	
NIKKI 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	
NORA-BE TABLET 0.35 MG	Preventive	
noret-estr-fe 0.4-0.035(21)-75 inner 0.4mg-35mcg(21) and 75 mg (7)	Preventive	
noret-estr-fe 0.4-0.035(21)-75 outer 0.4mg-35mcg(21) and 75 mg (7)	Preventive	
noreth-ee-fe 1.5-0.03 mg(21)-75 inner 1.5 mg-30 mcg (21)/75 mg (7)	Preventive	
noreth-ee-fe 1.5-0.03 mg(21)-75 outer 1.5 mg-30 mcg (21)/75 mg (7)	Preventive	
noreth-estrad-fe 1-0.02(21)-75 1 mg-20 mcg (21)/75 mg (7)	Preventive	

Drug	Status	Notes
noreth-estrad-fe 1-0.02(24)-75 inner 1 mg-20 mcg(24) /75 mg (4)	Preventive	
noreth-estrad-fe 1-0.02(24)-75 outer 1 mg-20 mcg(24) /75 mg (4)	Preventive	
norethind-eth estrad 1-0.02 mg inner 1-20 mg-mcg	Preventive	
norethind-eth estrad 1-0.02 mg outer 1-20 mg-mcg	Preventive	
norethindrone 0.35 mg tablet 0.35 mg	Preventive	
norethindrone 0.35 mg tablet inner 0.35 mg	Preventive	
norethindrone 0.35 mg tablet non-saleable, inner 0.35 mg	Preventive	
norethindrone 0.35 mg tablet outer 0.35 mg	Preventive	
norethindrone 0.35 mg tablet outer, 3x28 0.35 mg	Preventive	
norethin-ee 1.5-0.03 mg(21) tb inner 1.5-30 mg-mcg	Preventive	
norethin-ee 1.5-0.03 mg(21) tb outer 1.5-30 mg-mcg	Preventive	
norethin-estra-fe 0.8-0.025 mg chewable tab,inner 0.8mg-25mcg(24) and 75 mg (4)	Preventive	
norethin-estra-fe 0.8-0.025 mg chewable tab,outer 0.8mg-25mcg(24) and 75 mg (4)	Preventive	
norg-ee 0.18-0.215-0.25/0.025 f/c, inner 0.18/0.215/0.25 mg-25 mcg	Preventive	
norg-ee 0.18-0.215-0.25/0.025 f/c, outer 0.18/0.215/0.25 mg-25 mcg	Preventive	
norg-ee 0.18-0.215-0.25/0.025 inner 0.18/0.215/0.25 mg-25 mcg	Preventive	
norg-ee 0.18-0.215-0.25/0.025 outer 0.18/0.215/0.25 mg-25 mcg	Preventive	
norg-ee 0.18-0.215-0.25/0.035 inner 0.18/0.215/0.25 mg-35 mcg (28)	Preventive	
norg-ee 0.18-0.215-0.25/0.035 outer 0.18/0.215/0.25 mg-35 mcg (28)	Preventive	
norgestimate-ee 0.25-0.035 mg inner 0.25-35 mg-mcg	Preventive	
norgestimate-ee 0.25-0.035 mg outer 0.25-35 mg-mcg	Preventive	
norg-ethin estra 0.25-0.035 mg 3x28, outer 0.25-35 mg-mcg	Preventive	
norg-ethin estra 0.25-0.035 mg inner 0.25-35 mg-mcg	Preventive	
norg-ethin estra 0.25-0.035 mg outer 0.25-35 mg-mcg	Preventive	
NORLYDA 0.35 MG TABLET 0.35 MG	Preventive	
NORTREL 0.5-35-28 TABLET INNER 0.5-35 MG-MCG	Preventive	
NORTREL 0.5-35-28 TABLET OUTER 0.5-35 MG-MCG	Preventive	
NORTREL 1-35 21 TABLET INNER 1-35 MG-MCG (21)	Preventive	
NORTREL 1-35 21 TABLET OUTER 1-35 MG-MCG (21)	Preventive	
NORTREL 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	
NORTREL 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	

Drug	Status	Notes
NORTREL 7-7-7-28 TABLET INNER 0.5/0.75/1 MG-35 MCG	Preventive	
NORTREL 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG-35 MCG	Preventive	
OCELLA 3 MG-0.03 MG TABLET 3'S, F/C, INNER 3-0.03 MG	Preventive	
OCELLA 3 MG-0.03 MG TABLET 3'S, F/C, OUTER 3-0.03 MG	Preventive	
OPCICON ONE-STEP 1.5 MG TABLET 1.5 MG	Preventive	
OPTION 2 1.5 MG TABLET 1.5 MG	Preventive	
ORSYTHIA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	
ORSYTHIA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	
PHILITH 0.4-0.035 MG TABLET 6X28,OUTER 0.4-35 MG-MCG	Preventive	
PHILITH 0.4-0.035 MG TABLET INNER 0.4-35 MG-MCG	Preventive	
PIMTREA 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
PIMTREA 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
PIRMELLA 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	
PIRMELLA 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	
PIRMELLA 7-7-7-28 TABLET INNER 0.5/0.75/1 MG-35 MCG	Preventive	
PIRMELLA 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG-35 MCG	Preventive	
PORTIA-28 TABLET INNER 0.15-0.03 MG	Preventive	
PORTIA-28 TABLET OUTER 0.15-0.03 MG	Preventive	
PREVIFEM TABLET INNER 0.25-35 MG-MCG	Preventive	
PREVIFEM TABLET OUTER 0.25-35 MG-MCG	Preventive	
RECLIPSEN 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	
RECLIPSEN 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	
RIVELSA TABLET INNER 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	
RIVELSA TABLET OUTER 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	
SETLAKIN 0.15 MG-0.03 MG TAB INNER 0.15 MG-30 MCG (91)	Preventive	QL (91 EA per 84 days)
SETLAKIN 0.15 MG-0.03 MG TAB OUTER 0.15 MG-30 MCG (91)	Preventive	QL (91 EA per 84 days)
SHAROBEL 0.35 MG TABLET INNER 0.35 MG	Preventive	
SHAROBEL 0.35 MG TABLET OUTER 0.35 MG	Preventive	
SIMLIYA 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
SIMLIYA 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
SIMPESSE 0.15-0.03-0.01 MG TAB INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)

Drug	Status	Notes
SIMPESSE 0.15-0.03-0.01 MG TAB OUTER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	QL (91 EA per 84 days)
SLYND 4 MG TABLET 4 MG (28)	Preventive	QL (1 EA per 1 day)
SPRINTEC 28 DAY TABLET 0.25-35 MG-MCG	Preventive	
SRONYX 0.10-0.02 MG TABLET INNER 0.1-20 MG-MCG	Preventive	
SRONYX 0.10-0.02 MG TABLET OUTER 0.1-20 MG-MCG	Preventive	
SYEDA 28 TABLET INNER 3-0.03 MG	Preventive	
SYEDA 28 TABLET OUTER 3-0.03 MG	Preventive	
TAKE ACTION 1.5 MG TABLET 1.5 MG	Preventive	
TARINA 24 FE 1 MG-20 MCG TAB INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
TARINA 24 FE 1 MG-20 MCG TAB OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
TARINA FE 1-20 EQ TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
TARINA FE 1-20 EQ TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
TARINA FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
TARINA FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	
TAYTULLA 1 MG-20 MCG CAPSULE INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
TAYTULLA 1 MG-20 MCG CAPSULE OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	
TILIA FE 28 TABLET INNER 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	
TILIA FE 28 TABLET OUTER 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	
TRI FEMYNOR 28 TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-ESTARYLLA TABLET INNER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-ESTARYLLA TABLET OUTER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-LEGEST FE-28 DAY TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	
TRI-LINYAH TABLET INNER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-LINYAH TABLET OUTER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-LO-ESTARYLLA TABLET INNER 0.18/0.215/0.25 MG-25 MCG	Preventive	
TRI-LO-ESTARYLLA TABLET OUTER 0.18/0.215/0.25 MG-25 MCG	Preventive	
TRI-LO-MARZIA TABLET INNER 0.18/0.215/0.25 MG-25 MCG	Preventive	
TRI-LO-MARZIA TABLET OUTER 0.18/0.215/0.25 MG-25 MCG	Preventive	

Drug	Status	Notes
TRI-LO-MILI TABLET INNER 0.18/0.215/0.25 MG-25 MCG	Preventive	
TRI-LO-MILI TABLET OUTER 0.18/0.215/0.25 MG-25 MCG	Preventive	
TRI-LO-SPRINTEC TABLET INNER 0.18/0.215/0.25 MG-25 MCG	Preventive	
TRI-LO-SPRINTEC TABLET OUTER 0.18/0.215/0.25 MG-25 MCG	Preventive	
TRI-MILI 28 TABLET INNER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-MILI 28 TABLET OUTER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-PREVIFEM TABLET INNER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-PREVIFEM TABLET OUTER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-SPRINTEC TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRIVORA-28 TABLET INNER 50-30 (6)/75-40 (5)/125-30(10)	Preventive	
TRIVORA-28 TABLET OUTER 50-30 (6)/75-40 (5)/125-30(10)	Preventive	
TRI-VYLIBRA 28 TABLET INNER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-VYLIBRA 28 TABLET OUTER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	
TRI-VYLIBRA LO TABLET INNER 0.18/0.215/0.25 MG-25 MCG	Preventive	
TRI-VYLIBRA LO TABLET OUTER 0.18/0.215/0.25 MG-25 MCG	Preventive	
TULANA 0.35 MG TABLET INNER 0.35 MG	Preventive	
TULANA 0.35 MG TABLET OUTER 0.35 MG	Preventive	
TYDEMY TABLET INNER 3-0.03-0.451 MG (21) (7)	Preventive	
TYDEMY TABLET OUTER 3-0.03-0.451 MG (21) (7)	Preventive	
VELIVET 28 DAY TABLET INNER 0.1/.125/.15-25 MG-MCG	Preventive	
VELIVET 28 DAY TABLET OUTER 0.1/.125/.15-25 MG-MCG	Preventive	
VIENVA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	
VIENVA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	
VIORELE 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
VIORELE 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
VOLNEA 0.15-0.02-0.01 MG TAB INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
VOLNEA 0.15-0.02-0.01 MG TAB OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	
VYFEMLA 28 TABLET INNER 0.4-35 MG-MCG	Preventive	
VYFEMLA 28 TABLET OUTER 0.4-35 MG-MCG	Preventive	

Drug	Status	Notes
VYLIBRA 28 TABLET INNER 0.25-35 MG-MCG	Preventive	
VYLIBRA 28 TABLET OUTER 0.25-35 MG-MCG	Preventive	
WERA 0.5/0.035 MG 28 TABLET 3X28, OUTER 0.5-35 MG-MCG	Preventive	
WERA 0.5/0.035 MG 28 TABLET INNER 0.5-35 MG-MCG	Preventive	
WYMZYA FE CHEWABLE TABLET INNER 0.4MG-35MCG(21) AND 75 MG (7)	Preventive	
WYMZYA FE CHEWABLE TABLET OUTER 0.4MG-35MCG(21) AND 75 MG (7)	Preventive	
ZARAH TABLET INNER 3-0.03 MG	Preventive	
ZARAH TABLET OUTER 3-0.03 MG	Preventive	
ZOVIA 1-35E TABLET INNER 1-35 MG-MCG	Preventive	
ZOVIA 1-35E TABLET OUTER 1-35 MG-MCG	Preventive	
ZUMANDIMINE 3 MG-0.03 MG TAB INNER 3-0.03 MG	Preventive	
ZUMANDIMINE 3 MG-0.03 MG TAB OUTER 3-0.03 MG	Preventive	
Contraceptives,Transdermal		
XULANE PATCH INNER 150-35 MCG/24 HR	Preventive	QL (3 EA per 28 days)
XULANE PATCH OUTER 150-35 MCG/24 HR	Preventive	QL (3 EA per 28 days)
Diaphragms/Cervical Cap		
CAYA CONTOURED DIAPHRAGM 65-80 MM	Preventive	
FEMCAP 22 MM CERVICAL CAP 22 MM	Preventive	
FEMCAP 26 MM CERVICAL CAP 26 MM	Preventive	
FEMCAP 30 MM CERVICAL CAP 30 MM	Preventive	
WIDE SEAL DIAPHRAGM 60MM 60 MM	Preventive	
WIDE SEAL DIAPHRAGM 65MM 65 MM	Preventive	
WIDE SEAL DIAPHRAGM 70MM 70 MM	Preventive	
WIDE SEAL DIAPHRAGM 75MM 75 MM	Preventive	
WIDE SEAL DIAPHRAGM 80MM 80 MM	Preventive	
WIDE SEAL DIAPHRAGM 85MM 85 MM	Preventive	
WIDE SEAL DIAPHRAGM 90MM 90 MM	Preventive	
WIDE SEAL DIAPHRAGM 95MM 95 MM	Preventive	
Oxytocics		
methylergonovine 0.2 mg tablet 0.2 mg	Non-PDL Generic	QL (28 EA per 30 days)
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
APRODINE TABLET 2.5-60 MG	Non-PDL Generic	Age (Min 2 Years)
CHILD COLD-ALLERGY LIQUID 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD TRIAMINIC COLD-ALLERGY 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
CHILD WAL-TAP COLD-ALLERGY ELX 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILDREN'S COLD-ALLERGY ELIXIR A/F,GRAPE,CHILD 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
COLD & ALLERGY ELIXIR CHILDREN'S,A/F 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
COLD-ALLERGY ELIXIR CHILDREN'S,A/F 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
COLD-ALLERGY-SINUS ORAL TABLET 2.5-60 MG	Non-PDL Generic	Age (Min 2 Years)
CVS CHILD COLD-ALLERGY LIQUID 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
DIMAPHEN ELIXIR A/F, GRAPE, GLUTEN-F 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
ED A-HIST LIQUID (OTC) 4-10 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
GNP COLD & ALLERGY ELIXIR CHILDREN'S,A/F 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
GNP COLD-ALLERGY ELIXIR CHILDREN'S,A/F 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
GS CHILD COLD-ALLERGY SOLUTION 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
HM CHILD COLD-ALLERGY ELIXIR A/F, GRAPE 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
NOHIST-LQ LIQUID 4-10 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
promethazine-phenylephrine syr 6.25-5 mg/5 ml	Non-PDL Generic	Age (Min 2 Years)
PUB CHILD'S DIBROMM COLD-ALLGY 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
RYNEX PE LIQUID 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
SM CHILD COLD-ALLERGY LIQUID CHILDRENS 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
SUDOGEST COLD AND ALLERGY TAB 4-60 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-ACT D COLD & ALLERGY TAB 2.5-60 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-TAP ELIXIR 1-2.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA A.R. TABLET SA 8-90-0.24 MG	Non-PDL Generic	
Antitussives,Non-Narcotic		
12-HR COUGH RELIEF 30 MG/5 ML 30 MG/5 ML	Non-PDL Generic	
benzonatate 100 mg capsule 100 mg	Non-PDL Generic	
benzonatate 100 mg capsule softgel 100 mg	Non-PDL Generic	
benzonatate 200 mg capsule 200 mg	Non-PDL Generic	

Drug	Status	Notes
benzonatate 200 mg capsule softgel 200 mg	Non-PDL Generic	
benzonatate perle 100 mg cap 100 mg	Non-PDL Generic	
CHILD COUGH DM ER 30 MG/5 ML 30 MG/5 ML	Non-PDL Generic	
COUGH DM ER 30 MG/5 ML SUSP 12 HOUR 30 MG/5 ML	Non-PDL Generic	
COUGH DM ER 30 MG/5 ML SUSP 12HR,A/F,GLUTEN-FREE 30 MG/5 ML	Non-PDL Generic	
COUGH DM ER 30 MG/5 ML SUSP 30 MG/5 ML	Non-PDL Generic	
COUGH DM ER 30 MG/5 ML SUSP A/F, GLUTEN/F, 12HR 30 MG/5 ML	Non-PDL Generic	
COUGH DM ER 30 MG/5 ML SUSP A/F, ORANGE, 12HR 30 MG/5 ML	Non-PDL Generic	
COUGH DM ER 30 MG/5 ML SUSP A/F,GLUTEN-F,GRAPE 30 MG/5 ML	Non-PDL Generic	
COUGH DM ER 30 MG/5 ML SUSP A/F,GLUTEN-FREE,12HR 30 MG/5 ML	Non-PDL Generic	
CVS CHILD COUGH DM ER 30 MG/5 30 MG/5 ML	Non-PDL Generic	
CVS COUGH DM ER 30 MG/5 ML SUS 30 MG/5 ML	Non-PDL Generic	
CVS COUGH DM ER 30 MG/5 ML SUS A/F, ORANGE, 12HR 30 MG/5 ML	Non-PDL Generic	
dextromethorphan er 30 mg/5 ml 30 mg/5 ml	Non-PDL Generic	
EQ CHLD COUGH DM ER 30 MG/5 ML 30 MG/5 ML	Non-PDL Generic	
EQ COUGH DM ER 30 MG/5 ML SUSP 30 MG/5 ML	Non-PDL Generic	
EQ COUGH DM ER 30 MG/5 ML SUSP A/F, 12 HOUR, ORANGE 30 MG/5 ML	Non-PDL Generic	
GNP COUGH DM ER 30 MG/5 ML SUS 12 HOUR 30 MG/5 ML	Non-PDL Generic	
GNP COUGH DM ER 30 MG/5 ML SUS A/F,GLUTEN-FREE,12HR 30 MG/5 ML	Non-PDL Generic	
GS CHLD COUGH DM ER 30 MG/5 ML 30 MG/5 ML	Non-PDL Generic	
GS COUGH DM ER 30 MG/5 ML SUSP 30 MG/5 ML	Non-PDL Generic	
HM COUGH DM ER 30 MG/5 ML SUSP A/F, GLUTEN-FREE 30 MG/5 ML	Non-PDL Generic	
HM COUGH DM ER 30 MG/5 ML SUSP GRAPE,GLUTEN-F,A/F 30 MG/5 ML	Non-PDL Generic	
KRO COUGH DM ER 30 MG/5 ML SUS 12HR,A/F,GLUTEN-FREE 30 MG/5 ML	Non-PDL Generic	
KRO COUGH DM ER 30 MG/5 ML SUS 30 MG/5 ML	Non-PDL Generic	
RA COUGH DM ER 30 MG/5 ML SUSP 12HR,A/F,ORANGE 30 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
ROBITUSSIN ER 30 MG/5 ML SUSP 30 MG/5 ML	Non-PDL Generic	
SM CHLD COUGH DM ER 30 MG/5 ML 30 MG/5 ML	Non-PDL Generic	
SM COUGH DM ER 30 MG/5 ML SUSP 30 MG/5 ML	Non-PDL Generic	
Cough And/Or Cold Preparations		
MEDIKOFF DROPS U-D 6.1 MG	Non-PDL Generic	
Decongestant-Expectorant Combinations		
CHEST CONGESTION RELIEF PE TAB 10-400 MG	Non-PDL Generic	
CHEST-SINUS CONGST RLF TABLET 10-400 MG	Non-PDL Generic	
CONGEST-EZE 60-400 MG CAPLET 60-400 MG	Non-PDL Generic	
CONGEST-EZE PE 10-400 MG CPLT 10-400 MG	Non-PDL Generic	
CVS CHEST CONG RELIEF PE TAB 10-400 MG	Non-PDL Generic	
CVS MUCUS D ER 1,200-120 MG TB 120-1,200 MG	Non-PDL Generic	
CVS MUCUS D ER 600-60 MG TAB 60-600 MG	Non-PDL Generic	
FENESIN PE IR TABLET 10-400 MG	Non-PDL Generic	
GNP CHEST-SINUS CONGST RLF TAB 10-400 MG	Non-PDL Generic	
guaifenesin-pse er 1200-120 mg (otc) 120-1,200 mg	Non-PDL Generic	
guaifenesin-pse er 600-60 mg (otc) 60-600 mg	Non-PDL Generic	
HM MUCUS RLF D ER 600-60 MG TB 60-600 MG	Non-PDL Generic	
KRO MUCUS D ER 600-60 MG TAB 60-600 MG	Non-PDL Generic	
LIQUIBID D-R TABLET 10-400 MG	Non-PDL Generic	
MUCINEX D ER 600-60 MG TABLET 60-600 MG	Non-PDL Brand	
MUCUS D ER 600-60 MG TABLET 60-600 MG	Non-PDL Generic	
MUCUS RELIEF D ER 600-60 MG TB 60-600 MG	Non-PDL Generic	
MUCUS RELIEF D TABLET 40-400 MG	Non-PDL Generic	
MUCUS RELIEF PE TABLET 10-400 MG	Non-PDL Generic	
MUCUS RELIEF SINUS TABLET 10-400 MG	Non-PDL Generic	
RA MUCUS RELIEF D ER 1,200-120 120-1,200 MG	Non-PDL Generic	

Drug	Status	Notes
RA MUCUS RELIEF D ER 600-60 MG 60-600 MG	Non-PDL Generic	
REFENESEN PE CAPLET 10-400 MG	Non-PDL Generic	
SM CHEST CONG RELIEF PE CAPLET 10-400 MG	Non-PDL Generic	
SM MUCUS RELIEF D ER 600-60 MG 60-600 MG	Non-PDL Generic	
Decongestants, Oral		
12HR NASAL DECONGEST ER 120 MG 120 MG	Non-PDL Generic	Age (Min 2 Years)
CVS 12HR DECONGEST 120 MG CPLT 120 MG	Non-PDL Generic	Age (Min 2 Years)
CVS 12HR DECONGEST 120 MG CPLT COATED CPLT, MAX STR 120 MG	Non-PDL Generic	Age (Min 2 Years)
CVS NASAL DECONGESTANT PE TAB 10 MG	Non-PDL Generic	
CVS SINUS PE DECONGESTANT TAB 10 MG	Non-PDL Generic	
EQ SUPHEDRINE PE 10 MG TABLET NON-DROWSY, MAX-STR 10 MG	Non-PDL Generic	
EQL NASAL DECONG PE 10 MG TAB 10 MG	Non-PDL Generic	
GNP NASAL DECONG PE 10 MG TAB NON-DROWSY,MX-STR 10 MG	Non-PDL Generic	
GS NASAL DECONG PE 10 MG TAB 10 MG	Non-PDL Generic	
HM NASAL DECONG PE 10 MG TAB NON-DROWSY,MAX-STR 10 MG	Non-PDL Generic	
HM NASAL DECONGEST ER 120 MG 120 MG	Non-PDL Generic	Age (Min 2 Years)
KRO NASAL DECONG PE 10 MG TAB NON-DROWSY, GLUTEN-F 10 MG	Non-PDL Generic	
NASAL DECONGESTANT 30 MG TAB 30 MG	Non-PDL Generic	Age (Min 2 Years)
NASAL DECONGESTANT PE 10 MG TB 10 MG	Non-PDL Generic	
NASAL DECONGESTANT PE 10 MG TB MAX-STR 10 MG	Non-PDL Generic	
NASAL DECONGESTANT PE 10 MG TB N-DROWSY/MX-STR 10 MG	Non-PDL Generic	
NASAL DECONGESTANT PE 10 MG TB NON-DROWSY,MX-STR 10 MG	Non-PDL Generic	
NASAL DECONGESTANT PE 10 MG TB PSEUDO-FREE 10 MG	Non-PDL Generic	
NEXAFED 30 MG TABLET 30 MG	Non-PDL Brand	
pseudoephedrine 60 mg tablet (otc) 60 mg	Non-PDL Generic	Age (Min 2 Years)
pseudoephedrine er 120 mg tab 120 mg	Non-PDL Generic	Age (Min 2 Years)
pseudoephedrine er 120 mg tab coated cplt, max str 120 mg	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
PUB NASAL DECONG PE 10 MG TAB NON-DROWSY 10 MG	Non-PDL Generic	
PUB NASAL DECONGEST ER 120 MG NON-DROWSY, 12HR 120 MG	Non-PDL Generic	Age (Min 2 Years)
QC SUPHEDRINE PE 10 MG TABLET NON-DROWSY 10 MG	Non-PDL Generic	
RA NASAL DECONG PE 10 MG TAB PSEUDOEPHEDRINE FREE 10 MG	Non-PDL Generic	
RA SINUS PRES-CNG RLF PE 10 MG 10 MG	Non-PDL Generic	
SINUS 12 HOUR 120 MG CAPLET 120 MG	Non-PDL Generic	
SINUS DECONGESTANT 10 MG TAB 1X100 10 MG	Non-PDL Generic	
SINUS DECONGESTANT 10 MG TAB 1X24 10 MG	Non-PDL Generic	
SINUS DECONGESTANT 10 MG TAB 1X250 10 MG	Non-PDL Generic	
SINUS DECONGESTANT 10 MG TAB INNER, F/C 10 MG	Non-PDL Generic	
SINUS DECONGESTANT 10 MG TAB OUTER, F/C 10 MG	Non-PDL Generic	
SM NASAL DECONG PE 10 MG TAB 10 MG	Non-PDL Generic	
SUDOGEST 12 HOUR 120 MG CAPLET 120 MG	Non-PDL Generic	
SUDOGEST 30 MG TABLET 30 MG	Non-PDL Generic	Age (Min 2 Years)
SUDOGEST PE 10 MG TABLET 10 MG	Non-PDL Generic	
WAL-PHED D ER 120 MG CAPLET 120 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-PHED D ER 120 MG TABLET 120 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-PHED PE 10 MG TABLET NON-DROWSY 10 MG	Non-PDL Generic	
WAL-PHED PE 10 MG TABLET NON-DROWSY,PSE FREE 10 MG	Non-PDL Generic	
ZEPHREX-D 30 MG TABLET 30 MG	Non-PDL Generic	
Expectorants		
ADULT WAL-TUSSIN LIQUID 100 MG/5 ML	Non-PDL Generic	
CHEST CONGEST RLF 400 MG TAB 400 MG	Non-PDL Generic	
CHEST CONGESTION RELIEF TABLET 400 MG	Non-PDL Generic	
CHILDREN'S CHEST CONGEST LIQ 100 MG/5 ML	Non-PDL Generic	
CHILDREN'S MUCUS RELIEF LIQ A/F 100 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
CHILDREN'S MUCUS RELIEF LIQ A/F,GRAPE,CHILD 100 MG/5 ML	Non-PDL Generic	
COUGH SYRUP 100 MG/5 ML EXPECTORANT 100 MG/5 ML	Non-PDL Generic	
CVS CHEST CONGESTION RLF TAB 400 MG	Non-PDL Generic	
CVS CHILD'S CHEST CONGEST LIQ 100 MG/5 ML	Non-PDL Generic	
CVS MUCUS ER 1,200 MG TABLET 1,200 MG	Non-PDL Generic	
CVS TUSSIN 100 MG/5 ML LIQUID 100 MG/5 ML	Non-PDL Generic	
DIABETIC TUSSIN EX LIQUID A/F,D/F,NA/F,S/F 100 MG/5 ML	Non-PDL Generic	
EQ MUCUS ER 600 MG TABLET 600 MG	Non-PDL Generic	
EQL MUCUS ER 600 MG TABLET 600 MG	Non-PDL Generic	
EQL TUSSIN CHEST CONGEST SYRUP ADULT, NON-DROWSY 100 MG/5 ML	Non-PDL Generic	
EQL TUSSIN MUCUS-CHEST CONGEST 100 MG/5 ML	Non-PDL Generic	
EXPECTORANT 100 MG/5 ML SYRUP 100 MG/5 ML	Non-PDL Generic	
EXPECTORANT 200 MG TABLET 200 MG	Non-PDL Generic	
FENESIN IR 400 MG TABLET 400 MG	Non-PDL Generic	
GERI-TUSSIN 100 MG/5 ML SOLN 100 MG/5 ML	Non-PDL Generic	
G-FENESIN 400 MG CAPLET 400 MG	Non-PDL Generic	
GNP MUCUS ER 600 MG TABLET 600 MG	Non-PDL Generic	
GNP MUCUS ER 600 MG TABLET GLUTEN-FREE, 12 HR 600 MG	Non-PDL Generic	
GNP MUCUS RELIEF 400 MG TABLET 400 MG	Non-PDL Generic	
GNP MUCUS-ER MAX 1,200 MG TAB 1,200 MG	Non-PDL Generic	
GNP TUSSIN 100 MG/5 ML SYRUP A/F 100 MG/5 ML	Non-PDL Generic	
GNP TUSSIN 100 MG/5 ML SYRUP A/F,4OZ FREE 100 MG/5 ML	Non-PDL Generic	
GNP TUSSIN 400 MG TABLET 400 MG	Non-PDL Generic	
GNP TUSSIN MUCUS-CON 200 MG/10 100 MG/5 ML	Non-PDL Generic	
GS TUSSIN MUCUS-CONG 100 MG/5 100 MG/5 ML	Non-PDL Generic	
GS TUSSIN MUCUS-CONG 200 MG/10 100 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
guaifenesin 100 mg/5 ml liquid 100 mg/5 ml	Non-PDL Generic	
guaifenesin 100 mg/5 ml syrup 100's,u-d,s/f,a/f 100 mg/5 ml	Non-PDL Generic	
guaifenesin 200 mg tablet (otc) 200 mg	Non-PDL Generic	
guaifenesin 400 mg caplet 400 mg	Non-PDL Generic	
guaifenesin 400 mg caplet caplet 400 mg	Non-PDL Generic	
HM ADULT TUSSIN CHEST CONG LIQ A/F,CHERRY,NO-DROWSY 100 MG/5 ML	Non-PDL Generic	
HM ADULT TUSSIN CHEST CONG LIQ A/F,GLUTEN-FREE 100 MG/5 ML	Non-PDL Generic	
HM CHEST CONGEST RLF 400 MG TB CAPLET,D/F 400 MG	Non-PDL Generic	
HM MUCUS ER 1,200 MG TABLET 1,200 MG	Non-PDL Generic	
HM MUCUS ER 600 MG TABLET GLUTEN-FREE, 12 HOUR 600 MG	Non-PDL Generic	
HV TUSSIN MUCUS-CONG 200 MG/10 100 MG/5 ML	Non-PDL Generic	
KRO MUCUS RELIEF ER 600 MG TAB 600 MG	Non-PDL Generic	
KRO MUCUS-ER MAX 1,200 MG TAB 1,200 MG	Non-PDL Generic	
MUCINEX ER 600 MG TABLET 600 MG	Non-PDL Brand	
MUCINEX ER 600 MG TABLET BI-LAYER, 12 HOURS 600 MG	Non-PDL Brand	
MUCOSA 400 MG TABLET 400 MG	Non-PDL Generic	
MUCUS ER 600 MG TABLET 600 MG	Non-PDL Generic	
MUCUS ER 600 MG TABLET GLUTEN-FREE, 12 HR 600 MG	Non-PDL Generic	
MUCUS RELIEF 400 MG TABLET 400 MG	Non-PDL Generic	
MUCUS RELIEF 400 MG TABLET CHEST CONGESTION 400 MG	Non-PDL Generic	
MUCUS RELIEF 400 MG TABLET D/F, GLUTEN-FREE 400 MG	Non-PDL Generic	
MUCUS RELIEF 400 MG TABLET EXPECTORANT 400 MG	Non-PDL Generic	
MUCUS RELIEF ER 1,200 MG TAB 1,200 MG	Non-PDL Generic	
MUCUS RELIEF ER 600 MG TABLET 12 HOUR 600 MG	Non-PDL Generic	
MUCUS RELIEF ER 600 MG TABLET 600 MG	Non-PDL Generic	
MUCUS RELIEF ER 600 MG TABLET GLUTEN-FREE, 12 HOUR 600 MG	Non-PDL Generic	

Drug	Status	Notes
MUCUS RLF CHEST CONGEST 200 MG 200 MG	Non-PDL Generic	
MUCUS-ER MAX 1,200 MG TABLET 1,200 MG	Non-PDL Generic	
PUB TUSSIN 100 MG/5 ML SYRUP EXPECTORANT 100 MG/5 ML	Non-PDL Generic	
QC MUCUS RELIEF 400 MG CAPLET 400 MG	Non-PDL Generic	
QC MUCUS RELIEF ER 1,200 MG TB 1,200 MG	Non-PDL Generic	
QC MUCUS RELIEF ER 600 MG TAB 600 MG	Non-PDL Generic	
QC TUSSIN MUCUS-CONG 200 MG/10 100 MG/5 ML	Non-PDL Generic	
RA EXPECTORANT COUGH SYRUP 100 MG/5 ML	Non-PDL Generic	
RA EXPECTORANT COUGH SYRUP 100 MG/5 ML	Non-PDL Generic	
RA MUCUS RELIEF 400 MG TABLET 400 MG	Non-PDL Generic	
RA TUSSIN CHEST CONGESTION SYR 100 MG/5 ML	Non-PDL Generic	
RA TUSSIN CHEST CONGESTION SYR A/F, NON-DROWSY 100 MG/5 ML	Non-PDL Generic	
REFENESEN 400 MG TABLET 400 MG	Non-PDL Generic	
RI-TUSSIN SYRUP 100 MG/5 ML	Non-PDL Generic	
ROBAFEN 200 MG/10 ML SYRUP 100 MG/5 ML	Non-PDL Generic	
SCOT-TUSSIN 100 MG/5 ML LIQ 100 MG/5 ML	Non-PDL Generic	
SCOT-TUSSIN EXPECTORANT LIQUID 100 MG/5 ML	Non-PDL Generic	
SILTUSSIN SA 100 MG/5 ML SYR 100 MG/5 ML	Non-PDL Generic	
SM CHEST CONGESTION RELIEF CAP CAPLET,D/F 400 MG	Non-PDL Generic	
SM MUCUS ER 600 MG TABLET GLUTEN-FREE 600 MG	Non-PDL Generic	
SM MUCUS RELIEF ER 600 MG TAB 600 MG	Non-PDL Generic	
SM MUCUS-ER MAX 1,200 MG TAB 1,200 MG	Non-PDL Generic	
SM TUSSIN 100 MG/5 ML LIQUID 100 MG/5 ML	Non-PDL Generic	
SM TUSSIN MUCUS-CONG 200 MG/10 A/F,ADULT,NON-DROWS 100 MG/5 ML	Non-PDL Generic	
SSKI 1 GM/ML SOLUTION 1 GRAM/ML	Non-PDL Generic	
TUSSIN 100 MG/5 ML SYRUP A/F 100 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
TUSSIN 100 MG/5 ML SYRUP A/F,4OZ FREE 100 MG/5 ML	Non-PDL Generic	
TUSSIN 400 MG TABLET 400 MG	Non-PDL Generic	
TUSSIN CHEST CONGESTION LIQUID NON-DROWSY 100 MG/5 ML	Non-PDL Generic	
TUSSIN HONEY SYRUP 100 MG/5 ML	Non-PDL Generic	
TUSSIN MUCUS-CONG 200 MG/10 100 MG/5 ML	Non-PDL Generic	
WAL-TUSSIN SYRUP 100 MG/5 ML	Non-PDL Generic	
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
MAR-COF BP LIQUID 2-30-7.5 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
promethazine-pe-codeine syrup 6.25-5-10 mg/5 ml	Non-PDL Generic	QL (30 ML per 1 day); Age (Min 18 Years)
RYDEX LIQUID 1.3-10-6.3 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb		
GUAIFENESIN DAC ORAL SOLUTION 30-10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
LORTUSS EX LIQUID 30-10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
VIRTUSSIN DAC LIQUID 30-10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine		
hydrocodone-chlorphen er susp 10-8 mg/5 ml	Non-PDL Generic	QL (10 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.		
hydrocodone-homatropine 5-1.5 mg tablet 5-1.5 mg	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 18 Years)
hydrocodone-homatropine soln 5-1.5 mg/5 ml	Non-PDL Generic	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine syrup 5-1.5 mg/5 ml	Non-PDL Generic	QL (30 ML per 1 day); Age (Min 18 Years)
HYDROMET SYRUP 5-1.5 MG/5 ML	Non-PDL Generic	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination		
codeine-guaifen 10-100 mg/5 ml (otc) 10-100 mg/5 ml	Non-PDL Generic	Age (Min 12 Years)
codeine-guaifen 10-100 mg/5 ml a/f,d/f,s/f (otc) 10-100 mg/5 ml	Non-PDL Generic	Age (Min 12 Years)
CODITUSSIN AC LIQUID 10-200 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
G TUSSIN AC LIQUID 10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
GUAIATUSSIN AC LIQUID 10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)

Drug	Status	Notes
GUAIATUSSIN AC LIQUID INNER 10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
GUAIATUSSIN AC LIQUID OUTER 10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
guaifen-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml	Non-PDL Generic	Age (Min 12 Years)
GUAIFENESIN AC COUGH SYRUP (OTC) 10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
guaifenesin-codeine syrup (otc) 10-100 mg/5 ml	Non-PDL Generic	Age (Min 12 Years)
MAR-COF CG LIQUID 7.5-225 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
MAXI-TUSS AC LIQUID 10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
NINJACOF-XG LIQUID 8-200 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
VIRTUSSIN AC 10-100 MG/5 ML LQ 10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
VIRTUSSIN AC W-ALC 10-100 MG/5 10-100 MG/5 ML	Non-PDL Generic	Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
ALTIPRES-B LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	
AP-HIST DM LIQUID 4-7.5-15 MG/5 ML	Non-PDL Generic	
BIONATUSS DXP SYRUP 2-10-20 MG/5 ML	Non-PDL Generic	
bpm-dm-phen syrup (otc) 2-5-10 mg/5 ml	Non-PDL Generic	
BROMFED DM 2-30-10 MG/5 ML SYR 2-30-10 MG/5 ML	Non-PDL Generic	
bromphen-pse-dm 2-30-10 mg/5 ml (rx) 2-30-10 mg/5 ml	Non-PDL Generic	
CHILDREN'S COLD-COUGH ELIXIR A/F,RED GRAPE,CHILD 1-2.5-5 MG/5 ML	Non-PDL Generic	
CHILDREN'S COLD-COUGH LIQUID 1-2.5-5 MG/5 ML	Non-PDL Generic	
COLD-COUGH ELIXIR 1-2.5-5 MG/5 ML	Non-PDL Generic	
CVS CHILDREN'S COLD-COUGH LIQ 1-2.5-5 MG/5 ML	Non-PDL Generic	
DIMAPHEN DM ELIXIR GRAPE, A/F,GLUTEN-F 1-2.5-5 MG/5 ML	Non-PDL Generic	
ED-A-HIST DM LIQUID (OTC) 4-10-15 MG/5 ML	Non-PDL Generic	
ENDACOF-DM LIQUID 1-2.5-5 MG/5 ML	Non-PDL Generic	
EQ CHILDREN COLD-COUGH ELIXIR A/F, GRAPE 1-2.5-5 MG/5 ML	Non-PDL Generic	
EQL CHILDREN'S COLD-COUGH LIQ 1-2.5-5 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
GLENMAX PEB DM FORTE LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	
GLENMAX PEB DM LIQUID 2-5-10 MG/5 ML	Non-PDL Generic	
GNP COLD-COUGH ELIXIR 1-2.5-5 MG/5 ML	Non-PDL Generic	
GS CHILDREN'S COLD-COUGH SOLN 1-2.5-5 MG/5 ML	Non-PDL Generic	
HM CHILD'S COLD-COUGH ELIXIR A/F, RED GRAPE 1-2.5-5 MG/5 ML	Non-PDL Generic	
KRO CHILDREN COLD-COUGH ELIXIR A/F, GLUTEN-F, GRAPE 1-2.5-5 MG/5 ML	Non-PDL Generic	
LOHIST-DM SYRUP 2-5-10 MG/5 ML	Non-PDL Generic	
NOHIST-DM LIQUID 4-10-15 MG/5 ML	Non-PDL Generic	
PRESGEN B LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	
PUB CHILD'S DIBROMM DM LIQUID 1-2.5-5 MG/5 ML	Non-PDL Generic	
RA CHILD'S COLD-COUGH ELIXIR A/F,RED GRAPE,CHILD 1-2.5-5 MG/5 ML	Non-PDL Generic	
RYNEX DM LIQUID A/F, PROF USE ONLY 1-2.5-5 MG/5 ML	Non-PDL Generic	
RYNEX DM LIQUID S/F, A/F, GLUTEN/F 1-2.5-5 MG/5 ML	Non-PDL Generic	
SM COLD-COUGH DM LIQUID CHILDREN'S 1-2.5-5 MG/5 ML	Non-PDL Generic	
TUSSI-PRES B LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	
WAL-TAP DM COLD-COUGH ELIXIR 1-2.5-5 MG/5 ML	Non-PDL Generic	
Non-Narc Antituss-Decongestant-Analgesic-Expect Cb		
COLD HEAD CONGESTION CAPLET DAY, NON-DROWSY, 5-10-325-200 MG	Non-PDL Generic	
COLD HEAD CONGESTION CAPLET SEVERE,DAYTIME,PSE-F 5-10-325-200 MG	Non-PDL Generic	
COLD MULTI-SYMPTOM SEVERE CPLT CAPLET, DAYTIME 5-10-325-200 MG	Non-PDL Generic	
COLD RELIEF MULTI-SYMPTOM CPLT SEVERE, DAYTIME 5-10-325-200 MG	Non-PDL Generic	
COLD RLF HEAD CONGESTION CPLT SEVERE, DAYTIME 5-10-325-200 MG	Non-PDL Generic	
COLD-FLU SEVERE CAPLET DAYTIME,MAX STRENGTH 5-10-325-200 MG	Non-PDL Generic	
EQL MUCUS RLF COLD-FLU-THROAT 5-10-325-200 MG	Non-PDL Generic	
EQL MUCUS RLF SEVERE COLD CPLT 5-10-325-200 MG	Non-PDL Generic	
EQL SEVERE COLD MULTI-SYM CPLT 5-10-325-200 MG	Non-PDL Generic	

Drug	Status	Notes
GNP COLD MULTI-SYMPTOM CAPLET CAPLET, DAYTIME 5-10-325-200 MG	Non-PDL Generic	
GNP COLD RELIEF MULTI-SYM CPLT SEVERE, DAYTIME 5-10-325-200 MG	Non-PDL Generic	
GNP COLD RLF HEAD CONGEST CPLT SEVERE, DAYTIME 5-10-325-200 MG	Non-PDL Generic	
GNP MUCUS RLF COLD-FLU-THRT TB CAPLET 5-10-325-200 MG	Non-PDL Generic	
GNP MUCUS RLF SEV CNGST-CLD TB 5-10-325-200 MG	Non-PDL Generic	
GS SEVERE DAY COLD-FLU CAPLET 5-10-325-200 MG	Non-PDL Generic	
GS SEVERE DAY COLD-FLU CAPLET CPLT,A/F,NON-DROWSY 5-10-325-200 MG	Non-PDL Generic	
HM SEVERE COLD-FLU CAPLET COOL TASTE, CAPLET 5-10-325-200 MG	Non-PDL Generic	
KRO DAY SEVERE COLD-FLU CAPLET GLUTEN-FREE, MAX STR 5-10-325-200 MG	Non-PDL Generic	
KRO FAST MUCUS RLF SEVERE CPLT 5-10-325-200 MG	Non-PDL Generic	
KRO MUCUS RELIEF COLD-FLU CPLT GLUTEN-FREE 5-10-325-200 MG	Non-PDL Generic	
MUCINEX FAST-MAX COLD-FLU CPLT 5-10-325-200 MG	Non-PDL Generic	
MUCINEX FAST-MAX COLD-FLU CPLT 5-10-325-200 MG	Non-PDL Generic	
MUCINEX SINUS-MAX PRESSURE-CGH 5-10-325-200 MG	Non-PDL Generic	
MUCUS RLF COLD-FLU-THROAT CPLT CAPLET 5-10-325-200 MG	Non-PDL Generic	
MUCUS RLF SEV CONGEST-COLD TAB 5-10-325-200 MG	Non-PDL Generic	
MULTI-SYMPTOM COLD CAPLET DAYTIME, NON-DROWSY 5-10-325-200 MG	Non-PDL Generic	
PUB SEVERE COLD CAPLET 5-10-325-200 MG	Non-PDL Generic	
PUB SEVERE COLD MULTI-SYM CPLT CAPLET 5-10-325-200 MG	Non-PDL Generic	
RA MUCUS RLF COLD-FLU-THROAT 5-10-325-200 MG	Non-PDL Generic	
RA MUCUS RLF SEV CONGEST-COLD 5-10-325-200 MG	Non-PDL Generic	
RA MULTI-SYMPTOM COLD CAPLET DAYTIME, CAPLET 5-10-325-200 MG	Non-PDL Generic	
SEVERE COLD MULTI-SYMPTOM CPLT CAPLET, DAYTIME 5-10-325-200 MG	Non-PDL Generic	
SEVERE COLD MULTI-SYMPTOM CPLT CAPLET,DAYTIME,PSE-F 5-10-325-200 MG	Non-PDL Generic	
SEVERE COLD-FLU CAPLET 5-10-325-200 MG	Non-PDL Generic	
SEVERE COLD-FLU CAPLET GLUTEN FREE, DAYTIME 5-10-325-200 MG	Non-PDL Generic	

Drug	Status	Notes
SM COLD HEAD CONGESTION CAPLET CAPLET, DAY TIME 5-10-325-200 MG	Non-PDL Generic	
SM COLD-FLU SEVERE CAPLET CAPLET, COOL TASTE 5-10-325-200 MG	Non-PDL Generic	
SM COLD-FLU SEVERE CAPLET GLUTEN-FREE 5-10-325-200 MG	Non-PDL Generic	
VICKS DAYQUIL SEVERE COLD-FLU 5-10-325-200 MG	Non-PDL Generic	
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
promethazine-dm solution 6.25-15 mg/5 ml	Non-PDL Generic	
promethazine-dm syrup 6.25-15 mg/5 ml	Non-PDL Generic	
Non-Narcotic Antituss-Decongestant-Expectorant Cmb		
ACTIDOM DMX LIQUID 10-30-200 MG/5 ML	Non-PDL Generic	
TUSICOF CAPLET 10-20-400 MG	Non-PDL Generic	
Non-Narcotic Antitussive And Expectorant Comb.		
ADULT WAL-TUSSIN DM SYRUP A/F,CHERRY,ADULT 10-100 MG/5 ML	Non-PDL Generic	
ADULT WAL-TUSSIN DM SYRUP A/F,S/F,CHRY-MENTHOL 10-100 MG/5 ML	Non-PDL Generic	
ADULT WAL-TUSSIN DM SYRUP ADULT,A/F,CHERRY 10-100 MG/5 ML	Non-PDL Generic	
BIOCOTRON LIQUID 10-100 MG/5 ML	Non-PDL Generic	
COUGH DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	
COUGH SYRUP DM 10-100 MG/5 ML	Non-PDL Generic	
CVS MUCUS DM MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	
CVS TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	
DIABETIC TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	
EQ MUCUS DM ER 600-30 MG TAB 30-600 MG	Non-PDL Generic	
EQ TUSSIN DM COUGH-CHEST SYR A/F, NON-DROWSY 10-100 MG/5 ML	Non-PDL Generic	
EQL TUSSIN DM COUGH-CHEST SYR 10-100 MG/5 ML	Non-PDL Generic	
EXPECTORANT DM COUGH SYRUP A/F, S/F 10-100 MG/5 ML	Non-PDL Generic	
EXPECTORANT DM COUGH SYRUP TASTY 10-100 MG/5 ML	Non-PDL Generic	
GERI-TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	
GILTUSS DIABETIC 200-20 MG/10 ML 10-100 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
GILTUSS HBP 200-20 MG/10 ML LQ 10-100 MG/5 ML	Non-PDL Generic	
GNP MUCUS DM MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	
GNP TUSSIN DM CLEAR SYRUP A/F, D/F, S/F 10-100 MG/5 ML	Non-PDL Generic	
GNP TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	
GS TUSSIN DM COUGH SYRUP 10-100 MG/5 ML	Non-PDL Generic	
GS TUSSIN DM COUGH-CHEST SOLN 10-100 MG/5 ML	Non-PDL Generic	
GS TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	
GUAIASORB DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	
GUAICON DMS LIQUID PACKET 20-200 MG/10 ML	Non-PDL Generic	
guaifenesin dm syrup (otc) 10-100 mg/5 ml	Non-PDL Generic	
guaifenesin-dm 200-20 mg/10 ml 10-100 mg/5 ml	Non-PDL Generic	
guaifenesin-dm er 1,200-60 mg (otc) 60-1,200 mg	Non-PDL Generic	
HM ADT TUSSIN COUGH CONG DM LQ 10-100 MG/5 ML	Non-PDL Generic	
HM ADULT TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	
KRO MUCUS RELIEF ER DM-MAX TAB 60-1,200 MG	Non-PDL Generic	
KRO TUSSIN DM LIQUID A/F, GLUTEN-FREE 10-100 MG/5 ML	Non-PDL Generic	
KRO TUSSIN DM LIQUID S/F, A/F, NON-DROWSY 10-100 MG/5 ML	Non-PDL Generic	
MAXI-TUSS G LIQUID 10-100 MG/5 ML	Non-PDL Generic	
MUCINEX DM ER 600-30 MG TABLET 30-600 MG	Non-PDL Brand	
MUCUS DM MAX ER 1,200-60 MG TB 60-1,200 MG	Non-PDL Generic	
MUCUS RLF DM ER 600-30 MG TAB 30-600 MG	Non-PDL Generic	
MUCUS RLF DM MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	
NEO-TUSS LIQUID 30-200 MG/5 ML	Non-PDL Generic	
PUB TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	
PUB TUSSIN DM LIQUID NON-DROWSY 10-100 MG/5 ML	Non-PDL Generic	
QC TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
RA ANTI-TUSSIVE DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	
RA TUSSIN COUGH LIQUID S/F, D/F, A/F 10-100 MG/5 ML	Non-PDL Generic	
RA TUSSIN DM COUGH-CHEST SYRUP A/F 10-100 MG/5 ML	Non-PDL Generic	
RA TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	
RA TUSSIN DM SYRUP A/F 10-100 MG/5 ML	Non-PDL Generic	
RI-TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	
ROBAFEN DM CGH-CHEST CONG SYRP 10-100 MG/5 ML	Non-PDL Generic	
ROBAFEN DM COUGH LIQUID 10-100 MG/5 ML	Non-PDL Generic	
ROBAFEN DM COUGH SYRUP 10-100 MG/5 ML	Non-PDL Generic	
ROBAFEN DM PEAK COLD LIQUID 10-100 MG/5 ML	Non-PDL Generic	
SAFETUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	
SILTUSSIN DM COUGH SYRUP 10-100 MG/5 ML	Non-PDL Generic	
SILTUSSIN DM DAS LIQUID 10-100 MG/5 ML	Non-PDL Generic	
SM TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	
SM TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	
SM TUSSIN DM SYRUP A/F 10-100 MG/5 ML	Non-PDL Generic	
SORBUGEN NR 150-15 MG/7.5 ML 10-100 MG/5 ML	Non-PDL Generic	
TUSNEL DIABETIC LIQUID 10-100 MG/5 ML	Non-PDL Generic	
TUSSIN DM CLEAR SYRUP A/F, D/F, S/F 10-100 MG/5 ML	Non-PDL Generic	
TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	
TUSSIN DM LIQUID A/F 10-100 MG/5 ML	Non-PDL Generic	
TUSSIN DM LIQUID S/F,A/F 10-100 MG/5 ML	Non-PDL Generic	
TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	
ULTRA DM FREE & CLEAR LIQUID 10-100 MG/5 ML	Non-PDL Generic	
ULTRA TUSS SAFE SYRUP 10-100 MG/5 ML	Non-PDL Generic	
WAL-TUSSIN DM CLEAR SYRUP 10-100 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
WAL-TUSSIN DM SYRUP A/F 10-100 MG/5 ML	Non-PDL Generic	
Nose Preparations, Vasoconstrictors(Otc)		
12 HOUR NASAL RELIEF SPRAY 0.05 %	Non-PDL Generic	
12 HOUR NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
4 WAY 1% NASAL SPRAY 1 %	Non-PDL Generic	
AFRIN 0.05% NASAL SPRAY 0.05 %	Non-PDL Brand	
AFRIN 0.05% NASAL SPRAY 0.05 %	Non-PDL Brand	
AFRIN 0.05% NASAL SPRAY 33% MORE, 12HR 0.05 %	Non-PDL Brand	
AFRIN NO DRIP ORIG PUMP MIST 12 HR RELIEF 0.05 %	Non-PDL Generic	
AFRIN NO DRIP PUMP MIST 0.05 %	Non-PDL Generic	
AFRIN NO DRIP PUMP MIST 12 HOUR,MOISTURIZING 0.05 %	Non-PDL Generic	
AFRIN NO DRIP SINUS PUMP MIST 12 HOUR RELIEF 0.05 %	Non-PDL Generic	
AFRIN ORIGINAL 0.05% PUMP MIST 0.05 %	Non-PDL Generic	
ANEFRIN 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	
ANEFRIN 0.05% NASAL SPRAY 12 HR SPRAY 0.05 %	Non-PDL Generic	
ANEFRIN 0.05% NASAL SPRAY 12 HR, MAX STRENGTH 0.05 %	Non-PDL Generic	
ANEFRIN 0.05% NASAL SPRAY ORIGINAL 0.05 %	Non-PDL Generic	
ANEFRIN 0.05% NASAL SPRAY ORIGINAL,NO DRIP 0.05 %	Non-PDL Generic	
ANEFRIN 0.05% NASAL SPRAY SEVERE CONGESTION 0.05 %	Non-PDL Generic	
ANEFRIN 0.05% NASAL SPRAY XTR MOIST,NO DRIP 0.05 %	Non-PDL Generic	
CHILD MUCINEX STUFFY NOSE SPRAY 0.05 %	Non-PDL Generic	
CVS NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
CVS NO DRIP NASAL MIST 0.05% 0.05 %	Non-PDL Generic	
CVS NOSE DROPS 1 %	Non-PDL Generic	
DRISTAN LONG LASTING MIST 0.05 %	Non-PDL Generic	
EPHRINE 1% NOSE DROPS 1 %	Non-PDL Generic	
EQ NASAL 0.05% SPRAY NO DRIP, 12 HOUR 0.05 %	Non-PDL Generic	

Drug	Status	Notes
EQ NASAL SPRAY 1% 1 %	Non-PDL Generic	
EQ ORIGINAL NASAL SPRAY 0.05% 12 HOUR 0.05 %	Non-PDL Generic	
EQL 12HR NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
EQL NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
EQL NASAL SPRAY 1% 1 %	Non-PDL Generic	
GNP NASAL SPRAY 0.05% EXTRA MOISTURIZING 0.05 %	Non-PDL Generic	
GNP NASAL SPRAY 1% 1 %	Non-PDL Generic	
GNP NASAL SPRAY ORIGINAL 0.05% 12 HR RELIEF 0.05 %	Non-PDL Generic	
GNP NASAL SPRAY ORIGINAL 0.05% 12 HR, 25% MORE 0.05 %	Non-PDL Generic	
GNP NO DRIP 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	
GNP NOSE DROPS 1 %	Non-PDL Generic	
GS NASAL FOUR 1% NASAL SPRAY 1 %	Non-PDL Generic	
GS NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
GS SINUS NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
HM NOSE DROPS 1 %	Non-PDL Generic	
HM ORIGINAL NASAL SPRAY 0.05% 12 HOUR, GLUTEN-FREE 0.05 %	Non-PDL Generic	
HM SINUS NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
KRO NASAL SPRAY 1% 1 %	Non-PDL Generic	
KRO NASAL SPRAY ORIGINAL 0.05% GLUTEN FREE, 12HR 0.05 %	Non-PDL Generic	
KRO NO DRIP 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	
LONG ACTING 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	
LONG ACTING 0.05% NASAL SPRAY 12 HOUR 0.05 %	Non-PDL Generic	
MUCINEX SINUS-MAX NASAL SPRAY 0.05 %	Non-PDL Generic	
NASAL DECONGESTANT 0.05% SPRAY 0.05 %	Non-PDL Generic	
NASAL FOUR 1% NASAL SPRAY 1 %	Non-PDL Generic	
NASAL RELIEF 0.05% SPRAY EXTRA MOISTURIZING 0.05 %	Non-PDL Generic	

Drug	Status	Notes
NASAL RELIEF 0.05% SPRAY ORIGINAL 0.05 %	Non-PDL Generic	
NASAL RELIEF 0.05% SPRAY SINUS FORMULA 0.05 %	Non-PDL Generic	
NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
NASAL SPRAY 0.05% 12 HOUR RELIEF 0.05 %	Non-PDL Generic	
NASAL SPRAY 0.05% 12 HOUR,NO DRIP 0.05 %	Non-PDL Generic	
NASAL SPRAY 0.05% 12 HOUR,ORIGINAL 0.05 %	Non-PDL Generic	
NASAL SPRAY 0.05% 12 HOUR,SINUS 0.05 %	Non-PDL Generic	
NASAL SPRAY 0.05% 12HR, ORIGINAL 0.05 %	Non-PDL Generic	
NASAL SPRAY 0.05% EXTRA MOISTURIZING 0.05 %	Non-PDL Generic	
NASAL SPRAY 0.05% NO DRIP, 12 HOUR 0.05 %	Non-PDL Generic	
NASAL SPRAY 0.05% SINUS, 12 HOUR 0.05 %	Non-PDL Generic	
NASAL SPRAY 1% 1 %	Non-PDL Generic	
NASAL SPRAY ORIGINAL 0.05% 12 HR RELIEF 0.05 %	Non-PDL Generic	
NASAL SPRAY ORIGINAL 0.05% 12 HR, 25% MORE 0.05 %	Non-PDL Generic	
NO DRIP 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	
NOSE DROPS 1 %	Non-PDL Generic	
PUB NASAL FOUR 1% NASAL SPRAY 1 %	Non-PDL Generic	
PUB NO DRIP 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	
PUB ORIGINAL NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
pub oxymetazoline hcl 0.05% extra moisturizing 0.05 %	Non-PDL Generic	
RA 12HR NASAL SPRAY 0.05% FOR SINUS 0.05 %	Non-PDL Generic	
RA NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
RA NASAL SPRAY ULTRA FINE MIST 0.05 %	Non-PDL Generic	
RA NOSE DROPS 1 %	Non-PDL Generic	
SINUS RELIEF 0.05% NASAL SPRAY ULTRA FINE,12 HOUR 0.05 %	Non-PDL Generic	
SINUS RELIEF 1% NASAL SPRAY 1 %	Non-PDL Generic	

Drug	Status	Notes
SINUS RELIEF NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
SM 12HR NASAL SPRAY 0.05% NO DRIP 0.05 %	Non-PDL Generic	
SM NASAL 0.05% SPRAY 12 HOUR, ORIGINAL 0.05 %	Non-PDL Generic	
SM NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
SM NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	
SM NASAL SPRAY 0.05% EXTRA MOISTURIZING 0.05 %	Non-PDL Generic	
SM NASAL SPRAY SINUS 0.05 %	Non-PDL Generic	
SM NOSE DROPS 1 %	Non-PDL Generic	
VICKS QLEARQUIL 0.05% MIST 0.05 %	Non-PDL Generic	
VICKS SINEX 12 HOUR MIST 0.05 %	Non-PDL Generic	
VICKS SINEX 12 HOUR SPRAY 0.05 %	Non-PDL Generic	
WAL-FOUR 1% NASAL SPRAY 1 %	Non-PDL Generic	
Sympathomimetic Agents		
12 HOUR DECONGEST 120 MG CPLT CAPLET, NON-DROWSY 120 MG	Non-PDL Generic	Age (Min 2 Years)
12-HR DECONGEST 120 MG CAPLET CAPLET, 12HR 120 MG	Non-PDL Generic	Age (Min 2 Years)
12-HR DECONGEST 120 MG CAPLET CAPLET,12HR,MAX-STR 120 MG	Non-PDL Generic	Age (Min 2 Years)
12-HR DECONGEST 120 MG CAPLET COATED CPLT, MAX STR 120 MG	Non-PDL Generic	Age (Min 2 Years)
12HR NASAL DECONGEST ER 120 MG 120 MG	Non-PDL Generic	Age (Min 2 Years)
CHILDREN'S SILFEDRINE LIQ 15 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILDS SUDAFED 15 MG/5 ML LIQ NON-DROWSY,A/F,S/F 15 MG/5 ML	Non-PDL Brand	Age (Min 2 Years)
CVS 12HR DECONGEST 120 MG CPLT 120 MG	Non-PDL Generic	Age (Min 2 Years)
CVS NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	Age (Min 2 Years)
EQ 12-HR DECONGEST 120 MG CPLT CAPLET, NON-DROWSY 120 MG	Non-PDL Generic	Age (Min 2 Years)
EQL 12-HR DECONGES 120 MG CPLT 120 MG	Non-PDL Generic	Age (Min 2 Years)
EQL NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	Age (Min 2 Years)
GNP 12HR NASAL DECONGEST 120 MG 120 MG	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
GNP NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	Age (Min 2 Years)
GNP NASAL DECONGEST 30 MG TAB MAXIMUM STRENGTH 30 MG	Non-PDL Generic	Age (Min 2 Years)
gnp pseudoephedrine er 120 mg 12 hour, coated 120 mg	Non-PDL Generic	Age (Min 2 Years)
GNP SUPHEDRIN 30 MG TABLET 30 MG	Non-PDL Generic	Age (Min 2 Years)
GNP SUPHEDRIN LIQUID 15 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
HM NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	Age (Min 2 Years)
HM NASAL DECONGEST ER 120 MG CAPLET, MAX STRENGTH 120 MG	Non-PDL Generic	Age (Min 2 Years)
KRO 12-HR DECONGES 120 MG CPLT GLUTEN FREE, CAPLET 120 MG	Non-PDL Generic	Age (Min 2 Years)
KRO NASAL DECONGEST 30 MG TAB GLUTEN-F, NON-DROWSY 30 MG	Non-PDL Generic	Age (Min 2 Years)
KRO NASAL DECONGEST 30 MG TAB GLUTEN-F,NON-DROWSY 30 MG	Non-PDL Generic	Age (Min 2 Years)
KRO NASAL DECONGEST 30 MG TAB NON-DROWSY, MAX STR 30 MG	Non-PDL Generic	Age (Min 2 Years)
L-A NASAL DECONGEST 120 MG TAB 120 MG	Non-PDL Generic	Age (Min 2 Years)
NASAL DECONGESTANT 30 MG TAB 30 MG	Non-PDL Generic	Age (Min 2 Years)
NASAL DECONGESTANT 30 MG TAB MAXIMUM STRENGTH 30 MG	Non-PDL Generic	Age (Min 2 Years)
NASAL DECONGESTANT 30 MG TAB NON-DROWSY MAX-STR 30 MG	Non-PDL Generic	Age (Min 2 Years)
NASAL DECONGESTANT 30 MG TAB NON-DROWSY,MAX-STR 30 MG	Non-PDL Generic	Age (Min 2 Years)
pseudoephedrine 30 mg tablet 30 mg	Non-PDL Generic	Age (Min 2 Years)
pseudoephedrine 30 mg tablet nasal decongest 30 mg	Non-PDL Generic	Age (Min 2 Years)
pseudoephedrine 30 mg tablet non drowsy 30 mg	Non-PDL Generic	Age (Min 2 Years)
pseudoephedrine 30 mg tablet non-drowsy 30 mg	Non-PDL Generic	Age (Min 2 Years)
pseudoephedrine 60 mg tablet ex-str, non drowsy (otc) 60 mg	Non-PDL Generic	Age (Min 2 Years)
pseudoephedrine er 120 mg tab 12 hour, coated 120 mg	Non-PDL Generic	Age (Min 2 Years)
pseudoephedrine er 120 mg tab 120 mg	Non-PDL Generic	Age (Min 2 Years)
PUB NASAL DECONGEST 30 MG TAB NON-DROWSY 30 MG	Non-PDL Generic	Age (Min 2 Years)
PUB NASAL DECONGEST ER 120 MG NON-DROWSY, 12HR 120 MG	Non-PDL Generic	Age (Min 2 Years)
QC NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
QC SUPHEDRINE 12HR 120 MG CPLT NON-DROWSY, 12HR 120 MG	Non-PDL Generic	Age (Min 2 Years)
QC SUPHEDRINE 30 MG TABLET NON-DROWSY, MAX STR 30 MG	Non-PDL Generic	Age (Min 2 Years)
RA SUPHEDRINE 12HR 120 MG CPLT CAPLET,MX-STR 120 MG	Non-PDL Generic	Age (Min 2 Years)
RA SUPHEDRINE 30 MG TABLET 30 MG	Non-PDL Generic	Age (Min 2 Years)
SM ADULT NASAL DECONGESTANT LQ 15 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
SM NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	Age (Min 2 Years)
SM NASAL DECONGEST ER 120 MG 120 MG	Non-PDL Generic	Age (Min 2 Years)
SM SINUS 12HR 120 MG CAPLET 120 MG	Non-PDL Generic	Age (Min 2 Years)
SUDAFED 12HR 120 MG CAPLET 120 MG	Non-PDL Generic	Age (Min 2 Years)
SUDAFED 30 MG TABLET 30 MG	Non-PDL Brand	Age (Min 2 Years)
SUDAFED 30 MG TABLET NON-DROWSY,MAX-STR 30 MG	Non-PDL Brand	Age (Min 2 Years)
SUDOGEST 30 MG TABLET 30 MG	Non-PDL Generic	Age (Min 2 Years)
SUDOGEST 30 MG TABLET BOXED 30 MG	Non-PDL Generic	Age (Min 2 Years)
SUDOGEST 60 MG TABLET 60 MG	Non-PDL Generic	Age (Min 2 Years)
SUPHEDRIN 30 MG TABLET 30 MG	Non-PDL Generic	Age (Min 2 Years)
SUPHEDRIN LIQUID 15 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
SUPHEDRINE SINUS CONG 30 MG TB 30 MG	Non-PDL Generic	Age (Min 2 Years)
SW 12-HR DECONGEST 120 MG TAB MAX STR, NON-DROWSY 120 MG	Non-PDL Generic	Age (Min 2 Years)
SW NASAL DECONGESTANT 30 MG TB MAX-STR, NON-DROWSY 30 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-PHED 12 HOUR 120 MG CAPLET CAPLET, NON-DROWSY 120 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-PHED 30 MG TABLET MAXIUM STRENGTH 30 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-PHED 30 MG TABLET NON-DROWSY 30 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-PHED 30 MG TABLET NON-DROWSY, MAX-STR 30 MG	Non-PDL Generic	Age (Min 2 Years)
WAL-PHED D ER 120 MG TABLET 120 MG	Non-PDL Generic	Age (Min 2 Years)
Dermatology Acne		
Acne Agents,Systemic		
AMNESTEEM 10 MG CAPSULE INNER 10 MG	Non-PDL Generic	

Drug	Status	Notes
AMNESTEEM 10 MG CAPSULE OUTER 10 MG	Non-PDL Generic	
AMNESTEEM 20 MG CAPSULE INNER 20 MG	Non-PDL Generic	
AMNESTEEM 20 MG CAPSULE OUTER 20 MG	Non-PDL Generic	
AMNESTEEM 40 MG CAPSULE INNER 40 MG	Non-PDL Generic	
AMNESTEEM 40 MG CAPSULE OUTER 40 MG	Non-PDL Generic	
CLARAVIS 10 MG CAPSULE 3X10 10 MG	Non-PDL Generic	
CLARAVIS 10 MG CAPSULE INNER 10 MG	Non-PDL Generic	
CLARAVIS 10 MG CAPSULE OUTER 10 MG	Non-PDL Generic	
CLARAVIS 20 MG CAPSULE INNER 20 MG	Non-PDL Generic	
CLARAVIS 20 MG CAPSULE OUTER 20 MG	Non-PDL Generic	
CLARAVIS 30 MG CAPSULE INNER 30 MG	Non-PDL Generic	
CLARAVIS 30 MG CAPSULE OUTER 30 MG	Non-PDL Generic	
CLARAVIS 40 MG CAPSULE INNER 40 MG	Non-PDL Generic	
CLARAVIS 40 MG CAPSULE OUTER 40 MG	Non-PDL Generic	
isotretinoin 10 mg capsule inner 10 mg	Non-PDL Generic	
isotretinoin 10 mg capsule outer 10 mg	Non-PDL Generic	
isotretinoin 20 mg capsule inner 20 mg	Non-PDL Generic	
isotretinoin 20 mg capsule outer 20 mg	Non-PDL Generic	
isotretinoin 30 mg capsule inner 30 mg	Non-PDL Generic	
isotretinoin 30 mg capsule outer 30 mg	Non-PDL Generic	
isotretinoin 40 mg capsule inner 40 mg	Non-PDL Generic	
isotretinoin 40 mg capsule outer 40 mg	Non-PDL Generic	
MYORISAN 10 MG CAPSULE 10 MG	Non-PDL Generic	
MYORISAN 20 MG CAPSULE 20 MG	Non-PDL Generic	
MYORISAN 30 MG CAPSULE 30 MG	Non-PDL Generic	
MYORISAN 40 MG CAPSULE 40 MG	Non-PDL Generic	

Drug	Status	Notes
ZENATANE 10 MG CAPSULE 3X10, OUTER 10 MG	Non-PDL Generic	
ZENATANE 10 MG CAPSULE INNER 10 MG	Non-PDL Generic	
ZENATANE 20 MG CAPSULE 3X10, OUTER 20 MG	Non-PDL Generic	
ZENATANE 20 MG CAPSULE INNER 20 MG	Non-PDL Generic	
ZENATANE 30 MG CAPSULE INNER, 1X10 30 MG	Non-PDL Generic	
ZENATANE 30 MG CAPSULE OUTER, 3X10 30 MG	Non-PDL Generic	
ZENATANE 40 MG CAPSULE 3X10, OUTER 40 MG	Non-PDL Generic	
ZENATANE 40 MG CAPSULE INNER 40 MG	Non-PDL Generic	
Acne Agents,Topical		
ACANYA GEL PUMP 1.2-2.5 %	PDL Non-Preferred Brand	PA
adapalene-bnzyl perox 0.1-2.5% 0.1-2.5 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
AZELEX 20% CREAM 20 %	PDL Preferred Brand	
BENZACLIN GEL 1-5 %	PDL Non-Preferred Brand	PA
BENZACLIN GEL 35G PUMP PUMP 1-5 %	PDL Non-Preferred Brand	PA
BENZACLIN GEL 50G PUMP PUMP DISPENSER 1-5 %	PDL Non-Preferred Brand	PA
clind ph-benzoyl pero 1.2-2.5% 1.2-2.5 %	PDL Preferred Generic	
clind ph-benzoyl perox 1.2-5% 1.2 %(1 % base) -5 %	PDL Preferred Generic	
clinda-benzoyl perox 1-5% pump 1-5 %	PDL Non-Preferred Generic	PA
clindamycin-benzoyl perox 1-5% 1-5 %	PDL Preferred Generic	
clindamycin-benzoyl perox 1-5% inner 1-5 %	PDL Preferred Generic	
clindamycin-benzoyl perox 1-5% outer 1-5 %	PDL Preferred Generic	
clinda-tretinoin 1.2%-0.025% 1.2-0.025 %	PDL Non-Preferred Generic	PA
dapsone 5% gel 5 %	PDL Non-Preferred Generic	PA
EPIDUO 0.1-2.5% GEL PUMP 0.1-2.5 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)

Drug	Status	Notes
EPIDUO FORTE 0.3-2.5% GEL PUMP 0.3-2.5 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
NEUAC 1.2-5% KIT 1.2-5 %	PDL Non-Preferred Brand	PA
NEUAC GEL 1.2 %(1 % BASE) -5 %	PDL Preferred Generic	PA
ONEXTON 1.2%-3.75% GEL 1.2 %(1 % BASE) -3.75 %	PDL Non-Preferred Brand	PA
ONEXTON GEL PUMP 1.2 %(1 % BASE) -3.75 %	PDL Non-Preferred Brand	PA
sodium sulfacetamide 10% lotn 10 %	PDL Preferred Generic	
sulfacetamide sod 10% top susp 10 %	PDL Preferred Generic	
VELTIN 1.2 %-0.025 % GEL 1.2-0.025 %	PDL Non-Preferred Brand	PA
VELTIN 1.2%-0.025% GEL 1.2-0.025 %	PDL Non-Preferred Brand	PA
ZIANA GEL 1.2-0.025 %	PDL Non-Preferred Brand	PA
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC LOTION 5-0.5 %	Non-PDL Brand	
Rosacea Agents, Topical		
azelaic acid 15% gel 15 %	Non-PDL Generic	
metronidazole 0.75% cream 0.75 %	Non-PDL Generic	
metronidazole 0.75% lotion 0.75 %	Non-PDL Generic	
metronidazole top 1% gel pump 1 %	Non-PDL Generic	
metronidazole topical 0.75% gl 0.75 %	Non-PDL Generic	
metronidazole topical 1% gel 1 %	Non-PDL Generic	
ROSADAN 0.75% CREAM 0.75 %	Non-PDL Generic	
Topical Preparations,Antibacterials		
ANTISEPTIC SKIN CLEANSER 4% 4 %	Non-PDL Generic	
BETASEPT 4% SURGICAL SCRUB 4 %	Non-PDL Generic	
chlorhexidine 4% scrub 4 %	Non-PDL Generic	
CVS ANTISEPTIC SKIN CLEANSR 4% 4 %	Non-PDL Generic	
DYNA-HEX 4% LIQUID 4 %	Non-PDL Generic	
GNP ANTISEPTIC SKIN CLEANSR 4% 4 %	Non-PDL Generic	
HIBICLENS 4% LIQUID 4 %	Non-PDL Brand	

Drug	Status	Notes
HIBICLENS 4% WITH FOAM PUMP 4 %	Non-PDL Brand	
HM ANTISEPTIC SKIN CLEANSER 4% 4 %	Non-PDL Generic	
hydrocortisone-iodoquinol crm 1-1 %	Non-PDL Generic	
hydrogen peroxide 3% spray 3 %	Non-PDL Generic	
IODINE 5% STRONG SOLUTION USP, LUGOL'S 5-10 %	Non-PDL Generic	
IODINE STRONG SOLUTION LUGOLS, 5%, USP 5-10 %	Non-PDL Generic	
LUGOL'S STRONG IODINE SOLUTION (RX) 5-10 %	Non-PDL Generic	
LUGOL'S STRONG IODINE SOLUTION USP (RX) 5-10 %	Non-PDL Generic	
LUGOL'S STRONG IODINE SOLUTION USP, P/F, 12'S (RX) 5-10 %	Non-PDL Generic	
silver nitrate 0.5% soln 0.5 %	Non-PDL Generic	
silver nitrate 25% solution 25 %	Non-PDL Generic	
silver nitrate 50% solution 50 %	Non-PDL Generic	
SM ANTISEPTIC SKIN CLEANSER 4% 4 %	Non-PDL Generic	
Vitamin A Derivatives		
adapalene 0.1% cream 0.1 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
adapalene 0.1% gel (otc) 0.1 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
adapalene 0.1% gel (rx) 0.1 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
adapalene 0.1% lotion 0.1 %	Non-PDL Generic	Age (Max 25 Years)
adapalene 0.1% solution 0.1 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
adapalene 0.1% swab 0.1 %	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Max 25 Years)
adapalene 0.3% gel 0.3 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
adapalene 0.3% gel pump 0.3 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
AKLIEF 0.005% CREAM 0.005 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
ALTRENO 0.05% LOTION 0.05 %	Non-PDL Brand	Age (Max 25 Years)

Drug	Status	Notes
ATRALIN 0.05% GEL 0.05 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
AVITA 0.025% CREAM 0.025 %	PDL Preferred Generic	PA; Age (Max 25 Years)
AVITA 0.025% GEL 0.025 %	PDL Preferred Generic	PA; Age (Max 25 Years)
DIFFERIN 0.1% CREAM 0.1 %	PDL Preferred Brand	Age (Max 25 Years)
DIFFERIN 0.1% GEL (OTC) 0.1 %	PDL Preferred Brand	Age (Max 25 Years)
DIFFERIN 0.1% GEL (RX) 0.1 %	PDL Preferred Brand	Age (Max 25 Years)
DIFFERIN 0.1% LOTION 0.1 %	PDL Preferred Brand	Age (Max 25 Years)
DIFFERIN 0.3% GEL 0.3 %	PDL Preferred Brand	Age (Max 25 Years)
DIFFERIN 0.3% GEL PUMP 0.3 %	PDL Preferred Brand	Age (Max 25 Years)
EFFACLAR ADAPALENE 0.1% GEL 0.1 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
RETIN-A 0.01% GEL 0.01 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A 0.025% CREAM 0.025 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A 0.025% GEL 0.025 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A 0.05% CREAM 0.05 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A 0.1% CREAM 0.1 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO 0.04% GEL 0.04 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO 0.1% GEL 0.1 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO PUMP 0.04% GEL 0.04 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO PUMP 0.06% GEL 0.06 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO PUMP 0.08% GEL 0.08 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO PUMP 0.1% GEL 0.1 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
tretinoin 0.01% gel 0.01 %	PDL Preferred Generic	Age (Max 25 Years)
tretinoin 0.025% cream 0.025 %	PDL Preferred Generic	Age (Max 25 Years)
tretinoin 0.025% gel 0.025 %	PDL Preferred Generic	Age (Max 25 Years)
tretinoin 0.05% cream 0.05 %	PDL Preferred Generic	Age (Max 25 Years)

Drug	Status	Notes
tretinoin 0.05% gel 0.05 %	PDL Preferred Generic	Age (Max 25 Years)
tretinoin 0.1% cream 0.1 %	PDL Preferred Generic	Age (Max 25 Years)
tretinoin gel micro 0.04% pump 0.04 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
tretinoin gel micro 0.04% tube 0.04 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
tretinoin gel micro 0.1% pump 0.1 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
tretinoin gel micro 0.1% tube 0.1 %	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
Vitamin A Derivatives, Topical Acne Agents		
FABIOR 0.1% FOAM 0.1 %	PDL Non-Preferred Brand	PA; Age (Min 12 Years)
Dermatology Antiinfective		
Topical Antibiotics		
ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
ANTIBIOTIC-PAIN RELIEF OINT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
bacitracin 500 unit/gm ointmnt 500 unit/gram	Non-PDL Generic	
bacitracin 500 unit/gm ointmnt 500 unit/gram	Non-PDL Generic	
bacitracin zn 500 unit/gm oint 144x.9gm pkt 500 unit/gram	Non-PDL Generic	
bacitracin zn 500 unit/gm oint 5 panel carton 500 unit/gram	Non-PDL Generic	
bacitracin zn 500 unit/gm oint 500 unit/gram	Non-PDL Generic	
bacitracin zn 500 unit/gm oint 500 unit/gram	Non-PDL Generic	
bacitracin zn 500 unit/gm oint inner 500 unit/gram	Non-PDL Generic	
bacitracin zn 500 unit/gm oint outer 500 unit/gram	Non-PDL Generic	
bacitracin zn 500 unit/gm oint usp 500 unit/gram	Non-PDL Generic	
BACITRAYCIN PLUS 500 UNIT/GM 500 UNIT/GRAM	Non-PDL Generic	
CENTANY AT 2% OINTMENT KIT 2 %	PDL Non-Preferred Brand	PA
CLEOCIN T 1% GEL 1 %	PDL Non-Preferred Brand	PA
CLEOCIN T 1% LOTION 1 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
CLINDACIN ETZ KIT 1 %	PDL Non-Preferred Brand	PA
CLINDACIN PAC KIT 1 %	PDL Non-Preferred Brand	PA
CLINDAGEL 1% GEL 1 %	PDL Non-Preferred Brand	PA
clindamycin ph 1% gel 1 %	PDL Preferred Generic	
clindamycin ph 1% solution 1 %	PDL Preferred Generic	QL (180 ML per 1 FILL)
clindamycin phos 1% pledget 1 %	PDL Preferred Generic	
clindamycin phosp 1% lotion 1 %	PDL Preferred Generic	
clindamycin phosphate 1% foam 1 %	PDL Non-Preferred Generic	PA
clindamycin phosphate 1% gel 1 %	PDL Preferred Generic	
CVS ANTIBIOTIC OINTMENT 3.5MG-400 UNIT-5,000 UNIT/GRAM	Non-PDL Generic	
cvs bacitracin zn 500 unit/gm 500 unit/gram	Non-PDL Generic	
CVS POLY BACITRACIN OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
CVS TRIPLE ANTIBIOTIC-PAIN RLF 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
DOUBLE ANTIBIOTIC OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
eq bacitracin zn 500 unit/gm 500 unit/gram	Non-PDL Generic	
EQ TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
eql bacitracin zn 500 unit/gm 500 unit/gram	Non-PDL Generic	
EQL FIRST AID ANTIBIOTIC OINT 3.5MG-400 UNIT-5,000 UNIT/GRAM	Non-PDL Generic	
EQL FIRST AID ANTIBIOTIC-PAIN 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
ERY 2% PADS 2 %	PDL Preferred Generic	
erythromycin 2% gel 2 %	PDL Preferred Generic	
erythromycin 2% solution 2 %	PDL Preferred Generic	QL (180 ML per 1 FILL)
erythromycin-benzoyl gel 3-5 %	PDL Preferred Generic	
FIRST AID ANTIBIOTIC OINTMENT 3.5-500-10,000 MG-UNIT-UNIT	Non-PDL Generic	
first aid bacitracin ointment zinc oint, usp 500 unit/gram	Non-PDL Generic	

Drug	Status	Notes
gentamicin 0.1% cream 0.1 %	Non-PDL Generic	QL (90 GM per 1 FILL)
gentamicin 0.1% ointment 0.1 %	Non-PDL Generic	
gnp bacitracin zn 500 unit/gm usp 500 unit/gram	Non-PDL Generic	
GNP TRIPLE ANTIBIOTIC + OINT MAXIMUM STRENGTH 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
GNP TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
GS FIRST AID ANTIBIOTIC OINT 3.5MG-400 UNIT-5,000 UNIT/GRAM	Non-PDL Generic	
hm bacitracin zn 500 unit/gm 500 unit/gram	Non-PDL Generic	
HM DOUBLE ANTIBIOTIC OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
HM TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
HM TRIPLE ANTIBIOTIC PLUS OINT MAXIMUM STRENGTH 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
KRO TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
MEDI-FIRST TRIPLE ANTIBIOTIC INNER (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	
MEDI-FIRST TRIPLE ANTIBIOTIC OUTER (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	
mupirocin 2% cream 2 %	PDL Non-Preferred Generic	PA; QL (90 GM per 1 FILL)
mupirocin 2% ointment 2 %	PDL Preferred Generic	
NEOSPORIN OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
NEOSPORIN OINTMENT ORIGINAL 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
NEOSPORIN PLUS PAIN RLF OINT MAXIMUM STRENGTH 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
POLY BACITRACIN OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
POLYSPORIN OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
PUB TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
qc bacitracin 500 unit/gm oint 500 unit/gram	Non-PDL Generic	
QC TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
QC TRIPLE ANTIBIOTIC-PAIN OINT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
RA ANTIBIOTIC-PAIN RELIEF OINT MAXIMUM STRENGTH 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	

Drug	Status	Notes
ra bacitracin zn 500 unit/gm 500 unit/gram	Non-PDL Generic	
RA DOUBLE ANTIBIOTIC OINT 500-10,000 UNIT/GRAM	Non-PDL Generic	
RA TRIPLE ANTIBIOTIC OINTMENT FIRST AID 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
SM ANTIBIOTIC 500 UNIT/GM OINT 500 UNIT/GRAM	Non-PDL Generic	
SM DOUBLE ANTIBIOTIC OINT 500-10,000 UNIT/GRAM	Non-PDL Generic	
SM TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
SM TRIPLE ANTIBIOTIC PLUS OINT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
TRIPLE ANTIBIOTIC OINTMENT (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	
TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT-5,000 UNIT/GRAM	Non-PDL Generic	
TRIPLE ANTIBIOTIC OINTMENT CARTON 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	
TRIPLE ANTIBIOTIC OINTMENT PKT (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	
TRIPLE ANTIBIOTIC PLUS OINT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
TRIPLE ANTIBIOTIC PLUS OINT MAXIMUM STRENGTH 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
TRIPLE ANTIBIOTIC PLUS OINTMNT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
TRIPLE ANTIBIOTIC-PAIN OINT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
TRIPLE ANTIBIOTIC-PAIN OINT MAXIMUM STRENGTH 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
WAL-SPORIN FIRST AID OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
Topical Antifungal/Antiinflammatory,Steriod Agent		
clotrimazole-betamethasone crm 1-0.05 %	PDL Preferred Generic	
clotrimazole-betamethasone lot 1-0.05 %	PDL Non-Preferred Generic	PA
Topical Antifungals		
ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	
ANTIFUNGAL 1% LIQUID SPRAY LIQUID SPRAY 1 %	Non-PDL Generic	
ANTIFUNGAL 1% LIQUID SPRAY MEDICATED,SPRAY 1 %	Non-PDL Generic	
ANTI-FUNGAL 1% POWDER 1 %	Non-PDL Generic	
ANTIFUNGAL 1% POWDER SPRAY 1 %	Non-PDL Generic	

Drug	Status	Notes
ANTIFUNGAL 1% TOPICAL CREAM 1 %	PDL Preferred Generic	
ANTIFUNGAL 1% TOPICAL CREAM INNER 1 %	PDL Preferred Generic	
ANTIFUNGAL 1% TOPICAL CREAM OUTER 1 %	PDL Preferred Generic	
ANTIFUNGAL 2% POWDER 2 %	PDL Preferred Generic	
ANTIFUNGAL 2% TOPICAL CREAM 2 %	PDL Preferred Generic	
ATHLETES FOOT 1% CREAM 1 %	PDL Preferred Generic	
ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	
ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	
ATHLETE'S FOOT 1% LIQUID SPRAY 1 %	Non-PDL Generic	
ATHLETE'S FOOT 1% POWDER SPRAY 1 %	Non-PDL Generic	
ATHLETE'S FOOT 2% POWDER 2 %	PDL Preferred Generic	
ATHLETE'S FOOT 2% POWDER SPRAY 2 %	Non-PDL Generic	
BAZA ANTIFUNGAL 2% CREAM 12'S 2 %	PDL Preferred Generic	
BAZA ANTIFUNGAL 2% CREAM U-D,300'S 2 %	PDL Preferred Generic	
CARRINGTON ANTIFUNGAL 2% CREAM 2 %	PDL Preferred Generic	
ciclopirox 0.77% cream 0.77 %	PDL Preferred Generic	QL (180 GM per 1 FILL)
ciclopirox 0.77% gel 0.77 %	PDL Non-Preferred Generic	PA
ciclopirox 0.77% topical susp 0.77 %	PDL Preferred Generic	QL (180 ML per 1 FILL)
ciclopirox 1% shampoo 1 %	PDL Non-Preferred Generic	PA
ciclopirox 8% solution 8 %	PDL Preferred Generic	QL (19.8 ML per 1 FILL)
ciclopirox 8% treatment kit 8 %	Non-PDL Generic	QL (19.8 ML per 1 FILL)
clotrimazole 1% solution (otc) 1 %	PDL Preferred Generic	
clotrimazole 1% solution (rx) 1 %	PDL Preferred Generic	
clotrimazole 1% top cream grx (otc) 1 %	PDL Preferred Generic	
clotrimazole 1% topical cream (otc) 1 %	PDL Preferred Generic	

Drug	Status	Notes
clotrimazole 1% topical cream (rx) 1 %	PDL Preferred Generic	
clotrimazole 1% topical cream 2 x 45gm tubes (rx) 1 %	PDL Preferred Generic	
clotrimazole 1% topical cream foot care (otc) 1 %	PDL Preferred Generic	
clotrimazole 1% topical cream usp (otc) 1 %	PDL Preferred Generic	
CVS AF 1% SPRAY POWDER 1 %	Non-PDL Generic	
CVS ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	
CVS ANTI-FUNGAL 2% POWDER 2 %	PDL Preferred Generic	
CVS ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	
CVS ATHLETE'S FOOT 2% PWD SPRY 2 %	Non-PDL Generic	
cvs clotrimazole 1% solution (otc) 1 %	PDL Preferred Generic	
cvs clotrimazole 1% top cream (otc) 1 %	PDL Preferred Generic	
CVS FOOT & SNEAKER SPRAY PWD 1 %	Non-PDL Generic	
CVS ITCH RELIEF 1% TOP CREAM 1 %	PDL Preferred Generic	
CVS JOCK ITCH 1% CREAM 1 %	PDL Preferred Generic	
CVS RINGWORM 1% CREAM 1 %	PDL Preferred Generic	
DESENEX 2% POWDER 2 %	PDL Preferred Generic	
econazole nitrate 1% cream 1 %	PDL Preferred Generic	QL (170 GM per 1 FILL)
EQ ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	
EQ ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	
EQ ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	
EQ ATHLETE'S FOOT 1% PWD SPRAY 1 %	Non-PDL Generic	
EQ ATHLETE'S FOOT 2% PWD SPRAY 2 %	Non-PDL Generic	
EQ JOCK ITCH 1% CREAM 1 %	PDL Preferred Generic	
eq terbinafine 1% cream 1 %	PDL Preferred Generic	
EQL ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	
EQL ANTIFUNGAL 1% TOP CREAM 1 %	PDL Preferred Generic	

Drug	Status	Notes
EQL ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	
EXELDERM 1% CREAM 1 %	PDL Non-Preferred Brand	PA
EXELDERM 1% SOLUTION 1 %	PDL Non-Preferred Brand	PA
EXODERM LOTION 25-1 %	Non-PDL Generic	
FUNGI CURE INTENSIVE 1% SPRAY 1 %	Non-PDL Generic	
FUNGOID-D 1% CREAM 1 %	PDL Preferred Generic	
GNP ANTIFUNGAL 1% TOP CREAM 1 %	PDL Preferred Generic	
GNP MICONAZORB AF 2% POWDER 2 %	PDL Preferred Generic	
gnp terbinafine 1% cream 1 %	PDL Preferred Generic	
gnp terbinafine 1% cream antifungal 1 %	PDL Preferred Generic	
gnp tolnaftate 1% cream 1 %	PDL Preferred Generic	
INZO ANTIFUNGAL 2% CREAM 2 %	PDL Preferred Generic	
JOCK ITCH 1% CREAM 1 %	PDL Preferred Generic	
JOCK ITCH 1% POWDER SPRAY MAXIMUM STRENGTH 1 %	Non-PDL Generic	
JOCK ITCH 1% POWDER SPRAY POWDER SPRAY 1 %	Non-PDL Generic	
JOCK ITCH RELIEF 1% CREAM 1 %	PDL Preferred Generic	
JUBLIA 10% TOPICAL SOLUTION 10 %	PDL Non-Preferred Brand	PA
ketoconazole 2% cream 2 %	Non-PDL Generic	QL (180 GM per 1 FILL)
ketoconazole 2% foam 2 %	PDL Non-Preferred Generic	PA
ketoconazole 2% shampoo 2 %	PDL Preferred Generic	
KETODAN 2% FOAM 2 %	PDL Non-Preferred Generic	PA
LAMISIL AF DEFENS 1% SPRAY PWD 1 %	Non-PDL Generic	
LAMISIL AT 1% CREAM 1 %	Non-PDL Brand	
LAMISIL AT 1% CREAM ATHLETE'S FOOT 1 %	Non-PDL Brand	
LOPROX 0.77% CREAM 0.77 %	PDL Non-Preferred Brand	PA; QL (180 GM per 1 FILL)
LOPROX 0.77% CREAM KIT 0.77 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
LOPROX 0.77% SUSPENSION KIT 0.77 %	PDL Non-Preferred Brand	PA
LOPROX 0.77% TOPICAL SUSP 0.77 %	PDL Non-Preferred Brand	PA; QL (180 ML per 1 FILL)
LOPROX 1% SHAMPOO 1 %	PDL Non-Preferred Brand	PA
LOTRIMIN AF 1% CREAM 1 %	Non-PDL Brand	
LOTRIMIN AF 1% CREAM BONUS 25% MORE(30GM) 1 %	Non-PDL Brand	
LOTRIMIN AF 2% LIQUID SPRAY 2 %	Non-PDL Generic	
LOTRIMIN AF 2% POWDER 2 %	Non-PDL Brand	
LUZU 1% CREAM 1 %	PDL Non-Preferred Brand	PA; QL (60 GM per 28 days)
MICATIN 2% ANTIFUNGAL CREAM 2 %	PDL Preferred Generic	
miconazole 2% topical cream 2 %	PDL Preferred Generic	
MICONAZORB AF 2% POWDER 2 %	PDL Preferred Generic	
MICRO-GUARD 2% POWDER 12'S,ANTIFUNGAL 2 %	PDL Preferred Generic	
naftifine hcl 1% cream 1 %	PDL Non-Preferred Generic	PA
naftifine hcl 1% gel 1 %	Non-PDL Generic	
naftifine hcl 2% cream 2 %	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
NAFTIN 1% GEL 1 %	PDL Non-Preferred Brand	PA
NAFTIN 2% CREAM 2 %	PDL Non-Preferred Brand	PA; QL (180 GM per 1 FILL)
NAFTIN 2% GEL 2 %	PDL Non-Preferred Brand	PA
NYAMYC 100,000 UNITS/GM POWDER 100,000 UNIT/GRAM	PDL Preferred Generic	
nystatin 100,000 unit/gm cream 100,000 unit/gram	PDL Preferred Generic	
nystatin 100,000 unit/gm oint 100,000 unit/gram	PDL Preferred Generic	
nystatin 100,000 unit/gm powd 100,000 unit/gram	PDL Preferred Generic	
nystatin-triamcinolone cream 100,000-0.1 unit/g-%	PDL Preferred Generic	
nystatin-triamcinolone ointm 100,000-0.1 unit/gram-%	PDL Non-Preferred Generic	PA
NYSTOP 100,000 UNITS/GM POWDER 100,000 UNIT/GRAM	PDL Preferred Generic	

Drug	Status	Notes
ODOR CTRL FOOT-SNEAKER 1% POWD 1 %	Non-PDL Generic	
oxiconazole nitrate 1% cream 1 %	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
OXISTAT 1% CREAM 1 %	PDL Non-Preferred Brand	PA; QL (180 GM per 1 FILL)
PUB ATHLETIC FOOT 1% CREAM 1 %	PDL Preferred Generic	
qc clotrimazole 1% top cream (otc) 1 %	PDL Preferred Generic	
qc tolnaftate 1% cream 1 %	PDL Preferred Generic	
RA ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	
RA ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	
RA ANTIFUNGAL 1% LIQUID SPRAY LIQUID SPRAY 1 %	Non-PDL Generic	
RA ANTIFUNGAL RINGWORM 1% CRM 1 %	PDL Preferred Generic	
RA ATHLETE'S FOOT 2% PWD SPRAY 2 %	Non-PDL Generic	
RA CLOTRIMAZOLE 1% TOP CREAM 1 %	PDL Preferred Generic	
RA JOCK ITCH 1% POWDER SPRAY POWDER SPRAY 1 %	Non-PDL Generic	
RA JOCK ITCH CREAM 1 %	PDL Preferred Generic	
REMEDY ANTIFUNGAL 2% CREAM 2 %	PDL Preferred Generic	
REMEDY ANTIFUNGAL 2% POWDER 2 %	PDL Preferred Generic	
REMEDY PHYTOPLEX ANTIFUNGAL 2% 2 %	PDL Preferred Generic	
SECURA ANTIFUNGAL 2% CREAM 2 %	PDL Preferred Generic	
SECURA ANTIFUNGAL 2% CREAM 2 %	PDL Preferred Generic	
SM ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	
SM ANTIFUNGAL 1% TOPICAL CREAM 1 %	PDL Preferred Generic	
SM ATHLETE'S 1% FOOT CREAM 1 %	PDL Preferred Generic	
sm clotrimazole 1% top cream (otc) 1 %	PDL Preferred Generic	
sm miconazole 2% topical cream 2 %	PDL Preferred Generic	
sulconazole nitrate 1% cream 1 %	Non-PDL Generic	

Drug	Status	Notes
sulconazole nitrate 1% soln 1 %	Non-PDL Generic	
terbinafine 1% cream 1 %	PDL Preferred Generic	
terbinafine 1% cream antifungal 1 %	PDL Preferred Generic	
TINACTIN 1% CREAM 1 %	Non-PDL Brand	
TINACTIN 1% POWDER 1 %	Non-PDL Brand	
TINACTIN JOCK ITCH 1% CREAM 1 %	Non-PDL Brand	
tolnaftate 1% cream 1 %	PDL Preferred Generic	
tolnaftate 1% powder 1 %	Non-PDL Generic	
tolnaftate 1% spray powder 1 %	Non-PDL Generic	
TRIPLE DYE SWAB (OTC) 2.29-2.29-1.14 MG/ML	Non-PDL Generic	
VUSION OINTMENT 0.25-15-81.35 %	PDL Non-Preferred Brand	PA
ZEASORB AF 2% POWDER 2 %	PDL Preferred Generic	
Topical Antiparasitics		
COMPLETE LICE TREATMENT KIT 1-2-3 STEP 4-0.33-0.5 %	PDL Preferred Generic	
COMPLETE LICE TREATMENT KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	PDL Preferred Generic	
CROTAN 10% LOTION 10 %	Non-PDL Brand	
CVS LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 %	PDL Preferred Generic	
CVS LICE SOLUTION KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	PDL Preferred Generic	
CVS LICE SOLUTION KIT SHAMP/GEL/SPRAY/COMB 4-0.33-0.5 %	PDL Preferred Generic	
CVS LICE TREATMENT 1% CRM RINS 1 %	PDL Preferred Generic	
EQ COMPLETE LICE TREATMENT KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	PDL Preferred Generic	
EQ LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 %	PDL Preferred Generic	
EQL LICE KILLING SHAMPOO 0.33-4 %	PDL Preferred Generic	
EURAX 10% CREAM 10 %	Non-PDL Brand	
EURAX 10% LOTION 10 %	Non-PDL Brand	
GNP LICE SOLUTION KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	PDL Preferred Generic	
GNP LICE TREATMENT 1% CRM RINS 1 NIT REMOVAL COMB 1 %	PDL Preferred Generic	
GNP LICE TREATMENT SHAMPOO 1 NIT COMB INCLUDED 0.33-4 %	PDL Preferred Generic	

Drug	Status	Notes
GS LICE KILLING SHAMPOO W/NIT COMB 0.33-4 %	PDL Preferred Generic	
HM LICE KILLING SHAMPOO 1 NIT COMB INCLUDED 0.33-4 %	PDL Preferred Generic	
HM LICE TREATMENT 1% CRM RINSE 1 %	PDL Preferred Generic	
KRO LICE COMPLETE KIT 1-2-3 4-0.33-0.5 %	PDL Preferred Generic	
KRO LICE KILLING SHAMPOO W/ 2 COMBS 0.33-4 %	PDL Preferred Generic	
LICE KILLING SHAMPOO 0.33-4 %	PDL Preferred Generic	
LICE KILLING SHAMPOO W/COMB 0.33-4 %	PDL Preferred Generic	
LICE KILLING SHAMPOO W/COMB, MAX STRENGTH 0.33-4 %	PDL Preferred Generic	
LICE KILLING SHAMPOO W/NIT COMB 0.33-4 %	PDL Preferred Generic	
LICE SOLUTION KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	PDL Preferred Generic	
LICE TREATMENT 1% CREME RINSE 1 %	PDL Preferred Generic	
LICE TREATMENT 1% CREME RINSE 1 NIT REMOVAL COMB 1 %	PDL Preferred Generic	
LICE TREATMENT 1% CREME RINSE FAMLY PK,CREME RINSE 1 %	PDL Preferred Generic	
LICE TREATMENT 1% CREME RINSE MULTI-PACK, 2X59ML 1 %	PDL Preferred Generic	
LICE TREATMENT SHAMPOO 1 NIT COMB INCLUDED 0.33-4 %	PDL Preferred Generic	
lindane 1% shampoo 1 %	PDL Non-Preferred Generic	PA
malathion 0.5% lotion 0.5 %	PDL Non-Preferred Generic	PA
NATROBA 0.9% TOPICAL SUSP 0.9 %	PDL Preferred Brand	
OVIDE 0.5% LOTION 0.5 %	PDL Non-Preferred Brand	PA
permethrin 5% cream 5 %	PDL Preferred Generic	
RA LICE PYRINYL SHAMPOO 0.33-4 %	PDL Preferred Generic	
RA LICE SOLUTION KIT 4-0.33-0.5 %	PDL Preferred Generic	
RA LICE TREATMENT 1% CRM RINSE 2X59ML, 2 COMBS 1 %	PDL Preferred Generic	
RID COMPLETE 1-2-3 LICE KIT 4-0.33-0.5 %	PDL Preferred Generic	
RID COMPLETE LICE KIT 4-0.33-0.5 %	PDL Preferred Generic	

Drug	Status	Notes
RID ESSENTIAL LICE KIT 0.33-4 %	PDL Preferred Generic	
RID LICE KILLING SHAMPOO 0.33-4 %	PDL Preferred Generic	
SB LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 %	PDL Preferred Generic	
SKLICE 0.5% LOTION 0.5 %	PDL Non-Preferred Brand	PA
SM LICE KILLING SHAMPOO 1 %	PDL Preferred Generic	
SM LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 %	PDL Preferred Generic	
SM LICE SOLUTION KIT 4-0.33-0.5 %	PDL Preferred Generic	
SM LICE TREATMENT 1% CRM RINSE 1 %	PDL Preferred Generic	
SM LICE TREATMENT PERMETHRIN 2'S 1 %	PDL Preferred Generic	
spinosad 0.9% topical susp 0.9 %	PDL Non-Preferred Generic	PA
Topical Antivirals		
acyclovir 5% cream 5 %	PDL Non-Preferred Generic	PA
acyclovir 5% ointment 5 %	PDL Preferred Generic	
acyclovir 5% ointment inner 5 %	PDL Preferred Generic	
acyclovir 5% ointment outer 5 %	PDL Preferred Generic	
DENAVIR 1% CREAM 1 %	PDL Preferred Brand	
docosanol 10% cream 10 %	Non-PDL Generic	
ZOVIRAX 5% CREAM 5 %	PDL Non-Preferred Brand	PA
ZOVIRAX 5% OINTMENT 5 %	PDL Non-Preferred Brand	PA
Topical Antivirals/Antiinflammatory, Steroid Agent		
XERESE 5%-1% CREAM 5-1 %	PDL Non-Preferred Brand	PA; QL (10 GM per 365 days)
Topical Sulfonamides		
BP 10-1 WASH 10-1 %	PDL Non-Preferred Generic	PA
BP CLEANSING WASH 10-4-10 %	Non-PDL Generic	
mafenide acetate 50 gm powd pk inner 50 gram	Non-PDL Generic	
mafenide acetate 50 gm powd pk outer 50 gram	Non-PDL Generic	

Drug	Status	Notes
ROSULA 10%-5% CLOTHS INNER 10-5 %	PDL Preferred Generic	
ROSULA 10%-5% CLOTHS OUTER 10-5 %	PDL Preferred Generic	
silver sulfadiazine 1% cream 1 %	Non-PDL Generic	
sod sulface-sulf 9.8-4.8% clsr 9.8-4.8 %	PDL Preferred Generic	
sod sulface-sulfur 9-4.5% wash 9-4.5 %	PDL Preferred Generic	
sod sulface-sulfur 9-4.5% wash 9-4.5 %	Non-PDL Generic	
sod sulfacetamide-sulfur lotn 10-5 % (w/v), 10-5 % (w/w)	PDL Preferred Generic	
sod sulfacetamide-sulfur susp 10-5 %	PDL Preferred Generic	
sod sulfacet-sulfur 10-2% clsr 10-2 %	PDL Preferred Generic	
sod sulfacet-sulfur 10-4% pad 10-4 %	PDL Preferred Generic	
sod sulfacet-sulfur 10-4% pad inner 10-4 %	PDL Preferred Generic	
sod sulfacet-sulfur 10-4% pad outer 10-4 %	PDL Preferred Generic	
sod sulfacet-sulfur 10-5% clsr 10-5 % (w/w)	PDL Preferred Generic	QL (1419 GM per 1 FILL)
sod sulfac-sulfur 9.8-4.8% crm 9.8-4.8 %	PDL Preferred Generic	
sod sulfac-sulfur 9.8-4.8% lot 9.8-4.8 %	PDL Preferred Generic	
sodium sulfacetamide-sulfur 10-2% cream 10-2 %	PDL Preferred Generic	
sodium sulfacetamide-sulfur 10-5% cream 10-5 % (w/w)	PDL Preferred Generic	
sodium sulfacet-sulfur wash 9-4 %	PDL Preferred Generic	
sodium sulf-sulfur cleanser 10-5-10 %	PDL Preferred Generic	QL (1419 ML per 1 FILL)
SSD 1% CREAM 1 %	Non-PDL Generic	
SSS 10-5 CREAM 10-5 % (W/W)	PDL Preferred Generic	
SSS 10-5 FOAM 10-5 %	PDL Preferred Generic	
sulfacetamide-sulfur 10-5% crm 10-5 % (w/w)	PDL Preferred Generic	
sulfacetamide-sulfur 8-4% susp 8-4 %	PDL Preferred Generic	
SULFACLEANSE 8-4 SUSPENSION 8-4 %	PDL Preferred Generic	
SULFAMYLON 8.5% CREAM 85 MG/G	Non-PDL Brand	

Drug	Status	Notes
Dermatology Antiinflammatory		
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA 2% OINTMENT 2 %	PDL Non-Preferred Brand	PA; Age (Min 2 Years)
Topical Antibiotics/Antiinflammatory,Steroidal		
CORTISPORIN CREAM 3.5-10,000-0.5 MG/G-UNIT/G-%	Non-PDL Brand	
CORTISPORIN OINTMENT 1 %	Non-PDL Brand	
Topical Anti-Inflammatory Steroidal		
ALA-CORT 1% CREAM 1 %	Non-PDL Generic	
ALA-SCALP 2% LOTION 2 %	Non-PDL Generic	
alclometasone dipr 0.05% oint 0.05 %	Non-PDL Generic	
alclometasone dipro 0.05% crm 0.05 %	Non-PDL Generic	
amcinonide 0.1% cream 0.1 %	Non-PDL Generic	
amcinonide 0.1% lotion 0.1 %	Non-PDL Generic	
ANTI-ITCH 1% CREAM MAX-STRENGTH 1 %	Non-PDL Generic	
ANTI-ITCH 1% LOTION 1 %	Non-PDL Generic	
AQUANIL HC 1% LOTION 1 %	Non-PDL Generic	
AVEENO 1% CREAM 1 %	Non-PDL Generic	
BETA HC 1% LOTION 1 %	Non-PDL Generic	
betamethasone dp 0.05% crm 0.05 %	Non-PDL Generic	
betamethasone dp 0.05% lot 0.05 %	Non-PDL Generic	
betamethasone dp 0.05% oint 0.05 %	Non-PDL Generic	
betamethasone dp 0.05% oint carton 0.05 %	Non-PDL Generic	
betamethasone dp aug 0.05% crm 0.05 %	Non-PDL Generic	
betamethasone dp aug 0.05% gel 0.05 %	Non-PDL Generic	
betamethasone dp aug 0.05% lot 0.05 %	Non-PDL Generic	
betamethasone dp aug 0.05% oin 0.05 %	Non-PDL Generic	
betamethasone dp aug 0.05% oin augmented 0.05 %	Non-PDL Generic	
betamethasone va 0.1% cream 0.1 %	Non-PDL Generic	

Drug	Status	Notes
betamethasone va 0.1% cream carton 0.1 %	Non-PDL Generic	
betamethasone va 0.1% lotion 0.1 %	Non-PDL Generic	
betamethasone valer 0.1% ointm 0.1 %	Non-PDL Generic	
clobetasol 0.05% cream 0.05 %	Non-PDL Generic	
clobetasol 0.05% gel 0.05 %	Non-PDL Generic	
clobetasol 0.05% ointment 0.05 %	Non-PDL Generic	
clobetasol 0.05% shampoo 0.05 %	Non-PDL Generic	
clobetasol 0.05% solution 0.05 %	Non-PDL Generic	
clobetasol 0.05% topical lotn 0.05 %	Non-PDL Generic	
clobetasol emollient 0.05% crm 0.05 %	Non-PDL Generic	
clobetasol emollnt 0.05% foam 0.05 %	Non-PDL Generic	
clobetasol emulsion 0.05% foam 0.05 %	Non-PDL Generic	
clobetasol prop 0.05% foam 0.05 %	Non-PDL Generic	
clobetasol prop 0.05% spray 0.05 %	Non-PDL Generic	
clocortolone 0.1% cream pump 0.1 %	Non-PDL Generic	
clocortolone pivalate 0.1% crm 0.1 %	Non-PDL Generic	
CORTAID 1% CREAM 1 %	Non-PDL Generic	
CORTAID 1% CREAM 12 HR, ANTI-ITCH 1 %	Non-PDL Generic	
CORTIZONE-10 1% CREME 1 %	Non-PDL Generic	
CORTIZONE-10 1% CREME 1 %	Non-PDL Generic	
CORTIZONE-10 1% CREME MAXIMUM STRENGTH 1 %	Non-PDL Generic	
CORTIZONE-10 1% CREME W/ALOE, MAX-STRENGTH 1 %	Non-PDL Generic	
CORTIZONE-10 1% LOTION 1 %	Non-PDL Brand	
CORTIZONE-10 1% LOTION 1 %	Non-PDL Generic	
CORTIZONE-10 1% OINTMENT 1 %	Non-PDL Generic	
CORTIZONE-10 PLUS 1% CREME 1 %	Non-PDL Generic	

Drug	Status	Notes
CORTIZONE-10 PLUS CREME 1 %	Non-PDL Generic	
CVS ANTI-ITCH 1% CREAM 1 %	Non-PDL Generic	
CVS CORTISONE 1% CREAM 1 %	Non-PDL Generic	
CVS CORTISONE 1% LOTION 1 %	Non-PDL Generic	
CVS CORTISONE WITH ALOE 1% CRM 1 %	Non-PDL Generic	
cvs hydrocortisone 1% cream (otc) 1 %	Non-PDL Generic	
DERMAREST ECZEMA 1% LOTION 1 %	Non-PDL Generic	
desonide 0.05% ointment 0.05 %	Non-PDL Generic	
desoximetasone 0.05% cream 0.05 %	Non-PDL Generic	
desoximetasone 0.25% cream 0.25 %	Non-PDL Generic	
desoximetasone 0.25% cream usp 0.25 %	Non-PDL Generic	
EQ ANTI-ITCH PLUS 1% CREAM 1 %	Non-PDL Generic	
eq hydrocortisone 1% cream (otc) 1 %	Non-PDL Generic	
eq hydrocortisone 1% cream maximum strength (otc) 1 %	Non-PDL Generic	
eq hydrocortisone-aloe 1% crm 1 %	Non-PDL Generic	
EQL ANTI-ITCH 1% CREAM 1 %	Non-PDL Generic	
EQL ANTI-ITCH 1% OINTMENT 1 %	Non-PDL Generic	
fluocinolone 0.01% body oil 0.01 %	Non-PDL Generic	
fluocinolone 0.01% cream 0.01 %	Non-PDL Generic	
fluocinolone 0.01% scalp oil 0.01 %	Non-PDL Generic	
fluocinolone 0.01% solution 0.01 %	Non-PDL Generic	
fluocinolone 0.025% cream 0.025 %	Non-PDL Generic	
fluocinolone 0.025% ointment 0.025 %	Non-PDL Generic	
fluocinonide 0.05% cream 0.05 %	Non-PDL Generic	
fluocinonide 0.05% gel 0.05 %	Non-PDL Generic	
fluocinonide 0.05% ointment 0.05 %	Non-PDL Generic	

Drug	Status	Notes
fluocinonide 0.05% solution 0.05 %	Non-PDL Generic	
fluocinonide 0.1% cream 0.1 %	Non-PDL Generic	
fluocinonide-e 0.05% cream 0.05 %	Non-PDL Generic	
FLUOCINONIDE-E 0.05% CREAM 0.05 %	Non-PDL Generic	
flurandrenolide 0.05% cream 0.05 %	Non-PDL Generic	
flurandrenolide 0.05% lotion 0.05 %	Non-PDL Generic	
flurandrenolide 0.05% ointment 0.05 %	Non-PDL Generic	
fluticasone prop 0.005% oint 0.005 %	Non-PDL Generic	
fluticasone prop 0.05% cream 0.05 %	Non-PDL Generic	
gnp hydrocort acetate 1% cr cream 1 %	Non-PDL Generic	
gnp hydrocortisone 0.5% crm 0.5 %	Non-PDL Generic	
gnp hydrocortisone 1% cream max str, w/aloe (otc) 1 %	Non-PDL Generic	
gnp hydrocortisone 1% ointment maximum strength (otc) 1 %	Non-PDL Generic	
GS ANTI-ITCH 1% CREAM 1 %	Non-PDL Generic	
halobetasol prop 0.05% cream 0.05 %	Non-PDL Generic	
halobetasol prop 0.05% ointmnt 0.05 %	Non-PDL Generic	
hm hydrocortisone 1% cream max str, w/aloe (otc) 1 %	Non-PDL Generic	
hm hydrocortisone 1% cream plus 12 moisturizers (otc) 1 %	Non-PDL Generic	
hydrocort buty 0.1% lipid crm 0.1 %	Non-PDL Generic	
hydrocort buty 0.1% lipo cream 0.1 %	Non-PDL Generic	
hydrocortisone 0.5% cream (otc) 0.5 %	Non-PDL Generic	
hydrocortisone 0.5% cream 0.5 %	Non-PDL Generic	
hydrocortisone 0.5% cream regular strength (otc) 0.5 %	Non-PDL Generic	
hydrocortisone 0.5% ointment 0.5 %	Non-PDL Generic	
hydrocortisone 1% cream (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% cream (rx) 1 %	Non-PDL Generic	

Drug	Status	Notes
hydrocortisone 1% cream 1 %	Non-PDL Generic	
hydrocortisone 1% cream anti-itch (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% cream carton (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% cream carton (rx) 1 %	Non-PDL Generic	
hydrocortisone 1% cream max str w/aloe (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% cream max str w/chamomile (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% cream max str, w/aloe (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% cream maximum strength (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% cream maximum strength 1 %	Non-PDL Generic	
hydrocortisone 1% cream w/aloe (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% cream w/aloe,max strength (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% lotion (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% ointment (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% ointment (rx) 1 %	Non-PDL Generic	
hydrocortisone 1% ointment 1 %	Non-PDL Generic	
hydrocortisone 1% ointment carton (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% ointment max str (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% ointment max strength (otc) 1 %	Non-PDL Generic	
hydrocortisone 1% ointment maximum strength (otc) 1 %	Non-PDL Generic	
hydrocortisone 2.5% cream 2.5 %	Non-PDL Generic	
hydrocortisone 2.5% cream 2.5 %	Non-PDL Generic	
hydrocortisone 2.5% cream carton 2.5 %	Non-PDL Generic	
hydrocortisone 2.5% lotion 2.5 %	Non-PDL Generic	
hydrocortisone 2.5% ointment 2.5 %	Non-PDL Generic	
hydrocortisone buty 0.1% cream 0.1 %	Non-PDL Generic	
hydrocortisone butyr 0.1% oint 0.1 %	Non-PDL Generic	

Drug	Status	Notes
hydrocortisone butyr 0.1% soln 0.1 %	Non-PDL Generic	
HYDROCORTISONE PLUS 1% CREAM MAX-STR,W/ALOE 1 %	Non-PDL Generic	
hydrocortisone plus 1% cream moisturizer,max. str (otc) 1 %	Non-PDL Generic	
hydrocortisone val 0.2% cream 0.2 %	Non-PDL Generic	
hydrocortisone val 0.2% ointmt 0.2 %	Non-PDL Generic	
hydrocortisone-aloe 0.5% cream 0.5 %	Non-PDL Generic	
hydrocortisone-aloe 1% cream 1 %	Non-PDL Generic	
kro hydrocortisone 1% cream (otc) 1 %	Non-PDL Generic	
mometasone furoate 0.1% cream 0.1 %	Non-PDL Generic	
mometasone furoate 0.1% oint 0.1 %	Non-PDL Generic	
mometasone furoate 0.1% soln 0.1 %	Non-PDL Generic	
mometasone furoate 0.1% soln 27.5 gram 0.1 %	Non-PDL Generic	
mometasone furoate 0.1% soln 55 gram 0.1 %	Non-PDL Generic	
mometasone furoate 0.1% soln lotion 0.1 %	Non-PDL Generic	
NOBLE FORMULA HC 1% CREAM 1 %	Non-PDL Generic	
PANDEL 0.1% CREAM 0.1 %	Non-PDL Brand	
prednicarbate 0.1% cream 0.1 %	Non-PDL Generic	
prednicarbate 0.1% ointment 0.1 %	Non-PDL Generic	
PREPARATION H HC 1% CREAM 1 %	Non-PDL Generic	
PROCTO-MED HC 2.5% CREAM 2.5 %	Non-PDL Generic	
PROCTOSOL-HC 2.5% CREAM 2.5 %	Non-PDL Generic	
PROCTOZONE-HC 2.5% CREAM 2.5 %	Non-PDL Generic	
PUB HYDROCREAM 1% 1 %	Non-PDL Generic	
QC ANTI-ITCH 1% CREAM 1 %	Non-PDL Generic	
QC ANTI-ITCH WITH ALOE 1% CRM 1 %	Non-PDL Generic	
qc hydrocortisone 1% cream (otc) 1 %	Non-PDL Generic	

Drug	Status	Notes
RA ANTI-ITCH 1% CREAM MAXIMUM STRENGTH 1 %	Non-PDL Generic	
RA ANTI-ITCH 1% OINTMENT MAXIMUM STRENGTH 1 %	Non-PDL Generic	
ra hydrocortisone 1% cream plus 12 moisturizers (otc) 1 %	Non-PDL Generic	
ra hydrocortisone 1% cream plus 12,maximum str (otc) 1 %	Non-PDL Generic	
SB HYDROCORTISONE PLUS 1% CRM 1 %	Non-PDL Generic	
SCALACORT DK 2% KIT 2-2-2 %	Non-PDL Brand	
sm hydrocortisone 0.5% cream (otc) 0.5 %	Non-PDL Generic	
sm hydrocortisone 0.5% ointmnt 0.5 %	Non-PDL Generic	
sm hydrocortisone 1% cream max str, w/aloe (otc) 1 %	Non-PDL Generic	
sm hydrocortisone 1% ointment maximum strength (otc) 1 %	Non-PDL Generic	
SM HYDROCORTISONE PLUS 1% CRM 1 %	Non-PDL Generic	
sm hydrocortisone-aloe 1% crm 1 %	Non-PDL Generic	
SOOTHING CARE 1% CREAM 1 %	Non-PDL Generic	
TEXACORT 2.5% SOLUTION 2.5 %	Non-PDL Brand	
triamcinolone 0.025% cream 0.025 %	Non-PDL Generic	
triamcinolone 0.025% lotion 0.025 %	Non-PDL Generic	
triamcinolone 0.025% lotion inner 0.025 %	Non-PDL Generic	
triamcinolone 0.025% lotion outer 0.025 %	Non-PDL Generic	
triamcinolone 0.025% oint 0.025 %	Non-PDL Generic	
triamcinolone 0.05% ointment 0.05 %	Non-PDL Generic	
triamcinolone 0.1% cream 0.1 %	Non-PDL Generic	
triamcinolone 0.1% lotion 0.1 %	Non-PDL Generic	
triamcinolone 0.1% lotion inner 0.1 %	Non-PDL Generic	
triamcinolone 0.1% lotion outer 0.1 %	Non-PDL Generic	
triamcinolone 0.1% ointment 0.1 %	Non-PDL Generic	
triamcinolone 0.147 mg/g spray 0.147 mg/gram	Non-PDL Generic	
triamcinolone 0.5% cream 0.5 %	Non-PDL Generic	

Drug	Status	Notes
triamcinolone 0.5% ointment 0.5 %	Non-PDL Generic	
TRIANEX 0.05% OINTMENT 0.05 %	Non-PDL Generic	
TRIDERM 0.1% CREAM 0.1 %	Non-PDL Generic	
VANICREAM HC 1% CREAM 1 %	Non-PDL Generic	
Topical Anti-Inflammatory, Nsaids		
diclofenac 1.5% topical soln 1.5 %	Non-PDL Generic	
diclofenac sodium 1% gel (otc) 1 %	PDL Preferred Generic	
diclofenac sodium 1% gel (rx) 1 %	PDL Preferred Generic	
FLECTOR 1.3% PATCH INNER 1.3 %	PDL Non-Preferred Brand	PA
FLECTOR 1.3% PATCH OUTER 1.3 %	PDL Non-Preferred Brand	PA
Dermatology Antipruritic Drugs		
Antipruritics,Topical		
ANTI-ITCH 1%-0.1% CREAM 1-0.1 %	Non-PDL Generic	
ANTI-ITCH 2% CREAM EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	
ANTI-ITCH 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	
BANOPHEN ANTI-ITCH 2% CREAM 2-0.1 %	Non-PDL Generic	
BENADRYL ITCH COOLING SPRAY 2-0.1 %	Non-PDL Brand	
CVS ITCH RELIEF 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	
CVS ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	Non-PDL Generic	
CVS ITCH RELIEF CREAM 1-0.1 %	Non-PDL Generic	
CVS ITCH RELIEF SPRAY XTRA STR, INSTANT 2-0.1 %	Non-PDL Generic	
EQ ANTI-ITCH CREAM EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	
EQL ANTI-ITCH 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	
GNP ANTI-ITCH 2% CREAM EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	
GNP ITCH RELIEF SPRAY EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	
GS ITCH RELIEF CREAM 2-0.1 %	Non-PDL Generic	
ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	Non-PDL Generic	

Drug	Status	Notes
ITCH RELIEF CREAM 2-0.1 %	Non-PDL Generic	
ITCH RELIEF SPRAY EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	
QC ANTI-ITCH CREAM EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	
RA ANTI-ITCH 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	
RA ANTI-ITCH SPRAY 2-0.1 %	Non-PDL Generic	
RA ITCH RELIEF SPRAY 2-0.1 %	Non-PDL Generic	
SM ALLERGY 2% CREAM 2 %	Non-PDL Generic	
SM ANTI-ITCH 2% CREAM EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	
SM ANTI-ITCH SPRAY 2 %	Non-PDL Generic	
SM ANTI-ITCH SPRAY 2-0.1 %	Non-PDL Generic	
WAL-DRYL 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	
WAL-DRYL 2%-0.1% SPRAY 2-0.1 %	Non-PDL Generic	
WAL-DRYL ANTI-ITCH SPRAY 2 %	Non-PDL Generic	
Dermatology Miscellaneous		
Antiseborrheic Agents		
OVACE PLUS 10% SHAMPOO 10 %	Non-PDL Brand	
selenium sulfide 2.25% shampoo 2.25 %	Non-PDL Generic	
selenium sulfide 2.5% lotion 2.5 %	Non-PDL Generic	
selenium sulfide 2.5% lotion inner 2.5 %	Non-PDL Generic	
selenium sulfide 2.5% lotion outer 2.5 %	Non-PDL Generic	
sod sulfacetam 10% clnsng gel 10 %	Non-PDL Generic	
Antiseptics,General		
ALCOHOL 70% PADS	Non-PDL Brand	
alcohol 70% prep pads	Non-PDL Brand	
ALCOHOL 70% PREP PADS	Non-PDL Brand	
ALCOHOL 70% PREP PADS LATEX-FREE, STERILE	Non-PDL Brand	
ALCOHOL 70% PREP PADS TWO-PLY, LARGE	Non-PDL Brand	
ALCOHOL 70% PREP PADS TWO-PLY, MEDIUM	Non-PDL Brand	
alcohol 70% swabs	Non-PDL Brand	
alcohol 70% swabs latex-free, medium	Non-PDL Brand	

Drug	Status	Notes
alcohol 70% wipes	Non-PDL Brand	
ALCOHOL PREP PADS	Non-PDL Brand	
alcohol swab sterile, two ply	Non-PDL Brand	
alcohol swabs	Non-PDL Brand	
BD SINGLE USE SWAB	Non-PDL Brand	
CARETOUCH ALCOHOL 70% PREP PAD	Non-PDL Brand	
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	Non-PDL Brand	
CVS ALCOHOL 70% PREP PADS	Non-PDL Brand	
CVS ISOPROPYL ALCOHOL 70% WIPE	Non-PDL Brand	
EASY COMFORT ALCOHOL 70% PAD	Non-PDL Brand	
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	Non-PDL Brand	
EASY TOUCH ALCOHOL 70% PADS MEDIUM 2-PLY	Non-PDL Brand	
FIFTY50 ALCOHOL PREP PADS	Non-PDL Brand	
gnp alcohol swab sterile, two ply	Non-PDL Brand	
GNP ISOPROPYL ALCOHOL 70% WIPE	Non-PDL Brand	
HEB INCONTROL ALCOHOL 70% PADS	Non-PDL Brand	
HM ALCOHOL 70% PREP PADS	Non-PDL Brand	
ISOPROPYL ALCOHOL 70% WIPES	Non-PDL Brand	
IV ANTISEPTIC WIPES	Non-PDL Brand	
IV PREP ANTISEPTIC WIPES	Non-PDL Brand	
KENDALL ALCOHOL 70% PREP PAD	Non-PDL Brand	
KRO ALCOHOL 70% PREP PADS	Non-PDL Brand	
kro alcohol 70% swabs	Non-PDL Brand	
PHARM CHOICE ALCOHOL PREP PADS	Non-PDL Brand	
PREP EASE ALCOHOL PADS	Non-PDL Brand	
PRO COMFORT ALCOHOL 70% PADS	Non-PDL Brand	
PURE COMFORT ALCOHOL 70% PADS	Non-PDL Brand	
qc alcohol 70% swabs	Non-PDL Brand	
ra alcohol swabs health care, 70%	Non-PDL Brand	
RA ISOPROPYL ALCOHOL 70% WIPES	Non-PDL Brand	
relion alcohol 70% swabs	Non-PDL Brand	
saps alcohol 70% prep pads	Non-PDL Brand	
SAPS ALCOHOL 70% PREP PADS	Non-PDL Brand	
SM ALCOHOL 70% PREP PADS STERILE	Non-PDL Brand	
SM ALCOHOL PREP PADS	Non-PDL Brand	
SURE COMFORT ALCOHOL PREP PADS	Non-PDL Brand	
SURE-PREP ALCOHOL PREP PADS	Non-PDL Brand	
TRUE COMFORT ALCOHOL 70% PADS	Non-PDL Brand	
ULTILET ALCOHOL STERL SWAB	Non-PDL Brand	
V-R ALCOHOL PREP PADS	Non-PDL Brand	

Drug	Status	Notes
WEBCOL ALCOHOL PREPS 20'S,LARGE	Non-PDL Brand	
WEBCOL ALCOHOL PREPS 20'S,LARGE,2-PLY	Non-PDL Brand	
WEBCOL ALCOHOL PREPS 20'S,MEDIUM,2-PLY	Non-PDL Brand	
Antiseptics,Miscellaneous		
glutaraldehyde 25% aq solution aqueous (rx) 25 %	Non-PDL Generic	PA
Emollients		
ammonium lactate 12% cream (otc) 12 %	Non-PDL Generic	
ammonium lactate 12% cream (rx) 12 %	Non-PDL Generic	
ammonium lactate 12% cream 2x140gm (rx) 12 %	Non-PDL Generic	
ammonium lactate 12% cream fragrance free (otc) 12 %	Non-PDL Generic	
ammonium lactate 12% cream inner (rx) 12 %	Non-PDL Generic	
ammonium lactate 12% cream outer, 2x140gm (rx) 12 %	Non-PDL Generic	
ammonium lactate 12% cream w/pump (rx) 12 %	Non-PDL Generic	
ammonium lactate 12% lotion (otc) 12 %	Non-PDL Generic	
ammonium lactate 12% lotion (rx) 12 %	Non-PDL Generic	
ammonium lactate 12% lotion fragrance free (otc) 12 %	Non-PDL Generic	
AVO CREAM TOPICAL EMULSION	Non-PDL Generic	
CVS DRY SKIN THERAPY CREME	Non-PDL Generic	
CVS SKIN TREATMENT BODY LOTION 12 %	Non-PDL Generic	
cvs vitamin e 28,000 unit oil (rx)	Non-PDL Generic	
DERMACERIN CREAM	Non-PDL Generic	
EMULSION SB TOPICAL EMULSION STEROID-FREE	Non-PDL Generic	
EMULSION SB TOPICAL TWIN PACK 2'S, TWIN PACK	Non-PDL Generic	
GERI-HYDROLAC 12% CREAM 12 %	Non-PDL Generic	
GERI-HYDROLAC 12% LOTION 12 %	Non-PDL Generic	
GERI-HYDROLAC 5% LOTION 5 %	Non-PDL Generic	
HPR PLUS-MB HYDROGEL KIT 96.53-3-0.4 -0.066 %	Non-PDL Generic	
HYDROCERIN CREAM	Non-PDL Generic	

Drug	Status	Notes
LOBANA BATH OIL	Non-PDL Generic	
MAPO BATH OIL	Non-PDL Generic	
MB HYDROGEL KIT 96.53-3-0.4 -0.066 %	Non-PDL Generic	
MINERIN CREME	Non-PDL Generic	
NEUTROGENA SENSI SKIN MOISTURE	Non-PDL Generic	
PRUCLAIR NONSTEROIDAL CREAM	Non-PDL Generic	
SONAFINE TOPICAL EMULSION	Non-PDL Generic	
THERAPEUTIC MOISTURIZING CREAM FRAGRANCE FREE	Non-PDL Generic	
THERAPEUTIC MOISTURIZING CREAM FRAGRANCE-FREE	Non-PDL Generic	
topical light mineral oil	Non-PDL Generic	
TOPICAL LIGHT MINERAL OIL STERILE	Non-PDL Generic	
TOPICAL LIGHT MINERAL OIL STERILE, 25'S	Non-PDL Generic	
vitamin e 28,000 unit oil (rx)	Non-PDL Generic	
vitamin e 56,000 unit oil (rx)	Non-PDL Generic	
vitamin e 70,000 unit oil (rx)	Non-PDL Generic	
Iodine Antiseptics		
cvs povidone-iodine 10% soln 10 %	Non-PDL Generic	
EQ FIRST AID ANTISEPTIC SOLN 10 %	Non-PDL Generic	
hm povidone-iodine 10% soln 10 %	Non-PDL Generic	
povidone-iodine 10% ointment 10 %	Non-PDL Generic	
povidone-iodine 10% solution 10 %	Non-PDL Generic	
povidone-iodine 10% solution 10 %	Non-PDL Generic	
povidone-iodine 10% solution 10 %	Non-PDL Generic	
povidone-iodine 10% solution usp 10 %	Non-PDL Generic	
qc povidone-iodine 10% soln 10 %	Non-PDL Generic	
RA ANTISEPTIC 10% SOLUTION 10 %	Non-PDL Generic	

Drug	Status	Notes
SCRUB CARE POVIDONE IODINE 10% 10 %	Non-PDL Generic	
sm povidone-iodine 10% soln 10 %	Non-PDL Generic	
Irrigants		
acetic acid 0.25% irrig soln 0.25 %	Non-PDL Generic	
acetic acid 0.25% irrig soln irrigation 0.25 %	Non-PDL Generic	
AQUA CARE 0.9% NACL IRRIGATION 0.9 %	Non-PDL Generic	
AQUA CARE STERILE WATER IRRIG	Non-PDL Generic	
CURITY STERILE WATER,IRRIGATIO	Non-PDL Generic	
neomy-polymyxin b 40 mg/ml amp 10 s,sterile,outer 40 mg-200,000 unit/ml	Non-PDL Generic	
neomy-polymyxin b 40 mg/ml amp 10's, sterile, outer 40 mg-200,000 unit/ml	Non-PDL Generic	
neomy-polymyxin b 40 mg/ml amp 50 s,sterile,outer 40 mg-200,000 unit/ml	Non-PDL Generic	
neomy-polymyxin b 40 mg/ml amp 50's, sterile, outer 40 mg-200,000 unit/ml	Non-PDL Generic	
neomy-polymyxin b 40 mg/ml amp non-saleable, inner 40 mg-200,000 unit/ml	Non-PDL Generic	
neomy-polymyxin b 40 mg/ml vl mdv, sterile 40 mg-200,000 unit/ml	Non-PDL Generic	
ringers irrigation solution	Non-PDL Generic	
ringers irrigation solution 12's,latex-free	Non-PDL Generic	
SEA-CLENS WOUND CLEANSER	Non-PDL Generic	
sodium chloride 0.9% irrig (rx) 0.9 %	Non-PDL Generic	
sodium chloride 0.9% irrig. (rx) 0.9 %	Non-PDL Generic	
sodium chloride 0.9% irrig. 24's,latex-free (rx) 0.9 %	Non-PDL Generic	
sodium chloride 0.9% irrig. for transplant slush (rx) 0.9 %	Non-PDL Generic	
sodium chloride 0.9% irrig. latex-free (rx) 0.9 %	Non-PDL Generic	
sodium chloride 0.9% processing solution flex plast container (rx) 0.9 %	Non-PDL Generic	
sorbitol 3% urologic irrig 3 %	Non-PDL Generic	
sorbitol 3.3% urologic soln 3.3 %	Non-PDL Generic	
sorbitol-mannitol irrig 2.7-0.54 gram/100 ml	Non-PDL Generic	

Drug	Status	Notes
sterile water for irrigation	Non-PDL Generic	
sterile water for irrigation 6's, irrig, latex-f	Non-PDL Generic	
sterile water for irrigation latex-free	Non-PDL Generic	
sterile water for irrigation sterile, irrigation	Non-PDL Generic	
sterile water for irrigation sterile,irrigation	Non-PDL Generic	
Irritants/Counter-Irritants		
ARTHRITIS PAIN RELIEF 0.1% CRM HIGH POTENCY STR 0.1 %	Non-PDL Generic	
ARTHRITIS PAIN RLF 0.075% CRM 0.075 %	Non-PDL Generic	
ASPERCREME MAX APPLICATOR LIQ 16 %	Non-PDL Generic	
capsaicin 0.025% cream 0.025 %	Non-PDL Generic	
COOL 'N HEAT APPLICATOR LIQUID 16 %	Non-PDL Generic	
cvs capsaicin 0.1% cream 0.1 %	Non-PDL Generic	
CVS THERAPEUTIC 1% SHAMPOO 1 %	Non-PDL Generic	
CVS THERAPEUTIC SHAMPOO 0.5 %	Non-PDL Generic	
CVS THERAPEUTIC SHAMPOO 0.5% 0.5 %	Non-PDL Generic	
IONIL T SHAMPOO 1 %	Non-PDL Generic	
methyl salicylate liquid nf (rx)	Non-PDL Generic	
methyl salicylate oil nf, synthetic (rx)	Non-PDL Generic	
PC TAR SHAMPOO 1 %	Non-PDL Generic	
QUTENZA 8% KIT (1 PATCH) 8 %	PDL Non-Preferred Brand	PA
QUTENZA 8% KIT (2 PATCH) 8 %	PDL Non-Preferred Brand	PA
SM ANTI-DANDRUFF 0.5% SHAMPOO 0.5 %	Non-PDL Generic	
SM HIGH POTENCY CAPSAICIN 0.1% 0.1 %	Non-PDL Generic	
TARSUM PRO SHAMPOO GEL 2 %	Non-PDL Generic	
TERA-GEL TAR 0.5% SHAMPOO 0.5 %	Non-PDL Generic	
T-GEL 0.5% THERAPEUTIC SHAMPOO ORIGINAL 0.5 %	Non-PDL Generic	

Drug	Status	Notes
T-GEL 0.5% THERAPEUTIC SHAMPOO ORIGINAL FORMULA 0.5 %	Non-PDL Generic	
THERA-GEL 0.5% SHAMPOO 0.5 %	Non-PDL Generic	
T-PLUS 0.5% THERAPEUTIC SHMPOO 0.5 %	Non-PDL Generic	
X-SEB T PLUS SHAMPOO 2 %	Non-PDL Generic	
ZOSTRIX 0.033% CREAM 0.033 %	Non-PDL Generic	
ZOSTRIX HP 0.1% CREAM 0.1 %	Non-PDL Generic	
ZOSTRIX HP 0.1% FOOT CREAM 0.1 %	Non-PDL Generic	
Keratolytics		
ACNE FOAMING 10% WASH 10 %	PDL Preferred Generic	
ACNE MEDICATION 10% GEL 10 %	PDL Preferred Generic	
ACNE MEDICATION 10% LOTION 10 %	PDL Preferred Generic	
ACNE MEDICATION 2.5% GEL 2.5 %	PDL Preferred Generic	
ACNE MEDICATION 5% GEL 5 %	PDL Preferred Generic	
ACNE MEDICATION 5% LOTION 5 %	Non-PDL Brand	
ACNE TREATMENT 10% GEL 10 %	PDL Preferred Generic	
ACNECLEAR GEL 10 %	PDL Preferred Generic	
ADVANCED ACNE 4.4% WASH 4.4 %	PDL Non-Preferred Brand	PA
BENZEFOAM 5.3% EMOLLIENT FOAM (OTC) 5.3 %	PDL Non-Preferred Brand	PA
BENZEPRO 5.3% EMOLLIENT FOAM 5.3 %	PDL Non-Preferred Generic	PA
BENZEPRO 6% FOAMING CLOTHS 6 %	PDL Non-Preferred Generic	PA
BENZEPRO 7% CREAMY WASH 7 %	PDL Non-Preferred Generic	PA
BENZEPRO 9.8% FOAM 9.8 %	PDL Non-Preferred Generic	PA
benzoyl peroxide 10% gel (otc) 10 %	PDL Preferred Generic	
benzoyl peroxide 10% gel aqueous (otc) 10 %	PDL Preferred Generic	
benzoyl peroxide 10% gel maximum strength (otc) 10 %	PDL Preferred Generic	

Drug	Status	Notes
benzoyl peroxide 10% gel max-str, aqueous (otc) 10 %	PDL Preferred Generic	
benzoyl peroxide 10% wash (otc) 10 %	PDL Preferred Generic	
benzoyl peroxide 2.5% gel (otc) 2.5 %	PDL Preferred Generic	
benzoyl peroxide 5% gel aqueous (otc) 5 %	PDL Preferred Generic	
benzoyl peroxide 5% gel aqueous base (otc) 5 %	PDL Preferred Generic	
benzoyl peroxide 5% wash (otc) 5 %	PDL Preferred Generic	
benzoyl peroxide 5.3% foam (otc) 5.3 %	PDL Non-Preferred Generic	PA
benzoyl peroxide 6% cleanser (otc) 6 %	PDL Preferred Generic	
benzoyl peroxide 9.8% foam (rx) 9.8 %	PDL Non-Preferred Generic	PA
BP 10% GEL 10 %	PDL Preferred Generic	
BP 5% GEL 5 %	PDL Preferred Generic	
BP 5.3% FOAM 5.3 %	PDL Non-Preferred Generic	PA
BP 9.8% FOAM 9.8 %	PDL Non-Preferred Generic	PA
BP WASH 10% LIQUID 10 %	PDL Non-Preferred Brand	PA
BP WASH 2.5% LIQUID 2.5 %	PDL Non-Preferred Brand	PA
BP WASH 7% LIQUID (OTC) 7 %	PDL Non-Preferred Generic	PA
BP WASH ACNE 4% TREATMENT PACK 4-5 %	Non-PDL Generic	
BP WASH ACNE 8% TREATMENT PACK 8-5 %	Non-PDL Generic	
BPO 4% GEL (OTC) 4 %	PDL Preferred Generic	
BPO 6% FOAMING CLOTHS (OTC) 6 %	PDL Non-Preferred Generic	PA
BPO 8% GEL (OTC) 8 %	PDL Preferred Generic	
BPO 8% GEL (RX) 8 %	PDL Preferred Generic	
CALLUS REMOVERS PADS MEDICATED 40 %	Non-PDL Generic	

Drug	Status	Notes
CALLUS REMOVERS PATCH 40 %	Non-PDL Generic	
CALLUS REMOVERS PATCH EXTRA THICK 40 %	Non-PDL Generic	
CEM-UREA 45% PRE-FILLED APPL 45 %	Non-PDL Generic	
CLEAN-CLEAR CONTINUOUS CTL 10% 10 %	PDL Preferred Generic	
CLEAR AWAY MEDICATED DISC 40 %	Non-PDL Generic	
CLEAR PORE 3.5% CLEANSER-MASK 3.5 %	PDL Non-Preferred Brand	PA
CLEARASIL DAILY CLEAR 10% CRM 10 %	Non-PDL Generic	
CLEARASIL ULTRA 10% CREAM 10 %	Non-PDL Generic	
COMPOUND W INVISIBLE STRIPS 40 %	Non-PDL Generic	
COMPOUND W LIQUID 17 %	Non-PDL Generic	
COMPOUND W PADS 40 %	Non-PDL Generic	
CONDYLOX 0.5% GEL 0.5 %	Non-PDL Brand	
CORN REMOVER 40% PATCH 40 %	Non-PDL Generic	
CORN REMOVER 40% PATCH MEDICATED,ULTRA THIN 40 %	Non-PDL Generic	
CORN REMOVER STRIPS MAXIMUM STRENGTH 40 %	Non-PDL Generic	
CVS ACNE 10% CREAM 10 %	Non-PDL Generic	
CVS ACNE CONTROL 10 % CLEANSER 10 %	PDL Preferred Generic	
CVS ACNE TREATMENT 10% GEL 10 %	PDL Preferred Generic	
CVS ADV EXFOLIATING 5% CLEANSR 5 %	PDL Preferred Generic	
CVS CALLUS REMOVER PAD MEDICATED 40 %	Non-PDL Generic	
CVS CORN REMOVER 40% PATCH 40 %	Non-PDL Generic	
CVS CREAMY ACNE 4% FACE WASH 4 %	PDL Non-Preferred Generic	PA
CVS FOAMING ACNE FACE 10% WASH 10 %	PDL Preferred Generic	
CVS PLANTAR 40% WART REMOVER 40 %	Non-PDL Generic	
CVS WART REMOVER 17% LIQUID 17 %	Non-PDL Generic	
CVS WART REMOVER 40% PATCH 40 %	Non-PDL Generic	

Drug	Status	Notes
CVS WART REMOVER STRIP 40 %	Non-PDL Generic	
DAYLOGIC ACNE FOAMING 10% WASH 10 %	PDL Preferred Generic	
DAYLOGIC ACNE TREATMNT 10% GEL 10 %	PDL Preferred Generic	
DR SCHOLL'S CLEAR AWAY STRIPS 40 %	Non-PDL Generic	
DUOFILM LIQUID W/20 COVER-UP DISCS 17 %	Non-PDL Generic	
ENZOCLEAR 9.8% FOAM 9.8 %	PDL Non-Preferred Brand	PA
EQ LIQUID WART REMOVER 17% LIQ 17 %	Non-PDL Generic	
GEL CALLUS REMOVERS CUSHION MEDICATED 40 %	Non-PDL Generic	
GNP CALLUS REMOVERS PATCH 40 %	Non-PDL Generic	
GNP LIQUID WART REMOVER 17% LQ 17 %	Non-PDL Generic	
GNP WART REMOVER SOLUTION 17 %	Non-PDL Generic	
GS WART REMOVER 17% LIQUID MAXIMUM STRENGTH 17 %	Non-PDL Generic	
LIQUID CORN-CALLUS REMOVER 17 %	Non-PDL Generic	
LIQUID CORN-CALLUS REMOVER 17 %	Non-PDL Generic	
LIQUID WART REMOVER 17% LIQUID 17 %	Non-PDL Generic	
LIQUID WART REMOVER 17% LIQUID W/APPLICATOR 17 %	Non-PDL Generic	
MEDIPLAST CORN-CALLUS-WART PAD 40 %	Non-PDL Generic	
MOSCO 40% CORN REMOVER PADS 40 %	Non-PDL Generic	
MOSCO CALLUS-CORN REMOVER LIQ 17.6 %	Non-PDL Generic	
PANOXYL 10% ACNE FOAMING WASH 10 %	PDL Preferred Generic	
PANOXYL 4% ACNE CREAMY WASH 4 %	PDL Non-Preferred Generic	PA
PERSA-GEL 10% 12'S,MAX-STRENGTH 10 %	PDL Preferred Generic	
PODOCON-25 LIQUID 25 %	Non-PDL Generic	
podofilox 0.5% topical soln 0.5 %	Non-PDL Generic	
pr benzoyl peroxide 7% wash (rx) 7 %	PDL Non-Preferred Generic	PA

Drug	Status	Notes
PR BENZOYL PEROXIDE 7% WASH 7 %	PDL Non-Preferred Generic	PA
RA CORN REMOVER 40% PATCH 40 %	Non-PDL Generic	
RA CORN REMOVERS PATCH W/9 PADS,MED PATCHES 40 %	Non-PDL Generic	
RA WART REMOVER 17% LIQUID 17 %	Non-PDL Generic	
RA WART REMOVER 40 %	Non-PDL Generic	
RIAX 5.5% FOAM 5.5 %	PDL Non-Preferred Brand	PA
RIAX 9.5% FOAM 9.5 %	PDL Non-Preferred Brand	PA
salicylic acid 26% liquid 26 %	Non-PDL Generic	
salicylic acid 27.5% liquid 27.5 %	Non-PDL Generic	
salicylic acid 27.5% liquid w/brush applicator 27.5 %	Non-PDL Generic	
salicylic acid 27.5% liquid wart remover 27.5 %	Non-PDL Generic	
salicylic acid 6% cream 6 %	Non-PDL Generic	
salicylic acid 6% cream 6 %	Non-PDL Generic	
salicylic acid 6% cream kit 6 %	Non-PDL Generic	
salicylic acid 6% gel 6 %	Non-PDL Generic	
salicylic acid 6% lotion 6 %	Non-PDL Generic	
salicylic acid 6% lotion 6 %	Non-PDL Generic	
salicylic acid 6% shampoo 6 %	Non-PDL Generic	
silver nitrate 10% solution 10 %	Non-PDL Generic	
silver nitrate applicator 75-25 %	Non-PDL Generic	
silver nitrate applicator inner 75-25 %	Non-PDL Generic	
silver nitrate applicator outer 75-25 %	Non-PDL Generic	
SM MAX STRENGTH WART REMOVER MAXIMUM STRENGTH 17 %	Non-PDL Generic	
SM MEDICATED CORN REMOVERS 40 %	Non-PDL Generic	
UMECTA 40% MOUSSE 40 %	Non-PDL Generic	

Drug	Status	Notes
urea 35% foam 35 %	Non-PDL Generic	
urea 39% cream 39 %	Non-PDL Generic	
urea 40% cream 40 %	Non-PDL Generic	
urea 40% lotion 40 %	Non-PDL Generic	
urea 45% cream 45 %	Non-PDL Generic	
urea 45% nail gel 45 %	Non-PDL Generic	
urea 47% cream 47 %	Non-PDL Generic	
urea 50% cream 50 %	Non-PDL Generic	
UREA 50% NAIL STICK 6-2.4ML APPLICATORS 50 %	Non-PDL Generic	
WART REMOVER 17% LIQUID 17 %	Non-PDL Generic	
WART REMOVER 17% LIQUID MAXIMUM STRENGTH 17 %	Non-PDL Generic	
WART REMOVER 40% PATCH W/20 PADS, MEDICATED 40 %	Non-PDL Generic	
WART REMOVER CLEAR STRIP 40 %	Non-PDL Generic	
WART REMOVER LIQUID MAXIMUM STRENGTH 17 %	Non-PDL Generic	
WART REMOVER SOLUTION 17 %	Non-PDL Generic	
Oxidizing Agents		
cvs hydrogen peroxide 3% soln (otc) 3 %	Non-PDL Generic	
CVS PEROXIDE SORE MOUTH CLNSER 1.5 %	Non-PDL Generic	
eql hydrogen peroxide 3% soln (otc) 3 %	Non-PDL Generic	
gnp hydrogen peroxide 3% soln (otc) 3 %	Non-PDL Generic	
gs hydrogen peroxide 3% soln (otc) 3 %	Non-PDL Generic	
hm hydrogen peroxide 3% soln (otc) 3 %	Non-PDL Generic	
hydrogen peroxide 3% solution (otc) 3 %	Non-PDL Generic	
hydrogen peroxide 3% solution 20's,packet (otc) 3 %	Non-PDL Generic	
hydrogen peroxide 3% solution gargle or rinse (otc) 3 %	Non-PDL Generic	
hydrogen peroxide 3% solution usp (otc) 3 %	Non-PDL Generic	

Drug	Status	Notes
hydrogen peroxide 3% solution usp (rx) 3 %	Non-PDL Generic	
PEROXYL DENTAL RINSE 6'S, HYGIENIC 1.5 %	Non-PDL Generic	
pub hydrogen peroxide 3% soln (otc) 3 %	Non-PDL Generic	
qc hydrogen peroxide 3% soln (otc) 3 %	Non-PDL Generic	
ra hydrogen peroxide 3% soln (otc) 3 %	Non-PDL Generic	
sm hydrogen peroxide 3% soln (otc) 3 %	Non-PDL Generic	
SM ORAL CLEANSER 1.5 %	Non-PDL Generic	
Protectives		
4-N-1 CREAM 1 %	Non-PDL Generic	
4-N-1 NO RINSE WASH CREAM 1 %	Non-PDL Generic	
benzoin tincture	Non-PDL Generic	
COOL BOTTOMS DIAPER RASH CREAM 1 %	Non-PDL Generic	
CVS DIAPER RASH OINTMENT PARABEN FREE 40 %	Non-PDL Generic	
CVS PEDIATRIC OINTMENT	Non-PDL Generic	
cvs zinc oxide ointment	Non-PDL Generic	
DIAPER RASH 10% OINTMENT CREAMY,W/ALOE-VIT E 10 %	Non-PDL Generic	
DIAPER RASH 40% OINTMENT 40 %	Non-PDL Generic	
DIAPER RASH 40% OINTMENT MAXIMUM STRENGTH 40 %	Non-PDL Generic	
DIAPER RASH 40% PASTE 40 %	Non-PDL Generic	
DR. SMITH'S DIAPER OINTMENT 10 %	Non-PDL Generic	
EQL DIAPER RASH 40% OINTMENT 40 %	Non-PDL Generic	
GNP DIAPER RASH 10% OINTMENT CREAMY,W/ALOE-VIT E 10 %	Non-PDL Generic	
gnp zinc oxide 20% ointment (otc) 20 %	Non-PDL Generic	
KRO DIAPER RASH 40% OINTMENT 40 %	Non-PDL Generic	
NEUTRAPHOR CREAM 1 %	Non-PDL Generic	
PERIGUARD OINTMENT	Non-PDL Generic	

Drug	Status	Notes
PERIGUARD OINTMENT 24'S,W/VIT A,D & E	Non-PDL Generic	
PERIGUARD OINTMENT LATEX-FREE	Non-PDL Generic	
PR CREAM KIT	Non-PDL Generic	
PROSHIELD PLUS 1% OINTMENT 1 %	Non-PDL Generic	
qc zinc oxide 40% ointment 40 %	Non-PDL Generic	
ra zinc oxide ointment	Non-PDL Generic	
sm benzoin tincture nxfi	Non-PDL Generic	
THERASEAL 1% CREAM 1 %	Non-PDL Generic	
tincture of benzoin prep spray	Non-PDL Generic	
TRIPLE PASTE 12.8% OINTMENT 12.8 %	Non-PDL Generic	
TRIPLE PASTE MEDICATED OINT 12.8 %	Non-PDL Brand	
zinc oxide 20% ointment (otc) 20 %	Non-PDL Generic	
zinc oxide 20% ointment (rx) 20 %	Non-PDL Generic	
zinc oxide 40% ointment 40 %	Non-PDL Generic	
zinc oxide ointment	Non-PDL Generic	
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM HC 2.5%-1% LOTION 2.5-1 %	Non-PDL Brand	
hydrocort-pramoxine 2.5-1% crm 2.5-1 %	Non-PDL Generic	
lidocaine-hc 3-0.5% cream 3-0.5 %	Non-PDL Generic	
PRAMOSONE 1% LOTION 1-1 %	Non-PDL Brand	
PRAMOSONE 1%-1% OINTMENT 1-1 %	Non-PDL Brand	
PRAMOSONE 2.5%-1% LOTION 2.5-1 %	Non-PDL Brand	
PRAMOSONE 2.5%-1% OINTMENT 2.5-1 %	Non-PDL Brand	
Topical Antineoplastic & Premalignant Lesion Agnts		
diclofenac sodium 3% gel 3 %	PDL Preferred Generic	QL (100 GM per 1 FILL)
fluorouracil 2% topical soln 2 %	Non-PDL Generic	
fluorouracil 5% cream 5 %	Non-PDL Generic	
fluorouracil 5% topical soln 5 %	Non-PDL Generic	
PANRETIN 0.1% GEL 0.1 %	Non-PDL Brand	SP

Drug	Status	Notes
PICATO 0.015% GEL 0.015 %	Non-PDL Brand	QL (3 EA per 28 days)
PICATO 0.05% GEL 0.05 %	Non-PDL Brand	QL (2 EA per 28 days)
TARGRETIN 1% GEL 1 %	Non-PDL Brand	PA; SP
Topical Local Anesthetics		
CVS HEMORRHOIDAL-ANALGESC OINT 1 %	Non-PDL Generic	
dibucaine 1% ointment 1 %	Non-PDL Generic	
ethyl chloride spray coarse spray 100 %	Non-PDL Generic	
ethyl chloride spray fine stream 100 %	Non-PDL Generic	
ethyl chloride spray fine-spray 100 %	Non-PDL Generic	
ethyl chloride spray medium stream 100 %	Non-PDL Generic	
ethyl chloride spray medium-spray 100 %	Non-PDL Generic	
lidocaine 3% cream (otc) 3 %	Non-PDL Generic	
lidocaine 3% cream (rx) 3 %	Non-PDL Generic	
lidocaine 5% ointment 5 %	Non-PDL Generic	QL (240 GM per 30 days)
lidocaine 5% patch 5 %	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
lidocaine 5% patch inner 5 %	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
lidocaine 5% patch outer 5 %	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
lidocaine hcl 3% lotion 3 %	Non-PDL Generic	
lidocaine hcl 4% solution 4 %	Non-PDL Generic	
lidocaine-prilocaine cream 2.5-2.5 %	Non-PDL Generic	
lidocaine-prilocaine cream inner 2.5-2.5 %	Non-PDL Generic	
lidocaine-prilocaine cream inner, p/f 2.5-2.5 %	Non-PDL Generic	
lidocaine-prilocaine cream outer 2.5-2.5 %	Non-PDL Generic	
lidocaine-prilocaine cream outer, p/f 2.5-2.5 %	Non-PDL Generic	
LIDODERM 5% PATCH 700MG(50MG/GM),OUTER 5 %	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
LIDODERM 5% PATCH INNER 5 %	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)

Drug	Status	Notes
LIDOPURE PATCH 5% COMBO PACK 5 %	PDL Non-Preferred Generic	PA
hydroquinone 4% cream 4 %	Non-PDL Generic	
hydroquinone tr 4% cream 4 %	Non-PDL Generic	
OBAGI ELASTIDERM SKIN 4% CREAM 4 %	Non-PDL Generic	
OBAGI NU-DERM BLENDER 4% CREAM 4 %	Non-PDL Generic	
OBAGI NU-DERM CLEAR 4% CREAM 4 %	Non-PDL Generic	
acitretin 10 mg capsule 10 mg	Non-PDL Generic	SP
acitretin 17.5 mg capsule 17.5 mg	Non-PDL Generic	SP
acitretin 25 mg capsule 25 mg	Non-PDL Generic	SP
COSENTYX (150 MG/ML) 300 MG DOSE-2 PENS 150 MG/ML	PDL Non-Preferred Brand	PA; SP
COSENTYX (150 MG/ML) 300 MG DOSE-2 SYRINGES 150 MG/ML	PDL Non-Preferred Brand	PA; SP
COSENTYX 150 MG/ML PEN INJECT 150 MG/ML	PDL Non-Preferred Brand	PA; SP
COSENTYX 150 MG/ML SYRINGE 150 MG/ML	PDL Non-Preferred Brand	PA; SP
ILUMYA 100 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
methoxsalen 10 mg softgel, capsule	Non-PDL Generic	PA; SP
SILIQ 210 MG/1.5 ML SYRINGE INNER,P/F,SDV,L/F 210 MG/1.5 ML	PDL Non-Preferred Brand	PA; SP
SILIQ 210 MG/1.5 ML SYRINGE OUTER,P/F,SDV,L/F 210 MG/1.5 ML	PDL Non-Preferred Brand	PA; SP
SKYRIZI 150 MG DOSE KIT (75 MG/0.83 ML X 2 SYRINGES) 150MG/1.66ML(75 MG/0.83 ML X2)	Non-PDL Brand	PA; SP
SKYRIZI 75 MG/0.83 ML SYRINGE 75 MG/0.83 ML	Non-PDL Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR (2-PACK) 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR (3-PACK) 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR P/F,L/F,SDV,INNER 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR P/F,L/F,SDV,OUTER 80 MG/ML	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
TALTZ 80 MG/ML SYRINGE P/F,L/F,SUV,INNER 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML SYRINGE P/F,L/F,SUV,OUTER 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TREMFYA 100 MG/ML INJECTOR 100 MG/ML	PDL Non-Preferred Brand	PA; SP
TREMFYA 100 MG/ML SYRINGE 100 MG/ML	PDL Non-Preferred Brand	PA; SP
Antipsoriatics Agents		
calcipotriene 0.005% cream 0.005 %	Non-PDL Generic	
calcipotriene 0.005% ointment 0.005 %	Non-PDL Generic	
calcipotriene 0.005% solution 0.005 %	Non-PDL Generic	
calcitriol 3 mcg/g ointment 3 mcg/gram	Non-PDL Generic	
DRITHOCREME HP 1% CREAM 1 %	Non-PDL Brand	
tazarotene 0.1% cream 0.1 %	PDL Non-Preferred Generic	PA
TAZORAC 0.05% CREAM 0.05 %	PDL Preferred Brand	
TAZORAC 0.05% GEL 0.05 %	PDL Preferred Brand	
TAZORAC 0.1% CREAM 0.1 %	PDL Preferred Brand	
TAZORAC 0.1% GEL 0.1 %	PDL Preferred Brand	
Topical Immunosuppressive Agents		
ELIDEL 1% CREAM 1 %	PDL Preferred Brand	Age (Min 2 Years)
pimecrolimus 1% cream 1 %	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
PROTOPIC 0.03% OINTMENT 0.03 %	PDL Preferred Brand	Age (Min 2 Years)
PROTOPIC 0.1% OINTMENT 0.1 %	PDL Preferred Brand	Age (Min 2 Years)
tacrolimus 0.03% ointment 0.03 %	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
tacrolimus 0.1% ointment 0.1 %	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
Topical Vit D Analog/Antiinflammatory, Steroidal		
calcipotriene-betameth dp oint 0.005-0.064 %	Non-PDL Generic	
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		

Drug	Status	Notes
alogliptin-metformin 12.5-1000 12.5-1,000 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
alogliptin-metformin 12.5-500 12.5-500 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
JANUMET 50-1,000 MG TABLET F/C 50-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET 50-1,000 MG TABLET F/C, BULK PACKAGE 50-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET 50-500 MG TABLET F/C 50-500 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET 50-500 MG TABLET F/C, BULK PACKAGE 50-500 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET XR 100-1,000 MG TABLET F/C 100-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JANUMET XR 100-1,000 MG TABLET F/C, BULK 100-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JANUMET XR 50-1,000 MG TABLET F/C 50-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JANUMET XR 50-1,000 MG TABLET F/C, BULK 50-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JANUMET XR 50-500 MG TABLET F/C 50-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JANUMET XR 50-500 MG TABLET F/C, BULK 50-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JENTADUETO 2.5 MG-1,000 MG TAB 2.5-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JENTADUETO 2.5 MG-500 MG TAB 2.5-500 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JENTADUETO 2.5 MG-850 MG TAB 2.5-850 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JENTADUETO XR 2.5 MG-1,000 MG 2.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JENTADUETO XR 5 MG-1,000 MG TB 5-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
KAZANO 12.5-1,000 MG TABLET 12.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
KAZANO 12.5-500 MG TABLET 12.5-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
KOMBIGLYZE XR 2.5-1,000 MG TAB 2.5-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)
KOMBIGLYZE XR 5-1,000 MG TAB 5-1,000 MG	PDL Preferred Brand	QL (1 EA per 1 day)
KOMBIGLYZE XR 5-500 MG TABLET 5-500 MG	PDL Preferred Brand	QL (1 EA per 1 day)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
alogliptin-pioglit 12.5-15 mg 12.5-15 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
alogliptin-pioglit 12.5-30 mg 12.5-30 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
alogliptin-pioglit 12.5-45 mg 12.5-45 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
alogliptin-pioglit 25-15 mg tb 25-15 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
alogliptin-pioglit 25-30 mg tb 25-30 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
alogliptin-pioglit 25-45 mg tb 25-45 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
OSENI 12.5-15 MG TABLET 12.5-15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OSENI 12.5-30 MG TABLET 12.5-30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OSENI 12.5-45 MG TABLET 12.5-45 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OSENI 25-15 MG TABLET 25-15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OSENI 25-30 MG TABLET 25-30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OSENI 25-45 MG TABLET 25-45 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
ADLYXIN 10-20 MCG STARTER PACK 10 MCG/0.2 ML- 20 MCG/0.2 ML	PDL Non-Preferred Brand	PA; QL (6 ML per 28 days)
ADLYXIN 20 MCG MAINTENANCE PK 20 MCG/0.2 ML	PDL Non-Preferred Brand	PA; QL (6 ML per 28 days)
BYDUREON 2 MG PEN INJECT L/F, SUV, INNER 2 MG/0.65 ML	PDL Preferred Brand	QL (1 EA per 7 days)
BYDUREON 2 MG PEN INJECT L/F, SUV, OUTER 2 MG/0.65 ML	PDL Preferred Brand	QL (1 EA per 7 days)
BYDUREON BCISE 2 MG AUTOINJECT INNER,SDV 2 MG/0.85 ML	PDL Non-Preferred Brand	PA; QL (0.85 ML per 7 days)
BYDUREON BCISE 2 MG AUTOINJECT OUTER,SDV 2 MG/0.85 ML	PDL Non-Preferred Brand	PA; QL (0.85 ML per 7 days)
BYDUREON BCISE 2 MG AUTOINJECT SUV, SAMPLE 2 MG/0.85 ML	PDL Non-Preferred Brand	PA; QL (0.85 ML per 7 days)
BYETTA 10 MCG DOSE PEN INJ SINGLE USE 10 MCG/DOSE(250 MCG/ML) 2.4 ML	PDL Preferred Brand	QL (2.4 ML per 30 days)
BYETTA 5 MCG DOSE PEN INJ L/F,SINGLE USE 5 MCG/DOSE (250 MCG/ML) 1.2 ML	PDL Preferred Brand	QL (1.2 ML per 30 days)
OZEMPIC 0.25-0.5 MG DOSE PEN INNER,SUV,LATEX-FREE 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	PDL Non-Preferred Brand	PA; QL (1.5 ML per 28 days)
OZEMPIC 0.25-0.5 MG DOSE PEN OUTER,SUV,LATEX-FREE 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	PDL Non-Preferred Brand	PA; QL (1.5 ML per 28 days)

Drug	Status	Notes
OZEMPIC 1 MG DOSE PEN INNER,SUV,LATEX-FREE 1 MG/DOSE (2 MG/1.5 ML)	PDL Non-Preferred Brand	PA; QL (3 ML per 28 days)
OZEMPIC 1 MG DOSE PEN OUTER,SUV,LATEX-FREE 1 MG/DOSE (2 MG/1.5 ML)	PDL Non-Preferred Brand	PA; QL (3 ML per 28 days)
RYBELSUS 14 MG TABLET 14 MG	Non-PDL Brand	QL (1 EA per 1 day)
RYBELSUS 3 MG TABLET 3 MG	Non-PDL Brand	QL (1 EA per 1 day)
RYBELSUS 7 MG TABLET 7 MG	Non-PDL Brand	QL (1 EA per 1 day)
TRULICITY 0.75 MG/0.5 ML PEN L/F, SDV, OUTER 0.75 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 0.75 MG/0.5 ML PEN L/F, SDV, INNER 0.75 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 0.75 MG/0.5 ML PEN SAMPLE, SUV, L/F 0.75 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 1.5 MG/0.5 ML PEN L/F, SDV, INNER 1.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 1.5 MG/0.5 ML PEN L/F, SDV, OUTER 1.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
VICTOZA 2-PAK 18 MG/3 ML PEN 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred Brand	QL (9 ML per 30 days)
VICTOZA 3-PAK 18 MG/3 ML PEN 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred Brand	QL (9 ML per 30 days)
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		
FARXIGA 10 MG TABLET 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FARXIGA 5 MG TABLET F/C 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FARXIGA 5 MG TABLET SAMPLE 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
INVOKANA 100 MG TABLET F/C 100 MG	PDL Preferred Brand	QL (30 EA per 30 days)
INVOKANA 100 MG TABLET SAMPLE 100 MG	PDL Preferred Brand	QL (30 EA per 30 days)
INVOKANA 300 MG TABLET 300 MG	PDL Preferred Brand	QL (30 EA per 30 days)
JARDIANCE 10 MG TABLET F/C 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JARDIANCE 10 MG TABLET SAMPLE 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JARDIANCE 25 MG TABLET F/C 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JARDIANCE 25 MG TABLET SAMPLE 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
STEGLATRO 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
STEGLATRO 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose 100 mg tablet 100 mg	PDL Preferred Generic	
acarbose 25 mg tablet 25 mg	PDL Preferred Generic	

Drug	Status	Notes
acarbose 50 mg tablet 50 mg	PDL Preferred Generic	
GLYSET 100 MG TABLET 100 MG	PDL Preferred Brand	
GLYSET 25 MG TABLET 25 MG	PDL Preferred Brand	
GLYSET 50 MG TABLET 50 MG	PDL Preferred Brand	
miglitol 100 mg tablet 100 mg	PDL Non-Preferred Generic	PA
miglitol 25 mg tablet 25 mg	PDL Non-Preferred Generic	PA
miglitol 50 mg tablet 50 mg	PDL Non-Preferred Generic	PA
PRECOSE 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
PRECOSE 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
PRECOSE 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
Antihyperglycemic, Amylin Analog-Type		
SYMLINPEN 120 PEN INJECTOR SUV 2,700 MCG/2.7 ML	PDL Preferred Brand	
SYMLINPEN 60 PEN INJECTOR LATEX-FREE,SUV 1,500 MCG/1.5 ML	PDL Preferred Brand	
Antihyperglycemic, Dpp-4 Inhibitors		
alogliptin 12.5 mg tablet 12.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
alogliptin 25 mg tablet 25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
alogliptin 6.25 mg tablet 6.25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
JANUVIA 100 MG TABLET F/C 100 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 100 MG TABLET F/C, BULK PACKAGE 100 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 100 MG TABLET U-D, F/C, INNER 100 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 100 MG TABLET U-D, F/C, OUTER 100 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 25 MG TABLET F/C 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 25 MG TABLET U-D,F/C,INNER 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 25 MG TABLET U-D,F/C,OUTER 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
JANUVIA 50 MG TABLET F/C 50 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 50 MG TABLET INNER, F/C 50 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 50 MG TABLET OUTER, F/C 50 MG	PDL Preferred Brand	QL (1 EA per 1 day)
NESINA 12.5 MG TABLET 12.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NESINA 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NESINA 6.25 MG TABLET 6.25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ONGLYZA 2.5 MG TABLET 2.5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
ONGLYZA 5 MG TABLET F/C 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
TRADJENTA 5 MG TABLET 10X10, U-D 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
TRADJENTA 5 MG TABLET 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
TRADJENTA 5 MG TABLET F/C 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
TRADJENTA 5 MG TABLET SAMPLE 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
AMARYL 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA
AMARYL 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA
AMARYL 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA
glimepiride 1 mg tablet 1 mg	PDL Preferred Generic	
glimepiride 2 mg tablet 2 mg	PDL Preferred Generic	
glimepiride 2 mg tablet u-d, 10x10, inner 2 mg	PDL Preferred Generic	
glimepiride 2 mg tablet u-d, 10x10, outer 2 mg	PDL Preferred Generic	
glimepiride 2 mg tablet u-d,10x10,outer 2 mg	PDL Preferred Generic	
glimepiride 2 mg tablet u-d,inner 2 mg	PDL Preferred Generic	
glimepiride 4 mg tablet 4 mg	PDL Preferred Generic	
glimepiride 4 mg tablet u-d, 10x10, inner 4 mg	PDL Preferred Generic	
glimepiride 4 mg tablet u-d, 10x10, outer 4 mg	PDL Preferred Generic	
glimepiride 4 mg tablet u-d,10x10,outer 4 mg	PDL Preferred Generic	

Drug	Status	Notes
glimepiride 4 mg tablet u-d,inner 4 mg	PDL Preferred Generic	
glipizide 10 mg tablet 10 mg	PDL Preferred Generic	
glipizide 10 mg tablet 12's 10 mg	PDL Preferred Generic	
glipizide 10 mg tablet u-d, 10x10, inner 10 mg	PDL Preferred Generic	
glipizide 10 mg tablet u-d, outer, 10x10 10 mg	PDL Preferred Generic	
glipizide 5 mg tablet 5 mg	PDL Preferred Generic	
glipizide 5 mg tablet u-d, 10x10, inner 5 mg	PDL Preferred Generic	
glipizide 5 mg tablet u-d, outer, 10x10 5 mg	PDL Preferred Generic	
glipizide er 10 mg tablet 10 mg	PDL Preferred Generic	
glipizide er 10 mg tablet f/c 10 mg	PDL Preferred Generic	
glipizide er 10 mg tablet f/c,u-d,10x10,inner 10 mg	PDL Preferred Generic	
glipizide er 10 mg tablet f/c,u-d,10x10,outer 10 mg	PDL Preferred Generic	
glipizide er 2.5 mg tablet 2.5 mg	PDL Preferred Generic	
glipizide er 2.5 mg tablet f/c 2.5 mg	PDL Preferred Generic	
glipizide er 2.5 mg tablet u-d, 3x10, inner 2.5 mg	PDL Preferred Generic	
glipizide er 2.5 mg tablet u-d, 3x10, outer 2.5 mg	PDL Preferred Generic	
glipizide er 5 mg tablet 5 mg	PDL Preferred Generic	
glipizide er 5 mg tablet f/c 5 mg	PDL Preferred Generic	
glipizide er 5 mg tablet f/c,u-d,10x10,inner 5 mg	PDL Preferred Generic	
glipizide er 5 mg tablet f/c,u-d,10x10,outer 5 mg	PDL Preferred Generic	
glipizide xl 10 mg tablet 10 mg	PDL Preferred Generic	
glipizide xl 2.5 mg tablet 2.5 mg	PDL Preferred Generic	
glipizide xl 5 mg tablet 5 mg	PDL Preferred Generic	
GLUCOTROL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
GLUCOTROL 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
GLUCOTROL XL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
GLUCOTROL XL 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA
GLUCOTROL XL 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
glyburide 1.25 mg tablet 1.25 mg	PDL Preferred Generic	
glyburide 2.5 mg tablet 2.5 mg	PDL Preferred Generic	
glyburide 2.5 mg tablet u-d 2.5 mg	PDL Preferred Generic	
glyburide 2.5 mg tablet u-d, 10x10, inner 2.5 mg	PDL Preferred Generic	
glyburide 2.5 mg tablet u-d, outer, 10x10 2.5 mg	PDL Preferred Generic	
glyburide 5 mg tablet 5 mg	PDL Preferred Generic	
glyburide 5 mg tablet u-d 5 mg	PDL Preferred Generic	
glyburide 5 mg tablet u-d, 10x10, inner 5 mg	PDL Preferred Generic	
glyburide 5 mg tablet u-d, outer, 10x10 5 mg	PDL Preferred Generic	
glyburide micro 1.5 mg tab 1.5 mg	PDL Preferred Generic	
glyburide micro 3 mg tablet 3 mg	PDL Preferred Generic	
glyburide micro 6 mg tablet 6 mg	PDL Preferred Generic	
GLYNASE 1.5 MG PRESTAB 1.5 MG	PDL Non-Preferred Brand	PA
GLYNASE 3 MG PRESTAB PRESTAB 3 MG	PDL Non-Preferred Brand	PA
GLYNASE 6 MG PRESTAB 6 MG	PDL Non-Preferred Brand	PA
nateglinide 120 mg tablet 120 mg	Non-PDL Generic	
nateglinide 120 mg tablet 3x10, u-d, inner 120 mg	Non-PDL Generic	
nateglinide 120 mg tablet 3x10, u-d, outer 120 mg	Non-PDL Generic	
nateglinide 60 mg tablet 3x10, u-d, inner 60 mg	Non-PDL Generic	
nateglinide 60 mg tablet 3x10, u-d, outer 60 mg	Non-PDL Generic	
nateglinide 60 mg tablet 60 mg	Non-PDL Generic	
repaglinide 0.5 mg tablet 0.5 mg	Non-PDL Generic	
repaglinide 1 mg tablet 1 mg	Non-PDL Generic	
repaglinide 1 mg tablet inner 1 mg	Non-PDL Generic	

Drug	Status	Notes
repaglinide 1 mg tablet outer 1 mg	Non-PDL Generic	
repaglinide 2 mg tablet 2 mg	Non-PDL Generic	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
AVANDIA 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA
AVANDIA 4 MG TABLET F/C 4 MG	PDL Non-Preferred Brand	PA
pioglitazone hcl 15 mg tablet 15 mg	PDL Preferred Generic	
pioglitazone hcl 15 mg tablet u-d,10x10,outer 15 mg	PDL Preferred Generic	
pioglitazone hcl 15 mg tablet u-d,inner 15 mg	PDL Preferred Generic	
pioglitazone hcl 30 mg tablet 30 mg	PDL Preferred Generic	
pioglitazone hcl 30 mg tablet inner,u-d 30 mg	PDL Preferred Generic	
pioglitazone hcl 30 mg tablet outer,u-d,10x10 30 mg	PDL Preferred Generic	
pioglitazone hcl 45 mg tablet 45 mg	PDL Preferred Generic	
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI 10 MG-5 MG TABLET F/C 10-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
GLYXAMBI 10 MG-5 MG TABLET SAMPLE 10-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
GLYXAMBI 25 MG-5 MG TABLET F/C 25-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
GLYXAMBI 25 MG-5 MG TABLET SAMPLE 25-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QTERN 10 MG-5 MG TABLET 10-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
STEGLUJAN 15-100 MG TABLET 15-100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
STEGLUJAN 5-100 MG TABLET 5-100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
metformin hcl 1,000 mg tablet 1,000 mg	Non-PDL Generic	
metformin hcl 1,000 mg tablet 12's, f/c 1,000 mg	Non-PDL Generic	
metformin hcl 1,000 mg tablet f/c 1,000 mg	Non-PDL Generic	
metformin hcl 1,000 mg tablet f/c, inner 1,000 mg	Non-PDL Generic	
metformin hcl 1,000 mg tablet f/c, outer 1,000 mg	Non-PDL Generic	

Drug	Status	Notes
metformin hcl 1,000 mg tablet f/c,blackberry scent 1,000 mg	Non-PDL Generic	
metformin hcl 1,000 mg tablet f/c,u-d,10x10,outer 1,000 mg	Non-PDL Generic	
metformin hcl 1,000 mg tablet f/c,u-d,inner 1,000 mg	Non-PDL Generic	
metformin hcl 500 mg tablet 500 mg	Non-PDL Generic	
metformin hcl 500 mg tablet f/c 500 mg	Non-PDL Generic	
metformin hcl 500 mg tablet f/c,blackberry scent 500 mg	Non-PDL Generic	
metformin hcl 500 mg tablet u-d, inner 500 mg	Non-PDL Generic	
metformin hcl 500 mg tablet u-d,10x10,outer 500 mg	Non-PDL Generic	
metformin hcl 500 mg/5 ml soln 500 mg/5 ml	Non-PDL Generic	
metformin hcl 850 mg tablet 850 mg	Non-PDL Generic	
metformin hcl 850 mg tablet f/c 850 mg	Non-PDL Generic	
metformin hcl 850 mg tablet f/c, inner 850 mg	Non-PDL Generic	
metformin hcl 850 mg tablet f/c, outer 850 mg	Non-PDL Generic	
metformin hcl 850 mg tablet f/c,blackberry scent 850 mg	Non-PDL Generic	
metformin hcl er 500 mg tablet 500 mg	Non-PDL Generic	
metformin hcl er 750 mg tablet 750 mg	Non-PDL Generic	
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100 UNIT-33 MCG/ML PEN 100 UNIT-33 MCG/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
XULTOPHY 100 UNIT-3.6 MG/ML PEN 100 UNIT-3.6 MG /ML (3 ML)	PDL Non-Preferred Brand	PA; QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
glipizide-metformin 2.5-250 mg 2.5-250 mg	Non-PDL Generic	
glipizide-metformin 2.5-500 mg 2.5-500 mg	Non-PDL Generic	
glipizide-metformin 5-500 mg 5-500 mg	Non-PDL Generic	
glyburide-metformin 1.25 mg-250 mg tablet f/c 1.25-250 mg	Non-PDL Generic	
glyburide-metformin 2.5-500 mg f/c 2.5-500 mg	Non-PDL Generic	
glyburide-metformin 5-500 mg f/c 5-500 mg	Non-PDL Generic	

Drug	Status	Notes
glyburid-metformin 1.25-250 mg f/c 1.25-250 mg	Non-PDL Generic	
repaglinide-metformin 1-500 mg 1-500 mg	Non-PDL Generic	
repaglinide-metformin 2-500 mg 2-500 mg	Non-PDL Generic	
Antihyperglycemic,Insulin-Response & Release Comb.		
DUETACT 30-2 MG TABLET 30-2 MG	PDL Non-Preferred Brand	PA
DUETACT 30-4 MG TABLET 30-4 MG	PDL Non-Preferred Brand	PA
pioglitazone-glimepiride 30-2 30-2 mg	PDL Non-Preferred Generic	PA
pioglitazone-glimepiride 30-4 30-4 mg	PDL Non-Preferred Generic	PA
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
INVOKAMET 150-1,000 MG TABLET 150-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET 150-500 MG TABLET 150-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET 50-1,000 MG TABLET 50-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET 50-500 MG TABLET 50-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET XR 150-1,000 MG TAB 150-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET XR 150-500 MG TABLET 150-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET XR 50-1,000 MG TAB 50-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET XR 50-500 MG TABLET 50-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SEGLUROMET 2.5-1,000 MG TABLET 2.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SEGLUROMET 2.5-500 MG TABLET 2.5-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SEGLUROMET 7.5-1,000 MG TABLET 7.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SEGLUROMET 7.5-500 MG TABLET 7.5-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYNJARDY 12.5-1,000 MG TABLET 12.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYNJARDY 12.5-500 MG TABLET F/C 12.5-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYNJARDY 12.5-500 MG TABLET SAMPLE 12.5-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYNJARDY 5-1,000 MG TABLET 5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
SYNJARDY 5-500 MG TABLET 5-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYNJARDY XR 10-1,000 MG TABLET 10-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SYNJARDY XR 12.5-1,000 MG TAB 12.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYNJARDY XR 25-1,000 MG TABLET 25-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SYNJARDY XR 5-1,000 MG TABLET 5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XIGDUO XR 10 MG-1,000 MG TAB 10-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XIGDUO XR 10 MG-500 MG TABLET 10-500 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XIGDUO XR 2.5 MG-1,000 MG TAB 2.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XIGDUO XR 5 MG-1,000 MG TABLET 5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XIGDUO XR 5 MG-500 MG TABLET 5-500 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
ACTOPLUS MET XR 15-1,000 MG TB 15-1,000 MG	PDL Non-Preferred Brand	PA
pioglitazone-metformin 15-500 15-500 mg	PDL Non-Preferred Generic	PA
pioglitazone-metformin 15-850 15-850 mg	PDL Non-Preferred Generic	PA
Blood Sugar Diagnostics		
ACCU-CHEK AVIVA PLUS TEST STRP	PDL Preferred Brand	QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIP	PDL Preferred Brand	QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	PDL Preferred Brand	QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
ADVOCATE REDI-CODE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
ADVOCATE REDI-CODE TEST STRIP 35 COUNT	Non-PDL Brand	QL (200 EA per 30 days)
ADVOCATE REDI-CODE TEST STRIP 50 COUNT	Non-PDL Brand	QL (200 EA per 30 days)
ADVOCATE REDI-CODE+ TEST STRIP NO CODING	Non-PDL Brand	QL (200 EA per 30 days)
ADVOCATE REDI-CODE+ TEST STRIP NO CODING REQUIRED	Non-PDL Brand	QL (200 EA per 30 days)
ADVOCATE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
ASSURE 4 TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
ASSURE PRISM MULTI TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)

Drug	Status	Notes
BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP 2X50	Non-PDL Brand	QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP FOR GDRIVE METER	Non-PDL Brand	QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP NO CODING	Non-PDL Brand	QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
BREEZE 2 DISC TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
CAREONE BLOOD GLUCOSE TST STRP NO CODE NEEDED	Non-PDL Brand	QL (200 EA per 30 days)
CARESENS N TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
CARESENS N TEST STRIPS NO CODING	Non-PDL Brand	QL (200 EA per 30 days)
CARETOUCH TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
CHOICEDM CLARUS TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
CLEVER CHOICE PRO TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS AUTO-CODE	Non-PDL Brand	QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS NO CODING	Non-PDL Brand	QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS NO CODING,HRI	Non-PDL Brand	QL (200 EA per 30 days)
CLEVER CHOICE VOICE+ TST STRIP AUTO-CODE	Non-PDL Brand	QL (200 EA per 30 days)
CLEVER CHOICE VOICE+ TST STRIP AUTO-CODE, VOICE	Non-PDL Brand	QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIP	PDL Preferred Brand	QL (200 EA per 30 days)
CONTOUR TEST STRIP	PDL Preferred Brand	QL (200 EA per 30 days)
COOL GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
CVS ADVANCED GLUCOSE TEST STR	Non-PDL Brand	QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EASY GLUCO G2 TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EASY PLUS II TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EASY STEP GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EASY TOUCH GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EASYGLUCO PLUS TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
EASYGLUCO TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
EASYMAX 15 GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EASYMAX GLUCOSE TEST STRIPS MEDICAL BENEFIT USE	Non-PDL Brand	QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
ELEMENT TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
EMBRACE GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
EMBRACE PRO TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EMBRACE TALK TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EMBRACE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
EQ BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EVENCARE G2 TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)

Drug	Status	Notes
EVENCARE G3 TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EVENCARE GLUCOSE TST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR	Non-PDL Brand	QL (200 EA per 30 days)
EVENCARE PROVIEW TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
EVOLUTION TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
EZ SMART TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FIFTY50 GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP	Non-PDL Brand	QL (200 EA per 30 days)
FORA BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
FORA D15G GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FORA D20 GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FORA G20 GLUCOSE TEST STRIPS	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
FORA G30-PREMIUM V10 TEST STRP	Non-PDL Brand	QL (200 EA per 30 days)
FORA GD50 TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FORA V10 GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FORA V12 GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
FORA V20 GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FORA V30A GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
FORACARE GD20 TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FORACARE GD40 GLUCOSE STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FORTISCARE GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP NFRS NO CODE, NFRS	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIP NO CODE	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
FREESTYLE LITE TEST STRIP	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
FREESTYLE LITE TEST STRIP NFRS	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
FREESTYLE PREC NEO TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
FREESTYLE TEST STRIPS	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
FREESTYLE TEST STRIPS NFRS NOT FOR RETAIL SALE	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP 2 VIALS X 25 STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP 4VIALS X 25 STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
GENSTRIP GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
GENULTIMATE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
GHT BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)

Drug	Status	Notes
GHT BLOOD GLUCOSE TEST STRIP HRI	Non-PDL Brand	QL (200 EA per 30 days)
GLUCO NAVII GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	Non-PDL Brand	QL (200 EA per 30 days)
GLUCOCARD EXPRESSION TEST STRP	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	Non-PDL Brand	QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
GLUCOCOM GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
GNP EASY TOUCH GLUC TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
GOODLIFE AC-302 TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
GS BLOOD GLUCOSE TEST STRIP PREMIUM, NO CODE	Non-PDL Brand	QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
HEALTHPRO GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
HUMANA TRUE METRIX TEST STRIP	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
IGLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
INFINITY TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
INFINITY VOICE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
KRO PREMIUM BLOOD GLUCOSE TEST NO CODING,PREMIUM	Non-PDL Brand	QL (200 EA per 30 days)
MEIJER BLOOD GLUCOSE TEST STRP	Non-PDL Brand	QL (200 EA per 30 days)
MICRODOT TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
MICRODOT XTRA TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
MYGLUCOHEALTH TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP FOR MAIL ORDER ONLY	Non-PDL Brand	QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP MAIL ORDER ONLY	Non-PDL Brand	QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
ON CALL PLUS TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
ONETOUCH ULTRA BLUE TEST STRP	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIP	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIP 2 VIALS OF 25	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIP 4 VIALS OF 25	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
OPTIUM EZ TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
OPTIUM TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
OPTUMRX TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
PHARMACIST CHOICE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
PHARMACIST CHOICE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)

Drug	Status	Notes
PRECISION PCX PLUS TEST STR	Non-PDL Brand	QL (200 EA per 30 days)
PRECISION PCX TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
PRECISION POINT OF CARE STR	Non-PDL Brand	QL (200 EA per 30 days)
PRECISION Q-I-D TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
PRECISION XTRA TEST STRIPS	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIPS NOT FOR RETAIL SALE	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
PREMIUM BLOOD GLUCOSE TEST STR	Non-PDL Brand	QL (200 EA per 30 days)
PREMIUM BLOOD GLUCOSE TEST STR 2X50	Non-PDL Brand	QL (200 EA per 30 days)
PREMIUM BLOOD GLUCOSE TST STRP NO CODING	Non-PDL Brand	QL (200 EA per 30 days)
PREMIUM V10 GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
PRODIGY NO CODING TEST STRIPS	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
PRODIGY NO CODING TEST STRIPS 50 STRIPS	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
QUINTET AC GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
REFUAH PLUS TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
RELION CONFIRM-MICRO TEST STRP	Non-PDL Brand	QL (200 EA per 30 days)
RELION MICRO TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
RELION PREMIER TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
RELION PRIME TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
RELION ULTIMA TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
RELION ULTIMA TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
REVEAL TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
REXALL BLOOD GLUCOSE TEST STRP ONE VIAL OF 25	Non-PDL Brand	QL (200 EA per 30 days)
RIGHTEST GS100 TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
RIGHTEST GS250S TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
RIGHTEST GS260 TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
RIGHTEST GS300 TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
SMART SENSE TEST STRIPS PREMIUM, NO CODE	Non-PDL Brand	QL (200 EA per 30 days)
SMART SENSE TEST STRIPS VALUE,NO CODE NEEDED	Non-PDL Brand	QL (200 EA per 30 days)
SMARTEST TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
SOLUS V2 AUDIBLE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP	Non-PDL Brand	QL (200 EA per 30 days)
TD GOLD TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
TELCARE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
TEST N'GO GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
TRUETEST GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
TRUETRACK GLUCOSE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)

Drug	Status	Notes
ULTIMA TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
ULTRATRAK TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
ULTRATRAK ULTIMATE TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
UNISTRIP1 GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
UP & UP BLOOD GLUCOSE TST STRP NO CODING	Non-PDL Brand	QL (200 EA per 30 days)
VERASENS TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
V-R GLUCOSE TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
WAVESENSE JAZZ TEST STRIPS	Non-PDL Brand	QL (200 EA per 30 days)
WAVESENSE PRESTO TEST STRIPS	PDL Non-Preferred Brand	PA; QL (200 EA per 30 days)
Diabetic Supplies		
ACCU-CHEK AVIVA PLUS METER	PDL Preferred Brand	
ACCU-CHEK COMPACT PLUS KIT	PDL Preferred Brand	
ACCU-CHEK FASTCLIX LANCING DEV	Non-PDL Brand	
ACCU-CHEK GUIDE ME GLUCOSE MTR	PDL Preferred Brand	
ACCU-CHEK GUIDE MONITOR SYSTEM	PDL Preferred Brand	
ACCU-CHEK MULTICLIX LANCET KIT	Non-PDL Brand	
ACCU-CHEK SOFTCLIX LANCET KIT	Non-PDL Brand	
ADJUSTABLE LANCING DEVICE	Non-PDL Brand	
ADJUSTABLE LANCING DEVICE COMPACT, 3"	Non-PDL Brand	
ADJUSTABLE LANCING DEVICE STANDARD, 5"	Non-PDL Brand	
advanced lancing device	Non-PDL Brand	
ADVANCED LANCING DEVICE	Non-PDL Brand	
ADVOCATE LANCING DEVICE	Non-PDL Brand	
ADVOCATE RAPID-SAFE LANCING	Non-PDL Brand	
ALTERNATE SITE LANCING DEVICE	Non-PDL Brand	
AQUA LANCE LANCING DEVICE	Non-PDL Brand	
AUTO-LANCET MINI LANCING DEV	Non-PDL Brand	
AUTOLET IMPRESS LANCING DEVICE	Non-PDL Brand	
AUTOLET IMPRESSION LANCING DEV	Non-PDL Brand	
AUTOLET LANCING DEVICE	Non-PDL Brand	
AUTOLET LANCING DEVICE W/COMFORT ZONE TECH	Non-PDL Brand	
AUTOLET PLUS LANCING DEVICE	Non-PDL Brand	
CARELANCE ULT LANCING DEVICE	Non-PDL Brand	
CAREONE LANCING DEVICE	Non-PDL Brand	
CARESENS PREM LANCING DEVICE	Non-PDL Brand	
CARETOUCH LANCING DEVICE	Non-PDL Brand	
CONTOUR METER	PDL Preferred Brand	

Drug	Status	Notes
CONTOUR METER SYSTEM 10 STRIPS, SAMPLE	PDL Preferred Brand	
CONTOUR NEXT EZ METER	PDL Preferred Brand	
CONTOUR NEXT EZ METER SYSTEM	PDL Preferred Brand	
CONTOUR NEXT METER	PDL Preferred Brand	
CONTOUR NEXT ONE METER	PDL Preferred Brand	
cvs lancing device w/ 5 thin lancets	Non-PDL Brand	
DEXCOM G4 (PED) RECEIVER KIT PLATINUM, (BLACK)	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 (PED) RECEIVER KIT PLATINUM, (BLUE)	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 (PED) RECEIVER KIT PLATINUM, (PINK)	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 RECEIVER KIT PLATINUM, (BLUE)	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 RECEIVER KIT PLATINUM, (PINK)	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 RECEIVER KIT PLATINUM, BLACK	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 RECEIVER-SHARE (PED) PLATINUM, BLACK	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 RECEIVER-SHARE (PED) PLATINUM, BLUE	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 RECEIVER-SHARE (PED) PLATINUM, PINK	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 RECEIVER-SHARE KIT PLATINUM, BLACK	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 RECEIVER-SHARE KIT PLATINUM, BLUE	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 RECEIVER-SHARE KIT PLATINUM, PINK	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G4 TRANSMITTER KIT	Non-PDL Brand	PA; QL (1 EA per 365 days)
DEXCOM G5 RECEIVER KIT MOBILE, BLACK	PDL Non-Preferred Brand	PA; QL (1 EA per 365 days)
DEXCOM G5 RECEIVER KIT MOBILE, BLUE	PDL Non-Preferred Brand	PA; QL (1 EA per 365 days)
DEXCOM G5 RECEIVER KIT MOBILE, PINK	PDL Non-Preferred Brand	PA; QL (1 EA per 365 days)
DEXCOM G5 TRANSMITTER KIT	PDL Non-Preferred Brand	PA; QL (1 EA per 365 days)
DEXCOM G5-G4 SENSOR KIT MOBILE/PLATINUM	PDL Non-Preferred Brand	PA
DEXCOM G6 RECEIVER	PDL Preferred Brand	QL (3 EA per 30 days)
DEXCOM G6 SENSOR	PDL Preferred Brand	QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	PDL Preferred Brand	QL (3 EA per 30 days)
DEXCOM RECEIVER KIT	Non-PDL Brand	PA; QL (1 EA per 365 days)
DROPLET LANCING DEVICE	Non-PDL Brand	

Drug	Status	Notes
EASY MINI EJECT LANCING DEVICE	Non-PDL Brand	
EASY TOUCH LANCING DEVICE	Non-PDL Brand	
e-z pull & click lancing dev 5 depth settings	Non-PDL Brand	
fifty50 lancing device adjustable depth	Non-PDL Brand	
FORA G20 BLOOD GLUCOSE SYSTEM	PDL Non-Preferred Brand	PA
FORA LANCING DEVICE	Non-PDL Brand	
FREESTYLE FREEDOM LITE METER	PDL Non-Preferred Brand	PA
FREESTYLE FREEDOM LITE NFRS	PDL Non-Preferred Brand	PA
FREESTYLE INSULINX GLUCOSE SYS	PDL Non-Preferred Brand	PA
FREESTYLE LIBRE 14 DAY READER	PDL Preferred Brand	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	PDL Preferred Brand	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	Non-PDL Brand	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	Non-PDL Brand	PA
FREESTYLE LITE METER	PDL Non-Preferred Brand	PA
FREESTYLE LITE METER NFRS	PDL Non-Preferred Brand	PA
FREESTYLE PRECISION NEO METER	Non-PDL Brand	
ge lancing device	Non-PDL Brand	
GLUCOCARD EXPRESSION METER	PDL Non-Preferred Brand	PA
GLUCOCARD EXPRESSION METER KIT	PDL Non-Preferred Brand	PA
GLUCOCARD SHINE METER	PDL Non-Preferred Brand	PA
GLUCOCARD SHINE METER KIT	PDL Non-Preferred Brand	PA
GLUCOCARD SHINE XL METER	PDL Non-Preferred Brand	PA
GNP LANCING SYSTEM DEVICE	Non-PDL Brand	
GOJJI LANCING DEVICE	Non-PDL Brand	
gs lancing device and lancets	Non-PDL Brand	
GUARDIAN CONNECT TRANSMITTER	Non-PDL Brand	PA
GUARDIAN LINK 3 TRANSMITTER	Non-PDL Brand	PA
GUARDIAN REAL-TIME GLU MONITOR	Non-PDL Brand	PA
GUARDIAN RT REPLACE CHARGER	Non-PDL Brand	PA
GUARDIAN RT REPLACE MONITOR	Non-PDL Brand	PA
GUARDIAN RT REPLACE TEST PLUG REAL-TIME SYSTEM	Non-PDL Brand	PA
GUARDIAN SENSOR 3	Non-PDL Brand	PA
GUARDIAN TEST PLUG	Non-PDL Brand	PA
GUARDIAN TRANSMITTER TAPE (OTC)	Non-PDL Brand	PA
HEALTHY ACCENTS AUTOLET DEVICE	Non-PDL Brand	

Drug	Status	Notes
HUMANA TRUE METRIX AIR GLU MTR HRI,SELF MONITORING	PDL Non-Preferred Brand	PA
HUMANA TRUE METRIX AIR GLU MTR SELF MONITORING	PDL Non-Preferred Brand	PA
HUMANA TRUE METRIX AIR METER	PDL Non-Preferred Brand	PA
HYPOLANCE AST LANCING KIT	Non-PDL Brand	
INCONTROL LANCING DEVICE	Non-PDL Brand	
invacare lancing device adjustable	Non-PDL Brand	
KRO AUTOLET LANCING DEVICE	Non-PDL Brand	
kro lancing device 1 device, 5 lancets	Non-PDL Brand	
kroger lancing device	Non-PDL Brand	
lancing device	Non-PDL Brand	
LANCING DEVICE	Non-PDL Brand	
lancing device adjustable	Non-PDL Brand	
lancing device advanced	Non-PDL Brand	
lancing device hri	Non-PDL Brand	
lancing device w/ ejector	Non-PDL Brand	
lancing device w/5 lancets	Non-PDL Brand	
lancing device w/5 lancets	Non-PDL Brand	
LANZO LANCING DEVICE	Non-PDL Brand	
LITE TOUCH LANCING PEN	Non-PDL Brand	
live better advanced lancing 3 lancets	Non-PDL Brand	
meijer lancing device w/ 10 lancets	Non-PDL Brand	
meijer lancing device w/10 lancets, hri	Non-PDL Brand	
MICROLET 2 LANCING DEVICE	Non-PDL Brand	
MICROLET NEXT LANCING DEVICE	Non-PDL Brand	
MINI LANCING DEVICE	Non-PDL Brand	
MINIMED 630G GUARDIAN START KT	Non-PDL Brand	PA
MULTI-LANCET DEVICE 2 KIT	Non-PDL Brand	
NOVA SUREFLEX LANCING DEVICE	Non-PDL Brand	
NOVA SUREFLEX LANCING DEVICE DEVICE AND LANCETS	Non-PDL Brand	
NOVA SUREFLEX LANCING DEVICE DEVICE, 10 LANCETS	Non-PDL Brand	
ON CALL LANCING DEVICE	Non-PDL Brand	
ON CALL PLUS LANCING DEVICE	Non-PDL Brand	
ONETOUCH DELICA LANCING DEV	Non-PDL Brand	
ONETOUCH DELICA PLUS LANC DEV	Non-PDL Brand	
ONETOUCH SURESOFT 18G LANC DEV 18 GAUGE	Non-PDL Brand	
ONETOUCH SURESOFT 21G LANC DEV 21 GAUGE	Non-PDL Brand	
ONETOUCH ULTRA2 GLUCOSE SYST	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ONETOUCH ULTRA2 GLUCOSE SYST	PDL Non-Preferred Brand	PA
ONETOUCH ULTRAMINI METER	PDL Non-Preferred Brand	PA
ONETOUCH ULTRAMINI METER BLUE	PDL Non-Preferred Brand	PA
ONETOUCH ULTRAMINI METER PINK	PDL Non-Preferred Brand	PA
ONETOUCH VERIO FLEX METER	PDL Non-Preferred Brand	PA
ONETOUCH VERIO FLEX STARTR KIT	PDL Non-Preferred Brand	PA
ONETOUCH VERIO IQ METER	PDL Non-Preferred Brand	PA
ONETOUCH VERIO IQ SYSTEM KIT	PDL Non-Preferred Brand	PA
ONETOUCH VERIO METER	PDL Non-Preferred Brand	PA
PRECISION XTRA MONITOR	PDL Non-Preferred Brand	PA
PRODIGY AUTOCODE METER KIT VOICE	PDL Non-Preferred Brand	PA
PRODIGY LANCING DEVICE	Non-PDL Brand	
PRODIGY POCKET METER KIT BLUE	PDL Non-Preferred Brand	PA
PRODIGY POCKET METER KIT NO CODING	PDL Non-Preferred Brand	PA
PRODIGY VOICE METER KIT	PDL Non-Preferred Brand	PA
PUB ADVANCED LANCING DEVICE	Non-PDL Brand	
PV AUTOLET LANCING DEVICE	Non-PDL Brand	
ra health care lancing device w/ 5 lancets	Non-PDL Brand	
reliamed lancing device adjustable	Non-PDL Brand	
RELIAMED MINI LANCING DEVICE	Non-PDL Brand	
relion lancing device	Non-PDL Brand	
relion lancing device w/10 lancets	Non-PDL Brand	
RIGHTEST GD500 LANCING DEVICE	Non-PDL Brand	
SHOPKO AUTOLET LANCING DEVICE	Non-PDL Brand	
SHOPKO AUTOLET LANCING DEVICE W/3 UNILET LANCETS	Non-PDL Brand	
simple diagnstic lancet device e-z pull & click	Non-PDL Brand	
SOLUS V2 LANCING DEVICE	Non-PDL Brand	
SURE COMFORT LANCING PEN	Non-PDL Brand	
SURE-PEN LANCING DEVICE	Non-PDL Brand	
TRUE METRIX AIR GLUCOSE METER	PDL Non-Preferred Brand	PA
TRUE METRIX AIR GLUCOSE METER HRI	PDL Non-Preferred Brand	PA

Drug	Status	Notes
TRUE METRIX AIR GLUCOSE METER SELF MONITORING	PDL Non-Preferred Brand	PA
TRUE METRIX BLOOD GLUCOSE MTR	PDL Non-Preferred Brand	PA
TRUEDRAW LANCING DEVICE	Non-PDL Brand	
ULTI-LANCE AUTO-AD DEVICE	Non-PDL Brand	
ULTI-LANCE AUTOMATIC DEVICE	Non-PDL Brand	
UNISTIK 2 1.8 MM LANCING DEVIC	Non-PDL Brand	
UNISTIK 2 2.4 MM DEVICE	Non-PDL Brand	
UNISTIK 2 COMFORT 1.8 MM DEVIC 28 GAUGE	Non-PDL Brand	
UNISTIK 2 EXTRA 0.81 MM DEVICE	Non-PDL Brand	
UNISTIK 2 NORMAL 0.81MM DEVICE	Non-PDL Brand	
UNISTIK 3 1.8 MM LANCING DEVIC	Non-PDL Brand	
UNISTIK 3 COMFORT 1.8 ML DEVIC	Non-PDL Brand	
UNISTIK 3 NEONATAL 1.8 ML DEV	Non-PDL Brand	
UNISTIK 3 NEONATAL 1.8 ML DEV	Non-PDL Brand	
UNISTIK-2 3 MM DEVICE	Non-PDL Brand	
VALUE PLUS LANCING DEVICE 5 DEPTH SETTINGS	Non-PDL Brand	
VANTAGE LANCING DEVICE	Non-PDL Brand	
VIVAGUARD LANCING DEVICE	Non-PDL Brand	
WAVESENSE PRESTO SYSTEM KIT	PDL Non-Preferred Brand	PA
WAVESENSE PRESTO SYSTEM KIT	PDL Non-Preferred Brand	PA
Diabetic Ulcer Preparations,Topical		
REGRANEX 0.01% GEL 0.01 %	Non-PDL Brand	
Hyperglycemics		
cvs glucose 4 gram tablet chew (rx) 4 gram	Non-PDL Generic	
cvs glucose 4 gram tablet chew assorted fruit (rx) 4 gram	Non-PDL Generic	
cvs glucose 4 gram tablet chew gluten-free (rx) 4 gram	Non-PDL Generic	
cvs glucose 4 gram tablet chew grape, s/f (rx) 4 gram	Non-PDL Generic	
cvs glucose 4 gram tablet chew na/f, no caffeine (rx) 4 gram	Non-PDL Generic	
cvs glucose 4 gram tablet chew orange (rx) 4 gram	Non-PDL Generic	
cvs glucose 4 gram tablet chew orange flavor (rx) 4 gram	Non-PDL Generic	
cvs glucose 4 gram tablet chew orange, gluten-free (rx) 4 gram	Non-PDL Generic	
cvs glucose 4 gram tablet chew raspberry flavor (rx) 4 gram	Non-PDL Generic	
cvs glucose 4 gram tablet chew tropical blast (rx) 4 gram	Non-PDL Generic	

Drug	Status	Notes
cvs glucose 4 gram tablet chew tropical blast, s/f (rx) 4 gram	Non-PDL Generic	
CVS GLUCOSE 40% GEL 3'S (RX) 40 %	Non-PDL Generic	
cvs glucose 40% gel 40 %	Non-PDL Generic	
CVS GLUCOSE 40% GEL TROPICAL FRUIT FLAV (RX) 40 %	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW ASSORTED FLAVORS (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW ASSORTED FRUIT (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW CITRUS PUNCH (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW CITRUS,GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW FRUIT MEDLEY (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW GLUTEN-F, TROPICAL (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW GRAPE FLAVOR (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW GRAPE, GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW INNER (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW ORANGE FLAVOR (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW ORANGE, GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW ORANGE,GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW OUTER (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW RASPBERRY FLAVOR (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW RSPBERRY,GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW SOUR APPLE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW TROPICAL FRUIT (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW TROPICAL,GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW WATERMELON FLAVOR (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW WILD BERRY FLAVOR (RX) 4 GRAM	Non-PDL Generic	

Drug	Status	Notes
DEX4 GLUCOSE 40% GEL 40 %	Non-PDL Generic	
DEX4 GLUCOSE TAB POUCH PACK 4 GRAM	Non-PDL Generic	
DEX4 QUICK DISSOLVE TAB CHEW 4 GRAM	Non-PDL Generic	
drug mart glucose 4 gm tab chw orange flavor (rx) 4 gram	Non-PDL Generic	
drug mart glucose 4 gm tab chw raspberry flavor (rx) 4 gram	Non-PDL Generic	
eql glucose 4 gram tablet chew hri, gluten-free (rx) 4 gram	Non-PDL Generic	
fifty50 glucose 4 gm tablet fruit punch (rx) 4 gram	Non-PDL Generic	
GLUCAGON 1 MG EMERGENCY KIT 1 MG	Non-PDL Brand	QL (4 EA per 1 FILL)
GLUCO BURST 40% GEL 40 %	Non-PDL Generic	
glucose 4 gram tablet chew (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew assort fruit flavor (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew assorted fruit (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew gluten/f,asst fruit (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew gluten/f,trop fruit (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew gluten-free, orange (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew gluten-free,rasberry (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew grape (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew grape flavor (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew grape, gluten-free (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew na/f (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew na/f,caffeine free (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew na/f,caffeine/f (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew na/f,raspberry (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew na/f,tropical fruit (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew na/free (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew orange (rx) 4 gram	Non-PDL Generic	

Drug	Status	Notes
glucose 4 gram tablet chew raspberry (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew raspberry flavor (rx) 4 gram	Non-PDL Generic	
glucose 4 gram tablet chew tropical fruit flav (rx) 4 gram	Non-PDL Generic	
GLUCOSE 40% GEL TROPICAL FRUIT (RX) 40 %	Non-PDL Generic	
GLUTOSE-15 GEL 3 PAK, INNER, U-D 40 %	Non-PDL Generic	
GLUTOSE-15 GEL 3 PAK, OUTER, U-D 40 %	Non-PDL Generic	
GLUTOSE-15 GEL 3'S, OUTER, U-D 40 %	Non-PDL Generic	
GLUTOSE-45 GEL 40 %	Non-PDL Generic	
GLUTOSE-5 GEL INNER 40 %	Non-PDL Generic	
GLUTOSE-5 GEL OUTER 40 %	Non-PDL Generic	
gnp glucose 4 gram tablet chew (rx) 4 gram	Non-PDL Generic	
gnp glucose 4 gram tablet chew 6x10's, orange (rx) 4 gram	Non-PDL Generic	
gnp glucose 4 gram tablet chew 6x10's, raspberry (rx) 4 gram	Non-PDL Generic	
gnp glucose 4 gram tablet chew grape (rx) 4 gram	Non-PDL Generic	
gnp glucose 4 gram tablet chew orange (rx) 4 gram	Non-PDL Generic	
gnp glucose 4 gram tablet chew orange, gluten-free (rx) 4 gram	Non-PDL Generic	
gnp glucose 4 gram tablet chew raspberry (rx) 4 gram	Non-PDL Generic	
gnp glucose 4 gram tablet chew watermelon (rx) 4 gram	Non-PDL Generic	
gnp glucose 4 gram tablet chew watermelon flavor (rx) 4 gram	Non-PDL Generic	
gnp quick dissolve glucose tab na/f,caffeine free (rx) 4 gram	Non-PDL Generic	
gs glucose 4 gram tablet chew (rx) 4 gram	Non-PDL Generic	
gs glucose 4 gram tablet chew gluten-f,na/f, fruit (rx) 4 gram	Non-PDL Generic	
gs glucose 4 gram tablet chew gluten-f,na/f, grape (rx) 4 gram	Non-PDL Generic	
gs glucose 4 gram tablet chew gluten-f,na/f,citrus (rx) 4 gram	Non-PDL Generic	
gs glucose 4 gram tablet chew gluten-f,na/f,orange (rx) 4 gram	Non-PDL Generic	
gs glucose 4 gram tablet chew gluten-f,na/f,tropic (rx) 4 gram	Non-PDL Generic	

Drug	Status	Notes
gs glucose 4 gram tablet chew gluten-f,na-f,rasp (rx) 4 gram	Non-PDL Generic	
GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	Non-PDL Brand	QL (0.4 ML per 1 FILL)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	Non-PDL Brand	QL (0.8 ML per 1 FILL)
GVOKE PFS 2PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	Non-PDL Brand	QL (0.4 ML per 1 FILL)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	Non-PDL Brand	QL (0.8 ML per 1 FILL)
INSTA-GLUCOSE GEL 24 GRAM/31 GRAM	Non-PDL Generic	
kro glucose 4 gram tablet chew (rx) 4 gram	Non-PDL Generic	
kro glucose 4 gram tablet chew gluten-f, na/f,grape (rx) 4 gram	Non-PDL Generic	
kro glucose 4 gram tablet chew gluten-f,na/f,citrus (rx) 4 gram	Non-PDL Generic	
kro glucose 4 gram tablet chew gluten-f,na/f,grape (rx) 4 gram	Non-PDL Generic	
kro glucose 4 gram tablet chew gluten-f,na/f,orange (rx) 4 gram	Non-PDL Generic	
kroger glucose 4 gram tab chew orange (rx) 4 gram	Non-PDL Generic	
kroger glucose 4 gram tab chew raspberry (rx) 4 gram	Non-PDL Generic	
kroger glucose 4 gram tab chew watermelon (rx) 4 gram	Non-PDL Generic	
KROGER GLUCOSE 40% GEL 3'S, TROPICAL FRUIT (RX) 40 %	Non-PDL Generic	
leader glucose 4 gm tab chew orange flavor (rx) 4 gram	Non-PDL Generic	
leader glucose 4 gm tab chew raspberry flavor (rx) 4 gram	Non-PDL Generic	
leader glucose 4 gm tab chew watermelon flavor (rx) 4 gram	Non-PDL Generic	
leader quick dissolve gluc tab quick dissolve (rx) 4 gram	Non-PDL Generic	
longs glucose 4 gram tab chew orange flavor (rx) 4 gram	Non-PDL Generic	
longs glucose 4 gram tab chew raspberry flavor (rx) 4 gram	Non-PDL Generic	
meijer glucose 4 gram tab chew grape (rx) 4 gram	Non-PDL Generic	
meijer glucose 4 gram tab chew orange (rx) 4 gram	Non-PDL Generic	
meijer glucose 4 gram tab chew raspberry (rx) 4 gram	Non-PDL Generic	
meijer glucose 4 gram tab chew watermelon (rx) 4 gram	Non-PDL Generic	
MICRODOT GLUCOSE 40% GEL 40 %	Non-PDL Generic	
ms glucose 4 gram tablet chew orange flavor (rx) 4 gram	Non-PDL Generic	
ms glucose 4 gram tablet chew raspberry flavor (rx) 4 gram	Non-PDL Generic	

Drug	Status	Notes
ms quick dissolve glucose tab quick dissolve (rx) 4 gram	Non-PDL Generic	
preferred plus glucose tab chw grape (rx) 4 gram	Non-PDL Generic	
preferred plus glucose tab chw orange flavor (rx) 4 gram	Non-PDL Generic	
preferred plus glucose tab chw raspberry flavor (rx) 4 gram	Non-PDL Generic	
preferred plus glucose tab chw watermelon flavor (rx) 4 gram	Non-PDL Generic	
pub glucose 4 gram tablet chew assorted fruit (rx) 4 gram	Non-PDL Generic	
pub glucose 4 gram tablet chew orange (rx) 4 gram	Non-PDL Generic	
pub glucose 4 gram tablet chew orange, gluten-free (rx) 4 gram	Non-PDL Generic	
pub glucose 4 gram tablet chew raspberry flavor (rx) 4 gram	Non-PDL Generic	
pub glucose 4 gram tablet chew raspberry,gluten-f (rx) 4 gram	Non-PDL Generic	
pub glucose 4 gram tablet chew sour apple flavor (rx) 4 gram	Non-PDL Generic	
pub glucose 4 gram tablet chew tropical fruit (rx) 4 gram	Non-PDL Generic	
ra glucose 4 gram tablet chew grape flavor (rx) 4 gram	Non-PDL Generic	
ra glucose 4 gram tablet chew orange flavor (rx) 4 gram	Non-PDL Generic	
ra glucose 4 gram tablet chew raspberry (rx) 4 gram	Non-PDL Generic	
ra glucose 4 gram tablet chew tropical fruit (rx) 4 gram	Non-PDL Generic	
RA TRUEPLUS GLUCOSE 15 GM GEL 15 GRAM/32 ML	Non-PDL Generic	
RA TRUEPLUS GLUCOSE 4 G TB CHW 4 GRAM	Non-PDL Generic	
relion glucose 4 gram tab chew hri, gluten-free (rx) 4 gram	Non-PDL Generic	
reli-on glucose 4 gram tab chw (rx) 4 gram	Non-PDL Generic	
RELION GLUCOSE GEL 15 GRAM FRUIT PUNCH (RX) 40 %	Non-PDL Generic	
sm glucose 4 gram tab chew (rx) 4 gram	Non-PDL Generic	
sm glucose 4 gram tab chew 12's (rx) 4 gram	Non-PDL Generic	
sm glucose 4 gram tab chew 6's (rx) 4 gram	Non-PDL Generic	
sm glucose 4 gram tab chew orange, gluten-free (rx) 4 gram	Non-PDL Generic	
smart sense glucose 4 gram tab assorted fruit (rx) 4 gram	Non-PDL Generic	

Drug	Status	Notes
smart sense glucose 4 gram tab fruit punch (rx) 4 gram	Non-PDL Generic	
smart sense glucose 4 gram tab grape flavor (rx) 4 gram	Non-PDL Generic	
smart sense glucose 4 gram tab grape, gluten-free (rx) 4 gram	Non-PDL Generic	
smart sense glucose 4 gram tab orange flavor (rx) 4 gram	Non-PDL Generic	
smart sense glucose 4 gram tab orange, gluten-free (rx) 4 gram	Non-PDL Generic	
smart sense glucose 4 gram tab raspberry (rx) 4 gram	Non-PDL Generic	
smart sense glucose 4 gram tab raspberry flavor (rx) 4 gram	Non-PDL Generic	
TRUEPLUS GLUCOSE 15 GRAM GEL 15 GRAM/32 ML	Non-PDL Generic	
TRUEPLUS GLUCOSE 4 GM TAB CHEW 4 GRAM	Non-PDL Generic	
up&up glucose 4 gram tab chew grape flavor (rx) 4 gram	Non-PDL Generic	
up&up glucose 4 gram tab chew orange (rx) 4 gram	Non-PDL Generic	
up&up glucose 4 gram tab chew orange flavor (rx) 4 gram	Non-PDL Generic	
up&up glucose 4 gram tab chew raspberry (rx) 4 gram	Non-PDL Generic	
up&up glucose 4 gram tab chew raspberry flavor (rx) 4 gram	Non-PDL Generic	
up&up glucose 4 gram tab chew tropical fruit (rx) 4 gram	Non-PDL Generic	
VALUE PLUS GLUCOSE 40% GEL 3'S, TROPICAL FRUIT (RX) 40 %	Non-PDL Generic	
Insulins		
ADMELOG 100 UNIT/ML VIAL MDV,LATEX-FREE 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
ADMELOG 100 UNIT/ML VIAL MUV, LATEX-FREE 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
ADMELOG SOLOSTAR 100 UNIT/ML INNER, SUV, L/F 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
ADMELOG SOLOSTAR 100 UNIT/ML OUTER, SUV, L/F 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
ADMELOG SOLOSTAR 100 UNIT/ML SAMPLE, SUV, L/F 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
AFREZZA 12 UNIT CARTRIDGE 12 UNIT	PDL Non-Preferred Brand	PA
AFREZZA 4 UNIT CARTRIDGE 4 UNIT	PDL Non-Preferred Brand	PA
AFREZZA 4 UNIT/8 UNIT/12 UNIT 4 UNIT/8 UNIT/ 12 UNIT (60)	PDL Non-Preferred Brand	PA
AFREZZA 8 UNIT CARTRIDGE 8 UNIT	PDL Non-Preferred Brand	PA

Drug	Status	Notes
AFREZZA 90-4 UNIT / 90-8 UNIT 4 UNIT (90)/ 8 UNIT (90)	PDL Non-Preferred Brand	PA
AFREZZA 90-8 UNIT / 90-12 UNIT 8 UNIT (90)/ 12 UNIT (90)	PDL Non-Preferred Brand	PA
APIDRA 100 UNITS/ML VIAL 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
APIDRA SOLOSTAR 100 UNITS/ML 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
BASAGLAR 100 UNIT/ML KWIKPEN INNER , SDV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
BASAGLAR 100 UNIT/ML KWIKPEN OUTER, SDV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
FIASP 100 UNIT/ML FLEXTOUCH 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
FIASP 100 UNIT/ML VIAL 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
FIASP PENFILL 100 UNIT/ML CART INNER,SUV,LATEX-FREE 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
FIASP PENFILL 100 UNIT/ML CART OUTER,SUV,LATEX-FREE 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG 100 UNIT/ML CARTRIDGE INNER, SINGLE USE 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG 100 UNIT/ML CARTRIDGE OUTER, SINGLE USE 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG 100 UNIT/ML KWIKPEN INNER, SINGLE USE 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG 100 UNIT/ML KWIKPEN OUTER, SINGLE USE 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG 100 UNIT/ML VIAL 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
HUMALOG 200 UNIT/ML KWIKPEN INNER, SINGLE USE 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 days)
HUMALOG 200 UNIT/ML KWIKPEN OUTER, SINGLE USE 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 days)
HUMALOG JR 100 UNIT/ML KWIKPEN INNER, SUV 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG JR 100 UNIT/ML KWIKPEN OUTER, SUV 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN INNER, SINGLE USE 100 UNIT/ML (50-50)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN OUTER, SINGLE USE 100 UNIT/ML (50-50)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG MIX 50-50 VIAL 100 UNIT/ML (50-50)	PDL Preferred Brand	QL (40 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN INNER, SINGLE USE 100 UNIT/ML (75-25)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN OUTER, SINGLE USE 100 UNIT/ML (75-25)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG MIX 75-25 VIAL 100 UNIT/ML (75-25)	PDL Preferred Brand	QL (40 ML per 28 days)
HUMULIN 70/30 KWIKPEN INNER, SINGLE USE 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)

Drug	Status	Notes
HUMULIN 70/30 KWIKPEN OUTER, SINGLE USE 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMULIN 70-30 VIAL 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (40 ML per 28 days)
HUMULIN N 100 UNIT/ML KWIKPEN INNER, SINGLE USE 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMULIN N 100 UNIT/ML KWIKPEN OUTER, SINGLE USE 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMULIN N 100 UNIT/ML VIAL 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
HUMULIN R 100 UNIT/ML VIAL 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
HUMULIN R 500 UNIT/ML KWIKPEN INNER,SINGLE USE 500 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (24 ML per 28 days)
HUMULIN R 500 UNIT/ML KWIKPEN OUTER,SINGLE USE 500 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (24 ML per 28 days)
HUMULIN R 500 UNIT/ML VIAL 500 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
insulin aspart protamine-insulin aspart 70-30 flexpen inner,suv,latex-free 100 unit/ml (70-30)	Non-PDL Generic	QL (30 ML per 28 days)
insulin aspart protamine-insulin aspart 70-30 flexpen outer,suv,latex-free 100 unit/ml (70-30)	Non-PDL Generic	QL (30 ML per 28 days)
insulin aspart protamine-insulin aspart 70-30 vial 100 unit/ml (70-30)	Non-PDL Generic	QL (40 ML per 28 days)
insulin lispro 100 unit/ml kwikpen inner, suv 100 unit/ml	PDL Non-Preferred Generic	PA; QL (30 ML per 28 days)
insulin lispro 100 unit/ml kwikpen outer, suv 100 unit/ml	PDL Non-Preferred Generic	PA; QL (30 ML per 28 days)
insulin lispro 100 unit/ml kwikpen suv, inner 100 unit/ml	PDL Non-Preferred Generic	PA; QL (30 ML per 28 days)
insulin lispro 100 unit/ml kwikpen suv, outer 100 unit/ml	PDL Non-Preferred Generic	PA; QL (30 ML per 28 days)
insulin lispro 100 unit/ml vl 100 unit/ml	PDL Non-Preferred Generic	PA; QL (40 ML per 28 days)
insulin lispro mix 75-25 kwkpn suv, inner 100 unit/ml (75-25)	Non-PDL Generic	QL (30 ML per 28 days)
insulin lispro mix 75-25 kwkpn suv, outer 100 unit/ml (75-25)	Non-PDL Generic	QL (30 ML per 28 days)
LANTUS 100 UNIT/ML VIAL LATEX-FREE, MUV 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
LANTUS 100 UNIT/ML VIAL MUV, LATEX-FREE 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
LANTUS 100 UNIT/ML VIAL SAMPLE, MUV, L/F 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
LANTUS SOLOSTAR 100 UNIT/ML INNER,SUV,LATEX-FREE 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)

Drug	Status	Notes
LANTUS SOLOSTAR 100 UNIT/ML LATEX-FREE,SUV,INNER 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LANTUS SOLOSTAR 100 UNIT/ML LATEX-FREE,SUV,OUTER 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LANTUS SOLOSTAR 100 UNIT/ML OUTER,SUV,LATEX-FREE 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LANTUS SOLOSTAR 100 UNIT/ML SUV, LATEX-FREE 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LEVEMIR 100 UNIT/ML VIAL 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
LEVEMIR FLEXTOUCH 100 UNIT/ML L/F, SAMPLE, SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LEVEMIR FLEXTOUCH 100 UNIT/ML LATEX-FREE,INNER,SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LEVEMIR FLEXTOUCH 100 UNIT/ML LATEX-FREE,OUTER,SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
NOVOLIN 70-30 100 UNIT/ML VIAL LATEX-FREE 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN INNER,SUV,LATEX-FREE 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
NOVOLIN 70-30 FLEXPEN OUTER,SUV,LATEX-FREE 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
NOVOLIN N 100 UNIT/ML FLEXPEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
NOVOLIN N 100 UNIT/ML VIAL 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
NOVOLIN R 100 UNIT/ML VIAL 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
NOVOLOG 100 UNIT/ML CARTRIDGE 100 UNIT/ML	PDL Preferred Brand	QL (30 ML per 28 days)
NOVOLOG 100 UNIT/ML FLEXPEN L/F, SINGLE USE 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
NOVOLOG 100 UNIT/ML VIAL LATEX-FREE, MUV 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
NOVOLOG MIX 70-30 FLEXPEN SUV, LATEX-FREE 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (30 ML per 28 days)
NOVOLOG MIX 70-30 VIAL 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (40 ML per 28 days)
RELION NOVOLIN 70-30 FLEXPEN INNER,SUV,LATEX-FREE 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
RELION NOVOLIN 70-30 FLEXPEN OUTER,SUV,LATEX-FREE 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
RELION NOVOLIN 70-30 VIAL LATEX-FREE 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (40 ML per 28 days)
RELION NOVOLIN N 100 UNIT/ML 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
RELION NOVOLIN N 100 UNIT/ML FLEXPEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
RELION NOVOLIN R 100 UNIT/ML 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
TOUJEO MAX SOLOSTR 300 UNIT/ML INNER,SUV,LATEX-FREE 300 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)

Drug	Status	Notes
TOUJEO MAX SOLOSTR 300 UNIT/ML OUTER,SUV,LATEX-FREE 300 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)
TOUJEO MAX SOLOSTR 300 UNIT/ML SAMPLE, SUV, L/F 300 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)
TOUJEO SOLOSTAR 300 UNIT/ML INNER, SUV, L/F 300 UNIT/ML (1.5 ML)	PDL Non-Preferred Brand	PA; QL (13.5 ML per 28 days)
TOUJEO SOLOSTAR 300 UNIT/ML OUTER, SUV, L/F 300 UNIT/ML (1.5 ML)	PDL Non-Preferred Brand	PA; QL (13.5 ML per 28 days)
TOUJEO SOLOSTAR 300 UNIT/ML SAMPLE, SUV, L/F 300 UNIT/ML (1.5 ML)	PDL Non-Preferred Brand	PA; QL (13.5 ML per 28 days)
TRESIBA 100 UNIT/ML VIAL 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
TRESIBA FLEXTOUCH 100 UNIT/ML LATEX-FREE, SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH 100 UNIT/ML SUV,LATEX-FREE,NFRS 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH 200 UNIT/ML LATEX-FREE, SUV 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)
TRESIBA FLEXTOUCH 200 UNIT/ML SUV,LATEX-FREE,NFRS 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)
Ear General Disorders		
Ear Preparations Anti-Inflammatory		
fluocinolone oil 0.01% ear drp 0.01 %	Non-PDL Generic	
Ear Preparations, Misc. Anti-Infectives		
acetic acid 2% ear solution 2 %	Non-PDL Generic	
acetic acid 2% ear solution inner 2 %	Non-PDL Generic	
acetic acid 2% ear solution outer 2 %	Non-PDL Generic	
acetic acid 2% ear solution usp 2 %	Non-PDL Generic	
hydrocortison-acetic acid soln 1-2 %	Non-PDL Generic	
Ear Preparations,Antibiotics		
ciprofloxacin 0.2% otic soln 0.2 %	PDL Non-Preferred Generic	PA
neomycin-polymyxin-hc ear soln w/dropper 3.5-10,000-1 mg/ml-unit/ml-%	PDL Preferred Generic	
neomycin-polymyxin-hc ear susp 3.5-10,000-1 mg/ml-unit/ml-%	PDL Preferred Generic	
neomycin-polymyxin-hc ear susp w/dropper 3.5-10,000-1 mg/ml-unit/ml-%	PDL Preferred Generic	
ofloxacin 0.3% ear drops 0.3 %	PDL Preferred Generic	
OTIPRIO 6% VIAL 6 % (6 MG/0.1 ML)	PDL Non-Preferred Brand	PA
Ear Preparations,Ear Wax Removers		

Drug	Status	Notes
CARBAMOXIDE 6.5% EAR DROPS 6.5 %	Non-PDL Generic	
CVS EAR DROPS 6.5% 6.5 %	Non-PDL Generic	
CVS EAR WAX REMOVAL 6.5% DROP 6.5 %	Non-PDL Generic	
CVS EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	
DEBROX 6.5% EAR DROPS 6.5 %	Non-PDL Generic	
EAR DROPS 6.5% 6.5 %	Non-PDL Generic	
EAR SYSTEM 6.5% 6.5 %	Non-PDL Generic	
EAR WAX REMOVAL 6.5% DROP 6.5 %	Non-PDL Generic	
EAR WAX REMOVAL 6.5% DROPS 6.5 %	Non-PDL Generic	
EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	
EAR WAX REMOVAL 6.5% KIT INCL. WASHER BULB 6.5 %	Non-PDL Generic	
EQ EAR WAX REMOVAL AID KIT W/EAR SYRINGE 6.5 %	Non-PDL Generic	
GNP EAR DROPS 6.5% 6.5 %	Non-PDL Generic	
GNP EAR SYSTEM 6.5% 6.5 %	Non-PDL Generic	
GNP EAR WAX REMOVAL 6.5% DROP 6.5 %	Non-PDL Generic	
GNP EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	
GS EAR WAX REMOVAL 6.5% DROP 6.5 %	Non-PDL Generic	
GS EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	
HM EAR WAX REMOVAL 6.5% DROPS 6.5 %	Non-PDL Generic	
HM EAR WAX REMOVAL KIT W/EAR SYRINGE 6.5 %	Non-PDL Generic	
MURINE 6.5% EAR DROPS 6.5 %	Non-PDL Generic	
MURINE EAR WAX REMOVAL SYSTEM 6.5 %	Non-PDL Generic	
RA EAR DROPS 6.5% 6.5 %	Non-PDL Generic	
RA EAR WAX CLEANSING SYSTEM 6.5 %	Non-PDL Generic	
RA EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	
SM EAR DROPS 6.5% 6.5 %	Non-PDL Generic	

Drug	Status	Notes
Otic Preparations,Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC SUSPENSION DROPPER DISPENSER 0.2-1 %	PDL Preferred Brand	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	PDL Preferred Brand	
OTOVEL 0.3%-0.025% EAR DROPS INNER, P/F 0.3-0.025 % (0.25 ML)	PDL Non-Preferred Brand	PA
OTOVEL 0.3%-0.025% EAR DROPS OUTER, P/F 0.3-0.025 % (0.25 ML)	PDL Non-Preferred Brand	PA
Electrolyte Regulation		
Electrolyte Depleters		
AURYXIA 210 MG TABLET 210 MG IRON	PDL Non-Preferred Brand	PA; QL (12 EA per 1 day)
calcium acetate 667 mg capsule 667 mg	PDL Preferred Generic	
calcium acetate 667 mg gelcap 667 mg	PDL Preferred Generic	
calcium acetate 667 mg gelcap gelcap 667 mg	PDL Preferred Generic	
calcium acetate 667 mg tablet 667 mg	PDL Preferred Generic	
FOSRENOL 1,000 MG POWDER PACK INNER 1,000 MG	PDL Non-Preferred Brand	PA
FOSRENOL 1,000 MG POWDER PACK OUTER 1,000 MG	PDL Non-Preferred Brand	PA
FOSRENOL 1,000 MG TABLET CHEW NON-SALEABLE, INNER 1,000 MG	PDL Non-Preferred Brand	PA
FOSRENOL 1,000 MG TABLET CHEW OUTER PK, 9X10 TABS 1,000 MG	PDL Non-Preferred Brand	PA
FOSRENOL 500 MG TABLET CHEW NON-SALEABLE, INNER 500 MG	PDL Non-Preferred Brand	PA
FOSRENOL 500 MG TABLET CHEW OUTER PK, 2X45 TABS 500 MG	PDL Non-Preferred Brand	PA
FOSRENOL 750 MG POWDER PACKET INNER 750 MG	PDL Non-Preferred Brand	PA
FOSRENOL 750 MG POWDER PACKET OUTER 750 MG	PDL Non-Preferred Brand	PA
FOSRENOL 750 MG TABLET CHEW NON-SALEABLE, INNER 750 MG	PDL Non-Preferred Brand	PA
FOSRENOL 750 MG TABLET CHEW OUTER PK, 6X15 TABS 750 MG	PDL Non-Preferred Brand	PA
KIONEX 15 GM/60 ML SUSPENSION 15-19.3 GRAM/60 ML	Non-PDL Generic	
lanthanum carb 1,000 mg tb chw inner 1,000 mg	PDL Non-Preferred Generic	PA
lanthanum carb 1,000 mg tb chw outer 1,000 mg	PDL Non-Preferred Generic	PA
lanthanum carb 500 mg tab chew inner 500 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
lanthanum carb 500 mg tab chew outer 500 mg	PDL Non-Preferred Generic	PA
lanthanum carb 750 mg tab chew inner 750 mg	PDL Non-Preferred Generic	PA
lanthanum carb 750 mg tab chew outer 750 mg	PDL Non-Preferred Generic	PA
MAGNEBIND 400 RX TABLET 400-200-1 MG	Non-PDL Generic	
PHOSLYRA 667 MG/5 ML SOLUTION 667 MG (169 MG CALCIUM)/5 ML	PDL Preferred Brand	
RENAGEL 800 MG TABLET F/C 800 MG	PDL Preferred Brand	
RENVELA 0.8 GM POWDER PACKET INNER,90 X 0.8G PKTS 0.8 GRAM	PDL Non-Preferred Brand	PA
RENVELA 0.8 GM POWDER PACKET OUTER,90 X 0.8G PKTS 0.8 GRAM	PDL Non-Preferred Brand	PA
RENVELA 2.4 GM POWDER PACKET INNER,90 X 2.4G PKTS 2.4 GRAM	PDL Non-Preferred Brand	PA
RENVELA 2.4 GM POWDER PACKET OUTER,90 X 2.4G PKTS 2.4 GRAM	PDL Non-Preferred Brand	PA
RENVELA 800 MG TABLET 800 MG	PDL Non-Preferred Brand	PA
sevelamer 0.8 gm powder packet inner 0.8 gram	PDL Non-Preferred Generic	PA
sevelamer 0.8 gm powder packet outer 0.8 gram	PDL Non-Preferred Generic	PA
sevelamer 2.4 gm powder packet inner 2.4 gram	PDL Non-Preferred Generic	PA
sevelamer 2.4 gm powder packet outer 2.4 gram	PDL Non-Preferred Generic	PA
sevelamer carbonate 800 mg tab 800 mg	PDL Non-Preferred Generic	PA
sevelamer carbonate 800 mg tab inner 800 mg	PDL Non-Preferred Generic	PA
sevelamer carbonate 800 mg tab outer 800 mg	PDL Non-Preferred Generic	PA
sevelamer hcl 400 mg tablet 400 mg	PDL Non-Preferred Generic	PA
sevelamer hcl 800 mg tablet 800 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
SOD POLYSTYREN SULF 15 G/60 ML 15 GRAM/60 ML	Non-PDL Generic	
sodium polystyrene sulf powder	Non-PDL Generic	
SPS 15 GM/60 ML SUSPENSION 15-20 GRAM/60 ML	Non-PDL Generic	
VELPHORO 500 MG CHEWABLE TAB 500 MG	PDL Non-Preferred Brand	PA
Electrolyte Maintenance		
CVS PEDIATRIC ELECTROLYTE POPS 16'S,FREEZER POPS (RX)	Non-PDL Generic	
CVS PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
CVS PEDIATRIC ELECTROLYTE SOLN DYE/FREE, STRAWBERRY (RX)	Non-PDL Generic	
ELECTROLYTE SOLUTION (RX)	Non-PDL Generic	
ENFAMIL ENFALYTE SOLUTION RTU,LIGHT CHERRY (RX)	Non-PDL Brand	
ENFAMIL ENFALYTE SOLUTION RTU,UNFLAVORED (RX)	Non-PDL Brand	
GNP PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
GNP PEDIATRIC ELECTROLYTE SOLN APPLE, 4X237ML (RX)	Non-PDL Generic	
heb pediatric electrolyte soln (rx)	Non-PDL Generic	
HM PEDIATRIC ELECTROLYTE SOLN FRUIT FLAVOR (RX)	Non-PDL Generic	
HM PEDIATRIC ELECTROLYTE SOLN GRAPE FLAVOR (RX)	Non-PDL Generic	
ORALYTE FREEZER POPS	Non-PDL Generic	
ORALYTE SOLUTION	Non-PDL Generic	
PEDI ELECTROLYTE FREEZER POP 16'SX62.5ML POPS (RX)	Non-PDL Generic	
PEDI ELECTROLYTE FREEZER POP 16X62.1ML POPS (RX)	Non-PDL Generic	
PEDIALYTE ADVANCED CARE SOLN BLUE RASPBERRY	Non-PDL Brand	
PEDIALYTE ADVANCED CARE SOLN CHERRY PUNCH	Non-PDL Brand	
PEDIALYTE ADVANCED CARE SOLN STRAWBERRY LEMONADE	Non-PDL Brand	
PEDIALYTE ADVANCED CARE SOLN TROPICAL FRUIT	Non-PDL Brand	
PEDIALYTE ELECTROLYTE SINGLES 4'S (RX)	Non-PDL Brand	
PEDIALYTE ELECTROLYTE SINGLES INNER, APPLE, RTU (RX)	Non-PDL Brand	
PEDIALYTE ELECTROLYTE SINGLES INNER, CHERRY, RTU (RX)	Non-PDL Brand	

Drug	Status	Notes
PEDIALYTE ELECTROLYTE SINGLES OUTER, 4'S, APPLE (RX)	Non-PDL Brand	
PEDIALYTE ELECTROLYTE SINGLES OUTER, 4'S, CHERRY (RX)	Non-PDL Brand	
PEDIALYTE FREEZER POPS	Non-PDL Brand	
PEDIALYTE FREEZER POPS 16'S (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION READY-TO-USE (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION STRAWBERRY, RTU (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION STRAWBERRY, RTU, 8'S (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION UNFLAVORED (RX)	Non-PDL Brand	
pediatric electrolyte solution (rx)	Non-PDL Generic	
PEDIATRIC ELECTROLYTE SOLUTION (RX)	Non-PDL Generic	
PEDIATRIC ELECTROLYTE SOLUTION APPLE, 4X237ML (RX)	Non-PDL Generic	
PEDIATRIC ELECTROLYTE SOLUTION CHERRY PUNCH (RX)	Non-PDL Generic	
pediatric electrolyte solution mango,p/f (rx)	Non-PDL Brand	
PEDIATRIC ELECTROLYTE SOLUTION P/F,A/F,FRUIT (RX)	Non-PDL Generic	
PEDIATRIC ELECTROLYTE SOLUTION P/F,A/F,UNFLAVORED (RX)	Non-PDL Generic	
PEDIATRIC ELECTROLYTE SOLUTION STRAWBERRY,W/ZINC (RX)	Non-PDL Generic	
PEDIATRIC ELECTROLYTE SOLUTION W/ZINC (RX)	Non-PDL Generic	
RA PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
RA PEDIATRIC ELECTROLYTE SOLN A/F (RX)	Non-PDL Generic	
RA PEDIATRIC ELECTROLYTE SOLN APPLE (RX)	Non-PDL Generic	
RA PEDIATRIC ELECTROLYTE SOLN STRAWBERRY (RX)	Non-PDL Generic	
RA PEDIATRIC FREEZER POPS	Non-PDL Generic	
SM PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
Potassium Replacement		
EFFER-K 25 MEQ TABLET EFF 25 MEQ	Non-PDL Generic	
EFFER-K 25 MEQ TABLET EFF INNER 25 MEQ	Non-PDL Generic	
EFFER-K 25 MEQ TABLET EFF ORANGE FLAVOR, INNER 25 MEQ	Non-PDL Generic	
EFFER-K 25 MEQ TABLET EFF OUTER 25 MEQ	Non-PDL Generic	

Drug	Status	Notes
KLOR-CON M10 TABLET 10 MEQ	Non-PDL Generic	
KLOR-CON M10 TABLET INNER 10 MEQ	Non-PDL Generic	
KLOR-CON M10 TABLET OUTER 10 MEQ	Non-PDL Generic	
KLOR-CON M15 TABLET 15 MEQ	Non-PDL Generic	
KLOR-CON M15 TABLET INNER 15 MEQ	Non-PDL Generic	
KLOR-CON M15 TABLET OUTER 15 MEQ	Non-PDL Generic	
KLOR-CON M20 TABLET 20 MEQ	Non-PDL Generic	
KLOR-CON M20 TABLET INNER 20 MEQ	Non-PDL Generic	
KLOR-CON M20 TABLET OUTER 20 MEQ	Non-PDL Generic	
potassium cl 10% (20 meq/15 ml) liquid 20 meq/15 ml	Non-PDL Generic	
potassium cl 10% (20 meq/15 ml) liquid cherry 20 meq/15 ml	Non-PDL Generic	
potassium cl 10% (20 meq/15 ml) liquid inner 20 meq/15 ml	Non-PDL Generic	
potassium cl 10% (20 meq/15 ml) liquid orange 20 meq/15 ml	Non-PDL Generic	
potassium cl 10% (20 meq/15 ml) liquid outer 20 meq/15 ml	Non-PDL Generic	
potassium cl 10% (40 meq/30 ml) liquid inner 20 meq/15 ml	Non-PDL Generic	
potassium cl 10% (40 meq/30 ml) liquid outer 20 meq/15 ml	Non-PDL Generic	
potassium cl 20 meq packet inner 20 meq	Non-PDL Generic	
potassium cl 20 meq packet outer 20 meq	Non-PDL Generic	
potassium cl 20% (40 meq/15 ml) liquid 40 meq/15 ml	Non-PDL Generic	
potassium cl 20% (40 meq/15 ml) liquid orange 40 meq/15 ml	Non-PDL Generic	
potassium cl er 10 meq capsule 10 meq	Non-PDL Generic	
potassium cl er 10 meq tablet 10 meq	Non-PDL Generic	
potassium cl er 10 meq tablet 10 meq	Non-PDL Generic	
potassium cl er 10 meq tablet f/c 10 meq	Non-PDL Generic	
potassium cl er 10 meq tablet inner 10 meq	Non-PDL Generic	
potassium cl er 10 meq tablet microencapsulated 10 meq	Non-PDL Generic	

Drug	Status	Notes
potassium cl er 10 meq tablet outer 10 meq	Non-PDL Generic	
potassium cl er 10 meq tablet u-d,10x10 10 meq	Non-PDL Generic	
potassium cl er 20 meq tablet 20 meq	Non-PDL Generic	
potassium cl er 20 meq tablet 20 meq	Non-PDL Generic	
potassium cl er 20 meq tablet microencapsulated 20 meq	Non-PDL Generic	
potassium cl er 20 meq tablet u-d,10x10 20 meq	Non-PDL Generic	
potassium cl er 8 meq capsule 8 meq	Non-PDL Generic	
potassium cl er 8 meq tablet 8 meq	Non-PDL Generic	
potassium cl er 8 meq tablet f/c 8 meq	Non-PDL Generic	
Sodium/Saline Preparations		
bacteriostatic saline vial bacteriostatic, mdv 0.9 %	Non-PDL Generic	
bacteriostatic saline vial inner,latex-free,mdv 0.9 %	Non-PDL Generic	
bacteriostatic saline vial outer,latex-free,mdv 0.9 %	Non-PDL Generic	
BD NORMAL SALINE FLUSH SYRINGE POSIFLUSH, SUV	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE 30'S,P/F, L/F, SUV	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE CANNULA,SINGLE USE	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE L/F, SUV	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE L/F,P/F,SINGLE USE	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE L/F,P/F,SUV	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE P/F, L/F, STRL, SUV	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE P/F, L/F, STRL,SUV	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE P/F,L/F,STRL,SUV	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE SINGLE USE	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE SINGLE USE	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE SUV	Non-PDL Generic	
NORMAL SALINE FLUSH SYRINGE SUV	Non-PDL Generic	

Drug	Status	Notes
NORMAL SALINE FLUSH SYRINGE W/CANNULA,SINGLE USE	Non-PDL Generic	
saline 0.45% soln-excel con single use 0.45 %	Non-PDL Generic	
sodium chloride 0.45% soln inner,single use,l/f 0.45 %	Non-PDL Generic	
sodium chloride 0.45% soln outer,single use,l/f 0.45 %	Non-PDL Generic	
sodium chloride 0.45% soln single use 0.45 %	Non-PDL Generic	
sodium chloride 0.45% soln single-use 0.45 %	Non-PDL Generic	
sodium chloride 0.45% soln single-use, l/f 0.45 %	Non-PDL Generic	
sodium chloride 0.45% soln single-use,l/f,inner 0.45 %	Non-PDL Generic	
sodium chloride 0.45% soln single-use,l/f,outer 0.45 %	Non-PDL Generic	
sodium chloride 0.45% soln viaflex, single use 0.45 %	Non-PDL Generic	
sodium chloride 0.9% (pwr inj) sdv, latex-free	Non-PDL Generic	
sodium chloride 0.9% 1,000 ml l/f, single use	Non-PDL Generic	
sodium chloride 0.9% 100 ml l/f, single use	Non-PDL Generic	
sodium chloride 0.9% 100 ml latex-free, suv	Non-PDL Generic	
sodium chloride 0.9% 50 ml l/f, single use	Non-PDL Generic	
sodium chloride 0.9% 50 ml latex-free,p/f, suv	Non-PDL Generic	
sodium chloride 0.9% 50 ml single use	Non-PDL Generic	
sodium chloride 0.9% 500 ml l/f, single use	Non-PDL Generic	
sodium chloride 0.9% carpuject sdv,p/f,l/f,inner 0.9 %	Non-PDL Generic	
sodium chloride 0.9% carpuject sdv,p/f,l/f,outer 0.9 %	Non-PDL Generic	
sodium chloride 0.9% sol-excel single use	Non-PDL Generic	
sodium chloride 0.9% sol-excel single use, l/f,	Non-PDL Generic	
sodium chloride 0.9% soln single-use,inner,l/f	Non-PDL Generic	
sodium chloride 0.9% soln single-use,outer,l/f	Non-PDL Generic	
sodium chloride 0.9% solution 12's, l/f, suv	Non-PDL Generic	
sodium chloride 0.9% solution l/f, single use	Non-PDL Generic	

Drug	Status	Notes
sodium chloride 0.9% solution l/f, single-use	Non-PDL Generic	
sodium chloride 0.9% solution l/f,single use,inner	Non-PDL Generic	
sodium chloride 0.9% solution l/f,single use,outer	Non-PDL Generic	
sodium chloride 0.9% solution mini-bag, single use	Non-PDL Generic	
sodium chloride 0.9% solution mini-bag,single use	Non-PDL Generic	
sodium chloride 0.9% solution multi-pk, single use	Non-PDL Generic	
sodium chloride 0.9% solution quad pk, single use	Non-PDL Generic	
sodium chloride 0.9% solution single use	Non-PDL Generic	
sodium chloride 0.9% solution single use, l/f	Non-PDL Generic	
sodium chloride 0.9% solution single use,l/f,inner	Non-PDL Generic	
sodium chloride 0.9% solution single use,l/f,outer	Non-PDL Generic	
sodium chloride 0.9% solution single-use, l/f	Non-PDL Generic	
sodium chloride 0.9% solution viaflex, single use	Non-PDL Generic	
sodium chloride 0.9% syringe 2.5ml in 3ml syr,suv	Non-PDL Generic	
sodium chloride 0.9% syringe 3ml in 10ml syr,suv	Non-PDL Generic	
sodium chloride 0.9% syringe suv,p/f,l/f 0.9 %	Non-PDL Generic	
sodium chloride 0.9% vial inner,p/f,l/f, sdv	Non-PDL Generic	
sodium chloride 0.9% vial inner,p/f,l/f,sdv	Non-PDL Generic	
sodium chloride 0.9% vial outer,p/f,l/f, sdv	Non-PDL Generic	
sodium chloride 0.9% vial outer,p/f,l/f,sdv	Non-PDL Generic	
sodium chloride 0.9% vial p/f, sdv, inner	Non-PDL Generic	
sodium chloride 0.9% vial p/f, sdv, outer	Non-PDL Generic	
sodium chloride 0.9% vial p/f, suv, inner	Non-PDL Generic	
sodium chloride 0.9% vial p/f, suv, outer	Non-PDL Generic	
sodium chloride 0.9% vial p/f,l/f,sdv,inner	Non-PDL Generic	
sodium chloride 0.9% vial p/f,l/f,sdv,outer	Non-PDL Generic	

Drug	Status	Notes
sodium chloride 0.9% vial suv	Non-PDL Generic	
sodium chloride 0.9% vial suv, inner	Non-PDL Generic	
sodium chloride 0.9% vial suv, outer	Non-PDL Generic	
sodium chloride 0.9% zr syr 10ml fill in 12ml sr	Non-PDL Generic	
sodium chloride 0.9% zr syr 10ml in 10ml syr,suv	Non-PDL Generic	
sodium chloride 0.9% zr syr 5ml in 10ml syr,suv	Non-PDL Generic	
sodium chloride 0.9% zr syr latex free, p/f, suv	Non-PDL Generic	
sodium chloride 0.9% zr syr p/f,w/out needle,suv	Non-PDL Generic	
sodium chloride 0.9%-water bag (cmpd-rx) p/f, l/f, single use	Non-PDL Generic	
sodium chloride 1 gm tablet (otc) 1 gram	Non-PDL Generic	
sodium chloride 1 gm tablet (otc) 1,000 mg	Non-PDL Generic	
sodium chloride 1 gm tablet (rx) 1 gram	Non-PDL Generic	
sodium chloride 1 gm tablet inner (otc) 1,000 mg	Non-PDL Generic	
sodium chloride 1 gm tablet outer (otc) 1,000 mg	Non-PDL Generic	
sodium chloride 1,000 mg tab inner (rx) 1,000 mg	Non-PDL Generic	
sodium chloride 1,000 mg tab outer (rx) 1,000 mg	Non-PDL Generic	
Endocrine Disorder Fertility		
Follicle Stim./Luteinizing Hormones		
MENOPUR 75 UNIT VIAL OUTER,SUV,LATEX-FREE 75 UNIT	Non-PDL Brand	SP
Follicle-Stimulating Hormone (Fsh)		
BRAVELLE 75 UNIT VIAL L/F, OUTER, SDV 75 UNIT	Non-PDL Brand	SP
BRAVELLE 75 UNIT VIAL LATEX-F, SDV, INNER 75 UNIT	Non-PDL Brand	SP
FOLLISTIM AQ 300 UNIT CARTRIDG 300 UNIT/0.36 ML	Non-PDL Brand	SP
FOLLISTIM AQ 600 UNIT CARTRIDG 600 UNIT/0.72 ML	Non-PDL Brand	SP
FOLLISTIM AQ 900 UNIT CARTRIDG 900 UNIT/1.08 ML	Non-PDL Brand	SP
GONAL-F 1,050 UNITS VIAL 1,050 UNIT	Non-PDL Brand	SP
GONAL-F 450 UNITS VIAL 450 UNIT	Non-PDL Brand	SP
GONAL-F RFF 75 UNITS VIAL 10'S,SDV 75 UNIT	Non-PDL Brand	SP
GONAL-F RFF 75 UNITS VIAL SDV 75 UNIT	Non-PDL Brand	SP

Drug	Status	Notes
GONAL-F RFF REDI-JECT 300 UNITS PEN 300/0.5 UNIT/ML	Non-PDL Brand	SP
GONAL-F RFF REDI-JECT 450 UNIT PEN 450/0.75 UNIT/ML	Non-PDL Brand	SP
GONAL-F RFF REDI-JECT 900 UNIT PEN 900/1.5 UNIT/ML	Non-PDL Brand	SP
Pregnancy Maintaining Agent,Hormonal		
hydroxyprogest 1,250 mg/5 ml latex-free, muv 250 mg/ml	Non-PDL Generic	SP
hydroxyprogest 1,250 mg/5 ml muv, latex-free 250 mg/ml	Non-PDL Generic	SP
hydroxyprogest 250 mg/ml vial latex-free, suv, p/f 250 mg/ml (1 ml)	Non-PDL Generic	SP
hydroxyprogest 250 mg/ml vial latex-free,p/f,suv 250 mg/ml (1 ml)	Non-PDL Generic	SP
hydroxyprogest 250 mg/ml vial p/f, suv, latex-free 250 mg/ml (1 ml)	Non-PDL Generic	SP
hydroxyprogest 250 mg/ml vial suv, latex-free 250 mg/ml (1 ml)	Non-PDL Generic	SP
hydroxyprogest 250 mg/ml vial suv, p/f 250 mg/ml (1 ml)	Non-PDL Generic	SP
hydroxyprogest 250 mg/ml vial suv, p/f, latex-free 250 mg/ml (1 ml)	Non-PDL Generic	SP
hydroxyprogest 250 mg/ml vial suv, p/f,l/f 250 mg/ml (1 ml)	Non-PDL Generic	SP
MAKENA 275 MG/1.1 ML AUTOINJCT 275 MG/1.1 ML	Non-PDL Brand	SP
Endocrine Disorder Other		
Antidiuretic And Vasopressor Hormones		
DDAVP 10 MCG/0.1 ML SOLUTION 0.1 MG/ML (REFRIGERATE)	Non-PDL Brand	
desmopressin 0.01% solution 50 doses 10 mcg/spray (0.1 ml)	Non-PDL Generic	
desmopressin 0.01% spray 50 doses of 10mcg 10 mcg/spray (0.1 ml)	Non-PDL Generic	
desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)	Non-PDL Generic	
desmopressin 10 mcg/0.1 ml spr 50 doses of 10 mcg 10 mcg/spray (0.1 ml)	Non-PDL Generic	
desmopressin 40 mcg/10 ml vial mdv 4 mcg/ml	Non-PDL Generic	
desmopressin ac 4 mcg/ml ampul inner, suv, p/f, l/f 4 mcg/ml	Non-PDL Generic	
desmopressin ac 4 mcg/ml ampul outer, suv, p/f, l/f 4 mcg/ml	Non-PDL Generic	
desmopressin ac 4 mcg/ml ampul p/f, l/f, inner 4 mcg/ml	Non-PDL Generic	
desmopressin ac 4 mcg/ml ampul p/f, l/f, inner, sdv 4 mcg/ml	Non-PDL Generic	
desmopressin ac 4 mcg/ml ampul p/f, l/f, outer 4 mcg/ml	Non-PDL Generic	

Drug	Status	Notes
desmopressin ac 4 mcg/ml ampul p/f, l/f, outer, sdv 4 mcg/ml	Non-PDL Generic	
desmopressin ac 4 mcg/ml vial inner, latex-free 4 mcg/ml	Non-PDL Generic	
desmopressin ac 4 mcg/ml vial latex-free, mdv 4 mcg/ml	Non-PDL Generic	
desmopressin ac 4 mcg/ml vial muv, latex-free 4 mcg/ml	Non-PDL Generic	
desmopressin ac 4 mcg/ml vial outer, latex-free 4 mcg/ml	Non-PDL Generic	
desmopressin acetate 0.1 mg tb 0.1 mg	Non-PDL Generic	
desmopressin acetate 0.2 mg tb 0.2 mg	Non-PDL Generic	
STIMATE 1.5 MG/ML NASAL SPRAY 150 MCG/SPRAY (0.1 ML)	Non-PDL Brand	
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD 22.5 MG SYRINGE B INNER, L/F, SUV 22.5 MG	Non-PDL Brand	PA; SP
ELIGARD 22.5 MG SYRINGE KIT OUTER, L/F, SUV 22.5 MG	Non-PDL Brand	PA; SP
ELIGARD 30 MG SYRINGE B INNER,LATEX-FREE,SUV 30 MG	Non-PDL Brand	PA; SP
ELIGARD 30 MG SYRINGE KIT OUTER,LATEX-FREE,SUV 30 MG	Non-PDL Brand	PA; SP
ELIGARD 45 MG SYRINGE B INNER,LATEX-FREE,SUV 45 MG	Non-PDL Brand	PA; SP
ELIGARD 45 MG SYRINGE KIT OUTER, L/F, SUV 45 MG	Non-PDL Brand	PA; SP
ELIGARD 7.5 MG SYRINGE B INNER,LATEX-FREE,SUV 7.5 MG (1 MONTH)	Non-PDL Brand	PA; SP
ELIGARD 7.5 MG SYRINGE KIT OUTER,LATEX-FREE,SUV 7.5 MG (1 MONTH)	Non-PDL Brand	PA; SP
leuprolide 2wk 1 mg/0.2 ml kit latex-free,2.8ml,mdv 1 mg/0.2 ml	Non-PDL Generic	PA; SP
leuprolide 2wk 1 mg/0.2 ml kit latex-free,outer,mdv 1 mg/0.2 ml	Non-PDL Generic	PA; SP
leuprolide 2wk 14 mg/2.8 ml kt outer,latex-free,mdv 1 mg/0.2 ml	Non-PDL Generic	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO 600 MCG/2.4 ML PEN INJ 20 MCG/DOSE - 600 MCG/2.4 ML	PDL Preferred Brand	SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS 80 MCG DOSE PEN INJECTR INNER, L/F, SUV 80 MCG (3,120 MCG/1.56 ML)	PDL Non-Preferred Brand	PA; SP
TYMLOS 80 MCG DOSE PEN INJECTR OUTER, L/F, SUV 80 MCG (3,120 MCG/1.56 ML)	PDL Non-Preferred Brand	PA; SP
TYMLOS 80 MCG DOSE PEN INJECTR SDV,L/F,NFRS,SAMPLE 80 MCG (3,120 MCG/1.56 ML)	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D 70 MG-2,800 UNITS 4 PACKS 70 MG- 2,800 UNIT	PDL Non-Preferred Brand	PA
FOSAMAX PLUS D 70 MG-5,600 UNITS 70 MG-5,600 UNIT	PDL Non-Preferred Brand	PA
Bone Resorption Inhibitors		
ACTONEL 150 MG TABLET F/C 150 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ACTONEL 150 MG TABLET F/C,ONCE-A-MONTH 150 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ACTONEL 35 MG TABLET F/C,DOSEPACK 35 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)
ACTONEL 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
alendronate sod 70 mg/75 ml 70 mg/75 ml	PDL Preferred Generic	QL (75 ML per 7 days)
alendronate sodium 10 mg tab 10 mg	PDL Preferred Generic	
alendronate sodium 35 mg tab 35 mg	PDL Preferred Generic	
alendronate sodium 35 mg tab inner 35 mg	PDL Preferred Generic	
alendronate sodium 35 mg tab once weekly 35 mg	PDL Preferred Generic	
alendronate sodium 35 mg tab outer 35 mg	PDL Preferred Generic	
alendronate sodium 35 mg tab u-u 35 mg	PDL Preferred Generic	
alendronate sodium 35 mg tab u-u, 3x4 35 mg	PDL Preferred Generic	
alendronate sodium 5 mg tablet 5 mg	PDL Preferred Generic	
alendronate sodium 70 mg tab 70 mg	PDL Preferred Generic	
alendronate sodium 70 mg tab inner 70 mg	PDL Preferred Generic	
alendronate sodium 70 mg tab once weekly 70 mg	PDL Preferred Generic	
alendronate sodium 70 mg tab outer 70 mg	PDL Preferred Generic	
alendronate sodium 70 mg tab u-u 70 mg	PDL Preferred Generic	
alendronate sodium 70 mg tab u-u, 3x4 70 mg	PDL Preferred Generic	
ATELVIA DR 35 MG TABLET 35 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)
BINOSTO 70 MG EFFERVESCENT TAB INNER 70 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 28 days)
BINOSTO 70 MG EFFERVESCENT TAB OUTER 70 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 28 days)

Drug	Status	Notes
BONIVA 150 MG TABLET 1 BLISTER CARDS, F/C 150 MG	PDL Non-Preferred Brand	PA
calcitonin-salmon 200 units sp 200 unit/actuation	PDL Preferred Generic	
calcitonin-salmon 200 units sp 30 dose bottle 200 unit/actuation	PDL Preferred Generic	
etidronate disodium 200 mg tab 200 mg	PDL Non-Preferred Generic	PA
FOSAMAX 70 MG TABLET 70 MG	PDL Non-Preferred Brand	PA
ibandronate sodium 150 mg tab 150 mg	PDL Preferred Generic	
ibandronate sodium 150 mg tab f/c, inner 150 mg	PDL Preferred Generic	
ibandronate sodium 150 mg tab f/c, outer 150 mg	PDL Preferred Generic	
ibandronate sodium 150 mg tab inner 150 mg	PDL Preferred Generic	
ibandronate sodium 150 mg tab inner,1x3,f/c,u-d 150 mg	PDL Preferred Generic	
ibandronate sodium 150 mg tab once monthly, u-d 150 mg	PDL Preferred Generic	
ibandronate sodium 150 mg tab outer 150 mg	PDL Preferred Generic	
ibandronate sodium 150 mg tab outer,1x3, f/c,u-d 150 mg	PDL Preferred Generic	
MIACALCIN 400 UNIT/2 ML VIAL MDV, LATEX-FREE 200 UNIT/ML	PDL Preferred Brand	
raloxifene hcl 60 mg tablet 60 mg	Preventive	QL (1 EA per 1 day)
raloxifene hcl 60 mg tablet f/c 60 mg	Preventive	QL (1 EA per 1 day)
risedronate sod dr 35 mg tab 35 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sod dr 35 mg tab inner 35 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sod dr 35 mg tab outer 35 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sodium 150 mg tab 150 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
risedronate sodium 150 mg tab f/c, once-a-month 150 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
risedronate sodium 150 mg tab f/c,once-a-month 150 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
risedronate sodium 150 mg tab inner 150 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)

Drug	Status	Notes
risedronate sodium 150 mg tab outer 150 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
risedronate sodium 30 mg tab 30 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
risedronate sodium 35 mg tab 35 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sodium 35 mg tab f/c, once-a-week 35 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sodium 35 mg tab inner 35 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sodium 35 mg tab outer 35 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sodium 35 mg tablet 35 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sodium 35 mg tablet f/c, once-a-week 35 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sodium 5 mg tablet 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Calcimimetic,Parathyroid Calcium Enhancer		
cinacalcet hcl 30 mg tablet 30 mg	Non-PDL Generic	SP; QL (2 EA per 1 day)
cinacalcet hcl 60 mg tablet 60 mg	Non-PDL Generic	SP; QL (2 EA per 1 day)
cinacalcet hcl 90 mg tablet 90 mg	Non-PDL Generic	SP; QL (4 EA per 1 day)
SENSIPAR 30 MG TABLET F/C 30 MG	Non-PDL Brand	SP; QL (2 EA per 1 day)
SENSIPAR 60 MG TABLET 60 MG	Non-PDL Brand	SP; QL (2 EA per 1 day)
SENSIPAR 90 MG TABLET 90 MG	Non-PDL Brand	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT 10 MG VIAL INNER,LATEX-FREE,SUV 10 MG	Non-PDL Brand	SP
SOMAVERT 10 MG VIAL OUTER,LATEX-FREE,SUV 10 MG	Non-PDL Brand	SP
SOMAVERT 15 MG VIAL SDV, LATEX-FREE 15 MG	Non-PDL Brand	SP
SOMAVERT 20 MG VIAL LYOPHIL, SDV, OUTER 20 MG	Non-PDL Brand	SP
SOMAVERT 20 MG VIAL SDV,LATEX-FREE,INNER 20 MG	Non-PDL Brand	SP
SOMAVERT 20 MG VIAL SDV,LATEX-FREE,OUTER 20 MG	Non-PDL Brand	SP
SOMAVERT 25 MG VIAL LYOPHIL,SDV,L/F 25 MG	Non-PDL Brand	SP
SOMAVERT 25 MG VIAL SDV,INNER,LATEX-FREE 25 MG	Non-PDL Brand	SP

Drug	Status	Notes
SOMAVERT 25 MG VIAL SDV,OUTER,LATEX-FREE 25 MG	Non-PDL Brand	SP
SOMAVERT 30 MG VIAL LYOPHIL, SDV, OUTER 30 MG	Non-PDL Brand	SP
SOMAVERT 30 MG VIAL SDV,LATEX-FREE,INNER 30 MG	Non-PDL Brand	SP
SOMAVERT 30 MG VIAL SDV,LATEX-FREE,OUTER 30 MG	Non-PDL Brand	SP
Growth Hormones		
GENOTROPIN 12 MG CARTRIDGE SINGLE USE 12 MG/ML (36 UNIT/ML)	PDL Non-Preferred Brand	PA; SP
GENOTROPIN 5 MG CARTRIDGE SINGLE USE 5 MG/ML (15 UNIT/ML)	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 0.2 MG P/F, SUV 0.2 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 0.4 MG 0.4 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 0.6 MG 0.6 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 0.8 MG P/F, SUV 0.8 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 1 MG 1 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 1.2 MG 1.2 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 1.4 MG 1.4 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 1.6 MG 1.6 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 1.8 MG 1.8 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 2 MG 2 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
HUMATROPE 12 MG CARTRIDGE 12 MG (36 UNIT)	PDL Non-Preferred Brand	PA; SP
HUMATROPE 24 MG CARTRIDGE 24 MG (72 UNIT)	PDL Non-Preferred Brand	PA; SP
HUMATROPE 5 MG VIAL INNER LATEX FREE 5 (15 UNIT) MG	PDL Non-Preferred Brand	PA; SP
HUMATROPE 5 MG VIAL OUTER, LATEX FREE 5 (15 UNIT) MG	PDL Non-Preferred Brand	PA; SP
HUMATROPE 6 MG CARTRIDGE 6 MG (18 UNIT)	PDL Non-Preferred Brand	PA; SP
NORDITROPIN FLEXPRO 10 MG/1.5 10 MG/1.5 ML (6.7 MG/ML)	PDL Preferred Brand	PA; SP
NORDITROPIN FLEXPRO 15 MG/1.5 15 MG/1.5 ML (10 MG/ML)	PDL Preferred Brand	PA; SP
NORDITROPIN FLEXPRO 30 MG/3 ML 30 MG/3 ML (10 MG/ML)	PDL Preferred Brand	PA; SP
NORDITROPIN FLEXPRO 5 MG/1.5 5 MG/1.5 ML (3.3 MG/ML)	PDL Preferred Brand	PA; SP

Drug	Status	Notes
NUTROPIN AQ NUSPIN 10 INJECTOR 10 MG/2 ML (5 MG/ML)	PDL Preferred Brand	PA; SP
NUTROPIN AQ NUSPIN 20 INJECTOR 20 MG/2 ML (10 MG/ML)	PDL Preferred Brand	PA; SP
NUTROPIN AQ NUSPIN 5 INJECTOR 5 MG/2 ML (2.5 MG/ML)	PDL Preferred Brand	PA; SP
OMNITROPE 10 MG/1.5 ML CRTG SINGLE USE 10 MG/1.5 ML (6.7 MG/ML)	PDL Non-Preferred Brand	PA; SP
OMNITROPE 5 MG/1.5 ML CRTG SINGLE USE 5 MG/1.5 ML (3.3 MG/ML)	PDL Non-Preferred Brand	PA; SP
OMNITROPE 5.8 MG VIAL 5.8 MG	PDL Non-Preferred Brand	PA; SP
SAIZEN 5 MG VIAL 5 MG	PDL Non-Preferred Brand	PA; SP
SAIZEN 8.8 MG SAIZENPREP CART 8.8 MG/1.51 ML (FINAL CONC.)	PDL Non-Preferred Brand	PA; SP
SAIZEN 8.8 MG VIAL 8.8 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 4 MG VIAL INNER, W/1ML DIL,MDV 4 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 4 MG VIAL OUTER, W/1ML DIL,MDV 4 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 5 MG VIAL INNER, W/1ML DIL,SDV 5 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 5 MG VIAL OUTER, W/1ML DIL,SDV 5 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 6 MG VIAL INNER, W/1ML DIL,SDV 6 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 6 MG VIAL OUTER, W/1ML DIL,SDV 6 MG	PDL Non-Preferred Brand	PA; SP
ZOMACTON 10 MG VIAL 10 MG	PDL Non-Preferred Brand	PA; SP
ZOMACTON 5 MG VIAL 5 MG	PDL Non-Preferred Brand	PA; SP
ZORBTIVE 8.8 MG VIAL 8.8 MG	PDL Non-Preferred Brand	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol 0.5 mcg cap 0.5 mcg	Non-PDL Generic	
doxercalciferol 1 mcg capsule 1 mcg	Non-PDL Generic	
doxercalciferol 2.5 mcg cap 2.5 mcg	Non-PDL Generic	
paricalcitol 1 mcg capsule 1 mcg	Non-PDL Generic	
paricalcitol 2 mcg capsule 2 mcg	Non-PDL Generic	
paricalcitol 4 mcg capsule 4 mcg	Non-PDL Generic	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX 40 MG/4 ML VIAL 10 MG/ML	Non-PDL Brand	PA; SP

Drug	Status	Notes
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL 2 MG/ML NASAL SPRAY 2 MG/ML	Non-PDL Brand	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
CETROTIDE 0.25 MG KIT 0.25 MG	Non-PDL Brand	SP
ganirelix acet 250 mcg/0.5 ml 250 mcg/0.5 ml	Non-PDL Brand	SP
ORILISSA 150 MG TABLET INNER 150 MG	Non-PDL Brand	PA
ORILISSA 150 MG TABLET OUTER 150 MG	Non-PDL Brand	PA
ORILISSA 150 MG TABLET SAMPLE 150 MG	Non-PDL Brand	PA
ORILISSA 200 MG TABLET INNER 200 MG	Non-PDL Brand	PA
ORILISSA 200 MG TABLET OUTER 200 MG	Non-PDL Brand	PA
ORILISSA 200 MG TABLET SAMPLE 200 MG	Non-PDL Brand	PA
Pituitary Suppressive Agents		
cabergoline 0.5 mg tablet 0.5 mg	Non-PDL Generic	
danazol 100 mg capsule 100 mg	Non-PDL Generic	
danazol 200 mg capsule 200 mg	Non-PDL Generic	
danazol 50 mg capsule 50 mg	Non-PDL Generic	
Endocrine Disorder Thyroid		
Antithyroid Preparations		
methimazole 10 mg tablet 10 mg	Non-PDL Generic	
methimazole 10 mg tablet inner 10 mg	Non-PDL Generic	
methimazole 10 mg tablet outer 10 mg	Non-PDL Generic	
methimazole 5 mg tablet 5 mg	Non-PDL Generic	
propylthiouracil 50 mg tablet 50 mg	Non-PDL Generic	
propylthiouracil 50 mg tablet bulk package 50 mg	Non-PDL Generic	
propylthiouracil 50 mg tablet inner 50 mg	Non-PDL Generic	
propylthiouracil 50 mg tablet outer 50 mg	Non-PDL Generic	
Iodine Containing Agents		
STRONG IODINE SOLUTION LUGOL'S SOLUTION,USP 5 %	Non-PDL Generic	
STRONG IODINE SOLUTION LUGOLS,USP 5 %	Non-PDL Generic	
Thyroid Hormones		
ARMOUR THYROID 120 MG TABLET 120 MG	Non-PDL Brand	
ARMOUR THYROID 15 MG TABLET 15 MG	Non-PDL Brand	
ARMOUR THYROID 180 MG TABLET 180 MG	Non-PDL Brand	
ARMOUR THYROID 240 MG TABLET 240 MG	Non-PDL Brand	

Drug	Status	Notes
ARMOUR THYROID 30 MG TABLET 30 MG	Non-PDL Brand	
ARMOUR THYROID 300 MG TABLET 300 MG	Non-PDL Brand	
ARMOUR THYROID 60 MG TABLET 60 MG	Non-PDL Brand	
ARMOUR THYROID 90 MG TABLET 90 MG	Non-PDL Brand	
EUTHYROX 100 MCG TABLET 100 MCG	Non-PDL Generic	
EUTHYROX 112 MCG TABLET 112 MCG	Non-PDL Generic	
EUTHYROX 125 MCG TABLET 125 MCG	Non-PDL Generic	
EUTHYROX 137 MCG TABLET 137 MCG	Non-PDL Generic	
EUTHYROX 150 MCG TABLET 150 MCG	Non-PDL Generic	
EUTHYROX 175 MCG TABLET 175 MCG	Non-PDL Generic	
EUTHYROX 200 MCG TABLET 200 MCG	Non-PDL Generic	
EUTHYROX 25 MCG TABLET 25 MCG	Non-PDL Generic	
EUTHYROX 50 MCG TABLET 50 MCG	Non-PDL Generic	
EUTHYROX 75 MCG TABLET 75 MCG	Non-PDL Generic	
EUTHYROX 88 MCG TABLET 88 MCG	Non-PDL Generic	
levothyroxine 100 mcg tablet 100 mcg	Non-PDL Generic	
levothyroxine 100 mcg tablet u-d,inner 100 mcg	Non-PDL Generic	
levothyroxine 100 mcg tablet u-d,outer,10x10 100 mcg	Non-PDL Generic	
levothyroxine 112 mcg tablet 112 mcg	Non-PDL Generic	
levothyroxine 112 mcg tablet inner 112 mcg	Non-PDL Generic	
levothyroxine 112 mcg tablet outer 112 mcg	Non-PDL Generic	
levothyroxine 125 mcg tablet 125 mcg	Non-PDL Generic	
levothyroxine 125 mcg tablet u-d,inner 125 mcg	Non-PDL Generic	
levothyroxine 125 mcg tablet u-d,outer,10x10 125 mcg	Non-PDL Generic	
levothyroxine 137 mcg tablet 137 mcg	Non-PDL Generic	
levothyroxine 137 mcg tablet inner 137 mcg	Non-PDL Generic	
levothyroxine 137 mcg tablet outer 137 mcg	Non-PDL Generic	

Drug	Status	Notes
levothyroxine 150 mcg tablet 150 mcg	Non-PDL Generic	
levothyroxine 150 mcg tablet u-d,10x10,inner 150 mcg	Non-PDL Generic	
levothyroxine 150 mcg tablet u-d,10x10,outer 150 mcg	Non-PDL Generic	
levothyroxine 175 mcg tablet 175 mcg	Non-PDL Generic	
levothyroxine 175 mcg tablet inner 175 mcg	Non-PDL Generic	
levothyroxine 175 mcg tablet outer 175 mcg	Non-PDL Generic	
levothyroxine 200 mcg tablet 200 mcg	Non-PDL Generic	
levothyroxine 25 mcg tablet 25 mcg	Non-PDL Generic	
levothyroxine 25 mcg tablet u-d,10x10,inner 25 mcg	Non-PDL Generic	
levothyroxine 25 mcg tablet u-d,10x10,outer 25 mcg	Non-PDL Generic	
levothyroxine 300 mcg tablet 300 mcg	Non-PDL Generic	
levothyroxine 50 mcg tablet 50 mcg	Non-PDL Generic	
levothyroxine 50 mcg tablet u-d,inner 50 mcg	Non-PDL Generic	
levothyroxine 50 mcg tablet u-d,outer,10x10 50 mcg	Non-PDL Generic	
levothyroxine 75 mcg tablet 75 mcg	Non-PDL Generic	
levothyroxine 75 mcg tablet u-d,inner 75 mcg	Non-PDL Generic	
levothyroxine 75 mcg tablet u-d,outer,10x10 75 mcg	Non-PDL Generic	
levothyroxine 88 mcg tablet 88 mcg	Non-PDL Generic	
levothyroxine 88 mcg tablet inner 88 mcg	Non-PDL Generic	
levothyroxine 88 mcg tablet outer 88 mcg	Non-PDL Generic	
liothyronine sod 25 mcg tab 25 mcg	Non-PDL Generic	
liothyronine sod 5 mcg tab 5 mcg	Non-PDL Generic	
liothyronine sod 50 mcg tab 50 mcg	Non-PDL Generic	
NATURE-THROID 113.75 MG TABLET 113.75 MG	Non-PDL Generic	
NATURE-THROID 130 MG TABLET 130 MG	Non-PDL Generic	
NATURE-THROID 146.25 MG TABLET 146.25 MG	Non-PDL Generic	

Drug	Status	Notes
NATURE-THROID 16.25 MG TABLET 16.25 MG	Non-PDL Generic	
NATURE-THROID 162.5 MG TABLET 162.5 MG	Non-PDL Generic	
NATURE-THROID 195 MG TABLET 195 MG	Non-PDL Generic	
NATURE-THROID 260 MG TABLET 260 MG	Non-PDL Generic	
NATURE-THROID 32.5 MG TABLET 32.5 MG	Non-PDL Generic	
NATURE-THROID 325 MG TABLET 325 MG	Non-PDL Generic	
NATURE-THROID 48.75 MG TABLET 48.75 MG	Non-PDL Generic	
NATURE-THROID 65 MG TABLET 65 MG	Non-PDL Generic	
NATURE-THROID 81.25 MG TABLET 81.25 MG	Non-PDL Generic	
NATURE-THROID 97.5 MG TABLET 97.5 MG	Non-PDL Generic	
NP THYROID 120 MG TABLET 120 MG	Non-PDL Generic	
NP THYROID 15 MG TABLET 15 MG	Non-PDL Generic	
NP THYROID 30 MG TABLET 30 MG	Non-PDL Generic	
NP THYROID 60 MG TABLET 60 MG	Non-PDL Generic	
NP THYROID 90 MG TABLET 90 MG	Non-PDL Generic	
thyroid 120 mg tablet 120 mg	Non-PDL Generic	
thyroid 15 mg tablet 15 mg	Non-PDL Generic	
thyroid 30 mg tablet 30 mg	Non-PDL Generic	
thyroid 60 mg tablet 60 mg	Non-PDL Generic	
thyroid 90 mg tablet 90 mg	Non-PDL Generic	
WESTHROID 130 MG TABLET 130 MG	Non-PDL Generic	
WESTHROID 195 MG TABLET 195 MG	Non-PDL Generic	
WESTHROID 32.5 MG TABLET 32.5 MG	Non-PDL Generic	
WESTHROID 65 MG TABLET 65 MG	Non-PDL Generic	
WESTHROID 97.5 MG TABLET 97.5 MG	Non-PDL Generic	
WP THYROID 113.75 MG TABLET 113.75 MG	Non-PDL Generic	

Drug	Status	Notes
WP THYROID 130 MG TABLET 130 MG	Non-PDL Generic	
WP THYROID 16.25 MG TABLET 16.25 MG	Non-PDL Generic	
WP THYROID 32.5 MG TABLET 32.5 MG	Non-PDL Generic	
WP THYROID 48.75 MG TABLET 48.75 MG	Non-PDL Generic	
WP THYROID 65 MG TABLET 65 MG	Non-PDL Generic	
WP THYROID 81.25 MG TABLET 81.25 MG	Non-PDL Generic	
WP THYROID 97.5 MG TABLET 97.5 MG	Non-PDL Generic	
Eye General Disorders		
Eye Antibiotic-Corticoid Combinations		
neo-bacit-poly-hc eye ointment 3.5-400-10,000 mg-unit/g-1%	Non-PDL Generic	
neomycin-poly-hc eye drops 3.5-10,000-10 mg-unit-mg/ml	Non-PDL Generic	
neomyc-polym-dexamet eye ointm 3.5 mg/g-10,000 unit/g-0.1 %	Non-PDL Generic	
neomyc-polym-dexameth eye drop 3.5mg/ml-10,000 unit/ml-0.1 %	Non-PDL Generic	
NEO-POLYCIN HC EYE OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Non-PDL Generic	
TOBRADEX EYE OINTMENT 0.3-0.1 %	Non-PDL Brand	
tobramycin-dexameth ophth susp 0.3-0.1 %	Non-PDL Generic	
ZYLET EYE DROPS 0.3-0.5 %	Non-PDL Brand	
Eye Antihistamines		
ALAWAY 0.025% EYE DROPS 0.025 % (0.035 %)	PDL Preferred Generic	
azelastine hcl 0.05% drops 0.05 %	PDL Non-Preferred Generic	PA
azelastine hcl 0.05% drops sterile 0.05 %	PDL Non-Preferred Generic	PA
azelastine hcl 0.05% drops strl 0.05 %	PDL Non-Preferred Generic	PA
BEPREVE 1.5% EYE DROPS 1.5 %	PDL Non-Preferred Brand	PA; QL (10 ML per 30 days)
CHILD'S ALAWAY 0.025% EYE DROP 0.025 % (0.035 %)	PDL Preferred Generic	
CVS ALLERGY 0.025% EYE DROPS 0.025 % (0.035 %)	PDL Preferred Generic	
CVS EYE ITCH RELIEF 0.025% DRP 0.025 % (0.035 %)	PDL Preferred Generic	

Drug	Status	Notes
epinastine hcl 0.05% eye drops 0.05 %	PDL Non-Preferred Generic	PA
EQ ITCHY EYE 0.025% DROPS UP TO 12 HOURS 0.025 % (0.035 %)	PDL Preferred Generic	
EYE ITCH RELIEF 0.025% DROPS 0.025 % (0.035 %)	PDL Preferred Generic	
EYE ITCH RELIEF 0.025% DROPS 12 HOUR RELIEF,2X5ML 0.025 % (0.035 %)	PDL Preferred Generic	
EYE ITCH RELIEF 0.025% DROPS 12 HOURS 0.025 % (0.035 %)	PDL Preferred Generic	
EYE ITCH RELIEF 0.025% DROPS UP TO 12HRS, STERILE 0.025 % (0.035 %)	PDL Preferred Generic	
GS ITCHY EYE 0.025% DROPS 0.025 % (0.035 %)	PDL Preferred Generic	
HM EYE ITCH RELIEF 0.025% DROP 0.025 % (0.035 %)	PDL Preferred Generic	
ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %)	PDL Preferred Generic	
KRO EYE ITCH RLF 0.025% DROPS UP TO 12 HRS,STERILE 0.025 % (0.035 %)	PDL Preferred Generic	
LASTACAFT 0.25% EYE DROPS 0.25 %	PDL Non-Preferred Brand	PA; QL (3 ML per 30 days)
olopatadine hcl 0.1% eye drops 0.1 %	PDL Preferred Generic	
olopatadine hcl 0.2% eye drop 0.2 %	PDL Preferred Generic	QL (3 ML per 30 days)
PATADAY 0.1% EYE DROPS 0.1 %	PDL Non-Preferred Brand	PA
PATADAY 0.2% EYE DROPS (OTC) 0.2 %	PDL Non-Preferred Brand	PA; QL (3 ML per 30 days)
PAZEO 0.7% EYE DROPS 0.7 %	PDL Preferred Brand	QL (2.5 ML per 30 days)
RA EYE ITCH RELIEF 0.025% DROP 0.025 % (0.035 %)	PDL Preferred Generic	
SM EYE ITCH RELIEF 0.025% DROP UP TO 12 HOURS, STRL 0.025 % (0.035 %)	PDL Preferred Generic	
SM EYE ITCH RELIEF 0.025% DROP UP TO 12 HRS,STERILE 0.025 % (0.035 %)	PDL Preferred Generic	
WAL-ZYR 0.025% EYE DROPS 0.025 % (0.035 %)	PDL Preferred Generic	
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC) 0.025 % (0.035 %)	PDL Non-Preferred Brand	PA
Eye Antiinflammatory Agents		
ACULAR 0.5% EYE DROPS 0.5 %	PDL Non-Preferred Brand	PA
ACULAR LS 0.4% OPHTH SOL 0.4 %	PDL Non-Preferred Brand	PA
ACUVAIL 0.45% OPHTH SOLUTION 0.45 %	PDL Non-Preferred Brand	PA
ALREX 0.2% EYE DROPS 0.2 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
bromfenac sodium 0.09% eye drp 0.09 %	PDL Non-Preferred Generic	PA
bromfenac sodium 0.09% eye drp once daily 0.09 %	PDL Non-Preferred Generic	PA
BROMSITE 0.075% EYE DROPS 0.075 %	PDL Non-Preferred Brand	PA
dexamethasone 0.1% eye drop 0.1 %	Non-PDL Generic	
diclofenac 0.1% eye drops 0.1 %	PDL Preferred Generic	
DUREZOL 0.05% EYE DROPS 0.05 %	Non-PDL Brand	
FLAREX 0.1% EYE DROPS 0.1 %	Non-PDL Brand	
fluorometholone 0.1% drops 0.1 %	Non-PDL Generic	
flurbiprofen 0.03% eye drop 0.03 %	PDL Non-Preferred Generic	PA
FML FORTE 0.25% EYE DROPS 0.25 %	Non-PDL Brand	
FML S.O.P. 0.1% OINTMENT 0.1 %	Non-PDL Brand	
ILEVRO 0.3% OPHTH DROPS 0.3 %	Non-PDL Brand	
ketorolac 0.4% ophth solution 0.4 %	PDL Preferred Generic	
ketorolac 0.5% ophth solution 0.5 %	PDL Preferred Generic	
LOTEMAX 0.5% EYE OINTMENT 0.5 %	Non-PDL Brand	
LOTEMAX 0.5% OPHTHALMIC GEL 0.5 %	Non-PDL Brand	
LOTEMAX SM 0.38% OPHTH GEL 0.38 %	Non-PDL Brand	
loteprednol etabonate 0.5% drp 0.5 %	Non-PDL Generic	
NEVANAC 0.1% DROPTAINER 0.1 %	PDL Non-Preferred Brand	PA
PRED MILD 0.12% EYE DROPS 0.12 %	Non-PDL Brand	
prednisolone ac 1% eye drop 1 %	Non-PDL Generic	
prednisolone sod 1% eye drop 1 %	Non-PDL Generic	
PROLENSA 0.07% EYE DROPS 0.07 %	PDL Non-Preferred Brand	PA
Eye Antivirals		
trifluridine 1% eye drops 1 %	Non-PDL Generic	
ZIRGAN 0.15% OPHTHALMIC GEL 0.15 %	Non-PDL Brand	
Eye Local Anesthetics		
ALCAINE 0.5% EYE DROPS 0.5 %	Non-PDL Generic	
ALTACAINE 0.5% EYE DROP 0.5 %	Non-PDL Generic	

Drug	Status	Notes
ALTAFLUOR BENOX 0.25%-0.4% DRP 0.25-0.4 %	Non-PDL Generic	
fluorescein-proparacaine drops 0.25-0.5 %	Non-PDL Generic	
proparacaine 0.5% eye drops 0.5 %	Non-PDL Generic	
tetracaine 0.5% eye drop 0.5 %	Non-PDL Generic	
tetracaine 0.5% steri-unit sol 0.5 %	Non-PDL Generic	
Eye Sulfonamides		
BLEPH-10 10% EYE DROPS 10 %	Non-PDL Generic	
BLEPHAMIDE EYE DROPS LIQUIFILM 10-0.2 %	Non-PDL Brand	
BLEPHAMIDE EYE OINTMENT 10-0.2 %	Non-PDL Brand	
sulfacetamide 10% eye drops 10 %	Non-PDL Generic	
sulfacetamide 10% eye ointment 10 %	Non-PDL Generic	
sulf-pred 10-0.23% eye drops 10 %-0.23 % (0.25 %)	Non-PDL Generic	
Eye Vasoconstrictors (Rx Only)		
phenylephrine 10% eye drops 10 %	Non-PDL Generic	
phenylephrine 2.5% eye drop 2.5 %	Non-PDL Generic	
Ophthalmic Antibiotics		
AK-POLY-BAC EYE OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
AZASITE 1% EYE DROPS 1 %	PDL Non-Preferred Brand	PA
bacitracin 500 unit/gm ophthalmic ointment sterile 500 unit/gram	Non-PDL Generic	
bacitracin-polymyxin eye oint 500-10,000 unit/gram	Non-PDL Generic	
BESIVANCE 0.6% SUSP 0.6 %	PDL Non-Preferred Brand	PA
CILOXAN 0.3% EYE DROPS 0.3 %	PDL Non-Preferred Brand	PA
CILOXAN 0.3% OINTMENT 0.3 %	PDL Non-Preferred Brand	PA
ciprofloxacin 0.3% eye drop 0.3 %	PDL Preferred Generic	
erythromycin 0.5% eye ointment 5 mg/gram (0.5 %)	Non-PDL Generic	
erythromycin 0.5% eye ointment 50's, u-d 5 mg/gram (0.5 %)	Non-PDL Generic	
erythromycin 0.5% eye ointment inner 5 mg/gram (0.5 %)	Non-PDL Generic	
erythromycin 0.5% eye ointment outer 5 mg/gram (0.5 %)	Non-PDL Generic	

Drug	Status	Notes
gatifloxacin 0.5% eye drops 0.5 %	PDL Non-Preferred Generic	PA
GENTAK 0.3 % EYE OINTMENT 0.3 % (3 MG/GRAM)	Non-PDL Generic	
gentamicin 0.3% eye drop 0.3 %	Non-PDL Generic	
gentamicin 3 mg/ml eye drop 0.3 %	Non-PDL Generic	
levofloxacin 0.5% eye drops 0.5 %	PDL Non-Preferred Generic	PA
MOXEZA 0.5% EYE DROPS 0.5 %	PDL Non-Preferred Brand	PA
moxifloxacin 0.5% eye drops 0.5 %	PDL Non-Preferred Generic	PA
moxifloxacin 0.5% eye drops 0.5 %	PDL Non-Preferred Generic	PA
neomyc-bacit-polymix eye oint 3.5-400-10,000 mg-unit-unit/g	Non-PDL Generic	
neomyc-polym-gramicid eye drop formerly ocutricin 1.75 mg-10,000 unit-0.025mg/ml	Non-PDL Generic	
NEO-POLYCIN EYE OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
OCUFLOX 0.3% EYE DROPS 0.3 %	PDL Non-Preferred Brand	PA
ofloxacin 0.3% eye drops 0.3 %	PDL Preferred Generic	
POLYCIN EYE OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
polymyxin b-tmp eye drops 10,000 unit- 1 mg/ml	Non-PDL Generic	
tobramycin 0.3% eye drop 0.3 %	Non-PDL Generic	
TOBREX 0.3% EYE OINTMENT 0.3 %	Non-PDL Brand	
VIGAMOX 0.5% EYE DROPS DROPTAINER 0.5 %	PDL Preferred Brand	
ZYMAXID 0.5% EYE DROPS 0.5 %	PDL Non-Preferred Brand	PA
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
XIIDRA 5% EYE DROPS INNER, P/F 5 %	Non-PDL Brand	QL (60 EA per 30 days)
XIIDRA 5% EYE DROPS OUTER, P/F 5 %	Non-PDL Brand	QL (60 EA per 30 days)
Ophthalmic Mast Cell Stabilizers		
ALOCRIL 2% EYE DROPS 2 %	PDL Non-Preferred Brand	PA
ALOMIDE 0.1% EYE DROPS 0.1 %	PDL Non-Preferred Brand	PA
cromolyn 4% eye drops 4 %	PDL Preferred Generic	

Drug	Status	Notes
Ophthalmic Preparations, Miscellaneous		
ALTACHLORE 5% OINTMENT 5 %	Non-PDL Generic	
ALTACHLORE 5% OPHTH SOLN 5 %	Non-PDL Generic	
cvs sodium chloride 5% eye drp 5 %	Non-PDL Generic	
cvs sodium chloride 5% oint 5 %	Non-PDL Generic	
MURO-128 2% EYE DROPS 2 %	Non-PDL Generic	
MURO-128 5% EYE DROPS 5 %	Non-PDL Generic	
MURO-128 5% EYE OINTMENT 5 %	Non-PDL Generic	
ra sodium chloride 5% eye drop 5 %	Non-PDL Generic	
sodium chloride 5% eye drop 5 %	Non-PDL Generic	
sodium chloride 5% eye oint 5 %	Non-PDL Generic	
sodium chloride 5% eye oint sterile 5 %	Non-PDL Generic	
sodium chloride 5% opht soln 5 %	Non-PDL Generic	
Eye Glaucoma		
Carbonic Anhydrase Inhibitors		
acetazolamide 125 mg tablet 125 mg	Non-PDL Generic	
acetazolamide 250 mg tablet 10x10, u-d, inner 250 mg	Non-PDL Generic	
acetazolamide 250 mg tablet 10x10, u-d, outer 250 mg	Non-PDL Generic	
acetazolamide 250 mg tablet 250 mg	Non-PDL Generic	
acetazolamide er 500 mg cap 500 mg	Non-PDL Generic	
acetazolamide er 500 mg cap u-d, 3x10, inner 500 mg	Non-PDL Generic	
acetazolamide er 500 mg cap u-d, 3x10, outer 500 mg	Non-PDL Generic	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P 0.1% DROPS 0.1 %	PDL Preferred Brand	
ALPHAGAN P 0.15% EYE DROPS 0.15 %	PDL Preferred Brand	
apraclonidine hcl 0.5% drops 0.5 %	PDL Non-Preferred Generic	PA
AZOPT 1% EYE DROPS 1 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
betaxolol hcl 0.5% eye drop 0.5 %	PDL Non-Preferred Generic	PA
BETOPTIC S 0.25% EYE DROPS 0.25 %	PDL Non-Preferred Brand	PA
bimatoprost 0.03% eye drops 0.03 %	PDL Non-Preferred Generic	PA; QL (1 ML per 12 days)
brimonidine 0.2% eye drop 0.2 %	PDL Preferred Generic	
brimonidine tartrate 0.15% drp 0.15 %	PDL Non-Preferred Generic	PA
carteolol hcl 1% eye drops 1 %	PDL Non-Preferred Generic	PA
COMBIGAN 0.2%-0.5% EYE DROPS 0.2-0.5 %	PDL Preferred Brand	
COSOPT EYE DROPS 22.3-6.8 MG/ML	PDL Non-Preferred Brand	PA
COSOPT PF EYE DROPS P/F,SINGLE-USE,INNER 2-0.5 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
COSOPT PF EYE DROPS P/F,SINGLE-USE,OUTER 2-0.5 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
dorzolamide 2% eye drop (cmpd-rx) 2 %	Non-PDL Generic	
dorzolamide hcl 2% eye drops 2 %	PDL Preferred Generic	
dorzolamide-timolol 2%-0.5% 2-0.5 %	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dorzolamide-timolol 2%-0.5% inner 2-0.5 %	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dorzolamide-timolol 2%-0.5% outer 2-0.5 %	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dorzolamide-timolol eye drops 22.3-6.8 mg/ml	PDL Preferred Generic	
IOPIDINE 1% EYE DROPS 1 %	PDL Non-Preferred Brand	PA
ISTALOL 0.5% EYE DROPS 0.5 %	PDL Non-Preferred Brand	PA
latanoprost 0.005% eye drop (cmpd-rx) 0.005 %	Non-PDL Generic	
latanoprost 0.005% eye drops 0.005 %	PDL Preferred Generic	
levobunolol 0.5% eye drops 0.5 %	PDL Non-Preferred Generic	PA
LUMIGAN 0.01% EYE DROPS 0.01 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 25 days)

Drug	Status	Notes
metipranolol 0.3% eye drops 0.3 %	Non-PDL Generic	
pilocarpine 1% eye drops 1 %	Non-PDL Generic	
pilocarpine 2% eye drops 2 %	Non-PDL Generic	
pilocarpine 4% eye drops 4 %	Non-PDL Generic	
RHOPRESSA 0.02% OPHTH SOLUTION 0.02 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 30 days)
ROCKLATAN 0.02%-0.005% EYE DRP 0.02-0.005 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 25 days)
SIMBRINZA 1%-0.2% EYE DROPS 1-0.2 %	PDL Non-Preferred Brand	PA
timolol 0.25% gel-solution 0.25 %	PDL Preferred Generic	
timolol 0.25% gfs gel-solution 0.25 %	PDL Preferred Generic	
timolol 0.5% eye drop 0.5 %	PDL Non-Preferred Generic	PA
timolol 0.5% gel-solution 0.5 %	PDL Preferred Generic	
timolol 0.5% gfs gel-solution 0.5 %	PDL Preferred Generic	
timolol 0.5%-dorzolamide 2% eye drop (cmpd-rx) 2-0.5 %	PDL Non-Preferred Generic	PA
timolol maleate 0.25% eye drop 0.25 %	PDL Preferred Generic	
timolol maleate 0.5% eye drops 0.5 %	PDL Preferred Generic	
TIMOPTIC 0.25% EYE DROP 0.25 %	PDL Non-Preferred Brand	PA
TIMOPTIC 0.25% OCUDOSE DROP P/F, OCUDOSE 0.25 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TIMOPTIC 0.5% EYE DROP 0.5 %	PDL Non-Preferred Brand	PA
TIMOPTIC 0.5% OCUDOSE DROP P/F ,OCUDSE 0.5 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TIMOPTIC-XE 0.25% EYE GEL-SOLN 0.25 %	PDL Non-Preferred Brand	PA
TIMOPTIC-XE 0.5% GEL-SOLUTION 0.5 %	PDL Non-Preferred Brand	PA
TRAVATAN Z 0.004% EYE DROP BENZALKONIUM FREE 0.004 %	PDL Preferred Brand	QL (2.5 ML per 25 days)
TRAVATAN Z 0.004% EYE DROP SAMPLE 0.004 %	PDL Preferred Brand	QL (2.5 ML per 25 days)
travoprost 0.004% eye drop 0.004 %	Non-PDL Generic	QL (2.5 ML per 25 days)
TRUSOPT 2% EYE DROPS 2 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
VYZULTA 0.024% OPHTH SOLUTION 0.024 %	PDL Non-Preferred Brand	PA; QL (0.25 ML per 25 days)
XALATAN 0.005% EYE DROPS 0.005 %	PDL Non-Preferred Brand	PA
ZIOPTAN 0.0015% EYE DROPS P/F,SINGLE USE,INNER 0.0015 %	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZIOPTAN 0.0015% EYE DROPS P/F,SINGLE USE,OUTER 0.0015 %	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Mydriatics		
atropine 1% eye drops 1 %	Non-PDL Generic	
atropine 1% eye ointment 1 %	Non-PDL Generic	
cyclopentolate 0.5% eye drops 0.5 %	Non-PDL Generic	
cyclopentolate 1% eye drop 1 %	Non-PDL Generic	
cyclopentolate 1% eye drops 1 %	Non-PDL Generic	
cyclopentolate hcl 2% drops 2 %	Non-PDL Generic	
HOMATROPAIRE 5% EYE DROPS 5 %	Non-PDL Generic	
tropicamide 0.5% eye drop 0.5 %	Non-PDL Generic	
tropicamide 0.5% eye drops 0.5 %	Non-PDL Generic	
tropicamide 1% eye drop 1 %	Non-PDL Generic	
tropicamide 1% eye drops 1 %	Non-PDL Generic	
Eye Miscellaneous		
Artificial Tears		
ARTIFICIAL TEARS	Non-PDL Generic	
ARTIFICIAL TEARS 1.4% DROPS 1.4 %	Non-PDL Generic	
ARTIFICIAL TEARS DROPS 0.5-0.6 %	Non-PDL Generic	
ARTIFICIAL TEARS DROPS P/F, STERILE 0.1-0.3 %	Non-PDL Generic	
ARTIFICIAL TEARS DROPS STERILE, P/F 0.1-0.3 %	Non-PDL Generic	
ARTIFICIAL TEARS DROPS U-D, 32X.6ML 0.1-0.3 %	Non-PDL Generic	
ARTIFICIAL TEARS EYE DROPS	Non-PDL Generic	
ARTIFICIAL TEARS EYE DROPS STRL 0.1-0.3 %	Non-PDL Generic	
ARTIFICIAL TEARS EYE DROPS TWIN PACK 0.1-0.3 %	Non-PDL Generic	

Drug	Status	Notes
ARTIFICIALS TEARS DROPS	Non-PDL Generic	
CLEAR EYES NATURAL TEARS DROP 0.5-0.6 %	Non-PDL Generic	
CVS LUBRICANT 0.5% EYE DROP 0.5 %	Non-PDL Generic	
CVS LUBRICANT 0.5% EYE DROPS 0.5 %	Non-PDL Generic	
CVS LUBRICANT EYE 0.4%-0.3% P/F 0.4-0.3 %	Non-PDL Generic	
CVS LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	
CVS NATURAL TEARS DROP 0.1-0.3 %	Non-PDL Generic	
EQ GENTLE 0.3% EYE DROPS 0.3 %	Non-PDL Generic	
EQ LUBRICANT EYE DROPS STERILE 0.4-0.3 %	Non-PDL Generic	
EQ LUBRICATING EYE DROPS STERILE 0.5-0.9 %	Non-PDL Generic	
EQ RESTORE PLUS 0.5% EYE DROP 0.5 %	Non-PDL Generic	
EQ RESTORE TEARS 0.5% EYE DROP 0.5 %	Non-PDL Generic	
EQ REVIVE PLUS 0.5% EYE DROPS 0.5 %	Non-PDL Generic	
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 %	Non-PDL Brand	
GENTEAL TEARS 0.1%-0.3% DROP 0.1-0.3 %	Non-PDL Generic	
GNP ARTIFICIAL TEARS DROPS 0.5-0.6 %	Non-PDL Generic	
GNP LUBRICANT 0.5% EYE DROP 0.5 %	Non-PDL Generic	
GNP LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	
GNP LUBRICAT PLUS 0.5% EYE DRP P/F, 30X0.4ML 0.5 %	Non-PDL Generic	
GNP LUBRICATING RLF 0.3-0.4% 0.4-0.3 %	Non-PDL Generic	
GNP ULTRA LUBRICANT EYE DROPS 2X10MLTWIN PACK,STRL 0.4-0.3 %	Non-PDL Generic	
GS ARTIFICIAL TEARS EYE DROPS 0.5-0.6 %	Non-PDL Generic	
GS LUBRICAT PLUS 0.5% EYE DRPS P/F, 30X0.4ML 0.5 %	Non-PDL Generic	
GS ULTRA LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	
HM LUBRICAT PLUS 0.5% EYE DRPS P/F, SUV, STERILE 0.5 %	Non-PDL Generic	
HM LUBRICATING TEARS EYE DROPS 0.4-0.3 %	Non-PDL Generic	

Drug	Status	Notes
LUBRICANT 0.3%-0.4% EYE DROPS 0.4-0.3 %	Non-PDL Generic	
LUBRICANT 0.5% EYE DROP 0.5 %	Non-PDL Generic	
LUBRICANT 0.5% EYE DROP 2X15ML, STERILE 0.5 %	Non-PDL Generic	
LUBRICANT 0.5% EYE DROP STRL 0.5 %	Non-PDL Generic	
LUBRICANT 0.5% EYE DROPS P/F, STERILE 0.5 %	Non-PDL Generic	
LUBRICANT 0.5-0.9% EYE DROPS 0.5-0.9 %	Non-PDL Generic	
LUBRICANT 0.5-0.9% EYE DROPS 0.5-0.9 %	Non-PDL Generic	
LUBRICANT EYE 0.4%-0.3% DROP 0.4-0.3 %	Non-PDL Generic	
LUBRICANT EYE 0.4%-0.3% DROP P/F 0.4-0.3 %	Non-PDL Generic	
LUBRICANT EYE 0.4%-0.3% DROP P/F, ULTRA 0.4-0.3 %	Non-PDL Generic	
LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	
LUBRICANT EYE DROPS P/F, STERILE 0.5 %	Non-PDL Generic	
LUBRICANT EYE DROPS STERILE 0.4-0.3 %	Non-PDL Generic	
LUBRICANT EYE DROPS STRL 0.4-0.3 %	Non-PDL Generic	
LUBRICANT EYE DROPS STRL,P/F 0.5 %	Non-PDL Generic	
LUBRICATING EYE DROP 0.4-0.3 %	Non-PDL Generic	
LUBRICATING PLUS 0.5% EYE DRPS P/F, 30X0.4ML 0.5 %	Non-PDL Generic	
LUBRICATING PLUS 0.5% EYE DRPS P/F, 50X0.4ML 0.5 %	Non-PDL Generic	
LUBRICATING RLF 0.3-0.4% EYE 0.4-0.3 %	Non-PDL Generic	
polyvinyl alcohl 1.4% eyedrop 1.4 %	Non-PDL Generic	
PUB ARTIFICIAL TEARS 0.5-0.6 %	Non-PDL Generic	
PURE & GENTLE EYE DROPS LUBRICANT 0.3 %	Non-PDL Generic	
QC ARTIFICIAL TEARS DROPS 0.5-0.6 %	Non-PDL Generic	
RA ARTIFICIAL TEARS DROPS STERILE 1-0.3 %	Non-PDL Generic	
RA LUBRICANT 0.5% EYE DROP 0.5 %	Non-PDL Generic	
RA LUBRICANT EYE DROPS DRY EYE RELIEF 0.4-0.3 %	Non-PDL Generic	

Drug	Status	Notes
REFRESH CELLUVISC 1% EYE DROPS 1 %	Non-PDL Brand	
REFRESH LIQUIGEL 1% EYE DROP 1 %	Non-PDL Brand	
REFRESH P.M. OINTMENT P-F	Non-PDL Brand	
REFRESH PLUS 0.5% EYE DROPS 30X0.4ML 0.5 %	Non-PDL Brand	
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D 0.5 %	Non-PDL Brand	
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML 0.5 %	Non-PDL Brand	
REFRESH TEARS 0.5% EYE DROP 0.5 %	Non-PDL Brand	
RETAINE HPMC 0.3% EYE DROPS 0.3 %	Non-PDL Generic	
SM ARTIFICIAL TEARS 0.5-0.6 %	Non-PDL Generic	
SM LUBRICANT EYE DROPS STRL 0.4-0.3 %	Non-PDL Generic	
SM LUBRICAT PLUS 0.5% EYE DRPS 0.5 %	Non-PDL Generic	
SM LUBRICATING TEARS EYE DROPS STERILE 0.4-0.3 %	Non-PDL Generic	
ULTRA FRESH 0.5% EYE DROP 0.5 %	Non-PDL Generic	
ULTRA LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	
ULTRA LUBRICANT EYE DROPS 2X10MLTWIN PACK,STRL 0.4-0.3 %	Non-PDL Generic	
Eye Irrigations		
EYE WASH STERILE SOLUTION	Non-PDL Generic	
Eye Preparations, Miscellaneous (Otc)		
ARTIFICIAL TEARS EYE OINTMENT 83-15 %	Non-PDL Generic	
CVS NIGHTTIME DRY-EYE RELIEF 57.3-42.5 %	Non-PDL Generic	
CVS OVERNIGHT LUBRICATING EYE 94-3 %	Non-PDL Generic	
EQ RESTORE PM EYE OINTMENT 57.3-42.5 %	Non-PDL Generic	
FOR STY RELIEF EYE OINTMENT	Non-PDL Generic	
GENTEAL TEARS SEVERE 3%-94% 94-3 %	Non-PDL Brand	
GNP LUBRICANT PM EYE OINTMENT P/F 57.3-42.5 %	Non-PDL Generic	
LUBRICANT EYE OINTMENT 57.3-42.5 %	Non-PDL Generic	
LUBRICANT EYE OINTMENT STERILE 57.3-42.5 %	Non-PDL Generic	
LUBRICANT PM EYE OINTMENT 57.3-42.5 %	Non-PDL Generic	
LUBRICANT PM EYE OINTMENT P/F 57.3-42.5 %	Non-PDL Generic	

Drug	Status	Notes
LUBRIFRESH PM EYE OINTMENT 83-15 %	Non-PDL Generic	
REFRESH P.M. OINTMENT 57.3-42.5 %	Non-PDL Brand	
RETAINE PM EYE OINTMENT 80-20 %	Non-PDL Generic	
SOOTHE NIGHT TIME LUB EYE OINT 80-20 %	Non-PDL Generic	
SYSTANE NIGHTTIME EYE OINTMENT 94-3 %	Non-PDL Brand	
ULTRA FRESH PM OINTMENT	Non-PDL Generic	
Gout And Related Diseases		
Colchicine		
colchicine 0.6 mg capsule 0.6 mg	Non-PDL Generic	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
allopurinol 100 mg tablet 100 mg	Non-PDL Generic	
allopurinol 100 mg tablet u-d, 10x10, inner 100 mg	Non-PDL Generic	
allopurinol 100 mg tablet u-d, outer 100 mg	Non-PDL Generic	
allopurinol 100 mg tablet u-d,10x10,inner 100 mg	Non-PDL Generic	
allopurinol 100 mg tablet u-d,10x10,outer 100 mg	Non-PDL Generic	
allopurinol 300 mg tablet 300 mg	Non-PDL Generic	
allopurinol 300 mg tablet u-d, 10x10, inner 300 mg	Non-PDL Generic	
allopurinol 300 mg tablet u-d, outer 300 mg	Non-PDL Generic	
allopurinol 300 mg tablet u-d,10x10,inner 300 mg	Non-PDL Generic	
allopurinol 300 mg tablet u-d,10x10,outer 300 mg	Non-PDL Generic	
febuxostat 40 mg tablet 40 mg	Non-PDL Generic	QL (30 EA per 30 days)
febuxostat 80 mg tablet 80 mg	Non-PDL Generic	QL (30 EA per 30 days)
Uricosuric Agents		
probenecid 500 mg tablet 500 mg	Non-PDL Generic	
probenecid 500 mg tablet f/c 500 mg	Non-PDL Generic	
probenecid 500 mg tablet film coated 500 mg	Non-PDL Generic	
probenecid-colchicine tablet 500-0.5 mg	Non-PDL Generic	
Hematological Disorders		
Anticoagulants,Coumarin Type		

Drug	Status	Notes
JANTOVEN 1 MG TABLET 1 MG	PDL Preferred Generic	
JANTOVEN 1 MG TABLET U-D,10X10, INNER 1 MG	PDL Preferred Generic	
JANTOVEN 1 MG TABLET U-D,10X10, OUTER 1 MG	PDL Preferred Generic	
JANTOVEN 10 MG TABLET 10 MG	PDL Preferred Generic	
JANTOVEN 10 MG TABLET U-D,10X10, INNER 10 MG	PDL Preferred Generic	
JANTOVEN 10 MG TABLET U-D,10X10, OUTER 10 MG	PDL Preferred Generic	
JANTOVEN 2 MG TABLET 2 MG	PDL Preferred Generic	
JANTOVEN 2 MG TABLET U-D,10X10, INNER 2 MG	PDL Preferred Generic	
JANTOVEN 2 MG TABLET U-D,10X10, OUTER 2 MG	PDL Preferred Generic	
JANTOVEN 2.5 MG TABLET 2.5 MG	PDL Preferred Generic	
JANTOVEN 2.5 MG TABLET U-D,10X10, INNER 2.5 MG	PDL Preferred Generic	
JANTOVEN 2.5 MG TABLET U-D,10X10, OUTER 2.5 MG	PDL Preferred Generic	
JANTOVEN 3 MG TABLET 3 MG	PDL Preferred Generic	
JANTOVEN 3 MG TABLET U-D,10X10, INNER 3 MG	PDL Preferred Generic	
JANTOVEN 3 MG TABLET U-D,10X10, OUTER 3 MG	PDL Preferred Generic	
JANTOVEN 4 MG TABLET 4 MG	PDL Preferred Generic	
JANTOVEN 4 MG TABLET U-D,10X10, INNER 4 MG	PDL Preferred Generic	
JANTOVEN 4 MG TABLET U-D,10X10, OUTER 4 MG	PDL Preferred Generic	
JANTOVEN 5 MG TABLET 5 MG	PDL Preferred Generic	
JANTOVEN 5 MG TABLET U-D,10X10, INNER 5 MG	PDL Preferred Generic	
JANTOVEN 5 MG TABLET U-D,10X10, OUTER 5 MG	PDL Preferred Generic	
JANTOVEN 6 MG TABLET 6 MG	PDL Preferred Generic	
JANTOVEN 6 MG TABLET U-D,10X10, INNER 6 MG	PDL Preferred Generic	
JANTOVEN 6 MG TABLET U-D,10X10, OUTER 6 MG	PDL Preferred Generic	
JANTOVEN 7.5 MG TABLET 7.5 MG	PDL Preferred Generic	
JANTOVEN 7.5 MG TABLET U-D,10X10, INNER 7.5 MG	PDL Preferred Generic	

Drug	Status	Notes
JANTOVEN 7.5 MG TABLET U-D,10X10, OUTER 7.5 MG	PDL Preferred Generic	
warfarin sodium 1 mg tablet 1 mg	PDL Preferred Generic	
warfarin sodium 10 mg tablet 10 mg	PDL Preferred Generic	
warfarin sodium 2 mg tablet 10x10,u-d,inner 2 mg	PDL Preferred Generic	
warfarin sodium 2 mg tablet 10x10,u-d,outer 2 mg	PDL Preferred Generic	
warfarin sodium 2 mg tablet 2 mg	PDL Preferred Generic	
warfarin sodium 2.5 mg tablet 10x10,u-d,inner 2.5 mg	PDL Preferred Generic	
warfarin sodium 2.5 mg tablet 10x10,u-d,outer 2.5 mg	PDL Preferred Generic	
warfarin sodium 2.5 mg tablet 2.5 mg	PDL Preferred Generic	
warfarin sodium 3 mg tablet 3 mg	PDL Preferred Generic	
warfarin sodium 4 mg tablet 4 mg	PDL Preferred Generic	
warfarin sodium 5 mg tablet 10x10,u-d,inner 5 mg	PDL Preferred Generic	
warfarin sodium 5 mg tablet 10x10,u-d,outer 5 mg	PDL Preferred Generic	
warfarin sodium 5 mg tablet 5 mg	PDL Preferred Generic	
warfarin sodium 6 mg tablet 6 mg	PDL Preferred Generic	
warfarin sodium 7.5 mg tablet 7.5 mg	PDL Preferred Generic	
Antifibrinolytic Agents		
aminocaproic acid 0.25 gram/ml 250 mg/ml (25 %)	Non-PDL Generic	
aminocaproic acid 1,000 mg tab 1,000 mg	Non-PDL Generic	
aminocaproic acid 500 mg tab 500 mg	Non-PDL Generic	
tranexamic acid 650 mg tablet 650 mg	Non-PDL Generic	
tranexamic acid 650 mg tablet f/c 650 mg	Non-PDL Generic	
Antihemophilic Factors		
ADVATE 1,201-1,800 UNIT VIAL INNER, L/F, SUV 1,500 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 1,201-1,800 UNIT VIAL PRICE/UNIT, L/F, SUV 1,500 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 1,201-1,800 UNIT VIAL PRICE/UNIT, SUV 1,500 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 1,201-1,800 UNITS VIAL PRICE PER ONE UNIT 1,500 (+/-) UNIT	Non-PDL Brand	SP

Drug	Status	Notes
ADVATE 1,801-2,400 UNIT VIAL PRICE/UNIT, SUV, L/F 2,000 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 2,401-3,600 UNIT VIAL L/F,PRICE/UNIT, SUV 3,000 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 2,401-3,600 UNIT VIAL PRICE/ONE UNIT, SUV 3,000 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 200-400 UNIT VIAL INNER, L/F, SUV 250 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 200-400 UNIT VIAL PRICE/ONE UNIT, SUV 250 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 200-400 UNIT VIAL PRICE/UNIT, L/F, SUV 250 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 200-400 UNITS VIAL PRICE PER ONE UNIT 250 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 3,601-4,800 UNIT VIAL PRICE/ONE UNIT, SUV 4,000 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 3,601-4,800 UNIT VIAL PRICE/UNIT, SUV, L/F 4,000 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 401-800 UNIT VIAL INNER, L/F, SUV 500 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 401-800 UNIT VIAL PRICE/ONE UNIT, SUV 500 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 401-800 UNIT VIAL PRICE/UNIT, L/F, SUV 500 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 401-800 UNITS VIAL PRICE PER ONE UNIT 500 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 801-1,200 UNIT VIAL INNER, L/F, SUV 1,000 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 801-1,200 UNIT VIAL PRICE/ONE UNIT, SUV 1,000 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 801-1,200 UNIT VIAL PRICE/UNIT, L/F, SUV 1,000 (+/-) UNIT	Non-PDL Brand	SP
ADVATE 801-1,200 UNITS VIAL PRICE PER ONE UNIT 1,000 (+/-) UNIT	Non-PDL Brand	SP
ADYNOVATE 1,251-2,500 UNIT VL 2,000 (+/-) UNIT	Non-PDL Brand	SP
ADYNOVATE 1,500 UNIT VIAL 1,500 (+/-) UNIT	Non-PDL Brand	SP
ADYNOVATE 200-400 UNIT VIAL 250 (+/-) UNIT	Non-PDL Brand	SP
ADYNOVATE 3,000 UNIT VIAL 3,000 (+/-) UNIT	Non-PDL Brand	SP
ADYNOVATE 401-800 UNIT VIAL 500 (+/-) UNIT	Non-PDL Brand	SP
ADYNOVATE 750 UNIT VIAL 750 (+/-) UNIT	Non-PDL Brand	SP
ADYNOVATE 801-1,250 UNIT VIAL 1,000 (+/-) UNIT	Non-PDL Brand	SP
AFSTYLA 1,000 UNIT VIAL 1,000 (+/-) UNIT RANGE	Non-PDL Brand	SP
AFSTYLA 1,500 UNIT RANGE VIAL 1,500 (+/-) UNIT RANGE	Non-PDL Brand	SP
AFSTYLA 2,000 UNIT VIAL 2,000 (+/-) UNIT RANGE	Non-PDL Brand	SP
AFSTYLA 2,500 UNIT RANGE VIAL 2,500 (+/-) UNIT RANGE	Non-PDL Brand	SP
AFSTYLA 250 UNIT VIAL 250 (+/-) UNIT RANGE	Non-PDL Brand	SP
AFSTYLA 3,000 UNIT VIAL 3,000 (+/-) UNIT RANGE	Non-PDL Brand	SP
AFSTYLA 500 UNIT VIAL 500 (+/-) UNIT RANGE	Non-PDL Brand	SP

Drug	Status	Notes
ALPHANATE 1,000-400 UNIT VIAL INNER,SDV,P/F 1,000 (400 VWF) UNIT/10 ML	Non-PDL Brand	SP
ALPHANATE 1,000-400 UNIT VIAL PRICE/UNIT, SDV 1,000 (400 VWF) UNIT/10 ML	Non-PDL Brand	SP
ALPHANATE 1,000-400 UNIT VIAL PRICE/UNIT,SDV,P/F 1,000 (400 VWF) UNIT/10 ML	Non-PDL Brand	SP
ALPHANATE 1,500-600 UNIT VIAL INNER,SDV,P/F 1,500 (600 VWF) UNIT/10 ML	Non-PDL Brand	SP
ALPHANATE 1,500-600 UNIT VIAL PRICE PER/UNIT, SDV 1,500 (600 VWF) UNIT/10 ML	Non-PDL Brand	SP
ALPHANATE 1,500-600 UNIT VIAL PRICE/UNIT,SDV,P/F 1,500 (600 VWF) UNIT/10 ML	Non-PDL Brand	SP
ALPHANATE 2,000-800 UNIT VIAL INNER,SDV,P/F 2,000 (800 VWF) UNIT/10 ML	Non-PDL Brand	SP
ALPHANATE 2,000-800 UNIT VIAL PRICE PER/UNIT, SDV 2,000 (800 VWF) UNIT/10 ML	Non-PDL Brand	SP
ALPHANATE 2,000-800 UNIT VIAL PRICE/UNIT,SDV,P/F 2,000 (800 VWF) UNIT/10 ML	Non-PDL Brand	SP
ALPHANATE 250-100 UNIT VIAL PRICE PER/UNIT, SDV 250 (100 VWF) UNIT/5 ML	Non-PDL Brand	SP
ALPHANATE 250-100 UNIT VIAL PRICE/UNIT,SDV,P/F 250 (100 VWF) UNIT/5 ML	Non-PDL Brand	SP
ALPHANATE 250-100 UNIT VIAL SDV,INNER,P/F 250 (100 VWF) UNIT/5 ML	Non-PDL Brand	SP
ALPHANATE 500-200 UNIT VIAL INNER,SDV,P/F 500 (200 VWF) UNIT/5 ML	Non-PDL Brand	SP
ALPHANATE 500-200 UNIT VIAL PRICE/UNIT, SDV 500 (200 VWF) UNIT/5 ML	Non-PDL Brand	SP
ALPHANATE 500-200 UNIT VIAL PRICE/UNIT,SDV,P/F 500 (200 VWF) UNIT/5 ML	Non-PDL Brand	SP
ELOCTATE 1,000 UNIT NOMINAL L/F, PRICE/UNIT, SUV 1,000 UNIT	Non-PDL Brand	SP
ELOCTATE 1,500 UNIT NOMINAL PRICE/UNIT, L/F, SUV 1,500 UNIT	Non-PDL Brand	SP
ELOCTATE 1,500 UNIT NOMINAL PRICE/UNIT, L/F,SUV 1,500 UNIT	Non-PDL Brand	SP
ELOCTATE 2,000 UNIT NOMINAL L/F, PRICE/UNIT, SUV 2,000 UNIT	Non-PDL Brand	SP
ELOCTATE 250 UNIT NOMINAL L/F, PRICE/UNIT, SUV 250 UNIT	Non-PDL Brand	SP
ELOCTATE 3,000 UNIT NOMINAL PRICE/UNIT, L/F, SUV 3,000 UNIT	Non-PDL Brand	SP
ELOCTATE 3,000 UNIT NOMINAL PRICE/UNIT, L/F,SUV 3,000 UNIT	Non-PDL Brand	SP
ELOCTATE 4,000 UNIT NOMINAL L/F, PRICE/UNIT, SUV 4,000 UNIT	Non-PDL Brand	SP
ELOCTATE 5,000 UNIT NOMINAL 5,000 UNIT	Non-PDL Brand	SP
ELOCTATE 500 UNIT NOMINAL PRICE/UNIT, L/F, SUV 500 UNIT	Non-PDL Brand	SP
ELOCTATE 6,000 UNIT NOMINAL L/F, PRICE/UNIT, SUV 6,000 UNIT	Non-PDL Brand	SP

Drug	Status	Notes
ELOCTATE 750 UNIT NOMINAL PRICE/UNIT, L/F, SUV 750 UNIT	Non-PDL Brand	SP
ESPEROCT 1,000 UNIT VIAL 1,000 (+/-) UNIT	Non-PDL Brand	SP
ESPEROCT 1,500 UNIT VIAL 1,500 (+/-) UNIT	Non-PDL Brand	SP
ESPEROCT 2,000 UNIT VIAL 2,000 (+/-) UNIT	Non-PDL Brand	SP
ESPEROCT 3,000 UNIT VIAL 3,000 (+/-) UNIT	Non-PDL Brand	SP
ESPEROCT 500 UNIT VIAL 500 (+/-) UNIT	Non-PDL Brand	SP
FEIBA NF 1,000 UNIT (NOMINAL) 700-1,300 UNIT	Non-PDL Brand	SP
FEIBA NF 2,500 UNIT (NOMINAL) P/F, SUV, INNER 1,750-3,250 UNIT	Non-PDL Brand	SP
FEIBA NF 2,500 UNIT (NOMINAL) P/F, SUV, OUTER 1,750-3,250 UNIT	Non-PDL Brand	SP
FEIBA NF 500 UNIT (NOMINAL) P/F, SUV, INNER 350-650 UNIT	Non-PDL Brand	SP
FEIBA NF 500 UNIT (NOMINAL) P/F, SUV, OUTER 350-650 UNIT	Non-PDL Brand	SP
FEIBA NF 500 UNIT (NOMINAL) SDV, P/F, PRICE/UNIT 350-650 UNIT	Non-PDL Brand	SP
HEMOFIL M 1,000 UNIT NOMINAL PRICE/ONE UNIT, SUV 801-1,500 UNIT	Non-PDL Brand	SP
HEMOFIL M 1,000 UNIT NOMINAL PRICE/UNIT, SUV 801-1,500 UNIT	Non-PDL Brand	SP
HEMOFIL M 1,700 UNIT NOMINAL PRICE/ONE UNIT, SUV 1,501-2,000 UNIT	Non-PDL Brand	SP
HEMOFIL M 1,700 UNIT NOMINAL PRICE/UNIT, SUV, L/F 1,501-2,000 UNIT	Non-PDL Brand	SP
HEMOFIL M 250 UNIT NOMINAL PRICE/ONE UNIT, SUV 220-400 UNIT	Non-PDL Brand	SP
HEMOFIL M 250 UNIT NOMINAL PRICE/UNIT, SUV, L/F 220-400 UNIT	Non-PDL Brand	SP
HEMOFIL M 500 UNIT NOMINAL PRICE/UNIT, SUV, L/F 401-800 UNIT	Non-PDL Brand	SP
HUMATE-P 1,200 UNIT VWF:RCO PRICE/ONE,SDV, L/F 500-1,200 UNIT	Non-PDL Brand	SP
HUMATE-P 2,400 UNIT VWF:RCO PRICE/ONE,SDV, L/F 1,000-2,400 UNIT	Non-PDL Brand	SP
HUMATE-P 600 UNIT VWF:RCO PRICE/ONE,SDV, L/F 250-600 UNIT	Non-PDL Brand	SP
JIVI 1,000 UNIT VIAL 1,000 (+/-) UNIT	Non-PDL Brand	SP
JIVI 2,000 UNIT VIAL 2,000 (+/-) UNIT	Non-PDL Brand	SP
JIVI 3,000 UNIT VIAL 3,000 (+/-) UNIT	Non-PDL Brand	SP
JIVI 500 UNIT VIAL 500 (+/-) UNIT	Non-PDL Brand	SP
KOATE 1,000 UNIT VIAL PRICE/UNIT, L/F, SUV 1,000 (+/-) UNIT	Non-PDL Brand	SP
KOATE 1,000 UNIT VIAL PRICE/UNIT, SUV, L/F 1,000 (+/-) UNIT	Non-PDL Brand	SP
KOATE 250 UNIT VIAL 250 (+/-) UNIT	Non-PDL Brand	SP
KOATE 500 UNIT VIAL 500 (+/-) UNIT	Non-PDL Brand	SP
KOGENATE FS 1,000 UNIT-BIOSET PRICE/ONE UNIT,SUV 1,000 (+/-) UNIT	Non-PDL Brand	SP

Drug	Status	Notes
KOGENATE FS 1,000 UNITS VIAL PRICE\UNIT, L/F, SUV 1,000 (+/-) UNIT	Non-PDL Brand	SP
KOGENATE FS 2,000 UNIT VIAL PRICE\UNIT, L/F, SUV 2,000 (+/-) UNIT	Non-PDL Brand	SP
KOGENATE FS 2,000 UNIT-BIOSET PRICE/ONE UNIT, SUV 2,000 (+/-) UNIT	Non-PDL Brand	SP
KOGENATE FS 250 UNIT VIAL PRICE/UNIT,L/F, SUV 250 (+/-) UNIT	Non-PDL Brand	SP
KOGENATE FS 250 UNIT VL-BIOSET PRICE/ONE UNIT, SUV 250 (+/-) UNIT	Non-PDL Brand	SP
KOGENATE FS 3,000 UNIT-BIOSET PRICE/ONE UNIT,SUV 3,000 (+/-) UNIT	Non-PDL Brand	SP
KOGENATE FS 3,000 UNITS VIAL PRICE\UNIT, L/F, SUV 3,000 (+/-) UNIT	Non-PDL Brand	SP
KOGENATE FS 500 UNIT VIAL PRICE\ONE, L/F, SUV 500 (+/-) UNIT	Non-PDL Brand	SP
KOGENATE FS 500 UNIT VL-BIOSET PRICE/ONE UNIT, SUV 500 (+/-) UNIT	Non-PDL Brand	SP
KOVALTRY 1,000 UNIT KIT 1,000 (+/-) UNIT	Non-PDL Brand	SP
KOVALTRY 1,000 UNIT VIAL 1,000 (+/-) UNIT	Non-PDL Brand	SP
KOVALTRY 2,000 UNIT KIT 2,000 (+/-) UNIT	Non-PDL Brand	SP
KOVALTRY 2,000 UNIT VIAL 2,000 (+/-) UNIT	Non-PDL Brand	SP
KOVALTRY 250 UNIT KIT 250 (+/-) UNIT	Non-PDL Brand	SP
KOVALTRY 250 UNIT VIAL 250 (+/-) UNIT	Non-PDL Brand	SP
KOVALTRY 3,000 UNIT KIT 3,000 (+/-) UNIT	Non-PDL Brand	SP
KOVALTRY 3,000 UNIT VIAL 3,000 (+/-) UNIT	Non-PDL Brand	SP
KOVALTRY 500 UNIT KIT 500 (+/-) UNIT	Non-PDL Brand	SP
KOVALTRY 500 UNIT VIAL 500 (+/-) UNIT	Non-PDL Brand	SP
NOVOEIGHT 1,000 UNIT VIAL 1,000 (+/-) UNIT	Non-PDL Brand	SP
NOVOEIGHT 1,500 UNIT VIAL 1,500 (+/-) UNIT	Non-PDL Brand	SP
NOVOEIGHT 2,000 UNIT VIAL 2,000 (+/-) UNIT	Non-PDL Brand	SP
NOVOEIGHT 250 UNIT VIAL 250 (+/-) UNIT	Non-PDL Brand	SP
NOVOEIGHT 3,000 UNIT VIAL 3,000 (+/-) UNIT	Non-PDL Brand	SP
NOVOEIGHT 500 UNIT VIAL 500 (+/-) UNIT	Non-PDL Brand	SP
NOVOSEVEN RT 1 MG VIAL INNER, SUV, L/F 1 MG (1,000 MCG)	Non-PDL Brand	SP
NOVOSEVEN RT 1 MG VIAL OUTER, SUV, L/F 1 MG (1,000 MCG)	Non-PDL Brand	SP
NOVOSEVEN RT 2 MG VIAL PRICE PER MCG, SDV 2 MG (2,000 MCG)	Non-PDL Brand	SP
NOVOSEVEN RT 2 MG VIAL SDV,LATEX-FREE,INNER 2 MG (2,000 MCG)	Non-PDL Brand	SP
NOVOSEVEN RT 5 MG VIAL PRICE PER MCG, SDV 5 MG (5,000 MCG)	Non-PDL Brand	SP
NOVOSEVEN RT 8 MG VIAL PRICE PER MCG, SDV 8 MG (8,000 MCG)	Non-PDL Brand	SP
NUWIQ 1,000 UNIT VIAL 1000 (+/-) UNIT	Non-PDL Brand	SP
NUWIQ 1,000 UNIT VIAL PACK 1000 (+/-) UNIT	Non-PDL Brand	SP
NUWIQ 2,000 UNIT VIAL 2,000 (+/-) UNIT	Non-PDL Brand	SP
NUWIQ 2,000 UNIT VIAL PACK 2,000 (+/-) UNIT	Non-PDL Brand	SP

Drug	Status	Notes
NUWIQ 2,500 UNIT VIAL PACK L/F, SUV, PRICE/UNIT 2,500 UNIT	Non-PDL Brand	SP
NUWIQ 2,500 UNIT VIAL PRICE/UNIT,L/F, SUV 2,500 UNIT	Non-PDL Brand	SP
NUWIQ 250 UNIT VIAL 250 (+/-) UNIT	Non-PDL Brand	SP
NUWIQ 250 UNIT VIAL PACK 250 (+/-) UNIT	Non-PDL Brand	SP
NUWIQ 3,000 UNIT VIAL 3,000 UNIT	Non-PDL Brand	SP
NUWIQ 3,000 UNIT VIAL PACK 3,000 UNIT	Non-PDL Brand	SP
NUWIQ 4,000 UNIT VIAL 4,000 UNIT	Non-PDL Brand	SP
NUWIQ 4,000 UNIT VIAL PACK 4,000 UNIT	Non-PDL Brand	SP
NUWIQ 500 UNIT VIAL 500 (+/-) UNIT	Non-PDL Brand	SP
NUWIQ 500 UNIT VIAL PACK 500 (+/-) UNIT	Non-PDL Brand	SP
RECOMBINATE 1,241-1,800 UNIT V PRICE/ONE UNIT, SUV 1,500 (+/-) UNIT	Non-PDL Brand	SP
RECOMBINATE 1,801-2,400 UNIT V PRICE/ UNIT, INNER 2,000 (+/-) UNIT	Non-PDL Brand	SP
RECOMBINATE 1,801-2,400 UNIT V PRICE/ UNIT, OUTER 2,000 (+/-) UNIT	Non-PDL Brand	SP
RECOMBINATE 1,801-2,400 UNIT V PRICE/ONE UNIT, SUV 2,000 (+/-) UNIT	Non-PDL Brand	SP
RECOMBINATE 220-400 UNIT VIAL PRICE/ONE UNIT, SUV 250 (+/-) UNIT	Non-PDL Brand	SP
RECOMBINATE 401-800 UNIT VIAL PRICE/ONE UNIT, SUV 500 (+/-) UNIT	Non-PDL Brand	SP
RECOMBINATE 801-1,240 UNIT VL PRICE/ONE UNIT, SUV 1,000 (+/-) UNIT	Non-PDL Brand	SP
WILATE 1,000-1,000 UNIT VIAL PRICE/UNIT,L/F,SUV 1,000-1,000 UNIT	Non-PDL Brand	SP
WILATE 500-500 UNIT VIAL PRICE/UNIT,L/F,SUV 500-500 UNIT	Non-PDL Brand	SP
XYNTHA 1,000 UNIT KIT 1,000 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA 2,000 UNIT KIT 2,000 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA 250 UNIT KIT 250 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA 500 UNIT KIT 500 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA SOLOFUSE 1,000 UNIT KIT PRICE/UNIT,OUTER,SUV 1,000 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA SOLOFUSE 1,000 UNIT SYR P/F,INNER,LTX-FR-SUV 1,000 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA SOLOFUSE 2,000 UNIT KIT PRICE/UNIT,OUTER,SUV 2,000 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA SOLOFUSE 2,000 UNIT SYR P/F,INNER,LTX-FR-SUV 2,000 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA SOLOFUSE 250 UNIT KIT PRICE/UNIT,OUTER,SUV 250 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA SOLOFUSE 250 UNIT SYR P/F,INNER,LTX-FR,SUV 250 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA SOLOFUSE 3,000 UNIT KIT PRICE/UNIT,OUTER,SUV 3,000 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA SOLOFUSE 3,000 UNIT SYR P/F,INNER,LTX-FR-SUV 3,000 (+/-) UNIT	Non-PDL Brand	SP

Drug	Status	Notes
XYNTHA SOLOFUSE 500 UNIT KIT PRICE/UNIT,OUTER,SUV 500 (+/-) UNIT	Non-PDL Brand	SP
XYNTHA SOLOFUSE 500 UNIT SYR P/F,INNER,LTX-FR-SUV 500 (+/-) UNIT	Non-PDL Brand	SP
Blood Factors,Miscellaneous		
VONVENDI 1,300 UNIT VIAL 1,300 (+/-) UNIT RANGE	Non-PDL Brand	SP
VONVENDI 650 UNIT VIAL 650 (+/-) UNIT RANGE	Non-PDL Brand	SP
Citrates As Anticoagulants		
anticoag sodium citrate 4% sol l/f, p/f, single-use 4 gram /100 ml (4 %)	Non-PDL Generic	
anticoag sodium citrate 4% sol l/f, single-use 4 gram /100 ml (4 %)	Non-PDL Generic	
anticoag sodium citrate 4% sol latex-free 4 gram /100 ml (4 %)	Non-PDL Generic	
citrate phos dextrose soln 2.63-222 gram-mg/100ml	Non-PDL Generic	
sodium citrate 4% soln 4 gram /100 ml (4 %)	Non-PDL Generic	
Direct Factor Xa Inhibitors		
BEVYXXA 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (43 EA per 42 days)
BEVYXXA 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA; QL (43 EA per 42 days)
ELIQUIS 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ELIQUIS 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (74 EA per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG PACK 5 MG (74 TABS)	PDL Non-Preferred Brand	PA; QL (74 EA per 30 days)
SAVAYSA 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
SAVAYSA 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
SAVAYSA 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
XARELTO 10 MG TABLET 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 10 MG TABLET F/C 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 10 MG TABLET F/C, U-D, 10X10 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 15 MG TABLET F/C 15 MG	PDL Preferred Brand	QL (2 EA per 1 day)
XARELTO 15 MG TABLET F/C, U-D, 10X10 15 MG	PDL Preferred Brand	QL (2 EA per 1 day)
XARELTO 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XARELTO 2.5 MG TABLET INNER 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
XARELTO 2.5 MG TABLET OUTER 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XARELTO 2.5 MG TABLET SAMPLE 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XARELTO 20 MG TABLET 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 20 MG TABLET F/C 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 20 MG TABLET F/C, U-D, 10X10 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO STARTER PACK 15 MG (42)- 20 MG (9)	PDL Non-Preferred Brand	PA; QL (51 EA per 30 days)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE 1,000 UNIT VIAL INNER,SDV,P/F 1,000 (+/-) UNIT	Non-PDL Brand	SP
PROFILNINE 1,000 UNIT VIAL PRICE/UNIT,SDV,P/F 1,000 (+/-) UNIT	Non-PDL Brand	SP
PROFILNINE 1,500 UNIT VIAL INNER,SDV,P/F 1,500 (+/-) UNIT	Non-PDL Brand	SP
PROFILNINE 1,500 UNIT VIAL PRICE/UNIT,SDV,P/F 1,500 (+/-) UNIT	Non-PDL Brand	SP
PROFILNINE 500 UNIT VIAL INNER,SDV,P/F 500 (+/-) UNIT	Non-PDL Brand	SP
PROFILNINE 500 UNIT VIAL PRICE/UNIT,SDV,P/F 500 (+/-) UNIT	Non-PDL Brand	SP
Factor Ix Preparations		
ALPHANINE SD 1,000 UNIT VIAL INNER,SDV,P/F 1,000 (+/-) UNIT	Non-PDL Brand	SP
ALPHANINE SD 1,000 UNIT VIAL PRICE/UNIT,SDV,P/F 1,000 (+/-) UNIT	Non-PDL Brand	SP
ALPHANINE SD 1,500 UNIT VIAL INNER,SDV,P/F 1,500 (+/-) UNIT	Non-PDL Brand	SP
ALPHANINE SD 1,500 UNIT VIAL PRICE/UNIT,SDV,P/F 1,500 (+/-) UNIT	Non-PDL Brand	SP
ALPHANINE SD 500 UNIT VIAL INNER,SDV,P/F 500 (+/-) UNIT	Non-PDL Brand	SP
ALPHANINE SD 500 UNIT VIAL PRICE/UNIT,SDV,P/F 500 (+/-) UNIT	Non-PDL Brand	SP
ALPROLIX 1,000 UNIT NOMINAL 1,000 UNIT	Non-PDL Brand	SP
ALPROLIX 2,000 UNIT NOMINAL 2,000 UNIT	Non-PDL Brand	SP
ALPROLIX 250 UNIT NOMINAL L/F, PRICE/UNIT, SUV 250 UNIT	Non-PDL Brand	SP
ALPROLIX 3,000 UNIT NOMINAL 3,000 UNIT	Non-PDL Brand	SP
ALPROLIX 4,000 UNIT NOMINAL 4,000 UNIT	Non-PDL Brand	SP
ALPROLIX 500 UNIT NOMINAL 500 UNIT	Non-PDL Brand	SP
BENEFIX 1,000 UNIT RANGE PRICE/ONE UNIT, SUV 1,000 UNIT	Non-PDL Brand	SP
BENEFIX 2,000 UNIT RANGE PRICE/ONE UNIT, SUV 2,000 UNIT	Non-PDL Brand	SP
BENEFIX 2,000 UNIT RANGE PRICE/UNIT, P/F, SUV 2,000 UNIT	Non-PDL Brand	SP

Drug	Status	Notes
BENEFIX 250 UNIT RANGE PRICE/ONE UNIT, SUV 250 UNIT	Non-PDL Brand	SP
BENEFIX 250 UNIT RANGE PRICE/UNIT, SUV, P/F 250 UNIT	Non-PDL Brand	SP
BENEFIX 3,000 UNIT RANGE 3,000 UNIT	Non-PDL Brand	SP
BENEFIX 500 UNIT RANGE PRICE/ONE UNIT, SUV 500 UNIT	Non-PDL Brand	SP
BENEFIX 500 UNIT RANGE PRICE/UNIT, P/F, SUV 500 UNIT	Non-PDL Brand	SP
IDELVION 1,000 UNIT RANGE VIAL 1,000 (+/-) UNIT	Non-PDL Brand	SP
IDELVION 2,000 UNIT RANGE VIAL 2,000 (+/-) UNIT	Non-PDL Brand	SP
IDELVION 250 UNIT RANGE VIAL 250 (+/-) UNIT	Non-PDL Brand	SP
IDELVION 3,500 UNIT RANGE VIAL 3,500 (+/-) UNIT	Non-PDL Brand	SP
IDELVION 500 UNIT RANGE VIAL 500 (+/-) UNIT	Non-PDL Brand	SP
IXINITY 1,000 UNIT RANGE PRICE/UNIT, L/F, SUV 1,000 UNIT	Non-PDL Brand	SP
IXINITY 1,500 UNIT RANGE PRICE/UNIT, L/F, SUV 1,500 UNIT	Non-PDL Brand	SP
IXINITY 2,000 UNIT RANGE 2,000 UNIT	Non-PDL Brand	SP
IXINITY 250 UNIT RANGE 250 UNIT	Non-PDL Brand	SP
IXINITY 3,000 UNIT RANGE 3,000 UNIT	Non-PDL Brand	SP
IXINITY 500 UNIT RANGE PRICE/UNIT, L/F, SUV 500 UNIT	Non-PDL Brand	SP
MONONINE 1,000 UNIT VIAL 1,000 (+/-) UNIT	Non-PDL Brand	SP
REBINYN 1,000 UNIT VIAL INNER, SUV, P/F, L/F 1,000 (+/-) UNIT	Non-PDL Brand	SP
REBINYN 1,000 UNIT VIAL PRICE/UNIT, SUV, L/F 1,000 (+/-) UNIT	Non-PDL Brand	SP
REBINYN 2,000 UNIT VIAL INNER, SUV, P/F, L/F 2,000 (+/-) UNIT	Non-PDL Brand	SP
REBINYN 2,000 UNIT VIAL PRICE/UNIT, SUV, L/F 2,000 (+/-) UNIT	Non-PDL Brand	SP
REBINYN 500 UNIT VIAL INNER, SUV, P/F, L/F 500 (+/-) UNIT	Non-PDL Brand	SP
REBINYN 500 UNIT VIAL PRICE/UNIT, SUV, L/F 500 (+/-) UNIT	Non-PDL Brand	SP
RIXUBIS 1,000 UNIT NOMINAL 1,000 UNIT	Non-PDL Brand	SP
RIXUBIS 2,000 UNIT NOMINAL 2,000 UNIT	Non-PDL Brand	SP
RIXUBIS 250 UNIT NOMINAL 250 UNIT	Non-PDL Brand	SP
RIXUBIS 3,000 UNIT NOMINAL 3,000 UNIT	Non-PDL Brand	SP
RIXUBIS 500 UNIT NOMINAL 500 UNIT	Non-PDL Brand	SP
Factor Xiii Preparations		
CORIFACT KIT 1,000-1,600 UNIT	Non-PDL Brand	SP
TRETTEN 2,500 UNIT VIAL 2,500 UNIT	Non-PDL Brand	SP
Hematinics,Other		
ARANESP 10 MCG/0.4 ML SYRINGE P/F, INNER, SUV 10 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 10 MCG/0.4 ML SYRINGE P/F, OUTER, SUV 10 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, INNER 100 MCG/0.5 ML	PDL Preferred Brand	SP; QL (2 ML per 28 days)

Drug	Status	Notes
ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, OUTER 100 MCG/0.5 ML	PDL Preferred Brand	SP; QL (2 ML per 28 days)
ARANESP 100 MCG/ML VIAL P/F, 4'S, SDV, L/F 100 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 100 MCG/ML VIAL P/F, SDV, L/F 100 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, INNER 150 MCG/0.3 ML	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, OUTER 150 MCG/0.3 ML	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 150 MCG/0.75 ML VIAL P/F, SDV, L/F 150 MCG/0.75 ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 200 MCG/0.4 ML SYRINGE P/F, SDV 200 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 200 MCG/ML VIAL 200 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,INNER 25 MCG/0.42 ML	PDL Preferred Brand	SP; QL (1.68 ML per 28 days)
ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,OUTER 25 MCG/0.42 ML	PDL Preferred Brand	SP; QL (1.68 ML per 28 days)
ARANESP 25 MCG/ML VIAL P/F,SDV,INNER, L/F 25 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 25 MCG/ML VIAL P/F,SDV,OUTER, L/F 25 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 300 MCG/0.6 ML SYRINGE 300 MCG/0.6 ML	PDL Preferred Brand	SP; QL (2.4 ML per 28 days)
ARANESP 300 MCG/ML VIAL 300 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 40 MCG/0.4 ML SYRINGE P/F, INNER, SDV 40 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 40 MCG/0.4 ML SYRINGE P/F,SDV,OUTER 40 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 40 MCG/ML VIAL P/F,SDV,INNER, L/F 40 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 40 MCG/ML VIAL P/F,SDV,OUTER, L/F 40 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 500 MCG/1 ML SYRINGE 500 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV, OUTER 60 MCG/0.3 ML	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV,INNER 60 MCG/0.3 ML	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 60 MCG/ML VIAL P/F,SDV,INNER, L/F 60 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 60 MCG/ML VIAL P/F,SDV,OUTER, L/F 60 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, INNER 10,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 2,000 UNITS/ML VIAL SDV, P/F, INNER 2,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)

Drug	Status	Notes
EPOGEN 2,000 UNITS/ML VIAL SDV, P/F, OUTER 2,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 20,000 UNITS/2 ML VIAL MDV, INNER 20,000 UNIT/2 ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 20,000 UNITS/2 ML VIAL MDV, OUTER 20,000 UNIT/2 ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 20,000 UNITS/ML VIAL INNER, MDV 20,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 20,000 UNITS/ML VIAL MDV, OUTER 20,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 3,000 UNITS/ML VIAL SDV, P/F, INNER 3,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 3,000 UNITS/ML VIAL SDV, P/F, OUTER 3,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 4,000 UNITS/ML VIAL SDV, P/F, INNER 4,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 4,000 UNITS/ML VIAL SDV, P/F, OUTER 4,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 10,000 UNITS/ML VIAL 25'S,SDV,P/F, L/F 10,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 10,000 UNITS/ML VIAL 4'S, MDV, OUTER, L/F 20,000 UNIT/2 ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 10,000 UNITS/ML VIAL MDV, INNER, L/F 20,000 UNIT/2 ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,INNER, L/F 10,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 10,000 UNITS/ML VIAL SDV,P/F,OUTER, L/F 10,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 2,000 UNITS/ML VIAL SDV, P/F, INNER, L/F 2,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 2,000 UNITS/ML VIAL SDV,P/F, OUTER, L/F 2,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 20,000 UNITS/ML VIAL 4'S,MDV, OUTER, L/F 20,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 20,000 UNITS/ML VIAL MDV, INNER, L/F 20,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 3,000 UNITS/ML VIAL SDV, P/F INNER, L/F 3,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 3,000 UNITS/ML VIAL SDV,P/F, OUTER, L/F 3,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, INNER, L/F 4,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 4,000 UNITS/ML VIAL SDV, P/F, OUTER, L/F 4,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 40,000 UNITS/ML VIAL INNER, P/F,SDV,L/F 40,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (6 ML per 28 days)
PROCRIT 40,000 UNITS/ML VIAL OUTER, SDV,P/F,L/F 40,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (6 ML per 28 days)
REBLOZYL 25 MG/ 75 MG VIAL	PDL Non-Preferred Brand	PA; SP
RETACRIT 10,000 UNIT/ML VIAL L/F, P/F, OUTER, SDV 10,000 UNIT/ML	PDL Preferred Brand	PA; SP

Drug	Status	Notes
RETACRIT 10,000 UNIT/ML VIAL SDV, P/F, INNER 10,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 10,000 UNIT/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 2,000 UNIT/ML VIAL L/F, P/F, INNER, SDV 2,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 2,000 UNIT/ML VIAL L/F, P/F, OUTER, SDV 2,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 2,000 UNIT/ML VIAL SDV, P/F, INNER 2,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 2,000 UNIT/ML VIAL SDV, P/F, OUTER 2,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 3,000 UNIT/ML VIAL L/F, P/F, INNER, SDV 3,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 3,000 UNIT/ML VIAL L/F, P/F, OUTER, SDV 3,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 3,000 UNIT/ML VIAL SDV, P/F, INNER 3,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 3,000 UNIT/ML VIAL SDV, P/F, OUTER 3,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 4,000 UNIT/ML VIAL L/F, P/F, INNER, SDV 4,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 4,000 UNIT/ML VIAL L/F, P/F, OUTER, SDV 4,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 4,000 UNIT/ML VIAL SDV, P/F, INNER 4,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 4,000 UNIT/ML VIAL SDV, P/F, OUTER 4,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 40,000 UNIT/ML VIAL L/F, P/F, INNER, SDV 40,000 UNIT/ML	PDL Preferred Brand	PA; SP
RETACRIT 40,000 UNIT/ML VIAL L/F, P/F, OUTER, SDV 40,000 UNIT/ML	PDL Preferred Brand	PA; SP
Hemophilia Treatment Agents,Non-Factor Replacement		
HEMLIBRA 105 MG/0.7 ML VIAL 105 MG/0.7 ML	Non-PDL Brand	PA; SP
HEMLIBRA 150 MG/ML VIAL 150 MG/ML	Non-PDL Brand	PA; SP
HEMLIBRA 30 MG/ML VIAL 30 MG/ML	Non-PDL Brand	PA; SP
HEMLIBRA 60 MG/0.4 ML VIAL 60 MG/0.4 ML	Non-PDL Brand	PA; SP
Hemorrheologic Agents		
pentoxifylline er 400 mg tab 400 mg	Non-PDL Generic	
pentoxifylline er 400 mg tab f/c 400 mg	Non-PDL Generic	
pentoxifylline er 400 mg tab u-d,10x10,f/c 400 mg	Non-PDL Generic	
Heparin And Related Preparations		
ARIXTRA 10 MG/0.8 ML SYRINGE P/F, INNER,SUV 10 MG/0.8 ML	PDL Non-Preferred Brand	PA; QL (24 ML per 30 days)
ARIXTRA 10 MG/0.8 ML SYRINGE P/F, OUTER,SUV 10 MG/0.8 ML	PDL Non-Preferred Brand	PA; QL (24 ML per 30 days)
ARIXTRA 2.5 MG/0.5 ML SYRINGE P/F, INNER,SUV 2.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (15 ML per 30 days)

Drug	Status	Notes
ARIXTRA 2.5 MG/0.5 ML SYRINGE P/F, OUTER,SUV 2.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (15 ML per 30 days)
ARIXTRA 5 MG/0.4 ML SYRINGE P/F,INNER,SUV 5 MG/0.4 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
ARIXTRA 5 MG/0.4 ML SYRINGE P/F,OUTER,SUV 5 MG/0.4 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE P/F,INNER,SUV 7.5 MG/0.6 ML	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE P/F,OUTER,SUV 7.5 MG/0.6 ML	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
enoxaparin 100 mg/ml syringe auto dev, sdv,l/f 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe inner, p/f, suv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe inner, sdv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe inner, suv, p/f, l/f 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe inner,p/f,l/f,suv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe l/f ,p/f, inner, suv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe l/f, p/f, inner, suv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe l/f, p/f, outer, suv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe l/f.p/f, outer, suv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe outer, p/f, suv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe outer, suv, p/f, l/f 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe outer,p/f,l/f,suv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe p/f, outer, sdv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe p/f, single use,l/f 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe p/f,latex-free,suv 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe suv, p/f, inner 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe suv, p/f, outer 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe suv,p/f,inner,l/f 100 mg/ml	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe suv,p/f,outer,l/f 100 mg/ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr auto dev, sdv,l/f 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr inner, sdv 120 mg/0.8 ml	PDL Preferred Generic	

Drug	Status	Notes
enoxaparin 120 mg/0.8 ml syr inner, suv, p/f, l/f 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr inner,p/f,l/f,suv 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr l/f, p/f, inner, suv 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr l/f, p/f, outer, suv 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr outer, suv, p/f, l/f 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr outer,p/f,l/f,suv 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr p/f, auto dev, sdv 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr p/f, outer, sdv 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr p/f, suv,l/f 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr p/f,latex-free,suv 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr suv, p/f, l/f, inner 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr suv, p/f, l/f, outer 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr suv,p/f,inner,l/f 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr suv,p/f,outer,l/f 120 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe auto dev, sdv,l/f 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe inner, sdv 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe inner, suv, p/f, l/f 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe inner,p/f,l/f,suv 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe l/f, p/f, inner, suv 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe l/f, p/f, outer, suv 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe outer, suv, p/f, l/f 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe outer,p/f,l/f,suv 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe p/f, auto dev,sdv 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe p/f, outer, sdv 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe p/f, suv,l/f 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe p/f,latex-free,suv 150 mg/ml	PDL Preferred Generic	

Drug	Status	Notes
enoxaparin 150 mg/ml syringe p/f,suv,inner 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe p/f,suv,outer 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe suv,p/f,inner,l/f 150 mg/ml	PDL Preferred Generic	
enoxaparin 150 mg/ml syringe suv,p/f,outer,l/f 150 mg/ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr auto dev, sdv,l/f 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr inner, p/f, suv 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr inner, sdv 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr inner, suv, p/f, l/f 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr inner,p/f,l/f,suv 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr l/f, p/f, inner, suv 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr l/f, p/f, outer, suv 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr outer, p/f, suv 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr outer, suv, p/f, l/f 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr outer,p/f,l/f,suv 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr p/f, outer, sdv 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr p/f, suv, inner 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr p/f, suv, outer 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr p/f, suv,l/f 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr p/f,safety dev, suv 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr suv,p/f,inner,l/f 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 30 mg/0.3 ml syr suv,p/f,outer,l/f 30 mg/0.3 ml	PDL Preferred Generic	
enoxaparin 300 mg/3 ml vial mdv 300 mg/3 ml	PDL Preferred Generic	QL (30 ML per 30 days)
enoxaparin 300 mg/3 ml vial muv 300 mg/3 ml	PDL Preferred Generic	QL (30 ML per 30 days)
enoxaparin 300 mg/3 ml vial muv,latex-free 300 mg/3 ml	PDL Preferred Generic	QL (30 ML per 30 days)
enoxaparin 40 mg/0.4 ml syr auto dev, sdv,l/f 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr inner, p/f, suv 40 mg/0.4 ml	PDL Preferred Generic	

Drug	Status	Notes
enoxaparin 40 mg/0.4 ml syr inner, sdv 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr inner, suv, p/f, l/f 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr inner,p/f,l/f,suv 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr l/f, p/f, inner, suv 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr l/f, p/f, outer, suv 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr outer, p/f, suv, l/f 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr outer, suv, p/f, l/f 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr outer,p/f,l/f,suv 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr p/f, outer, sdv 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr p/f, suv,l/f 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr p/f,inner,suv 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr p/f,outer,suv 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr suv, l/f, p/f, inner 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr suv, l/f, p/f, outer 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr suv,p/f,inner,l/f 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 40 mg/0.4 ml syr suv,p/f,outer,l/f 40 mg/0.4 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr auto dev, sdv,l/f 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr inner, p/f, suv 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr inner, suv, p/f, l/f 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr inner,p/f,l/f,suv 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr l/f, p/f, inner, suv 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr l/f, p/f, outer, suv 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr outer, p/f, suv 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr outer, suv, p/f, l/f 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr outer,p/f,l/f,suv 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr p/f, outer, sdv 60 mg/0.6 ml	PDL Preferred Generic	

Drug	Status	Notes
enoxaparin 60 mg/0.6 ml syr p/f, suv,l/f 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr p/f,safety dev, suv 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr p/f,safety dev,sdv 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr sdv, inner 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr suv,p/f,inner,l/f 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr suv,p/f,outer,l/f 60 mg/0.6 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr auto dev, sdv,l/f 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr inner, l/f, p/f, suv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr inner, sdv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr inner, suv, p/f, l/f 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr inner,p/f,l/f,suv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr l/f, p/f, inner, suv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr l/f, p/f, outer, suv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr outer, l/f, p/f, suv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr outer, p/f, sdv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr outer, suv, p/f, l/f 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr outer,p/f,l/f,suv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr p/f, inner, suv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr p/f, outer, suv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr p/f, suv,l/f 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr p/f,safety dev, suv 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr suv,p/f,inner,l/f 80 mg/0.8 ml	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr suv,p/f,outer,l/f 80 mg/0.8 ml	PDL Preferred Generic	
fondaparinux 10 mg/0.8 ml syr inner, l/f, p/f, sdv 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr outer, l/f, p/f, sdv 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)

Drug	Status	Notes
fondaparinux 10 mg/0.8 ml syr p/f,suv,inner 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr p/f,suv,outer 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr sdv, outer 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr sdv, p/f, inner 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr sdv, p/f, outer 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr sdv,inner 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr sdv,outer 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr suv, p/f, inner 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr suv, p/f, outer 10 mg/0.8 ml	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr inner, l/f, p/f, sdv 2.5 mg/0.5 ml	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr outer, l/f, p/f, sdv 2.5 mg/0.5 ml	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr p/f,suv,inner 2.5 mg/0.5 ml	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr p/f,suv,outer 2.5 mg/0.5 ml	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr sdv, inner 2.5 mg/0.5 ml	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr sdv, outer 2.5 mg/0.5 ml	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr sdv, p/f, inner 2.5 mg/0.5 ml	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr sdv, p/f, outer 2.5 mg/0.5 ml	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)

Drug	Status	Notes
fondaparinux 2.5 mg/0.5 ml syr suv, p/f, inner 2.5 mg/0.5 ml	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr suv, p/f, outer 2.5 mg/0.5 ml	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr inner, l/f, p/f, sdv 5 mg/0.4 ml	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr outer, l/f, p/f, sdv 5 mg/0.4 ml	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr p/f,suv,inner 5 mg/0.4 ml	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr p/f,suv,outer 5 mg/0.4 ml	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr sdv, inner 5 mg/0.4 ml	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr sdv, outer 5 mg/0.4 ml	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr sdv, p/f, inner 5 mg/0.4 ml	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr sdv, p/f, outer 5 mg/0.4 ml	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr suv, p/f, inner 5 mg/0.4 ml	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr suv, p/f, outer 5 mg/0.4 ml	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 7.5 mg/0.6 ml syr inner, l/f, p/f, sdv 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
fondaparinux 7.5 mg/0.6 ml syr outer, l/f, p/f, sdv 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
fondaparinux 7.5 mg/0.6 ml syr p/f,suv,inner 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
fondaparinux 7.5 mg/0.6 ml syr p/f,suv,outer 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
fondaparinux 7.5 mg/0.6 ml syr sdv, outer 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)

Drug	Status	Notes
fondaparinux 7.5 mg/0.6 ml syr sdv, p/f, inner 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
fondaparinux 7.5 mg/0.6 ml syr sdv, p/f, outer 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
fondaparinux 7.5 mg/0.6 ml syr sdv,inner 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
fondaparinux 7.5 mg/0.6 ml syr sdv,outer 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
fondaparinux 7.5 mg/0.6 ml syr suv, p/f, inner 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
fondaparinux 7.5 mg/0.6 ml syr suv, p/f, outer 7.5 mg/0.6 ml	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
FRAGMIN 10,000 UNIT/ML SYRINGE L/F, P/F, INNER, SDV 10,000 ANTI-XA UNIT/ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
FRAGMIN 10,000 UNIT/ML SYRINGE L/F, P/F, OUTER, SDV 10,000 ANTI-XA UNIT/ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SYR L/F, P/F, INNER, SDV 12,500 ANTI-XA UNIT/0.5 ML	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SYR L/F, P/F, OUTER, SDV 12,500 ANTI-XA UNIT/0.5 ML	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SYR L/F, P/F, INNER, SDV 15,000 ANTI-XA UNIT/0.6 ML	PDL Non-Preferred Brand	PA; QL (36 ML per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SYR L/F, P/F, OUTER, SDV 15,000 ANTI-XA UNIT/0.6 ML	PDL Non-Preferred Brand	PA; QL (36 ML per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML L/F, P/F, INNER, SDV 18,000 ANTI-XA UNIT/0.72 ML	PDL Non-Preferred Brand	PA; QL (43.2 ML per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML L/F, P/F, OUTER, SDV 18,000 ANTI-XA UNIT/0.72 ML	PDL Non-Preferred Brand	PA; QL (43.2 ML per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SYR L/F, P/F, INNER, SDV 2,500 ANTI-XA UNIT/0.2 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SYR L/F, P/F, OUTER, SDV 2,500 ANTI-XA UNIT/0.2 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SYR L/F, P/F, INNER, SDV 5,000 ANTI-XA UNIT/0.2 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SYR L/F, P/F, OUTER, SDV 5,000 ANTI-XA UNIT/0.2 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SYR L/F, P/F, INNER, SDV 7,500 ANTI-XA UNIT/0.3 ML	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SYR L/F, P/F, OUTER, SDV 7,500 ANTI-XA UNIT/0.3 ML	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
FRAGMIN 95,000 UNIT/3.8 ML VL LATEX-FREE, MDV 25,000 ANTI-XA UNIT/ML	PDL Preferred Brand	QL (7.6 ML per 30 days)
heparin 25,000 unit/250 ml (100 unit/ml)-d5w bag l/f,outer,single-use 25,000 unit/250 ml(100 unit/ml)	Non-PDL Generic	
heparin 25,000 unit/250 ml (100 unit/ml)-d5w bag single use 25,000 unit/250 ml(100 unit/ml)	Non-PDL Generic	

Drug	Status	Notes
heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag l/f,inner,single-use 25,000 unit/500 ml (50 unit/ml)	Non-PDL Generic	
heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag l/f,outer,single-use 25,000 unit/500 ml (50 unit/ml)	Non-PDL Generic	
heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag single use 25,000 unit/500 ml (50 unit/ml)	Non-PDL Generic	
heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag single use, l/f 25,000 unit/500 ml (50 unit/ml)	Non-PDL Generic	
heparin 5,000 unit/ml carpujct l/f, suv, outer 5,000 unit/ml (1 ml)	Non-PDL Generic	
heparin flush 1,000 units/10 ml (100 units/ml) syringe latex-free,suv 100 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 1,000 UNITS/10 ML (100 UNITS/ML) VIAL 25'S, FLIPTOP 100 UNIT/ML	Non-PDL Generic	
heparin flush 10 units/10 ml (1 unit/ml) syringe l/f, suv 1 unit/ml	Non-PDL Generic	
heparin flush 10 units/ml syringe l/f, suv 10 unit/ml	Non-PDL Generic	
heparin flush 100 units/10 ml (10 units/ml) syringe l/f, suv 10 unit/ml	Non-PDL Generic	
heparin flush 100 units/10 ml (10 units/ml) vial 25's,mdv 10 unit/ml	Non-PDL Generic	
heparin flush 2 units/2 ml (1 unit/ml) syringe l/f, suv 1 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 20 UNITS/2 ML (10 UNITS/ML) SYRINGE 30'S, SUV 10 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 20 UNITS/2 ML (10 UNITS/ML) SYRINGE 50'S,W/LUER LOCK 10 UNIT/ML	Non-PDL Generic	
heparin flush 20 units/2 ml (10 units/ml) syringe l/f, suv 10 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 20 UNITS/2 ML (10 UNITS/ML) SYRINGE SINGLE USE 10 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 200 UNITS/2 ML (100 UNITS/ML) SYRINGE 30'S, SUV 100 UNIT/ML	Non-PDL Generic	
heparin flush 200 units/2 ml (100 units/ml) syringe 50's 100 unit/ml	Non-PDL Generic	
heparin flush 200 units/2 ml (100 units/ml) syringe l/f, suv 100 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 200 UNITS/2 ML (100 UNITS/ML) SYRINGE SINGLE USE 100 UNIT/ML	Non-PDL Generic	
heparin flush 3 units/3 ml (1 unit/ml) syringe l/f, suv 1 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 3,000 UNITS/30 ML (100 UNITS/ML) VIAL 25'S, FLIPTOP,L/F 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 30 UNITS/3 ML (10 UNITS/ML) SYRINGE 30'S, SUV 10 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 30 UNITS/3 ML (10 UNITS/ML) SYRINGE L/F, P/F,SINGLE USE 10 UNIT/ML	Non-PDL Generic	
heparin flush 30 units/3 ml (10 units/ml) syringe l/f, suv 10 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 30 UNITS/3 ML (10 UNITS/ML) SYRINGE P/F,L/F,STRL,SUV 10 UNIT/ML	Non-PDL Generic	

Drug	Status	Notes
HEPARIN FLUSH 30 UNITS/3 ML (10 UNITS/ML) SYRINGE SINGLE USE 10 UNIT/ML	Non-PDL Generic	
heparin flush 300 units/3 ml (100 units/ml) syringe 25's,w/luer lock ext 100 unit/ml	Non-PDL Generic	
heparin flush 300 units/3 ml (100 units/ml) syringe l/f, suv 100 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 300 UNITS/3 ML (100 UNITS/ML) SYRINGE L/F,P/F,SINGLE USE 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 300 UNITS/3 ML (100 UNITS/ML) SYRINGE LATEX FREE,P/F 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 300 UNITS/3 ML (100 UNITS/ML) SYRINGE SINGLE USE 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 300 UNITS/3 ML (100 UNITS/ML) SYRINGE SUV 100 UNIT/ML	Non-PDL Generic	
heparin flush 5 units/5 ml (1 unit/ml) syringe l/f, suv 1 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE 10 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE 30'S, SUV 10 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE L/F, P/F,SINGLE USE 10 UNIT/ML	Non-PDL Generic	
heparin flush 50 units/5 ml (10 units/ml) syringe l/f, suv 10 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE LATEX FREE,P/F 10 UNIT/ML	Non-PDL Generic	
heparin flush 50 units/5 ml (10 units/ml) syringe latex/f,luer-lock 10 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE P/F, L/F, STRL, SUV 10 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE SINGLE USE 10 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE W/CANNULA,SINGLE USE 10 UNIT/ML	Non-PDL Generic	
heparin flush 500 unit/5 ml (100 unit/ml) vial latex-free 100 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE L/F, P/F, SINGLE USE 100 UNIT/ML	Non-PDL Generic	
heparin flush 500 units/5 ml (100 units/ml) syringe l/f, suv 100 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE LATEX FREE,P/F 100 UNIT/ML	Non-PDL Generic	
heparin flush 500 units/5 ml (100 units/ml) syringe latex/f,luer-lock 100 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE LATEX-FREE,LUER-LOCK 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE SINGLE USE 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE SUV 100 UNIT/ML	Non-PDL Generic	

Drug	Status	Notes
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE W/CANNULA,SINGLE USE 100 UNIT/ML	Non-PDL Generic	
heparin flush 500 units/5 ml (100 units/ml) syringe w/luer lock ext,25's 100 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 60 UNITS/6 ML (10 UNITS/ML) SYRINGE 30'S, SUV 10 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 60 UNITS/6 ML (10 UNITS/ML) SYRINGE SINGLE USE 10 UNIT/ML	Non-PDL Generic	
heparin iv flush 1 unit/ml syr l/f, suv 1 unit/ml	Non-PDL Generic	
heparin iv flush 100 units/ml l/f, suv 100 unit/ml	Non-PDL Generic	
heparin lock flush 10 units/ml 25's,mdv 10 unit/ml	Non-PDL Generic	
HEPARIN LOCK FLUSH 10 UNITS/ML 50'S,W/LUER LOCK EXT 10 UNIT/ML	Non-PDL Generic	
HEPARIN LOCK FLUSH 10 UNITS/ML P/F, LATEX-FREE, SDV 10 UNIT/ML	Non-PDL Generic	
heparin lock flush 100 unit/ml 100 unit/ml (1 ml)	Non-PDL Generic	
heparin lock flush 100 unit/ml 25's, latex-free 100 unit/ml	Non-PDL Generic	
heparin lock flush 100 unit/ml 50's,carpuject 100 unit/ml	Non-PDL Generic	
heparin sod 5,000 unit/ml syrg 5,000 unit/ml	Non-PDL Generic	
heparin sod 5,000 unit/ml syrg suv, p/f, inner 5,000 unit/ml	Non-PDL Generic	
heparin sod 5,000 unit/ml syrg suv, p/f, outer 5,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial 25's, latex-free,mdv 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial 25's,mdv,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial inner, latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial inner, mdv,l/f 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial inner,suv,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial mdv,inner,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial mdv,outer,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial outer, latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial outer, mdv, l/f 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial outer,suv,latex-free 1,000 unit/ml	Non-PDL Generic	

Drug	Status	Notes
heparin sodium 1,000 unit/ml vial sdv,latex-free,inner 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial sdv,latex-free,outer 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial suv, inner, l/f 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial suv, l/f, inner 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial suv, l/f, outer 1,000 unit/ml	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial suv, outer, l/f 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial 25's,mdv, latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial 25's,mdv,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial inner, muv 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial inner,latex-free,mdv 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial l/f, muv, inner 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial l/f, muv, outer 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial mdv, latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial mdv,inner,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial mdv,outer,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial muv, l/f, inner 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial muv, l/f, outer 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial muv,latex-free,inner 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial muv,latex-free,outer 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial outer, muv 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/10 ml (1,000 unit/ml) vial outer,latex-free,mdv 1,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial 25's,mdv, latex-free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial inner, latex-free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial inner, mdv, l/f 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial inner,sdv,latex-free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial inner,suv,latex-free 10,000 unit/ml	Non-PDL Generic	

Drug	Status	Notes
heparin sodium 10,000 unit/ml vial latex-free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial mdv, inner 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial mdv, outer 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial mdv,inner,latex-free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial mdv,outer,latex-free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial outer, latex-free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial outer, mdv, l/f 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial outer,sdv,latex-free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial outer,suv,latex-free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial suv, l/f, inner 10,000 unit/ml	Non-PDL Generic	
heparin sodium 10,000 unit/ml vial suv, l/f, outer 10,000 unit/ml	Non-PDL Generic	
heparin sodium 2,000 unit/2 ml (1,000 unit/ml) vial 25's,p/f, l/f, sdv 1,000 unit/ml	Non-PDL Generic	
heparin sodium 2,000 unit/2 ml (1,000 unit/ml) vial sdv,25's,p/f,latex/f 1,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial 25's,mdv,latex-free 20,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial inner, l/f, muv 20,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial l/f, muv, inner 20,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial l/f, muv, outer 20,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial mdv,inner,latex free 20,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial mdv,inner,latex-free 20,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial mdv,outer,latex free 20,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial mdv,outer,latex-free 20,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial muv, l/f, inner 20,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial muv, l/f, outer 20,000 unit/ml	Non-PDL Generic	
heparin sodium 20,000 unit/ml vial outer, l/f, muv 20,000 unit/ml	Non-PDL Generic	
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial 25's,mdv,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial latex-free,mdv,inner 1,000 unit/ml	Non-PDL Generic	

Drug	Status	Notes
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial latex-free,mdv,outer 1,000 unit/ml	Non-PDL Generic	
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial mdv,inner,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial mdv,latex-free,inner 1,000 unit/ml	Non-PDL Generic	
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial mdv,latex-free,outer 1,000 unit/ml	Non-PDL Generic	
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial mdv,outer,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial muv, l/f, inner 1,000 unit/ml	Non-PDL Generic	
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial muv, l/f, outer 1,000 unit/ml	Non-PDL Generic	
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial muv,inner,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial muv,outer,latex-free 1,000 unit/ml	Non-PDL Generic	
heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial latex-free, mdv 10,000 unit/ml	Non-PDL Generic	
heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial mdv,25's,latex-free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial mdv,inner,latex free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial mdv,outer,latex free 10,000 unit/ml	Non-PDL Generic	
heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial muv, l/f, inner 10,000 unit/ml	Non-PDL Generic	
heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial muv, l/f, outer 10,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/0.5 ml carpuject inner, l/f, p/f, sdv 5,000 unit/0.5 ml	Non-PDL Generic	
heparin sodium 5,000 unit/0.5 ml carpuject outer, l/f, p/f, sdv 5,000 unit/0.5 ml	Non-PDL Generic	
heparin sodium 5,000 unit/0.5 ml syringe inner, sdv, l/f, p/f 5,000 unit/0.5 ml	Non-PDL Generic	
heparin sodium 5,000 unit/0.5 ml syringe l/f, p/f, suv, inner 5,000 unit/0.5 ml	Non-PDL Generic	
heparin sodium 5,000 unit/0.5 ml syringe l/f, p/f, suv, outer 5,000 unit/0.5 ml	Non-PDL Generic	
heparin sodium 5,000 unit/0.5 ml syringe outer, sdv, l/f,p/f 5,000 unit/0.5 ml	Non-PDL Generic	
heparin sodium 5,000 unit/0.5 ml syringe p/f, suv, inner 5,000 unit/0.5 ml	Non-PDL Generic	
heparin sodium 5,000 unit/0.5 ml syringe p/f, suv, outer 5,000 unit/0.5 ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial 25's, mdv,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial inner, latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial inner, mdv 5,000 unit/ml	Non-PDL Generic	

Drug	Status	Notes
heparin sodium 5,000 unit/ml vial inner, muv, l/f 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial inner,sdv,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial inner,suv,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial mdv, inner 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial mdv, outer 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial mdv,25's,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial mdv,inner,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial mdv,outer,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial outer, latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial outer, mdv 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial outer, muv, l/f 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial outer,sdv,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial outer,suv,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial suv, inner 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial suv, l/f, inner 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial suv, l/f, outer 5,000 unit/ml	Non-PDL Generic	
heparin sodium 5,000 unit/ml vial suv, outer 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial 25's,mdv,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial inner, muv 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial inner,mdv,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial l/f, muv, inner 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial l/f, muv, outer 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial mdv,25's,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial mdv,inner,latex free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial mdv,inner,latex-free 5,000 unit/ml	Non-PDL Generic	

Drug	Status	Notes
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial mdv,outer,latex free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial mdv,outer,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial muv, l/f, inner 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial muv, l/f, outer 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial muv,inner,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial muv,outer,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial outer, muv 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial outer,mdv,latex-free 5,000 unit/ml	Non-PDL Generic	
heparin sodium 50,000 unit/5 ml (10,000 unit/ml) vial 25's,latex-free,mdv 10,000 unit/ml	Non-PDL Generic	
hep-lock flush 100 unit/ml kit 1 hprn,2 na chl syrn 100 unit/ml	Non-PDL Generic	
hep-lock flush 100 unit/ml kit suv 100 unit/ml	Non-PDL Generic	
LOVENOX 100 MG/ML SYRINGE AUTO SAFETY DEV, SDV 100 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 100 MG/ML SYRINGE L/F,P/F,INNER,SDV 100 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 100 MG/ML SYRINGE L/F,P/F,OUTER,SDV 100 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 120 MG/0.8 ML SYRINGE L/F,P/F,INNER,SDV 120 MG/0.8 ML	PDL Non-Preferred Brand	PA
LOVENOX 120 MG/0.8 ML SYRINGE L/F,P/F,OUTER,SDV 120 MG/0.8 ML	PDL Non-Preferred Brand	PA
LOVENOX 120 MG/0.8 ML SYRINGE P/F,AUTO SAFETY,SDV 120 MG/0.8 ML	PDL Non-Preferred Brand	PA
LOVENOX 150 MG/ML SYRINGE L/F,P/F,INNER,SDV 150 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 150 MG/ML SYRINGE L/F,P/F,OUTER,SDV 150 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 150 MG/ML SYRINGE P/F,AUTO SAFETY,SDV 150 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE AUTO SAFET DEV, SDV 30 MG/0.3 ML	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE L/F,P/F,INNER,SDV 30 MG/0.3 ML	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE L/F,P/F,OUTER,SDV 30 MG/0.3 ML	PDL Non-Preferred Brand	PA
LOVENOX 300 MG/3 ML VIAL LATEX-FREE,MDV 300 MG/3 ML	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
LOVENOX 300 MG/3 ML VIAL MULTI USE VIAL 300 MG/3 ML	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
LOVENOX 40 MG/0.4 ML SYRINGE INNER, SUV, L/F 40 MG/0.4 ML	PDL Non-Preferred Brand	PA

Drug	Status	Notes
LOVENOX 40 MG/0.4 ML SYRINGE L/F,P/F,INNER,SDV 40 MG/0.4 ML	PDL Non-Preferred Brand	PA
LOVENOX 40 MG/0.4 ML SYRINGE L/F,P/F,OUTER,SDV 40 MG/0.4 ML	PDL Non-Preferred Brand	PA
LOVENOX 40 MG/0.4 ML SYRINGE OUTER, SUV, L/F 40 MG/0.4 ML	PDL Non-Preferred Brand	PA
LOVENOX 60 MG/0.6 ML SYRINGE INNER, SUV, L/F 60 MG/0.6 ML	PDL Non-Preferred Brand	PA
LOVENOX 60 MG/0.6 ML SYRINGE L/F,P/F,INNER,SDV 60 MG/0.6 ML	PDL Non-Preferred Brand	PA
LOVENOX 60 MG/0.6 ML SYRINGE L/F,P/F,OUTER,SDV 60 MG/0.6 ML	PDL Non-Preferred Brand	PA
LOVENOX 60 MG/0.6 ML SYRINGE OUTER, SUV, L/F 60 MG/0.6 ML	PDL Non-Preferred Brand	PA
LOVENOX 80 MG/0.8 ML SYRINGE AUTO SAFETY DEV, SDV 80 MG/0.8 ML	PDL Non-Preferred Brand	PA
LOVENOX 80 MG/0.8 ML SYRINGE L/F,P/F,INNER,SDV 80 MG/0.8 ML	PDL Non-Preferred Brand	PA
LOVENOX 80 MG/0.8 ML SYRINGE L/F,P/F,OUTER,SDV 80 MG/0.8 ML	PDL Non-Preferred Brand	PA
Leukocyte (Wbc) Stimulants		
FULPHILA 6 MG/0.6 ML SYRINGE 6 MG/0.6 ML	Non-PDL Brand	PA; SP
GRANIX 300 MCG/0.5 ML SAFE SYR INNER, L/F, P/F, SUV 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
GRANIX 300 MCG/0.5 ML SAFE SYR P/F, L/F, OUTER, SUV 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
GRANIX 300 MCG/0.5 ML SAFE SYR P/F,L/F,INNER,SUV 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
GRANIX 300 MCG/0.5 ML SYRINGE P/F,INNER,SUV, L/F 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
GRANIX 300 MCG/0.5 ML SYRINGE P/F,OUTER,SUV, L/F 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
GRANIX 300 MCG/ML VIAL SUV,LATEX-FREE,INNER 300 MCG/ML	Non-PDL Brand	PA; SP
GRANIX 300 MCG/ML VIAL SUV,LATEX-FREE,OUTER 300 MCG/ML	Non-PDL Brand	PA; SP
GRANIX 480 MCG/0.8 ML SAFE SYR INNER, L/F, SUV 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
GRANIX 480 MCG/0.8 ML SAFE SYR P/F, L/F, OUTER, SUV 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
GRANIX 480 MCG/0.8 ML SAFE SYR P/F,L/F,INNER,SUV 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
GRANIX 480 MCG/0.8 ML SYRINGE P/F, L/F, SUV, INNER 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
GRANIX 480 MCG/0.8 ML SYRINGE P/F,OUTER,SUV, L/F 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
GRANIX 480 MCG/1.6 ML VIAL SUV,LATEX-FREE,INNER 480 MCG/1.6 ML	Non-PDL Brand	PA; SP
GRANIX 480 MCG/1.6 ML VIAL SUV,LATEX-FREE,OUTER 480 MCG/1.6 ML	Non-PDL Brand	PA; SP
LEUKINE 250 MCG VIAL LATEX-FREE,P/F,INNER 250 MCG	Non-PDL Brand	PA; SP

Drug	Status	Notes
LEUKINE 250 MCG VIAL LATEX-FREE,P/F,OUTER 250 MCG	Non-PDL Brand	PA; SP
NEULASTA 6 MG/0.6 ML SYRINGE 6 MG/0.6 ML	Non-PDL Brand	PA; SP
NEULASTA ONPRO 6 MG/0.6 ML KIT 6 MG/0.6 ML	Non-PDL Brand	PA; SP
NEUPOGEN 300 MCG/0.5 ML SYR P/F, INNER, SUV 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
NEUPOGEN 300 MCG/0.5 ML SYR P/F, OUTER, SUV 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
NEUPOGEN 300 MCG/0.5 ML SYR P/F, SUV 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
NEUPOGEN 300 MCG/ML VIAL SUV, INNER 300 MCG/ML	Non-PDL Brand	PA; SP
NEUPOGEN 300 MCG/ML VIAL SUV, OUTER 300 MCG/ML	Non-PDL Brand	PA; SP
NEUPOGEN 480 MCG/0.8 ML SYR 10'S,P/F, SUV 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
NEUPOGEN 480 MCG/0.8 ML SYR P/F, SUV 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
NEUPOGEN 480 MCG/1.6 ML VIAL SUV, INNER 480 MCG/1.6 ML	Non-PDL Brand	PA; SP
NEUPOGEN 480 MCG/1.6 ML VIAL SUV, OUTER 480 MCG/1.6 ML	Non-PDL Brand	PA; SP
NIVESTYM 300 MCG/0.5 ML SYRING L/F, P/F, SUV, INNER 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
NIVESTYM 300 MCG/0.5 ML SYRING L/F, P/F, SUV, OUTER 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
NIVESTYM 300 MCG/ML VIAL L/F, P/F, SUV, INNER 300 MCG/ML	Non-PDL Brand	PA; SP
NIVESTYM 300 MCG/ML VIAL L/F, P/F, SUV, OUTER 300 MCG/ML	Non-PDL Brand	PA; SP
NIVESTYM 480 MCG/0.8 ML SYRING L/F, P/F, SUV, INNER 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
NIVESTYM 480 MCG/0.8 ML SYRING L/F, P/F, SUV, OUTER 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
NIVESTYM 480 MCG/1.6 ML VIAL L/F, P/F, SUV, INNER 480 MCG/1.6 ML	Non-PDL Brand	PA; SP
NIVESTYM 480 MCG/1.6 ML VIAL L/F, P/F, SUV, OUTER 480 MCG/1.6 ML	Non-PDL Brand	PA; SP
ZARXIO 300 MCG/0.5 ML SYRINGE INNER, P/F, SUV 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
ZARXIO 300 MCG/0.5 ML SYRINGE OUTER, P/F, SUV 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
ZARXIO 300 MCG/0.5 ML SYRINGE P/F, SUV 300 MCG/0.5 ML	Non-PDL Brand	PA; SP
ZARXIO 480 MCG/0.8 ML SYRINGE INNER, P/F, SUV 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
ZARXIO 480 MCG/0.8 ML SYRINGE OUTER, P/F, SUV 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
ZARXIO 480 MCG/0.8 ML SYRINGE P/F, SUV 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
Platelet Aggregation Inhibitors		

Drug	Status	Notes
ADULT ASPIRIN REGIMEN EC 81 MG 81 MG	Preventive	
ADULT LOW DOSE ASA EC 81 MG TB 81 MG	Preventive	
AGGRENOX 25 MG-200 MG CAPSULE 25-200 MG	PDL Preferred Brand	
aspirin 81 mg chewable tablet 3x36,low dose,cherry 81 mg	Preventive	
aspirin 81 mg chewable tablet 3x36,low dose,orange 81 mg	Preventive	
aspirin 81 mg chewable tablet 81 mg	Preventive	
aspirin 81 mg chewable tablet adult low dose 81 mg	Preventive	
aspirin 81 mg chewable tablet child low dose 81 mg	Preventive	
aspirin 81 mg chewable tablet gluten-free, orange 81 mg	Preventive	
aspirin 81 mg chewable tablet low dose 81 mg	Preventive	
aspirin 81 mg chewable tablet low dose, cherry 81 mg	Preventive	
aspirin 81 mg chewable tablet low dose, orange 81 mg	Preventive	
aspirin 81 mg chewable tablet low strength, orange 81 mg	Preventive	
aspirin 81 mg chewable tablet tab chew,cherry 81 mg	Preventive	
aspirin 81 mg chewable tablet tab chew,orange 81 mg	Preventive	
aspirin 81 mg chewable tablet u-d 81 mg	Preventive	
aspirin ec 81 mg tablet 2x120,low dose 81 mg	Preventive	
aspirin ec 81 mg tablet 81 mg	Preventive	
aspirin ec 81 mg tablet adult low dose 81 mg	Preventive	
aspirin ec 81 mg tablet adult low strength 81 mg	Preventive	
aspirin ec 81 mg tablet adult, low strength 81 mg	Preventive	
aspirin ec 81 mg tablet d/f, low dose 81 mg	Preventive	
aspirin ec 81 mg tablet low dose 81 mg	Preventive	
aspirin ec 81 mg tablet low dose sfty coated 81 mg	Preventive	
aspirin ec 81 mg tablet low dose, coated 81 mg	Preventive	
aspirin ec 81 mg tablet low strength 81 mg	Preventive	
aspirin ec 81 mg tablet safety coated 81 mg	Preventive	
aspirin ec 81 mg tablet u-d,10x10 81 mg	Preventive	
aspirin ec 81 mg tablet u-d,25x30 81 mg	Preventive	
aspirin-dipyridam er 25-200 mg 25-200 mg	PDL Non-Preferred Generic	PA
aspirin-dipyridam er 25-200 mg extended-release 25-200 mg	PDL Non-Preferred Generic	PA
BRILINTA 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRILINTA 90 MG TABLET F/C 90 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
BRILINTA 90 MG TABLET F/C, U-D 90 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
CHILD ASPIRIN 81 MG CHEW TAB 3X36, VALUE PACK 81 MG	Preventive	
CHILD ASPIRIN 81 MG CHEW TAB TAB CHEW,CHILDREN'S 81 MG	Preventive	
CHILD ASPIRIN 81 MG TAB CHEW 81 MG	Preventive	
cilostazol 100 mg tablet 100 mg	Non-PDL Generic	
cilostazol 50 mg tablet 50 mg	Non-PDL Generic	
clopidogrel 300 mg tablet 300 mg	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 300 mg tablet f/c 300 mg	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 300 mg tablet f/c, inner 300 mg	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 300 mg tablet f/c, outer 300 mg	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 300 mg tablet f/c, u-d,5x6,outer 300 mg	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 300 mg tablet f/c,u-d,inner 300 mg	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 75 mg tablet 75 mg	PDL Preferred Generic	
clopidogrel 75 mg tablet f/c 75 mg	PDL Preferred Generic	
clopidogrel 75 mg tablet f/c, 12's 75 mg	PDL Preferred Generic	
clopidogrel 75 mg tablet f/c, inner 75 mg	PDL Preferred Generic	
clopidogrel 75 mg tablet f/c, outer 75 mg	PDL Preferred Generic	
clopidogrel 75 mg tablet f/c,u-d 75 mg	PDL Preferred Generic	
cvs aspirin 81 mg chewable tab 81 mg	Preventive	
cvs aspirin 81 mg chewable tab inner 81 mg	Preventive	
cvs aspirin 81 mg chewable tab outer 81 mg	Preventive	
cvs aspirin ec 81 mg tablet 81 mg	Preventive	
cvs aspirin ec 81 mg tablet plus 20 tabs 81 mg	Preventive	
dipyridamole 25 mg tablet f/c 25 mg	PDL Preferred Generic	
dipyridamole 25 mg tablet sugar-coated 25 mg	PDL Preferred Generic	
dipyridamole 50 mg tablet f/c 50 mg	PDL Preferred Generic	
dipyridamole 50 mg tablet sugar-coated 50 mg	PDL Preferred Generic	
dipyridamole 75 mg tablet f/c 75 mg	PDL Preferred Generic	

Drug	Status	Notes
dipyridamole 75 mg tablet sugar-coated 75 mg	PDL Preferred Generic	
DURLAZA ER 162.5 MG CAPSULE 162.5 MG	PDL Non-Preferred Brand	PA
EFFIENT 10 MG TABLET F/C 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EFFIENT 10 MG TABLET F/C, U-D, INNER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EFFIENT 10 MG TABLET F/C, U-D, OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EFFIENT 5 MG TABLET F/C 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EFFIENT 5 MG TABLET F/C, U-D, INNER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EFFIENT 5 MG TABLET F/C, U-D, OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
eq aspirin 81 mg chewable tab low dose 81 mg	Preventive	
eq aspirin 81 mg chewable tab low dose, cherry 81 mg	Preventive	
eq aspirin 81 mg chewable tab low dose, inner 81 mg	Preventive	
eq aspirin 81 mg chewable tab low dose, outer 81 mg	Preventive	
eq aspirin ec 81 mg tablet 81 mg	Preventive	
eq aspirin ec 81 mg tablet adult low dose 81 mg	Preventive	
eq aspirin ec 81 mg tablet low dose 81 mg	Preventive	
eql aspirin 81 mg chewable tab 81 mg	Preventive	
eql aspirin ec 81 mg tablet 81 mg	Preventive	
gnp aspirin 81 mg chewable tab 81 mg	Preventive	
gnp aspirin 81 mg chewable tab low strength, orange 81 mg	Preventive	
gnp aspirin ec 81 mg tablet 81 mg	Preventive	
gnp aspirin ec 81 mg tablet adult low strength 81 mg	Preventive	
gnp aspirin ec 81 mg tablet low dose sfty coated 81 mg	Preventive	
gs aspirin 81 mg chewable tab 81 mg	Preventive	
gs aspirin ec 81 mg tablet 81 mg	Preventive	
hm aspirin 81 mg chewable tab 81 mg	Preventive	
hm aspirin 81 mg chewable tab adlt low dose,orange 81 mg	Preventive	
hm aspirin ec 81 mg tablet 81 mg	Preventive	
hm aspirin ec 81 mg tablet low dose 81 mg	Preventive	
kro aspirin 81 mg chewable tab gluten-free 81 mg	Preventive	
kro aspirin 81 mg chewable tab low dose, orange 81 mg	Preventive	
kro aspirin 81 mg chewable tab low dose,gluten free 81 mg	Preventive	
kro aspirin ec 81 mg tablet 81 mg	Preventive	
LOW DOSE ASPIRIN EC 81 MG TAB 81 MG	Preventive	

Drug	Status	Notes
LOW DOSE ASPIRIN EC 81 MG TAB SAFETY COATED 81 MG	Preventive	
PLAVIX 75 MG TABLET 75 MG	PDL Non-Preferred Brand	PA
PLAVIX 75 MG TABLET F/C 75 MG	PDL Non-Preferred Brand	PA
prasugrel 10 mg tablet 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
prasugrel 5 mg tablet 5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pub aspirin 81 mg chewable tab low strength 81 mg	Preventive	
qc aspirin 81 mg chewable tab 81 mg	Preventive	
qc aspirin 81 mg chewable tab low dose, orange 81 mg	Preventive	
qc aspirin ec 81 mg tablet 81 mg	Preventive	
QC LO-DOSE ASPIRIN EC 81 MG TB 81 MG	Preventive	
ra aspirin 81 mg chewable tab 36x3 bottles, adult 81 mg	Preventive	
ra aspirin 81 mg chewable tab 81 mg	Preventive	
ra aspirin 81 mg chewable tab chewable 81 mg	Preventive	
ra aspirin ec 81 mg tablet 81 mg	Preventive	
sm aspirin 81 mg chewable tab adult low strength 81 mg	Preventive	
sm aspirin ec 81 mg tablet 81 mg	Preventive	
sm aspirin ec 81 mg tablet adult low strength 81 mg	Preventive	
sm aspirin ec 81 mg tablet low strength 81 mg	Preventive	
SM CHILD ASPIRIN 81 MG CHW TAB CHILDRENS 81 MG	Preventive	
SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG	Preventive	
ST. JOSEPH ASPIRIN 81 MG CHEW 81 MG	Preventive	
ST. JOSEPH ASPIRIN 81 MG CHEW ORANGE 81 MG	Preventive	
ST. JOSEPH ASPIRIN EC 81 MG TB 81 MG	Preventive	
YOSPRALA DR 325-40 MG TABLET 325-40 MG	PDL Non-Preferred Brand	PA
YOSPRALA DR 81-40 MG TABLET 81-40 MG	PDL Non-Preferred Brand	PA
ZONTIVITY 2.08 MG TABLET 2.08 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Platelet Reducing Agents		
anagrelide hcl 0.5 mg capsule 0.5 mg	Non-PDL Generic	
anagrelide hcl 1 mg capsule 1 mg	Non-PDL Generic	
Sickle Cell Anemia Agents		
DROXIA 200 MG CAPSULE 200 MG	Non-PDL Brand	

Drug	Status	Notes
DROXIA 300 MG CAPSULE 300 MG	Non-PDL Brand	
DROXIA 400 MG CAPSULE 400 MG	Non-PDL Brand	
ENDARI 5 GRAM POWDER PACKET INNER 5 GRAM	Non-PDL Brand	SP
ENDARI 5 GRAM POWDER PACKET OUTER 5 GRAM	Non-PDL Brand	SP
SIKLOS 1,000 MG TABLET 1,000 MG	Non-PDL Brand	
SIKLOS 100 MG TABLET 100 MG	Non-PDL Brand	QL (2 EA per 1 day)
Thrombin Inhibitors,Selective,Direct, & Reversible		
PRADAXA 110 MG CAPSULE 110 MG	PDL Preferred Brand	QL (2 EA per 1 day)
PRADAXA 150 MG CAPSULE 150 MG	PDL Preferred Brand	QL (2 EA per 1 day)
PRADAXA 150 MG CAPSULE SAMPLE 150 MG	PDL Preferred Brand	QL (2 EA per 1 day)
PRADAXA 75 MG CAPSULE 75 MG	PDL Preferred Brand	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists		
PROMACTA 12.5 MG SUSPEN PACKET INNER 12.5 MG	Non-PDL Brand	PA; SP
PROMACTA 12.5 MG SUSPEN PACKET OUTER 12.5 MG	Non-PDL Brand	PA; SP
PROMACTA 12.5 MG TABLET 12.5 MG	Non-PDL Brand	PA; SP
PROMACTA 25 MG SUSPENSION PCKT INNER 25 MG	Non-PDL Brand	PA; SP
PROMACTA 25 MG SUSPENSION PCKT OUTER 25 MG	Non-PDL Brand	PA; SP
PROMACTA 25 MG TABLET 25 MG	Non-PDL Brand	PA; SP
PROMACTA 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
PROMACTA 75 MG TABLET 75 MG	Non-PDL Brand	PA; SP
Topical Hemostatics		
THROMBIN-JMI 20,000 UNITS PUMP DILUENT, P/F, L/F 20,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 20,000 UNITS SYR 20,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 20,000 UNITS VIAL W/DILUENT, P/F, L/F 20,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 5,000 UNIT EPISTAXIS 5,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 5,000 UNITS SYR 5,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 5,000 UNITS VIAL W/DILUENT, L/F, P/F 5,000 UNIT	Non-PDL Generic	
Vitamin K Preparations		
phytonadione 1 mg/0.5 ml syr latex-free, p/f,sdv 1 mg/0.5 ml	Non-PDL Generic	
phytonadione 10 mg/ml ampul suv,latex-free,inner 10 mg/ml	Non-PDL Generic	
phytonadione 10 mg/ml ampul suv,latex-free,outer 10 mg/ml	Non-PDL Generic	

Drug	Status	Notes
phytonadione 5 mg tablet 5 mg	Non-PDL Generic	
VITAMIN K-1 1 MG/0.5 ML AMPUL SUV, L/F, INNER 1 MG/0.5 ML	Non-PDL Generic	
VITAMIN K-1 1 MG/0.5 ML AMPUL SUV, L/F, OUTER 1 MG/0.5 ML	Non-PDL Generic	
VITAMIN K-1 10 MG/ML AMPUL SUV, L/F, INNER 10 MG/ML	Non-PDL Generic	
VITAMIN K-1 10 MG/ML AMPUL SUV, L/F, OUTER 10 MG/ML	Non-PDL Generic	
Hormonal Deficiency		
Androgenic Agents		
ANDRODERM 2 MG/24HR PATCH INNER 2 MG/24 HOUR	PDL Preferred Brand	PA
ANDRODERM 2 MG/24HR PATCH OUTER 2 MG/24 HOUR	PDL Preferred Brand	PA
ANDRODERM 4 MG/24HR PATCH INNER 4 MG/24 HR	PDL Preferred Brand	PA
ANDRODERM 4 MG/24HR PATCH OUTER 4 MG/24 HR	PDL Preferred Brand	PA
ANDROGEL 1%(2.5G) GEL PACKET INNER 1 % (25 MG/2.5GRAM)	PDL Preferred Brand	PA
ANDROGEL 1%(2.5G) GEL PACKET OUTER 1 % (25 MG/2.5GRAM)	PDL Preferred Brand	PA
ANDROGEL 1%(5G) GEL PACKET INNER 1 % (50 MG/5 GRAM)	PDL Preferred Brand	PA
ANDROGEL 1%(5G) GEL PACKET OUTER 1 % (50 MG/5 GRAM)	PDL Preferred Brand	PA
ANDROGEL 1.62% GEL PUMP 20.25 MG/1.25 GRAM (1.62 %)	PDL Preferred Brand	PA
ANDROGEL 1.62%(1.25G) GEL PCKT INNER 1.62 % (20.25 MG/1.25 GRAM)	PDL Preferred Brand	PA
ANDROGEL 1.62%(1.25G) GEL PCKT OUTER 1.62 % (20.25 MG/1.25 GRAM)	PDL Preferred Brand	PA
ANDROGEL 1.62%(2.5G) GEL PCKT INNER 1.62 % (40.5 MG/2.5 GRAM)	PDL Preferred Brand	PA
ANDROGEL 1.62%(2.5G) GEL PCKT OUTER 1.62 % (40.5 MG/2.5 GRAM)	PDL Preferred Brand	PA
FORTESTA 10 MG GEL PUMP 10 MG/0.5 GRAM /ACTUATION	PDL Non-Preferred Brand	PA
METHITEST 10 MG TABLET 10 MG	Non-PDL Brand	PA
methyltestosterone 10 mg cap 10 mg	Non-PDL Generic	PA
NATESTO NASAL 5.5 MG/0.122 GM 5.5 MG/0.122 GRAM/ACTUATION	PDL Non-Preferred Brand	PA
oxandrolone 10 mg tablet 10 mg	Non-PDL Generic	PA
oxandrolone 2.5 mg tablet 2.5 mg	Non-PDL Generic	PA
TESTIM 1% (50 MG) GEL INNER 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA

Drug	Status	Notes
TESTIM 1% (50 MG) GEL OUTER 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA
testosteron cyp 1,000 mg/10 ml mdv 100 mg/ml	Non-PDL Generic	PA
testosteron cyp 1,000 mg/10 ml mdv, latex-free 100 mg/ml	Non-PDL Generic	PA
testosteron cyp 2,000 mg/10 ml latex-free, muv 200 mg/ml	Non-PDL Generic	PA
testosteron cyp 2,000 mg/10 ml mdv 200 mg/ml	Non-PDL Generic	PA
testosteron cyp 2,000 mg/10 ml mdv, in oil 200 mg/ml	Non-PDL Generic	PA
testosteron cyp 2,000 mg/10 ml mdv, latex-free 200 mg/ml	Non-PDL Generic	PA
testosteron cyp 2,000 mg/10 ml muv, l/f 200 mg/ml	Non-PDL Generic	PA
testosteron enan 1,000 mg/5 ml mdv 200 mg/ml	Non-PDL Generic	PA
testosterone 1.62% (2.5 g) pkt inner 1.62 % (40.5 mg/2.5 gram)	PDL Non-Preferred Generic	PA
testosterone 1.62% (2.5 g) pkt outer 1.62 % (40.5 mg/2.5 gram)	PDL Non-Preferred Generic	PA
testosterone 1.62% gel pump 20.25 mg/1.25 gram (1.62 %)	PDL Non-Preferred Generic	PA
testosterone 1.62%(1.25 g) pkt inner 1.62 % (20.25 mg/1.25 gram)	PDL Non-Preferred Generic	PA
testosterone 1.62%(1.25 g) pkt outer 1.62 % (20.25 mg/1.25 gram)	PDL Non-Preferred Generic	PA
testosterone 10 mg gel pump 10 mg/0.5 gram /actuation	Non-PDL Generic	PA
testosterone 12.5 mg/1.25 gram inner 12.5 mg/ 1.25 gram (1 %)	PDL Non-Preferred Generic	PA
testosterone 12.5 mg/1.25 gram outer 12.5 mg/ 1.25 gram (1 %)	PDL Non-Preferred Generic	PA
testosterone 25 mg/2.5 gm pkt inner 1 % (25 mg/2.5gram)	PDL Non-Preferred Generic	PA
testosterone 25 mg/2.5 gm pkt outer 1 % (25 mg/2.5gram)	PDL Non-Preferred Generic	PA
testosterone 30 mg/1.5 ml pump 30 mg/actuation (1.5 ml)	PDL Non-Preferred Generic	PA

Drug	Status	Notes
testosterone 50 mg/5 gram gel inner 50 mg/5 gram (1 %)	PDL Non-Preferred Generic	PA
testosterone 50 mg/5 gram gel outer 50 mg/5 gram (1 %)	PDL Non-Preferred Generic	PA
testosterone 50 mg/5 gram pkt inner 1 % (50 mg/5 gram)	PDL Non-Preferred Generic	PA
testosterone 50 mg/5 gram pkt outer 1 % (50 mg/5 gram)	PDL Non-Preferred Generic	PA
testosterone cyp 100 mg/ml latex-free, mdv 100 mg/ml	Non-PDL Generic	PA
testosterone cyp 100 mg/ml mdv 100 mg/ml	Non-PDL Generic	PA
testosterone cyp 200 mg/ml latex-free, mdv 200 mg/ml	Non-PDL Generic	PA
testosterone cyp 200 mg/ml latex-free, sdv 200 mg/ml	Non-PDL Generic	PA
testosterone cyp 200 mg/ml latex-free, suv 200 mg/ml	Non-PDL Generic	PA
testosterone cyp 200 mg/ml mdv 200 mg/ml	Non-PDL Generic	PA
testosterone cyp 200 mg/ml mdv, latex-free 200 mg/ml	Non-PDL Generic	PA
testosterone cyp 200 mg/ml sdv 200 mg/ml	Non-PDL Generic	PA
testosterone cyp 200 mg/ml sdv, latex-free 200 mg/ml	Non-PDL Generic	PA
testosterone cyp 200 mg/ml suv, l/f 200 mg/ml	Non-PDL Generic	PA
testosterone cyp 200 mg/ml suv, latex-free 200 mg/ml	Non-PDL Generic	PA
testosterone cypionate 1,000 mg/5 ml vial (cmpd-rx) latex-free, muv 200 mg/ml	Non-PDL Generic	PA
testosterone cypionate 500 mg/2.5 ml vial (cmpd-rx) latex-free, muv 200 mg/ml	Non-PDL Generic	PA
testosterone cypionate 6,000 mg/30 ml vial (cmpd-rx) latex-free, muv 200 mg/ml	Non-PDL Generic	PA
testosterone enan 200 mg/ml mdv 200 mg/ml	Non-PDL Generic	PA
testosterone enanthate 1,000 mg/5 ml (cmpd-rx) muv, latex-free 200 mg/ml	Non-PDL Generic	PA
VOGELXO 12.5 MG/1.25 GRAM PUMP INNER 12.5 MG/ 1.25 GRAM (1 %)	PDL Non-Preferred Brand	PA
VOGELXO 12.5 MG/1.25 GRAM PUMP OUTER 12.5 MG/ 1.25 GRAM (1 %)	PDL Non-Preferred Brand	PA
VOGELXO 50 MG/5 GRAM GEL INNER 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA
VOGELXO 50 MG/5 GRAM GEL OUTER 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA

Drug	Status	Notes
VOGELXO 50 MG/5 GRAM GEL PACKT INNER 1 % (50 MG/5 GRAM)	PDL Non-Preferred Brand	PA
VOGELXO 50 MG/5 GRAM GEL PACKT OUTER 1 % (50 MG/5 GRAM)	PDL Non-Preferred Brand	PA
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE 0.45-20 MG TABLET 0.45-20 MG	Non-PDL Brand	
Estrogen/Androgen Combinations		
COVARYX H.S. TABLET 0.625-1.25 MG	Non-PDL Generic	
COVARYX TABLET 1.25-2.5 MG	Non-PDL Generic	
EEMT DS 1.25-2.5 MG TABLET 1.25-2.5 MG	Non-PDL Generic	
EEMT HS 0.625-1.25 MG TABLET 0.625-1.25 MG	Non-PDL Generic	
estrogen-methyltestos f.s. tab 1.25-2.5 mg	Non-PDL Generic	
estrogen-methyltestos f.s. tab f/c 1.25-2.5 mg	Non-PDL Generic	
estrogen-methyltestos h.s. tab 0.625-1.25 mg	Non-PDL Generic	
estrogen-methyltestos h.s. tab f/c 0.625-1.25 mg	Non-PDL Generic	
estrogen-methyltestos h.s. tab half-strength 0.625-1.25 mg	Non-PDL Generic	
Estrogenic Agents		
AMABELZ 0.5 MG-0.1 MG TABLET INNER 0.5-0.1 MG	Non-PDL Generic	
AMABELZ 0.5 MG-0.1 MG TABLET OUTER 0.5-0.1 MG	Non-PDL Generic	
AMABELZ 1 MG-0.5 MG TABLET INNER 1-0.5 MG	Non-PDL Generic	
AMABELZ 1 MG-0.5 MG TABLET OUTER 1-0.5 MG	Non-PDL Generic	
COMBIPATCH 0.05-0.14 MG PTCH INNER 0.05-0.14 MG/24 HR	Non-PDL Brand	QL (2 EA per 7 days)
COMBIPATCH 0.05-0.14 MG PTCH OUTER 0.05-0.14 MG/24 HR	Non-PDL Brand	QL (2 EA per 7 days)
COMBIPATCH 0.05-0.25 MG PTCH INNER 0.05-0.25 MG/24 HR	Non-PDL Brand	QL (2 EA per 7 days)
COMBIPATCH 0.05-0.25 MG PTCH OUTER 0.05-0.25 MG/24 HR	Non-PDL Brand	QL (2 EA per 7 days)
DOTTI 0.025 MG PATCH INNER 0.025 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.025 MG PATCH OUTER 0.025 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.0375 MG PATCH INNER 0.0375 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.0375 MG PATCH OUTER 0.0375 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)

Drug	Status	Notes
DOTTI 0.05 MG PATCH INNER 0.05 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.05 MG PATCH OUTER 0.05 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.075 MG PATCH INNER 0.075 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.075 MG PATCH OUTER 0.075 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.1 MG PATCH INNER 0.1 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.1 MG PATCH OUTER 0.1 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.025 mg patch inner 0.025 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.025 mg patch outer 0.025 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.0375 mg patch inner 0.0375 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.0375 mg patch outer 0.0375 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.0375 mg/day patch transdermal 0.0375 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.05 mg patch inner 0.05 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.05 mg patch outer 0.05 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.06 mg/day patch transdermal 0.06 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.075 mg patch inner 0.075 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.075 mg patch outer 0.075 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.075 mg/day patch inner 0.075 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.075 mg/day patch outer 0.075 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.1 mg patch inner 0.1 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.1 mg patch outer 0.1 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.5 mg tablet 0.5 mg	Non-PDL Generic	
estradiol 1 mg tablet 1 mg	Non-PDL Generic	
estradiol 2 mg tablet 2 mg	Non-PDL Generic	
estradiol tds 0.025 mg/day inner 0.025 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol tds 0.025 mg/day outer 0.025 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol tds 0.0375 mg/day inner 0.0375 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)

Drug	Status	Notes
estradiol tds 0.0375 mg/day outer 0.0375 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol tds 0.05 mg/day inner 0.05 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol tds 0.05 mg/day outer 0.05 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol tds 0.06 mg/day inner 0.06 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol tds 0.06 mg/day outer 0.06 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol tds 0.075 mg/day inner 0.075 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol tds 0.075 mg/day outer 0.075 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol tds 0.1 mg/day inner 0.1 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol tds 0.1 mg/day outer 0.1 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol-noreth 0.5-0.1 mg tb coated 0.5-0.1 mg	Non-PDL Generic	
estradiol-noreth 0.5-0.1 mg tb inner 0.5-0.1 mg	Non-PDL Generic	
estradiol-noreth 0.5-0.1 mg tb outer 0.5-0.1 mg	Non-PDL Generic	
estradiol-noreth 1-0.5 mg tab f/c 1-0.5 mg	Non-PDL Generic	
estradiol-noreth 1-0.5 mg tab inner 1-0.5 mg	Non-PDL Generic	
estradiol-noreth 1-0.5 mg tab outer 1-0.5 mg	Non-PDL Generic	
FYAVOLV 0.5 MG-2.5 MCG TABLET F/C 0.5-2.5 MG-MCG	Non-PDL Generic	
FYAVOLV 0.5 MG-2.5 MCG TABLET F/C, INNER 0.5-2.5 MG-MCG	Non-PDL Generic	
FYAVOLV 0.5 MG-2.5 MCG TABLET F/C, OUTER 0.5-2.5 MG-MCG	Non-PDL Generic	
FYAVOLV 1 MG-5 MCG TABLET F/C 1-5 MG-MCG	Non-PDL Generic	
FYAVOLV 1 MG-5 MCG TABLET F/C, INNER 1-5 MG-MCG	Non-PDL Generic	
FYAVOLV 1 MG-5 MCG TABLET F/C, OUTER 1-5 MG-MCG	Non-PDL Generic	
JINTELI 1 MG-5 MCG TABLET 1-5 MG-MCG	Non-PDL Generic	
JINTELI 1 MG-5 MCG TABLET INNER 1-5 MG-MCG	Non-PDL Generic	
JINTELI 1 MG-5 MCG TABLET OUTER 1-5 MG-MCG	Non-PDL Generic	
LOPREEZA 1 MG-0.5 MG TABLET 1-0.5 MG	Non-PDL Generic	
MENEST 0.3 MG TABLET 0.3 MG	Non-PDL Brand	
MENEST 0.625 MG TABLET 0.625 MG	Non-PDL Brand	

Drug	Status	Notes
MENEST 1.25 MG TABLET 1.25 MG	Non-PDL Brand	
MENEST 2.5 MG TABLET 2.5 MG	Non-PDL Brand	
MIMVEY 1-0.5 MG TABLET F/C 1-0.5 MG	Non-PDL Generic	
MIMVEY 1-0.5 MG TABLET F/C, 5X28 1-0.5 MG	Non-PDL Generic	
norethind-eth estrad 0.5-2.5 inner 0.5-2.5 mg-mcg	Non-PDL Generic	
norethind-eth estrad 0.5-2.5 outer 0.5-2.5 mg-mcg	Non-PDL Generic	
norethin-eth estrad 1 mg-5 mcg 1-5 mg-mcg	Non-PDL Generic	
norethin-eth estrad 1 mg-5 mcg inner 1-5 mg-mcg	Non-PDL Generic	
norethin-eth estrad 1 mg-5 mcg outer 1-5 mg-mcg	Non-PDL Generic	
PREMARIN 0.3 MG TABLET 0.3 MG	Non-PDL Brand	
PREMARIN 0.45 MG TABLET 0.45 MG	Non-PDL Brand	
PREMARIN 0.625 MG TABLET 0.625 MG	Non-PDL Brand	
PREMARIN 0.9 MG TABLET 0.9 MG	Non-PDL Brand	
PREMARIN 1.25 MG TABLET 1.25 MG	Non-PDL Brand	
PREMPHASE 0.625-5 MG TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Non-PDL Brand	
PREMPRO 0.3 MG-1.5 MG TABLET 0.3-1.5 MG	Non-PDL Brand	
PREMPRO 0.45-1.5 MG TABLET 0.45-1.5 MG	Non-PDL Brand	
PREMPRO 0.625-2.5 MG TABLET 0.625-2.5 MG	Non-PDL Brand	
PREMPRO 0.625-5 MG TABLET 0.625-5 MG	Non-PDL Brand	
Lhrh (Gnrh) Agonist Analog And Progestin Comb		
LUPANETA PK 11.25-5 MG 3MO KIT 11.25 MG -5 MG (90)	Non-PDL Brand	PA; SP
LUPANETA PK 3.75-5 MG 1MO KIT OUTER, L/F, SDV 3.75 MG -5 MG (30)	Non-PDL Brand	PA; SP
LUPANETA PK 3.75-5 MG 1MO KIT OUTER,L/F, NFRS, SDV 3.75 MG -5 MG (30)	Non-PDL Brand	PA; SP
Progestational Agents		
hydroxyprogesterone 1.25 g/5 ml mdv, l/f 250 mg/ml	Non-PDL Generic	SP
medroxyprogesterone 10 mg tab 10 mg	Non-PDL Generic	
medroxyprogesterone 2.5 mg tab 2.5 mg	Non-PDL Generic	
medroxyprogesterone 5 mg tab 5 mg	Non-PDL Generic	
norethindrn 5 mg tb (lupaneta) inner 5 mg	Non-PDL Generic	
norethindrn 5 mg tb (lupaneta) inner, sample 5 mg	Non-PDL Generic	
norethindrone 5 mg tablet 5 mg	Non-PDL Generic	

Drug	Status	Notes
progesterone 100 mg capsule 100 mg	Non-PDL Generic	
progesterone 200 mg capsule 200 mg	Non-PDL Generic	
progesterone 500 mg/10 ml vial mdv,in sesame oil 50 mg/ml	Non-PDL Generic	
progesterone 500 mg/10 ml vial mdv,sesame oil,l/f 50 mg/ml	Non-PDL Generic	
progesterone 500 mg/10 ml vial muv 50 mg/ml	Non-PDL Generic	
progesterone 500 mg/10 ml vial muv,latex-free 50 mg/ml	Non-PDL Generic	
Immunization		
Antisera		
GAMMAGARD LIQUID 10% VIAL INNER,P/F,L/F, SUV 10 %	Non-PDL Brand	PA; SP
GAMMAGARD LIQUID 10% VIAL OUTER,P/F, L/F, SUV 10 %	Non-PDL Brand	PA; SP
GAMMAGARD LIQUID 10% VIAL OUTER,P/F,L/F, SUV 10 %	Non-PDL Brand	PA; SP
HIZENTRA 1 GRAM/5 ML SYRINGE INNER, SUV, L/F, P/F 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 1 GRAM/5 ML SYRINGE OUTER, SUV, L/F, P/F 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 1 GRAM/5 ML VIAL L/F, P/F, INNER, SUV 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 1 GRAM/5 ML VIAL L/F, P/F. OUTER, SUV 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 10 GRAM/50 ML VIAL L/F, P/F, INNER, SUV 10 GRAM/50 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 10 GRAM/50 ML VIAL L/F, P/F, OUTER, SUV 10 GRAM/50 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 2 GRAM/10 ML SYRINGE INNER, SUV, L/F, P/F 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 2 GRAM/10 ML SYRINGE OUTER, SUV, L/F, P/F 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 2 GRAM/10 ML VIAL L/F, P/F, INNER, SUV 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 2 GRAM/10 ML VIAL L/F, P/F, OUTER, SUV 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 4 GRAM/20 ML SYRINGE INNER, SUV, L/F, P/F 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 4 GRAM/20 ML SYRINGE OUTER, SUV, L/F, P/F 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 4 GRAM/20 ML VIAL L/F, P/F, INNER, SUV 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 4 GRAM/20 ML VIAL L/F, P/F, OUTER, SUV 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
HYQVIA 10 GM-800 UNIT PACK 10 GRAM /100 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA 2.5 GM-200 UNIT PACK 2.5 GRAM /25 ML (10 %)	Non-PDL Brand	PA; SP

Drug	Status	Notes
HYQVIA 20 GM-1,600 UNIT PACK 20 GRAM /200 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA 30 GM-2,400 UNIT PACK 30 GRAM /300 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA 5 GM-400 UNIT PACK 5 GRAM /50 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA IG CMPNT 10 GM/100 ML 10 GRAM/100 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA IG CMPNT 2.5 GM/25 ML 2.5 GRAM/25 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA IG CMPNT 20 GM/200 ML 20 GRAM/200 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA IG CMPNT 30 GM/300 ML 30 GRAM/300 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA IG CMPNT 5 GM/50 ML 5 GRAM/50 ML (10 %)	Non-PDL Brand	PA; SP
Enteric Virus Vaccines		
ROTARIX VACCINE SUSPENSION INNER 10EXP6 CCID50/ML	Non-PDL Brand	
ROTARIX VACCINE SUSPENSION INNER, P/F 10EXP6 CCID50/ML	Non-PDL Brand	
ROTARIX VACCINE SUSPENSION OUTER, P/F 10EXP6 CCID50/ML	Non-PDL Brand	
ROTATEQ VACCINE P/F,LATEX-FREE,INNER 2 ML	Non-PDL Brand	
ROTATEQ VACCINE P/F,LATEX-FREE,OUTER 2 ML	Non-PDL Brand	
Gram Negative Cocci Vaccines		
BEXSERO PREFILLED SYRINGE INNER, SDV 50-50-50-25 MCG/0.5 ML	Preventive	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
BEXSERO PREFILLED SYRINGE OUTER, SDV 50-50-50-25 MCG/0.5 ML	Preventive	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
MENACTRA VIAL L/F, P/F, INNER, SUV 4 MCG/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENACTRA VIAL L/F, P/F, OUTER, SUV 4 MCG/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO A-C-Y-W-135-DIP VIAL KT 10-5 MCG/0.5 ML	Preventive	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
TRUMENBA 120 MCG/0.5 ML VACCIN LATEX-FREE,INNER,SUV 120 MCG/0.5 ML	Preventive	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
TRUMENBA 120 MCG/0.5 ML VACCIN LATEX-FREE,OUTER,SUV 120 MCG/0.5 ML	Preventive	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Gram Positive Cocci Vaccines		
PNEUMOVAX 23 SYRINGE INNER,SUV,L/F 25 MCG/0.5 ML	Non-PDL Brand	$0 COPAY IF 65 YEARS OF AGE AND GREATER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX 23 SYRINGE OUTER,SUV,L/F 25 MCG/0.5 ML	Non-PDL Brand	$0 COPAY IF 65 YEARS OF AGE AND GREATER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX 23 VIAL SDV, INNER 25 MCG/0.5 ML	Non-PDL Brand	$0 COPAY IF 65 YEARS OF AGE AND GREATER; QL (0.5 ML per 365 days); Age (Min 2 Years)

Drug	Status	Notes
PNEUMOVAX 23 VIAL SDV, OUTER 25 MCG/0.5 ML	Non-PDL Brand	$0 COPAY IF 65 YEARS OF AGE AND GREATER; QL (0.5 ML per 365 days); Age (Min 2 Years)
Influenza Virus Vaccines		
AFLURIA QUAD 2020-2021 VIAL MUV,LATEX-FREE,INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
AFLURIA QUAD 2020-2021 VIAL MUV,LATEX-FREE,OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
AFLURIA QUAD 2020-21 (3 YEAR UP) 0.5 ML SYRINGE SUV, L/F, P/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
AFLURIA QUAD 2020-21 (3 YEAR UP) 0.5 ML SYRINGE SUV, L/F, P/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
AFLURIA QUAD 2020-21 (6-35 MONTHS) 0.25 ML SYRINGE SUV, L/F, P/F, INNER 30 MCG (7.5 MCG X 4)/0.25 ML	Preventive	QL (0.25 ML per 180 days)
AFLURIA QUAD 2020-21 (6-35 MONTHS) 0.25 ML SYRINGE SUV, L/F, P/F, OUTER 30 MCG (7.5 MCG X 4)/0.25 ML	Preventive	QL (0.25 ML per 180 days)
FLUAD 2020-2021 SYRINGE INNER, SUV, P/F, L/F 45 MCG (15 MCG X 3)/0.5 ML	Preventive	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUAD 2020-2021 SYRINGE OUTER, SUV, P/F, L/F 45 MCG (15 MCG X 3)/0.5 ML	Preventive	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUAD QUAD 2020-2021 SYRINGE P/F, SUV, L/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUAD QUAD 2020-2021 SYRINGE P/F, SUV, L/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUARIX QUAD 2020-2021 SYRINGE SUV, P/F, L/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUARIX QUAD 2020-2021 SYRINGE SUV, P/F, L/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2020-2021 SYRINGE SUV, L/F, P/F, INNER 180 MCG (45 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUBLOK QUAD 2020-2021 SYRINGE SUV, L/F, P/F, OUTER 180 MCG (45 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2020-2021 SYR P/F, SUV, L/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2020-2021 SYR P/F, SUV, L/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2020-2021 VIAL MUV,LATEX-FREE,INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2020-2021 VIAL MUV,LATEX-FREE,OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2020-2021 SYR SUV, P/F, L/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2020-2021 SYR SUV, P/F, L/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUMIST QUAD NASAL 2020-21 VAC INNER 10EXP6.5-7.5 FF UNIT/0.2 ML	Preventive	QL (1 EA per 180 days)
FLUMIST QUAD NASAL 2020-21 VAC OUTER 10EXP6.5-7.5 FF UNIT/0.2 ML	Preventive	QL (1 EA per 180 days)

Drug	Status	Notes
FLUZONE HIGH-DOSE QUAD 2020-21 SUV, L/F, P/F, INNER 240 MCG/0.7 ML	Preventive	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE HIGH-DOSE QUAD 2020-21 SUV, L/F, P/F, OUTER 240 MCG/0.7 ML	Preventive	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2020-2021 SYRINGE SUV, L/F, P/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 SYRINGE SUV, L/F, P/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 VIAL MUV,LATEX-FREE,INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 VIAL MUV,LATEX-FREE,OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 VIAL SUV, L/F, P/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUZONE QUAD 2020-2021 VIAL SUV, L/F, P/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
Vaccine/Toxoid Preparations,Combinations		
ADACEL TDAP SYRINGE INNER, SDV,L/F,P/F 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL TDAP SYRINGE OUTER,SDV,L/F,P/F 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL TDAP VIAL L/F, P/F, INNER, SUV 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL TDAP VIAL L/F, P/F, OUTER, SUV 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE SYRINGE INNER, SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE SYRINGE INNER,SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE SYRINGE OUTER,SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE SYRINGE TIP-LOK,OUTER,SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE VIAL INNER, SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE VIAL OUTER, SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
M-M-R II VACCINE VIAL L/F, P/F, INNER, SDV 1,000-12,500 TCID50/0.5 ML	Preventive	QL (2 EA per 365 days); Age (Min 18 Years)
M-M-R II VACCINE WITH DILUENT L/F, P/F, OUTER, SDV 1,000-12,500 TCID50/0.5 ML	Preventive	QL (2 EA per 365 days); Age (Min 18 Years)
TDVAX VIAL LATEX-FREE,INNER,SUV 2-2 LF UNIT/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
TDVAX VIAL LATEX-FREE,OUTER,SUV 2-2 LF UNIT/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC SYRINGE P/F, INNER, SUV 5-2 LF UNIT/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC SYRINGE P/F, OUTER, SUV 5-2 LF UNIT/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC VIAL L/F, P/F, INNER, SUV 5 LF UNIT- 2 LF UNIT/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)

Drug	Status	Notes
TENIVAC VIAL L/F, P/F, OUTER, SUV 5 LF UNIT- 2 LF UNIT/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
Viral/Tumorigenic Vaccines		
ENGERIX-B 20 MCG/ML SYRN TIP-LOK, OUTER, SDV 20 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B 20 MCG/ML SYRN TIP-LOK,INNER,SDV 20 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B 20 MCG/ML VIAL ADULT,P/F,OUTER,SDV 20 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
ENGERIX-B 20 MCG/ML VIAL P/F,INNER,SDV,ADULT 20 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
GARDASIL 9 SYRINGE P/F,L/F,INNER,SUV 0.5 ML	Non-PDL Brand	$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 SYRINGE P/F,L/F,OUTER,SUV 0.5 ML	Non-PDL Brand	$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 VIAL L/F, P/F, INNER, SDV 0.5 ML	Non-PDL Brand	$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 VIAL L/F, P/F, OUTER, SDV 0.5 ML	Non-PDL Brand	$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
HAVRIX 1,440 UNITS/ML SYRINGE P/F,TIPLOK,INNER,SDV 1,440 ELISA UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX 1,440 UNITS/ML SYRINGE P/F,TIPLOK,OUTER,SDV 1,440 ELISA UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX 1,440 UNITS/ML VIAL 10'S,ADULT,SDV,INNER 1,440 ELISA UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX 1,440 UNITS/ML VIAL 10'S,ADULT,SDV,OUTER 1,440 ELISA UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B 20 MCG/0.5 ML SYRNG SUV, L/F, P/F, INNER 20 MCG/0.5 ML	Preventive	QL (1 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B 20 MCG/0.5 ML SYRNG SUV, L/F, P/F, OUTER 20 MCG/0.5 ML	Preventive	QL (1 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 10 MCG/ML SYR P/F,INNER,SUV 10 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 10 MCG/ML SYR P/F,OUTER,SUV 10 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 10 MCG/ML VIAL INNER,P/F,SDV 10 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 10 MCG/ML VIAL OUTER,SDV,P/F 10 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 40 MCG/ML VIAL INNER,P/F,SUV 40 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 40 MCG/ML VIAL OUTER,P/F,SUV 40 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
SHINGRIX GE ANTIGEN COMPONENT 50 MCG	Preventive	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX VIAL KIT 50 MCG/0.5 ML	Preventive	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX VACCINE SYRINGE BIVALE,P/F,OUTER,SDV 720 ELISA UNIT- 20 MCG/ML	Preventive	QL (4 ML per 365 days); Age (Min 18 Years)

Drug	Status	Notes
TWINRIX VACCINE SYRINGE INNER, SDV 720 ELISA UNIT- 20 MCG/ML	Preventive	QL (4 ML per 365 days); Age (Min 18 Years)
VAQTA 50 UNITS/ML SYRINGE P/F,INNER,SUV 50 UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA 50 UNITS/ML SYRINGE P/F,OUTER,SUV 50 UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA 50 UNITS/ML VIAL INNER,SDV,ADULT 50 UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA 50 UNITS/ML VIAL OUTER,SDV,ADULT 50 UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA 50 UNITS/ML VIAL SDV,ADULT,OUTER 50 UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
VARIVAX VACCINE VIAL SDV, INNER 1,350 UNIT/0.5 ML	Preventive	QL (2 EA per 365 days); Age (Min 18 Years)
VARIVAX VACCINE WITH DILUENT SDV, OUTER 1,350 UNIT/0.5 ML	Preventive	QL (2 EA per 365 days); Age (Min 18 Years)
ZOSTAVAX VIAL L/F, P/F, OUTER, SDV 19,400 UNIT/0.65 ML	Preventive	QL (1 EA per 365 days); Age (Min 60 Years)
ZOSTAVAX VIAL L/F, P/F. INNER, SDV 19,400 UNIT/0.65 ML	Preventive	QL (1 EA per 365 days); Age (Min 60 Years)
Immunosuppression/Modulation		
Immunomodulators		
imiquimod 5% cream packet 12x0.25gm packet 5 %	Non-PDL Generic	QL (24 EA per 30 days)
imiquimod 5% cream packet 24x0.25gm 5 %	Non-PDL Generic	QL (24 EA per 30 days)
imiquimod 5% cream packet 24x0.25gm packet 5 %	Non-PDL Generic	QL (24 EA per 30 days)
imiquimod 5% cream packet inner 5 %	Non-PDL Generic	QL (24 EA per 30 days)
imiquimod 5% cream packet inner, single use 5 %	Non-PDL Generic	QL (24 EA per 30 days)
imiquimod 5% cream packet inner, single-use 5 %	Non-PDL Generic	QL (24 EA per 30 days)
imiquimod 5% cream packet inner,0.25gx24pkt 5 %	Non-PDL Generic	QL (24 EA per 30 days)
imiquimod 5% cream packet outer 5 %	Non-PDL Generic	QL (24 EA per 30 days)
imiquimod 5% cream packet outer, single use 5 %	Non-PDL Generic	QL (24 EA per 30 days)
imiquimod 5% cream packet outer, single-use 5 %	Non-PDL Generic	QL (24 EA per 30 days)
imiquimod 5% cream packet outer,0.25gx24pkt 5 %	Non-PDL Generic	QL (24 EA per 30 days)
INTRON A 10 MILLION UNITS VIAL LATEX-FREE,SUV 10 MILLION UNIT (1 ML)	Non-PDL Brand	PA; SP
INTRON A 18 MILLION UNIT/3 ML 6 MILLION UNIT/ML	Non-PDL Brand	PA; SP
INTRON A 18 MILLION UNITS VIAL LATEX-FREE,SUV 18 MILLION UNIT (1 ML)	Non-PDL Brand	PA; SP
INTRON A 25 MILLION UNIT/2.5 ML 10 MILLION UNIT/ML	Non-PDL Brand	PA; SP

Drug	Status	Notes
INTRON A 50 MILLION UNITS VIAL LATEX-FREE,SUV 50 MILLION UNIT (1 ML)	Non-PDL Brand	PA; SP
Immunosuppressives		
ASTAGRAF XL 0.5 MG CAPSULE 0.5 MG	PDL Non-Preferred Brand	PA
ASTAGRAF XL 1 MG CAPSULE 1 MG	PDL Non-Preferred Brand	PA
ASTAGRAF XL 5 MG CAPSULE 5 MG	PDL Non-Preferred Brand	PA
AZASAN 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
AZASAN 75 MG TABLET 75 MG	PDL Non-Preferred Brand	PA
azathioprine 50 mg tablet 50 mg	PDL Preferred Generic	
azathioprine 50 mg tablet inner 50 mg	PDL Preferred Generic	
azathioprine 50 mg tablet outer 50 mg	PDL Preferred Generic	
azathioprine 50 mg tablet u-d,inner 50 mg	PDL Preferred Generic	
azathioprine 50 mg tablet u-d,outer,5x10 50 mg	PDL Preferred Generic	
CELLCEPT 200 MG/ML ORAL SUSP 200 MG/ML	PDL Non-Preferred Brand	PA
CELLCEPT 250 MG CAPSULE 250 MG	PDL Non-Preferred Brand	PA
CELLCEPT 500 MG TABLET F/C 500 MG	PDL Non-Preferred Brand	PA
cyclosporine 100 mg capsule 100 mg	PDL Preferred Generic	
cyclosporine 25 mg capsule 25 mg	PDL Preferred Generic	
cyclosporine 25 mg capsule inner 25 mg	PDL Preferred Generic	
cyclosporine 25 mg capsule outer 25 mg	PDL Preferred Generic	
cyclosporine modified 100 mg 100 mg	PDL Preferred Generic	
cyclosporine modified 100 mg softgel, inner 100 mg	PDL Preferred Generic	
cyclosporine modified 100 mg softgel, outer 100 mg	PDL Preferred Generic	
cyclosporine modified 100 mg softgel,inner 100 mg	PDL Preferred Generic	
cyclosporine modified 100 mg softgel,outer 100 mg	PDL Preferred Generic	
cyclosporine modified 100 mg/ml 100 mg/ml	PDL Preferred Generic	
cyclosporine modified 25 mg 25 mg	PDL Preferred Generic	

Drug	Status	Notes
cyclosporine modified 25 mg inner, softgel 25 mg	PDL Preferred Generic	
cyclosporine modified 25 mg outer, softgel 25 mg	PDL Preferred Generic	
cyclosporine modified 25 mg softgel, inner 25 mg	PDL Preferred Generic	
cyclosporine modified 25 mg softgel, outer 25 mg	PDL Preferred Generic	
cyclosporine modified 50 mg 50 mg	PDL Preferred Generic	
cyclosporine modified 50 mg softgel, inner 50 mg	PDL Preferred Generic	
cyclosporine modified 50 mg softgel, outer 50 mg	PDL Preferred Generic	
ENVARSUS XR 0.75 MG TABLET 0.75 MG	PDL Non-Preferred Brand	PA
ENVARSUS XR 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA
ENVARSUS XR 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA
everolimus 0.25 mg tablet 0.25 mg	Non-PDL Generic	
everolimus 0.5 mg tablet 0.5 mg	Non-PDL Generic	
everolimus 0.75 mg tablet 0.75 mg	Non-PDL Generic	
GENGRAF 100 MG CAPSULE 100 MG	PDL Preferred Generic	
GENGRAF 100 MG/ML SOLUTION 100 MG/ML	PDL Preferred Generic	
GENGRAF 25 MG CAPSULE 25 MG	PDL Preferred Generic	
IMURAN 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
mycophenolate 200 mg/ml susp 200 mg/ml	PDL Non-Preferred Generic	PA
mycophenolate 250 mg capsule 250 mg	PDL Preferred Generic	
mycophenolate 250 mg capsule u-d,10x10,inner 250 mg	PDL Preferred Generic	
mycophenolate 250 mg capsule u-d,10x10,outer 250 mg	PDL Preferred Generic	
mycophenolate 500 mg tablet 500 mg	PDL Preferred Generic	
mycophenolate 500 mg tablet f/c 500 mg	PDL Preferred Generic	
mycophenolate 500 mg tablet u-d,10x10,inner,f/c 500 mg	PDL Preferred Generic	
mycophenolate 500 mg tablet u-d,10x10,outer,f/c 500 mg	PDL Preferred Generic	

Drug	Status	Notes
mycophenolic acid dr 180 mg tb 180 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 180 mg tb f/c 180 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 180 mg tb f/c, inner 180 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 180 mg tb f/c, outer 180 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 180 mg tb inner 180 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 180 mg tb outer 180 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb 360 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb enteric coated 360 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb enteric coated,inner 360 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb enteric coated,outer 360 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb f/c 360 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb f/c, inner 360 mg	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb f/c, outer 360 mg	PDL Non-Preferred Generic	PA
MYFORTIC 180 MG TABLET 180 MG	PDL Non-Preferred Brand	PA
MYFORTIC 360 MG TABLET 360 MG	PDL Non-Preferred Brand	PA
NEORAL 100 MG GELATIN CAPSULE INNER, U-D 100 MG	PDL Non-Preferred Brand	PA
NEORAL 100 MG GELATIN CAPSULE OUTER, U-D 100 MG	PDL Non-Preferred Brand	PA
NEORAL 100 MG/ML SOLUTION 100 MG/ML	PDL Non-Preferred Brand	PA
NEORAL 25 MG GELATIN CAPSULE INNER, U-D 25 MG	PDL Non-Preferred Brand	PA
NEORAL 25 MG GELATIN CAPSULE OUTER, U-D 25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PROGRAF 0.2 MG GRANULE PACKET 0.2 MG	Non-PDL Brand	
PROGRAF 0.5 MG CAPSULE 0.5 MG	PDL Non-Preferred Brand	PA
PROGRAF 1 MG CAPSULE 1 MG	PDL Non-Preferred Brand	PA
PROGRAF 1 MG GRANULE PACKET 1 MG	Non-PDL Brand	
PROGRAF 5 MG CAPSULE 5 MG	PDL Non-Preferred Brand	PA
RAPAMUNE 0.5 MG TABLET 0.5 MG	PDL Non-Preferred Brand	PA
RAPAMUNE 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA
RAPAMUNE 1 MG TABLET 10X10, U-D 1 MG	PDL Non-Preferred Brand	PA
RAPAMUNE 1 MG/ML ORAL SOLN INNER 1 MG/ML	PDL Non-Preferred Brand	PA
RAPAMUNE 1 MG/ML ORAL SOLN OUTER 1 MG/ML	PDL Non-Preferred Brand	PA
RAPAMUNE 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA
SANDIMMUNE 100 MG CAPSULE U-D, SANDOPAK,OUTER 100 MG	PDL Non-Preferred Brand	PA
SANDIMMUNE 100 MG CAPSULE U-D,INNER 100 MG	PDL Non-Preferred Brand	PA
SANDIMMUNE 100 MG/ML SOLN 100 MG/ML	PDL Non-Preferred Brand	PA
SANDIMMUNE 25 MG CAPSULE U-D, SANDOPAK,OUTER 25 MG	PDL Non-Preferred Brand	PA
SANDIMMUNE 25 MG CAPSULE U-D,INNER 25 MG	PDL Non-Preferred Brand	PA
sirolimus 0.5 mg tablet 0.5 mg	PDL Non-Preferred Generic	PA
sirolimus 0.5 mg tablet f/c, inner 0.5 mg	PDL Non-Preferred Generic	PA
sirolimus 0.5 mg tablet f/c, outer 0.5 mg	PDL Non-Preferred Generic	PA
sirolimus 1 mg tablet 1 mg	PDL Non-Preferred Generic	PA
sirolimus 1 mg tablet inner 1 mg	PDL Non-Preferred Generic	PA
sirolimus 1 mg tablet outer 1 mg	PDL Non-Preferred Generic	PA
sirolimus 1 mg/ml solution 1 mg/ml	PDL Non-Preferred Generic	PA

Drug	Status	Notes
sirolimus 1 mg/ml solution inner 1 mg/ml	PDL Non-Preferred Generic	PA
sirolimus 1 mg/ml solution outer 1 mg/ml	PDL Non-Preferred Generic	PA
sirolimus 2 mg tablet 2 mg	PDL Non-Preferred Generic	PA
tacrolimus 0.5 mg capsule 0.5 mg	PDL Preferred Generic	
tacrolimus 0.5 mg capsule 10x10, outer 0.5 mg	PDL Preferred Generic	
tacrolimus 0.5 mg capsule inner 0.5 mg	PDL Preferred Generic	
tacrolimus 0.5 mg capsule u-d, 10x10, inner 0.5 mg	PDL Preferred Generic	
tacrolimus 0.5 mg capsule u-d, 10x10, outer 0.5 mg	PDL Preferred Generic	
tacrolimus 1 mg capsule 1 mg	PDL Preferred Generic	
tacrolimus 1 mg capsule 10x10, outer 1 mg	PDL Preferred Generic	
tacrolimus 1 mg capsule inner 1 mg	PDL Preferred Generic	
tacrolimus 1 mg capsule u-d, 10x10, inner 1 mg	PDL Preferred Generic	
tacrolimus 1 mg capsule u-d, 10x10, outer 1 mg	PDL Preferred Generic	
tacrolimus 5 mg capsule 10x10, outer 5 mg	PDL Preferred Generic	
tacrolimus 5 mg capsule 5 mg	PDL Preferred Generic	
tacrolimus 5 mg capsule inner 5 mg	PDL Preferred Generic	
tacrolimus 5 mg capsule u-d, 10x10, inner 5 mg	PDL Preferred Generic	
tacrolimus 5 mg capsule u-d, 10x10, outer 5 mg	PDL Preferred Generic	
ZORTRESS 0.25 MG TABLET 6X10, U-D, INNER 0.25 MG	PDL Non-Preferred Brand	PA
ZORTRESS 0.25 MG TABLET 6X10, U-D, OUTER 0.25 MG	PDL Non-Preferred Brand	PA
ZORTRESS 0.5 MG TABLET 6X10, U-D, INNER 0.5 MG	PDL Non-Preferred Brand	PA
ZORTRESS 0.5 MG TABLET 6X10, U-D, OUTER 0.5 MG	PDL Non-Preferred Brand	PA
ZORTRESS 0.75 MG TABLET 6X10, U-D, INNER 0.75 MG	PDL Non-Preferred Brand	PA
ZORTRESS 0.75 MG TABLET 6X10, U-D, OUTER 0.75 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ZORTRESS 1 MG TABLET INNER 1 MG	PDL Non-Preferred Brand	PA
ZORTRESS 1 MG TABLET OUTER 1 MG	PDL Non-Preferred Brand	PA
Infectious Disease Bacterial		
Absorbable Sulfonamides		
sulfamethoxazole-tmp ds tablet 800-160 mg	Non-PDL Generic	
sulfamethoxazole-tmp ds tablet inner 800-160 mg	Non-PDL Generic	
sulfamethoxazole-tmp ds tablet outer 800-160 mg	Non-PDL Generic	
sulfamethoxazole-tmp ds tablet u-d 800-160 mg	Non-PDL Generic	
sulfamethoxazole-tmp ss tablet 400-80 mg	Non-PDL Generic	
sulfamethoxazole-tmp susp 200-40 mg/5 ml	Non-PDL Generic	
sulfamethoxazole-tmp susp cherry 200-40 mg/5 ml	Non-PDL Generic	
sulfamethoxazole-tmp susp grape 200-40 mg/5 ml	Non-PDL Generic	
sulfamethoxazole-tmp susp grape flavor, outer 200-40 mg/5 ml	Non-PDL Generic	
SULFATRIM PEDIATRIC SUSPENSION 200-40 MG/5 ML	Non-PDL Generic	
Betalactams		
CAYSTON 75 MG INHAL SOLUTION 75 MG/ML	PDL Non-Preferred Brand	PA; SP
Cephalosporins - 1St Generation		
cefadroxil 1 gm tablet 1 gram	PDL Non-Preferred Generic	PA
cefadroxil 1 gm tablet f/c 1 gram	PDL Non-Preferred Generic	PA
cefadroxil 250 mg/5 ml susp 250 mg/5 ml	PDL Preferred Generic	
cefadroxil 500 mg capsule 500 mg	PDL Preferred Generic	
cefadroxil 500 mg/5 ml susp 500 mg/5 ml	PDL Preferred Generic	
cephalexin 125 mg/5 ml susp 125 mg/5 ml	PDL Preferred Generic	
cephalexin 250 mg capsule 250 mg	PDL Preferred Generic	
cephalexin 250 mg capsule inner 250 mg	PDL Preferred Generic	
cephalexin 250 mg capsule outer 250 mg	PDL Preferred Generic	

Drug	Status	Notes
cephalexin 250 mg tablet 250 mg	Non-PDL Generic	
cephalexin 250 mg/5 ml susp 250 mg/5 ml	PDL Preferred Generic	
cephalexin 500 mg capsule 500 mg	PDL Preferred Generic	
cephalexin 500 mg capsule inner 500 mg	PDL Preferred Generic	
cephalexin 500 mg capsule outer 500 mg	PDL Preferred Generic	
cephalexin 500 mg tablet 500 mg	Non-PDL Generic	
cephalexin 750 mg capsule 750 mg	PDL Preferred Generic	
KEFLEX 250 MG CAPSULE 250 MG	PDL Non-Preferred Brand	PA
KEFLEX 500 MG CAPSULE 500 MG	PDL Non-Preferred Brand	PA
KEFLEX 750 MG CAPSULE 750 MG	PDL Non-Preferred Brand	PA
Cephalosporins - 2Nd Generation		
cefaclor 125 mg/5 ml susp 125 mg/5 ml	PDL Preferred Generic	
cefaclor 250 mg capsule 250 mg	PDL Preferred Generic	
cefaclor 250 mg/5 ml susp 250 mg/5 ml	PDL Preferred Generic	
cefaclor 375 mg/5 ml suspen 375 mg/5 ml	PDL Preferred Generic	
cefaclor 500 mg capsule 500 mg	PDL Preferred Generic	
cefaclor er 500 mg tablet film coated 500 mg	PDL Non-Preferred Generic	PA
cefprozil 125 mg/5 ml susp 125 mg/5 ml	PDL Preferred Generic	
cefprozil 250 mg tablet 250 mg	PDL Preferred Generic	
cefprozil 250 mg tablet f/c 250 mg	PDL Preferred Generic	
cefprozil 250 mg/5 ml susp 250 mg/5 ml	PDL Preferred Generic	
cefprozil 500 mg tablet 500 mg	PDL Preferred Generic	
cefuroxime axetil 250 mg tab 250 mg	PDL Preferred Generic	
cefuroxime axetil 250 mg tab f/c 250 mg	PDL Preferred Generic	
cefuroxime axetil 250 mg tab inner 250 mg	PDL Preferred Generic	
cefuroxime axetil 250 mg tab outer 250 mg	PDL Preferred Generic	

Drug	Status	Notes
cefuroxime axetil 500 mg tab 500 mg	PDL Preferred Generic	
cefuroxime axetil 500 mg tab f/c 500 mg	PDL Preferred Generic	
Cephalosporins - 3Rd Generation		
cefdinir 125 mg/5 ml susp 125 mg/5 ml	PDL Preferred Generic	
cefdinir 250 mg/5 ml susp 250 mg/5 ml	PDL Preferred Generic	
cefdinir 300 mg capsule 300 mg	PDL Preferred Generic	
cefditoren pivoxil 200 mg tab f/c 200 mg	Non-PDL Generic	
cefditoren pivoxil 400 mg tab f/c 400 mg	Non-PDL Generic	
cefixime 100 mg/5 ml susp 100 mg/5 ml	PDL Non-Preferred Generic	PA
cefixime 200 mg/5 ml susp 200 mg/5 ml	PDL Non-Preferred Generic	PA
cefixime 400 mg capsule 400 mg	PDL Non-Preferred Generic	PA
cefpodoxime 100 mg tablet 100 mg	PDL Non-Preferred Generic	PA
cefpodoxime 100 mg/5 ml susp 100 mg/5 ml	PDL Non-Preferred Generic	PA
cefpodoxime 200 mg tablet 200 mg	PDL Non-Preferred Generic	PA
cefpodoxime 50 mg/5 ml susp 50 mg/5 ml	PDL Non-Preferred Generic	PA
SUPRAX 100 MG TABLET CHEWABLE TAB CHEW 100 MG	PDL Non-Preferred Brand	PA
SUPRAX 100 MG/5 ML SUSPENSION 100 MG/5 ML	PDL Preferred Brand	
SUPRAX 200 MG TABLET CHEWABLE TAB CHEW 200 MG	PDL Non-Preferred Brand	PA
SUPRAX 200 MG/5 ML SUSPENSION 200 MG/5 ML	PDL Preferred Brand	
SUPRAX 400 MG CAPSULE 400 MG	PDL Preferred Brand	
SUPRAX 500 MG/5 ML SUSPENSION 500 MG/5 ML	PDL Preferred Brand	
Chemotherapeutics, Antibacterial, Misc.		
HYOPHEN TABLET 81.6-0.12-10.8 MG	Non-PDL Generic	

Drug	Status	Notes
me-naphos-mb-hyo 1 tablet 81.6-40.8-0.12 mg	Non-PDL Generic	
methenamine hipp 1 gm tablet 1 gram	Non-PDL Generic	
methenamine md 1 gm tablet 1 gram	Non-PDL Generic	
methenamine md 500 mg tablet 0.5 g	Non-PDL Generic	
PHOSPHASAL TABLET 81.6-10.8-40.8 MG	Non-PDL Brand	
PRIMSOL 50 MG/5 ML ORAL SOLN 50 MG/5 ML	Non-PDL Brand	
trimethoprim 100 mg tablet 100 mg	Non-PDL Generic	
URETRON D-S TABLET 81.6-10.8-40.8 MG	Non-PDL Brand	
URIMAR-T TABLET 120-0.12-10.8 MG	Non-PDL Generic	
URIN D.S. TABLET 81.6-10.8-40.8 MG	Non-PDL Brand	
URO-458 TABLET 81-10.8-40.8 MG	Non-PDL Generic	
UROGESIC-BLUE TABLET 81.6-40.8-0.12 MG	Non-PDL Generic	
URO-MP CAPSULE 118-10-40.8-36 MG	Non-PDL Generic	
USTELL CAPSULE 120-0.12 MG	Non-PDL Generic	
VILAMIT MB CAPSULE 118-10-40.8-36 MG	Non-PDL Generic	
Macrolides		
azithromycin 1 gm pwd packet 1 gram	PDL Preferred Generic	
azithromycin 100 mg/5 ml susp 100 mg/5 ml	PDL Preferred Generic	
azithromycin 200 mg/5 ml susp 200 mg/5 ml	PDL Preferred Generic	
azithromycin 250 mg tablet 250 mg	PDL Preferred Generic	
azithromycin 250 mg tablet 3's 250 mg	PDL Preferred Generic	
azithromycin 250 mg tablet 3's, outer 250 mg	PDL Preferred Generic	
azithromycin 250 mg tablet f/c 250 mg	PDL Preferred Generic	
azithromycin 250 mg tablet inner 250 mg	PDL Preferred Generic	
azithromycin 250 mg tablet outer 250 mg	PDL Preferred Generic	
azithromycin 250 mg tablet u-d 250 mg	PDL Preferred Generic	
azithromycin 500 mg tablet 3's 500 mg	PDL Preferred Generic	
azithromycin 500 mg tablet 3's, f/c 500 mg	PDL Preferred Generic	

Drug	Status	Notes
azithromycin 500 mg tablet 500 mg	PDL Preferred Generic	
azithromycin 500 mg tablet f/c 500 mg	PDL Preferred Generic	
azithromycin 500 mg tablet inner 500 mg	PDL Preferred Generic	
azithromycin 500 mg tablet outer 500 mg	PDL Preferred Generic	
azithromycin 600 mg tablet 600 mg	PDL Preferred Generic	
azithromycin 600 mg tablet f/c 600 mg	PDL Preferred Generic	
clarithromycin 125 mg/5 ml sus 125 mg/5 ml	PDL Non-Preferred Generic	PA
clarithromycin 250 mg tablet 250 mg	PDL Preferred Generic	
clarithromycin 250 mg tablet f/c 250 mg	PDL Preferred Generic	
clarithromycin 250 mg/5 ml sus 250 mg/5 ml	PDL Non-Preferred Generic	PA
clarithromycin 500 mg tablet 500 mg	PDL Preferred Generic	
clarithromycin 500 mg tablet f/c 500 mg	PDL Preferred Generic	
clarithromycin 500 mg tablet f/c, inner 500 mg	PDL Preferred Generic	
clarithromycin 500 mg tablet f/c, outer 500 mg	PDL Preferred Generic	
clarithromycin er 500 mg tab 500 mg	PDL Non-Preferred Generic	PA
clarithromycin er 500 mg tab f/c 500 mg	PDL Non-Preferred Generic	PA
DIFICID 200 MG TABLET 200 MG	Non-PDL Brand	QL (20 EA per 30 days)
E.E.S. 200 MG/5 ML SUSPENSION GRANULES 200 MG/5 ML	PDL Non-Preferred Brand	PA
E.E.S. 200 MG/5 ML SUSPENSION GRANULES, CHERRY 200 MG/5 ML	PDL Non-Preferred Brand	PA
E.E.S. 400 FILMTAB F/C 400 MG	PDL Preferred Generic	
ERYPED 200 MG/5 ML SUSPENSION 200 MG/5 ML	PDL Non-Preferred Brand	PA
ERYPED 400 MG/5 ML SUSPENSION 400 MG/5 ML	PDL Non-Preferred Brand	PA
ERY-TAB DR 250 MG TABLET 250 MG	PDL Non-Preferred Generic	PA
ERY-TAB DR 333 MG TABLET 333 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ERY-TAB DR 500 MG TABLET 500 MG	PDL Non-Preferred Generic	PA
ERYTHROCIN 250 MG FILMTAB 250 MG	PDL Non-Preferred Generic	PA
erythromycin 200 mg/5 ml susp 200 mg/5 ml	PDL Non-Preferred Generic	PA
erythromycin 250 mg filmtab 250 mg	PDL Non-Preferred Generic	PA
erythromycin 250 mg filmtab filmtab 250 mg	PDL Non-Preferred Generic	PA
erythromycin 400 mg/5 ml susp 400 mg/5 ml	PDL Non-Preferred Generic	PA
erythromycin 500 mg filmtab 500 mg	PDL Non-Preferred Generic	PA
erythromycin 500 mg filmtab f/c 500 mg	PDL Non-Preferred Generic	PA
erythromycin dr 250 mg cap 250 mg	PDL Preferred Generic	
erythromycin dr 250 mg tablet 250 mg	PDL Non-Preferred Generic	PA
erythromycin dr 333 mg tablet 333 mg	Non-PDL Generic	
erythromycin dr 500 mg tablet 500 mg	PDL Non-Preferred Generic	PA
erythromycin es 400 mg tab 400 mg	PDL Non-Preferred Generic	PA
ZITHROMAX 1 GM POWDER PACKET SINGLE DOSE PACKET 1 GRAM	PDL Non-Preferred Brand	PA
ZITHROMAX 100 MG/5 ML SUSP 100 MG/5 ML	PDL Non-Preferred Brand	PA
ZITHROMAX 200 MG/5 ML SUSP 200 MG/5 ML	PDL Non-Preferred Brand	PA
ZITHROMAX 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA
ZITHROMAX 250 MG Z-PAK TABLET 3'S 250 MG	PDL Non-Preferred Brand	PA
ZITHROMAX 500 MG TABLET F/C 500 MG	PDL Non-Preferred Brand	PA
ZITHROMAX 500 MG TABLET F/C,U-D 5X10 500 MG	PDL Non-Preferred Brand	PA
ZITHROMAX TRI-PAK 500 MG TAB F/C, TRI-PAK, 3X3 500 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
Nitrofuran Derivatives		
nitrofurantoin 25 mg/5 ml susp 25 mg/5 ml	Non-PDL Generic	
nitrofurantoin mcr 100 mg cap 100 mg	Non-PDL Generic	
nitrofurantoin mcr 25 mg cap 25 mg	Non-PDL Generic	QL (4 EA per 1 day)
nitrofurantoin mcr 50 mg cap 50 mg	Non-PDL Generic	
nitrofurantoin mono-mcr 100 mg 100 mg	Non-PDL Generic	
nitrofurantoin mono-mcr 100 mg u-d, 10x10, inner 100 mg	Non-PDL Generic	
nitrofurantoin mono-mcr 100 mg u-d, 10x10, outer 100 mg	Non-PDL Generic	
nitrofurantoin mono-mcr 100 mg u-d,inner,10x10 100 mg	Non-PDL Generic	
nitrofurantoin mono-mcr 100 mg u-d,outer,10x10 100 mg	Non-PDL Generic	
Oxazolidinones		
linezolid 100 mg/5 ml susp 100 mg/5 ml	Non-PDL Generic	
linezolid 600 mg tablet 600 mg	Non-PDL Generic	
linezolid 600 mg tablet f/c 600 mg	Non-PDL Generic	
linezolid 600 mg tablet inner 600 mg	Non-PDL Generic	
linezolid 600 mg tablet outer 600 mg	Non-PDL Generic	
SIVEXTRO 200 MG TABLET 200 MG	Non-PDL Brand	QL (6 EA per 6 days)
Penicillins		
amox-clav 200-28.5 mg tab chew 200-28.5 mg	PDL Non-Preferred Generic	PA
amox-clav 200-28.5 mg/5 ml sus 200-28.5 mg/5 ml	PDL Preferred Generic	
amox-clav 250-125 mg tablet 250-125 mg	PDL Preferred Generic	
amox-clav 250-62.5 mg/5 ml sus 250-62.5 mg/5 ml	PDL Preferred Generic	
amox-clav 400-57 mg tab chew 400-57 mg	PDL Non-Preferred Generic	PA
amox-clav 400-57 mg/5 ml susp 400-57 mg/5 ml	PDL Preferred Generic	
amox-clav 500-125 mg tablet 500-125 mg	PDL Preferred Generic	
amox-clav 500-125 mg tablet f/c 500-125 mg	PDL Preferred Generic	
amox-clav 600-42.9 mg/5 ml sus 600-42.9 mg/5 ml	PDL Preferred Generic	

Drug	Status	Notes
amox-clav 875-125 mg tablet 875-125 mg	PDL Preferred Generic	
amox-clav 875-125 mg tablet f/c 875-125 mg	PDL Preferred Generic	
amox-clav er 1,000-62.5 mg tab f/c, 10 day pack 1,000-62.5 mg	PDL Non-Preferred Generic	PA
amox-clav er 1,000-62.5 mg tab f/c, 7 day pack 1,000-62.5 mg	PDL Non-Preferred Generic	PA
amoxicillin 125 mg tab chew 125 mg	Non-PDL Generic	
amoxicillin 125 mg/5 ml susp 125 mg/5 ml	Non-PDL Generic	
amoxicillin 200 mg/5 ml susp 200 mg/5 ml	Non-PDL Generic	
amoxicillin 250 mg capsule 12's 250 mg	Non-PDL Generic	
amoxicillin 250 mg capsule 250 mg	Non-PDL Generic	
amoxicillin 250 mg tab chew 250 mg	Non-PDL Generic	
amoxicillin 250 mg/5 ml susp 250 mg/5 ml	Non-PDL Generic	
amoxicillin 400 mg/5 ml susp 400 mg/5 ml	Non-PDL Generic	
amoxicillin 500 mg capsule 12's 500 mg	Non-PDL Generic	
amoxicillin 500 mg capsule 500 mg	Non-PDL Generic	
amoxicillin 500 mg tablet 500 mg	Non-PDL Generic	
amoxicillin 875 mg tablet 875 mg	Non-PDL Generic	
amoxicillin 875 mg tablet f/c 875 mg	Non-PDL Generic	
ampicillin 250 mg capsule 250 mg	Non-PDL Generic	
ampicillin 500 mg capsule 500 mg	Non-PDL Generic	
AUGMENTIN 125-31.25 MG/5 ML 125-31.25 MG/5 ML	PDL Non-Preferred Brand	PA; QL (150 ML per 30 days)
AUGMENTIN 250-62.5 MG/5 ML 250-62.5 MG/5 ML	PDL Non-Preferred Brand	PA
AUGMENTIN XR 1,000-62.5 TAB SCORED, F/C 1,000-62.5 MG	PDL Non-Preferred Brand	PA
dicloxacillin 250 mg capsule 250 mg	Non-PDL Generic	
dicloxacillin 500 mg capsule 500 mg	Non-PDL Generic	
penicillin vk 125 mg/5 ml soln 125 mg/5 ml	Non-PDL Generic	

Drug	Status	Notes
penicillin vk 250 mg tablet 250 mg	Non-PDL Generic	
penicillin vk 250 mg tablet f/c 250 mg	Non-PDL Generic	
penicillin vk 250 mg/5 ml soln 250 mg/5 ml	Non-PDL Generic	
penicillin vk 500 mg tablet 500 mg	Non-PDL Generic	
penicillin vk 500 mg tablet f/c 500 mg	Non-PDL Generic	
Quinolones		
BAXDELA 450 MG TABLET 450 MG	PDL Non-Preferred Brand	PA
BAXDELA 450 MG TABLET INNER 450 MG	PDL Non-Preferred Brand	PA
BAXDELA 450 MG TABLET OUTER 450 MG	PDL Non-Preferred Brand	PA
CIPRO 10% SUSPENSION 500 MG/5 ML	PDL Non-Preferred Brand	PA
CIPRO 250 MG TABLET F/C 250 MG	PDL Non-Preferred Brand	PA
CIPRO 5% SUSPENSION 250 MG/5 ML	PDL Non-Preferred Brand	PA
CIPRO 500 MG TABLET F/C 500 MG	PDL Non-Preferred Brand	PA
CIPRO XR 1,000 MG TABLET F/C 1,000 MG	PDL Non-Preferred Brand	PA
CIPRO XR 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA
ciprofloxacin 250 mg/5 ml susp 250 mg/5 ml	PDL Non-Preferred Generic	PA
ciprofloxacin 500 mg/5 ml susp 500 mg/5 ml	PDL Non-Preferred Generic	PA
ciprofloxacin hcl 100 mg tab 100 mg	PDL Preferred Generic	
ciprofloxacin hcl 250 mg tab 250 mg	PDL Preferred Generic	
ciprofloxacin hcl 250 mg tab f/c 250 mg	PDL Preferred Generic	
ciprofloxacin hcl 500 mg tab 500 mg	PDL Preferred Generic	
ciprofloxacin hcl 500 mg tab f/c 500 mg	PDL Preferred Generic	
ciprofloxacin hcl 500 mg tab f/c,10x10,inner 500 mg	PDL Preferred Generic	
ciprofloxacin hcl 500 mg tab f/c,10x10,outer 500 mg	PDL Preferred Generic	
ciprofloxacin hcl 500 mg tab f/c,u-d,10x10 500 mg	PDL Preferred Generic	

Drug	Status	Notes
ciprofloxacin hcl 500 mg tab u-d,inner,f/c,10x10 500 mg	PDL Preferred Generic	
ciprofloxacin hcl 500 mg tab u-d,outer,f/c,10x10 500 mg	PDL Preferred Generic	
ciprofloxacin hcl 750 mg tab 750 mg	PDL Preferred Generic	
ciprofloxacin hcl 750 mg tab f/c 750 mg	PDL Preferred Generic	
ciprofloxacin hcl 750 mg tab f/c,10x10,inner 750 mg	PDL Preferred Generic	
ciprofloxacin hcl 750 mg tab f/c,10x10,outer 750 mg	PDL Preferred Generic	
LEVAQUIN 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA
LEVAQUIN 750 MG TABLET 750 MG	PDL Non-Preferred Brand	PA
levofloxacin 25 mg/ml solution 250 mg/10 ml	PDL Preferred Generic	
levofloxacin 250 mg tablet 250 mg	PDL Preferred Generic	
levofloxacin 250 mg tablet f/c 250 mg	PDL Preferred Generic	
levofloxacin 500 mg tablet 500 mg	PDL Preferred Generic	
levofloxacin 500 mg tablet f/c 500 mg	PDL Preferred Generic	
levofloxacin 500 mg tablet f/c,10x10,u-d,inner 500 mg	PDL Preferred Generic	
levofloxacin 500 mg tablet f/c,10x10,u-d,outer 500 mg	PDL Preferred Generic	
levofloxacin 750 mg tablet 750 mg	PDL Preferred Generic	
levofloxacin 750 mg tablet f/c 750 mg	PDL Preferred Generic	
moxifloxacin hcl 400 mg tablet 400 mg	PDL Non-Preferred Generic	PA
moxifloxacin hcl 400 mg tablet f/c 400 mg	PDL Non-Preferred Generic	PA
moxifloxacin hcl 400 mg tablet f/c, inner 400 mg	PDL Non-Preferred Generic	PA
moxifloxacin hcl 400 mg tablet f/c, outer 400 mg	PDL Non-Preferred Generic	PA
ofloxacin 300 mg tablet 300 mg	PDL Non-Preferred Generic	PA
ofloxacin 400 mg tablet 400 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
Tetracyclines		
demeclocycline 150 mg tablet 150 mg	Non-PDL Generic	
demeclocycline 150 mg tablet f/c 150 mg	Non-PDL Generic	
demeclocycline 150 mg tablet f/c,10x10,u-d,inner 150 mg	Non-PDL Generic	
demeclocycline 150 mg tablet f/c,10x10,u-d,outer 150 mg	Non-PDL Generic	
demeclocycline 300 mg tablet 300 mg	Non-PDL Generic	
demeclocycline 300 mg tablet f/c 300 mg	Non-PDL Generic	
demeclocycline 300 mg tablet f/c,5x10,u-d,inner 300 mg	Non-PDL Generic	
demeclocycline 300 mg tablet f/c,5x10,u-d,outer 300 mg	Non-PDL Generic	
doxycycline 25 mg/5 ml susp 25 mg/5 ml	Non-PDL Generic	
doxycycline hyclate 100 mg cap 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline hyclate 100 mg tab 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline hyclate 100 mg tab coated, inner 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline hyclate 100 mg tab coated, outer 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline hyclate 100 mg tab f/c 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline hyclate 50 mg cap 50 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline ir-dr 40 mg cap 40 mg	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 18 Years)
doxycycline mono 100 mg cap 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline mono 100 mg tablet 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline mono 100 mg tablet f/c 100 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline mono 150 mg tablet 150 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline mono 50 mg cap 50 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline mono 50 mg tablet 50 mg	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline mono 75 mg tablet 75 mg	Non-PDL Generic	QL (2 EA per 1 day)
minocycline 100 mg capsule 100 mg	Non-PDL Generic	
minocycline 50 mg capsule 50 mg	Non-PDL Generic	

Drug	Status	Notes
minocycline 75 mg capsule 75 mg	Non-PDL Generic	
minocycline hcl 100 mg tablet 100 mg	Non-PDL Generic	
minocycline hcl 50 mg tablet 50 mg	Non-PDL Generic	
minocycline hcl 75 mg tablet 75 mg	Non-PDL Generic	
MONDOXYNE NL 100 MG CAPSULE 100 MG	Non-PDL Generic	QL (2 EA per 1 day)
MORGIDOX 50 MG CAPSULE 50 MG	Non-PDL Brand	QL (2 EA per 1 day)
tetracycline 250 mg capsule 250 mg	Non-PDL Generic	
tetracycline 500 mg capsule 500 mg	Non-PDL Generic	
VIBRAMYCIN 50 MG/5 ML SYRUP 50 MG/5 ML	Non-PDL Brand	
Infectious Disease Fungal		
Antifungal Agents		
ANCOBON 250 MG CAPSULE 250 MG	PDL Non-Preferred Brand	PA
ANCOBON 500 MG CAPSULE 500 MG	PDL Non-Preferred Brand	PA
clotrimazole 10 mg troche 10 mg	Non-PDL Generic	
CRESEMBA 186 MG CAPSULE 186 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 10 MG/ML SUSPENSION 10 MG/ML	PDL Non-Preferred Brand	PA
DIFLUCAN 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 100 MG TABLET U-D 100 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 150 MG TABLET 12'S 150 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 200 MG TABLET U-D 200 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 40 MG/ML SUSPENSION 40 MG/ML	PDL Non-Preferred Brand	PA
DIFLUCAN 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
fluconazole 10 mg/ml susp 10 mg/ml	PDL Preferred Generic	
fluconazole 100 mg tablet 100 mg	PDL Preferred Generic	
fluconazole 100 mg tablet inner 100 mg	PDL Preferred Generic	
fluconazole 100 mg tablet outer 100 mg	PDL Preferred Generic	

Drug	Status	Notes
fluconazole 150 mg tablet 12's 150 mg	PDL Preferred Generic	
fluconazole 150 mg tablet 12's, inner 150 mg	PDL Preferred Generic	
fluconazole 150 mg tablet 12's, outer 150 mg	PDL Preferred Generic	
fluconazole 150 mg tablet 150 mg	PDL Preferred Generic	
fluconazole 150 mg tablet inner 150 mg	PDL Preferred Generic	
fluconazole 150 mg tablet outer 150 mg	PDL Preferred Generic	
fluconazole 200 mg tablet 200 mg	PDL Preferred Generic	
fluconazole 200 mg tablet inner 200 mg	PDL Preferred Generic	
fluconazole 200 mg tablet outer 200 mg	PDL Preferred Generic	
fluconazole 40 mg/ml susp 40 mg/ml	PDL Preferred Generic	
fluconazole 50 mg tablet 50 mg	PDL Preferred Generic	
flucytosine 250 mg capsule 250 mg	PDL Non-Preferred Generic	PA
flucytosine 500 mg capsule 500 mg	PDL Non-Preferred Generic	PA
itraconazole 10 mg/ml solution 10 mg/ml	PDL Non-Preferred Generic	PA
itraconazole 100 mg capsule 100 mg	PDL Non-Preferred Generic	PA
itraconazole 100 mg capsule 4x7, dosingpak 100 mg	PDL Non-Preferred Generic	PA
itraconazole 100 mg capsule inner 100 mg	PDL Non-Preferred Generic	PA
itraconazole 100 mg capsule outer 100 mg	PDL Non-Preferred Generic	PA
ketoconazole 200 mg tablet 200 mg	PDL Non-Preferred Generic	PA
NOXAFIL 40 MG/ML SUSPENSION 200 MG/5 ML (40 MG/ML)	PDL Non-Preferred Brand	PA
NOXAFIL DR 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
ORAVIG 50 MG BUCCAL TABLET 50 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
posaconazole dr 100 mg tablet 100 mg	PDL Non-Preferred Generic	PA
SPORANOX 10 MG/ML SOLUTION 10 MG/ML	PDL Non-Preferred Brand	PA
SPORANOX 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
SPORANOX 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
terbinafine hcl 250 mg tablet 250 mg	PDL Preferred Generic	
TOLSURA 65 MG CAPSULE 65 MG	PDL Non-Preferred Brand	PA
voriconazole 200 mg tablet 200 mg	Non-PDL Generic	
voriconazole 200 mg tablet f/c 200 mg	Non-PDL Generic	
voriconazole 200 mg tablet inner 200 mg	Non-PDL Generic	
voriconazole 200 mg tablet outer 200 mg	Non-PDL Generic	
voriconazole 40 mg/ml susp 200 mg/5 ml (40 mg/ml)	Non-PDL Generic	
voriconazole 50 mg tablet 50 mg	Non-PDL Generic	
voriconazole 50 mg tablet f/c 50 mg	Non-PDL Generic	
voriconazole 50 mg tablet inner 50 mg	Non-PDL Generic	
voriconazole 50 mg tablet outer 50 mg	Non-PDL Generic	
Antifungal Antibiotics		
griseofulvin 125 mg/5 ml susp 125 mg/5 ml	PDL Non-Preferred Generic	PA
griseofulvin micro 500 mg tab 500 mg	PDL Non-Preferred Generic	PA
griseofulvin ultra 125 mg tab 125 mg	PDL Non-Preferred Generic	PA
griseofulvin ultra 250 mg tab 250 mg	PDL Non-Preferred Generic	PA
nystatin 100,000 unit/ml susp 100,000 unit/ml	PDL Preferred Generic	
nystatin 100,000 unit/ml susp bubblegum 100,000 unit/ml	PDL Preferred Generic	
nystatin 100,000 unit/ml susp u-d,inner 100,000 unit/ml	PDL Preferred Generic	
nystatin 100,000 unit/ml susp u-d,outer,5mlx50 100,000 unit/ml	PDL Preferred Generic	

Drug	Status	Notes
nystatin 500,000 unit oral tab oral 500,000 unit	Non-PDL Generic	
nystatin 500,000 unit/5 ml sus u-d, 100's 100,000 unit/ml	PDL Preferred Generic	
Infectious Disease Miscellaneous		
Aminoglycosides		
BETHKIS 300 MG/4 ML AMPULE P/F 300 MG/4 ML	PDL Preferred Brand	SP
BETHKIS 300 MG/4 ML AMPULE P/F, INNER 300 MG/4 ML	PDL Preferred Brand	SP
BETHKIS 300 MG/4 ML AMPULE P/F, OUTER 300 MG/4 ML	PDL Preferred Brand	SP
KITABIS PAK 300 MG/5 ML 300 MG/5 ML	PDL Preferred Brand	SP
neomycin 500 mg tablet 500 mg	Non-PDL Generic	
neomycin 500 mg tablet inner,u-d 500 mg	Non-PDL Generic	
neomycin 500 mg tablet u-d,outer,10x10 500 mg	Non-PDL Generic	
TOBI 300 MG/5 ML SOLUTION INNER 300 MG/5 ML	PDL Non-Preferred Brand	PA; SP
TOBI 300 MG/5 ML SOLUTION OUTER 300 MG/5 ML	PDL Non-Preferred Brand	PA; SP
TOBI PODHALER 28 MG INHALE CAP 1 DAY,W/DEVICE 28 MG	PDL Non-Preferred Brand	PA; SP
TOBI PODHALER 28 MG INHALE CAP OUTER 28 MG	PDL Non-Preferred Brand	PA; SP
tobramycin 300 mg/5 ml ampule inner 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule outer 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule p/f 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule p/f, single use 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule p/f, single-use 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule p/f,single-use,inner 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule p/f,single-use,outer 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule single use,p/f,inner 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
tobramycin 300 mg/5 ml ampule single use,p/f,outer 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP
tobramycin pak 300 mg/5 ml 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP
Antibacterial Agents,Miscellaneous		
glycine 1.5% irrigation 1.5 %	Non-PDL Generic	
glycine 1.5% irrigation irrigation 1.5 %	Non-PDL Generic	
glycine 1.5% irrigation latex-free 1.5 %	Non-PDL Generic	
Antileprotics		
dapsone 100 mg tablet 100 mg	Non-PDL Generic	
dapsone 25 mg tablet 25 mg	Non-PDL Generic	
THALOMID 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
THALOMID 150 MG CAPSULE 150 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
THALOMID 200 MG CAPSULE 200 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
THALOMID 50 MG CAPSULE 10X28 50 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
THALOMID 50 MG CAPSULE 1X10 CARDS 50 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
THALOMID 50 MG CAPSULE 50 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
Anti-Mycobacterium Agents		
ethambutol hcl 100 mg tablet 100 mg	Non-PDL Generic	
ethambutol hcl 400 mg tablet 400 mg	Non-PDL Generic	
ethambutol hcl 400 mg tablet f/c 400 mg	Non-PDL Generic	
ethambutol hcl 400 mg tablet u-d, 10x10, inner 400 mg	Non-PDL Generic	
ethambutol hcl 400 mg tablet u-d, 10x10, outer 400 mg	Non-PDL Generic	
isoniazid 100 mg tablet 100 mg	Non-PDL Generic	
isoniazid 300 mg tablet 300 mg	Non-PDL Generic	
isoniazid 300 mg tablet u-d, 10x10, inner 300 mg	Non-PDL Generic	
isoniazid 300 mg tablet u-d,10x10,outer 300 mg	Non-PDL Generic	
isoniazid 50 mg/5 ml solution 50 mg/5 ml	Non-PDL Generic	
pyrazinamide 500 mg tablet 500 mg	Non-PDL Generic	
pyrazinamide 500 mg tablet u-d, 10x10 500 mg	Non-PDL Generic	
rifabutin 150 mg capsule 150 mg	Non-PDL Generic	

Drug	Status	Notes
Antitubercular Antibiotics		
cycloserine 250 mg capsule 250 mg	Non-PDL Generic	
cycloserine 250 mg capsule inner 250 mg	Non-PDL Generic	
cycloserine 250 mg capsule outer 250 mg	Non-PDL Generic	
pretomanid 200 mg tablet 200 mg	Non-PDL Brand	QL (1 EA per 1 day)
RIFAMATE CAPSULE 300-150 MG	Non-PDL Brand	
rifampin 150 mg capsule 150 mg	Non-PDL Generic	
rifampin 150 mg capsule u-d, 3x10, inner 150 mg	Non-PDL Generic	
rifampin 150 mg capsule u-d, 3x10, outer 150 mg	Non-PDL Generic	
rifampin 300 mg capsule 300 mg	Non-PDL Generic	
rifampin 300 mg capsule u-d 300 mg	Non-PDL Generic	
rifampin 300 mg capsule u-d, 10x10, inner 300 mg	Non-PDL Generic	
rifampin 300 mg capsule u-d, 10x10, outer 300 mg	Non-PDL Generic	
Lincosamides		
clindamycin 75 mg/5 ml soln 75 mg/5 ml	Non-PDL Generic	
clindamycin hcl 150 mg capsule 10x10,u-d,inner 150 mg	Non-PDL Generic	
clindamycin hcl 150 mg capsule 10x10,u-d,outer 150 mg	Non-PDL Generic	
clindamycin hcl 150 mg capsule 150 mg	Non-PDL Generic	
clindamycin hcl 150 mg capsule inner 150 mg	Non-PDL Generic	
clindamycin hcl 150 mg capsule outer 150 mg	Non-PDL Generic	
clindamycin hcl 150 mg capsule u-d 150 mg	Non-PDL Generic	
clindamycin hcl 150 mg capsule u-d,10x10 150 mg	Non-PDL Generic	
clindamycin hcl 300 mg capsule 10x10,u-d,inner 300 mg	Non-PDL Generic	
clindamycin hcl 300 mg capsule 10x10,u-d,outer 300 mg	Non-PDL Generic	
clindamycin hcl 300 mg capsule 300 mg	Non-PDL Generic	
clindamycin hcl 75 mg capsule 75 mg	Non-PDL Generic	
CLINDAMYCIN PEDIATR 75 MG/5 ML 75 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
CLINDAMYCIN PEDIATRIC 75 MG/5 ML 75 MG/5 ML	Non-PDL Generic	
Rifamycins And Related Derivative Antibiotics		
XIFAXAN 550 MG TABLET F/C 550 MG	Non-PDL Brand	PA
XIFAXAN 550 MG TABLET U-D, F/C 550 MG	Non-PDL Brand	PA
Vancomycin And Derivatives		
FIRVANQ 25 MG/ML SOLUTION 25 MG/ML	Non-PDL Brand	QL (300 ML per 1 FILL)
vancomycin 250 mg/5 ml soln 50 mg/ml	Non-PDL Generic	QL (600 ML per 1 FILL)
vancomycin hcl 125 mg capsule 125 mg	Non-PDL Generic	QL (56 EA per 1 FILL)
vancomycin hcl 125 mg capsule 2x10, outer 125 mg	Non-PDL Generic	QL (56 EA per 1 FILL)
vancomycin hcl 125 mg capsule 2x10, u-d 125 mg	Non-PDL Generic	QL (56 EA per 1 FILL)
vancomycin hcl 125 mg capsule inner 125 mg	Non-PDL Generic	QL (56 EA per 1 FILL)
vancomycin hcl 250 mg capsule 250 mg	Non-PDL Generic	QL (112 EA per 1 FILL)
vancomycin hcl 250 mg capsule 2x10, outer 250 mg	Non-PDL Generic	QL (112 EA per 1 FILL)
vancomycin hcl 250 mg capsule 2x10, u-d 250 mg	Non-PDL Generic	QL (112 EA per 1 FILL)
vancomycin hcl 250 mg capsule inner 250 mg	Non-PDL Generic	QL (112 EA per 1 FILL)
Infectious Disease Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
tinidazole 250 mg tablet 250 mg	Non-PDL Generic	
tinidazole 500 mg tablet 500 mg	Non-PDL Generic	
tinidazole 500 mg tablet f/c 500 mg	Non-PDL Generic	
Amebacides		
paromomycin 250 mg capsule 250 mg	Non-PDL Generic	
Anaerobic Antiprotozoal-Antibacterial Agents		
metronidazole 250 mg tablet 250 mg	Non-PDL Generic	
metronidazole 250 mg tablet f/c 250 mg	Non-PDL Generic	
metronidazole 250 mg tablet u-d 250 mg	Non-PDL Generic	
metronidazole 375 mg capsule 375 mg	Non-PDL Generic	
metronidazole 500 mg tablet 500 mg	Non-PDL Generic	
metronidazole 500 mg tablet f/c 500 mg	Non-PDL Generic	
metronidazole 500 mg tablet inner 500 mg	Non-PDL Generic	

Drug	Status	Notes
metronidazole 500 mg tablet outer 500 mg	Non-PDL Generic	
Anthelmintics		
albendazole 200 mg tablet 200 mg	Non-PDL Generic	
CVS PINWORM TREATMENT 50 MG/ML 50 MG/ML	Non-PDL Generic	
EMVERM 100 MG TABLET CHEW 100 MG	Non-PDL Brand	PA
ivermectin 3 mg tablet 3 mg	Non-PDL Generic	
PINAWAY 50 MG/ML SUSPENSION 50 MG/ML	Non-PDL Generic	
PINWORM MEDICINE 144 MG/ML 50 MG/ML	Non-PDL Generic	
praziquantel 600 mg tablet 600 mg	Non-PDL Generic	
REESE'S PINWORM 144 MG/ML SUSP 50 MG/ML	Non-PDL Generic	
Antimalarial Drugs		
atovaquone-proguanil 250-100 mg tablet f/c 250-100 mg	Non-PDL Generic	
atovaquone-proguanil 250-100 mg tablet f/c, inner 250-100 mg	Non-PDL Generic	
atovaquone-proguanil 250-100 mg tablet f/c, outer 250-100 mg	Non-PDL Generic	
atovaquone-proguanil 250-100 mg tablet f/c, u-d, 2x12 250-100 mg	Non-PDL Generic	
atovaquone-proguanil 250-100 mg tablet f/c, u-d, inner 250-100 mg	Non-PDL Generic	
atovaquone-proguanil 250-100 mg tablet f/c, u-d, outer 250-100 mg	Non-PDL Generic	
atovaquone-proguanil 62.5-25 62.5-25 mg	Non-PDL Generic	
chloroquine ph 250 mg tablet 250 mg	Non-PDL Generic	QL (36 EA per 16 days)
chloroquine ph 250 mg tablet f/c 250 mg	Non-PDL Generic	QL (36 EA per 16 days)
chloroquine ph 500 mg tablet 500 mg	Non-PDL Generic	QL (18 EA per 16 days)
chloroquine ph 500 mg tablet f/c 500 mg	Non-PDL Generic	QL (18 EA per 16 days)
hydroxychloroquine 200 mg tab 200 mg	Non-PDL Generic	QL (100 EA per 30 days)
hydroxychloroquine 200 mg tab f/c 200 mg	Non-PDL Generic	QL (100 EA per 30 days)
hydroxychloroquine 200 mg tab inner 200 mg	Non-PDL Generic	QL (100 EA per 30 days)
hydroxychloroquine 200 mg tab outer 200 mg	Non-PDL Generic	QL (100 EA per 30 days)
hydroxychloroquine 200 mg tab u-d,10x10,inner 200 mg	Non-PDL Generic	QL (100 EA per 30 days)

Drug	Status	Notes
hydroxychloroquine 200 mg tab u-d,10x10,outer 200 mg	Non-PDL Generic	QL (100 EA per 30 days)
KRINTAFEL 150 MG TABLET 150 MG	Non-PDL Brand	QL (2 EA per 1 FILL)
mefloquine hcl 250 mg tablet 250 mg	Non-PDL Generic	
mefloquine hcl 250 mg tablet inner 250 mg	Non-PDL Generic	
mefloquine hcl 250 mg tablet outer 250 mg	Non-PDL Generic	
primaquine 26.3 mg tablet 26.3 mg	Non-PDL Brand	
pyrimethamine 25 mg tablet 25 mg	Non-PDL Generic	PA; SP
quinine sulfate 324 mg capsule 324 mg	Non-PDL Generic	
quinine sulfate 324 mg capsule inner 324 mg	Non-PDL Generic	
quinine sulfate 324 mg capsule outer 324 mg	Non-PDL Generic	
Antiprotozoal Drugs,Miscellaneous		
atovaquone 750 mg/5 ml susp 750 mg/5 ml	Non-PDL Generic	
atovaquone 750 mg/5 ml susp inner 750 mg/5 ml	Non-PDL Generic	
atovaquone 750 mg/5 ml susp outer 750 mg/5 ml	Non-PDL Generic	
IMPAVIDO 50 MG CAPSULE 50 MG	Non-PDL Brand	PA
NEBUPENT 300 MG INHAL POWDER 300 MG	Non-PDL Brand	
pentamidine 300 mg inhal powdr 300 mg	Non-PDL Generic	
Infectious Disease Viral		
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA 50-25 MG TABLET 50-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO 50-300 MG TABLET 50-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA 800-150-200-10 MG TAB 800-150-200-10 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antivirals, General		
acyclovir 200 mg capsule 10x10 200 mg	PDL Preferred Generic	
acyclovir 200 mg capsule 200 mg	PDL Preferred Generic	
acyclovir 200 mg capsule inner 200 mg	PDL Preferred Generic	
acyclovir 200 mg capsule outer 200 mg	PDL Preferred Generic	
acyclovir 200 mg/5 ml susp 200 mg/5 ml	PDL Preferred Generic	
acyclovir 400 mg tablet 10x10 400 mg	PDL Preferred Generic	

Drug	Status	Notes
acyclovir 400 mg tablet 400 mg	PDL Preferred Generic	
acyclovir 800 mg tablet 800 mg	PDL Preferred Generic	
acyclovir 800 mg tablet inner 800 mg	PDL Preferred Generic	
acyclovir 800 mg tablet outer 800 mg	PDL Preferred Generic	
famciclovir 125 mg tablet 125 mg	PDL Non-Preferred Generic	PA
famciclovir 125 mg tablet f/c 125 mg	PDL Non-Preferred Generic	PA
famciclovir 250 mg tablet 250 mg	PDL Non-Preferred Generic	PA
famciclovir 250 mg tablet f/c 250 mg	PDL Non-Preferred Generic	PA
famciclovir 500 mg tablet 500 mg	PDL Non-Preferred Generic	PA
famciclovir 500 mg tablet f/c 500 mg	PDL Non-Preferred Generic	PA
famciclovir 500 mg tablet f/c,inner 500 mg	PDL Non-Preferred Generic	PA
famciclovir 500 mg tablet f/c,outer 500 mg	PDL Non-Preferred Generic	PA
oseltamivir 6 mg/ml suspension 6 mg/ml	PDL Preferred Generic	QL (360 ML per 180 days)
oseltamivir phos 30 mg capsule 30 mg	PDL Preferred Generic	QL (40 EA per 180 days)
oseltamivir phos 45 mg capsule 45 mg	PDL Preferred Generic	QL (20 EA per 180 days)
oseltamivir phos 75 mg capsule 75 mg	PDL Preferred Generic	QL (20 EA per 180 days)
RELENZA 5 MG DISKHALER 5 MG/ACTUATION	PDL Preferred Brand	QL (40 EA per 180 days)
ribavirin 6 gm inhalation vial 6 gram	Non-PDL Generic	
ribavirin 6 gm inhalation vial inner 6 gram	Non-PDL Generic	
ribavirin 6 gm inhalation vial outer 6 gram	Non-PDL Generic	
rimantadine hcl 100 mg tablet 100 mg	Non-PDL Generic	
SITAVIG 50 MG BUCCAL TABLET INNER 50 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 365 days)

Drug	Status	Notes
SITAVIG 50 MG BUCCAL TABLET OUTER 50 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 365 days)
TAMIFLU 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA; QL (40 EA per 180 days)
TAMIFLU 45 MG CAPSULE 45 MG	PDL Non-Preferred Brand	PA; QL (20 EA per 180 days)
TAMIFLU 6 MG/ML SUSPENSION 6 MG/ML	PDL Non-Preferred Brand	PA; QL (360 ML per 180 days)
TAMIFLU 75 MG CAPSULE 75 MG	PDL Non-Preferred Brand	PA; QL (20 EA per 180 days)
valacyclovir hcl 1 gram tablet f/c 1 gram	PDL Preferred Generic	
valacyclovir hcl 1 gram tablet f/c, inner 1 gram	PDL Preferred Generic	
valacyclovir hcl 1 gram tablet f/c, outer 1 gram	PDL Preferred Generic	
valacyclovir hcl 500 mg tablet 500 mg	PDL Preferred Generic	
valacyclovir hcl 500 mg tablet f/c 500 mg	PDL Preferred Generic	
valacyclovir hcl 500 mg tablet f/c, inner 500 mg	PDL Preferred Generic	
valacyclovir hcl 500 mg tablet f/c, outer 500 mg	PDL Preferred Generic	
valacyclovir hcl 500 mg tablet f/c,u-d,10x10 500 mg	PDL Preferred Generic	
valacyclovir hcl 500 mg tablet u/d,inner,f/c 500 mg	PDL Preferred Generic	
valacyclovir hcl 500 mg tablet u-d,outer,5x6,f/c 500 mg	PDL Preferred Generic	
valganciclovir 450 mg tablet 450 mg	Non-PDL Generic	
valganciclovir 450 mg tablet f/c 450 mg	Non-PDL Generic	
valganciclovir 450 mg tablet f/c, inner 450 mg	Non-PDL Generic	
valganciclovir 450 mg tablet f/c, outer 450 mg	Non-PDL Generic	
VALTREX 1 GM CAPLET CAPLET,F/C 1 GRAM	PDL Non-Preferred Brand	PA
VALTREX 1 GM CAPLET F/C,CAPLET 1 GRAM	PDL Non-Preferred Brand	PA
VALTREX 500 MG CAPLET CAPLET, F/C 500 MG	PDL Non-Preferred Brand	PA
VALTREX 500 MG CAPLET CAPLET,F/C 500 MG	PDL Non-Preferred Brand	PA
VALTREX 500 MG CAPLET U-D,CAPLET,F/C 500 MG	PDL Non-Preferred Brand	PA
XOFLUZA 20 MG TAB (40 MG DOSE) 20 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 180 days)
XOFLUZA 40 MG TAB (80 MG DOSE) 40 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 180 days)

Drug	Status	Notes
ZOVIRAX 200 MG/5 ML SUSP 200 MG/5 ML	PDL Non-Preferred Brand	PA
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS 100 MG/ML SOLUTION 100 MG/ML	Non-PDL Brand	QL (380 ML per 30 days)
APTIVUS 250 MG CAPSULE 250 MG	Non-PDL Brand	QL (4 EA per 1 day)
PREZCOBIX 800 MG-150 MG TABLET 800-150 MG-MG	Non-PDL Brand	QL (1 EA per 1 day)
PREZISTA 100 MG/ML SUSPENSION 100 MG/ML	Non-PDL Brand	QL (400 ML per 30 days)
PREZISTA 150 MG TABLET 150 MG	Non-PDL Brand	QL (8 EA per 1 day)
PREZISTA 600 MG TABLET F/C 600 MG	Non-PDL Brand	QL (2 EA per 1 day)
PREZISTA 75 MG TABLET 75 MG	Non-PDL Brand	QL (16 EA per 1 day)
PREZISTA 800 MG TABLET 800 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO 300-300 MG TABLET 300-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
DESCOVY 200-25 MG TABLET 200-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
TEMIXYS 300-300 MG TABLET 300-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
TRUVADA 100 MG-150 MG TABLET 100-150 MG	Non-PDL Brand	QL (1 EA per 1 day)
TRUVADA 133 MG-200 MG TABLET 133-200 MG	Non-PDL Brand	QL (1 EA per 1 day)
TRUVADA 167 MG-250 MG TABLET 167-250 MG	Non-PDL Brand	QL (1 EA per 1 day)
TRUVADA 200 MG-300 MG TABLET F/C 200-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
abacavir-lamivudine 600-300 mg 600-300 mg	Non-PDL Generic	QL (1 EA per 1 day)
abacavir-lamivudine-zidov tab 300-150-300 mg	Non-PDL Generic	QL (2 EA per 1 day)
lamivudine-zidovudine tablet 150-300 mg	Non-PDL Generic	QL (2 EA per 1 day)
lamivudine-zidovudine tablet f/c 150-300 mg	Non-PDL Generic	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
SELZENTRY 150 MG TABLET F/C 150 MG	Non-PDL Brand	QL (2 EA per 1 day)
SELZENTRY 20 MG/ML ORAL SOLN 20 MG/ML	Non-PDL Brand	QL (31 ML per 1 day)
SELZENTRY 25 MG TABLET 25 MG	Non-PDL Brand	QL (4 EA per 1 day)
SELZENTRY 300 MG TABLET 300 MG	Non-PDL Brand	QL (4 EA per 1 day)
SELZENTRY 75 MG TABLET 75 MG	Non-PDL Brand	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ER 600 MG TABLET 600 MG	Non-PDL Brand	
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON 90 MG VIAL SUV, INNER 90 MG	Non-PDL Brand	QL (2 EA per 1 day)
FUZEON 90 MG VIAL SUV, OUTER 90 MG	Non-PDL Brand	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT 25 MG TABLET 25 MG	Non-PDL Brand	QL (1 EA per 1 day)
efavirenz 200 mg capsule 200 mg	Non-PDL Generic	
efavirenz 50 mg capsule 50 mg	Non-PDL Generic	
efavirenz 600 mg tablet 600 mg	Non-PDL Generic	

Drug	Status	Notes
INTELENCE 100 MG TABLET 100 MG	Non-PDL Brand	QL (4 EA per 1 day)
INTELENCE 200 MG TABLET 200 MG	Non-PDL Brand	QL (2 EA per 1 day)
INTELENCE 25 MG TABLET 25 MG	Non-PDL Brand	QL (4 EA per 1 day)
nevirapine 200 mg tablet 200 mg	Non-PDL Generic	QL (2 EA per 1 day)
nevirapine 50 mg/5 ml susp 50 mg/5 ml	Non-PDL Generic	QL (1200 ML per 30 days)
nevirapine er 100 mg tablet 100 mg	Non-PDL Generic	QL (3 EA per 1 day)
nevirapine er 400 mg tablet 400 mg	Non-PDL Generic	QL (1 EA per 1 day)
PIFELTRO 100 MG TABLET 100 MG	Non-PDL Brand	QL (2 EA per 1 day)
SUSTIVA 200 MG CAPSULE 200 MG	Non-PDL Brand	
SUSTIVA 50 MG CAPSULE 50 MG	Non-PDL Brand	
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
abacavir 20 mg/ml solution 20 mg/ml	Non-PDL Generic	QL (960 ML per 30 days)
abacavir 300 mg tablet 300 mg	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet coated 300 mg	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet f/c 300 mg	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet f/c,u-d,5x10,outer 300 mg	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet f/c,u-d,inner 300 mg	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet u-d, 3x10,inner,f/c 300 mg	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet u-d, 3x10,outer,f/c 300 mg	Non-PDL Generic	QL (2 EA per 1 day)
didanosine dr 250 mg capsule enteric-coated 250 mg	Non-PDL Generic	QL (1 EA per 1 day)
didanosine dr 400 mg capsule enteric-coated 400 mg	Non-PDL Generic	QL (1 EA per 1 day)
EMTRIVA 10 MG/ML SOLUTION 10 MG/ML	Non-PDL Brand	QL (850 ML per 30 days)
EMTRIVA 200 MG CAPSULE 200 MG	Non-PDL Brand	QL (1 EA per 1 day)
lamivudine 10 mg/ml oral soln 10 mg/ml	Non-PDL Generic	QL (960 ML per 30 days)
lamivudine 150 mg tablet 150 mg	Non-PDL Generic	QL (2 EA per 1 day)
lamivudine 150 mg tablet f/c 150 mg	Non-PDL Generic	QL (2 EA per 1 day)
lamivudine 300 mg tablet 300 mg	Non-PDL Generic	QL (1 EA per 1 day)
lamivudine 300 mg tablet f/c 300 mg	Non-PDL Generic	QL (1 EA per 1 day)
stavudine 15 mg capsule 15 mg	Non-PDL Generic	QL (2 EA per 1 day)
stavudine 20 mg capsule 20 mg	Non-PDL Generic	QL (2 EA per 1 day)

Drug	Status	Notes
stavudine 30 mg capsule 30 mg	Non-PDL Generic	QL (2 EA per 1 day)
stavudine 40 mg capsule 40 mg	Non-PDL Generic	QL (2 EA per 1 day)
zidovudine 100 mg capsule 100 mg	Non-PDL Generic	QL (6 EA per 1 day)
zidovudine 100 mg capsule usp 100 mg	Non-PDL Generic	QL (6 EA per 1 day)
zidovudine 300 mg tablet f/c 300 mg	Non-PDL Generic	QL (2 EA per 1 day)
zidovudine 50 mg/5 ml syrup 10 mg/ml	Non-PDL Generic	QL (1920 ML per 30 days)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
tenofovir disoproxil fumarate 300 mg tablet 300 mg	Non-PDL Generic	QL (1 EA per 1 day)
VIREAD 150 MG TABLET 150 MG	Non-PDL Brand	QL (1 EA per 1 day)
VIREAD 200 MG TABLET 200 MG	Non-PDL Brand	QL (1 EA per 1 day)
VIREAD 250 MG TABLET 250 MG	Non-PDL Brand	QL (1 EA per 1 day)
VIREAD POWDER 40 MG/SCOOP (40 MG/GRAM)	Non-PDL Brand	QL (240 GM per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
KALETRA 100-25 MG TABLET 100-25 MG	Non-PDL Brand	QL (2 EA per 1 day)
KALETRA 200-50 MG TABLET 200-50 MG	Non-PDL Brand	QL (4 EA per 1 day)
KALETRA 200-50 MG TABLET F/C 200-50 MG	Non-PDL Brand	QL (4 EA per 1 day)
lopinavir-ritonavir 80-20 mg/ml 400-100 mg/5 ml	Non-PDL Generic	QL (480 ML per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitors		
atazanavir sulfate 150 mg cap 150 mg	Non-PDL Generic	QL (2 EA per 1 day)
atazanavir sulfate 200 mg cap 200 mg	Non-PDL Generic	QL (2 EA per 1 day)
atazanavir sulfate 300 mg cap 300 mg	Non-PDL Generic	QL (1 EA per 1 day)
CRIXIVAN 200 MG CAPSULE 200 MG	Non-PDL Brand	
CRIXIVAN 400 MG CAPSULE 400 MG	Non-PDL Brand	
EVOTAZ 300 MG-150 MG TABLET 300-150 MG	Non-PDL Brand	QL (1 EA per 1 day)
fosamprenavir 700 mg tablet 700 mg	Non-PDL Generic	QL (4 EA per 1 day)
INVIRASE 500 MG TABLET 500 MG	Non-PDL Brand	QL (4 EA per 1 day)
LEXIVA 50 MG/ML SUSPENSION 50 MG/ML	Non-PDL Brand	QL (1800 ML per 30 days)
NORVIR 100 MG POWDER PACKET 100 MG	Non-PDL Brand	QL (12 EA per 1 day)
NORVIR 80 MG/ML SOLUTION 80 MG/ML	Non-PDL Brand	QL (480 ML per 30 days)
REYATAZ 50 MG POWDER PACKET 50 MG	Non-PDL Brand	QL (5 EA per 1 day)
ritonavir 100 mg tablet 100 mg	Non-PDL Generic	QL (12 EA per 1 day)
VIRACEPT 250 MG TABLET 250 MG	Non-PDL Brand	
VIRACEPT 625 MG TABLET 625 MG	Non-PDL Brand	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS 100 MG POWDER PACKET INNER 100 MG	Non-PDL Brand	QL (2 EA per 1 day)

Drug	Status	Notes
ISENTRESS 100 MG POWDER PACKET OUTER 100 MG	Non-PDL Brand	QL (2 EA per 1 day)
ISENTRESS 100 MG TABLET CHEW 100 MG	Non-PDL Brand	QL (6 EA per 1 day)
ISENTRESS 25 MG TABLET CHEW 25 MG	Non-PDL Brand	QL (6 EA per 1 day)
ISENTRESS 400 MG TABLET 400 MG	Non-PDL Brand	QL (2 EA per 1 day)
ISENTRESS HD 600 MG TABLET 600 MG	Non-PDL Brand	QL (2 EA per 1 day)
TIVICAY 10 MG TABLET 10 MG	Non-PDL Brand	QL (2 EA per 1 day)
TIVICAY 25 MG TABLET 25 MG	Non-PDL Brand	QL (2 EA per 1 day)
TIVICAY 50 MG TABLET 50 MG	Non-PDL Brand	QL (2 EA per 1 day)
TIVICAY PD 5 MG TAB FOR SUSP 5 MG	Non-PDL Brand	QL (6 EA per 1 day)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
ATRIPLA TABLET 600-200-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
COMPLERA TABLET 200-25-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
DELSTRIGO 100-300-300 MG TAB 100-300-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
ODEFSEY TABLET 200-25-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
SYMFI 600-300-300 MG TABLET 600-300-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
SYMFI LO 400-300-300 MG TABLET 400-300-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY 50-200-25 MG TABLET 50-200-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
GENVOYA TABLET 150-150-200-10 MG	Non-PDL Brand	QL (1 EA per 1 day)
STRIBILD TABLET 150-150-200-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ 600-50-300 MG TABLET 600-50-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST 150 MG TABLET 150 MG	Non-PDL Brand	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI 400-100-100 MG TABLET 400-100-100 MG	PDL Preferred Brand	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA 400 MG-100 MG TABLET 400-100 MG	PDL Non-Preferred Brand	PA; SP
HARVONI 33.75-150 MG PELLET PK INNER 33.75-150 MG	PDL Non-Preferred Brand	PA; SP
HARVONI 33.75-150 MG PELLET PK OUTER 33.75-150 MG	PDL Non-Preferred Brand	PA; SP
HARVONI 45-200 MG PELLET PACKT INNER 45-200 MG	PDL Non-Preferred Brand	PA; SP
HARVONI 45-200 MG PELLET PACKT OUTER 45-200 MG	PDL Non-Preferred Brand	PA; SP
HARVONI 45-200 MG TABLET 45-200 MG	PDL Non-Preferred Brand	PA; SP
HARVONI 90-400 MG TABLET 90-400 MG	PDL Non-Preferred Brand	PA; SP
ledipasvir-sofosbuvir 90-400 mg 90-400 mg	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
sofosbuvir-velpatasvir 400-100 400-100 mg	PDL Non-Preferred Generic	PA; SP
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI 150 MG PELLET PACKET INNER 150 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI 150 MG PELLET PACKET OUTER 150 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI 200 MG PELLET PACKET INNER 200 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI 200 MG PELLET PACKET OUTER 200 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI 400 MG TABLET 400 MG	PDL Non-Preferred Brand	PA; SP
Hepatitis B Treatment Agents		
adefovir dipivoxil 10 mg tab 10 mg	PDL Preferred Generic	SP; QL (1 EA per 1 day)
BARACLUDE 0.05 MG/ML SOLUTION 0.05 MG/ML	PDL Preferred Brand	SP; QL (630 ML per 30 days)
BARACLUDE 0.5 MG TABLET F/C 0.5 MG	PDL Preferred Brand	SP; QL (1 EA per 1 day)
BARACLUDE 1 MG TABLET 1 MG	PDL Preferred Brand	SP; QL (1 EA per 1 day)
entecavir 0.5 mg tablet 0.5 mg	PDL Preferred Generic	SP; QL (1 EA per 1 day)
entecavir 0.5 mg tablet f/c 0.5 mg	PDL Preferred Generic	SP; QL (1 EA per 1 day)
entecavir 1 mg tablet 1 mg	PDL Preferred Generic	SP; QL (1 EA per 1 day)
EPIVIR HBV 100 MG TABLET F/C 100 MG	PDL Preferred Brand	QL (1 EA per 1 day)
EPIVIR HBV 25 MG/5 ML SOLN 25 MG/5 ML (5 MG/ML)	PDL Preferred Brand	QL (720 ML per 30 days)
HEPSERA 10 MG TABLET 10 MG	PDL Preferred Brand	SP; QL (1 EA per 1 day)
lamivudine hbv 100 mg tablet 100 mg	PDL Preferred Generic	QL (1 EA per 1 day)
VEMLIDY 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA; SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS 180 MCG/0.5 ML SYRINGE 180 MCG/0.5 ML	PDL Preferred Brand	SP
PEGASYS 180 MCG/ML VIAL 180 MCG/ML	PDL Preferred Brand	PA; SP
PEGINTRON 50 MCG KIT P/F,LATEX-FREE,SUV 50 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
ribavirin 200 mg capsule 200 mg	PDL Preferred Generic	

Drug	Status	Notes
ribavirin 200 mg tablet 200 mg	PDL Preferred Generic	
ribavirin 200 mg tablet f/c 200 mg	PDL Preferred Generic	
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.		
VIEKIRA PAK 12.5 MG-75 MG -50 MG/250 MG	PDL Non-Preferred Brand	PA; SP
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET 100-40 MG TABLET INNER 100-40 MG	PDL Preferred Brand	PA; SP
MAVYRET 100-40 MG TABLET OUTER 100-40 MG	PDL Preferred Brand	PA; SP
ZEPATIER 50-100 MG TABLET INNER 50-100 MG	PDL Non-Preferred Brand	PA; SP
ZEPATIER 50-100 MG TABLET OUTER 50-100 MG	PDL Non-Preferred Brand	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
D-PENAMINE 125 MG TABLET 125 MG	Non-PDL Generic	PA; SP
penicillamine 250 mg tablet 250 mg	Non-PDL Generic	PA; SP
ILARIS 150 MG/ML VIAL	PDL Non-Preferred Brand	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP 20 MG/0.4 ML AUTO-INJ P/F, INNER, SDV 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
OTREXUP 20 MG/0.4 ML AUTO-INJ P/F, OUTER, SUV 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO 10 MG/0.2 ML AUTOINJ P/F,INNER,L/F, SUV 10 MG/0.2 ML	Non-PDL Brand	QL (0.8 ML per 28 days)
RASUVO 10 MG/0.2 ML AUTOINJ P/F,OUTER,L/F, SUV 10 MG/0.2 ML	Non-PDL Brand	QL (0.8 ML per 28 days)
RASUVO 12.5 MG/0.25 ML AUTOINJ P/F, INNER, L/F, SUV 12.5 MG/0.25 ML	Non-PDL Brand	QL (1 ML per 28 days)
RASUVO 12.5 MG/0.25 ML AUTOINJ P/F, OUTER, L/F, SUV 12.5 MG/0.25 ML	Non-PDL Brand	QL (1 ML per 28 days)
RASUVO 15 MG/0.3 ML AUTOINJ P/F,INNER,L/F,SUV 15 MG/0.3 ML	Non-PDL Brand	QL (1.2 ML per 28 days)
RASUVO 15 MG/0.3 ML AUTOINJ P/F,OUTER,L/F,SUV 15 MG/0.3 ML	Non-PDL Brand	QL (1.2 ML per 28 days)
RASUVO 17.5 MG/0.35 ML AUTOINJ P/F,INNER,L/F,SUV 17.5 MG/0.35 ML	Non-PDL Brand	QL (1.4 ML per 28 days)
RASUVO 17.5 MG/0.35 ML AUTOINJ P/F,OUTER,L/F,SUV 17.5 MG/0.35 ML	Non-PDL Brand	QL (1.4 ML per 28 days)
RASUVO 20 MG/0.4 ML AUTOINJ P/F,INNER,L/F,SUV 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO 20 MG/0.4 ML AUTOINJ P/F,OUTER,L/F,SUV 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO 20 MG/0.4 ML AUTOINJ SAMPLE, OUTER, L/F 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO 22.5 MG/0.45 ML AUTOINJ P/F,INNER,L/F,SUV 22.5 MG/0.45 ML	Non-PDL Brand	QL (1.8 ML per 28 days)

Drug	Status	Notes
RASUVO 22.5 MG/0.45 ML AUTOINJ P/F,OUTER,L/F, SUV 22.5 MG/0.45 ML	Non-PDL Brand	QL (1.8 ML per 28 days)
RASUVO 25 MG/0.5 ML AUTOINJ P/F,INNER,L/F,SUV 25 MG/0.5 ML	Non-PDL Brand	QL (2 ML per 28 days)
RASUVO 25 MG/0.5 ML AUTOINJ P/F,OUTER,L/F,SUV 25 MG/0.5 ML	Non-PDL Brand	QL (2 ML per 28 days)
RASUVO 30 MG/0.6 ML AUTOINJ P/F,INNER,L/F,SUV 30 MG/0.6 ML	Non-PDL Brand	QL (2.4 ML per 28 days)
RASUVO 30 MG/0.6 ML AUTOINJ P/F,OUTER,L/F,SUV 30 MG/0.6 ML	Non-PDL Brand	QL (2.4 ML per 28 days)
RASUVO 7.5 MG/0.15 ML AUTOINJ P/F,INNER,L/F,SUV 7.5 MG/0.15 ML	Non-PDL Brand	QL (0.6 ML per 28 days)
RASUVO 7.5 MG/0.15 ML AUTOINJ P/F,OUTER,L/F,SUV 7.5 MG/0.15 ML	Non-PDL Brand	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
KINERET 100 MG/0.67 ML SYRINGE P/F, OUTER, SUV, L/F 100 MG/0.67 ML	PDL Non-Preferred Brand	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
CIMZIA 200 MG VIAL KIT 400 MG (200 MG X 2 VIALS)	PDL Non-Preferred Brand	PA; SP
CIMZIA 2X200 MG/ML SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PDL Non-Preferred Brand	PA; SP
CIMZIA 2X200 MG/ML(X3)START KT 400 MG/2 ML (200 MG/ML X 2)	PDL Non-Preferred Brand	PA; SP
ENBREL 25 MG KIT INNER, MDV 25 MG (1 ML)	PDL Preferred Brand	PA; SP
ENBREL 25 MG KIT OUTER, MDV 25 MG (1 ML)	PDL Preferred Brand	PA; SP
ENBREL 25 MG/0.5 ML SYRINGE INNER, P/F, SUV 25 MG/0.5 ML (0.5)	PDL Preferred Brand	PA; SP
ENBREL 25 MG/0.5 ML SYRINGE OUTER, P/F, SUV 25 MG/0.5 ML (0.5)	PDL Preferred Brand	PA; SP
ENBREL 50 MG/ML MINI CARTRIDGE INNER, P/F, SDV 50 MG/ML (1 ML)	PDL Non-Preferred Brand	PA; SP
ENBREL 50 MG/ML MINI CARTRIDGE INNER, P/F, SUV 50 MG/ML (1 ML)	PDL Non-Preferred Brand	PA; SP
ENBREL 50 MG/ML MINI CARTRIDGE OUTER, P/F, SDV 50 MG/ML (1 ML)	PDL Non-Preferred Brand	PA; SP
ENBREL 50 MG/ML MINI CARTRIDGE OUTER, P/F, SUV 50 MG/ML (1 ML)	PDL Non-Preferred Brand	PA; SP
ENBREL 50 MG/ML SURECLICK INNER, P/F, SUV 50 MG/ML (1 ML)	PDL Preferred Brand	PA; SP
ENBREL 50 MG/ML SURECLICK OUTER, P/F, SUV 50 MG/ML (1 ML)	PDL Preferred Brand	PA; SP
ENBREL 50 MG/ML SURECLICK P/F,SUV, INNER 50 MG/ML (1 ML)	PDL Preferred Brand	PA; SP
ENBREL 50 MG/ML SURECLICK P/F,SUV, OUTER 50 MG/ML (1 ML)	PDL Preferred Brand	PA; SP
ENBREL 50 MG/ML SYRINGE INNER, P/F, SUV 50 MG/ML (1 ML)	PDL Preferred Brand	PA; SP
ENBREL 50 MG/ML SYRINGE OUTER, P/F, SUV 50 MG/ML (1 ML)	PDL Preferred Brand	PA; SP

Drug	Status	Notes
HUMIRA 10 MG/0.2 ML SYRINGE 10 MG/0.2 ML	PDL Preferred Brand	PA; SP
HUMIRA 20 MG/0.4 ML SYRINGE 20 MG/0.4 ML	PDL Preferred Brand	PA; SP
HUMIRA 40 MG/0.8 ML SYRINGE P/F, SUV 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA PEN 40 MG/0.8 ML NFRS, SUV, P/F 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA PEN 40 MG/0.8 ML P/F, SUV 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA PEN 40 MG/0.8 ML SAMPLE, SUV, P/F 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HS STARTER 40 MG/0.8 ML 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) 10 MG/0.1 ML SYRINGE 10 MG/0.1 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) 20 MG/0.2 ML SYRINGE 20 MG/0.2 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) 40 MG/0.4 ML SYRINGE 40 MG/0.4 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEDIATRIC CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML 80 MG/0.8 ML-40 MG/0.4 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SYRINGE 80 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEN 40 MG/0.4 ML L/F,SUV,P/F,SAMPLE 40 MG/0.4 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEN 40 MG/0.4 ML LATEX-FREE, SUV, P/F 40 MG/0.4 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEN 80 MG/0.8 ML 80 MG/0.8 ML	PDL Preferred Brand	PA
HUMIRA(CF) PEN CROHN'S-UC-HS STARTER 80 MG/0.8 ML 80 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEN PS-UV-ADOL HS START 80 MG/0.8 ML-40 MG/0.4 ML 80 MG/0.8 ML-40 MG/0.4 ML	PDL Preferred Brand	PA; SP
SIMPONI 100 MG/ML PEN INJECTOR 100 MG/ML	PDL Non-Preferred Brand	PA; SP
SIMPONI 100 MG/ML SYRINGE 100 MG/ML	PDL Non-Preferred Brand	PA; SP
SIMPONI 50 MG/0.5 ML PEN INJEC 50 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
SIMPONI 50 MG/0.5 ML SYRINGE 50 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide 10 mg tablet 10 mg	Non-PDL Generic	
leflunomide 20 mg tablet 20 mg	Non-PDL Generic	

Drug	Status	Notes
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA 28 DAY STARTER PACK 10 MG (4)-20 MG (4)-30 MG (47)	PDL Non-Preferred Brand	PA; SP
OTEZLA 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; SP
OTEZLA STARTER PACK 10 MG (4)-20 MG (4)-30 MG(19)	PDL Non-Preferred Brand	PA; SP
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA 125 MG/ML SYRINGE LATEX-FREE, SDV 125 MG/ML	PDL Non-Preferred Brand	PA; SP
ORENCIA 50 MG/0.4 ML SYRINGE 50 MG/0.4 ML	PDL Non-Preferred Brand	PA; SP
ORENCIA 87.5 MG/0.7 ML SYRINGE 87.5 MG/0.7 ML	PDL Non-Preferred Brand	PA; SP
ORENCIA CLICKJECT 125 MG/ML 125 MG/ML	PDL Non-Preferred Brand	PA; SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR 30 MG/3 ML SYRINGE P/F, 3'S, L/F, SUV 30 MG/3 ML	PDL Non-Preferred Brand	PA; SP
FIRAZYR 30 MG/3 ML SYRINGE P/F,LATEX-FREE, SUV 30 MG/3 ML	PDL Non-Preferred Brand	PA; SP
icatibant 30 mg/3 ml syringe l/f, p/f,suv, inner 30 mg/3 ml	PDL Non-Preferred Generic	PA; SP
icatibant 30 mg/3 ml syringe l/f, p/f,suv, outer 30 mg/3 ml	PDL Non-Preferred Generic	PA; SP
icatibant 30 mg/3 ml syringe l/f, suv, p/f, inner 30 mg/3 ml	PDL Non-Preferred Generic	PA; SP
icatibant 30 mg/3 ml syringe l/f, suv, p/f,outer 30 mg/3 ml	PDL Non-Preferred Generic	PA; SP
icatibant 30 mg/3 ml syringe l/f,suv,p/f 30 mg/3 ml	PDL Non-Preferred Generic	PA; SP
icatibant 30 mg/3 ml syringe suv, p/f, latex free 30 mg/3 ml	PDL Non-Preferred Generic	PA; SP
C1 Esterase Inhibitors		
BERINERT 500 UNIT KIT 500 UNIT (10 ML)	PDL Preferred Brand	PA; SP
BERINERT 500 UNIT VIAL 500 UNIT (10 ML)	PDL Preferred Brand	PA; SP
HAEGARDA 2,000 UNIT VIAL 2,000 UNIT	PDL Non-Preferred Brand	PA; SP
HAEGARDA 3,000 UNIT VIAL 3,000 UNIT	PDL Non-Preferred Brand	PA; SP
RUCONEST 2,100 UNIT VIAL P/F, L/F, SUV, INNER 2,100 UNIT	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
RUCONEST 2,100 UNIT VIAL P/F, L/F, SUV, OUTER 2,100 UNIT	PDL Non-Preferred Brand	PA; SP
RUCONEST 2,100 UNIT VIAL P/F, SUV, INNER 2,100 UNIT	PDL Non-Preferred Brand	PA; SP
TAKHZYRO 300 MG/ 2 ML SUBCUTANEOUS	PDL Non-Preferred Brand	PA; SP
Glucocorticoids		
budesonide ec 3 mg capsule 3 mg	PDL Non-Preferred Generic	PA
budesonide ec 3 mg capsule inner 3 mg	PDL Non-Preferred Generic	PA
budesonide ec 3 mg capsule outer 3 mg	PDL Non-Preferred Generic	PA
budesonide er 9 mg tablet 9 mg	PDL Non-Preferred Generic	PA
cortisone 25 mg tablet 25 mg	Non-PDL Generic	
DECADRON 0.5 MG TABLET 0.5 MG	Non-PDL Generic	
DECADRON 0.75 MG TABLET 0.75 MG	Non-PDL Generic	
DECADRON 4 MG TABLET 4 MG	Non-PDL Generic	
DECADRON 6 MG TABLET 6 MG	Non-PDL Generic	
dexamethasone 0.5 mg tablet 0.5 mg	Non-PDL Generic	
dexamethasone 0.5 mg tablet u-d, 10x10, blister 0.5 mg	Non-PDL Generic	
dexamethasone 0.5 mg/5 ml elx 0.5 mg/5 ml	Non-PDL Generic	
dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml	Non-PDL Generic	
dexamethasone 0.75 mg tablet 0.75 mg	Non-PDL Generic	
dexamethasone 0.75 mg tablet u-d, 10x10, blister 0.75 mg	Non-PDL Generic	
dexamethasone 1 mg tablet 1 mg	Non-PDL Generic	
dexamethasone 1.5 mg tablet 1.5 mg	Non-PDL Generic	
dexamethasone 10 day 1.5 mg tb 1.5 mg (35 tabs)	Non-PDL Generic	
dexamethasone 13 day 1.5 mg tb 1.5 mg (51 tabs)	Non-PDL Generic	
dexamethasone 2 mg tablet 2 mg	Non-PDL Generic	

Drug	Status	Notes
dexamethasone 4 mg tablet 4 mg	Non-PDL Generic	
dexamethasone 6 day 1.5 mg tab 1.5 mg (21 tabs)	Non-PDL Generic	
dexamethasone 6 mg tablet 6 mg	Non-PDL Generic	
HIDEX 6 DAY 1.5 MG TABLET 1.5 MG (21 TABS)	Non-PDL Generic	
hydrocortisone 10 mg tablet 10 mg	Non-PDL Generic	
hydrocortisone 20 mg tablet 20 mg	Non-PDL Generic	
hydrocortisone 20 mg tablet inner 20 mg	Non-PDL Generic	
hydrocortisone 20 mg tablet outer 20 mg	Non-PDL Generic	
hydrocortisone 5 mg tablet 5 mg	Non-PDL Generic	
MEDROL 2 MG TABLET 2 MG	Non-PDL Brand	
methylprednisolone 16 mg tab 16 mg	Non-PDL Generic	
methylprednisolone 32 mg tab 32 mg	Non-PDL Generic	
methylprednisolone 4 mg dosepk 4 mg	Non-PDL Generic	
methylprednisolone 4 mg dosepk dosepack 4 mg	Non-PDL Generic	
methylprednisolone 4 mg dosepk dosepak 4 mg	Non-PDL Generic	
methylprednisolone 4 mg dosepk u-u 4 mg	Non-PDL Generic	
methylprednisolone 4 mg tablet 4 mg	Non-PDL Generic	
methylprednisolone 4 mg tablet inner 4 mg	Non-PDL Generic	
methylprednisolone 4 mg tablet outer 4 mg	Non-PDL Generic	
methylprednisolone 8 mg tab 8 mg	Non-PDL Generic	
MILLIPRED 5 MG TABLET 5 MG	Non-PDL Brand	
MILLIPRED DP 5 MG 12-DAY PACK DOSE PACK, 12 DAY 5 MG (48 TABS)	Non-PDL Brand	
MILLIPRED DP 5 MG 6-DAY PACK DOSE PACK, 6 DAY 5 MG (21 TABS)	Non-PDL Brand	
prednisolone 10 mg/5 ml soln 10 mg/5 ml	Non-PDL Generic	
prednisolone 15 mg/5 ml soln 15 mg/5 ml	Non-PDL Generic	
prednisolone 15 mg/5 ml soln 15 mg/5 ml (5 ml)	Non-PDL Generic	
prednisolone 15 mg/5 ml soln a/f, d/f 15 mg/5 ml (3 mg/ml)	Non-PDL Generic	

Drug	Status	Notes
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	Non-PDL Generic	
prednisolone 5 mg/5 ml soln 5 mg base/5 ml (6.7 mg/5 ml)	Non-PDL Generic	
prednisolone 5 mg/5 ml soln a/f,d/f,s/f 5 mg base/5 ml (6.7 mg/5 ml)	Non-PDL Generic	
prednisolone odt 10 mg tablet 10 mg	Non-PDL Generic	
prednisolone odt 10 mg tablet 8x6, outer 10 mg	Non-PDL Generic	
prednisolone odt 10 mg tablet inner 10 mg	Non-PDL Generic	
prednisolone odt 15 mg tablet 15 mg	Non-PDL Generic	
prednisolone odt 15 mg tablet 8x6, outer 15 mg	Non-PDL Generic	
prednisolone odt 15 mg tablet inner 15 mg	Non-PDL Generic	
prednisolone odt 30 mg tablet 30 mg	Non-PDL Generic	
prednisolone odt 30 mg tablet 8x6, outer 30 mg	Non-PDL Generic	
prednisolone odt 30 mg tablet inner 30 mg	Non-PDL Generic	
prednisolone sod ph 25 mg/5 ml 25 mg/5 ml (5 mg/ml)	Non-PDL Generic	
prednisone 1 mg tablet 1 mg	Non-PDL Generic	
prednisone 1 mg tablet u-d, 10x10, blister 1 mg	Non-PDL Generic	
prednisone 10 mg tab dose pack 10 mg	Non-PDL Generic	
prednisone 10 mg tab dose pack dose pack 10 mg	Non-PDL Generic	
prednisone 10 mg tablet 10 mg	Non-PDL Generic	
prednisone 10 mg tablet inner 10 mg	Non-PDL Generic	
prednisone 10 mg tablet outer 10 mg	Non-PDL Generic	
prednisone 10 mg tablet u-d,10x10 10 mg	Non-PDL Generic	
prednisone 2.5 mg tablet 2.5 mg	Non-PDL Generic	
prednisone 20 mg tablet 20 mg	Non-PDL Generic	
prednisone 20 mg tablet inner 20 mg	Non-PDL Generic	
prednisone 20 mg tablet outer 20 mg	Non-PDL Generic	
prednisone 5 mg tab dose pack 5 mg	Non-PDL Generic	

Drug	Status	Notes
prednisone 5 mg tab dose pack dose-pack 5 mg	Non-PDL Generic	
prednisone 5 mg tablet 5 mg	Non-PDL Generic	
prednisone 5 mg tablet inner 5 mg	Non-PDL Generic	
prednisone 5 mg tablet outer 5 mg	Non-PDL Generic	
prednisone 5 mg tablet u-d, 10x10 5 mg	Non-PDL Generic	
prednisone 5 mg/5 ml solution 5 mg/5 ml	Non-PDL Generic	
prednisone 50 mg tablet 50 mg	Non-PDL Generic	
prednisone 50 mg tablet u-d, 10x10 50 mg	Non-PDL Generic	
PREDNISONE INTENSOL 5 MG/ML 5 MG/ML	Non-PDL Brand	
TAPERDEX 6 DAY 1.5 MG TABLET 1.5 MG (21 TABS)	Non-PDL Generic	
UCERIS 9 MG ER TABLET 9 MG	PDL Non-Preferred Brand	PA
Gold Salts		
RIDAURA 3 MG CAPSULE 3 MG	Non-PDL Brand	
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA 162 MG/0.9 ML SYRINGE 162 MG/0.9 ML	Non-PDL Brand	PA; SP
ACTEMRA ACTPEN 162 MG/0.9 ML 162 MG/0.9 ML	PDL Non-Preferred Brand	PA; SP
KEVZARA 150 MG/1.14 ML PEN INJ 150 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
KEVZARA 150 MG/1.14 ML SYRINGE 150 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
KEVZARA 200 MG/1.14 ML PEN INJ 200 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
KEVZARA 200 MG/1.14 ML SYRINGE 200 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
Janus Kinase (Jak) Inhibitors		
OLUMIANT 1 MG TABLET 1 MG	Non-PDL Brand	PA; SP
OLUMIANT 2 MG TABLET 2 MG	Non-PDL Brand	PA; SP
RINVOQ ER 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; SP
XELJANZ 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
XELJANZ 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; SP
XELJANZ XR 11 MG TABLET 11 MG	PDL Non-Preferred Brand	PA; SP
XELJANZ XR 22 MG TABLET 22 MG	PDL Non-Preferred Brand	PA; SP
Mineralocorticoids		
fludrocortisone 0.1 mg tablet 0.1 mg	Non-PDL Generic	

Drug	Status	Notes
fludrocortisone 0.1 mg tablet 10x10, u-d, inner 0.1 mg	Non-PDL Generic	
fludrocortisone 0.1 mg tablet 10x10, u-d, outer 0.1 mg	Non-PDL Generic	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA 45 MG/0.5 ML SYRINGE 45 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
STELARA 45 MG/0.5 ML VIAL SDV, P/F, LATEX-FREE 45 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
STELARA 90 MG/ML SYRINGE 90 MG/ML	PDL Non-Preferred Brand	PA; SP
Nsaid & Histamine H2 Receptor Antagonist Comb.		
DUEXIS 800-26.6 MG TABLET 800-26.6 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
VIMOVO DR 375-20 MG TABLET 375-20 MG	PDL Non-Preferred Brand	PA
VIMOVO DR 500-20 MG TABLET F/C 500-20 MG	PDL Non-Preferred Brand	PA
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
CELEBREX 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
CELEBREX 100 MG CAPSULE U-D,BLISTER PK 100 MG	PDL Non-Preferred Brand	PA
CELEBREX 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA
CELEBREX 200 MG CAPSULE U-D,BLISTER PK 200 MG	PDL Non-Preferred Brand	PA
CELEBREX 400 MG CAPSULE 400 MG	PDL Non-Preferred Brand	PA
CELEBREX 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA
celecoxib 100 mg capsule 100 mg	PDL Preferred Generic	
celecoxib 100 mg capsule inner 100 mg	PDL Preferred Generic	
celecoxib 100 mg capsule outer 100 mg	PDL Preferred Generic	
celecoxib 200 mg capsule 200 mg	PDL Preferred Generic	
celecoxib 200 mg capsule inner 200 mg	PDL Preferred Generic	
celecoxib 200 mg capsule outer 200 mg	PDL Preferred Generic	
celecoxib 400 mg capsule 400 mg	PDL Preferred Generic	
celecoxib 50 mg capsule 50 mg	PDL Preferred Generic	
Nsaids, Cyclooxygenase Inhibitor-Type		

Drug	Status	Notes
ADDAPRIN 200 MG TABLET 200 MG	Non-PDL Generic	
ADDAPRIN 200 MG TABLET INNER 200 MG	Non-PDL Generic	
ADDAPRIN 200 MG TABLET OUTER 200 MG	Non-PDL Generic	
ADVIL 200 MG CAPLET CAPLET 200 MG	Non-PDL Brand	
ADVIL 200 MG GEL CAPLET GEL CAPLET 200 MG	Non-PDL Brand	
ADVIL 200 MG TABLET 200 MG	Non-PDL Brand	
ADVIL 200 MG TABLET COATED 200 MG	Non-PDL Brand	
ADVIL 200 MG TABLET COATED, POCKET PACK 200 MG	Non-PDL Brand	
ADVIL JR STR 100 MG TAB CHEW 100 MG	Non-PDL Brand	
ALEVE 220 MG CAPLET 12 HOURS, CAPLET 220 MG	PDL Preferred Generic	
ALEVE 220 MG CAPLET 220 MG	Non-PDL Brand	
ALEVE 220 MG CAPLET 220 MG	PDL Preferred Generic	
ALEVE 220 MG CAPLET ARTHRITIS CAP 220 MG	PDL Preferred Generic	
ALEVE 220 MG GELCAP 220 MG	Non-PDL Brand	
ALEVE 220 MG GELCAP ARTHRITIS CAP 220 MG	PDL Preferred Generic	
ALEVE 220 MG TABLET 220 MG	Non-PDL Brand	
ALEVE 220 MG TABLET ALL DAY STRONG,12 HR 220 MG	PDL Preferred Generic	
ALEVE 220 MG TABLET ARTHRITIS CAP 220 MG	PDL Preferred Generic	
ALL DAY PAIN RELIEF 220 MG TAB 220 MG	PDL Preferred Generic	
ALL DAY PAIN RELIEF 220 MG TAB 8-12 HOUR RELIEF 220 MG	PDL Preferred Generic	
ALL DAY PAIN RELIEF 220 MG TAB GLUTEN-FREE, 12HR 220 MG	PDL Preferred Generic	
ALL DAY PAIN RLF 220 MG CAPLET 220 MG	PDL Preferred Generic	
ALL DAY PAIN RLF 220 MG CAPLET CAPLET 220 MG	PDL Preferred Generic	
ALL DAY PAIN RLF 220 MG CAPLET CAPLET, 12HR 220 MG	PDL Preferred Generic	
ALL DAY RELIEF 220 MG CAPLET CAPLET, GLUTEN-FREE 220 MG	PDL Preferred Generic	
ALL DAY RELIEF 220 MG TABLET GLUTEN-FREE 220 MG	PDL Preferred Generic	
CHILDREN IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F, BERRY 100 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
CHILDREN IBUPROFEN 100 MG/5 ML A/F, CHILDREN,DYE/F 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F, D/F 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F, DYE/FREE 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F, GLUTEN/F, BERRY 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F, GLUTEN/F, GRAPE 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F, GLUTEN-FREE 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F, GRAPE 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F,BUBBLE GUM 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F,D/F,BERRY 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F,D/F,BERRY,CHILD 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML A/F,GLUTEN/F,BUBBLE 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML BERRY FLAVOR 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML BUBBLEGUM, A/F 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML CHILDREN'S,A/F 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML D/F, A/F, BERRY 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML GRAPE, A/F 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML INNER 100 MG/5 ML	Non-PDL Generic	
CHILDREN IBUPROFEN 100 MG/5 ML OUTER 100 MG/5 ML	Non-PDL Generic	
CHILDREN'S ADVIL 100 MG/5 ML (OTC) 100 MG/5 ML	Non-PDL Brand	
CHILDREN'S ADVIL 100 MG/5 ML A/F (OTC) 100 MG/5 ML	Non-PDL Brand	
CHILDREN'S ADVIL 100 MG/5 ML A/F,D/F,WHITE GRAPE (OTC) 100 MG/5 ML	Non-PDL Brand	
CHILDREN'S ADVIL 100 MG/5 ML S/F,A/F,D/F,BERRY (OTC) 100 MG/5 ML	Non-PDL Brand	
CHILDREN'S MOTRIN 100 MG/5 ML 100 MG/5 ML	Non-PDL Brand	
CVS CHLD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	
CVS CHLD IBUPROFEN 100 MG/5 ML A/F 100 MG/5 ML	Non-PDL Generic	
cvs ibuprofen 200 mg caplet 200 mg	Non-PDL Generic	

Drug	Status	Notes
cvs ibuprofen 200 mg caplet caplet 200 mg	Non-PDL Generic	
cvs ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	
cvs ibuprofen 200 mg tablet coated 200 mg	Non-PDL Generic	
CVS IBUPROFEN JR STR 100 MG TB 100 MG	Non-PDL Generic	
CVS IBUPROFEN JR STR 100 MG TB CHEWABLE 100 MG	Non-PDL Generic	
CVS INF IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	
cvs naproxen sod 220 mg caplet caplet 220 mg	PDL Preferred Generic	
cvs naproxen sod 220 mg tablet 220 mg	PDL Preferred Generic	
cvs naproxen sodium 220 mg cap liquidgel 220 mg	PDL Preferred Generic	
cvs naproxen sodium 220 mg cap liquidgel, plus 10 220 mg	PDL Preferred Generic	
diclofenac pot 50 mg tablet 50 mg	PDL Preferred Generic	
diclofenac pot 50 mg tablet f/c 50 mg	PDL Preferred Generic	
diclofenac sod dr 25 mg tab 25 mg	PDL Preferred Generic	
diclofenac sod dr 50 mg tab 50 mg	PDL Preferred Generic	
diclofenac sod dr 75 mg tab 75 mg	PDL Preferred Generic	
diclofenac sod ec 25 mg tab 25 mg	PDL Preferred Generic	
diclofenac sod ec 50 mg tab 50 mg	PDL Preferred Generic	
diclofenac sod ec 50 mg tab u-d,inner,10x10 50 mg	PDL Preferred Generic	
diclofenac sod ec 50 mg tab u-d,outer,10x10 50 mg	PDL Preferred Generic	
diclofenac sod ec 75 mg tab 75 mg	PDL Preferred Generic	
diclofenac sod ec 75 mg tab u-d,inner,10x10 75 mg	PDL Preferred Generic	
diclofenac sod ec 75 mg tab u-d,outer,10x10 75 mg	PDL Preferred Generic	
diclofenac sod er 100 mg tab 100 mg	PDL Preferred Generic	
diclofenac sod er 100 mg tab f/c 100 mg	PDL Preferred Generic	
EC-NAPROXEN DR 375 MG TABLET 375 MG	PDL Preferred Generic	
EC-NAPROXEN DR 500 MG TABLET 500 MG	PDL Preferred Generic	

Drug	Status	Notes
EQ CHILD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	
EQ CHILD IBUPROFEN 100 MG/5 ML A/F 100 MG/5 ML	Non-PDL Generic	
EQ CHILD IBUPROFEN 100 MG/5 ML A/F, BERRY 100 MG/5 ML	Non-PDL Generic	
eq ibuprofen 200 mg caplet 200 mg	Non-PDL Generic	
eq ibuprofen 200 mg caplet caplet 200 mg	Non-PDL Generic	
eq ibuprofen 200 mg caplet coated caplet 200 mg	Non-PDL Generic	
eq ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	
eq ibuprofen 200 mg tablet coated 200 mg	Non-PDL Generic	
eq ibuprofen 200 mg tablet inner 200 mg	Non-PDL Generic	
eq ibuprofen 200 mg tablet outer 200 mg	Non-PDL Generic	
EQ IBUPROFEN JR STR 100 MG TAB 100 MG	Non-PDL Generic	
EQ INF IBUPROFEN 50 MG/1.25 ML A/F,D/F,BERRY 50 MG/1.25 ML	Non-PDL Generic	
eq naproxen sod 220 mg caplet 220 mg	PDL Preferred Generic	
eq naproxen sod 220 mg caplet caplet 220 mg	PDL Preferred Generic	
eq naproxen sod 220 mg tablet 220 mg	PDL Preferred Generic	
eq naproxen sodium 220 mg cap liquidgel 220 mg	PDL Preferred Generic	
EQL CHLD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	
eql ibuprofen 200 mg caplet 200 mg	Non-PDL Generic	
eql ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	
EQL IBUPROFEN JR 100 MG TB CHW 100 MG	Non-PDL Generic	
EQL INF IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	
eql naproxen sod 220 mg caplet 220 mg	PDL Preferred Generic	
eql naproxen sod 220 mg tablet 220 mg	PDL Preferred Generic	
eql naproxen sodium 220 mg cap 220 mg	PDL Preferred Generic	
etodolac 200 mg capsule 200 mg	Non-PDL Generic	
etodolac 300 mg capsule 300 mg	Non-PDL Generic	

Drug	Status	Notes
etodolac 400 mg tablet 400 mg	Non-PDL Generic	
etodolac 400 mg tablet f/c 400 mg	Non-PDL Generic	
etodolac 400 mg tablet f/c, inner 400 mg	Non-PDL Generic	
etodolac 400 mg tablet f/c, outer 400 mg	Non-PDL Generic	
etodolac 500 mg tablet 500 mg	Non-PDL Generic	
etodolac 500 mg tablet f/c 500 mg	Non-PDL Generic	
etodolac er 400 mg tablet 400 mg	Non-PDL Generic	
etodolac er 400 mg tablet f/c 400 mg	Non-PDL Generic	
etodolac er 500 mg tablet 500 mg	Non-PDL Generic	
etodolac er 500 mg tablet f/c 500 mg	Non-PDL Generic	
etodolac er 600 mg tablet 600 mg	Non-PDL Generic	
etodolac er 600 mg tablet f/c 600 mg	Non-PDL Generic	
fenoprofen 200 mg capsule 200 mg	PDL Non-Preferred Generic	PA
fenoprofen 400 mg capsule 400 mg	PDL Non-Preferred Generic	PA
fenoprofen 600 mg tablet 600 mg	PDL Non-Preferred Generic	PA
FLANAX 220 MG TABLET 220 MG	PDL Preferred Generic	
flurbiprofen 100 mg tablet 100 mg	PDL Preferred Generic	
GNP ALL DAY PAIN RLF 220 MG TB CAPLET 220 MG	PDL Preferred Generic	
GNP CHLD IBUPROFEN 100 MG/5 ML A/F 100 MG/5 ML	Non-PDL Generic	
GNP CHLD IBUPROFEN 100 MG/5 ML A/F, D/F 100 MG/5 ML	Non-PDL Generic	
gnp ibuprofen 200 mg caplet caplet 200 mg	Non-PDL Generic	
gnp ibuprofen 200 mg caplet coated caplet 200 mg	Non-PDL Generic	
gnp ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	
gnp ibuprofen 200 mg tablet coated 200 mg	Non-PDL Generic	

Drug	Status	Notes
GNP IBUPROFEN JR STR 100 MG TB 100 MG	Non-PDL Generic	
GNP IBUPROFEN JR STR 100 MG TB CHEWABLE TABLET 100 MG	Non-PDL Generic	
GNP INFANT IBUPROFEN SUSP DROP D/F,A/F,NON-STAINING 50 MG/1.25 ML	Non-PDL Generic	
gnp naproxen sod 220 mg caplet 220 mg	PDL Preferred Generic	
gnp naproxen sod 220 mg caplet caplet 220 mg	PDL Preferred Generic	
gnp naproxen sod 220 mg tablet 220 mg	PDL Preferred Generic	
gnp naproxen sod 220 mg tablet caplet 220 mg	PDL Preferred Generic	
gnp naproxen sodium 220 mg cap 220 mg	PDL Preferred Generic	
gnp naproxen sodium 220 mg cap liquidgels 220 mg	PDL Preferred Generic	
GS CHILD IBUPROFEN 100 MG/5 ML D/F,A/F,BERRY FLAVOR 100 MG/5 ML	Non-PDL Generic	
gs ibuprofen 200 mg caplet 200 mg	Non-PDL Generic	
gs ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	
gs naproxen sod 220 mg caplet 220 mg	PDL Preferred Generic	
gs naproxen sod 220 mg tablet 220 mg	PDL Preferred Generic	
gs naproxen sodium 220 mg tab 220 mg	PDL Preferred Generic	
HM CHILD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	
HM CHILD IBUPROFEN 100 MG/5 ML A/F, BERRY 100 MG/5 ML	Non-PDL Generic	
HM CHILD IBUPROFEN 100 MG/5 ML A/F, BUBBLE GUM 100 MG/5 ML	Non-PDL Generic	
HM CHILD IBUPROFEN 100 MG/5 ML A/F, GRAPE 100 MG/5 ML	Non-PDL Generic	
HM CHILD IBUPROFEN 100 MG/5 ML A/F,GLUTEN/F,BERRY 100 MG/5 ML	Non-PDL Generic	
hm ibuprofen 200 mg caplet 200 mg	Non-PDL Generic	
hm ibuprofen 200 mg caplet caplet 200 mg	Non-PDL Generic	
hm ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	
hm ibuprofen 200 mg tablet coated,gluten-free 200 mg	Non-PDL Generic	
HM IBUPROFEN IB 100 MG CHEW TB 100 MG	Non-PDL Generic	
HM IBUPROFEN IB 200 MG CAPLET COATED, GLUTEN-FREE 200 MG	Non-PDL Generic	

Drug	Status	Notes
HM IBUPROFEN IB 200 MG TABLET COATED. GLUTEN-FREE 200 MG	Non-PDL Generic	
HM IBUPROFEN JR STR 100 MG CHW 100 MG	Non-PDL Generic	
HM INF IBUPROFEN 50 MG/1.25 ML A/F, BERRY FLAVOR 50 MG/1.25 ML	Non-PDL Generic	
HM INF IBUPROFEN 50 MG/1.25 ML D/F,A/F,BERRY FLAVOR 50 MG/1.25 ML	Non-PDL Generic	
hm naproxen sod 220 mg caplet caplet, gluten-free 220 mg	PDL Preferred Generic	
hm naproxen sodium 220 mg cap 220 mg	PDL Preferred Generic	
hm naproxen sodium 220 mg cap liquidgel 220 mg	PDL Preferred Generic	
IBU 400 MG TABLET 400 MG	PDL Preferred Generic	
IBU 600 MG TABLET 600 MG	PDL Preferred Generic	
IBU 800 MG TABLET 800 MG	PDL Preferred Generic	
IBU-200 200 MG TABLET 200 MG	Non-PDL Generic	
ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml	Non-PDL Generic	
ibuprofen 100 mg/5 ml susp (rx) 100 mg/5 ml	Non-PDL Generic	
ibuprofen 100 mg/5 ml susp a/f, children's (otc) 100 mg/5 ml	Non-PDL Generic	
ibuprofen 100 mg/5 ml susp a/f,children's (otc) 100 mg/5 ml	Non-PDL Generic	
ibuprofen 100 mg/5 ml susp inner (rx) 100 mg/5 ml	Non-PDL Generic	
ibuprofen 100 mg/5 ml susp outer (rx) 100 mg/5 ml	Non-PDL Generic	
ibuprofen 100 mg/5 ml susp rx only (rx) 100 mg/5 ml	Non-PDL Generic	
ibuprofen 200 mg caplet 200 mg	Non-PDL Generic	
ibuprofen 200 mg caplet caplet 200 mg	Non-PDL Generic	
ibuprofen 200 mg caplet caplet, coated 200 mg	Non-PDL Generic	
ibuprofen 200 mg caplet coated caplet 200 mg	Non-PDL Generic	
ibuprofen 200 mg caplet f/c, caplet 200 mg	Non-PDL Generic	
ibuprofen 200 mg caplet f/c,caplet 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet 125's 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	

Drug	Status	Notes
ibuprofen 200 mg tablet 250's 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet 50's 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet coated 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet coated caplet 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet dye-free 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet f/c 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet f/c, d/f, color/f 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet f/c,d/f 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet s/c 200 mg	Non-PDL Generic	
ibuprofen 200 mg tablet u-d 200 mg	Non-PDL Generic	
ibuprofen 400 mg tablet 400 mg	PDL Preferred Generic	
ibuprofen 400 mg tablet f/c 400 mg	PDL Preferred Generic	
ibuprofen 400 mg tablet f/c, inner 400 mg	PDL Preferred Generic	
ibuprofen 400 mg tablet f/c, outer 400 mg	PDL Preferred Generic	
ibuprofen 400 mg tablet u-d,f/c,10x10 400 mg	PDL Preferred Generic	
ibuprofen 600 mg tablet 600 mg	PDL Preferred Generic	
ibuprofen 600 mg tablet f/c 600 mg	PDL Preferred Generic	
ibuprofen 600 mg tablet f/c, 10x10 600 mg	PDL Preferred Generic	
ibuprofen 600 mg tablet f/c, 25x30 600 mg	PDL Preferred Generic	
ibuprofen 600 mg tablet u-d, 10x10 600 mg	PDL Preferred Generic	
ibuprofen 800 mg tablet 800 mg	PDL Preferred Generic	
ibuprofen 800 mg tablet f/c 800 mg	PDL Preferred Generic	
ibuprofen 800 mg tablet u-d, 10x10 800 mg	PDL Preferred Generic	
IBUPROFEN JR STR 100 MG CHEW 100 MG	Non-PDL Generic	
IBUPROFEN JR STR 100 MG CHEW CHEWABLE TABLET 100 MG	Non-PDL Generic	
ibuprofen jr str 100 mg tb chw 100 mg	Non-PDL Generic	

Drug	Status	Notes
IBUPROFEN JR STR 100 MG TB CHW 100 MG	Non-PDL Generic	
IBUPROFEN JR STR 100 MG TB CHW GLUTEN-FREE 100 MG	Non-PDL Generic	
IBUPROFEN JR STR 100 MG TB CHW JR STR,GRAPE,TB CHEW 100 MG	Non-PDL Generic	
IBUPROFEN JR STR 100 MG TB CHW TAB CHEW,ORANGE 100 MG	Non-PDL Generic	
INDOCIN 25 MG/5 ML SUSPENSION 25 MG/5 ML	Non-PDL Brand	
indomethacin 20 mg capsule 20 mg	PDL Preferred Generic	QL (3 EA per 1 day)
indomethacin 25 mg capsule 25 mg	PDL Preferred Generic	
indomethacin 50 mg capsule 50 mg	PDL Preferred Generic	
indomethacin er 75 mg capsule 75 mg	Non-PDL Generic	
indomethacin er 75 mg capsule inner 75 mg	Non-PDL Generic	
indomethacin er 75 mg capsule outer 75 mg	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML A/F 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML A/F, BERRY 50 MG/1.25 ML	Non-PDL Generic	
infant ibuprofen 50 mg/1.25 ml a/f, d/f 50 mg/1.25 ml	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML A/F, D/F, BERRY 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML A/F, GLUTEN/F, BERRY 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML A/F, GLUTEN-FREE 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML A/F,BERRY,INFANT 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML A/F,D/F,BERRY,INFANT 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML A/F,INFANT 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML D/F, A/F, W/SYRINGE 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML D/F,A/F,BERRY 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML D/F,A/F,BERRY FLAVOR 50 MG/1.25 ML	Non-PDL Generic	
INFANT IBUPROFEN 50 MG/1.25 ML D/F,A/F,NON-STAINING 50 MG/1.25 ML	Non-PDL Generic	
INFANTS' ADVIL 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	

Drug	Status	Notes
INFANT'S MOTRIN 50 MG/1.25 ML BERRY FLAVOR 50 MG/1.25 ML	Non-PDL Generic	
INFANTS' MOTRIN 50 MG/1.25 ML D/F, BERRY FLAVOR 50 MG/1.25 ML	Non-PDL Brand	
I-PRIN 200 MG TABLET U-D, 100'S 200 MG	Non-PDL Generic	
I-PRIN 200 MG TABLET U-D, 250'S 200 MG	Non-PDL Generic	
I-PRIN 200 MG TABLET U-D, 2X12 200 MG	Non-PDL Generic	
I-PRIN 200 MG TABLET U-D,3'S,F/C 200 MG	Non-PDL Generic	
ketoprofen 25 mg capsule 25 mg	PDL Preferred Generic	
ketoprofen 50 mg capsule 50 mg	PDL Preferred Generic	
ketoprofen 75 mg capsule 75 mg	PDL Preferred Generic	
ketoprofen er 200 mg capsule 200 mg	PDL Preferred Generic	
ketorolac 10 mg tablet 10 mg	PDL Preferred Generic	QL (20 EA per 5 days)
ketorolac 10 mg tablet f/c 10 mg	PDL Preferred Generic	QL (20 EA per 5 days)
ketorolac 15 mg/ml carpuject sdv, l/f 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml isecure syr sdv, l/f 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml syringe suv 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial inner, l/f, p/f, sdv 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial l/f, p/f, suv, inner 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial l/f, p/f, suv, outer 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial latex-free, p/f, sdv 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial latex-free, sdv 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial latex-free, suv 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial outer, l/f, p/f, sdv 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial sdv,10's 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial sdv,25's,latex-free 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial sdv,25's,p/f,outer 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial sdv,p/f,inner 15 mg/ml	Non-PDL Generic	

Drug	Status	Notes
ketorolac 15 mg/ml vial suv,latex-free,inner 15 mg/ml	Non-PDL Generic	
ketorolac 15 mg/ml vial suv,latex-free,outer 15 mg/ml	Non-PDL Generic	
ketorolac 30 mg/ml carpuject sdv, l/f, inner 30 mg/ml	Non-PDL Generic	
ketorolac 30 mg/ml carpuject sdv, l/f, outer 30 mg/ml	Non-PDL Generic	
ketorolac 30 mg/ml vial inner, l/f, p/f, sdv 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial inner, l/f, suv 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial l/f, p/f, suv, inner 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial l/f, p/f, suv, outer 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial latex-free, p/f, sdv 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial latex-free, sdv 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial latex-free, suv 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial outer, l/f, p/f, sdv 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial outer, l/f, suv 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial sdv,10's 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial sdv,25's,latex-free 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial sdv,25's,p/f,outer 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial sdv,p/f,inner 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial suv,latex-free,inner 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 30 mg/ml vial suv,latex-free,outer 30 mg/ml (1 ml)	Non-PDL Generic	
ketorolac 300 mg/10 ml vial 30 mg/ml	Non-PDL Generic	
ketorolac 60 mg/2 ml carpuject sdv,latex-free,inner 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml carpuject sdv,latex-free,outer 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial (cmpd-rx) suv, p/f, latex-free 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial 25's,fliptop 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial inner, l/f, suv 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial l/f, p/f, inner, sdv 60 mg/2 ml	Non-PDL Generic	

Drug	Status	Notes
ketorolac 60 mg/2 ml vial l/f, p/f, outer, sdv 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial l/f, p/f, suv, inner 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial l/f, p/f, suv, outer 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial latex-free, p/f, sdv 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial latex-free, sdv 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial latex-free, suv 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial outer, l/f, suv 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial sdv, 25's,latex-free 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial sdv,10's 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial suv,latex-free,inner 60 mg/2 ml	Non-PDL Generic	
ketorolac 60 mg/2 ml vial suv,latex-free,outer 60 mg/2 ml	Non-PDL Generic	
KRO ALL DAY RLF 220 MG CAPLET CAPLET, GLUTEN-FREE 220 MG	PDL Preferred Generic	
KRO CHLD IBUPROFEN 100 MG/5 ML A/F, D/F, BERRY 100 MG/5 ML	Non-PDL Generic	
KRO CHLD IBUPROFEN 100 MG/5 ML A/F, GLUTEN/F, GRAPE 100 MG/5 ML	Non-PDL Generic	
KRO CHLD IBUPROFEN 100 MG/5 ML A/F, GLUTEN-F, BERRY 100 MG/5 ML	Non-PDL Generic	
KRO CHLD IBUPROFEN 100 MG/5 ML A/F, GLUTEN-F, GRAPE 100 MG/5 ML	Non-PDL Generic	
KRO CHLD IBUPROFEN 100 MG/5 ML A/F, GLUTEN-FREE 100 MG/5 ML	Non-PDL Generic	
KRO CHLD IBUPROFEN 100 MG/5 ML A/F,GLUTEN/F,BERRY 100 MG/5 ML	Non-PDL Generic	
KRO CHLD IBUPROFEN 100 MG/5 ML BUBBLE,A/F,GLUTEN/F 100 MG/5 ML	Non-PDL Generic	
KRO CHLD IBUPROFEN 100 MG/5 ML D/F,A/F,GLUTEN FREE 100 MG/5 ML	Non-PDL Generic	
kro ibuprofen 200 mg caplet 200 mg	Non-PDL Generic	
kro ibuprofen 200 mg caplet gluten-f,coated cplt 200 mg	Non-PDL Generic	
kro ibuprofen 200 mg caplet gluten-free, coated 200 mg	Non-PDL Generic	
kro ibuprofen 200 mg tablet gluten free, coated 200 mg	Non-PDL Generic	
KRO IBUPROFEN JR STR 100 MG TB 100 MG	Non-PDL Generic	
KRO IBUPROFEN JR STR 100 MG TB TAB CHEW,GLUTEN-FREE 100 MG	Non-PDL Generic	

Drug	Status	Notes
kro naproxen sod 220 mg caplet caplet 220 mg	PDL Preferred Generic	
kro naproxen sod 220 mg caplet caplet, gluten-free 220 mg	PDL Preferred Generic	
meclofenamate 100 mg capsule 100 mg	Non-PDL Generic	
meclofenamate 50 mg capsule 50 mg	Non-PDL Generic	
MEDIPROXEN TABLET INNER, F/C 220 MG	PDL Preferred Generic	
MEDIPROXEN TABLET OUTER, F/C 220 MG	PDL Preferred Generic	
MEDIPROXEN TABLET U-D, 50'S 220 MG	PDL Preferred Generic	
mefenamic acid 250 mg capsule 250 mg	PDL Non-Preferred Generic	PA
meloxicam 15 mg tablet 15 mg	PDL Preferred Generic	
meloxicam 15 mg tablet u-d,10x10,inner 15 mg	PDL Preferred Generic	
meloxicam 15 mg tablet u-d,10x10,outer 15 mg	PDL Preferred Generic	
meloxicam 7.5 mg tablet 7.5 mg	PDL Preferred Generic	
meloxicam 7.5 mg tablet u-d,10x10,inner 7.5 mg	PDL Preferred Generic	
meloxicam 7.5 mg tablet u-d,10x10,outer 7.5 mg	PDL Preferred Generic	
MOBIC 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA
MOBIC 7.5 MG TABLET 7.5 MG	PDL Non-Preferred Brand	PA
MOTRIN IB 200 MG CAPLET 200 MG	Non-PDL Brand	
MOTRIN IB 200 MG CAPLET 50'S, COATED CAPLET 200 MG	Non-PDL Brand	
MOTRIN IB 200 MG CAPLET CAPLET 200 MG	Non-PDL Brand	
nabumetone 500 mg tablet 500 mg	PDL Preferred Generic	
nabumetone 500 mg tablet f/c 500 mg	PDL Preferred Generic	
nabumetone 750 mg tablet 750 mg	PDL Preferred Generic	
nabumetone 750 mg tablet f/c 750 mg	PDL Preferred Generic	
naproxen 125 mg/5 ml suspen 125 mg/5 ml	PDL Preferred Generic	
naproxen 250 mg tablet 250 mg	PDL Preferred Generic	
naproxen 375 mg tablet 375 mg	PDL Preferred Generic	

Drug	Status	Notes
naproxen 500 mg kit outer,w/ez pill cup 500 mg	PDL Preferred Generic	
naproxen 500 mg tablet 500 mg	PDL Preferred Generic	
naproxen 500 mg tablet inner,w/ez pill cup 500 mg	PDL Preferred Generic	
naproxen dr 375 mg tablet 375 mg	PDL Preferred Generic	
naproxen dr 500 mg tablet 500 mg	PDL Preferred Generic	
naproxen dr 500 mg tablet enteric coated 500 mg	PDL Preferred Generic	
naproxen sod cr 500 mg tablet f/c 500 mg	Non-PDL Generic	
naproxen sod er 500 mg tablet 500mg naproxen base 500 mg	Non-PDL Generic	
naproxen sodium 220 mg caplet 220 mg	PDL Preferred Generic	
naproxen sodium 220 mg caplet caplet 220 mg	PDL Preferred Generic	
naproxen sodium 220 mg caplet cplt, 8-12 hr relief 220 mg	PDL Preferred Generic	
naproxen sodium 220 mg capsule 220 mg	PDL Preferred Generic	
naproxen sodium 220 mg capsule liquidgel 220 mg	PDL Preferred Generic	
naproxen sodium 220 mg capsule liquidgels 220 mg	PDL Preferred Generic	
naproxen sodium 220 mg tablet 220 mg	PDL Preferred Generic	
naproxen sodium 220 mg tablet caplet 220 mg	PDL Preferred Generic	
naproxen sodium 275 mg tab 275 mg	PDL Preferred Generic	
naproxen sodium 275 mg tab f/c 275 mg	PDL Preferred Generic	
naproxen sodium 550 mg tab 550 mg	PDL Preferred Generic	
naproxen sodium 550 mg tab f/c 550 mg	PDL Preferred Generic	
oxaprozin 600 mg caplet caplet, f/c 600 mg	PDL Non-Preferred Generic	PA
oxaprozin 600 mg tablet 600 mg	PDL Non-Preferred Generic	PA
oxaprozin 600 mg tablet f/c 600 mg	PDL Non-Preferred Generic	PA
oxaprozin 600 mg tablet film-coated 600 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
piroxicam 10 mg capsule 10 mg	Non-PDL Generic	
piroxicam 20 mg capsule 20 mg	Non-PDL Generic	
PUB ALL DAY RELIEF 220 MG TAB 220 MG	PDL Preferred Generic	
PUB ALL DAY RLF 220 MG CAPLET CAPLET 220 MG	PDL Preferred Generic	
PUB CHILDREN'S PROFEN IB SUSP BERRY FLAVOR, A/F 100 MG/5 ML	Non-PDL Generic	
PUB CHILDREN'S PROFENIB SUSP BUBBLE GUM FLAVOR 100 MG/5 ML	Non-PDL Generic	
pub ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	
PUB IBUPROFEN JR 100 MG CHEW 100 MG	Non-PDL Generic	
PUB INFANTS PROFENIB DROPS 50 MG/1.25 ML	Non-PDL Generic	
pub naproxen sod 220 mg tablet 220 mg	PDL Preferred Generic	
QC CHILD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	
qc ibuprofen 200 mg caplet 200 mg	Non-PDL Generic	
qc ibuprofen 200 mg caplet caplet 200 mg	Non-PDL Generic	
qc ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	
qc ibuprofen 200 mg tablet coated 200 mg	Non-PDL Generic	
QC IBUPROFEN IB 200 MG CAPLET CAPLET 200 MG	Non-PDL Generic	
QC IBUPROFEN IB 200 MG TABLET 200 MG	Non-PDL Generic	
QC INF IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	
qc naproxen sod 220 mg tablet 220 mg	PDL Preferred Generic	
RA CHILD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	
RA CHILD IBUPROFEN 100 MG/5 ML A/F 100 MG/5 ML	Non-PDL Generic	
RA CHILD IBUPROFEN 100 MG/5 ML A/F, BUBBLEGUM 100 MG/5 ML	Non-PDL Generic	
RA CHILD IBUPROFEN 100 MG/5 ML A/F,GLUTEN/F,BERRY 100 MG/5 ML	Non-PDL Generic	
RA CHILD IBUPROFEN 100 MG/5 ML A/F,GLUTEN/F,GRAPE 100 MG/5 ML	Non-PDL Generic	
RA CHILD IBUPROFEN 100 MG/5 ML A/F,GLUTN/F,BUBBLEGM 100 MG/5 ML	Non-PDL Generic	
RA CHILD IBUPROFEN 100 MG/5 ML D/F, BERRY FLAVOR 100 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
ra ibuprofen 100 mg/5 ml susp a/f (otc) 100 mg/5 ml	Non-PDL Generic	
ra ibuprofen 100 mg/5 ml susp children's, a/f (otc) 100 mg/5 ml	Non-PDL Generic	
ra ibuprofen 200 mg caplet 200 mg	Non-PDL Generic	
ra ibuprofen 200 mg caplet caplet 200 mg	Non-PDL Generic	
ra ibuprofen 200 mg caplet coated caplet 200 mg	Non-PDL Generic	
ra ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	
ra ibuprofen 200 mg tablet coated 200 mg	Non-PDL Generic	
ra ibuprofen 200 mg tablet coated, pain relief 200 mg	Non-PDL Generic	
ra ibuprofen 200 mg tablet easy to swallow 200 mg	Non-PDL Generic	
ra ibuprofen 200 mg tablet f/c 200 mg	Non-PDL Generic	
RA IBUPROFEN JR STR 100 MG CHW CHEWABLE 100 MG	Non-PDL Generic	
RA INFANT IBUPROFEN SUSP DROP A/F, D/F, BERRY 50 MG/1.25 ML	Non-PDL Generic	
ra naproxen sod 220 mg tablet 220 mg	PDL Preferred Generic	
ra naproxen sod 220 mg tablet caplet 220 mg	PDL Preferred Generic	
ra naproxen sodium 220 mg cap liquidgel 220 mg	PDL Preferred Generic	
SM ALL DAY RELIEF 220 MG CAPLT CAPLET 220 MG	PDL Preferred Generic	
SM ALL DAY RELIEF 220 MG CAPLT CAPLET 220 MG	PDL Preferred Generic	
SM ALL DAY RELIEF 220 MG TAB 220 MG	PDL Preferred Generic	
sm ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml	Non-PDL Generic	
sm ibuprofen 100 mg/5 ml susp a/f (otc) 100 mg/5 ml	Non-PDL Generic	
sm ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml	Non-PDL Generic	
sm ibuprofen 200 mg caplet caplet 200 mg	Non-PDL Generic	
sm ibuprofen 200 mg tablet 200 mg	Non-PDL Generic	
sm ibuprofen 200 mg tablet coated, free+50 200 mg	Non-PDL Generic	
SM IBUPROFEN IB 100 MG CHEW TB 100 MG	Non-PDL Generic	
sm ibuprofen ib 100 mg tablet junior strength 100 mg	Non-PDL Generic	

Drug	Status	Notes
sm ibuprofen ib 200 mg caplet caplet 200 mg	Non-PDL Generic	
SM IBUPROFEN IB 200 MG CAPLET CAPLET 200 MG	Non-PDL Generic	
SM IBUPROFEN IB 200 MG CAPLET CAPLET, GLUTEN-FREE 200 MG	Non-PDL Generic	
SM IBUPROFEN IB 200 MG TABLET 200 MG	Non-PDL Generic	
SM IBUPROFEN IB 200 MG TABLET COATED 200 MG	Non-PDL Generic	
SM INFANT IBUPROFEN SUSP DROP 50 MG/1.25 ML	Non-PDL Generic	
SM INFANT IBUPROFEN SUSP DROP A/F, D/F 50 MG/1.25 ML	Non-PDL Generic	
SM INFANT IBUPROFEN SUSP DROP W/DROPPER 50 MG/1.25 ML	Non-PDL Generic	
sm naproxen sod 220 mg caplet gluten free, caplet 220 mg	PDL Preferred Generic	
sm naproxen sod 220 mg tablet gluten free 220 mg	PDL Preferred Generic	
sm naproxen sodium 220 mg cap liquidgel 220 mg	PDL Preferred Generic	
sulindac 150 mg tablet 150 mg	PDL Preferred Generic	
sulindac 200 mg tablet 200 mg	PDL Preferred Generic	
sulindac 200 mg tablet u-d,10x10,inner 200 mg	PDL Preferred Generic	
sulindac 200 mg tablet u-d,10x10,outer 200 mg	PDL Preferred Generic	
tolmetin sodium 200 mg tab 200 mg	Non-PDL Generic	
tolmetin sodium 400 mg cap 400 mg	Non-PDL Generic	
tolmetin sodium 600 mg tab 600 mg	Non-PDL Generic	
WAL-PROFEN 200 MG CAPLET F/C, CAPLET 200 MG	Non-PDL Generic	
WAL-PROFEN 200 MG CAPLET F/C,CAPLET 200 MG	Non-PDL Generic	
WAL-PROFEN 200 MG TABLET F/C 200 MG	Non-PDL Generic	
WAL-PROFEN 200 MG TABLET F/C,TWIN PACK BONUS 200 MG	Non-PDL Generic	
WAL-PROXEN 220 MG CAPLET 220 MG	PDL Preferred Generic	
WAL-PROXEN 220 MG TABLET 220 MG	PDL Preferred Generic	
ZIPSOR 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
ZORVOLEX 18 MG CAPSULE 18 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)

Drug	Status	Notes
ZORVOLEX 35 MG CAPSULE 35 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Local Anesthesia		
Local Anesthetics		
GLYDO 2% JELLY SYRINGE 2 %	Non-PDL Generic	
LIDOCAINE 2% VISCOUS SOLN 2 %	Non-PDL Generic	
LIDOCAINE 2% VISCOUS SOLN INNER 2 %	Non-PDL Generic	
LIDOCAINE 2% VISCOUS SOLN OUTER 2 %	Non-PDL Generic	
lidocaine hcl 2% jel urojet ac uro-jet ac, p/f, suv 2 %	Non-PDL Generic	
lidocaine hcl 2% jelly inner 2 %	Non-PDL Generic	
lidocaine hcl 2% jelly outer 2 %	Non-PDL Generic	
lidocaine hcl 2% jelly uro-jet uro-jet, p/f, suv 2 %	Non-PDL Generic	
lidocaine hcl 2% jelly uro-jet uro-jet,p/f, suv 2 %	Non-PDL Generic	
lidocaine hcl 2% jelly uro-jet uro-jet,single use 2 %	Non-PDL Generic	
lidocaine hcl 2% jelly w/applicator cone 2 %	Non-PDL Generic	
lidocaine hcl 4% solution 4 % (40 mg/ml)	Non-PDL Generic	
Lower Gastrointestinal Disorders Bowel Inflammat		
Bowel Antiinflamatory Agents		
sulfadiazine 500 mg tablet 500 mg	Non-PDL Generic	
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx		
CANASA 1,000 MG SUPPOSITORY INNER 1,000 MG	PDL Preferred Brand	
CANASA 1,000 MG SUPPOSITORY OUTER 1,000 MG	PDL Preferred Brand	
mesalamine 1,000 mg supp 1,000 mg	PDL Non-Preferred Generic	PA
mesalamine 1,000 mg supp inner 1,000 mg	PDL Non-Preferred Generic	PA
mesalamine 1,000 mg supp outer 1,000 mg	PDL Non-Preferred Generic	PA
mesalamine 4 gm/60 ml enema inner 4 gram/60 ml	PDL Preferred Generic	
mesalamine 4 gm/60 ml enema outer 4 gram/60 ml	PDL Preferred Generic	

Drug	Status	Notes
mesalamine 4 gm/60 ml enema u-d, inner 4 gram/60 ml	PDL Preferred Generic	
mesalamine 4 gm/60 ml enema u-d,28x60ml 4 gram/60 ml	PDL Preferred Generic	
mesalamine 4 gm/60 ml enema u-d,7x60ml, outer 4 gram/60 ml	PDL Preferred Generic	
mesalamine 4 gm/60 ml kit 28x60ml plus wipes 4 gram/60 ml	PDL Preferred Generic	
mesalamine 4 gm/60 ml kit 4 gram/60 ml	PDL Preferred Generic	
mesalamine 4 gm/60 ml kit 7x60ml 4 gram/60 ml	PDL Preferred Generic	
mesalamine 4 gm/60 ml kit 7x60ml plus wipes 4 gram/60 ml	PDL Preferred Generic	
ROWASA 4 GM/60 ML ENEMA INNER 4 GRAM/60 ML	PDL Non-Preferred Brand	PA
ROWASA 4 GM/60 ML ENEMA KIT OUTER 4 GRAM/60 ML	PDL Non-Preferred Brand	PA
SFROWASA 4 GM/60 ML ENEMA 4 GRAM/60 ML	PDL Non-Preferred Brand	PA
SFROWASA 4 GM/60 ML ENEMA INNER 4 GRAM/60 ML	PDL Non-Preferred Brand	PA
SFROWASA 4 GM/60 ML ENEMA OUTER 4 GRAM/60 ML	PDL Non-Preferred Brand	PA
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat		
APRISO ER 0.375 GRAM CAPSULE 0.375 GRAM	PDL Non-Preferred Brand	PA
ASACOL HD DR 800 MG TABLET 800 MG	PDL Non-Preferred Brand	PA
AZULFIDINE 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA
AZULFIDINE ENTAB 500 MG 500 MG	PDL Non-Preferred Brand	PA
balsalazide disodium 750 mg cp 750 mg	PDL Preferred Generic	
COLAZAL 750 MG CAPSULE 750 MG	PDL Non-Preferred Brand	PA
DELZICOL DR 400 MG CAPSULE 400 MG	PDL Preferred Brand	
DIPENTUM 250 MG CAPSULE 250 MG	PDL Non-Preferred Brand	PA
LIALDA DR 1.2 GM TABLET F/C 1.2 GRAM	PDL Non-Preferred Brand	PA
LIALDA DR 1.2 GM TABLET FEDERAL SUPPLY 1.2 GRAM	PDL Non-Preferred Brand	PA
LIALDA DR 1.2 GM TABLET SAMPLE 1.2 GRAM	PDL Non-Preferred Brand	PA
mesalamine 800 mg dr tablet 800 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
mesalamine dr 1.2 gm tablet 1.2 gram	PDL Non-Preferred Generic	PA
mesalamine dr 400 mg capsule 400 mg	PDL Non-Preferred Generic	PA
mesalamine er 0.375 gram cap 0.375 gram	Non-PDL Generic	
PENTASA 250 MG CAPSULE 250 MG	PDL Preferred Brand	
PENTASA 500 MG CAPSULE 500 MG	PDL Preferred Brand	
sulfasalazine 500 mg tablet 500 mg	PDL Preferred Generic	
sulfasalazine dr 500 mg tab 500 mg	PDL Preferred Generic	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth		
ANA-LEX 2-2% KIT 2-2 %	Non-PDL Generic	
ANALPRAM HC 2.5%-1% CREAM 2.5-1 %	Non-PDL Brand	
hydrocort-pramoxine 1%-1% crm 1-1 %	Non-PDL Generic	
hydrocort-pramoxine 2.5%-1% cm inner 2.5-1 % (4g)	Non-PDL Generic	
hydrocort-pramoxine 2.5%-1% cm singles 12x4gm tube 2.5-1 % (4g)	Non-PDL Generic	
hydrocort-pramoxine 2.5%-1% cm singles 30x4gm tube 2.5-1 % (4g)	Non-PDL Generic	
hydrocort-pramoxine 2.5-1% crm 2.5-1 %	Non-PDL Generic	
lidocaine-hc 2.8-0.55% gel 2.8-0.55 %	Non-PDL Generic	
lidocaine-hc 3-0.5% cream 14 applicators 3-0.5 %	Non-PDL Generic	
lidocaine-hc 3-0.5% cream inner 3-0.5 %	Non-PDL Generic	
lidocaine-hc 3-0.5% cream kit 20 tubes/app,wipes 3-0.5 %	Non-PDL Generic	
lidocaine-hc 3-1% cream kit 20 tubes/appl,wipes 3-1 % (7 gram)	Non-PDL Generic	
lidocaine-hc 3-2.5% gel kit 20 single-use, outer 3-2.5 % (7 gram)	Non-PDL Generic	
lidocaine-hc 3-2.5% gel kit 20 tubes/app, wipes 3-2.5 % (7 gram)	Non-PDL Generic	
lidocaine-hydrocortisone 3-2.5% gel 3 %-2.5 % (7 gram)	Non-PDL Generic	
PROCTOFOAM-HC 1%-1% FOAM 1-1 %	Non-PDL Brand	
Hemorrhoidal Preparations		
CVS HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	

Drug	Status	Notes
CVS HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	
EQ HEMORRHOIDAL OINTMENT 0.25-14-71.9 %, 0.25-14-74.9 %	Non-PDL Generic	
EQL HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	
EQL HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	
GNP HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	
GS HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	
GS HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	
HEMORRHOIDAL COOLING GEL 0.25-50 %	Non-PDL Generic	
HEMORRHOIDAL COOLING GEL COOLING RELIEF 0.25-50 %	Non-PDL Generic	
HEMORRHOIDAL OINTMENT	Non-PDL Generic	
HEMORRHOIDAL OINTMENT	Non-PDL Generic	
HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	
HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	
HM HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	
MAJOR-PREP HEMORRHOIDAL OINT 0.25-14-74.9 %	Non-PDL Generic	
PREPARATION H SUPPOSITORY 0.25-88.44 %	Non-PDL Generic	
PUB HEMORRHOIDAL OINTMENT	Non-PDL Generic	
PUB HEMORRHOIDAL SUPPOSITORIES 0.25-3 %	Non-PDL Generic	
QC HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	
QC HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	
RA HEMORRHOIDAL H SUPP	Non-PDL Generic	
RA HEMORRHOIDAL OINTMENT	Non-PDL Generic	
SM HEMORRHOIDAL COOLING GEL 0.25-50 %	Non-PDL Generic	
SM HEMORRHOIDAL OINTMENT	Non-PDL Generic	
SM HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	
SM HEMORRHOIDAL SUPPOSITORY 0.25 %	Non-PDL Generic	

Drug	Status	Notes
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
LINZESS 145 MCG CAPSULE 145 MCG	Non-PDL Brand	QL (1 EA per 1 day)
LINZESS 290 MCG CAPSULE 290 MCG	Non-PDL Brand	QL (1 EA per 1 day)
LINZESS 72 MCG CAPSULE 72 MCG	Non-PDL Brand	QL (1 EA per 1 day)
Rectal Preparations		
ANUCORT-HC 25 MG SUPPOSITORY 25 MG	Non-PDL Generic	
ANUCORT-HC 25 MG SUPPOSITORY INNER 25 MG	Non-PDL Generic	
ANUCORT-HC 25 MG SUPPOSITORY OUTER 25 MG	Non-PDL Generic	
hydrocortisone ac 25 mg supp 25 mg	Non-PDL Generic	
hydrocortisone ac 25 mg supp inner 25 mg	Non-PDL Generic	
hydrocortisone ac 25 mg supp outer 25 mg	Non-PDL Generic	
hydrocortisone ac 30 mg supp 30 mg	Non-PDL Generic	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
hydrocortisone 100 mg/60 ml inner 100 mg/60 ml	Non-PDL Generic	
hydrocortisone 100 mg/60 ml outer 100 mg/60 ml	Non-PDL Generic	
UCERIS 2 MG RECTAL FOAM INNER 2 MG/ACTUATION	PDL Non-Preferred Brand	PA
UCERIS 2 MG RECTAL FOAM OUTER 2 MG/ACTUATION	PDL Non-Preferred Brand	PA
Lower Gastrointestinal Disorders Other		
Ammonia Inhibitors		
ENULOSE 10 GM/15 ML SOLUTION 10 GRAM/15 ML	Non-PDL Generic	
GENERLAC 10 GM/15 ML SOLUTION 10 GRAM/15 ML	Non-PDL Generic	
lactulose 10 gm/15 ml solution 10 gram/15 ml	Non-PDL Generic	
sodium phenylbutyrate 500 mg tb 500 mg	Non-PDL Generic	PA; SP
sodium phenylbutyrate powder 0.94 gram/gram	Non-PDL Generic	PA; SP
Antidiarrheals		
ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	
ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	
ANTI-DIARRHEAL 2 MG CAPLET CAPLET,EZ OPEN 2 MG	Non-PDL Generic	
ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	Non-PDL Generic	
ANTI-DIARRHEAL 2 MG SOFTGEL SOFTGEL 2 MG	Non-PDL Generic	

Drug	Status	Notes
ANTI-DIARRHEAL 2 MG TABLET 2 MG	Non-PDL Generic	
BISMATROL 525 MG/15 ML SUSP 525 MG/15 ML	Non-PDL Generic	
BISMATROL 525 MG/30 ML SUSP 262 MG/15 ML	Non-PDL Generic	
BISMATROL TABLET CHEW 262 MG	Non-PDL Generic	
bismuth 262 mg tablet chew 262 mg	Non-PDL Generic	
BISMUTH 262 MG TABLET CHEW 262 MG	Non-PDL Generic	
CVS ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	
CVS ANTI-DIARRHEAL 2 MG SFTGEL 2 MG	Non-PDL Generic	
CVS ANTI-DIARRHEAL SUSPENSION 262 MG/15 ML	Non-PDL Generic	
CVS BISMUTH CHEWABLE TABLET 262 MG	Non-PDL Generic	
CVS STOMACH RELF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	
CVS STOMACH RELIEF MAX STR LIQ 525 MG/15 ML	Non-PDL Generic	
CVS STOMACH RLF 262 MG CAPLET 262 MG	Non-PDL Generic	
CVS STOMACH RLF 262 MG CHEW TB CHERRY 262 MG	Non-PDL Generic	
DIAMODE 2 MG TABLET 6'S,MICROFILM COATED 2 MG	Non-PDL Generic	
DIAMODE 2 MG TABLET INNER, F/C 2 MG	Non-PDL Generic	
DIAMODE 2 MG TABLET OUTER, F/C 2 MG	Non-PDL Generic	
DIAMODE 2 MG TABLET U-D,50'S,F/C 2 MG	Non-PDL Generic	
DIARRHEA RELIEF 262 MG/15 ML VANILLA 262 MG/15 ML	Non-PDL Generic	
DIARRHEA RELIEF 262 MG/15 ML VANILLA FLAVOR 262 MG/15 ML	Non-PDL Generic	
DIARRHEA RELIEF SUSPENSION 262 MG/15 ML	Non-PDL Generic	
DIGESTIVE RELIEF CAPLET 262 MG	Non-PDL Generic	
DIGESTIVE RELIEF SUSPENSION 262 MG/15 ML	Non-PDL Generic	
DIOTAME 262 MG TABLET CHEW INNER 262 MG	Non-PDL Generic	
DIOTAME 262 MG TABLET CHEW OUTER 262 MG	Non-PDL Generic	
diphenoxylate-atropine 2.5-0.025 mg tablet 2.5-0.025 mg	Non-PDL Generic	

Drug	Status	Notes
diphenoxylate-atropine 2.5-0.025 mg tablet u-d, 10x10, inner 2.5-0.025 mg	Non-PDL Generic	
diphenoxylate-atropine 2.5-0.025 mg tablet u-d, outer, 10x10 2.5-0.025 mg	Non-PDL Generic	
diphenoxylate-atropine 2.5-0.025 mg/5 ml liquid w/dropper 2.5-0.025 mg/5 ml	Non-PDL Generic	
EQ ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	
EQ ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	
EQ ANTI-DIARRHEAL 2 MG SFTGEL 2 MG	Non-PDL Generic	
EQ STOMACH RELIEF 262 MG/15 ML 262 MG/15 ML	Non-PDL Generic	
EQ STOMACH RELIEF 262 MG/15 ML REGULAR STRENGTH 262 MG/15 ML	Non-PDL Generic	
EQ STOMACH RELIEF 525 MG/15 ML MAXIMUM STRENGTH 525 MG/15 ML	Non-PDL Generic	
EQ STOMACH RLF 262 MG CHEW TAB 262 MG	Non-PDL Generic	
EQL ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	
EQL STOMACH RELIEF LIQUID 525 MG/15 ML	Non-PDL Generic	
EQL STOMACH RLF 262 MG CHEW TB 262 MG	Non-PDL Generic	
EQL STOMACH RLF 262 MG/15 ML CHERRY 262 MG/15 ML	Non-PDL Generic	
EQL STOMACH RLF 525 MG/15 ML 525 MG/15 ML	Non-PDL Generic	
EQL STOMACH RLF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	
GERI-PECTATE 262 MG/15 ML SUSP 262 MG/15 ML	Non-PDL Generic	
GNP ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	
GNP ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	
GNP ANTI-DIARRHEAL 2 MG SFTGEL SOFTGEL 2 MG	Non-PDL Generic	
GNP K-PEC SUSPENSION 262 MG/15 ML	Non-PDL Generic	
GNP PINK BISMUTH 262 MG/15 ML REGULAR STRENGTH 262 MG/15 ML	Non-PDL Generic	
GNP PINK BISMUTH CAPLET CAPLET 262 MG	Non-PDL Generic	
GNP PINK BISMUTH MAX-STR SUSP MAXIMUM STRENGTH 525 MG/15 ML	Non-PDL Generic	
GNP PINK BISMUTH TABLET CHEW 262 MG	Non-PDL Generic	
GNP STOMACH RLF 262 MG/15 ML ORIGINAL STRENGTH 262 MG/15 ML	Non-PDL Generic	

Drug	Status	Notes
GS ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	
GS STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	
GS STOMACH RLF 262 MG CHEW TAB 262 MG	Non-PDL Generic	
GS STOMACH RLF 262 MG CHEW TAB GLUTEN-FREE 262 MG	Non-PDL Generic	
HM ANTI-DIARRHEAL 2 MG CAPLET CAPLET, GLUTEN-FREE 2 MG	Non-PDL Generic	
hm loperamide 2 mg softgel softgel (otc) 2 mg	Non-PDL Generic	
HM STOMACH RELIEF 262 MG/15 ML ORIGINAL, REG STR 262 MG/15 ML	Non-PDL Generic	
HM STOMACH RELIEF 525 MG/15 ML 525 MG/15 ML	Non-PDL Generic	
HM STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	
HM STOMACH RLF 262 MG CHEW TAB 262 MG	Non-PDL Generic	
IMODIUM A-D 2 MG SOFTGEL 2 MG	Non-PDL Generic	
KAOPECTATE 262 MG/15 ML SUSP 262 MG/15 ML	Non-PDL Generic	
KAOPECTATE 262 MG/15 ML SUSP CHERRY 262 MG/15 ML	Non-PDL Generic	
KAOPECTATE 262 MG/15 ML SUSP PEPPERMINT 262 MG/15 ML	Non-PDL Generic	
KAOPECTATE 262 MG/15 ML SUSP VANILLA FLAVOR 262 MG/15 ML	Non-PDL Generic	
KAOPECTATE EXTRA STRENGTH LIQ PEPPERMINT 525 MG/15 ML	Non-PDL Generic	
K-PEC SUSPENSION 262 MG/15 ML	Non-PDL Generic	
KRO ANTI-DIARRHEAL 2 MG CAPLET CAPLET, GLUTEN FREE 2 MG	Non-PDL Generic	
KRO ANTI-DIARRHEAL 2 MG CAPLET CAPLET, GLUTEN-FREE 2 MG	Non-PDL Generic	
KRO STOMACH RLF 262 MG CHEW TB GLUTEN-FREE 262 MG	Non-PDL Generic	
KRO STOMACH RLF 262 MG/15 ML GLUTEN FREE,ORIGINAL 262 MG/15 ML	Non-PDL Generic	
loperamide 2 mg caplet caplet 2 mg	Non-PDL Generic	
loperamide 2 mg capsule (rx) 2 mg	Non-PDL Generic	
loperamide 2 mg capsule u-d, 10x10, inner (rx) 2 mg	Non-PDL Generic	
loperamide 2 mg capsule u-d,10x10,outer (rx) 2 mg	Non-PDL Generic	
loperamide 2 mg tablet 2 mg	Non-PDL Generic	

Drug	Status	Notes
MEDI-FIRST PEP-T-MED TAB CHEW 262 MG	Non-PDL Generic	
opium tincture 10 mg/ml 10 mg/ml (morphine)	Non-PDL Generic	
PEPTIC RELIEF 262 MG CHEW TAB 262 MG	Non-PDL Generic	
PEPTO-BISMOL 525 MG/30 ML SUSP 262 MG/15 ML	Non-PDL Brand	
PEPTO-BISMOL 525 MG/30 ML SUSP CHERRY 262 MG/15 ML	Non-PDL Brand	
PEPTO-BISMOL MAX STR SUSP MAX-STR, CHERRY 525 MG/15 ML	Non-PDL Brand	
PEPTO-BISMOL MAX STR SUSP MAX-STRENGTH 525 MG/15 ML	Non-PDL Brand	
PEPTO-BISMOL SUSPENSION TWIN PACK 262 MG/15 ML	Non-PDL Brand	
PEPTO-BISMOL TABLET CHEW 262 MG	Non-PDL Brand	
PEPTO-BISMOL TABLET CHEW INSTACOOL 262 MG	Non-PDL Brand	
PEPTO-BISMOL TABLET CHEW S/F 262 MG	Non-PDL Brand	
PEPTO-BISMOL TO-GO 262 MG CHEW 2X12, CHERRY FLAVOR 262 MG	Non-PDL Brand	
PEPTO-BISMOL TO-GO 262 MG CHEW 2X12,CHERRY FLAVOR 262 MG	Non-PDL Brand	
PEPTO-BISMOL TO-GO 262 MG CHEW CHERRY FLAVOR 262 MG	Non-PDL Brand	
PINK BISMUTH 262 MG/15 ML SUSP 262 MG/15 ML	Non-PDL Generic	
PINK BISMUTH 262 MG/15 ML SUSP REGULAR STRENGTH 262 MG/15 ML	Non-PDL Generic	
PINK BISMUTH CAPLET CAPLET 262 MG	Non-PDL Generic	
PINK BISMUTH MAX-STR SUSP MAXIMUM STRENGTH 525 MG/15 ML	Non-PDL Generic	
PINK BISMUTH TABLET CHEW 262 MG	Non-PDL Generic	
PUB PINK BISMUTH MAX STR LIQ 525 MG/15 ML	Non-PDL Generic	
PUB STOMACH RLF 262 MG CHEW TB CHEWABLE 262 MG	Non-PDL Generic	
PUB STOMACH RLF 262 MG/15 ML ORIGINAL FORMULA 262 MG/15 ML	Non-PDL Generic	
QC ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	
QC ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	
QC ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	Non-PDL Generic	
QC DIARRHEA RLF 262 MG/15 ML VANILLA REG FLAVOR 262 MG/15 ML	Non-PDL Generic	
QC PINK BISMUTH 262 MG CAPLET CAPLET 262 MG	Non-PDL Generic	

Drug	Status	Notes
QC PINK BISMUTH TABLET CHEW 262 MG	Non-PDL Generic	
RA ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	
RA ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	Non-PDL Generic	
RA PINK BISMUTH 262 MG/15 ML S/F 262 MG/15 ML	Non-PDL Generic	
RA PINK BISMUTH CAPLET CAPLET,S/F 262 MG	Non-PDL Generic	
RA PINK BISMUTH TABLET CHEW NA/F, S/F 262 MG	Non-PDL Generic	
RA STOMACH RELIEF 262 MG/15 ML REG STRENGTH 262 MG/15 ML	Non-PDL Generic	
RA STOMACH RELIEF MAX STR LIQ MAX STRENGTH 525 MG/15 ML	Non-PDL Generic	
SM ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	
SM ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	
SM ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	Non-PDL Generic	
SM ANTI-DIARRHEAL 2 MG SOFTGEL EASY TO SWALLOW,SFGL 2 MG	Non-PDL Generic	
SM STOMACH RELIEF 262 MG/15 ML 262 MG/15 ML	Non-PDL Generic	
SM STOMACH RELIEF 262 MG/15 ML REGULAR STRENGTH 262 MG/15 ML	Non-PDL Generic	
SM STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	
SM STOMACH RELIEF CAPLET 262 MG	Non-PDL Generic	
SM STOMACH RELIEF LIQUID MAXIMUM STRENGTH 525 MG/15 ML	Non-PDL Generic	
SM STOMACH RELIEF LIQUID MAX-STRENGTH 525 MG/15 ML	Non-PDL Generic	
SM STOMACH RELIEF MAX STR LIQ MAXIMUM STRENGTH 525 MG/15 ML	Non-PDL Generic	
SM STOMACH RLF 262 MG CHEW TAB 262 MG	Non-PDL Generic	
SOOTHE 262 MG CAPLET CAPLET 262 MG	Non-PDL Generic	
SOOTHE 262 MG CHEWABLE TABLET 262 MG	Non-PDL Generic	
SOOTHE 262 MG/15 ML SUSPENSION S/F 262 MG/15 ML	Non-PDL Generic	
SOOTHE 262 MG/15 ML SUSPENSION S/F, CHERRY 262 MG/15 ML	Non-PDL Generic	
SOOTHE 262 MG/15 ML SUSPENSION S/F, ORIGINAL 262 MG/15 ML	Non-PDL Generic	
SOOTHE 262 MG/15 ML SUSPENSION S/F,CHERRY 262 MG/15 ML	Non-PDL Generic	

Drug	Status	Notes
SOOTHE 525 MG/30 ML SUSPENSION 262 MG/15 ML	Non-PDL Generic	
SOOTHE REGULAR STRENGTH SUSP S/F 262 MG/15 ML	Non-PDL Generic	
SOOTHE SUSPENSION S/F 262 MG/15 ML	Non-PDL Generic	
STOMACH RELIEF 262 MG CHEW TAB 262 MG	Non-PDL Generic	
STOMACH RELIEF 262 MG/15 ML ORIGINAL STRENGTH 262 MG/15 ML	Non-PDL Generic	
STOMACH RELIEF 525 MG/15 ML 525 MG/15 ML	Non-PDL Generic	
STOMACH RELIEF MAX STR LIQUID MAX. STRENGTH 525 MG/15 ML	Non-PDL Generic	
STOMACH RELIEF MAX STR LIQUID MAX-STRENGTH 525 MG/15 ML	Non-PDL Generic	
STOMACH RLF 262 MG/15 ML SUSP ORIGINAL STRENGTH 262 MG/15 ML	Non-PDL Generic	
STOMACH RLF 525 MG/30 ML SUSP 262 MG/15 ML	Non-PDL Generic	
ULTRA A-D 2 MG CAPLET 2 MG	Non-PDL Generic	
Bile Salts		
ursodiol 250 mg tablet 250 mg	Non-PDL Generic	
ursodiol 250 mg tablet f/c 250 mg	Non-PDL Generic	
ursodiol 300 mg capsule 300 mg	Non-PDL Generic	
ursodiol 300 mg capsule inner 300 mg	Non-PDL Generic	
ursodiol 300 mg capsule outer 300 mg	Non-PDL Generic	
ursodiol 500 mg tablet 500 mg	Non-PDL Generic	
Laxatives And Cathartics		
ALOPHEN PILLS 5 MG	Non-PDL Generic	
AMITIZA 24 MCG CAPSULES 24 MCG	Non-PDL Brand	QL (2 EA per 1 day)
AMITIZA 8 MCG CAPSULE 8 MCG	Non-PDL Brand	QL (2 EA per 1 day)
bisacodyl ec 5 mg tablet 5 mg	Non-PDL Generic	
bisacodyl ec 5 mg tablet usp 5 mg	Non-PDL Generic	
BISA-LAX EC 5 MG TABLET 5 MG	Non-PDL Generic	
calcium polycarbophil 625 mg 625 mg	Non-PDL Generic	
castor oil 100 %	Non-PDL Generic	
castor oil stimulant laxative 100 %	Non-PDL Generic	

Drug	Status	Notes
castor oil usp (rx)	Non-PDL Generic	
castor oil usp 100 %	Non-PDL Generic	
CITRATE OF MAGNESIA SOLN	Non-PDL Generic	
CITROMA SOLUTION	Non-PDL Generic	
CITRUCEL 500 MG CAPLET 500 MG	Non-PDL Brand	
CITRUCEL POWDER	Non-PDL Brand	
CITRUCEL POWDER S-F S/F	Non-PDL Brand	
CITRUCEL POWDER S-F S/F, ORANGE	Non-PDL Brand	
CLEARLAX POWDER 14 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	
CLEARLAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
CLEARLAX POWDER 7 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
CLEARLAX POWDER PACKET 17 GRAM	Non-PDL Generic	
CLENPIQ SOLUTION INNER 10 MG-3.5 GRAM -12 GRAM/160 ML	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
CLENPIQ SOLUTION OUTER 10 MG-3.5 GRAM -12 GRAM/160 ML	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
CLENPIQ SOLUTION SAMPLE 10 MG-3.5 GRAM -12 GRAM/160 ML	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
COLACE 100 MG CAPSULE 100 MG	Non-PDL Brand	
COLACE CLEAR 50 MG SOFTGEL 50 MG	Non-PDL Brand	
COLACE-T 100 MG CAPSULE 100 MG	Non-PDL Brand	
COL-RITE 250 MG SOFTGEL 250 MG	Non-PDL Generic	
CONSTULOSE 10 GM/15 ML SOLN 10 GRAM/15 ML	Non-PDL Generic	
cvs bisacodyl ec 5 mg tablet 5 mg	Non-PDL Generic	
cvs castor oil 100 %	Non-PDL Generic	
cvs citrate of magnesia soln	Non-PDL Generic	
CVS C-LAX LAXATIVE EC 5 MG TAB 5 MG	Non-PDL Generic	
CVS DAILY FIBER 0.52 GRAM CAP 0.52 GRAM	Non-PDL Generic	
CVS FIBER 0.52 G CAPSULE 0.52 GRAM	Non-PDL Generic	
CVS FIBER LAXATIVE 625 MG CPLT CAPLET 625 MG	Non-PDL Generic	

Drug	Status	Notes
CVS FIBER THERAPY 500 MG CAPLT SOLUBLE, CAPLET 500 MG	Non-PDL Generic	
CVS FIBER THERAPY CAPSULE 0.52 GRAM	Non-PDL Generic	
CVS GENTLE LAXATIVE EC 5 MG TB 5 MG	Non-PDL Generic	
CVS GENTLE LAXATIVE EC 5 MG TB COMFORT COATED 5 MG	Non-PDL Generic	
cvs magnesium citrate soln	Non-PDL Generic	
CVS MILK OF MAGNESIA SUSP 400 MG/5 ML	Non-PDL Generic	
CVS MILK OF MAGNESIA SUSP S/F,STIMULANT FREE 400 MG/5 ML	Non-PDL Generic	
CVS MILK OF MAGNESIA SUSP STIMULANT FREE 400 MG/5 ML	Non-PDL Generic	
cvs mineral oil	Non-PDL Generic	
CVS NATURAL DAILY FIBER POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	
CVS NATURAL DAILY FIBER POWDER 3.4 GRAM/7 GRAM	Non-PDL Generic	
CVS PURELAX POWDER 17 GRAM/DOSE	Non-PDL Generic	
CVS PURELAX POWDER PACKET S/F, 10 DAILY DOSES 17 GRAM	Non-PDL Generic	
CVS SENNA LAXATIVE 8.6 MG TAB 8.6 MG	Non-PDL Generic	
CVS SENNA PLUS TABLET 8.6-50 MG	Non-PDL Generic	
CVS STOOL SOFTENER 100 MG CAP 100 MG	Non-PDL Generic	
CVS STOOL SOFTENER 100 MG SFTG 100 MG	Non-PDL Generic	
CVS STOOL SOFTENER 100 MG SFTG SOFTGEL 100 MG	Non-PDL Generic	
CVS STOOL SOFTENER 250 MG SFGL 250 MG	Non-PDL Generic	
CVS STOOL SOFTENER 50 MG SOFTGEL 50 MG	Non-PDL Generic	
CVS STOOL SOFTENER-LAXATIVE TB 8.6-50 MG	Non-PDL Generic	
CVS STOOL SOFTENER-STIM LAX TB 8.6-50 MG	Non-PDL Generic	
CVS WOMEN'S GENTLE LAX EC 5 MG 5 MG	Non-PDL Generic	
DAILY FIBER CAPSULE 0.4 GRAM	Non-PDL Generic	
DIOCTO 50 MG/5 ML LIQUID 50 MG/5 ML	Non-PDL Generic	
DIOCTO 60 MG/15 ML SYRUP 60 MG/15 ML	Non-PDL Generic	

Drug	Status	Notes
DIOCTYL 60 MG/15 ML SYRUP 60 MG/15 ML	Non-PDL Generic	
DOCU LIQUID 50 MG/5 ML 50 MG/5 ML	Non-PDL Generic	
docusate sod 60 mg/15 ml syrp 60 mg/15 ml	Non-PDL Generic	
docusate sodium 100 mg capsule 100 mg	Non-PDL Generic	
docusate sodium 100 mg capsule u-d,10x10,softgel 100 mg	Non-PDL Generic	
docusate sodium 100 mg capsule u-d,25x30,softgel 100 mg	Non-PDL Generic	
docusate sodium 100 mg softgel 100 mg	Non-PDL Generic	
docusate sodium 100 mg softgel inner, softgel 100 mg	Non-PDL Generic	
docusate sodium 100 mg softgel outer, softgel 100 mg	Non-PDL Generic	
docusate sodium 100 mg softgel softgel 100 mg	Non-PDL Generic	
docusate sodium 100 mg softgel u-d, softgel 100 mg	Non-PDL Generic	
docusate sodium 100 mg softgel u-d,softgel 100 mg	Non-PDL Generic	
docusate sodium 250 mg capsule 250 mg	Non-PDL Generic	
docusate sodium 250 mg capsule u-d,softgel 250 mg	Non-PDL Generic	
docusate sodium 250 mg softgel 250 mg	Non-PDL Generic	
docusate sodium 250 mg softgel softgel 250 mg	Non-PDL Generic	
docusate sodium 250 mg softgel u-d, softgel 250 mg	Non-PDL Generic	
docusate sodium 50 mg/5 ml liq 100's, u-d 50 mg/5 ml	Non-PDL Generic	
docusate sodium 50 mg/5 ml liq 50 mg/5 ml	Non-PDL Generic	
DOCUZEN 8.6-50 MG TABLET 8.6-50 MG	Non-PDL Generic	
DOK 100 MG SOFTGEL SOFTGEL 100 MG	Non-PDL Generic	
DSS 250 MG SOFTGEL 250 MG	Non-PDL Generic	
DULCOEASE 100 MG SOFTGEL 100 MG	Non-PDL Generic	
DULCOLAX EC 5 MG TABLET 5 MG	Non-PDL Brand	
DULCOLAX SS 100 MG SOFTGEL 100 MG	Non-PDL Generic	
EQ CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	

Drug	Status	Notes
EQ CLEARLAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
EQ DAILY FIBER 0.52 GRAM CAP 0.52 GRAM	Non-PDL Generic	
EQ DAILY FIBER LAXATIVE POWDER 3.4 GRAM/12 GRAM	Non-PDL Generic	
EQ FIBER THERAPY 0.52 GRAM CAP 0.52 GRAM	Non-PDL Generic	
EQ FIBER THERAPY 625 MG CAPLET 625 MG	Non-PDL Generic	
EQ FIBER THERAPY CAPLET 500 MG	Non-PDL Generic	
EQ FIBER THERAPY POWDER	Non-PDL Generic	
EQ GENTLE LAXATIVE DR 5 MG TAB COMFORT COATED 5 MG	Non-PDL Generic	
eq magnesium citrate solution	Non-PDL Generic	
eq magnesium citrate solution s/f	Non-PDL Generic	
eq magnesium citrate solution s/f, cherry	Non-PDL Generic	
EQ MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	
eq mineral oil odorless	Non-PDL Generic	
EQ NATURAL FIBER LAXATIVE POWD S/F,SMOOTH TEXTURE	Non-PDL Generic	
EQ NATURAL LAXATIVE 8.6 MG TAB 8.6 MG	Non-PDL Generic	
EQ SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	
EQ STOOL SOFTENER 100 MG SFTGL 100 MG	Non-PDL Generic	
EQ STOOL SOFTENER 100 MG SFTGL SOFTGEL 100 MG	Non-PDL Generic	
EQ STOOL SOFTENER-STIM LAX TAB 8.6-50 MG	Non-PDL Generic	
EQ VEGETABLE LAXATIVE TABLET 8.6 MG	Non-PDL Generic	
EQ WOMEN'S LAXATIVE 5 MG TAB 5 MG	Non-PDL Generic	
eql castor oil 100 %	Non-PDL Generic	
EQL CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	
EQL FIBER LAXATIVE 625 MG CPLT CAPLET 625 MG	Non-PDL Generic	
EQL FIBER THERAPY 500 MG CPLT CAPLET 500 MG	Non-PDL Generic	
EQL FIBER THERAPY POWDER (OTC) 3.4 GRAM/12 GRAM	Non-PDL Generic	

Drug	Status	Notes
EQL FIBER THERAPY POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	
EQL FIBER THERAPY POWDER 3.4 GRAM/7 GRAM	Non-PDL Generic	
EQL GENTLE LAXATIVE EC 5 MG TB 5 MG	Non-PDL Generic	
eql magnesium citrate solution	Non-PDL Generic	
EQL MILK OF MAGNESIA SUSP 400 MG/5 ML	Non-PDL Generic	
EQL NATURAL FIBER LAXATIVE CAP 0.52 GRAM	Non-PDL Generic	
EQL SENNA LAXATIVE 8.6 MG TAB 8.6 MG	Non-PDL Generic	
EQL SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	
EQL STOOL SOFTENER 100 MG SFGL 100 MG	Non-PDL Generic	
EQL STOOL SOFTENER 100 MG SFGL SOFTGEL 100 MG	Non-PDL Generic	
EQL STOOL SOFTENER-STIM LAX TB 8.6-50 MG	Non-PDL Generic	
EVAC-U-GEN 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
FIBER 0.52 GRAM CAPSULE 0.52 GRAM	Non-PDL Generic	
FIBER LAX 625 MG CAPLET 625 MG	Non-PDL Generic	
FIBER LAXATIVE 625 MG CAPLET 625 MG	Non-PDL Generic	
FIBER LAXATIVE 625 MG CAPLET CAPLET 625 MG	Non-PDL Generic	
FIBER LAXATIVE 625 MG TABLET 625 MG	Non-PDL Generic	
FIBER LAXATIVE 625 MG TABLET INNER 625 MG	Non-PDL Generic	
FIBER LAXATIVE 625 MG TABLET OUTER 625 MG	Non-PDL Generic	
FIBER TABLET UNBOXED 625 MG	Non-PDL Generic	
FIBER TABS 625 MG	Non-PDL Generic	
FIBER THERAPY 500 MG CAPLET CAPLET 500 MG	Non-PDL Generic	
FIBER THERAPY 625 MG CAPLET 625 MG	Non-PDL Generic	
FIBER THERAPY CAPLET CAPLET 500 MG	Non-PDL Generic	
FIBER THERAPY POWDER (OTC) 3.4 GRAM/12 GRAM	Non-PDL Generic	
FIBER THERAPY POWDER 2 GRAM/19 GRAM	Non-PDL Generic	

Drug	Status	Notes
FIBER THERAPY POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	
FIBERCON 625 MG CAPLET 625 MG	Non-PDL Brand	
FIBER-LAX CAPTABS 500MG POLYCARBOPHIL 625 MG	Non-PDL Generic	
FLEET BISACODYL EC 5 MG TAB 5 MG	Non-PDL Generic	
GAVILYTE-C SOLUTION 240-22.72-6.72 -5.84 GRAM	Non-PDL Generic	$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-G SOLUTION 236-22.74-6.74 -5.86 GRAM	Non-PDL Generic	$0 COPAY IF AGE 50-75 YEARS
GAVILYTE-N SOLUTION 420 GRAM	Non-PDL Generic	$0 COPAY IF AGE 50-75 YEARS
GENTLE LAXATIVE 5 MG TABLET 5 MG	Non-PDL Generic	
GENTLE LAXATIVE 5 MG TABLET ENTERIC COATED 5 MG	Non-PDL Generic	
GENTLE LAXATIVE EC 5 MG TABLET 5 MG	Non-PDL Generic	
GENTLE LAXATIVE EC 5 MG TABLET EASY TO SWALLOW,NA/F 5 MG	Non-PDL Generic	
GENTLELAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
GERI-KOT 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
GERI-MUCIL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	Non-PDL Generic	
GERI-MUCIL POWDER 3.4 GRAM/5.4 GRAM	Non-PDL Generic	
GERI-MUCIL POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	
GLYCOLAX POWDER 15 DOSES (OTC) 17 GRAM/DOSE	Non-PDL Generic	
GLYCOLAX POWDER 31 DOSES (OTC) 17 GRAM/DOSE	Non-PDL Generic	
GLYCOLAX POWDER 7 DOSES (OTC) 17 GRAM/DOSE	Non-PDL Generic	
GNP BISA-LAX EC 5 MG TABLET 5 MG	Non-PDL Generic	
gnp castor oil 100 %	Non-PDL Generic	
gnp castor oil usp 100 %	Non-PDL Generic	
GNP CITRATE OF MAGNESIA SOLN	Non-PDL Generic	
GNP CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	
GNP CLEARLAX POWDER PACKET 17 GRAM	Non-PDL Generic	
GNP FIBER TABS 625 MG	Non-PDL Generic	

Drug	Status	Notes
GNP FIBER THERAPY 500 MG CAPLT CAPLET 500 MG	Non-PDL Generic	
GNP GENTLE LAXATIVE EC 5 MG TB 5 MG	Non-PDL Generic	
GNP LAXATIVE EC 5 MG TABLET 5 MG	Non-PDL Generic	
GNP MILK OF MAGNESIA SUSP 400 MG/5 ML	Non-PDL Generic	
GNP MILK OF MAGNESIA SUSP MINT 400 MG/5 ML	Non-PDL Generic	
GNP MILK OF MAGNESIA SUSP REGULAR 400 MG/5 ML	Non-PDL Generic	
gnp mineral oil	Non-PDL Generic	
GNP NATURAL FIBER LAXATIVE CAP 0.52 GRAM	Non-PDL Generic	
GNP NATURAL FIBER POWDER REGULAR 3.4 GRAM/7 GRAM	Non-PDL Generic	
GNP NATURAL FIBER POWDER S/F,SMOOTH TEXTURE	Non-PDL Generic	
GNP NATURAL FIBER POWDER SMOOTH TEXTURE	Non-PDL Generic	
GNP SENNA LAX 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
GNP SENNA PLUS TABLET 8.6-50 MG	Non-PDL Generic	
GNP SENNA-LAX 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
GNP STOOL SOFTENER 100 MG SFGL 100 MG	Non-PDL Generic	
GNP STOOL SOFTENER 100 MG SFGL SOFTGEL 100 MG	Non-PDL Generic	
GNP STOOL SOFTENER 250 MG SFGL EX-STR, SOFTGEL 250 MG	Non-PDL Generic	
GNP STOOL SOFTENER 50 MG/5 ML 50 MG/5 ML	Non-PDL Generic	
GNP STOOL SOFTENER 60 MG/15 ML 60 MG/15 ML	Non-PDL Generic	
GNP STOOL SOFTENER-LAXATIVE TB 8.6-50 MG	Non-PDL Generic	
GNP STOOL SOFTENER-STIM LAX TB 8.6-50 MG	Non-PDL Generic	
GNP WOMEN'S GENTLE LAX EC 5 MG 5 MG	Non-PDL Generic	
GOLYTELY PACKET 227.1-21.5-6.36 GRAM	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
GS CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	
GS MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	
gs mineral oil	Non-PDL Generic	

Drug	Status	Notes
GS SENNA LAXATIVE 8.6 MG TAB 8.6 MG	Non-PDL Generic	
HEALTHYLAX POWDER PACKET 14X17GM, INNER 17 GRAM	Non-PDL Generic	
HEALTHYLAX POWDER PACKET 14X17GM, OUTER 17 GRAM	Non-PDL Generic	
HEALTHYLAX POWDER PACKET INNER 17 GRAM	Non-PDL Generic	
HEALTHYLAX POWDER PACKET OUTER 17 GRAM	Non-PDL Generic	
hm castor oil odorless-tasteless 100 %	Non-PDL Generic	
HM CLEARLAX POWDER 14 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
HM CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	
HM CLEARLAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
HM CLEARLAX POWDER 7 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
HM FIBER 0.52 GRAM CAPSULE 0.52 GRAM	Non-PDL Generic	
HM FIBER 500 MG CAPLET 500 MG	Non-PDL Generic	
HM FIBER POWDER (OTC) 3.4 GRAM/12 GRAM	Non-PDL Generic	
HM FIBER POWDER 3.4 GRAM/11 GRAM, 3.4 GRAM/7 GRAM	Non-PDL Generic	
HM FIBER POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	
HM LAXATIVE EC 5 MG TABLET 5 MG	Non-PDL Generic	
hm magnesium citrate solution pasteurized, cherry	Non-PDL Generic	
hm magnesium citrate solution pasteurized, lemon	Non-PDL Generic	
HM MILK OF MAGNESIA SUSPENSION MINT 400 MG/5 ML	Non-PDL Generic	
HM MILK OF MAGNESIA SUSPENSION ORIGINAL 400 MG/5 ML	Non-PDL Generic	
HM SENNA 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
HM SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	
HM STOOL SOFTENER 100 MG SFTGL 100 MG	Non-PDL Generic	
HM STOOL SOFTENER 100 MG SFTGL SOFTGEL 100 MG	Non-PDL Generic	
HM STOOL SOFTENER 250 MG SFTGL SOFTGEL,MAX STRENGTH 250 MG	Non-PDL Generic	
HM STOOL SOFTENER-LAXATIVE TAB 8.6-50 MG	Non-PDL Generic	

Drug	Status	Notes
HM STOOL SOFTENER-STIM LAX TAB 8.6-50 MG	Non-PDL Generic	
HV MILK OF MAGNESIA SUSPENSION S/F 400 MG/5 ML	Non-PDL Generic	
HYDROCIL INSTANT POWDER	Non-PDL Generic	
KONSYL PSYLLIUM FIBER POWDER ORANGE, GLUTEN FREE 3.4 GRAM/12 GRAM	Non-PDL Generic	
KRISTALOSE 10 GM PACKET 30'S 10 GRAM	Non-PDL Brand	QL (3 EA per 1 day)
KRISTALOSE 10 GM PACKET SAMPLE,SINGLE DS PKT 10 GRAM	Non-PDL Brand	QL (3 EA per 1 day)
KRISTALOSE 20 GM PACKET 30'S 20 GRAM	Non-PDL Brand	QL (2 EA per 1 day)
KRISTALOSE 20 GM PACKET SAMPLE, SINGLE DOSE 20 GRAM	Non-PDL Brand	QL (2 EA per 1 day)
KRO FIBER LAXATIVE 625 MG CPLT CAPLET, GLUTEN-FREE 625 MG	Non-PDL Generic	
KRO GENTLE LAXATIVE EC 5 MG TB 5 MG	Non-PDL Generic	
KRO GENTLELAX 17 GRAM POWDER 17 GRAM/DOSE	Non-PDL Generic	
KRO MILK OF MAGNESIA SUSP MINT,S/F,GLUTEN-FREE 400 MG/5 ML	Non-PDL Generic	
KRO MILK OF MAGNESIA SUSP S/F, ORIGINAL 400 MG/5 ML	Non-PDL Generic	
KRO STOOL SOFTENER 100 MG SFGL 100 MG	Non-PDL Generic	
lactulose 10 gm/15 ml solution 10 gram/15 ml	Non-PDL Generic	
lactulose 10 gm/15 ml solution u-d, inner 10 gram/15 ml (15 ml)	Non-PDL Generic	
lactulose 10 gm/15 ml solution u-d, outer 10 gram/15 ml (15 ml)	Non-PDL Generic	
lactulose 10 gm/15 ml solution u-d,inner 10 gram/15 ml (15 ml)	Non-PDL Generic	
lactulose 10 gm/15 ml solution u-d,outer,15mlx50 10 gram/15 ml (15 ml)	Non-PDL Generic	
lactulose 20 gm/30 ml solution u-d, inner 20 gram/30 ml	Non-PDL Generic	
lactulose 20 gm/30 ml solution u-d, outer 20 gram/30 ml	Non-PDL Generic	
lactulose 20 gm/30 ml solution u-d,inner 20 gram/30 ml	Non-PDL Generic	
lactulose 20 gm/30 ml solution u-d,outer,30mlx50 20 gram/30 ml	Non-PDL Generic	
LAX STOOL SOFTENER-SENNA TAB 8.6-50 MG	Non-PDL Generic	
LAXA BASIC 100 MG SOFTGEL 100 MG	Non-PDL Generic	
LAXACIN TABLET 8.6-50 MG	Non-PDL Generic	
LAXACLEAR POWDER 17 GRAM/DOSE	Non-PDL Generic	

Drug	Status	Notes
LAXATIVE 5 MG TABLET 5 MG	Non-PDL Generic	
LAXATIVE EC 5 MG TABLET 5 MG	Non-PDL Generic	
magnesium citrate solution	Non-PDL Generic	
magnesium citrate solution cherry	Non-PDL Generic	
magnesium citrate solution grape	Non-PDL Generic	
magnesium citrate solution lemon	Non-PDL Generic	
magnesium citrate solution saline laxative	Non-PDL Generic	
METAMUCIL POWDER S/F, ORANGE FLAVOR 3.4 GRAM/5.8 GRAM	Non-PDL Generic	
milk of magnesia concentrated 2,400 mg/10 ml	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION 100'S, U-D 400 MG/5 ML	Non-PDL Generic	
milk of magnesia suspension 400 mg/5 ml	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION CHERRY 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION GLUTEN-FREE,CHERRY 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION GLUTEN-FREE,MINT 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION INNER 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION MINT 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION MINT, S/F,LOW SODIUM 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION NA/F 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION ORIGINAL 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION OUTER 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION REGULAR 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION S/F, MINT 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION S/F, ORIGINAL 400 MG/5 ML	Non-PDL Generic	
MILK OF MAGNESIA SUSPENSION S/F,LOW SODIUM,ORIGL 400 MG/5 ML	Non-PDL Generic	
mineral oil	Non-PDL Generic	

Drug	Status	Notes
mineral oil usp	Non-PDL Generic	
MINERAL OIL, HEAVY (OTC)	Non-PDL Generic	
MINERAL OIL, HEAVY USP, HEAVY (RX)	Non-PDL Generic	
MOVIPREP POWDER PACKET POWDER FOR RECONST. 100-7.5-2.691 GRAM	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
MOVIPREP POWDER PACKET SAMPLE 100-7.5-2.691 GRAM	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
NATURAL FIBER LAX POWDER	Non-PDL Generic	
NATURAL FIBER LAXATIVE CAPSULE 0.52 GRAM	Non-PDL Generic	
NATURAL FIBER LAXATIVE POWDER ORANGE FLAVOR 3.4 GRAM/12 GRAM	Non-PDL Generic	
NATURAL FIBER POWDER ORANGE FLAVOR 3.4 GRAM/7 GRAM	Non-PDL Generic	
NATURAL FIBER POWDER ORIGINAL TEXTURE 3.4 GRAM/7 GRAM	Non-PDL Generic	
NATURAL FIBER POWDER REGULAR 3.4 GRAM/7 GRAM	Non-PDL Generic	
NATURAL FIBER POWDER S/F,SMOOTH TEXTURE	Non-PDL Generic	
NATURAL FIBER POWDER SMOOTH TEXTURE	Non-PDL Generic	
NATURAL LAXATIVE 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
OSMOPREP TABLET 1.5 GRAM	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
peg 3350-electrolyte solution 420 gram	Non-PDL Generic	$0 COPAY IF AGE 50-75 YEARS
peg 3350-electrolyte solution lemon 420 gram	Non-PDL Generic	$0 COPAY IF AGE 50-75 YEARS
peg-3350 and electrolytes soln 236-22.74-6.74 -5.86 gram	Non-PDL Generic	$0 COPAY IF AGE 50-75 YEARS
PEG-PREP KIT 5-210 MG-GRAM	Non-PDL Generic	$0 COPAY IF AGE 50-75 YEARS
PHILLIPS' LAX LIQUI-GELS 100 MG	Non-PDL Generic	
PHILLIPS' MILK OF MAGNESIA 400 MG/5 ML	Non-PDL Brand	
PLENVU POWDER PACKETS 140-9-5.2 GRAM	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
polyethylene glycol 3350 powd (otc) 17 gram	Non-PDL Generic	
polyethylene glycol 3350 powd (otc) 17 gram/dose	Non-PDL Generic	
polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose	Non-PDL Generic	
polyethylene glycol 3350 powd 17 grams pkt,inner (otc) 17 gram	Non-PDL Generic	
polyethylene glycol 3350 powd 17 grams pkts,outer (otc) 17 gram	Non-PDL Generic	

Drug	Status	Notes
polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose	Non-PDL Generic	
polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose	Non-PDL Generic	
polyethylene glycol 3350 powd inner (otc) 17 gram	Non-PDL Generic	
polyethylene glycol 3350 powd outer (otc) 17 gram	Non-PDL Generic	
POWDERLAX 17 G POWDER PACKET 17 GRAM	Non-PDL Generic	
POWDERLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	
PREPOPIK POWDER PACKET INNER 10 MG-3.5 GRAM-12 GRAM	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
PREPOPIK POWDER PACKET W/ DOSING CUP, OUTER 10 MG-3.5 GRAM-12 GRAM	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
psyllium fiber 0.52 g capsule 0.52 gram	Non-PDL Generic	
pub docusate sodium 100 mg cap 100 mg	Non-PDL Generic	
PUB FIBER 625 MG CAPLET 625 MG	Non-PDL Generic	
PUB FIBER CAPSULE 0.52 GRAM	Non-PDL Generic	
PUB LAXATIVE EC 5 MG TABLET 5 MG	Non-PDL Generic	
PUB MILK OF MAGNESIA SUSP CHERRY 400 MG/5 ML	Non-PDL Generic	
PUB MILK OF MAGNESIA SUSP MINT 400 MG/5 ML	Non-PDL Generic	
PUB MILK OF MAGNESIA SUSP ORIGINAL 400 MG/5 ML	Non-PDL Generic	
qc castor oil odorless-tasteless 100 %	Non-PDL Generic	
QC FIBER CAPSULE 0.52 GRAM	Non-PDL Generic	
qc magnesium citrate solution	Non-PDL Generic	
qc magnesium citrate solution cherry flavor	Non-PDL Generic	
qc magnesium citrate solution lemon flavor	Non-PDL Generic	
QC MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	
qc mineral oil heavy	Non-PDL Generic	
QC NATURAL VEG LAXATIVE TABLET 8.6 MG	Non-PDL Generic	
QC NATURAL VEGETABLE POWDER	Non-PDL Generic	
QC NATURAL VEGETABLE POWDER 3.4 GRAM/12 GRAM	Non-PDL Generic	

Drug	Status	Notes
QC NATURAL VEGETABLE POWDER 48 DOSES, REG FLAVOR	Non-PDL Generic	
QC NATURA-LAX 17 GM POWDER 17 GRAM/DOSE	Non-PDL Generic	
QC STOOL SOFTENER 100 MG SFTGL 100 MG	Non-PDL Generic	
QC STOOL SOFTENER-LAXATIVE TAB 8.6-50 MG	Non-PDL Generic	
QC WOMEN'S LAXATIVE EC 5 MG TB 5 MG	Non-PDL Generic	
ra bisacodyl ec 5 mg tablet 5 mg	Non-PDL Generic	
RA CITRATE OF MAGNESIA SOLN	Non-PDL Generic	
RA COL-RITE 100 MG CAPSULE 100 MG	Non-PDL Generic	
RA COL-RITE 100 MG SOFTGEL 100 MG	Non-PDL Generic	
RA COL-RITE 250 MG SOFTGEL 250 MG	Non-PDL Generic	
RA FIBER CAPSULE 0.52 GRAM	Non-PDL Generic	
RA FIBER THERAPY CAPSULE 0.52 GRAM	Non-PDL Generic	
RA LAXATIVE EC 5 MG TABLET 5 MG	Non-PDL Generic	
RA LAXATIVE PEG 3350 POWDER 14 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
RA LAXATIVE PEG 3350 POWDER 17 GRAM/DOSE	Non-PDL Generic	
RA LAXATIVE PEG 3350 POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
RA LAXATIVE PEG 3350 POWDER 7 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
RA MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	
RA MILK OF MAGNESIA SUSPENSION WILD CHERRY 400 MG/5 ML	Non-PDL Generic	
RA MINERAL OIL EXTRA-HEAVY EXTRA-HEAVY	Non-PDL Generic	
RA MULTIHEALTH FIBER POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	
RA MULTIHEALTH FIBER POWDER 3.4 GRAM/7 GRAM	Non-PDL Generic	
RA P-COL RITE TABLET 8.6-50 MG	Non-PDL Generic	
RA SENNA 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
RA SENNA PLUS TABLET 8.6-50 MG	Non-PDL Generic	
RA SENNA-LAX 8.6 MG TABLET 8.6 MG	Non-PDL Generic	

Drug	Status	Notes
RA STOOL SOFTENER 100 MG CAP SOFTGEL 100 MG	Non-PDL Generic	
RA WOMEN'S LAXATIVE TABLET 5 MG	Non-PDL Generic	
RA WOMEN'S LAXATIVE TABLET 5 MG	Non-PDL Generic	
REGULOID CAPSULE 0.4 GRAM	Non-PDL Generic	
SENEXON-S 50-8.6 MG TABLET 8.6-50 MG	Non-PDL Generic	
SENNA 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
SENNA 8.8 MG/5 ML LIQUID 8.8 MG/5 ML	Non-PDL Generic	
SENNA 8.8 MG/5 ML SYRUP 8.8 MG/5 ML	Non-PDL Generic	
SENNA 8.8 MG/5 ML SYRUP GRX 8.8 MG/5 ML	Non-PDL Generic	
SENNA LAX 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
SENNA LAXATIVE 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
SENNA PLUS 8.6-50 MG TABLET 8.6-50 MG	Non-PDL Generic	
SENNA PLUS TABLET 8.6-50 MG	Non-PDL Generic	
SENNA PLUS TABLET U-D, 10X10 8.6-50 MG	Non-PDL Generic	
SENNA-LAX 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
SENNA-PLUS TABLET 8.6-50 MG	Non-PDL Generic	
SENNA-S 8.6-50 MG TABLET 8.6-50 MG	Non-PDL Generic	
SENNA-S LAXATIVE TABLET 8.6-50 MG	Non-PDL Generic	
SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	
SENNA-TIME 8.6 MG TABLET 8.6 MG	Non-PDL Generic	
SENNA-TIME S TABLET 8.6-50 MG	Non-PDL Generic	
sennosides-docusate sodium tab 8.6-50 mg	Non-PDL Generic	
SENOKOT-S TABLET 8.6-50 MG	Non-PDL Generic	
SEN-O-TAB 8.6 MG	Non-PDL Generic	
SILACE 50 MG/5 ML LIQUID 50 MG/5 ML	Non-PDL Generic	
SILACE 60 MG/15 ML SYRUP 60 MG/15 ML	Non-PDL Generic	

Drug	Status	Notes
sm castor oil stimulant laxative 100 %	Non-PDL Generic	
SM CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	
SM CLEARLAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
SM CLEARLAX POWDER 7 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
SM FIBER 625 MG CAPLET 625 MG	Non-PDL Generic	
SM FIBER CAPSULE 0.4 GRAM	Non-PDL Generic	
SM FIBER LAXATIVE 500 MG CPLT 500 MG	Non-PDL Generic	
SM FIBER LAXATIVE 625 MG TAB CAPLET 625 MG	Non-PDL Generic	
SM FIBER POWDER	Non-PDL Generic	
SM FIBER POWDER (RX) 3.4 GRAM/12 GRAM	Non-PDL Generic	
SM FIBER POWDER 3.4 GRAM/11 GRAM	Non-PDL Generic	
SM FIBER SMOOTH POWDER	Non-PDL Generic	
SM FIBER SMOOTH TEXTURE PWD	Non-PDL Generic	
SM GENTLE LAXATIVE EC 5 MG TAB 5 MG	Non-PDL Generic	
SM LAXATIVE TABLET 5 MG	Non-PDL Generic	
sm magnesium citrate solution	Non-PDL Generic	
sm milk of magnesia suspension 400 mg/5 ml	Non-PDL Generic	
SM MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	
SM MILK OF MAGNESIA SUSPENSION MINT 400 MG/5 ML	Non-PDL Generic	
SM MILK OF MAGNESIA SUSPENSION MINT, S/F 400 MG/5 ML	Non-PDL Generic	
SM MILK OF MAGNESIA SUSPENSION ORIGINAL 400 MG/5 ML	Non-PDL Generic	
SM MILK OF MAGNESIA SUSPENSION ORIGINAL, S/F 400 MG/5 ML	Non-PDL Generic	
SM MILK OF MAGNESIA SUSPENSION S/F, MINT 400 MG/5 ML	Non-PDL Generic	
SM MILK OF MAGNESIA SUSPENSION WILD CHERRY 400 MG/5 ML	Non-PDL Generic	
sm mineral oil	Non-PDL Generic	
sm mineral oil heavy	Non-PDL Generic	

Drug	Status	Notes
SM SENNA LAXATIVE 8.6 MG TAB 8.6 MG	Non-PDL Generic	
SM SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	
SM STOOL SOFTENER 100 MG SFTGL 100 MG	Non-PDL Generic	
SM STOOL SOFTENER 100 MG SFTGL GLUTEN-FREE, SOFTGEL 100 MG	Non-PDL Generic	
SM STOOL SOFTENER 100 MG SFTGL SOFTGEL 100 MG	Non-PDL Generic	
SM STOOL SOFTENER 250 MG SFTGL SOFTGEL 250 MG	Non-PDL Generic	
SM STOOL SOFTENER-LAXATIVE TAB 8.6-50 MG	Non-PDL Generic	
SM STOOL SOFTENER-STIM LAX TAB 8.6-50 MG	Non-PDL Generic	
SM WOMAN'S LAXATIVE 5 MG TAB GLUTEN FREE 5 MG	Non-PDL Generic	
SMOOTHLAX POWDER 14 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
SMOOTHLAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
SMOOTHLAX POWDER 50 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	
SMOOTHLAX POWDER PACKET 10 ONCE-DAILY DOSES 17 GRAM	Non-PDL Generic	
SMOOTHLAX POWDER PACKET 17 GRAM	Non-PDL Generic	
SMOOTHLAX POWDER PACKET S/F, 10 DAILY DOSES 17 GRAM	Non-PDL Generic	
SOF-LAX 100 MG GELCAP 100 MG	Non-PDL Brand	
STIMULANT LAXATIVE PLUS TABLET 8.6-50 MG	Non-PDL Generic	
STOOL SOFTENER 100 MG CAPSULE 100 MG	Non-PDL Generic	
STOOL SOFTENER 100 MG CAPSULE ORIGINAL 100 MG	Non-PDL Generic	
STOOL SOFTENER 100 MG SOFTGEL 100 MG	Non-PDL Generic	
STOOL SOFTENER 100 MG SOFTGEL SOFTGEL 100 MG	Non-PDL Generic	
STOOL SOFTENER 100 MG SOFTGEL SOFTGEL, ORIGINAL 100 MG	Non-PDL Generic	
STOOL SOFTENER 250 MG SOFTGEL 250 MG	Non-PDL Generic	
STOOL SOFTENER 250 MG SOFTGEL EX-STR, SOFTGEL 250 MG	Non-PDL Generic	
STOOL SOFTENER 50 MG/5 ML LIQ 50 MG/5 ML	Non-PDL Generic	
STOOL SOFTENER 60 MG/15 ML SYR 60 MG/15 ML	Non-PDL Generic	

Drug	Status	Notes
STOOL SOFTENER-LAXATIVE TABLET 8.6-50 MG	Non-PDL Generic	
STOOL SOFTENER-LAXATIVE TABLET PLUS LAXATIVE 8.6-50 MG	Non-PDL Generic	
STOOL SOFTENER-STIM LAX TABLET 8.6-50 MG	Non-PDL Generic	
STOOL SOFTENER-STIM LAX TABLET PLUS STIMULANT LAX 8.6-50 MG	Non-PDL Generic	
SUPREP BOWEL PREP KIT 2-6OZ+MIX CONT,OUTER 17.5-3.13-1.6 GRAM	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
SUPREP BOWEL PREP KIT INNER 17.5-3.13-1.6 GRAM	Non-PDL Brand	$0 COPAY IF AGE 50-75 YEARS
SW CLEARLAX POWDER 14 DAY 17 GRAM/DOSE	Non-PDL Generic	
SW CLEARLAX POWDER 30 DAY 17 GRAM/DOSE	Non-PDL Generic	
TRILYTE WITH FLAVOR PACKETS 420 GRAM	Non-PDL Generic	$0 COPAY IF AGE 50-75 YEARS
VEGETABLE LAX-STOOL SOFTNR TAB 8.6-50 MG	Non-PDL Generic	
WAL-MUCIL 0.52 G CAPSULE 0.52 GRAM	Non-PDL Generic	
WAL-MUCIL 100% NATURAL FIBER S/F,180 DOSES,ORANGE 3.4 GRAM/5.8 GRAM	Non-PDL Generic	
WAL-MUCIL NTRL FIBER LAX POWD 3.4 GRAM/12 GRAM	Non-PDL Generic	
WOMANS LAXATIVE TABLET 5 MG	Non-PDL Generic	
WOMAN'S LAXATIVE TABLET 5 MG	Non-PDL Generic	
WOMEN'S GENTLE LAX EC 5 MG TAB 5 MG	Non-PDL Generic	
WOMEN'S LAXATIVE 5 MG TABLET 5 MG	Non-PDL Generic	
WOMEN'S LAXATIVE EC 5 MG TAB 5 MG	Non-PDL Generic	
Laxatives, Local/Rectal		
bisacodyl 10 mg suppository 10 mg	Non-PDL Generic	
child glycerin suppository	Non-PDL Generic	
cvs bisacodyl 10 mg suppos 10 mg	Non-PDL Generic	
CVS ENEMA DISPOSABLE 19-7 GRAM/118 ML	Non-PDL Generic	
CVS ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	
CVS GENTLE LAXATIVE 10 MG SUPP 10 MG	Non-PDL Generic	
cvs glycerin suppository	Non-PDL Generic	

Drug	Status	Notes
cvs glycerin suppository child size	Non-PDL Generic	
cvs glycerin suppository laxative	Non-PDL Generic	
DOCUSOL MINI-ENEMA INNER 283 MG	Non-PDL Generic	
DOCUSOL MINI-ENEMA OUTER 283 MG	Non-PDL Generic	
DULCOLAX 10 MG SUPPOSITORY 10 MG	Non-PDL Brand	
ENEMA DISPOSABLE 19-7 GRAM/118 ML	Non-PDL Generic	
ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	
ENEMA READY TO USE 2X133ML, LATEX FREE 19-7 GRAM/118 ML	Non-PDL Generic	
ENEMA READY TO USE LATEX FREE 19-7 GRAM/118 ML	Non-PDL Generic	
ENEMA READY TO USE LATEX-FREE 19-7 GRAM/118 ML	Non-PDL Generic	
ENEMA READY-TO-USE 3X133ML,LATEX-FREE 19-7 GRAM/118 ML	Non-PDL Generic	
ENEMA READY-TO-USE LATEX FREE 19-7 GRAM/118 ML	Non-PDL Generic	
ENEMA READY-TO-USE LATEX-FREE 19-7 GRAM/118 ML	Non-PDL Generic	
ENEMEEZ MINI ENEMA 5CC TUBES, OUTER 283 MG/5 ML	Non-PDL Generic	
EQL ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	
FLEET ENEMA 19-7 GRAM/118 ML	Non-PDL Brand	
FLEET ENEMA 2X133ML, TWIN PACK 19-7 GRAM/118 ML	Non-PDL Brand	
FLEET ENEMA 4X133ML,LATEX-FREE 19-7 GRAM/118 ML	Non-PDL Brand	
FLEET ENEMA 6'S, LATEX-FREE 19-7 GRAM/118 ML	Non-PDL Brand	
FLEET ENEMA LATEX-FREE 19-7 GRAM/118 ML	Non-PDL Brand	
FLEET GLYCERIN 2 GM ADULT SUPP	Non-PDL Generic	
FLEET GLYCERIN ADULT SUPPOS	Non-PDL Generic	
FLEET MINERAL OIL ENEMA	Non-PDL Brand	
FLEET PEDIA-LAX ENEMA 9.5-3.5 GRAM/59 ML	Non-PDL Brand	
FLEET PEDIA-LAX SUPPOSITORIES	Non-PDL Generic	
GENTLE LAXATIVE 10 MG SUPP 10 MG	Non-PDL Generic	
GENTLE LAXATIVE 10 MG SUPPOSIT 10 MG	Non-PDL Generic	
GENTLE LAXATIVE 10 MG SUPPOSIT INNER 10 MG	Non-PDL Generic	

Drug	Status	Notes
GENTLE LAXATIVE 10 MG SUPPOSIT OUTER 10 MG	Non-PDL Generic	
glycerin adult suppository	Non-PDL Generic	
glycerin pediatric suppository infants & children	Non-PDL Generic	
glycerin suppository	Non-PDL Generic	
glycerin suppository child size	Non-PDL Generic	
glycerin suppository infant & children	Non-PDL Generic	
GNP ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	
GNP ENEMA READY TO USE 2X133ML, LATEX FREE 19-7 GRAM/118 ML	Non-PDL Generic	
GNP ENEMA READY TO USE LATEX FREE 19-7 GRAM/118 ML	Non-PDL Generic	
GNP GENTLE LAXATIVE 10 MG SUPP 10 MG	Non-PDL Generic	
gnp glycerin suppository	Non-PDL Generic	
gnp glycerin suppository child size	Non-PDL Generic	
gnp mineral oil enema rtu	Non-PDL Generic	
HM ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	
HM ENEMA READY TO USE TWIN PAK 19-7 GRAM/118 ML	Non-PDL Generic	
HM ENEMA READY TO USE TWIN PAK LATEX-FREE 19-7 GRAM/118 ML	Non-PDL Generic	
HM GENTLE LAXATIVE 10 MG SUPP 10 MG	Non-PDL Generic	
HM READY TO USE MIN OIL ENEMA	Non-PDL Generic	
infant & child glycerin suppos infant & children	Non-PDL Generic	
LAXATIVE 10 MG SUPPOSITORY 10 MG	Non-PDL Generic	
MAGIC BULLET 10 MG SUPPOS 10 MG	Non-PDL Generic	
mineral oil enema latex-free	Non-PDL Generic	
mineral oil enema latex-free, na/f	Non-PDL Generic	
mineral oil enema rtu	Non-PDL Generic	
PEDIATRIC ENEMA 9.5-3.5 GRAM/59 ML	Non-PDL Generic	
PURE AND GENTLE SALINE ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	

Drug	Status	Notes
QC GENTLE LAXATIVE 10 MG SUPP 10 MG	Non-PDL Generic	
QC READY TO USE ENEMA LATEX-FREE 19-7 GRAM/118 ML	Non-PDL Generic	
QC READY TO USE ENEMA TWIN PACK 19-7 GRAM/118 ML	Non-PDL Generic	
RA ENEMA TWIN PACK 2 X 4.5OZ, RTU 19-7 GRAM/118 ML	Non-PDL Generic	
RA FAST RELIEF LAX 10 MG SUPP 10 MG	Non-PDL Generic	
ra glycerin adult suppository	Non-PDL Generic	
ra glycerin pediatric supp	Non-PDL Generic	
RA SALINE ENEMA LATEX FREE 19-7 GRAM/118 ML	Non-PDL Generic	
READY TO USE ENEMA LATEX-FREE	Non-PDL Generic	
READY TO USE ENEMA NO LATEX, NO SODIUM	Non-PDL Generic	
READY TO USE MINERAL OIL ENEMA	Non-PDL Generic	
SM ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	
SM ENEMA READY TO USE LATEX-FREE 19-7 GRAM/118 ML	Non-PDL Generic	
SM ENEMA READY TO USE TWIN PACK 2X4.5OZ. 19-7 GRAM/118 ML	Non-PDL Generic	
SM ENEMA READY TO USE TWIN PAK 19-7 GRAM/118 ML	Non-PDL Generic	
sm glycerin adult suppository	Non-PDL Generic	
sm glycerin pediatric suppo	Non-PDL Generic	
SM LAXATIVE 10 MG SUPPOSITORY 10 MG	Non-PDL Generic	
SM LAXATIVE PEDIATRIC SUPPOS	Non-PDL Generic	
SM READY TO USE ENEMA	Non-PDL Generic	
Narcotic Antagonists, Peripherally-Acting		
MOVANTIK 12.5 MG TABLET 12.5 MG	Non-PDL Brand	QL (1 EA per 1 day)
MOVANTIK 25 MG TABLET 25 MG	Non-PDL Brand	QL (1 EA per 1 day)
Medical Supplies		
Durable Medical Equipment,Misc(Group 1)		
1ST TIER COMFORTOUCH 28G LANCT 28 GAUGE	Non-PDL Brand	
1ST TIER COMFORTOUCH 30G LANCT 30 GAUGE	Non-PDL Brand	
ACCU-CHEK FASTCLIX LANCET DRUM	Non-PDL Brand	
ACCU-CHEK MULTICLIX LANCETS	Non-PDL Brand	
ACCU-CHEK SAFE-T-PRO 23G LANCT 23 GAUGE	Non-PDL Brand	

Drug	Status	Notes
ACCU-CHEK SAFE-T-PRO PLUS 23G 23 GAUGE	Non-PDL Brand	
ACCU-CHEK SOFTCLIX LANCETS	Non-PDL Brand	
ACTI-LANCE LITE 28G LANCETS 28 GAUGE	Non-PDL Brand	
ACTI-LANCE SPECIAL 17G LANCETS 17 GAUGE	Non-PDL Brand	
ACTI-LANCE SPECIAL 17G LANCETS STERILE, SINGLE-USE 17 GAUGE	Non-PDL Brand	
ACTI-LANCE SPECIAL 17G LANCETS STERILE,SINGLE-USE 17 GAUGE	Non-PDL Brand	
ACTI-LANCE UNIVERS 23G LANCETS 23 GAUGE	Non-PDL Brand	
ADVANCED TRAVEL 28G LANCETS 28G,SINGLE-USE,STRL 28 GAUGE	Non-PDL Brand	
ADVANCED TRAVEL 28G LANCETS SINGLE-USE,STERILE 28 GAUGE	Non-PDL Brand	
ADVANCED TRAVEL 30G LANCETS 30 GAUGE	Non-PDL Brand	
ADVOCATE 26G LANCETS 26 G,STERILE 26 GAUGE	Non-PDL Brand	
ADVOCATE 26G LANCETS STERILE 26 GAUGE	Non-PDL Brand	
ADVOCATE 30G LANCETS PULL TOP 30 GAUGE	Non-PDL Brand	
ADVOCATE 30G LANCETS THIN, STERILE 30 GAUGE	Non-PDL Brand	
ADVOCATE 30G LANCETS TWIST TOP 30 GAUGE	Non-PDL Brand	
ALTERNATE SITE 26G LANCETS RECAPPABLE 26 GAUGE	Non-PDL Brand	
assure comfort 28g lancets 28 gauge	Non-PDL Brand	
assure comfort 30g lancets 30 gauge	Non-PDL Brand	
ASSURE HAEMOLANCE PLUS 18G 18 GAUGE	Non-PDL Brand	
ASSURE HAEMOLANCE PLUS 21G 21 GAUGE	Non-PDL Brand	
ASSURE HAEMOLANCE PLUS 25G 25 GAUGE	Non-PDL Brand	
ASSURE HAEMOLANCE PLUS 28G 28 GAUGE	Non-PDL Brand	
ASSURE HAEMOLANCE PLUS BLADE 1.2 MM	Non-PDL Brand	
ASSURE LANCE 25G LANCETS 25 GAUGE	Non-PDL Brand	
ASSURE LANCE 28G LANCETS 28 GAUGE	Non-PDL Brand	
ASSURE LANCE 28G SAFETY LANCET 28 GAUGE	Non-PDL Brand	
ASSURE LANCE PLUS 21G LANCETS 21 GAUGE	Non-PDL Brand	
ASSURE LANCE PLUS 25G LANCETS 25 GAUGE	Non-PDL Brand	
ASSURE LANCE PLUS 30G LANCETS 30 GAUGE	Non-PDL Brand	
bd lancets 33g 33 gauge	Non-PDL Brand	
BD MICROTAINER 21G LANCETS 21 GAUGE	Non-PDL Brand	
BD MICROTAINER 30G LANCETS 30 GAUGE	Non-PDL Brand	
BD MICROTAINER LANCETS 1.5 X 2 MM	Non-PDL Brand	
BD ULTRA-FINE 33G LANCETS 33 GAUGE	Non-PDL Brand	
BD ULTRA-FINE II 30G LANCETS 30 GAUGE	Non-PDL Brand	
blood lancets 30g easy twist 30 gauge	Non-PDL Brand	
BULLSEYE MINI SAFETY 21G 21 GAUGE	Non-PDL Brand	

Drug	Status	Notes
BULLSEYE MINI SAFETY 25G LANCT 25 GAUGE	Non-PDL Brand	
BULLSEYE MINI SAFETY 28G LANCT 28 GAUGE	Non-PDL Brand	
CAREONE THIN LANCET	Non-PDL Brand	
CAREONE ULTRA THIN LANCET	Non-PDL Brand	
CARESENS ULTRA THIN 30G LANCET 30 GAUGE	Non-PDL Brand	
CARETOUCH 26G SAFETY LANCETS 26 GAUGE	Non-PDL Brand	
CARETOUCH 28G SAFETY LANCETS 28 GAUGE	Non-PDL Brand	
CARETOUCH TWIST 28G LANCET 28 GAUGE	Non-PDL Brand	
CARETOUCH TWIST 30G LANCET 30 GAUGE	Non-PDL Brand	
CARETOUCH TWIST 33G LANCET 33 GAUGE	Non-PDL Brand	
CLEVER CHEK ULTRA THIN 30G 30 GAUGE	Non-PDL Brand	
COAGUCHEK LANCETS	Non-PDL Brand	
COMFORT EZ SAFETY 21G LANCETS 21 GAUGE	Non-PDL Brand	
COMFORT EZ SAFETY 23G LANCETS 23 GAUGE	Non-PDL Brand	
COMFORT EZ SAFETY 28G LANCETS 28 GAUGE	Non-PDL Brand	
COMFORT LANCETS	Non-PDL Brand	
cvs micro thin 33g lancets 33 gauge	Non-PDL Brand	
CVS MICRO THIN 33G LANCETS UNIVERSAL 1 33 GAUGE	Non-PDL Brand	
cvs thin 26g lancets 26 gauge	Non-PDL Brand	
cvs ultra thin 30g lancets 30 gauge	Non-PDL Brand	
CVS ULTRA THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	
CVS ULTRA THIN 30G LANCETS STERILE 30 GAUGE	Non-PDL Brand	
dario 100 sterile lancets	Non-PDL Brand	
DROPLET 30G LANCETS 30 GAUGE	Non-PDL Brand	
EASY COMFORT 30G LANCETS 30 GAUGE	Non-PDL Brand	
EASY COMFORT 30G LANCETS 30G,PULL TOP,STERILE 30 GAUGE	Non-PDL Brand	
EASY COMFORT 30G LANCETS 30G,TWIST TOP,STRL 30 GAUGE	Non-PDL Brand	
EASY COMFORT 30G LANCETS THIN TOP, SINGLE USE 30 GAUGE	Non-PDL Brand	
EASY TOUCH BUTTON 30G LANCETS 30 GAUGE	Non-PDL Brand	
EASY TOUCH PRESSURE 30G LANCET 30 GAUGE	Non-PDL Brand	
EASY TOUCH PULL-TOP 26G LANCET 26 GAUGE	Non-PDL Brand	
EASY TOUCH PULL-TOP 28G LANCET LATEX-FREE 28 GAUGE	Non-PDL Brand	
EASY TOUCH PULL-TOP 30G LANCET 30 GAUGE	Non-PDL Brand	
EASY TOUCH PULL-TOP 32G LANCET 32 GAUGE	Non-PDL Brand	
EASY TOUCH SAFETY 21G LANCETS 21 GAUGE	Non-PDL Brand	
EASY TOUCH SAFETY 23G LANCETS 23 GAUGE	Non-PDL Brand	
EASY TOUCH SAFETY 26G LANCETS 26 GAUGE	Non-PDL Brand	
EASY TOUCH SAFETY 28G LANCETS 28 GAUGE	Non-PDL Brand	

Drug	Status	Notes
EASY TOUCH SAFETY 32G LANCETS 32 GAUGE	Non-PDL Brand	
EASY TOUCH TWIST 26G LANCETS 26 GAUGE	Non-PDL Brand	
EASY TOUCH TWIST 28G LANCETS 28 GAUGE	Non-PDL Brand	
EASY TOUCH TWIST 30G LANCETS 30 GAUGE	Non-PDL Brand	
EASY TOUCH TWIST 32G LANCETS 32 GAUGE	Non-PDL Brand	
EASY TOUCH TWIST 33G LANCETS 33 GAUGE	Non-PDL Brand	
EASY TWIST & CAP 28G LANCETS 28 GAUGE	Non-PDL Brand	
EMBRACE 30G LANCETS 30 GAUGE	Non-PDL Brand	
eql 33g lancets 33 gauge	Non-PDL Brand	
EQL MICRO THIN 33G LANCETS COLOR 33 GAUGE	Non-PDL Brand	
E-Z JECT COLORED LANCETS	Non-PDL Brand	
E-Z JECT LANCETS	Non-PDL Brand	
EZ SMART 28G LANCETS 28 GAUGE	Non-PDL Brand	
E-ZJECT COLOR 32G LANCETS 32 GAUGE	Non-PDL Brand	
E-ZJECT COLOR 33G LANCETS 33 GAUGE	Non-PDL Brand	
E-ZJECT SUPER THIN 30G LANCETS SUPER THIN 30 GAUGE	Non-PDL Brand	
e-zject thin lancets 26 gauge	Non-PDL Brand	
EZ-LETS 26G LANCETS 26 GAUGE	Non-PDL Brand	
FIFTY50 SAFETY SEAL 30G LANCET 30 GAUGE	Non-PDL Brand	
FIFTY50 SAFETY SEAL 32G LANCET 32 GAUGE	Non-PDL Brand	
FIFTY50 UNILET 33G LANCETS 33 GAUGE	Non-PDL Brand	
FINE 30 UNIVERSAL 30G LANCETS 30 GAUGE	Non-PDL Brand	
FINGERSTIX LANCETS	Non-PDL Brand	
fora 30g lancets twist off,single use 30 gauge	Non-PDL Brand	
FORACARE 30G LANCETS 30 GAUGE	Non-PDL Brand	
FREESTYLE 28G LANCETS 28 GAUGE	Non-PDL Brand	
FREESTYLE UNISTIK 2 LANCETS	Non-PDL Brand	
GLUCOCOM 28G LANCETS 28 GAUGE	Non-PDL Brand	
GLUCOCOM 30G LANCETS 30 GAUGE	Non-PDL Brand	
GLUCOCOM 33G LANCETS 33 GAUGE	Non-PDL Brand	
GNP MICRO THIN 33G LANCETS UNIVERSAL 1 33 GAUGE	Non-PDL Brand	
GNP UNIVERSAL 1 STANDARD 21G 21 GAUGE	Non-PDL Brand	
GNP UNIVERSAL 1 SUPER THIN 30G 30 GAUGE	Non-PDL Brand	
GNP UNIVERSAL 1 THIN 26G LANCT 26 GAUGE	Non-PDL Brand	
GOJJI LANCETS 30G 30 GAUGE	Non-PDL Brand	
GS UNIVERSAL 1 MICRO THIN 33G 33 GAUGE	Non-PDL Brand	
GS UNIVERSAL 1 THIN 26G LANCET 26 GAUGE	Non-PDL Brand	
GS UNIVERSAL 1 ULTRA THIN 30G 30 GAUGE	Non-PDL Brand	
HEALTHY ACCENTS UNILET 30G 30 GAUGE	Non-PDL Brand	
HEB MICRO THIN 33G LANCETS 33 GAUGE	Non-PDL Brand	

Drug	Status	Notes
HEB MICRO THIN 33G LANCETS SINGLE-USE,STERILE 33 GAUGE	Non-PDL Brand	
INCONTROL SUPER THIN 30G LANCT 30 GAUGE	Non-PDL Brand	
INCONTROL ULTRA THIN 28G LANCT 28 GAUGE	Non-PDL Brand	
INJECT EASE 28G LANCETS 28 GAUGE	Non-PDL Brand	
INJECT EASE 30G LANCETS 30 GAUGE	Non-PDL Brand	
INVACARE 30G LANCETS 30 GAUGE	Non-PDL Brand	
KRO UNIVERSAL 1 THIN 26G LANCT 26 GAUGE	Non-PDL Brand	
kroger lancets	Non-PDL Brand	
KROGER SUPER THIN LANCETS	Non-PDL Brand	
lancets 26g 1.2, 1.8, 2.4mm,blue	Non-PDL Brand	
lancets 26g x 1.8mm yellow	Non-PDL Brand	
lancets 28g lancets 28 gauge	Non-PDL Brand	
lancets 28g x 1.8mm purple	Non-PDL Brand	
lancets 30g 30 gauge	Non-PDL Brand	
lancets 30g twist top,single use 30 gauge	Non-PDL Brand	
lancets 33g 33 gauge	Non-PDL Brand	
LANCETS THIN 23G 23 GAUGE	Non-PDL Brand	
lancets ultra fine 28g 28 gauge	Non-PDL Brand	
LANCETS ULTRA THIN 26G 26 GAUGE	Non-PDL Brand	
LITE TOUCH 28G LANCETS 28 GAUGE	Non-PDL Brand	
LITE TOUCH 30G LANCETS 30 GAUGE	Non-PDL Brand	
LITE TOUCH 33G LANCETS 33 GAUGE	Non-PDL Brand	
LIVE BETTER SUPER THIN LANCET 30G	Non-PDL Brand	
LIVE BETTER ULTRA THIN LANCET 28G	Non-PDL Brand	
LONGS THIN LANCETS 26G 26G	Non-PDL Brand	
LONGS THIN LANCETS 30G 30G	Non-PDL Brand	
MEDISENSE THIN 28G LANCETS 28 GAUGE	Non-PDL Brand	
medisense thin lancets	Non-PDL Brand	
medisense thin lancets mfg error	Non-PDL Brand	
MEDLANCE PLUS 21G LANCETS UNIVERSAL 21 GAUGE	Non-PDL Brand	
MEDLANCE PLUS 21G LANCETS UNIVERSAL, 1.8MM 21 GAUGE	Non-PDL Brand	
MEDLANCE PLUS 30G LANCETS SUPERLITE 30 GAUGE	Non-PDL Brand	
MEDLANCE PLUS 30G LANCETS SUPERLITE, 1.2MM 30 GAUGE	Non-PDL Brand	
MEDLANCE PLUS EXTRA 21G LANCET 2.4MM 21 GAUGE	Non-PDL Brand	
MEDLANCE PLUS LITE 25G LANCETS 1.5MM 25 GAUGE	Non-PDL Brand	
MEDLANCE PLUS LITE 25G LANCETS 25 GAUGE	Non-PDL Brand	
MEDLANCE PLUS LITE 25G LANCETS 25G 25 GAUGE	Non-PDL Brand	

Drug	Status	Notes
MEDLANCE PLUS LITE 25G LANCETS STERILE 25 GAUGE	Non-PDL Brand	
MEDLANCE PLUS LITE 25G LANCETS STERILE, 1.5MM 25 GAUGE	Non-PDL Brand	
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Non-PDL Brand	
meijer lancets 30g	Non-PDL Brand	
MEIJER UNIVERSAL 1 26G LANCETS 26 GAUGE	Non-PDL Brand	
MICRO THIN 33G LANCETS 33 GAUGE	Non-PDL Brand	
MICRO THIN 33G LANCETS FOR WALGREENS 33 GAUGE	Non-PDL Brand	
MICRO THIN 33G LANCETS STERILE 33 GAUGE	Non-PDL Brand	
MICRO THIN 33G LANCETS TRUE PLUS, WALGREENS 33 GAUGE	Non-PDL Brand	
MICRO THIN 33G LANCETS UNIVERSAL 1 33 GAUGE	Non-PDL Brand	
MICROLET LANCETS	Non-PDL Brand	
MONOLET 21G LANCETS 21 GAUGE	Non-PDL Brand	
MONOLET THIN 28G LANCETS 28 GAUGE	Non-PDL Brand	
MYGLUCOHEALTH 30G LANCETS 30 GAUGE	Non-PDL Brand	
NOVA SAFETY 23G LANCETS 23 GAUGE	Non-PDL Brand	
NOVA SAFETY 28G LANCETS 28 GAUGE	Non-PDL Brand	
NOVA SUREFLEX THIN LANCETS	Non-PDL Brand	
ON CALL 30G LANCET 30 GAUGE	Non-PDL Brand	
ON CALL PLUS 30G LANCET 30 GAUGE	Non-PDL Brand	
ONETOUCH DELICA 30G LANCETS 30 GAUGE	Non-PDL Brand	
ONETOUCH DELICA 33G LANCETS 33 GAUGE	Non-PDL Brand	
ONETOUCH DELICA PLUS 30G LANCT 30 GAUGE	Non-PDL Brand	
ONETOUCH DELICA PLUS 33G LANCT 33 GAUGE	Non-PDL Brand	
ONETOUCH SURESOFT 28G LANC DEV 28 GAUGE	Non-PDL Brand	
ONETOUCH ULTRASOFT LANCETS	Non-PDL Brand	
ON-THE-GO 30G LANCETS GENTLE, 1.5MM 30 GAUGE	Non-PDL Brand	
PC SUPER THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	
PHARMACIST CHOICE 28G LANCETS ULTRA THIN	Non-PDL Brand	
pharmacist choice 30g lancets ultra thin 30 gauge	Non-PDL Brand	
pharmacist choice 33g lancets 33 gauge	Non-PDL Brand	
PIP 28G LANCET 28 GAUGE	Non-PDL Brand	
PIP 30G LANCET 30 GAUGE	Non-PDL Brand	
preferred plus lancets super thin	Non-PDL Brand	
preferred plus thin lancets	Non-PDL Brand	
PRESSURE ACTIVATED 21G LANCETS 21 GAUGE	Non-PDL Brand	
PRESSURE ACTIVATED 28G LANCETS 28 GAUGE	Non-PDL Brand	
PRO COMFORT 30G LANCETS 30 GAUGE	Non-PDL Brand	

Drug	Status	Notes
PRO COMFORT 31G LANCET 31 GAUGE	Non-PDL Brand	
PRODIGY PRESSURE ACTIVATED 28G 28 GAUGE	Non-PDL Brand	
PRODIGY SAFETY 26G LANCETS 26 GAUGE	Non-PDL Brand	
PRODIGY TWIST TOP 28G LANCET 28 GAUGE	Non-PDL Brand	
pub 28g lancets 28 gauge	Non-PDL Brand	
PURE COMFORT 30G SAFETY LANCET 30 GAUGE	Non-PDL Brand	
PURE COMFORT 30G TWIST LANCET 30 GAUGE	Non-PDL Brand	
PUSH BUTTON SAFETY 21G LANCET 21 GAUGE	Non-PDL Brand	
PUSH BUTTON SAFETY 28G LANCET 28 GAUGE	Non-PDL Brand	
PV UNILET MICRO THIN 33G LANCT 33 GAUGE	Non-PDL Brand	
PV UNILET SUPER THIN 30G LANCT 30 GAUGE	Non-PDL Brand	
QC UNILET SUPER THIN 30G LANCT 30 GAUGE	Non-PDL Brand	
QC UNILET ULTRA THIN 28G LANCT 28 GAUGE	Non-PDL Brand	
RA E-ZJECT 26G LANCETS 26 GAUGE	Non-PDL Brand	
RA E-ZJECT 28G LANCETS 28 GAUGE	Non-PDL Brand	
RA E-ZJECT 30G LANCETS ULTRA THIN 30 GAUGE	Non-PDL Brand	
RA E-ZJECT COLOR 33G LANCETS 33 GAUGE	Non-PDL Brand	
READYLANCE 21G SAFETY LANCETS 21 GAUGE	Non-PDL Brand	
READYLANCE 23G SAFETY LANCETS 23 GAUGE	Non-PDL Brand	
READYLANCE 26G SAFETY LANCETS 26 GAUGE	Non-PDL Brand	
READYLANCE 28G SAFETY LANCETS 28 GAUGE	Non-PDL Brand	
READYLANCE 30G SAFETY LANCETS 30 GAUGE	Non-PDL Brand	
RELIAMED 28G LANCETS LATEX-FREE, STERILE 28 GAUGE	Non-PDL Brand	
RELIAMED 30G LANCETS 30 GAUGE	Non-PDL Brand	
RELIAMED SAFETY 23G LANCETS 23 GAUGE	Non-PDL Brand	
RELIAMED SAFETY 28G LANCETS LATEX-FREE 28 GAUGE	Non-PDL Brand	
RELIAMED SAFETY SEAL 28G LANCT 28 GAUGE	Non-PDL Brand	
RELIAMED SAFETY SEAL 30G LANCT 30 GAUGE	Non-PDL Brand	
RELIAMED TWIST&CAP 28G LANCETS 28 GAUGE	Non-PDL Brand	
RELION MICRO THIN 33G LANCET 33 GAUGE	Non-PDL Brand	
relion thin 26g lancets 26 gauge	Non-PDL Brand	
RELION THIN 26G LANCETS 26 GAUGE	Non-PDL Brand	
RELION THIN 26G LANCETS 26 GAUGE	Non-PDL Brand	
RELION ULTRA THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	
RELION ULTRA THIN 30G LANCETS 5 COLORS 30 GAUGE	Non-PDL Brand	
RELION ULTRA THIN PLUS 33G 33 GAUGE	Non-PDL Brand	
RELION ULTRA THIN PLUS LANCETS	Non-PDL Brand	
REXALL UNIVERSAL 1 30G LANCETS 30 GAUGE	Non-PDL Brand	
RIGHTEST GL300 30G LANCETS 30 GAUGE	Non-PDL Brand	

Drug	Status	Notes
SAFETY 21G LANCETS HIGH FLOW, 2.0MM 21 GAUGE	Non-PDL Brand	
SAFETY 21G LANCETS LATEX-FREE 21 GAUGE	Non-PDL Brand	
SAFETY 28G LANCETS 28 GAUGE	Non-PDL Brand	
SAFETY 28G LANCETS LATEX-FREE 28 GAUGE	Non-PDL Brand	
SAFETY LANCETS 26G 26 GAUGE	Non-PDL Brand	
SAFETY SEAL 28G LANCETS 28 GAUGE	Non-PDL Brand	
SAFETY SEAL 30G LANCETS 30 GAUGE	Non-PDL Brand	
SAFETY-LET 30G LANCETS 30 GAUGE	Non-PDL Brand	
saps twist top 30g lancet 30 gauge	Non-PDL Brand	
saps twist top 30g lancets 30 gauge	Non-PDL Brand	
SHOPKO ON-THE-GO 30G LANCETS GENTLE 30 GAUGE	Non-PDL Brand	
SHOPKO UNILET SUPER THIN 30G STERILE 30 GAUGE	Non-PDL Brand	
SHOPKO UNILET ULTRA THIN 28G STERILE 28 GAUGE	Non-PDL Brand	
SINGLE-LET LANCETS	Non-PDL Brand	
SM COLOR LANCETS 21G 21 GAUGE	Non-PDL Brand	
sm lancets 21g 21 gauge	Non-PDL Brand	
SM MICRO THIN 33G LANCETS 33 GAUGE	Non-PDL Brand	
SM SUPER THIN 30G LANCETS STERILE TIP 30 GAUGE	Non-PDL Brand	
SM THIN LANCETS 26G 26 GAUGE	Non-PDL Brand	
SMART SENSE COLOR 33G LANCETS 33 GAUGE	Non-PDL Brand	
SMART SENSE STANDARD 21G 21 GAUGE	Non-PDL Brand	
SMART SENSE SUPER THIN 30G 30 GAUGE	Non-PDL Brand	
SMART SENSE THIN 26G LANCETS 26 GAUGE	Non-PDL Brand	
SMARTEST LANCET	Non-PDL Brand	
SOFT TOUCH LANCETS	Non-PDL Brand	
SOLUS V2 28G LANCETS 28 GAUGE	Non-PDL Brand	
SOLUS V2 30G TWIST LANCETS 30 GAUGE	Non-PDL Brand	
STERILANCE TL TWIST 30G LANCET 30 GAUGE	Non-PDL Brand	
STERILANCE TL TWIST 32G LANCET 32 GAUGE	Non-PDL Brand	
SUPER THIN 28G LANCETS 28G, COMFORT ASSURED 28 GAUGE	Non-PDL Brand	
SUPER THIN 28G LANCETS STERILE 28 GAUGE	Non-PDL Brand	
SUPER THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	
SUPER THIN 30G LANCETS RECAPPABLE 30 GAUGE	Non-PDL Brand	
SURE COMFORT 18G LANCETS 18 GAUGE	Non-PDL Brand	
SURE COMFORT 21G LANCETS 21 GAUGE	Non-PDL Brand	
SURE COMFORT 23G LANCETS 23 GAUGE	Non-PDL Brand	
SURE COMFORT 28G LANCETS 28 GAUGE	Non-PDL Brand	

Drug	Status	Notes
SURE COMFORT 30G LANCETS 30 GAUGE	Non-PDL Brand	
SURE-LANCE 26G LANCETS 26 GAUGE	Non-PDL Brand	
SURE-LANCE FLAT LANCETS	Non-PDL Brand	
SURE-LANCE THIN 28G LANCETS 28 GAUGE	Non-PDL Brand	
SURE-LANCE ULTRA THIN 30G 30 GAUGE	Non-PDL Brand	
SURE-TOUCH LANCET	Non-PDL Brand	
TECHLITE 25G LANCETS 25 GAUGE	Non-PDL Brand	
TECHLITE 28G LANCETS 28 GAUGE	Non-PDL Brand	
TECHLITE 30G LANCETS 30 GAUGE	Non-PDL Brand	
TELCARE ULTRA THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	
THIN 26G LANCETS 26 GAUGE	Non-PDL Brand	
THIN LANCETS 28G 28 GAUGE	Non-PDL Brand	
TOPCARE UNIVERSAL1 33G LANCETS 33 GAUGE	Non-PDL Brand	
TOPCARE UNIVERSAL1 THIN LANCET THIN, 26G	Non-PDL Brand	
TOPCARE UNIVERSAL1 THIN LANCET ULTRA THIN, 30G	Non-PDL Brand	
TRUE COMFORT 30G LANCET 30 GAUGE	Non-PDL Brand	
TRUEPLUS 26G LANCETS 26 GAUGE	Non-PDL Brand	
TRUEPLUS 30G LANCETS 30 GAUGE	Non-PDL Brand	
TRUEPLUS 33G LANCETS 33 GAUGE	Non-PDL Brand	
TRUEPLUS SAFETY 28G LANCET 28 GAUGE	Non-PDL Brand	
TRUEPLUS SAFETY 28G LANCETS 28G, STERILE 28 GAUGE	Non-PDL Brand	
TRUEPLUS SUPER THIN 28G LANCET 28G, STERILE 28 GAUGE	Non-PDL Brand	
TRUEPLUS SUPER THIN 28G LANCET 28G,STRL 28 GAUGE	Non-PDL Brand	
TRUEPLUS ULTRA THIN 30G LANCET 30 GAUGE	Non-PDL Brand	
twist lancets 28g	Non-PDL Brand	
TWIST LANCETS 30G 30 GAUGE	Non-PDL Brand	
TWIST LANCETS 32G 32 GAUGE	Non-PDL Brand	
ULTILET 28G LANCETS 28 GAUGE	Non-PDL Brand	
ULTILET 30G LANCETS 30 GAUGE	Non-PDL Brand	
ULTILET 33G LANCETS 33 GAUGE	Non-PDL Brand	
ULTILET BASIC 30G LANCETS 30 GAUGE	Non-PDL Brand	
ULTILET CLASSIC 26G LANCETS	Non-PDL Brand	
ULTILET CLASSIC 28G LANCETS , 28 GAUGE	Non-PDL Brand	
ULTILET CLASSIC 30G LANCETS 30 GAUGE	Non-PDL Brand	
ULTILET CLASSIC 33G LANCETS 33 GAUGE	Non-PDL Brand	
ULTILET SAFETY 23G LANCETS 23 GAUGE	Non-PDL Brand	
ULTRA FINE 30G LANCETS 30 GAUGE	Non-PDL Brand	
ULTRA THIN 28G LANCETS 28G, STRL 28 GAUGE	Non-PDL Brand	
ULTRA THIN 28G LANCETS RECAPPABLE 28 GAUGE	Non-PDL Brand	

Drug	Status	Notes
ULTRA THIN 28G LANCETS ULTRA THIN 28 GAUGE	Non-PDL Brand	
ULTRA THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	
ULTRA THIN 30G LANCETS STERILE 30 GAUGE	Non-PDL Brand	
ULTRA THIN 31G LANCET 31 GAUGE	Non-PDL Brand	
ULTRA THIN 31G LANCETS 31 GAUGE	Non-PDL Brand	
ULTRA THIN 33G LANCETS 33 GAUGE	Non-PDL Brand	
ULTRA-CARE 30G LANCETS 30 GAUGE	Non-PDL Brand	
ULTRALANCE 26G LANCETS 26 GAUGE	Non-PDL Brand	
ULTRALANCE 28G LANCETS 28 GAUGE	Non-PDL Brand	
ULTRA-THIN II 28G LANCETS 28 GAUGE	Non-PDL Brand	
ULTRA-THIN II 30G LANCETS 30 GAUGE	Non-PDL Brand	
ULTRATLC LANCETS	Non-PDL Brand	
UNILET COMFORTOUCH 26G LANCETS 26 GAUGE	Non-PDL Brand	
UNILET COMFORTOUCH LANCET	Non-PDL Brand	
UNILET EXCELITE II LANCET	Non-PDL Brand	
UNILET EXCELITE LANCET	Non-PDL Brand	
UNILET GP LANCET	Non-PDL Brand	
UNILET GP LANCET SUPERLITE	Non-PDL Brand	
UNILET MICRO THIN 33G LANCET 33 GAUGE	Non-PDL Brand	
UNILET MICRO THIN 33G LANCETS 33 GAUGE	Non-PDL Brand	
UNILET SUPER THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	
UNILET SUPER THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	
UNILET SUPER THIN 30G LANCETS SINGLE-USE,STERILE 30 GAUGE	Non-PDL Brand	
UNILET SUPER THIN 30G LANCETS SUPER THIN 30 GAUGE	Non-PDL Brand	
UNILET ULTRA THIN 28G LANCETS 28 GAUGE	Non-PDL Brand	
UNILET ULTRA THIN 28G LANCETS 28G,ULTRA THIN,STRL 28 GAUGE	Non-PDL Brand	
UNILET ULTRA THIN 28G LANCETS SINGLE-USE,STERILE 28 GAUGE	Non-PDL Brand	
UNILET ULTRA THIN 28G LANCETS ULTRA THIN,STERILE 28 GAUGE	Non-PDL Brand	
UNILET ULTRA THIN 28G LANCETS UNIVERSAL FIT 28 GAUGE	Non-PDL Brand	
UNISTIK 3 COMFORT LANCET	Non-PDL Brand	
UNISTIK 3 EXTRA 21G LANCETS 21 GAUGE	Non-PDL Brand	
UNISTIK 3 GENTLE 30G LANCETS 30 GAUGE	Non-PDL Brand	
UNISTIK 3 GENTLE ON-THE-GO 30G 30 GAUGE	Non-PDL Brand	
UNISTIK 3 NORMAL 23G LANCETS 23 GAUGE	Non-PDL Brand	
UNISTIK 3 SAFETY 21G LANCETS 21 GAUGE	Non-PDL Brand	
UNISTIK CZT COMFORT 28G LANCET 28 GAUGE	Non-PDL Brand	
UNISTIK CZT NORMAL 23G LANCETS 23 GAUGE	Non-PDL Brand	

Drug	Status	Notes
UNISTIK PRO 21G LANCET 21 GAUGE	Non-PDL Brand	
UNISTIK PRO 25G LANCET 25 GAUGE	Non-PDL Brand	
UNISTIK PRO 28G LANCET 28 GAUGE	Non-PDL Brand	
UNISTIK SAFETY 28G LANCET 28 GAUGE	Non-PDL Brand	
UNISTIK SAFETY 30G LANCETS 30 GAUGE	Non-PDL Brand	
UNISTIK TOUCH 21G LANCETS 21 GAUGE	Non-PDL Brand	
UNISTIK TOUCH 23G LANCETS 23 GAUGE	Non-PDL Brand	
UNISTIK TOUCH 28G LANCETS 28 GAUGE	Non-PDL Brand	
UNISTIK TOUCH 30G LANCETS 30 GAUGE	Non-PDL Brand	
UNIVERSAL 1 33G LANCETS 33 GAUGE	Non-PDL Brand	
VIVAGUARD LANCET 30 GAUGE	Non-PDL Brand	
WALGREENS THIN LANCETS THIN	Non-PDL Brand	
WALGREENS ULTRA THIN LANCETS	Non-PDL Brand	
Syringes And Accessories		
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
ADVOCATE INS SYR 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
ASSURE ID SYR 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ASSURE ID SYR 0.5 ML 29GX1/2" (RX) 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	Non-PDL Brand	
ASSURE ID SYR 1 ML 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ASSURE ID SYR 1 ML 29GX1/2" (RX) 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
BD INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	

Drug	Status	Notes
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	
BD INS SYR UF 0.5 ML 12.7MMX30G 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	
BD INS SYRN UF 1 ML 12.7MMX30G 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
BD INS SYRNG 0.3 ML 29GX12.7MM 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
BD INS SYRNG 0.5 ML 29GX12.7MM 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
BD INS SYRNG UF 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
BD INS SYRNG UF 0.5 ML 8MMX31G 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
BD INSULIN SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
BD INSULIN SYR 0.5 ML 28GX1/2" MICRO-FINE IV PERM N 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
BD INSULIN SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	Non-PDL Brand	
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	Non-PDL Brand	
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	Non-PDL Brand	
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	Non-PDL Brand	
bd insulin syr 1 ml 28gx1/2" (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	
BD INSULIN SYR 1 ML 28GX1/2" MICRO-FINE IV PERM N 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
BD INSULIN SYR 1 ML 28GX1/2" MICRO-FINE IV PERM N 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
BD INSULIN SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
BD INSULIN SYR 1 ML 29GX12.7MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
BD INSULIN SYR UF 1 ML 8MMX31G 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
BD INSULIN SYR UF 1 ML 8MMX31G NOT FOR RETAIL SALE 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
BD INSULIN SYRINGE 1 ML W/O NEEDLE, SLIP TIP 1 ML	Non-PDL Brand	
bd luer-lok syringe 1 ml 1 ml	Non-PDL Brand	

Drug	Status	Notes
BD SAFETGLD INS 0.3 ML 13MMX29G 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
BD SAFETGLD INS 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
BD SAFETGLD INS 0.5 ML 13MMX29G 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
BD SAFETGLD INS 0.5 ML 8MMX30G 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
BD SAFETYGLD INS 1 ML 13MMX29G 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	Non-PDL Brand	
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	Non-PDL Brand	
BD VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	
ca ins syr 0.3 ml 30gx5/16" latex-free, short 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
ca ins syr 0.3 ml 31gx5/16" latex-free, short 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
ca ins syr 0.5 ml 30gx5/16" latex-free, short (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
ca ins syr 0.5 ml 31gx5/16" latex-free, short 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
ca insulin syr 0.3 ml 29gx1/2" latex-free 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
ca insulin syr 0.5 ml 29gx1/2" latex-free (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
ca insulin syr 1 ml 29gx1/2" latex-free (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
ca insulin syr 1 ml 30gx5/16" latex-free, short (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
ca insulin syr 1 ml 31gx5/16" latex-free, short 1 ml 31 gauge x 5/16	Non-PDL Brand	
careone syr 0.3 ml 30gx1/2" regular, hri 0.3 ml 30 gauge x 1/2"	Non-PDL Brand	
careone syr 0.5 ml 30gx1/2" regular, hri (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	
careone syr 1 ml 30gx1/2" regular, hri (otc) 1 ml 30 gauge x 1/2"	Non-PDL Brand	
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	

Drug	Status	Notes
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	Non-PDL Brand	
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	Non-PDL Brand	
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
COMFORT EZ INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
COMFORT EZ INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	Non-PDL Brand	
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	

Drug	Status	Notes
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	Non-PDL Brand	
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	Non-PDL Brand	
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
DROPLET INS SYR 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	Non-PDL Brand	
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
DROPLET INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
DRUG MART ULTRA COMFORT SYR 0.5ML 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
DRUG MART ULTRA COMFORT SYR 1ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	Non-PDL Brand	
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	Non-PDL Brand	
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	

Drug	Status	Notes
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
EASY TOUCH 1 ML SYR 27GX1/2" 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH INSULIN SYR 1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	Non-PDL Brand	
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	Non-PDL Brand	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	Non-PDL Brand	
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	Non-PDL Brand	
EASY TOUCH LUER LOK INSUL 1 ML 1 ML	Non-PDL Brand	
EASY TOUCH UNI-SLIP SYR 1 ML 1 ML	Non-PDL Brand	
EASY-TOUCH INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	

Drug	Status	Notes
eql ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
eql insul syr 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
eql insul syr 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
eql insulin 0.3 ml syringe 0.3 ml 29 gauge	Non-PDL Brand	
eql insulin 0.3 ml syringe short needle 0.3 ml 30	Non-PDL Brand	
eql insulin 0.5 ml syringe 1/2 ml 29	Non-PDL Brand	
eql insulin 0.5 ml syringe short needle 1/2 ml 30 gauge	Non-PDL Brand	
eql insulin 1 ml syringe short needle 1 ml 30 gauge x 7/16"	Non-PDL Brand	
eql insulin syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16	Non-PDL Brand	
exel ins syr u100 1 ml 28gx1/2 (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
exel u100 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
EXEL U100 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
exel u100 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
EXEL U100 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
EXEL U100 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
exel u100 ins syr 1 ml 29gx1/2 (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
fifty50 ins 0.3 ml 31gx5/16" short needle 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
fifty50 ins 0.5 ml 31gx5/16" short needle 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
fifty50 ins syr 1 ml 31gx5/16" short needle 1 ml 31 gauge x 5/16	Non-PDL Brand	
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
gnp ins syr 0.3 ml 29gx1/2" latex-free 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
gnp insul syr 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
gnp insul syr 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
gnp insulin syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16	Non-PDL Brand	
GNP ULT C 0.3 ML 29GX1/2" (1/2) 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	Non-PDL Brand	

Drug	Status	Notes
GNP ULTR CMFRT 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE	Non-PDL Brand	
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	Non-PDL Brand	
GNP ULTR COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE	Non-PDL Brand	
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	Non-PDL Brand	
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	Non-PDL Brand	
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	Non-PDL Brand	
GNP ULTRA COMFRT 1 ML 28GX1/2" 1 ML 28 GAUGE	Non-PDL Brand	
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
insulin 1 ml syringe 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 7/16"	Non-PDL Brand	
insulin 1/2 ml syringe 1/2 ml 29 , 1/2 ml 30 gauge	Non-PDL Brand	
insulin 3/10 ml syringe 0.3 ml 29 gauge, 0.3 ml 30	Non-PDL Brand	
insulin syr 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syr 0.3 ml 31gx1/4(1/2) 0.3 ml 31 gauge x 1/4"	Non-PDL Brand	
insulin syrin 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.3 ml 29gx1/2" latex-free 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.3 ml 30gx1/2" 0.3 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.3 ml 30gx1/2" latex-free 0.3 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.3 ml 30gx1/2" short needle 0.3 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.3 ml 30gx5/16" hri 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.3 ml 30gx5/16" latex-free, short 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.3 ml 30gx5/16" short needle 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.3 ml 31gx5/16" hri 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	

Drug	Status	Notes
insulin syrin 0.3 ml 31gx5/16" l/f, ultra comfort 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.3 ml 31gx5/16" latex-free, short 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.3 ml 31gx5/16" short needle 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.3 ml 31gx5/16" short needle,thin ii 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 28gx1/2" 1/2 ml 28 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.5 ml 28gx1/2" latex-free 1/2 ml 28 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.5 ml 29gx1/2" latex-free (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.5 ml 30gx1/2" (rx) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.5 ml 30gx1/2" latex-free (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.5 ml 30gx1/2" short needle (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.5 ml 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 30gx5/16" (rx) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 30gx5/16" hri (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 30gx5/16" latex-free, short (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 30gx5/16" short needle (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 31gx5/16" hri 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 31gx5/16" l/f, ultra comfort 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 31gx5/16" latex-free, short 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 31gx5/16" short needle 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 31gx5/16" short needle,thin ii 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
INSULIN SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
insulin syring 0.5 ml 27gx1/2" 1/2 ml 27 gauge x 1/2"	Non-PDL Brand	
insulin syring 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	Non-PDL Brand	
insulin syringe 0.3 ml 31gx1/4 0.3 ml 31 gauge x 1/4"	Non-PDL Brand	
insulin syringe 0.3 ml short 0.3 ml 30	Non-PDL Brand	

Drug	Status	Notes
INSULIN SYRINGE 0.5 ML 1/2 ML 29	Non-PDL Brand	
insulin syringe 0.5 ml 31gx1/4 1/2 ml 31 gauge x 1/4"	Non-PDL Brand	
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	Non-PDL Brand	
insulin syringe 1 ml 27gx1/2" inner 1 ml 27 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 27gx1/2" outer 1 ml 27 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 28gx1/2" (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 28gx1/2" latex-free (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 29gx1/2" latex-free (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 30gx1/2" (otc) 1 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 30gx1/2" (rx) 1 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 30gx1/2" latex-free (otc) 1 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 30gx1/2" short needle (otc) 1 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml 30gx5/16" (rx) 1 ml 30 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml 30gx5/16" hri (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml 30gx5/16" short needle (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml 30gx5/16" short, latex-free (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml 31gx1/4" 1 ml 31 gauge x 1/4"	Non-PDL Brand	
insulin syringe 1 ml 31gx5/16" 1 ml 31 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml 31gx5/16" hri 1 ml 31 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml 31gx5/16" latex-free, short 1 ml 31 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml 31gx5/16" short needle 1 ml 31 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml 31gx5/16" short needle,thin ii 1 ml 31 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml short 1 ml 30 gauge x 7/16"	Non-PDL Brand	
kinray ins syr 1 ml 31gx5/16" preferred plus 1 ml 31 gauge x 5/16	Non-PDL Brand	
kinray syring 0.3 ml 31gx5/16" preferred plus 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
kinray syring 0.5 ml 31gx5/16" preferred plus 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
kmart valu plus syr 1/2 ml 1/2 ml 29 , 1/2 ml 30 gauge	Non-PDL Brand	

Drug	Status	Notes
kro ins syr 0.3 ml 29gx1/2" latex-free 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
kro ins syrin 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
kro ins syrin 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
kro ins syrin 0.5 ml 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
kro ins syrin 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
kro ins syring 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
kro ins syringe 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
kro ins syringe 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
kro ins syringe 1 ml 31gx5/16" 1 ml 31 gauge x 5/16	Non-PDL Brand	
kro insulin syr 1 ml 30gx5/16" latex-free (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
kroger ins syr 0.3 ml 30gx5/16 short needle 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
kroger ins syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
kroger ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
kroger ins syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16	Non-PDL Brand	
kroger syr 0.5 ml 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
kroger syring 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
leader ins syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
leader ins syr 0.5 ml 28gx1/2" 1/2 ml 28 gauge x 1/2"	Non-PDL Brand	
leader ins syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
leader ins syr 0.5 ml 30gx1/2" (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	
leader ins syr 1 ml 28gx1/2" (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	
leader ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
leader ins syr 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
leader ins syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16	Non-PDL Brand	
leader insulin syringe 0.3 ml 0.3 ml 30	Non-PDL Brand	
leader syring 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
leader syring 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	Non-PDL Brand	
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	Non-PDL Brand	
LITE TOUCH INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	

Drug	Status	Notes
LITE TOUCH INSULIN SYR 0.5 ML 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
MAGELLAN INSUL SYRINGE 0.3 ML 0.3 ML 30 X 5/16"	Non-PDL Brand	
MAGELLAN INSUL SYRINGE 0.5 ML 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
MAGELLAN INSULIN SYR 0.3 ML 0.3 ML 29 X 1/2"	Non-PDL Brand	
MAGELLAN INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
MAGELLAN INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Non-PDL Brand	
MAXICOMFORT INS 0.5 ML 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	Non-PDL Brand	
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT 0.5 ML SYRN 28GX1/2" 1/2 ML 28 GAUGE	Non-PDL Brand	
MONOJECT 1 ML SYRN 27X1/2" 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT 1 ML SYRN 28GX1/2" 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT 1 ML SYRN 28GX1/2" SOFTPACK (RX) 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	

Drug	Status	Notes
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT INSUL SYR U100 0.5 ML (OTC) 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC) 1 ML	Non-PDL Brand	
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
MONOJECT INSULIN SYR 0.3 ML 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
MONOJECT INSULIN SYR 0.5 ML (OTC) 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
MONOJECT INSULIN SYR 0.5 ML 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
MONOJECT INSULIN SYR 1 ML (RX) 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
MONOJECT INSULIN SYR 1 ML 3'S (OTC) 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2", 29 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT INSULIN SYRN 3/10 ML 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
MONOJECT SYRINGE 1 ML SOFTPK, REG LUER TIP (RX) 1 ML	Non-PDL Brand	
ms ins syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
ms ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
ms ins syringe 1 ml 30gx1/2" (otc) 1 ml 30 gauge x 1/2"	Non-PDL Brand	
ms insul syr 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
ms insul syr 0.5 ml 30gx1/2" (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	
ms insul syr 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
ms insulin syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
ms insulin syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16	Non-PDL Brand	
ms insulin syringe 0.3 ml 0.3 ml 30	Non-PDL Brand	

Drug	Status	Notes
pref plus ins 0.3 ml 29gx1/2" latex-free 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
pref plus syr 0.5 ml 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
pref plus syring 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
preferred plus 0.3 ml 30gx5/16 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
preferred plus 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
preferred plus syringe 0.5 ml 1/2 ml 28 gauge	Non-PDL Brand	
preferred plus syringe 1 ml 1 ml 28 gauge	Non-PDL Brand	
prefpls ins syr 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
pub ins syrin 0.3 ml 30gx1/2" regular needle 0.3 ml 30 gauge x 1/2"	Non-PDL Brand	
pub ins syringe 1 ml 30gx1/2" regular needle (otc) 1 ml 30 gauge x 1/2"	Non-PDL Brand	
pub insul syr 0.3 ml 31gx5/16" short needle 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
pub insul syr 0.5 ml 30gx1/2" regular needle (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	
pub insul syr 0.5 ml 31gx5/16" short needle 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
pub insulin syr 1 ml 31gx5/16" short needle 1 ml 31 gauge x 5/16	Non-PDL Brand	
ra ins syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
ra ins syr 0.5 ml 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
ra ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
ra ins syringe 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	

Drug	Status	Notes
relion ins syr 0.3 ml 29gx1/2" latex-free 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
relion ins syr 0.3 ml 29gx1/2" latex-free, outer 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
relion ins syr 0.3 ml 29gx1/2" ltx-fr,29gx1/2,inner 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
relion ins syr 0.3 ml 30gx5/16 latex-free, outer 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
relion ins syr 0.3 ml 30gx5/16 latex-free,inner 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
relion ins syr 0.3 ml 31gx6mm 0.3 ml 31 gauge x 15/64"	Non-PDL Brand	
RELION INS SYR 0.5 ML 29GX1/2" LATEX-FREE, OUTER 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
RELION INS SYR 0.5 ML 29GX1/2" LTX-FR,29GX1/2,INNER 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
relion ins syr 0.5 ml 31gx6mm 1/2 ml 31 gauge x 15/64"	Non-PDL Brand	
relion ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
relion ins syr 1 ml 29gx1/2" latex-free, outer (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
relion ins syr 1 ml 29gx1/2" ltx-fr,29gx1/2,inner (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
relion ins syr 1 ml 30gx5/16" latex-free, outer (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
relion ins syr 1 ml 30gx5/16" latex-free,inner (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
relion ins syr 1 ml 31gx15/64" 1 ml 31 gauge x 15/64"	Non-PDL Brand	
relion ins syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16	Non-PDL Brand	
relion ins syr 1 ml 31gx5/16" latex free, inner 1 ml 31 gauge x 5/16	Non-PDL Brand	
relion ins syr 1 ml 31gx5/16" outer,10x10 1 ml 31 gauge x 5/16	Non-PDL Brand	
relion insulin syr 0.5 ml 1/2 ml 29	Non-PDL Brand	
relion syr 0.5 ml 30gx5/16" latex-free, outer (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
relion syr 0.5 ml 30gx5/16" latex-free,inner (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
relion syring 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
relion syring 0.3 ml 31gx5/16" latex free, inner 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
relion syring 0.3 ml 31gx5/16" outer,10x10 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
relion syring 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
relion syring 0.5 ml 31gx5/16" latex free, inner 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
relion syring 0.5 ml 31gx5/16" outer,10x10 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10,L/F 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	

Drug	Status	Notes
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",LATEX FREE 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10,L/F 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",LATEX FREE 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10,L/F 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",LATEX FREE 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10,L/F 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",LATEX FREE 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10,L/F 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",LATEX FREE 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
sm ins syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
sm ins syr 0.5 ml 30gx5/16" short needle (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
sm ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
sm ins syring 0.3 ml 30gx5/16" short needle 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
sm ins syringe 1 ml 28gx1/2" (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	
sm ins syringe 1 ml 30gx5/16" short needle (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
sm insul syr 0.3 ml 31gx5/16" short needle 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
sm insul syr 0.5 ml 31gx5/16" short needle 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
sm insulin syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
sm insulin syr 0.5 ml 28gx1/2" 1/2 ml 28 gauge x 1/2"	Non-PDL Brand	
sm insulin syr 1 ml 31gx5/16" short needle 1 ml 31 gauge x 5/16	Non-PDL Brand	
SURE COMFORT 0.3 ML SYRINGE LATEX FREE,SHORT NDL 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
SURE COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
SURE COMFORT 3/10 ML SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	

Drug	Status	Notes
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	Non-PDL Brand	
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	Non-PDL Brand	
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	Non-PDL Brand	
SURE-JECT INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
SURE-JECT INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
SURE-JECT INSU SYR U100 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
SURE-JECT INSU SYR U100 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
TECHLITE 0.3 ML 30GX12MM (1/2) 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
TECHLITE 0.5 ML 29GX12MM (1/2) 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	Non-PDL Brand	
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
TECHLITE INS SYR 1 ML 29GX12MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
TECHLITE INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	

Drug	Status	Notes
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
terumo ins syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
TERUMO INS SYRINGE U100-1 ML 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
terumo ins syringe u100-1 ml 1 ml 30 gauge x 3/8"	Non-PDL Brand	
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	Non-PDL Brand	
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	Non-PDL Brand	
TERUMO INS SYRNG U100-1/2 ML 0.5 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
THINPRO INS SYRIN U100-0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8"	Non-PDL Brand	
THINPRO INS SYRIN U100-0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Non-PDL Brand	
THINPRO INS SYRIN U100-1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 3/8", 1 ML 31 X 3/8"	Non-PDL Brand	
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
TRUEPLUS SYR 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
TRUEPLUS SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
TRUEPLUS SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
TRUEPLUS SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
TRUEPLUS SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
TRUEPLUS SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
TRUEPLUS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
TRUEPLUS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
TRUEPLUS SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	

Drug	Status	Notes
TRUEPLUS SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
ULT CFT 0.3 ML 29GX1/2" (1/2) 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ULT CFT 0.3 ML 30GX5/16" (1/2) 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
ULT CFT 0.3 ML 31GX5/16" (1/2) 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ultcare ins syr 1 ml 31gx5/16" 31gx5/16" 1 ml 31 gauge x 5/16	Non-PDL Brand	
ULTICAR INS 0.3 ML 31GX1/4(1/2) 0.3 ML 31 GAUGE X 1/4"	Non-PDL Brand	
ULTICARE INS 0.3 ML 30GX1/2" 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ULTICARE INS 0.3 ML 31GX1/4" 0.3 ML 31 GAUGE X 1/4"	Non-PDL Brand	
ULTICARE INS 0.5 ML 30GX1/2" 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ULTICARE INS 0.5 ML 31GX1/4" 1/2 ML 31 GAUGE X 1/4"	Non-PDL Brand	
ULTICARE INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	Non-PDL Brand	
ulticare ins safety 1 ml 29x1/2 latex/free (rx) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
ulticare ins syr 1 ml 28gx1/2" 28gx1/2" (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	
ulticare ins syr 1 ml 29gx1/2" 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
ULTICARE INS SYR 1 ML 30GX1/2" 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ulticare safety 0.5 ml 29gx1/2 latex/free (rx) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
ULTICARE SYR 0.3 ML 30GX1/2" LATEX FREE 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ULTICARE SYR 0.3 ML 30GX1/2" LATEX-FREE 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ulticare syr 0.3 ml 30gx5/16" 30gx5/16" 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	
ulticare syr 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	
ULTICARE SYR 0.3 ML 31GX5/16" LATEX FREE,SHORT NDL 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ULTICARE SYR 0.3 ML 31GX5/16" SHORT, LATEX-FREE 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ulticare syr 0.5 ml 29gx1/2" 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
ULTICARE SYR 0.5 ML 30GX1/2" LATEX FREE 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ULTICARE SYR 0.5 ML 30GX1/2" LATEX-FREE 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ulticare syr 0.5 ml 30gx5/16" 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	

Drug	Status	Notes
ulticare syr 0.5 ml 31gx5/16" 31gx5/16" 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
ULTICARE SYR 0.5 ML 31GX5/16" LATEX FREE,SHORT NDL 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ULTICARE SYR 0.5 ML 31GX5/16" LATEX-FREE, SHORT 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ulticare syr 1 ml 30gx5/16" 30gx5/16" (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	
ULTICARE SYR 1 ML 31GX5/16" LATEX FREE,SHORT NDL 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
ULTICARE SYR 1 ML 31GX5/16" LATEX-FREE,SHORT NDL 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
ulticare syrin 0.3 ml 29gx1/2" 29gx1/2" 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	
ulticare syrin 0.5 ml 28gx1/2" 28gx1/2" 1/2 ml 28 gauge x 1/2"	Non-PDL Brand	
ULTICARE SYRINGE 1 ML 30GX1/2" LATEX FREE 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ULTICARE SYRINGE 1 ML 30GX1/2" LATEX-FREE 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ULTILET INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ULTILET INSULIN SYRINGE 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ULTILET INSULIN SYRINGE 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
ULTRA COMFORT 0.5 ML 28GX1/2" LATEX-FREE 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ULTRA COMFORT 0.5 ML 30GX5/16" LATEX-FREE 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
ULTRA COMFORT 0.5 ML 31GX5/16" LATEX-FREE 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	Non-PDL Brand	
ULTRA COMFORT 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	

Drug	Status	Notes
ULTRA COMFORT 1 ML 29GX1/2" LATEX-FREE 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
ULTRA COMFORT 1 ML 30GX5/16" LATEX-FREE 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
VANISHPOINT 0.5 ML 30GX1/2" SY LATEX-FREE, INNER 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
VANISHPOINT 0.5 ML 30GX1/2" SY LATEX-FREE, OUTER 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	Non-PDL Brand	
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	

Drug	Status	Notes
Miscellaneous Agents		
Anaphylaxis Therapy Agents		
epinephrine 0.15 mg auto-injct inner, suv 0.15 mg/0.3 ml	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
epinephrine 0.15 mg auto-injct inner, suv 0.15 mg/0.3 ml	PDL Preferred Generic	Mylan Preferred; QL (4 EA per 1 FILL)
epinephrine 0.15 mg auto-injct outer, suv 0.15 mg/0.3 ml	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
epinephrine 0.15 mg auto-injct outer, suv 0.15 mg/0.3 ml	PDL Preferred Generic	Mylan Preferred; QL (4 EA per 1 FILL)
epinephrine 0.15 mg auto-injct sdv 0.15 mg/0.15 ml	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
epinephrine 0.3 mg auto-inject inner, suv 0.3 mg/0.3 ml	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
epinephrine 0.3 mg auto-inject inner, suv 0.3 mg/0.3 ml	PDL Preferred Generic	Mylan Preferred; QL (4 EA per 1 FILL)
epinephrine 0.3 mg auto-inject outer, suv 0.3 mg/0.3 ml	PDL Preferred Generic	Mylan Preferred; QL (4 EA per 1 FILL)
epinephrine 0.3 mg auto-inject outer, suv, 0.3 mg/0.3 ml	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
epinephrine 0.3 mg auto-inject suv, inner 0.3 mg/0.3 ml	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
epinephrine 0.3 mg auto-inject suv, outer 0.3 mg/0.3 ml	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
EPIPEN 0.3 MG AUTO-INJECTOR INNER, L/F,SUV 0.3 MG/0.3 ML	PDL Non-Preferred Brand	PA; QL (4 EA per 1 FILL)
EPIPEN 2-PAK 0.3 MG AUTO-INJCT OUTER, L/F,SUV 0.3 MG/0.3 ML	PDL Non-Preferred Brand	PA; QL (4 EA per 1 FILL)
EPIPEN JR 0.15 MG AUTO-INJECTR LATEX-FREE,INNER,SUV 0.15 MG/0.3 ML	PDL Non-Preferred Brand	PA; QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK 0.15 MG INJCTR LATEX-FREE,OUTER,SUV 0.15 MG/0.3 ML	PDL Non-Preferred Brand	PA; QL (4 EA per 1 FILL)
SYMJEPI 0.15 MG/0.3 ML SYRINGE 0.15 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
SYMJEPI 0.3 MG/0.3 ML SYRINGE 0.3 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
Parasympathetic Agents		
bethanechol 10 mg tablet 10 mg	Non-PDL Generic	
bethanechol 10 mg tablet inner 10 mg	Non-PDL Generic	
bethanechol 10 mg tablet outer 10 mg	Non-PDL Generic	
bethanechol 10 mg tablet u-d, 10x10, inner 10 mg	Non-PDL Generic	

Drug	Status	Notes
bethanechol 10 mg tablet u-d, 10x10, outer 10 mg	Non-PDL Generic	
bethanechol 25 mg tablet 25 mg	Non-PDL Generic	
bethanechol 25 mg tablet inner 25 mg	Non-PDL Generic	
bethanechol 25 mg tablet outer 25 mg	Non-PDL Generic	
bethanechol 25 mg tablet u-d, 10x10, inner 25 mg	Non-PDL Generic	
bethanechol 25 mg tablet u-d, 10x10, outer 25 mg	Non-PDL Generic	
bethanechol 5 mg tablet 5 mg	Non-PDL Generic	
bethanechol 50 mg tablet 50 mg	Non-PDL Generic	
bethanechol 50 mg tablet u-d, 10x10, inner 50 mg	Non-PDL Generic	
bethanechol 50 mg tablet u-d, 10x10, outer 50 mg	Non-PDL Generic	
guanidine hcl 125 mg tablet 125 mg	Non-PDL Generic	
pilocarpine hcl 5 mg tablet 5 mg	Non-PDL Generic	
pilocarpine hcl 5 mg tablet f/c 5 mg	Non-PDL Generic	
pilocarpine hcl 5 mg tablet inner 5 mg	Non-PDL Generic	
pilocarpine hcl 5 mg tablet outer 5 mg	Non-PDL Generic	
pilocarpine hcl 7.5 mg tablet 7.5 mg	Non-PDL Generic	
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ 10 MG/0.5 ML SYRINGE P/F, SUV, INNER 10 MG/0.5 ML	Non-PDL Brand	PA; SP
PALYNZIQ 10 MG/0.5 ML SYRINGE P/F, SUV, OUTER 10 MG/0.5 ML	Non-PDL Brand	PA; SP
PALYNZIQ 2.5 MG/0.5 ML SYRINGE P/F, SUV, INNER 2.5 MG/0.5 ML	Non-PDL Brand	PA; SP
PALYNZIQ 2.5 MG/0.5 ML SYRINGE P/F, SUV, OUTER 2.5 MG/0.5 ML	Non-PDL Brand	PA; SP
PALYNZIQ 20 MG/ML SYRINGE P/F, SUV, INNER 20 MG/ML	Non-PDL Brand	PA; SP
PALYNZIQ 20 MG/ML SYRINGE P/F, SUV, OUTER 20 MG/ML	Non-PDL Brand	PA; SP
PALYNZIQ 20 MG/ML SYRINGE P/F, SUV, OUTER, L/F 20 MG/ML	Non-PDL Brand	PA; SP
Neoplastic Disease		
Alkylating Agents		
cyclophosphamide 25 mg capsule 25 mg	Non-PDL Generic	SP

Drug	Status	Notes
cyclophosphamide 50 mg capsule 50 mg	Non-PDL Generic	SP
HYDREA 500 MG CAPSULE 500 MG	Non-PDL Brand	
hydroxyurea 500 mg capsule 500 mg	Non-PDL Generic	
hydroxyurea 500 mg capsule u-d,10x10,inner 500 mg	Non-PDL Generic	
hydroxyurea 500 mg capsule u-d,10x10,outer 500 mg	Non-PDL Generic	
LEUKERAN 2 MG TABLET 2 MG	Non-PDL Brand	SP
melphalan 2 mg tablet 2 mg	Non-PDL Generic	
MYLERAN 2 MG TABLET 2 MG	Non-PDL Brand	SP
temozolomide 100 mg capsule 100 mg	Non-PDL Generic	PA; SP
temozolomide 100 mg capsule inner 100 mg	Non-PDL Generic	PA; SP
temozolomide 100 mg capsule outer 100 mg	Non-PDL Generic	PA; SP
temozolomide 140 mg capsule 140 mg	Non-PDL Generic	PA; SP
temozolomide 140 mg capsule inner 140 mg	Non-PDL Generic	PA; SP
temozolomide 140 mg capsule outer 140 mg	Non-PDL Generic	PA; SP
temozolomide 180 mg capsule 180 mg	Non-PDL Generic	PA; SP
temozolomide 180 mg capsule inner 180 mg	Non-PDL Generic	PA; SP
temozolomide 180 mg capsule outer 180 mg	Non-PDL Generic	PA; SP
temozolomide 20 mg capsule 20 mg	Non-PDL Generic	PA; SP
temozolomide 20 mg capsule inner 20 mg	Non-PDL Generic	PA; SP
temozolomide 20 mg capsule outer 20 mg	Non-PDL Generic	PA; SP
temozolomide 250 mg capsule 250 mg	Non-PDL Generic	PA; SP
temozolomide 250 mg capsule inner 250 mg	Non-PDL Generic	PA; SP
temozolomide 250 mg capsule outer 250 mg	Non-PDL Generic	PA; SP
temozolomide 5 mg capsule 5 mg	Non-PDL Generic	PA; SP
temozolomide 5 mg capsule inner 5 mg	Non-PDL Generic	PA; SP
temozolomide 5 mg capsule outer 5 mg	Non-PDL Generic	PA; SP
Antiandrogenic Agents		

Drug	Status	Notes
abiraterone acetate 250 mg tab 250 mg	Non-PDL Generic	PA; SP
abiraterone acetate 250 mg tab inner 250 mg	Non-PDL Generic	PA; SP
abiraterone acetate 250 mg tab outer 250 mg	Non-PDL Generic	PA; SP
bicalutamide 50 mg tablet 50 mg	Non-PDL Generic	
bicalutamide 50 mg tablet f/c 50 mg	Non-PDL Generic	
ERLEADA 60 MG TABLET 60 MG	Non-PDL Brand	PA; SP
flutamide 125 mg capsule 125 mg	Non-PDL Generic	
nilutamide 150 mg tablet 150 mg	Non-PDL Generic	SP; QL (2 EA per 1 day)
NUBEQA 300 MG TABLET 300 MG	Non-PDL Brand	PA; SP
XTANDI 40 MG CAPSULE 40 MG	Non-PDL Brand	PA; SP
ZYTIGA 500 MG TABLET 500 MG	Non-PDL Brand	PA; SP
Antimetabolites		
capecitabine 150 mg tablet 150 mg	Non-PDL Generic	PA; SP
capecitabine 500 mg tablet 500 mg	Non-PDL Generic	PA; SP
capecitabine 500 mg tablet f/c 500 mg	Non-PDL Generic	PA; SP
capecitabine 500 mg tablet f/c,inner 500 mg	Non-PDL Generic	PA; SP
capecitabine 500 mg tablet f/c,outer 500 mg	Non-PDL Generic	PA; SP
LONSURF 15 MG-6.14 MG TABLET 15-6.14 MG	Non-PDL Brand	PA; SP
LONSURF 20 MG-8.19 MG TABLET 20-8.19 MG	Non-PDL Brand	PA; SP
mercaptopurine 50 mg tablet 50 mg	Non-PDL Generic	
methotrexate 1 gm vial latex-free,p/f,sdv 1 gram	Non-PDL Generic	
methotrexate 1 gm vial latex-free,p/f,suv 1 gram	Non-PDL Generic	
methotrexate 1 gm vial p/f,lyophili,sdv,l/f 1 gram	Non-PDL Generic	
methotrexate 1 gm vial suv, l/f, p/f 1 gram	Non-PDL Generic	
methotrexate 1 gram/40 ml vial p/f, sdv 25 mg/ml	Non-PDL Generic	
methotrexate 1 gram/40 ml vial p/f, sdv, latex-free 25 mg/ml	Non-PDL Generic	
methotrexate 1 gram/40 ml vial p/f, suv 25 mg/ml	Non-PDL Generic	
methotrexate 1 gram/40 ml vial p/f,sdv 25 mg/ml	Non-PDL Generic	
methotrexate 1 gram/40 ml vial p/f,sdv,latex-free 25 mg/ml	Non-PDL Generic	

Drug	Status	Notes
methotrexate 2.5 mg tablet 2.5 mg	Non-PDL Generic	
methotrexate 2.5 mg tablet u-d, 2x10, inner 2.5 mg	Non-PDL Generic	
methotrexate 2.5 mg tablet u-d,10x10,blisters 2.5 mg	Non-PDL Generic	
methotrexate 2.5 mg tablet u-d,2x10,outer 2.5 mg	Non-PDL Generic	
methotrexate 25 mg/ml vial p/f 25 mg/ml	Non-PDL Generic	
methotrexate 250 mg/10 ml vial latex-free 25 mg/ml	Non-PDL Generic	
methotrexate 250 mg/10 ml vial p/f, sdv 25 mg/ml	Non-PDL Generic	
methotrexate 250 mg/10 ml vial p/f, suv 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial inner, l/f, p/f, sdv 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial inner,latex-free 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial latex-free 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial latex-free, inner 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial latex-free, outer 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial outer, l/f, p/f, sdv 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial outer,latex-free 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial p/f, sdv, l/f 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial p/f, suv 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial p/f,suv 25 mg/ml	Non-PDL Generic	
TABLOID 40 MG TABLET 40 MG	Non-PDL Brand	SP
TREXALL 10 MG TABLET 10 MG	Non-PDL Brand	
TREXALL 15 MG TABLET 15 MG	Non-PDL Brand	
TREXALL 5 MG TABLET 5 MG	Non-PDL Brand	
TREXALL 7.5 MG TABLET 7.5 MG	Non-PDL Brand	
Antineoplastic Aromatase Inhibitors		
anastrozole 1 mg tablet 1 mg	Non-PDL Generic	
anastrozole 1 mg tablet coated 1 mg	Non-PDL Generic	
anastrozole 1 mg tablet f/c 1 mg	Non-PDL Generic	
exemestane 25 mg tablet 25 mg	Non-PDL Generic	

Drug	Status	Notes
exemestane 25 mg tablet f/c 25 mg	Non-PDL Generic	
letrozole 2.5 mg tablet 2.5 mg	Non-PDL Generic	
letrozole 2.5 mg tablet f/c 2.5 mg	Non-PDL Generic	
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI 50 MG CAPSULE INNER 50 MG	Non-PDL Brand	PA; SP
BRAFTOVI 50 MG CAPSULE OUTER 50 MG	Non-PDL Brand	PA; SP
BRAFTOVI 75 MG CAPSULE INNER 75 MG	Non-PDL Brand	PA; SP
BRAFTOVI 75 MG CAPSULE OUTER 75 MG	Non-PDL Brand	PA; SP
TAFINLAR 50 MG CAPSULE 50 MG	Non-PDL Brand	PA; SP
TAFINLAR 75 MG CAPSULE 75 MG	Non-PDL Brand	PA; SP
ZELBORAF 240 MG TABLET 240 MG	Non-PDL Brand	PA; SP; QL (8 EA per 1 day)
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
DAURISMO 25 MG TABLET 25 MG	Non-PDL Brand	PA; SP
ERIVEDGE 150 MG CAPSULE 150 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
ODOMZO 200 MG CAPSULE 200 MG	Non-PDL Brand	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI 10 MG TABLET 10 MG	Non-PDL Brand	PA; SP
JAKAFI 15 MG TABLET 15 MG	Non-PDL Brand	PA; SP
JAKAFI 20 MG TABLET 20 MG	Non-PDL Brand	PA; SP
JAKAFI 25 MG TABLET 25 MG	Non-PDL Brand	PA; SP
JAKAFI 5 MG TABLET 5 MG	Non-PDL Brand	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC 20 MG TABLET 20 MG	Non-PDL Brand	PA; SP; QL (63 EA per 28 days)
MEKINIST 0.5 MG TABLET 0.5 MG	Non-PDL Brand	PA; SP
MEKINIST 2 MG TABLET 2 MG	Non-PDL Brand	PA; SP
MEKTOVI 15 MG TABLET 15 MG	Non-PDL Brand	PA; SP; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR 10 MG TABLET INNER, U-D, 4X7 10 MG	Non-PDL Brand	PA; SP
AFINITOR 10 MG TABLET OUTER, U-D,4X7 10 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 2 MG TABLET INNER 2 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 2 MG TABLET OUTER 2 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 3 MG TABLET INNER 3 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 3 MG TABLET OUTER 3 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 5 MG TABLET INNER 5 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 5 MG TABLET OUTER 5 MG	Non-PDL Brand	PA; SP
everolimus 2.5 mg tablet 2.5 mg	Non-PDL Generic	PA; SP
everolimus 2.5 mg tablet inner 2.5 mg	Non-PDL Generic	PA; SP
everolimus 2.5 mg tablet outer 2.5 mg	Non-PDL Generic	PA; SP
everolimus 5 mg tablet 5 mg	Non-PDL Generic	PA; SP
everolimus 5 mg tablet inner 5 mg	Non-PDL Generic	PA; SP

Drug	Status	Notes
everolimus 5 mg tablet outer 5 mg	Non-PDL Generic	PA; SP
everolimus 7.5 mg tablet 7.5 mg	Non-PDL Generic	PA; SP
everolimus 7.5 mg tablet inner 7.5 mg	Non-PDL Generic	PA; SP
everolimus 7.5 mg tablet outer 7.5 mg	Non-PDL Generic	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN 0.25 MG CAPSULE 0.25 MG	Non-PDL Brand	SP
HYCAMTIN 1 MG CAPSULE 1 MG	Non-PDL Brand	SP
Antineoplastic Comb - Kinase And Aromatase Inhibit		
KISQALI FEMARA 200 MG CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG	Non-PDL Brand	PA; SP
KISQALI FEMARA 400 MG CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG	Non-PDL Brand	PA; SP
KISQALI FEMARA 600 MG CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG	Non-PDL Brand	PA; SP
Antineoplastic Immunomodulator Agents		
POMALYST 1 MG CAPSULE 1 MG	Non-PDL Brand	PA; SP
POMALYST 2 MG CAPSULE 2 MG	Non-PDL Brand	PA; SP
POMALYST 3 MG CAPSULE 3 MG	Non-PDL Brand	PA; SP
POMALYST 4 MG CAPSULE 4 MG	Non-PDL Brand	PA; SP
REVLIMID 10 MG CAPSULE 10 MG	Non-PDL Brand	PA; SP
REVLIMID 15 MG CAPSULE 15 MG	Non-PDL Brand	PA; SP
REVLIMID 2.5 MG CAPSULE 2.5 MG	Non-PDL Brand	PA; SP
REVLIMID 20 MG CAPSULE 20 MG	Non-PDL Brand	PA; SP
REVLIMID 25 MG CAPSULE 25 MG	Non-PDL Brand	PA; SP
REVLIMID 5 MG CAPSULE 5 MG	Non-PDL Brand	PA; SP
SYLATRON 200 MCG KIT LATEX-FREE, SUV 200 MCG	Non-PDL Brand	SP
SYLATRON 300 MCG KIT LATEX-FREE, SUV 300 MCG	Non-PDL Brand	SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON 120 MG VIAL INNER,SUV 120 MG	Non-PDL Brand	SP; QL (2 EA per 365 days)
FIRMAGON 2 X 120 MG KIT LATEX-FREE,SUV,OUTER 120 MG	Non-PDL Brand	SP; QL (2 EA per 365 days)
FIRMAGON 80 MG KIT LATEX FREE, SUV 80 MG	Non-PDL Brand	SP; QL (1 EA per 30 days)
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA 150 MG CAPSULE 150 MG	Non-PDL Brand	PA; SP
AYVAKIT 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
AYVAKIT 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP
AYVAKIT 300 MG TABLET 300 MG	Non-PDL Brand	PA; SP
BALVERSA 3 MG TABLET 3 MG	Non-PDL Brand	PA; SP
BALVERSA 4 MG TABLET 4 MG	Non-PDL Brand	PA; SP
BALVERSA 5 MG TABLET 5 MG	Non-PDL Brand	PA; SP
BOSULIF 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
BOSULIF 400 MG TABLET 400 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
BOSULIF 500 MG TABLET 500 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
BRUKINSA 80 MG CAPSULE 80 MG	Non-PDL Brand	PA; SP
CABOMETYX 20 MG TABLET 20 MG	Non-PDL Brand	PA; SP
CABOMETYX 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
CABOMETYX 60 MG TABLET 60 MG	Non-PDL Brand	PA; SP
CALQUENCE 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
CAPRELSA 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
CAPRELSA 300 MG TABLET 300 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
erlotinib hcl 100 mg tablet 100 mg	Non-PDL Generic	PA; SP
erlotinib hcl 100 mg tablet inner 100 mg	Non-PDL Generic	PA; SP
erlotinib hcl 100 mg tablet outer 100 mg	Non-PDL Generic	PA; SP
erlotinib hcl 150 mg tablet 150 mg	Non-PDL Generic	PA; SP
erlotinib hcl 150 mg tablet inner 150 mg	Non-PDL Generic	PA; SP
erlotinib hcl 150 mg tablet outer 150 mg	Non-PDL Generic	PA; SP
erlotinib hcl 25 mg tablet 25 mg	Non-PDL Generic	PA; SP
erlotinib hcl 25 mg tablet inner 25 mg	Non-PDL Generic	PA; SP
erlotinib hcl 25 mg tablet outer 25 mg	Non-PDL Generic	PA; SP
IBRANCE 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
IBRANCE 100 MG TABLET INNER 100 MG	Non-PDL Brand	PA; SP
IBRANCE 100 MG TABLET OUTER 100 MG	Non-PDL Brand	PA; SP
IBRANCE 125 MG CAPSULE 125 MG	Non-PDL Brand	PA; SP
IBRANCE 125 MG TABLET INNER 125 MG	Non-PDL Brand	PA; SP
IBRANCE 125 MG TABLET OUTER 125 MG	Non-PDL Brand	PA; SP
IBRANCE 75 MG CAPSULE 75 MG	Non-PDL Brand	PA; SP
IBRANCE 75 MG TABLET INNER 75 MG	Non-PDL Brand	PA; SP
IBRANCE 75 MG TABLET OUTER 75 MG	Non-PDL Brand	PA; SP
imatinib mesylate 100 mg tab 100 mg	Non-PDL Generic	PA; SP; QL (3 EA per 1 day)
imatinib mesylate 100 mg tab f/c 100 mg	Non-PDL Generic	PA; SP; QL (3 EA per 1 day)
imatinib mesylate 100 mg tab inner 100 mg	Non-PDL Generic	PA; SP; QL (3 EA per 1 day)
imatinib mesylate 100 mg tab outer 100 mg	Non-PDL Generic	PA; SP; QL (3 EA per 1 day)
imatinib mesylate 400 mg tab 400 mg	Non-PDL Generic	PA; SP; QL (2 EA per 1 day)
imatinib mesylate 400 mg tab f/c 400 mg	Non-PDL Generic	PA; SP; QL (2 EA per 1 day)
imatinib mesylate 400 mg tab inner 400 mg	Non-PDL Generic	PA; SP; QL (2 EA per 1 day)
imatinib mesylate 400 mg tab outer 400 mg	Non-PDL Generic	PA; SP; QL (2 EA per 1 day)
IMBRUVICA 140 MG CAPSULE 140 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
IMBRUVICA 140 MG TABLET 140 MG	Non-PDL Brand	PA; SP
IMBRUVICA 280 MG TABLET 280 MG	Non-PDL Brand	PA; SP
IMBRUVICA 420 MG TABLET 420 MG	Non-PDL Brand	PA; SP
IMBRUVICA 560 MG TABLET 560 MG	Non-PDL Brand	PA; SP
IMBRUVICA 70 MG CAPSULE 70 MG	Non-PDL Brand	PA; SP
INLYTA 1 MG TABLET 1 MG	Non-PDL Brand	PA; SP; QL (6 EA per 1 day)
INLYTA 5 MG TABLET 5 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
INREBIC 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
IRESSA 250 MG TABLET 250 MG	Non-PDL Brand	PA; SP
KISQALI 200 MG DAILY DOSE 200 MG/DAY (200 MG X 1)	Non-PDL Brand	PA; SP
KISQALI 400 MG DAILY DOSE INNER 400 MG/DAY (200 MG X 2)	Non-PDL Brand	PA; SP
KISQALI 400 MG DAILY DOSE OUTER 400 MG/DAY (200 MG X 2)	Non-PDL Brand	PA; SP
KISQALI 600 MG DAILY DOSE INNER 600 MG/DAY (200 MG X 3)	Non-PDL Brand	PA; SP
KISQALI 600 MG DAILY DOSE OUTER 600 MG/DAY (200 MG X 3)	Non-PDL Brand	PA; SP
LENVIMA 10 MG DAILY DOSE INNER 10 MG/DAY (10 MG X 1)	Non-PDL Brand	PA; SP
LENVIMA 10 MG DAILY DOSE OUTER 10 MG/DAY (10 MG X 1)	Non-PDL Brand	PA; SP
LENVIMA 12 MG DAILY DOSE INNER 12 MG/DAY (4 MG X 3)	Non-PDL Brand	PA; SP
LENVIMA 12 MG DAILY DOSE OUTER 12 MG/DAY (4 MG X 3)	Non-PDL Brand	PA; SP
LENVIMA 14 MG DAILY DOSE INNER 14 MG/DAY(10 MG X 1-4 MG X 1)	Non-PDL Brand	PA; SP
LENVIMA 14 MG DAILY DOSE OUTER 14 MG/DAY(10 MG X 1-4 MG X 1)	Non-PDL Brand	PA; SP
LENVIMA 18 MG DAILY DOSE INNER 18 MG/DAY (10 MG X 1-4 MG X2)	Non-PDL Brand	PA; SP
LENVIMA 18 MG DAILY DOSE OUTER 18 MG/DAY (10 MG X 1-4 MG X2)	Non-PDL Brand	PA; SP
LENVIMA 20 MG DAILY DOSE INNER 20 MG/DAY (10 MG X 2)	Non-PDL Brand	PA; SP
LENVIMA 20 MG DAILY DOSE OUTER 20 MG/DAY (10 MG X 2)	Non-PDL Brand	PA; SP
LENVIMA 24 MG DAILY DOSE INNER 24 MG/DAY(10 MG X 2-4 MG X 1)	Non-PDL Brand	PA; SP
LENVIMA 24 MG DAILY DOSE OUTER 24 MG/DAY(10 MG X 2-4 MG X 1)	Non-PDL Brand	PA; SP
LENVIMA 4 MG CAPSULE INNER 4 MG	Non-PDL Brand	PA; SP
LENVIMA 4 MG CAPSULE OUTER 4 MG	Non-PDL Brand	PA; SP
LENVIMA 8 MG DAILY DOSE INNER 8 MG/DAY (4 MG X 2)	Non-PDL Brand	PA; SP
LENVIMA 8 MG DAILY DOSE OUTER 8 MG/DAY (4 MG X 2)	Non-PDL Brand	PA; SP
LORBRENA 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
LORBRENA 25 MG TABLET 25 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
LYNPARZA 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
LYNPARZA 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
NERLYNX 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
NEXAVAR 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
NINLARO 2.3 MG CAPSULE INNER 2.3 MG	Non-PDL Brand	PA; SP
NINLARO 2.3 MG CAPSULE OUTER 2.3 MG	Non-PDL Brand	PA; SP
NINLARO 3 MG CAPSULE INNER 3 MG	Non-PDL Brand	PA; SP
NINLARO 3 MG CAPSULE OUTER 3 MG	Non-PDL Brand	PA; SP
NINLARO 4 MG CAPSULE INNER 4 MG	Non-PDL Brand	PA; SP
NINLARO 4 MG CAPSULE OUTER 4 MG	Non-PDL Brand	PA; SP
PEMAZYRE 13.5 MG TABLET 13.5 MG	Non-PDL Brand	PA; SP
PEMAZYRE 4.5 MG TABLET 4.5 MG	Non-PDL Brand	PA; SP
PEMAZYRE 9 MG TABLET 9 MG	Non-PDL Brand	PA; SP
PIQRAY 200 MG DAILY DOSE INNER 200 MG/DAY (200 MG X 1)	Non-PDL Brand	PA; SP
PIQRAY 200 MG DAILY DOSE OUTER 200 MG/DAY (200 MG X 1)	Non-PDL Brand	PA; SP
PIQRAY 250 MG DAILY DOSE INNER 250 MG/DAY (200 MG X1-50 MG X1)	Non-PDL Brand	PA; SP
PIQRAY 250 MG DAILY DOSE INNER, SAMPLE 250 MG/DAY (200 MG X1-50 MG X1)	Non-PDL Brand	PA; SP
PIQRAY 250 MG DAILY DOSE OUTER 250 MG/DAY (200 MG X1-50 MG X1)	Non-PDL Brand	PA; SP
PIQRAY 250 MG DAILY DOSE OUTER, SAMPLE 250 MG/DAY (200 MG X1-50 MG X1)	Non-PDL Brand	PA; SP
PIQRAY 300 MG DAILY DOSE INNER 300 MG/DAY (150 MG X 2)	Non-PDL Brand	PA; SP
PIQRAY 300 MG DAILY DOSE INNER, SAMPLE 300 MG/DAY (150 MG X 2)	Non-PDL Brand	PA; SP
PIQRAY 300 MG DAILY DOSE OUTER 300 MG/DAY (150 MG X 2)	Non-PDL Brand	PA; SP
PIQRAY 300 MG DAILY DOSE OUTER, SAMPLE 300 MG/DAY (150 MG X 2)	Non-PDL Brand	PA; SP
QINLOCK 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
RETEVMO 40 MG CAPSULE 40 MG	Non-PDL Brand	PA; SP
RETEVMO 80 MG CAPSULE 80 MG	Non-PDL Brand	PA; SP
ROZLYTREK 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
ROZLYTREK 200 MG CAPSULE 200 MG	Non-PDL Brand	PA; SP
RYDAPT 25 MG CAPSULE INNER 25 MG	Non-PDL Brand	PA; SP
RYDAPT 25 MG CAPSULE OUTER 25 MG	Non-PDL Brand	PA; SP
SPRYCEL 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
SPRYCEL 140 MG TABLET 140 MG	Non-PDL Brand	PA; SP
SPRYCEL 20 MG TABLET 20 MG	Non-PDL Brand	PA; SP
SPRYCEL 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
SPRYCEL 70 MG TABLET 70 MG	Non-PDL Brand	PA; SP
SPRYCEL 80 MG TABLET 80 MG	Non-PDL Brand	PA; SP
STIVARGA 40 MG TABLET 1X28, INNER 40 MG	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
STIVARGA 40 MG TABLET 3X28, OUTER 40 MG	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
SUTENT 12.5 MG CAPSULE 12.5 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
SUTENT 25 MG CAPSULE 25 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
SUTENT 37.5 MG CAPSULE 37.5 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
SUTENT 50 MG CAPSULE 50 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
TABRECTA 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
TABRECTA 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP
TAGRISSO 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
TAGRISSO 80 MG TABLET 80 MG	Non-PDL Brand	PA; SP
TALZENNA 0.25 MG CAPSULE 0.25 MG	Non-PDL Brand	PA; SP
TALZENNA 1 MG CAPSULE 1 MG	Non-PDL Brand	PA; SP
TASIGNA 150 MG CAPSULE 4X28, OUTER 150 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
TASIGNA 150 MG CAPSULE INNER 150 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
TASIGNA 200 MG CAPSULE 4X28, OUTER PACK 200 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
TASIGNA 200 MG CAPSULE INNER PACK 200 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
TASIGNA 50 MG CAPSULE 50 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
TUKYSA 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
TUKYSA 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
TURALIO 200 MG CAPSULE 200 MG	Non-PDL Brand	PA; SP
TYKERB 250 MG TABLET 250 MG	Non-PDL Brand	PA; SP
VERZENIO 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
VERZENIO 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
VERZENIO 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP
VERZENIO 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
VITRAKVI 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
VITRAKVI 20 MG/ML SOLUTION 20 MG/ML	Non-PDL Brand	PA; SP
VITRAKVI 25 MG CAPSULE 25 MG	Non-PDL Brand	PA; SP
VOTRIENT 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
XALKORI 200 MG CAPSULE 200 MG	Non-PDL Brand	PA; SP
XALKORI 250 MG CAPSULE 250 MG	Non-PDL Brand	PA; SP
XOSPATA 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
ZEJULA 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
ZYDELIG 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
ZYDELIG 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
ZYKADIA 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
FARYDAK 10 MG CAPSULE 10 MG	Non-PDL Brand	PA; SP
FARYDAK 15 MG CAPSULE 15 MG	Non-PDL Brand	PA; SP
FARYDAK 20 MG CAPSULE 20 MG	Non-PDL Brand	PA; SP
ZOLINZA 100 MG CAPSULE 100 MG	Non-PDL Brand	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA 10 MG TAB (10 MG X 2) 10 MG	Non-PDL Brand	PA; SP
VENCLEXTA 10 MG TABLET 10 MG	Non-PDL Brand	PA; SP
VENCLEXTA 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
VENCLEXTA 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG	Non-PDL Brand	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
TIBSOVO 250 MG TABLET 250 MG	Non-PDL Brand	PA; SP
Antineoplastics,Miscellaneous		

Drug	Status	Notes
etoposide 50 mg capsule inner 50 mg	Non-PDL Generic	
etoposide 50 mg capsule outer 50 mg	Non-PDL Generic	
MATULANE 50 MG CAPSULE 50 MG	Non-PDL Brand	SP
SYNRIBO 3.5 MG/ML VIAL 3.5 MG	Non-PDL Brand	PA; SP
tretinoin 10 mg capsule 10 mg	Non-PDL Generic	SP
tretinoin 10 mg capsule 3x10, outer 10 mg	Non-PDL Generic	SP
tretinoin 10 mg capsule inner 10 mg	Non-PDL Generic	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO 100 MG ONCE WEEKLY DOSE INNER 100 MG/WEEK (20 MG X 5)	Non-PDL Brand	PA; SP
XPOVIO 100 MG ONCE WEEKLY DOSE OUTER 100 MG/WEEK (20 MG X 5)	Non-PDL Brand	PA; SP
XPOVIO 40 MG ONCE WEEKLY DOSE INNER 40 MG/WEEK (20 MG X 2)	Non-PDL Brand	PA; SP
XPOVIO 40 MG ONCE WEEKLY DOSE OUTER 40 MG/WEEK (20 MG X 2)	Non-PDL Brand	PA; SP
XPOVIO 40 MG TWICE WEEKLY DOSE INNER 40MG TWICE WEEK (80 MG/WEEK)	Non-PDL Brand	PA; SP
XPOVIO 40 MG TWICE WEEKLY DOSE OUTER 40MG TWICE WEEK (80 MG/WEEK)	Non-PDL Brand	PA; SP
XPOVIO 60 MG ONCE WEEKLY DOSE INNER 60 MG/WEEK (20 MG X 3)	Non-PDL Brand	PA; SP
XPOVIO 60 MG ONCE WEEKLY DOSE OUTER 60 MG/WEEK (20 MG X 3)	Non-PDL Brand	PA; SP
XPOVIO 60 MG TWICE WEEKLY DOSE INNER 60MG TWICE WEEK (120 MG/WEEK)	Non-PDL Brand	PA; SP
XPOVIO 60 MG TWICE WEEKLY DOSE OUTER 60MG TWICE WEEK (120 MG/WEEK)	Non-PDL Brand	PA; SP
XPOVIO 80 MG ONCE WEEKLY DOSE INNER 80 MG/WEEK (20 MG X 4)	Non-PDL Brand	PA; SP
XPOVIO 80 MG ONCE WEEKLY DOSE OUTER 80 MG/WEEK (20 MG X 4)	Non-PDL Brand	PA; SP
XPOVIO 80 MG TWICE WEEKLY DOSE INNER 80MG TWICE WEEK (160 MG/WEEK)	Non-PDL Brand	PA; SP
XPOVIO 80 MG TWICE WEEKLY DOSE OUTER 80MG TWICE WEEK (160 MG/WEEK)	Non-PDL Brand	PA; SP
Chemotherapy Rescue/Antidote Agents		
leucovorin calcium 10 mg tab 10 mg	Non-PDL Generic	
leucovorin calcium 15 mg tab 15 mg	Non-PDL Generic	
leucovorin calcium 25 mg tab 25 mg	Non-PDL Generic	
leucovorin calcium 25 mg tab u-d, 2x10, inner 25 mg	Non-PDL Generic	
leucovorin calcium 25 mg tab u-d,2x10,outer 25 mg	Non-PDL Generic	

Drug	Status	Notes
leucovorin calcium 5 mg tab 5 mg	Non-PDL Generic	
leucovorin calcium 5 mg tab u-d, 5x10, inner 5 mg	Non-PDL Generic	
leucovorin calcium 5 mg tab u-d,5x10,outer 5 mg	Non-PDL Generic	
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
sterile talc powder 10's, single use 5 gram	Non-PDL Generic	
Radioactive Therapeutic Agents		
sodium iodide i-123 7.4 mbq cp 7.4 mbq (200 microci)	Non-PDL Generic	
Selective Estrogen Receptor Modulators (Serm)		
SOLTAMOX 20 MG/10 ML SOLN 20 MG/10 ML	Non-PDL Brand	
tamoxifen 10 mg tablet 10 mg	Preventive	
tamoxifen 10 mg tablet 15.2mg tamoxifen cit 10 mg	Preventive	
tamoxifen 10 mg tablet f/c, u-d 10 mg	Preventive	
tamoxifen 20 mg tablet 20 mg	Preventive	
tamoxifen 20 mg tablet 30.4mg tamoxifen cit 20 mg	Preventive	
toremifene citrate 60 mg tab 60 mg	Non-PDL Generic	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		
bexarotene 75 mg capsule 75 mg	Non-PDL Generic	PA; SP
bexarotene 75 mg capsule inner 75 mg	Non-PDL Generic	PA; SP
bexarotene 75 mg capsule outer 75 mg	Non-PDL Generic	PA; SP
Steroid Antineoplastics		
EMCYT 140 MG CAPSULE 140 MG	Non-PDL Brand	SP
megestrol 20 mg tablet 20 mg	PDL Preferred Generic	
megestrol 20 mg tablet u-d, 10x10, inner 20 mg	PDL Preferred Generic	
megestrol 20 mg tablet u-d,10x10,outer 20 mg	PDL Preferred Generic	
megestrol 40 mg tablet 40 mg	PDL Preferred Generic	
megestrol 40 mg tablet u-d 40 mg	PDL Preferred Generic	
megestrol 40 mg tablet u-d, 10x10 40 mg	PDL Preferred Generic	
Neurological Disease Miscellaneous		
Agents To Treat Multiple Sclerosis		
AUBAGIO 14 MG TABLET 14 MG	PDL Preferred Brand	PA; SP
AUBAGIO 7 MG TABLET 7 MG	PDL Preferred Brand	PA; SP

Drug	Status	Notes
AVONEX PEN 30 MCG/0.5 ML KIT 30 MCG/0.5 ML	PDL Preferred Brand	SP; QL (1 EA per 28 days)
AVONEX PREFILLED SYR 30 MCG KIT 30 MCG/0.5 ML	PDL Preferred Brand	SP; QL (1 EA per 28 days)
BETASERON 0.3 MG KIT OUTER, L/F,SUV 0.3 MG	PDL Preferred Brand	SP; QL (15 EA per 30 days)
BETASERON 0.3 MG VIAL NONSALEABLE, SUV 0.3 MG	PDL Preferred Brand	SP; QL (15 EA per 30 days)
COPAXONE 20 MG/ML SYRINGE 20 MG/ML	PDL Preferred Brand	SP; QL (30 ML per 30 days)
COPAXONE 40 MG/ML SYRINGE LATEX-FREE, SUV 40 MG/ML	PDL Non-Preferred Brand	PA; SP
COPAXONE 40 MG/ML SYRINGE SAMPLE, SUV 40 MG/ML	PDL Non-Preferred Brand	PA; SP
EXTAVIA 0.3 MG KIT P/F, OUTER,SUV 0.3 MG	PDL Non-Preferred Brand	PA; SP; QL (15 EA per 30 days)
EXTAVIA 0.3 MG KIT P/F,INNER,SUV 0.3 MG	PDL Non-Preferred Brand	PA; SP; QL (15 EA per 30 days)
EXTAVIA 0.3 MG VIAL 0.3 MG	PDL Non-Preferred Brand	PA; SP; QL (15 EA per 30 days)
GILENYA 0.25 MG CAPSULE 0.25 MG	PDL Preferred Brand	PA; SP
GILENYA 0.5 MG CAPSULE 0.5 MG	PDL Preferred Brand	PA; SP
glatiramer 20 mg/ml syringe inner,suv,latex-free 20 mg/ml	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
glatiramer 20 mg/ml syringe outer,suv,latex-free 20 mg/ml	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
glatiramer 40 mg/ml syringe inner,sdv,latex-free 40 mg/ml	PDL Non-Preferred Generic	PA; SP
glatiramer 40 mg/ml syringe outer,sdv,latex-free 40 mg/ml	PDL Non-Preferred Generic	PA; SP
GLATOPA 20 MG/ML SYRINGE INNER, L/F, SUV 20 MG/ML	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
GLATOPA 20 MG/ML SYRINGE OUTER, L/F, SUV 20 MG/ML	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
GLATOPA 40 MG/ML SYRINGE INNER,SUV,LATEX-FREE 40 MG/ML	PDL Non-Preferred Generic	PA; SP
GLATOPA 40 MG/ML SYRINGE OUTER,SUV,LATEX-FREE 40 MG/ML	PDL Non-Preferred Generic	PA; SP
MAVENCLAD 10 MG X 10 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 4 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
MAVENCLAD 10 MG X 5 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 6 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 7 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 8 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 9 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAYZENT 0.25 MG STARTER PACK 0.25 MG (12 TABS)	PDL Non-Preferred Brand	PA; SP
MAYZENT 0.25 MG TABLET 0.25 MG	PDL Non-Preferred Brand	PA; SP
MAYZENT 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; SP
PLEGRIDY 125 MCG/0.5 ML PEN P/F, L/F, INNER, SDV 125 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY 125 MCG/0.5 ML PEN P/F,L/F,OUTER,SDV 125 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY 125 MCG/0.5 ML SYRING P/F, L/F, INNER, SDV 125 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY 125 MCG/0.5 ML SYRING P/F,L/F,OUTER,SDV 125 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY PEN INJ STARTER PACK 63 MCG/0.5 ML- 94 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY SYRINGE STARTER PACK 63 MCG/0.5 ML- 94 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
REBIF 22 MCG/0.5 ML SYRINGE P/F, INNER, SUV 22 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF 22 MCG/0.5 ML SYRINGE P/F, OUTER, SUV 22 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF 44 MCG/0.5 ML SYRINGE P/F, INNER, SUV 44 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF 44 MCG/0.5 ML SYRINGE P/F, OUTER, SUV 44 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML P/F, INNER, SUV 22 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML P/F, OUTERM, SUV 22 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE 44 MCG/0.5 ML P/F, INNER, SUV 44 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE 44 MCG/0.5 ML P/F, OUTER, SUV 44 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PDL Preferred Brand	SP
REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PDL Preferred Brand	SP
TECFIDERA DR 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA; SP
TECFIDERA DR 240 MG CAPSULE 240 MG	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
TECFIDERA STARTER PACK 120 MG (14)- 240 MG (46)	PDL Non-Preferred Brand	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
AMPYRA ER 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
Amyotrophic Lateral Sclerosis Agents		
riluzole 50 mg tablet 50 mg	Non-PDL Generic	
riluzole 50 mg tablet f/c 50 mg	Non-PDL Generic	
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA 100 MG TABLET 100 MG	PDL Preferred Brand	
SAVELLA 12.5 MG TABLET 12.5 MG	PDL Preferred Brand	
SAVELLA 25 MG TABLET 25 MG	PDL Preferred Brand	
SAVELLA 50 MG TABLET 50 MG	PDL Preferred Brand	
SAVELLA TITRATION PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	PDL Preferred Brand	
Movement Disorders(Drug Therapy)		
HORIZANT ER 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
HORIZANT ER 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
tetrabenazine 12.5 mg tablet 12.5 mg	Non-PDL Generic	PA; SP
tetrabenazine 25 mg tablet 25 mg	Non-PDL Generic	PA; SP
Neuropathic Agents		
LYRICA CR 165 MG TABLET 165 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
LYRICA CR 330 MG TABLET 330 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
LYRICA CR 82.5 MG TABLET 82.5 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Postherpetic Neuralgia Agents		
GRALISE ER 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
GRALISE ER 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
chlorhexidine 0.12% rinse 0.12 %	Non-PDL Generic	
chlorhexidine 0.12% rinse inner 0.12 %	Non-PDL Generic	

Drug	Status	Notes
chlorhexidine 0.12% rinse outer 0.12 %	Non-PDL Generic	
ORALONE 0.1% PASTE 0.1 %	Non-PDL Generic	
PAROEX 0.12% ORAL RINSE A/F 0.12 %	Non-PDL Generic	
PERIOGARD 0.12% ORAL RINSE 0.12 %	Non-PDL Generic	
PERIOGARD 0.12% ORAL RINSE 12'S, 1.2MG=0.12% 0.12 %	Non-PDL Generic	
triamcinolone 0.1% paste 0.1 %	Non-PDL Generic	
Nose Preparations, Miscellaneous (Rx)		
ipratropium 0.03% spray 0.03 %	PDL Preferred Generic	
ipratropium 0.06% spray 42 mcg (0.06 %)	PDL Preferred Generic	
Periodontal Collagenase Inhibitors		
doxycycline hyclate 20 mg tab 20 mg	Non-PDL Generic	
doxycycline hyclate 20 mg tab f/c 20 mg	Non-PDL Generic	
Other Drugs		
Antidotes,Miscellaneous		
ACTIDOSE-AQUA 25 GM LIQUID 25 GRAM/120 ML	Non-PDL Generic	
ACTIDOSE-AQUA 50 GM LIQUID 50 GRAM/240 ML	Non-PDL Generic	
INSTA-CHAR 25 GM LIQUID 25'S, PEDI-AQUEOUS 25 GRAM/120 ML	Non-PDL Generic	
INSTA-CHAR 25 GM LIQUID 25'S, PEDI-SORBITOL 25 GRAM/120 ML	Non-PDL Generic	
INSTA-CHAR 50 GM LIQUID 25'S, ADULT-AQUEOUS 50 GRAM/240 ML	Non-PDL Generic	
INSTA-CHAR 50 GM LIQUID 25'S, ADULT-SORBITOL 50 GRAM/240 ML	Non-PDL Generic	
Antioxidant Agents		
ANTIOXIDANT SOFTGEL P/F,S/F,SOFTGELS	Non-PDL Generic	
cvs lutein 20 mg softgel softgel (rx) 20 mg	Non-PDL Generic	
eql lutein 20 mg softgel softgel (rx) 20 mg	Non-PDL Generic	
HEALTHY EYES LUTEIN-ZEAXTHN CP 60 MG-13.5 MG- 15 MG-2 MG-6 MG	Non-PDL Generic	
lutein 20 mg capsule s/f,p/f,yeast/f (rx) 20 mg	Non-PDL Generic	
lutein 20 mg softgel (rx) 20 mg	Non-PDL Generic	
lutein 20 mg softgel gluten-free,softgel (rx) 20 mg	Non-PDL Generic	

Drug	Status	Notes
lutein 20 mg softgel p/f, no lactose (rx) 20 mg	Non-PDL Generic	
lutein 20 mg softgel s/f,p/f,yeast/f (rx) 20 mg	Non-PDL Generic	
lutein 20 mg softgel sftgl,s/f,p/f,glu/f (rx) 20 mg	Non-PDL Generic	
lutein 20 mg softgel softgel (rx) 20 mg	Non-PDL Generic	
lutein 20 mg softgel softgel, p/f (rx) 20 mg	Non-PDL Generic	
lutein 40 mg softgel 40 mg	Non-PDL Generic	
lutein 6 mg softgel p/f, s/f,gluten-free (rx) 6 mg	Non-PDL Generic	
lutein 6 mg softgel softgel (rx) 6 mg	Non-PDL Generic	
lutein 6 mg softgel softgel,na/f,s/f,p/f (rx) 6 mg	Non-PDL Generic	
lutein 6,000 mcg capsule (rx) 6 mg	Non-PDL Generic	
natural lutein 20 mg softgel s/f,p/f,gluten free (rx) 20 mg	Non-PDL Generic	
OCUVITE LUTEIN-ZEAXANTHIN CAP 60 MG-13.5 MG- 15 MG-2 MG-6 MG	Non-PDL Generic	
PRESERVISION AREDS 2 SOFTGEL 250-200-40-1 MG-UNIT-MG-MG	Non-PDL Generic	
sm lutein 20 mg softgel softgel, gluten-free (rx) 20 mg	Non-PDL Generic	
sm lutein 20 mg softgel softgel,p/f,no lact (rx) 20 mg	Non-PDL Generic	
SUPER ANTIOXIDANT CAPSULE S/F,P/F (RX)	Non-PDL Generic	
SUPER ANTIOXIDANT SOFTGEL SFTGL,NA/F,P/F,S/F	Non-PDL Generic	
sv lutein 20 mg softgel softgel, p/f, s/f (rx) 20 mg	Non-PDL Generic	
sv lutein 6 mg softgel softgel, p/f, s/f (rx) 6 mg	Non-PDL Generic	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol 625 mg/5 ml susp 625 mg/5 ml (125 mg/ml)	PDL Non-Preferred Generic	PA
megestrol acet 40 mg/ml susp 400 mg/10 ml (40 mg/ml)	PDL Preferred Generic	
megestrol acet 400 mg/10 ml 20x10ml 400 mg/10 ml (10 ml)	PDL Preferred Generic	
megestrol acet 400 mg/10 ml 50's, u-d,inner 400 mg/10 ml (10 ml)	PDL Preferred Generic	
megestrol acet 400 mg/10 ml 50's,u-d,outer 400 mg/10 ml (10 ml)	PDL Preferred Generic	

Drug	Status	Notes
megestrol acet 400 mg/10 ml outer 400 mg/10 ml (10 ml)	PDL Preferred Generic	
Condoms		
FC2 FEMALE CONDOM	Preventive	QL (30 EA per 30 days)
Dietary Supplement, Miscellaneous		
GNP DIABETIC SUPPORT FORM TAB 167-100-83 MCG	Non-PDL Generic	
GNP HAIR, SKIN AND NAILS TAB VITAMINS & MINERALS 3.3 MG IRON-25 MCG	Non-PDL Generic	
HAIR, SKIN AND NAILS TABLET 3.3 MG IRON-25 MCG	Non-PDL Generic	
nac 600 mg capsule 600 mg	Non-PDL Generic	
NAC 600 MG CAPSULE 600 MG	Non-PDL Generic	
n-acetyl-l-cysteine 600 mg cap 600 mg	Non-PDL Generic	
Drugs To Treat Hereditary Tyrosinemia		
nitisinone 10 mg capsule 10 mg	Non-PDL Generic	PA; SP
nitisinone 2 mg capsule 2 mg	Non-PDL Generic	PA; SP
nitisinone 5 mg capsule 5 mg	Non-PDL Generic	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA 84 MG CAPSULE 84 MG	Non-PDL Brand	PA; SP
miglustat 100 mg capsule inner 100 mg	Non-PDL Generic	PA; SP
miglustat 100 mg capsule outer 100 mg	Non-PDL Generic	PA; SP
General Anesthetics,Inhalant		
isoflurane liquid 99.9 %	Non-PDL Generic	
sevoflurane inhalation liquid	Non-PDL Generic	
sevoflurane inhalation liquid 6's	Non-PDL Generic	
sevoflurane inhalation liquid inner	Non-PDL Generic	
sevoflurane inhalation liquid outer	Non-PDL Generic	
TERRELL LIQUID 99.9 %	Non-PDL Generic	
General Inhalation Agents		
NEBUSAL 3% VIAL 3 %	Non-PDL Generic	
sodium chloride 0.9% inhal vl 100's, u-d, suv, p/f (rx) 0.9 %	Non-PDL Generic	
sodium chloride 0.9% inhal vl 50's, u-d, suv, p/f (rx) 0.9 %	Non-PDL Generic	

Drug	Status	Notes
sodium chloride 0.9% inhal vl p/f, suv (rx) 0.9 %	Non-PDL Generic	
sodium chloride 0.9% inhal vl suv,p/f (rx) 0.9 %	Non-PDL Generic	
sodium chloride 0.9% inhal vl u-d, suv, p/f (rx) 0.9 %	Non-PDL Generic	
sodium chloride 10% vial 50's, u-d, suv, p/f 10 %	Non-PDL Generic	
sodium chloride 3% vial p/f 3 %	Non-PDL Generic	
sodium chloride 3% vial suv,p/f 3 %	Non-PDL Generic	
sodium chloride 7% vial 60's, suv, p/f 7 %	Non-PDL Generic	
sodium chloride 7% vial 60's, suv, p/f, u-d 7 %	Non-PDL Generic	
sodium chloride 7% vial suv,p/f 7 %	Non-PDL Generic	
Intra-Uterine Devices (Iud's)		
KYLEENA 19.5 MG SYSTEM 17.5 MCG/24 HRS (5 YRS) 19.5 MG	Preventive	
LILETTA 52 MG SYSTEM LATEX-FREE , SUV 20.1 MCG/24 HRS (6 YRS) 52 MG	Preventive	
MIRENA 52 MG SYSTEM SINGLE USE 20 MCG/24 HOURS (5 YRS) 52 MG	Preventive	
PARAGARD T 380-A IUD 380 SQUARE MM	Preventive	
SKYLA 13.5 MG SYSTEM 14 MCG/24 HRS (3 YRS) 13.5 MG	Preventive	
Metabolic Deficiency Agents		
levocarnitine 1 g/10 ml soln 100 mg/ml	Non-PDL Generic	
levocarnitine 330 mg tablet (rx) 330 mg	Non-PDL Generic	
levocarnitine 330 mg tablet usp (rx) 330 mg	Non-PDL Generic	
Metallic Poison,Agents To Treat		
deferasirox 125 mg tb for susp 125 mg	Non-PDL Generic	PA; SP
deferasirox 250 mg tb for susp 250 mg	Non-PDL Generic	PA; SP
deferasirox 500 mg tb for susp 500 mg	Non-PDL Generic	PA; SP
deferoxamine 2 gram vial latex-free, sdv 2 gram	Non-PDL Generic	PA
deferoxamine 2 gram vial latex-free,suv,inner 2 gram	Non-PDL Generic	PA
deferoxamine 2 gram vial latex-free,suv,outer 2 gram	Non-PDL Generic	PA
deferoxamine 2 gram vial suv, latex-free 2 gram	Non-PDL Generic	PA

Drug	Status	Notes
deferoxamine 2 gram vial suv,latex-free 2 gram	Non-PDL Generic	PA
deferoxamine 500 mg vial l/f, suv, inner 500 mg	Non-PDL Generic	PA
deferoxamine 500 mg vial l/f, suv, outer 500 mg	Non-PDL Generic	PA
deferoxamine 500 mg vial latex-free, suv 500 mg	Non-PDL Generic	PA
deferoxamine 500 mg vial latex-free,suv,inner 500 mg	Non-PDL Generic	PA
deferoxamine 500 mg vial latex-free,suv,outer 500 mg	Non-PDL Generic	PA
Needles/Needleless Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE USE 31 GAUGE X 5/16"	Non-PDL Brand	
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	Non-PDL Brand	
1ST TIER UNIFINE PNTP 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	
1ST TIER UNIFINE PNTP 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	Non-PDL Brand	
1ST TIER UNIFINE PNTP 31GX5/16 31 GAUGE X 5/16"	Non-PDL Brand	
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	Non-PDL Brand	
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	Non-PDL Brand	
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	Non-PDL Brand	
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	Non-PDL Brand	
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	Non-PDL Brand	
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	Non-PDL Brand	
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	

Drug	Status	Notes
ASSURE ID PEN NEEDLE 30GX3/16" 30 GAUGE X 3/16"	Non-PDL Brand	
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	Non-PDL Brand	
ASSURE ID PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	Non-PDL Brand	
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	Non-PDL Brand	
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	Non-PDL Brand	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	Non-PDL Brand	
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	Non-PDL Brand	
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	Non-PDL Brand	
CAREFINE PEN NEEDLE 12.7MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	Non-PDL Brand	
CAREFINE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
CAREFINE PEN NEEDLE 8MM 30G 30 GAUGE X 5/16"	Non-PDL Brand	
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	Non-PDL Brand	
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
CAREONE UNIFINE PENTIP 4MM 32G STERILE, SINGLE USE 32 GAUGE X 5/32"	Non-PDL Brand	
CAREONE UNIFINE PENTIP 5MM 31G SINGLE USE, STERILE 31 GAUGE X 3/16"	Non-PDL Brand	
CAREONE UNIFINE PENTIP 6MM 31G 31GX6MM,MINI,STRL 31 GAUGE X 1/4"	Non-PDL Brand	
CAREONE UNIFINE PENTIP 8MM 31G 31GX8MM,SHORT,STRL 31 GAUGE X 5/16"	Non-PDL Brand	
CAREONE UNIFINE PENTP 29GX1/2" ORIGINAL, 12MM 29 GAUGE X 1/2"	Non-PDL Brand	
CAREONE UNIFINE PENTP 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	Non-PDL Brand	
CAREONE UNIFINE PNTP 12MM 29G 29GX12MM,ORIGNL,STRL 29 GAUGE X 1/2"	Non-PDL Brand	
CAREONE UNIFINE PNTP 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	Non-PDL Brand	
CAREONE UNIFINE PNTP 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	Non-PDL Brand	

Drug	Status	Notes
CAREONE UNIFINE PNTP 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
CARETOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
CARETOUCH PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
CARETOUCH PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
CARETOUCH PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	Non-PDL Brand	
CARETOUCH PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
CLICKFINE 31G X 1/4" NEEDLES 6MM, UNIVERSAL 31 GAUGE X 1/4"	Non-PDL Brand	
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	Non-PDL Brand	
CLICKFINE PEN NEEDLE 32GX5/32" 32GX4MM, STERILE 32 GAUGE X 5/32"	Non-PDL Brand	
CLICKFINE PEN NEEDLE 32GX5/32" UNIVERSAL CLICK 32 GAUGE X 5/32"	Non-PDL Brand	
CLICKFINE UNIVERSAL 31G X 1/4" 6MM, STORE BRAND 31 GAUGE X 1/4"	Non-PDL Brand	
CLICKFINE UNIVERSAL 31GX5/16" 8MM, STORE BRAND 31 GAUGE X 5/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 4MM 32G LATEX-FREE, MICRO 32 GAUGE X 5/32"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 4MM 32G SINGLE USE, MICRO 32 GAUGE X 5/32"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 4MM 33G LATEX-FREE 33 GAUGE X 5/32"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 4MM 33G SINGLE USE,MICRO,HRI 33 GAUGE X 5/32"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 5MM 31G LATEX-FREE, MINI 31 GAUGE X 3/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 5MM 32G LATEX-FREE, MINI 32 GAUGE X 3/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 6MM 31G 31GX6MM,STRL 31 GAUGE X 1/4"	Non-PDL Brand	

Drug	Status	Notes
COMFORT EZ PEN NEEDLES 6MM 31G LATEX-FREE 31 GAUGE X 1/4"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 6MM 32G LATEX-FREE 32 GAUGE X 1/4"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 6MM 32G SINGLE USE, HRI 32 GAUGE X 1/4"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT 31 GAUGE X 5/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 8MM 31G LATEX-FREE, SHORT 31 GAUGE X 5/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	Non-PDL Brand	
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	Non-PDL Brand	
comfort point pen ndl 29gx1/2" 12mm 29 gauge x 1/2"	Non-PDL Brand	
comfort point pen ndl 31gx1/3" 31 gauge x 1/3"	Non-PDL Brand	
comfort point pen ndl 31gx1/4" 6mm 31 gauge x 1/4"	Non-PDL Brand	
comfort point pen ndl 31gx1/6" 31 gauge x 1/6"	Non-PDL Brand	
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	Non-PDL Brand	
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	Non-PDL Brand	
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	Non-PDL Brand	
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	Non-PDL Brand	
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	Non-PDL Brand	
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	

Drug	Status	Notes
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	Non-PDL Brand	
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	Non-PDL Brand	
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	Non-PDL Brand	
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	Non-PDL Brand	
EASY TOUCH PEN NDL 29G X 5MM 29 GAUGE X 3/16"	Non-PDL Brand	
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	Non-PDL Brand	
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	Non-PDL Brand	
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	Non-PDL Brand	
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	Non-PDL Brand	
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	Non-PDL Brand	
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	Non-PDL Brand	
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	Non-PDL Brand	
fifty50 pen 31g x 3/16" needle 5mm 31 gauge x 3/16"	Non-PDL Brand	
FIFTY50 PEN 31G X 5/16" NEEDLE (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	
fifty50 pen 31g x 5/16" needle 8mm 31 gauge x 5/16"	Non-PDL Brand	
fifty50 pen needle 32g x 1/4" 32 gauge x 1/4"	Non-PDL Brand	
fifty50 pen needle 32g x 5/32" 4mm 32 gauge x 5/32"	Non-PDL Brand	
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4"	Non-PDL Brand	
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16"	Non-PDL Brand	
GNP CLICKFINE PEN NDL 31GX1/4" 31GX6MM,THIN & SHORT 31 GAUGE X 1/4"	Non-PDL Brand	
GNP CLICKFINE PEN NDL 31GX5/16 31GX8MM,THIN & SHORT (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	
gs pen needle 31g x 1/4" 31 gauge x 1/4"	Non-PDL Brand	
gs pen needle 31g x 5/16" 31 gauge x 5/16"	Non-PDL Brand	

Drug	Status	Notes
gs pen needle 31g x 5mm 31 gauge x 3/16"	Non-PDL Brand	
gs pen needle 31g x 6mm 31 gauge x 1/4"	Non-PDL Brand	
gs pen needle 31g x 8mm 31 gauge x 5/16"	Non-PDL Brand	
gs pen needle 32g x 4mm 32 gauge x 5/32"	Non-PDL Brand	
gs pen needle 32g x 6mm 32 gauge x 1/4"	Non-PDL Brand	
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
HEALTHY ACCENTS PENTP 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	
HEB UNIFINE PNTP PLUS 31GX3/16 31 GAUGE X 3/16"	Non-PDL Brand	
HEB UNIFINE PNTP PLUS 31GX3/16 5MM 31 GAUGE X 3/16"	Non-PDL Brand	
HEB UNIFINE PNTP PLUS 32GX5/32 32 GAUGE X 5/32"	Non-PDL Brand	
HM ULTICARE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
HM ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
HM ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	Non-PDL Brand	
INSUPEN PEN NEEDLE 30GX8MM 30 GAUGE X 5/16"	Non-PDL Brand	
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	

Drug	Status	Notes
INSUPEN PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
INSUPEN PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	Non-PDL Brand	
INSUPEN PEN NEEDLE 31GX8MM 31 GAUGE X 5/16"	Non-PDL Brand	
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	
INSUPEN PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
INSUPEN PEN NEEDLE 32GX6MM 32 GAUGE X 1/4"	Non-PDL Brand	
INSUPEN PEN NEEDLE 32GX8MM 32 GAUGE X 5/16"	Non-PDL Brand	
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	Non-PDL Brand	
kro pen needle 4mm x 32g 32 gauge x 5/32"	Non-PDL Brand	
kro pen needle 4mm x 33g 33 gauge x 5/32"	Non-PDL Brand	
kro pen needle 5mm x 31g 31 gauge x 3/16"	Non-PDL Brand	
kro pen needle 6mm x 31g 31 gauge x 1/4"	Non-PDL Brand	
kro pen needle 8mm x 31g 31 gauge x 5/16"	Non-PDL Brand	
KROGER PEN NEEDLES 31G X 5/16" (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	Non-PDL Brand	
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	Non-PDL Brand	
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Non-PDL Brand	
LIVE BETTER PEN NEEDLES 8MM 31G (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	Non-PDL Brand	
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	Non-PDL Brand	
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	Non-PDL Brand	
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	Non-PDL Brand	
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	Non-PDL Brand	
MINI ULTRA-THIN II PEN NDL 31G LATEX-FREE,STERILE 31 GAUGE X 3/16"	Non-PDL Brand	
MS PEN NEEDLE 6MM 31G SHORT, SINGLE USE 31 GAUGE X 1/4"	Non-PDL Brand	
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	Non-PDL Brand	
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"	Non-PDL Brand	

Drug	Status	Notes
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	Non-PDL Brand	
NOVOTWIST NEEDLE 32G 5MM 32 GAUGE X 1/5"	Non-PDL Brand	
PC UNIFINE PENTIPS 12MM NEEDLE ORIGINAL 29 GAUGE X 1/2"	Non-PDL Brand	
PC UNIFINE PENTIPS 6MM NEEDLE ULTRA SHORT 31 GAUGE X 1/4"	Non-PDL Brand	
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	Non-PDL Brand	
pen needle 12mm 29g 29 gauge x 1/2"	Non-PDL Brand	
pen needle 29g 12mm 29 gauge x 1/2"	Non-PDL Brand	
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	Non-PDL Brand	
pen needle 30g x 8mm 30 gauge x 5/16"	Non-PDL Brand	
pen needle 31g 5mm 31 gauge x 3/16"	Non-PDL Brand	
pen needle 31g 6mm 31 gauge x 1/4"	Non-PDL Brand	
pen needle 31g 8mm 31 gauge x 5/16"	Non-PDL Brand	
pen needle 31g x 1/4" 31 gauge x 1/4"	Non-PDL Brand	
pen needle 31g x 1/4" 6mm 31 gauge x 1/4"	Non-PDL Brand	
pen needle 31g x 1/4" hri 31 gauge x 1/4"	Non-PDL Brand	
PEN NEEDLE 31G X 3/16" (RX) 31 GAUGE X 3/16"	Non-PDL Brand	
pen needle 31g x 3/16" 31 gauge x 3/16"	Non-PDL Brand	
pen needle 31g x 3/16" hri 31 gauge x 3/16"	Non-PDL Brand	
PEN NEEDLE 31G X 5/16" (RX) 31 GAUGE X 5/16"	Non-PDL Brand	
pen needle 31g x 5/16" 31 gauge x 5/16"	Non-PDL Brand	
pen needle 31g x 5/16" 8mm 31 gauge x 5/16"	Non-PDL Brand	
pen needle 31g x 5/16" hri 31 gauge x 5/16"	Non-PDL Brand	
pen needle 31g x 8mm 31 gauge x 5/16"	Non-PDL Brand	
pen needle 32g 4mm 32 gauge x 5/32"	Non-PDL Brand	
pen needle 32g x 1/4" 32 gauge x 1/4"	Non-PDL Brand	
pen needle 32g x 3/16" 32 gauge x 3/16"	Non-PDL Brand	
pen needle 32g x 5/32" 32 gauge x 5/32"	Non-PDL Brand	
pen needle 32g x 5/32" 4mm 32 gauge x 5/32"	Non-PDL Brand	
pen needle 32g x 5/32" hri 32 gauge x 5/32"	Non-PDL Brand	
pen needle 4mm 32g 32 gauge x 5/32"	Non-PDL Brand	
pen needle 5mm 31g 31 gauge x 3/16"	Non-PDL Brand	
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	
pen needle 8mm 31g 31 gauge x 5/16"	Non-PDL Brand	
pen needles 12mm 29g 29gx12mm, strl 29 gauge x 1/2"	Non-PDL Brand	
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	Non-PDL Brand	
pen needles 12mm 29g strl 29 gauge x 1/2"	Non-PDL Brand	
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	

Drug	Status	Notes
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	Non-PDL Brand	
pen needles 6mm 31g 31gx6mm, strl 31 gauge x 1/4"	Non-PDL Brand	
pen needles 6mm 31g strl 31 gauge x 1/4"	Non-PDL Brand	
pen needles 8mm 31g 31gx8mm, strl 31 gauge x 5/16"	Non-PDL Brand	
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	
pen needles 8mm 31g strl 31 gauge x 5/16"	Non-PDL Brand	
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	
PENTIPS PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
PENTIPS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
PENTIPS PEN NEEDLE 31GX3/16" HRI 31 GAUGE X 3/16"	Non-PDL Brand	
PENTIPS PEN NEEDLE 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	Non-PDL Brand	
PENTIPS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
PENTIPS PEN NEEDLE 31GX5/16" HRI 31 GAUGE X 5/16"	Non-PDL Brand	
PENTIPS PEN NEEDLE 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	Non-PDL Brand	
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	Non-PDL Brand	
PENTIPS PEN NEEDLE 32GX5/32" HRI 32 GAUGE X 5/32"	Non-PDL Brand	
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
PRO COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	Non-PDL Brand	
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	Non-PDL Brand	
PUB PEN 12MM 29G NEEDLES STANDARD LENGTH 29 GAUGE X 1/2"	Non-PDL Brand	
PUB PEN 8MM 31G NEEDLES SHORT LENGTH (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	
PUB PEN NEEDLE 6MM 31G EXTRA SHORT, 6MM 31 GAUGE X 1/4"	Non-PDL Brand	
PUB UNIFINE PNTP PLUS 31GX3/16 MINI, 5MM 31 GAUGE X 3/16"	Non-PDL Brand	

Drug	Status	Notes
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	Non-PDL Brand	
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	Non-PDL Brand	
PV UNIFINE PENTIP PLUS 31GX5MM 31 GAUGE X 3/16"	Non-PDL Brand	
PV UNIFINE PENTIP PLUS 31GX6MM 31 GAUGE X 1/4"	Non-PDL Brand	
PV UNIFINE PENTIP PLUS 31GX8MM 31 GAUGE X 5/16"	Non-PDL Brand	
PV UNIFINE PENTIP PLUS 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	
PV UNIFINE PENTIP PLUS 33GX4MM 33 GAUGE X 5/32"	Non-PDL Brand	
QC UNIFINE PENTIPS 32GX5/32" STERILE 32 GAUGE X 5/32"	Non-PDL Brand	
QC UNIFINE PENTIPS 4MM 32G STERILE 32 GAUGE X 5/32"	Non-PDL Brand	
RA PEN NEEDLE 31GX3/16" 5MM (OTC) 31 GAUGE X 3/16"	Non-PDL Brand	
RA PEN NEEDLE 31GX5/16" 8MM (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	
RELI ON 31G X 1/4" NEEDLES 31 GAUGE X 1/4"	Non-PDL Brand	
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	Non-PDL Brand	
RELION PEN 29G NEEDLE 12MM 29 GAUGE X 1/2"	Non-PDL Brand	
RELION PEN 31G NEEDLE 8MM (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	
relion pen needle 29gx1/2" 29 gauge x 1/2"	Non-PDL Brand	
RELION PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	
relion pen needle 31gx1/4" 31 gauge x 1/4"	Non-PDL Brand	
relion pen needle 31gx5/16" 31 gauge x 5/16"	Non-PDL Brand	
RELION PEN NEEDLE 31GX5/16" SHORT (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	
relion pen needle 31gx5/16" short 31 gauge x 5/16"	Non-PDL Brand	
relion pen needle 32gx5/32" 32 gauge x 5/32"	Non-PDL Brand	
RELION PEN NEEDLES 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	Non-PDL Brand	
SHOPKO UNIFINE PENTIPS 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
SHOPKO UNIFINE PENTIPS 4MM 32G MICRO, STERILE 32 GAUGE X 5/32"	Non-PDL Brand	
SHOPKO UNIFINE PENTIPS 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	

Drug	Status	Notes
SHOPKO UNIFINE PENTIPS 5MM 31G MINI, STERILE 31 GAUGE X 3/16"	Non-PDL Brand	
SHOPKO UNIFINE PENTIPS 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
SHOPKO UNIFINE PENTIPS 8MM 31G SHORT, STERILE 31 GAUGE X 5/16"	Non-PDL Brand	
SHOPKO UNIFINE PNTIPS 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	
SHOPKO UNIFINE PNTIPS 12MM 29G ORIGINAL, STERILE 29 GAUGE X 1/2"	Non-PDL Brand	
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	Non-PDL Brand	
SURE COMFORT 31G PEN NEEDLE 31 GAUGE X 5/16"	Non-PDL Brand	
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	Non-PDL Brand	
SURE COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	Non-PDL Brand	
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	Non-PDL Brand	
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	Non-PDL Brand	
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	
TECHLITE PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	Non-PDL Brand	
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	
TECHLITE PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	Non-PDL Brand	
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
TODAY'S HLTH PN NEEDLE 6MM 31G 31GX6MM,STRL,MINI 31 GAUGE X 1/4"	Non-PDL Brand	
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	Non-PDL Brand	
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	Non-PDL Brand	

Drug	Status	Notes
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
ULTICARE PEN NDL 12.7 MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
ULTICARE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
ULTICARE PEN NEEDLE 8 MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	
ULTICARE PEN NEEDLES 4MM 32G MICRO 32 GAUGE X 5/32"	Non-PDL Brand	
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	
ULTICARE PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	Non-PDL Brand	
ULTICARE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
ULTIGUARD SAFE PACK 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
ULTIGUARD SAFE PACK 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
ULTIGUARD SAFE PACK 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
ULTIGUARD SAFE PACK 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	
ULTIGUARD SAFE PACK 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
ULTILET PEN NEEDLE 29 GAUGE	Non-PDL Brand	
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
ULTRA FLO PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	

Drug	Status	Notes
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	Non-PDL Brand	
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	Non-PDL Brand	
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	Non-PDL Brand	
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	Non-PDL Brand	
UNIFINE PENTIPS 12MM 29G 29GX12MM,STRL,ORIGNL 29 GAUGE X 1/2"	Non-PDL Brand	
UNIFINE PENTIPS 12MM 29G ORIGINAL 29 GAUGE X 1/2"	Non-PDL Brand	
UNIFINE PENTIPS 31GX3/16" 31GX5MM, STERILE 31 GAUGE X 3/16"	Non-PDL Brand	
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	Non-PDL Brand	
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	
UNIFINE PENTIPS 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	Non-PDL Brand	
UNIFINE PENTIPS 32GX5/32" STERILE, SINGLE USE 32 GAUGE X 5/32"	Non-PDL Brand	
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	Non-PDL Brand	
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
UNIFINE PENTIPS 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	Non-PDL Brand	
UNIFINE PENTIPS 6MM 31G 31GX6MM, STRL, MINI 31 GAUGE X 1/4"	Non-PDL Brand	
UNIFINE PENTIPS 6MM 31G 31GX6MM,MINI,STRL 31 GAUGE X 1/4"	Non-PDL Brand	
UNIFINE PENTIPS 6MM 31G 31GX6MM,STRL,MINI 31 GAUGE X 1/4"	Non-PDL Brand	
UNIFINE PENTIPS 6MM 31G ULTRA SHORT 31 GAUGE X 1/4"	Non-PDL Brand	
UNIFINE PENTIPS 6MM NEEDLE ULTRA SHORT 31 GAUGE X 1/4"	Non-PDL Brand	

Drug	Status	Notes
UNIFINE PENTIPS 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS 8MM 31G 31GX8MM, STRL 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS 8MM 31G 31GX8MM,SHORT,STRL 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS 8MM 31G 31GX8MM,STRL,SHORT 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS 8MM 31G SHORT 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS MAX 30GX3/16" 30 GAUGE X 3/16"	Non-PDL Brand	
UNIFINE PENTIPS NEEDLES 29G 29 GAUGE	Non-PDL Brand	
UNIFINE PENTIPS PLUS 29GX1/2" 12MM 29 GAUGE X 1/2"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 29GX1/2" ORIGINAL, 12MM 29 GAUGE X 1/2"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 30GX3/16" 30 GAUGE X 3/16"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 31GX3/16" MINI 31 GAUGE X 3/16"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 31GX3/16" MINI,5MM,STRL 31 GAUGE X 3/16"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 31GX5/16" SHORT,8MM,STRL 31 GAUGE X 5/16"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	
UNIFINE PENTIPS PLUS 33GX5/32" 33 GAUGE X 5/32"	Non-PDL Brand	
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	Non-PDL Brand	
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	Non-PDL Brand	

Drug	Status	Notes
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	Non-PDL Brand	
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	Non-PDL Brand	
WM UNIFINE PENTIP PLUS 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
WM UNIFINE PENTIP PLUS 5MM 31G W/ SAFETY CLICK 31 GAUGE X 3/16"	Non-PDL Brand	
WM UNIFINE PENTIP PLUS 6MM 31G W/ SAFETY CLICK 31 GAUGE X 1/4"	Non-PDL Brand	
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	Non-PDL Brand	
YOURX ULTICARE PEN NDL 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	
YOURX ULTICARE PEN NDL 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	
YOURX ULTICARE PEN NDL 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	
Nose Preparations, Miscellaneous (Otc)		
ALTAMIST 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	
AYR SALINE 0.65% NOSE DROPS 0.65 %	Non-PDL Generic	
AYR SALINE 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	
BABY AYR SALINE 0.65% DROPS 0.65 %	Non-PDL Generic	
CHILD SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	
CVS SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	
DEEP SEA 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	
EQ NASAL 0.65% SPRAY 0.65 %	Non-PDL Generic	
EQL SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	
GNP NASAL MOIST 0.65% SPRAY 0.65 %	Non-PDL Generic	
GNP SALINE 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	
GS NASAL MOIST 0.65% SPRAY 0.65 %	Non-PDL Generic	
HM SALINE 0.65% NASAL SPRAY GLUTEN-FREE 0.65 %	Non-PDL Generic	
LITTLE REMEDIES 0.65% SPRAY FOR NOSES 0.65 %	Non-PDL Brand	
LITTLE REMEDIES STUFFY NOSE KT W/ NASAL ASPIRATOR 0.65 %	Non-PDL Generic	
NASAL MOISTURIZING 0.65% SPRAY 0.65 %	Non-PDL Generic	

Drug	Status	Notes
OCEAN 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	
OCEAN 0.65% NASAL SPRAY INCLUDE TRAVEL SIZE 0.65 %	Non-PDL Generic	
PUB SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	
RA SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	
RA SALINE 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	
SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	
SALINE 0.65% NASAL SPRAY A/F,INFANT,CHILD 0.65 %	Non-PDL Generic	
SALINE 0.65% NASAL SPRAY MOISTURIZING 0.65 %	Non-PDL Generic	
SALINE 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	
SALINE MIST 0.65% NOSE SPRY 0.65 %	Non-PDL Generic	
SM SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	
ULTRA SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	
Somatostatic Agents		
octreotide 1,000 mcg/5 ml vial latex-free, mdv 200 mcg/ml	Non-PDL Generic	SP
octreotide 1,000 mcg/5 ml vial muv 200 mcg/ml	Non-PDL Generic	SP
octreotide 1,000 mcg/ml vial mdv 1,000 mcg/ml	Non-PDL Generic	SP
octreotide 1,000 mcg/ml vial mdv,latex-free 1,000 mcg/ml	Non-PDL Generic	SP
octreotide 5,000 mcg/5 ml vial latex-free, mdv 1,000 mcg/ml	Non-PDL Generic	SP
octreotide 5,000 mcg/5 ml vial muv 1,000 mcg/ml	Non-PDL Generic	SP
octreotide acet 0.05 mg/ml vl suv,inner,latex-free 50 mcg/ml	Non-PDL Generic	SP
octreotide acet 0.05 mg/ml vl suv,outer,latex-free 50 mcg/ml	Non-PDL Generic	SP
octreotide acet 100 mcg/ml amp 10's, sdv 100 mcg/ml	Non-PDL Generic	SP
octreotide acet 100 mcg/ml syr inner, single-dose 100 mcg/ml (1 ml)	Non-PDL Generic	SP
octreotide acet 100 mcg/ml syr outer,single-dose,10 100 mcg/ml (1 ml)	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl 10's,latex-free,suv 100 mcg/ml	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl inner, l/f, p/f, sdv 100 mcg/ml	Non-PDL Generic	SP

Drug	Status	Notes
octreotide acet 100 mcg/ml vl latex-free, p/f, sdv 100 mcg/ml	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl latex-free, sdv 100 mcg/ml	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl latex-free,sdv,inner 100 mcg/ml	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl latex-free,sdv,outer 100 mcg/ml	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl outer, l/f, p/f, sdv 100 mcg/ml	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl sdv, inner 100 mcg/ml	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl sdv, outer 100 mcg/ml	Non-PDL Generic	SP
octreotide acet 200 mcg/ml vl mdv 200 mcg/ml	Non-PDL Generic	SP
octreotide acet 200 mcg/ml vl mdv,latex-free 200 mcg/ml	Non-PDL Generic	SP
octreotide acet 50 mcg/ml amp 10's, sdv 50 mcg/ml	Non-PDL Generic	SP
octreotide acet 50 mcg/ml syr inner,single-use 50 mcg/ml (1 ml)	Non-PDL Generic	SP
octreotide acet 50 mcg/ml syr outer,single-dose,10 50 mcg/ml (1 ml)	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial 10's,latex-free,suv 50 mcg/ml	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial inner, l/f, p/f, sdv 50 mcg/ml	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial latex-free, p/f, sdv 50 mcg/ml	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial latex-free, sdv 50 mcg/ml	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial outer, l/f, p/f, sdv 50 mcg/ml	Non-PDL Generic	SP
octreotide acet 500 mcg/ml amp 10's, sdv 500 mcg/ml	Non-PDL Generic	SP
octreotide acet 500 mcg/ml syr inner, single-use 500 mcg/ml (1 ml)	Non-PDL Generic	SP
octreotide acet 500 mcg/ml syr outer,single-dose,10 500 mcg/ml (1 ml)	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl 10's,latex-free,suv 500 mcg/ml	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl inner, l/f, p/f, sdv 500 mcg/ml	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl inner,sdv,latex-free 500 mcg/ml	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl latex-free, p/f, sdv 500 mcg/ml	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl latex-free, sdv 500 mcg/ml	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl outer, l/f, p/f, sdv 500 mcg/ml	Non-PDL Generic	SP

Drug	Status	Notes
octreotide acet 500 mcg/ml vl outer,sdv,latex-free 500 mcg/ml	Non-PDL Generic	SP
SIGNIFOR 0.3 MG/ML AMPULE INNER,SUV 0.3 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.3 MG/ML AMPULE OUTER,SUV 0.3 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.6 MG/ML AMPULE INNER,SUV 0.6 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.6 MG/ML AMPULE OUTER,SUV 0.6 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.9 MG/ML AMPULE INNER,SUV 0.9 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.9 MG/ML AMPULE OUTER,SUV 0.9 MG/ML (1 ML)	Non-PDL Brand	PA; SP
Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT	Preventive	QL (1 ML per 365 days); Age (Min 50 Years)
Vehicles		
SYRSPEND SF LIQUID (RX)	Non-PDL Brand	
SYRSPEND SF LIQUID GRAPE (RX)	Non-PDL Brand	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET 267 MG CAPSULE 267 MG	Non-PDL Brand	PA; SP
ESBRIET 267 MG TABLET 267 MG	Non-PDL Brand	PA; SP
ESBRIET 801 MG TABLET 801 MG	Non-PDL Brand	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
KALYDECO 25 MG GRANULES PACKET 25 MG	Non-PDL Brand	PA; SP
KALYDECO 50 MG GRANULES PACKET 50 MG	Non-PDL Brand	PA; SP
KALYDECO 75 MG GRANULES PACKET 75 MG	Non-PDL Brand	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI 100 MG-125 MG TABLET 100-125 MG	Non-PDL Brand	PA; SP
ORKAMBI 100-125 MG GRANULE PKT 100-125 MG	Non-PDL Brand	PA; SP
ORKAMBI 150-188 MG GRANULE PKT 150-188 MG	Non-PDL Brand	PA; SP
ORKAMBI 200 MG-125 MG TABLET 200-125 MG	Non-PDL Brand	PA; SP
SYMDEKO 100/150 MG-150 MG TABS 100-150 MG (D)/ 150 MG (N)	Non-PDL Brand	PA; SP
SYMDEKO 50/75 MG-75 MG TABLETS 50-75 MG (D)/ 75 MG (N)	Non-PDL Brand	PA; SP
TRIKAFTA 100/50/75 MG-150 MG 100-50-75 MG(D) /150 MG (N)	Non-PDL Brand	PA; SP
Mucolytics		
acetylcysteine 10% vial 3's,w/drpr,strl,p/f 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial inner 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial outer 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial p/f 100 mg/ml (10 %)	Non-PDL Generic	

Drug	Status	Notes
acetylcysteine 10% vial p/f, inner 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial p/f, latex-free 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial p/f, outer 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 20% vial 200 mg/ml (20 %)	Non-PDL Generic	
acetylcysteine 20% vial inner 200 mg/ml (20 %)	Non-PDL Generic	
acetylcysteine 20% vial outer 200 mg/ml (20 %)	Non-PDL Generic	
acetylcysteine 20% vial p/f 200 mg/ml (20 %)	Non-PDL Generic	
acetylcysteine 20% vial p/f, latex-free 200 mg/ml (20 %)	Non-PDL Generic	
PULMOZYME 1 MG/ML AMPUL 30'S, OUTER 1 MG/ML	Non-PDL Brand	PA; SP
PULMOZYME 1 MG/ML AMPUL INNER 1 MG/ML	Non-PDL Brand	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
OFEV 150 MG CAPSULE 150 MG	Non-PDL Brand	PA; SP
Pain Management Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
butalbital-acetaminophen 50-325 mg tab 50-325 mg	Non-PDL Generic	
TENCON 50-325 MG TABLET 50-325 MG	Non-PDL Generic	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
butalb-aspirin-caffe 50-325-40 50-325-40 mg	Non-PDL Generic	
butalbital-asa-caffeine cap 50-325-40 mg	Non-PDL Generic	
butalbital-asa-caffeine cap capsule 50-325-40 mg	Non-PDL Generic	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
butalb-acetaminophen-caff 50-325-40 tab 50-325-40 mg	Non-PDL Generic	
butalb-acetaminophen-caff 50-325-40 tab inner 50-325-40 mg	Non-PDL Generic	
butalb-acetaminophen-caff 50-325-40 tab outer 50-325-40 mg	Non-PDL Generic	
butalbital-acetaminophen-caffeine 50-300-40 mg capsule 50-300-40 mg	Non-PDL Generic	
butalbital-acetaminophen-caffeine 50-325-40 mg capsule 50-325-40 mg	Non-PDL Generic	
butalbital-acetaminophen-caffeine 50-325-40 mg tablet 50-325-40 mg	Non-PDL Generic	
FIORICET 50-300-40 MG CAPSULE 50-300-40 MG	Non-PDL Generic	

Drug	Status	Notes
VANATOL LQ ORAL SOLUTION 50-325-40 MG/15 ML	Non-PDL Generic	
VANATOL S ORAL SOLUTION 50-325-40 MG/15 ML	Non-PDL Generic	
VTOL LQ 50-325-40 MG/15 ML SOL 50-325-40 MG/15 ML	Non-PDL Generic	
ZEBUTAL 50-325-40 MG CAPSULE 50-325-40 MG	Non-PDL Generic	
Analgesic/Antipyretics, Salicylates		
aspirin 325 mg tablet 125's 325 mg	Preventive	
aspirin 325 mg tablet 250's, u-d 325 mg	Preventive	
aspirin 325 mg tablet 2x100 325 mg	Preventive	
aspirin 325 mg tablet 2x250 325 mg	Preventive	
aspirin 325 mg tablet 325 mg	Preventive	
aspirin 325 mg tablet 50's 325 mg	Preventive	
aspirin 325 mg tablet caffeine free 325 mg	Preventive	
aspirin 325 mg tablet coated 325 mg	Preventive	
aspirin 325 mg tablet f/c 325 mg	Preventive	
aspirin 325 mg tablet film-coated 325 mg	Preventive	
aspirin 325 mg tablet micro thin coat,na/f 325 mg	Preventive	
aspirin 325 mg tablet micro-coated 325 mg	Preventive	
aspirin 325 mg tablet na/f, caffeine-free 325 mg	Preventive	
aspirin 325 mg tablet na/f,caffeine-free 325 mg	Preventive	
aspirin 325 mg tablet regular strength 325 mg	Preventive	
aspirin 325 mg tablet u-d 325 mg	Preventive	
aspirin 325 mg tablet u-d,12's 325 mg	Preventive	
aspirin ec 325 mg caplet 325 mg	Preventive	
aspirin ec 325 mg tablet 325 mg	Preventive	
aspirin ec 325 mg tablet bulk 325 mg	Preventive	
aspirin ec 325 mg tablet regular strength 325 mg	Preventive	
aspirin ec 325 mg tablet safety coated 325 mg	Preventive	
aspirin ec 325 mg tablet safety-coated 325 mg	Preventive	
aspirin ec 325 mg tablet safty coated 325 mg	Preventive	
aspirin ec 325 mg tablet u-d 325 mg	Preventive	
ASPIR-TRIN EC 325 MG TABLET 325 MG	Preventive	
bayer aspirin 325 mg tablet coated 325 mg	Preventive	
BAYER MIGRAINE FORMULA CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	
buffered aspirin 325 mg tb 325 mg	Non-PDL Generic	
BUFFERIN 325 MG TABLET COATED 325 MG	Non-PDL Generic	
choline mag trisal liquid 500 mg/5 ml	Non-PDL Generic	
cvs aspirin 325 mg caplet coated caplet 325 mg	Preventive	

Drug	Status	Notes
cvs aspirin 325 mg tablet 325 mg	Preventive	
cvs aspirin ec 325 mg tablet 325 mg	Preventive	
CVS HEADACHE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	
CVS HEADACHE RELIEF GELCAP GELCAP, EXTRA STR 250-250-65 MG	Non-PDL Generic	
CVS MIGRAINE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	
CVS MIGRAINE RELIEF CAPLET COATED CAPLET 250-250-65 MG	Non-PDL Generic	
diflunisal 500 mg tablet 500 mg	Non-PDL Generic	
diflunisal 500 mg tablet f/c 500 mg	Non-PDL Generic	
ECOTRIN EC 325 MG TABLET 325 MG	Preventive	
ECOTRIN EC 325 MG TABLET SAFETY COATED 325 MG	Preventive	
ECOTRIN EC 325 MG TABLET SAFTEY COATED 325 MG	Preventive	
ECPIRIN EC 325 MG TABLET 325 MG	Preventive	
eq aspirin 325 mg tablet coated 325 mg	Preventive	
eq aspirin ec 325 mg tablet 325 mg	Preventive	
eq aspirin ec 325 mg tablet safety- coated 325 mg	Preventive	
EQ HEADACHE 250-250-65 MG CPLT 250-250-65 MG	Non-PDL Generic	
eql aspirin 325 mg tablet 325 mg	Preventive	
eql aspirin 325 mg tablet coated 325 mg	Preventive	
eql aspirin ec 325 mg tablet 325 mg	Preventive	
EQL HEADACHE RELIEF TABLET 250-250-65 MG	Non-PDL Generic	
EQL MIGRAINE FORMULA CAPLET 250-250-65 MG	Non-PDL Generic	
EXCEDRIN MIGRAINE CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	
EXCEDRIN MIGRAINE GELTAB GELTAB 250-250-65 MG	Non-PDL Generic	
EXCEDRIN MIGRAINE GELTAB GELTAB, 2X50 250-250-65 MG	Non-PDL Generic	
EXTRA PAIN RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	
EXTRAPRIN 250-250-65 MG CAPLET 250-250-65 MG	Non-PDL Generic	
gnp aspirin 325 mg tablet coated 325 mg	Preventive	
gnp aspirin 325 mg tablet micro-thin coat,na/f 325 mg	Preventive	
gnp aspirin ec 325 mg tablet 325 mg	Preventive	
GNP HEADACHE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	
GNP LITE COAT ASA 325 MG TAB CAFFEINE FREE,NA/F 325 MG	Preventive	

Drug	Status	Notes
GNP MIGRAINE FORMULA CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	
GNP MIGRAINE RELIEF CAPLET COATED 250-250-65 MG	Non-PDL Generic	
GOODY'S MIGRAINE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	
gs aspirin 325 mg tablet 325 mg	Preventive	
gs aspirin ec 325 mg tablet 325 mg	Preventive	
HEADACHE 250-250-65 MG TABLET 250-250-65 MG	Non-PDL Generic	
HEADACHE PAIN RELIEF TABLET 250-250-65 MG	Non-PDL Generic	
HEADACHE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	
HEADACHE RELIEF CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	
HEADACHE RELIEF CAPLET CAPLET,EX STR 250-250-65 MG	Non-PDL Generic	
HEADACHE RELIEF GELCAP GEL CAP, EX-STRENGTH 250-250-65 MG	Non-PDL Generic	
HEADACHE RELIEF TABLET EX-STRENGTH 250-250-65 MG	Non-PDL Generic	
HEADACHE RELIEF TABLET EXTRA STRENGTH 250-250-65 MG	Non-PDL Generic	
hm aspirin 325 mg tablet 325 mg	Preventive	
hm aspirin 325 mg tablet adult, gluten-free 325 mg	Preventive	
hm aspirin ec 325 mg tablet reg strength 325 mg	Preventive	
HM MIGRAINE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	
kro aspirin 325 mg tablet for adults, coated 325 mg	Preventive	
KRO MIGRAINE FORMULA CAPLET CAPLET, GLUTEN-FREE 250-250-65 MG	Non-PDL Generic	
LITE COAT ASPIRIN 325 MG TAB CAFFEINE FREE,NA/F 325 MG	Preventive	
MIGRAINE FORMULA CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	
MIGRAINE FORMULA CAPLET CAPLET,COATED 250-250-65 MG	Non-PDL Generic	
MIGRAINE FORMULA CAPLET CAPLET,GLUTEN-FREE 250-250-65 MG	Non-PDL Generic	
MIGRAINE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	
MIGRAINE RELIEF CAPLET COATED 250-250-65 MG	Non-PDL Generic	
MIGRAINE RELIEF CAPLET COATED, CAPLET 250-250-65 MG	Non-PDL Generic	
PAIN RELIEVER PLUS TABLET 250-250-65 MG	Non-PDL Generic	
PAIN RELIEVR 250-250-65 MG CPLT 250-250-65 MG	Non-PDL Generic	

Drug	Status	Notes
PAIN-OFF TABLET INNER, F/C 250-250-65 MG	Non-PDL Generic	
PAIN-OFF TABLET OUTER, F/C 250-250-65 MG	Non-PDL Generic	
pub aspirin 325 mg tablet 325 mg	Preventive	
pub aspirin 325 mg tablet caffeine free 325 mg	Preventive	
PUB MIGRAINE RELIEF CAPLET CAPLET, COATED 250-250-65 MG	Non-PDL Generic	
qc aspirin 325 mg tablet 325 mg	Preventive	
qc aspirin ec 325 mg tablet 325 mg	Preventive	
qc aspirin ec 325 mg tablet regular strength 325 mg	Preventive	
QC HEADACHE RELIEF TABLET EXTRA STRENGTH 250-250-65 MG	Non-PDL Generic	
ra aspirin 325 mg tablet 325 mg	Preventive	
ra aspirin 325 mg tablet lightly coated 325 mg	Preventive	
ra aspirin ec 325 mg tablet regular strength 325 mg	Preventive	
RA MIGRAINE RELIEF CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	
RA PAIN RELIEVER TABLET 250-250-65 MG	Non-PDL Generic	
RA PAIN RELIEVER TABLET COATED 250-250-65 MG	Non-PDL Generic	
salsalate 500 mg tablet 500 mg	Non-PDL Generic	
salsalate 500 mg tablet f/c 500 mg	Non-PDL Generic	
salsalate 750 mg tablet 750 mg	Non-PDL Generic	
salsalate 750 mg tablet f/c 750 mg	Non-PDL Generic	
SM ADDED STRENGTH HEADACHE TAB 250-250-65 MG	Non-PDL Generic	
sm aspirin 325 mg tablet 325 mg	Preventive	
sm aspirin ec 325 mg tablet 325 mg	Preventive	
sm aspirin ec 325 mg tablet reg-str, gluten-free 325 mg	Preventive	
SM BUFF ASPIRIN 325 MG TAB 325 MG	Non-PDL Generic	
SM MIGRAINE RELIEF CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	
soba aspirin ec 325 mg tablet 325 mg	Preventive	
TRI-BUFFERED ASPIRIN 325 MG BOXED 325 MG	Non-PDL Generic	
TRI-BUFFERED ASPIRIN 325 MG TB COATED TABLET 325 MG	Non-PDL Generic	
Analgesic/Antipyretics,Non-Salicylate		
8 HOUR ACETAMINOPHEN ER 650 MG 650 MG	Non-PDL Generic	

Drug	Status	Notes
8 HOUR ACETAMINOPHEN ER 650 MG MUSCLE ACHES & PAIN 650 MG	Non-PDL Generic	
8HR ARTHRITIS PAIN ER 650 MG 650 MG	Non-PDL Generic	
8HR MUSCLE ACHE-PAIN ER 650 MG 650 MG	Non-PDL Generic	
acetaminophen 120 mg suppos 120 mg	Non-PDL Generic	
acetaminophen 120 mg suppos inner 120 mg	Non-PDL Generic	
acetaminophen 120 mg suppos outer 120 mg	Non-PDL Generic	
acetaminophen 160 mg gummy 160 mg	Non-PDL Generic	
acetaminophen 160 mg rapid tab 160 mg	Non-PDL Generic	
acetaminophen 160 mg/5 ml elix 160 mg/5 ml	Non-PDL Generic	
acetaminophen 160 mg/5 ml liq 160 mg/5 ml	Non-PDL Generic	
acetaminophen 160 mg/5 ml sol 160 mg/5 ml (5 ml)	Non-PDL Generic	
acetaminophen 160 mg/5 ml sol inner 160 mg/5 ml (5 ml)	Non-PDL Generic	
acetaminophen 160 mg/5 ml sol outer 160 mg/5 ml (5 ml)	Non-PDL Generic	
acetaminophen 160 mg/5 ml susp a/f, children's 160 mg/5 ml	Non-PDL Generic	
acetaminophen 160 mg/5 ml susp inner 160 mg/5 ml (5 ml)	Non-PDL Generic	
acetaminophen 160 mg/5 ml susp outer 160 mg/5 ml (5 ml)	Non-PDL Generic	
acetaminophen 325 mg gelcap 325 mg	Non-PDL Generic	
acetaminophen 325 mg tablet 325 mg	Non-PDL Generic	
acetaminophen 325 mg tablet inner, f/c 325 mg	Non-PDL Generic	
acetaminophen 325 mg tablet outer, f/c 325 mg	Non-PDL Generic	
acetaminophen 325 mg tablet regular strength 325 mg	Non-PDL Generic	
acetaminophen 325 mg tablet u-d 325 mg	Non-PDL Generic	
acetaminophen 325 mg tablet u-d,10x10,asa-free 325 mg	Non-PDL Generic	
acetaminophen 325 mg tablet u-d,25x30,uncoated 325 mg	Non-PDL Generic	
acetaminophen 325 mg/10.15 ml 325 mg/10.15 ml	Non-PDL Generic	
acetaminophen 325 mg/10.15 ml inner 325 mg/10.15 ml	Non-PDL Generic	

Drug	Status	Notes
acetaminophen 325 mg/10.15 ml inner 325 mg/10.15 ml	Non-PDL Generic	
acetaminophen 325 mg/10.15 ml outer 325 mg/10.15 ml	Non-PDL Generic	
acetaminophen 325 mg/10.15 ml outer 325 mg/10.15 ml	Non-PDL Generic	
acetaminophen 500 mg caplet 500 mg	Non-PDL Generic	
acetaminophen 500 mg caplet caplet 500 mg	Non-PDL Generic	
acetaminophen 500 mg caplet caplet, ex-strength 500 mg	Non-PDL Generic	
ACETAMINOPHEN 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	
acetaminophen 500 mg caplet caplet, extra 100 500 mg	Non-PDL Generic	
acetaminophen 500 mg caplet caplet, extra str 500 mg	Non-PDL Generic	
acetaminophen 500 mg caplet caplet,ex-strength 500 mg	Non-PDL Generic	
acetaminophen 500 mg caplet caplet,xtra-strength 500 mg	Non-PDL Generic	
acetaminophen 500 mg caplet u-d,caplet 500 mg	Non-PDL Generic	
acetaminophen 500 mg gelcap 500 mg	Non-PDL Generic	
acetaminophen 500 mg gelcap xtr str, gelcap 500 mg	Non-PDL Generic	
acetaminophen 500 mg softgel 500 mg	Non-PDL Generic	
acetaminophen 500 mg tablet 12's,extra strength 500 mg	Non-PDL Generic	
acetaminophen 500 mg tablet 2x125,u-d,extra-str 500 mg	Non-PDL Generic	
acetaminophen 500 mg tablet 2x250,extra strength 500 mg	Non-PDL Generic	
acetaminophen 500 mg tablet 2x50, extra strength 500 mg	Non-PDL Generic	
acetaminophen 500 mg tablet 500 mg	Non-PDL Generic	
acetaminophen 500 mg tablet asa-free,ex-str 500 mg	Non-PDL Generic	
acetaminophen 500 mg tablet aspirin free, u/d 500 mg	Non-PDL Generic	
acetaminophen 500 mg tablet aspirin free, u-d 500 mg	Non-PDL Generic	
ACETAMINOPHEN 500 MG TABLET EASY TAB,COATED 500 MG	Non-PDL Generic	
acetaminophen 500 mg tablet ex-strength 500 mg	Non-PDL Generic	
ACETAMINOPHEN 500 MG TABLET EX-STRENGTH 500 MG	Non-PDL Generic	

Drug	Status	Notes
acetaminophen 500 mg tablet extra strength 500 mg	Non-PDL Generic	
acetaminophen 500 mg tablet extra-strength 500 mg	Non-PDL Generic	
acetaminophen 500 mg tablet u-d 500 mg	Non-PDL Generic	
acetaminophen 650 mg suppos 650 mg	Non-PDL Generic	
acetaminophen 650 mg suppos inner 650 mg	Non-PDL Generic	
acetaminophen 650 mg suppos outer 650 mg	Non-PDL Generic	
acetaminophen 650 mg/20.3 ml 650 mg/20.3 ml	Non-PDL Generic	
acetaminophen 650 mg/20.3 ml inner 650 mg/20.3 ml	Non-PDL Generic	
acetaminophen 650 mg/20.3 ml outer 650 mg/20.3 ml	Non-PDL Generic	
acetaminophen 80 mg rapid tab children's 80 mg	Non-PDL Generic	
acetaminophen er 650 mg caplet 650 mg	Non-PDL Generic	
acetaminophen er 650 mg tablet 650 mg	Non-PDL Generic	
acetaminophen er 650 mg tablet inner 650 mg	Non-PDL Generic	
acetaminophen er 650 mg tablet outer 650 mg	Non-PDL Generic	
ARTHRITIS PAIN ER 650 MG CAPLT 650 MG	Non-PDL Generic	
ARTHRITIS PAIN ER 650 MG CAPLT 8 HOUR TEMP RELIEF 650 MG	Non-PDL Generic	
ARTHRITIS PAIN ER 650 MG CAPLT 8 HR,GLUTEN-F,CAPLET 650 MG	Non-PDL Generic	
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET 650 MG	Non-PDL Generic	
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET, 8 HOUR 650 MG	Non-PDL Generic	
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET,8 HOUR 650 MG	Non-PDL Generic	
ARTHRITIS PAIN ER 650 MG GELTB GELTAB 650 MG	Non-PDL Generic	
ARTHRITIS PAIN RELIEF ER 650 MG CAPLET CAPLET 650 MG	Non-PDL Generic	
ARTHRITIS PAIN RLF ER 650 MG CAPLET 650 MG	Non-PDL Generic	
BETATEMP 160 MG/5 ML SUSP 160 MG/5 ML	Non-PDL Generic	
CHILD ACETAMINOPHEN 160 MG 160 MG	Non-PDL Generic	
CHILD ACETAMINOPHEN 80 MG CHEW FRUIT 80 MG	Non-PDL Generic	

Drug	Status	Notes
CHILD AUROPHEN PAIN 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
CHILD FEVER REDUCER 120 MG SUP 120 MG	Non-PDL Generic	
CHILD FEVER REDUCER 120 MG SUP 120 MG	Non-PDL Generic	
CHILD PAIN REL-FEVER 120 MG SUP 120 MG	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F, GLUTEN/F 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F,BUBBLE GUM,CHILD 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F,CHERRY,CHILD 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F,CHERRY,CHILDREN 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F,CHERRY,GLUTEN-F 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F,D/F,BUBBLE GUM 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F,D/F,CHERRY 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F,D/F,GRAPE 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F,GRAPE,CHILD 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F,GRAPE,CHILDREN'S 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS A/F,STRAWBERRY,CHILD 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN RLF 160 MG/5 ML SUS DYE FREE, GRAPE 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN-FEVER 160 MG TB CHW 160 MG	Non-PDL Generic	
CHILD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN-FEVER 160 MG/5 ML A/F 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN-FEVER 160 MG/5 ML A/F, ASA/F, GLUTEN/F 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN-FEVER 160 MG/5 ML A/F, ASA/F, IBU/F 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN-FEVER 160 MG/5 ML A/F, GLUTEN-F, GRAPE 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN-FEVER 160 MG/5 ML A/F,ASA/F,BUBBLE GUM 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN-FEVER 160 MG/5 ML A/F,ASA/F,GRAPE 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN-FEVER 160 MG/5 ML A/F,ASA/F,STRAWBERRY 160 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
CHILD PAIN-FEVER 160 MG/5 ML A/F,D/F,CHERRY 160 MG/5 ML	Non-PDL Generic	
CHILD PAIN-FEVER 160 MG/5 ML A/F,GLUTEN/F,CHERRY 160 MG/5 ML	Non-PDL Generic	
CHILD TACTINAL 80 MG TAB CHW 80 MG	Non-PDL Generic	
CHILD TYLENOL 160 MG TAB CHEW 160 MG	Non-PDL Generic	
CHILDREN'S MAPAP 80 MG TAB CHW 80 MG	Non-PDL Generic	
CHILDREN'S SILAPAP ELIXIR 160 MG/5 ML	Non-PDL Generic	
CHILD'S EASY-MELTS 80 MG TAB BUBBLEGUM 80 MG	Non-PDL Generic	
CHILD'S EASY-MELTS 80 MG TAB GRAPE 80 MG	Non-PDL Generic	
CHILD'S MAPAP 160 MG TAB CHEW 160 MG	Non-PDL Generic	
CHILD'S PAIN RELIEVER SUSP A/F,CHILDREN'S 160 MG/5 ML	Non-PDL Generic	
CHLD ACETAMINOPHEN 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
CHLD ACETAMINOPHEN 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
CHLD ACETAMINOPHEN 160 MG/5 ML A/F, GLUTEN/F, GRAPE 160 MG/5 ML	Non-PDL Generic	
CHLD ACETAMINOPHEN 160 MG/5 ML A/F, GLUTEN-FREE 160 MG/5 ML	Non-PDL Generic	
CHLD ACETAMINOPHEN 160 MG/5 ML A/F,GLUTEN/F,CHERRY 160 MG/5 ML	Non-PDL Generic	
CHLD ACETAMINOPHEN 160 MG/5 ML INNER 160 MG/5 ML (5 ML)	Non-PDL Generic	
CHLD ACETAMINOPHEN 160 MG/5 ML OUTER 160 MG/5 ML (5 ML)	Non-PDL Generic	
CVS 8HR ARTHRIT PAIN ER 650 MG 650 MG	Non-PDL Generic	
CVS 8HR MUSCLE ACHES ER 650 MG 650 MG	Non-PDL Generic	
cvs acetaminophen 500 mg cplt 500 mg	Non-PDL Generic	
cvs acetaminophen 500 mg gelcp 500 mg	Non-PDL Generic	
cvs acetaminophen 500 mg tab 500 mg	Non-PDL Generic	
CVS ARTHRIT PAIN RLF ER 650 MG 650 MG	Non-PDL Generic	
CVS CHILD FEVER RED 120 MG SUP 120 MG	Non-PDL Generic	
CVS CHILD PAIN RELIEF 160 MG 160 MG	Non-PDL Generic	
CVS CHILD PAIN RLF 160 MG/5 ML CHILDREN'S, A/F 160 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
CVS CHILD PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	
CVS INFANT PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	
CVS INFNT PAIN RLF 160 MG/5 ML BUBBLE GUM,W/SYRINGE 160 MG/5 ML	Non-PDL Generic	
CVS INFNT PAIN RLF 160 MG/5 ML CHERRY FLAVOR 160 MG/5 ML	Non-PDL Generic	
CVS INFNT PAIN RLF 160 MG/5 ML GRAPE,W/SYRINGE 160 MG/5 ML	Non-PDL Generic	
CVS NON-ASPIRIN 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	
CVS NON-ASPIRIN 500 MG GELTAB EXTRA STRENGTH 500 MG	Non-PDL Generic	
CVS PAIN RELIEF 325 MG TABLET 325 MG	Non-PDL Generic	
CVS PAIN RELIEF 500 MG CAPLET 500 MG	Non-PDL Generic	
CVS PAIN RELIEF 500 MG TABLET 500 MG	Non-PDL Generic	
CVS PAIN RELIEVER 500 MG CPLT CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	
ED-APAP 160 MG/5 ML LIQUID 160 MG/5 ML	Non-PDL Generic	
EQ 8HR ARTHRITIS PAIN ER 650 MG 650 MG	Non-PDL Generic	
EQ ACETAMINOPHEN 500 MG CAPLET 500 MG	Non-PDL Generic	
EQ ACETAMINOPHEN 500 MG CAPLET CAPLET,EX-STR 500 MG	Non-PDL Generic	
EQ ACETAMINOPHEN 500 MG CAPLET CAPLET,EXTRA STR 500 MG	Non-PDL Generic	
eq acetaminophen 500 mg caplet cplt,gluten-f,ex-str 500 mg	Non-PDL Generic	
EQ ACETAMINOPHEN 500 MG CAPLET EX-STR,CAPLET 500 MG	Non-PDL Generic	
eq acetaminophen 500 mg gelcap 500 mg	Non-PDL Generic	
eq acetaminophen 500 mg gelcap gelcap, ex-strength 500 mg	Non-PDL Generic	
eq acetaminophen 500 mg gelcap gelcap,ex-strength 500 mg	Non-PDL Generic	
eq acetaminophen 500 mg tablet extra strength 500 mg	Non-PDL Generic	
EQ ARTHRITIS PAIN ER 650 MG 650 MG	Non-PDL Generic	
EQ ARTHRITIS PAIN ER 650 MG 8 HOURS, CAPLET 650 MG	Non-PDL Generic	
EQ ARTHRITIS PAIN ER 650 MG 8 HR, CAPLET 650 MG	Non-PDL Generic	
EQ ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	Non-PDL Generic	

Drug	Status	Notes
EQ ARTHRITIS PAIN ER 650 MG CAPLET,8 HOUR 650 MG	Non-PDL Generic	
EQ CHLD ACETAMINOPHEN 80 MG TB 80 MG	Non-PDL Generic	
EQ CHLD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
EQ INFANT PAIN-FEVER 160 MG/5 A/F, GLUTEN-F, GRAPE 160 MG/5 ML	Non-PDL Generic	
EQ INFANT PAIN-FEVER 160 MG/5 A/F,ASA-F,IBU-F 160 MG/5 ML	Non-PDL Generic	
EQ INFANT PAIN-FEVER 160 MG/5 D/F,A/F,GLUTEN-FREE 160 MG/5 ML	Non-PDL Generic	
EQ PAIN RELIEVER 325 MG TABLET 325 MG	Non-PDL Generic	
EQ PAIN RELIEVER 500 MG CAPLET 500 MG	Non-PDL Generic	
eql acetaminophen 500 mg cplt 500 mg	Non-PDL Generic	
eql acetaminophen 500 mg gelcp 500 mg	Non-PDL Generic	
eql acetaminophen 500 mg tab 500 mg	Non-PDL Generic	
EQL ARTHRIT PAIN RLF ER 650 MG 650 MG	Non-PDL Generic	
EQL CHLD ACETAMINOPHN 160 MG/5 160 MG/5 ML	Non-PDL Generic	
EQL INF ACETAMINOPHEN 160 MG/5 160 MG/5 ML	Non-PDL Generic	
EQL JR ACETAMINOPHEN 160 MG TAB 160 MG	Non-PDL Generic	
FEVERALL 120 MG SUPPOSITORY CHILDREN'S, INNER 120 MG	Non-PDL Generic	
FEVERALL 120 MG SUPPOSITORY CHILDRENS, OUTER 120 MG	Non-PDL Generic	
FEVERALL 120 MG SUPPOSITORY CHILDREN'S, OUTER 120 MG	Non-PDL Generic	
FEVERALL 325 MG SUPPOSITORY JUNIOR STR, INNER 325 MG	Non-PDL Generic	
FEVERALL 325 MG SUPPOSITORY JUNIOR STR, OUTER 325 MG	Non-PDL Generic	
FEVERALL 650 MG SUPPOSITORY ADULT, INNER 650 MG	Non-PDL Generic	
FEVERALL 650 MG SUPPOSITORY ADULT, OUTER 650 MG	Non-PDL Generic	
FEVERALL 80 MG SUPPOSITORY INFANT'S, INNER 80 MG	Non-PDL Brand	
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER 80 MG	Non-PDL Brand	
GNP 8HR ACETAMINOPHEN ER 650 MG 650 MG	Non-PDL Generic	
GNP 8HR ACETAMINOPHEN ER 650 MG MUSCLE ACHES & PAIN 650 MG	Non-PDL Generic	

Drug	Status	Notes
gnp acetaminophen 325 mg gelcp 325 mg	Non-PDL Generic	
GNP ARTHRIT PAIN RLF ER 650 MG CAPLET, 8 HOUR 650 MG	Non-PDL Generic	
GNP CHILD PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	
GNP CHILD PAIN-FEVER 160 MG/5 A/F, ASA/F, IBU/F 160 MG/5 ML	Non-PDL Generic	
GNP CHILD PAIN-FEVER 160 MG/5 A/F, GLUTEN-F, GRAPE 160 MG/5 ML	Non-PDL Generic	
GNP CHILD PAIN-FEVER 160 MG/5 A/F,GLUTEN/F,CHERRY 160 MG/5 ML	Non-PDL Generic	
GNP CHLD'S EASY-MELTS 80 MG TB BUBBLEGUM 80 MG	Non-PDL Generic	
GNP CHLD'S EASY-MELTS 80 MG TB GRAPE 80 MG	Non-PDL Generic	
GNP INF PAIN RLF 80 MG/0.8 ML CHERRY, D/F 80 MG/0.8 ML	Non-PDL Generic	
GNP INFANT PAIN RELIEF SUSP D/F,W/SYRINGE,CHERRY 160 MG/5 ML	Non-PDL Generic	
GNP INFANT PAIN RELIEF SUSP GRAPE 160 MG/5 ML	Non-PDL Generic	
GNP INFANT PAIN-FEVER 160 MG/5 W/SYRINGE, CHERRY 160 MG/5 ML	Non-PDL Generic	
GNP INFANT PAIN-FEVER 160 MG/5 W/SYRINGE, GRAPE 160 MG/5 ML	Non-PDL Generic	
GNP INFNT PAIN RLF 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
GNP PAIN RELIEF 325 MG TABLET 325 MG	Non-PDL Generic	
GNP PAIN RELIEF 500 MG CAPLET EXTRA STR, CAPLET 500 MG	Non-PDL Generic	
GNP PAIN RELIEF 500 MG GELCAP EXTRA STRENGTH 500 MG	Non-PDL Generic	
GNP PAIN RELIEF ER 650 MG CPLT ARTHRITIS PAIN 650 MG	Non-PDL Generic	
GNP PAIN RELIEVER 325 MG TAB REGULAR STRENGTH 325 MG	Non-PDL Generic	
GNP PAIN RELIEVER 500 MG CAPLT CAPLET,X-STRENGTH 500 MG	Non-PDL Generic	
GNP PAIN RELIEVER 500 MG CAPLT CPLT,X STR,COOL ICE 500 MG	Non-PDL Generic	
GNP PAIN RELIEVER 500 MG CAPLT EX-STR, CAPLET 500 MG	Non-PDL Generic	
GNP PAIN RELIEVER 500 MG TAB EX-STR,EASY TAB 500 MG	Non-PDL Generic	
GNP PAIN RELIEVER 500 MG TAB EXTRA STRENGTH 500 MG	Non-PDL Generic	
GS ARTHRITIS PAIN ER 650 MG 650 MG	Non-PDL Generic	
GS ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	Non-PDL Generic	

Drug	Status	Notes
GS CHLD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
GS INFANT PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	
GS INFANT PAIN-FEVER 160 MG/5 CHERRY, DYE-FREE 160 MG/5 ML	Non-PDL Generic	
GS PAIN RELIEF 325 MG TABLET 325 MG	Non-PDL Generic	
GS PAIN RELIEF 500 MG CAPLET 500 MG	Non-PDL Generic	
GS PAIN RELIEF 500 MG TABLET 500 MG	Non-PDL Generic	
HM ARTHRIT PAIN RLF ER 650 MG 650 MG	Non-PDL Generic	
HM ARTHRITIS PAIN ER 650 MG CAPLET, 8 HOUR 650 MG	Non-PDL Generic	
HM CHILD ACETAMINOPHEN 160 MG 160 MG	Non-PDL Generic	
HM CHLD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
HM CHLD PAIN-FEVER 160 MG/5 ML A/F, DYE-FREE 160 MG/5 ML	Non-PDL Generic	
HM CHLD PAIN-FEVER 160 MG/5 ML GLUTEN-F,A/F,ASA/F 160 MG/5 ML	Non-PDL Generic	
HM INFANT PAIN-FEVER 160 MG/5 A/F,CHERRY,W/SYRINGE 160 MG/5 ML	Non-PDL Generic	
HM INFANT PAIN-FEVER 160 MG/5 A/F,GRAPE,W/SYRINGE 160 MG/5 ML	Non-PDL Generic	
HM PAIN RELIEF 500 MG CAPLET 500 MG	Non-PDL Generic	
HM PAIN RELIEF 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	
HM PAIN RELIEF 500 MG CAPLET CAPLET, FREE+50 500 MG	Non-PDL Generic	
HM PAIN RELIEF 500 MG TABLET EX-STR, GLUTEN-FREE 500 MG	Non-PDL Generic	
HM PAIN RELIEVER 325 MG TABLET REGULAR STRENGTH 325 MG	Non-PDL Generic	
HM PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	
INF ACETAMINOPHEN 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN RELIEF 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN RELIEF SUSP D/F,W/SYRINGE,CHERRY 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN RELIEF SUSP GRAPE 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN RLF 80 MG/0.8 ML A/F 80 MG/0.8 ML	Non-PDL Generic	
INFANT PAIN RLF 80 MG/0.8 ML CHERRY, D/F 80 MG/0.8 ML	Non-PDL Generic	

Drug	Status	Notes
INFANT PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML A/F, D/F, W/SYRINGE 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML A/F, GRAPE 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML A/F,ASA/F,W/SYRINGE 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML A/F,BUBBLE GUM,W/SYR 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML A/F,D/F,CHERRY,W/SYR 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML A/F,GLUTEN-F,GRAPE 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML A/F,GRAPE,GLUTEN-F 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML CHERRY,A/F,GLUTEN-F 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML D/F,GLUTEN-F,CHERRY 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML D/F,GLUTEN-F,GRAPE 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, CHERRY 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, GRAPE 160 MG/5 ML	Non-PDL Generic	
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, GRAPE 160 MG/5 ML	Non-PDL Generic	
INFANTS PAIN-FEVER 160 MG/5 ML A/F, D/F, W/SYRINGE 160 MG/5 ML	Non-PDL Generic	
INFANTS PAIN-FEVER 160 MG/5 ML A/F,DYE-FREE, CHERRY 160 MG/5 ML	Non-PDL Generic	
INFANTS PAIN-FEVER 160 MG/5 ML A/F,GRAPE,W/SYRINGE 160 MG/5 ML	Non-PDL Generic	
JR PAIN-FEVER 160 MG RAPID TAB BUBBLEGUM, ASA-F 160 MG	Non-PDL Generic	
JR PAIN-FEVER 160 MG RAPID TAB JUNIOR,BUBBLEGUM 160 MG	Non-PDL Generic	
JUNIOR PAIN RELIEVER 160 MG JR,GRAPE,MELTAWAYS 160 MG	Non-PDL Generic	
kro acetaminophen 325 mg tab gluten free 325 mg	Non-PDL Generic	
kro acetaminophen 500 mg cplt caplet, ex-strength 500 mg	Non-PDL Generic	
kro acetaminophen 500 mg cplt gluten free, caplet 500 mg	Non-PDL Generic	
KRO ARTHRIT PAIN RLF ER 650 MG CAPLET, GLUTEN-FREE 650 MG	Non-PDL Generic	
KRO CHILD PAIN RLF 160 MG/5 ML D/F, A/F, GLUTEN-F 160 MG/5 ML	Non-PDL Generic	
KRO CHILD PAIN RLF 160 MG/5 ML GLUTEN-F, A/F,ASA-F 160 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
KRO INFANT PAIN-FEVER 160 MG/5 A/F,D/F,GLUTEN-F 160 MG/5 ML	Non-PDL Generic	
LITTLE REMEDIES FEVER 160 MG/5 A/F,D/F,GLUTEN-FREE 160 MG/5 ML	Non-PDL Generic	
LITTLE REMEDIES FEVER 160 MG/5 BERRY, GLUTEN-F 160 MG/5 ML	Non-PDL Generic	
LITTLE REMEDIES FEVER 160 MG/5 CHERRY, GLUTEN-F 160 MG/5 ML	Non-PDL Generic	
LITTLE REMEDIES FEVER 160 MG/5 GRAPE, GLUTEN-F 160 MG/5 ML	Non-PDL Generic	
MAPAP 500 MG CAPLET CAPLET 500 MG	Non-PDL Generic	
MAPAP 500 MG CAPSULE 500 MG	Non-PDL Generic	
MAPAP ARTHRITIS ER 650 MG CPLT 650 MG	Non-PDL Generic	
MASOPHEN 325 MG TABLET 325 MG	Non-PDL Generic	
MASOPHEN 500 MG TABLET 500 MG	Non-PDL Generic	
M-PAP 160 MG/5 ML LIQUID 160 MG/5 ML	Non-PDL Generic	
NON ASPIRIN 500 MG CAPLET CAPLET, EXTRA-STR 500 MG	Non-PDL Generic	
NON-ASPIRIN 160 MG/5 ML ELIX 160 MG/5 ML	Non-PDL Generic	
NON-ASPIRIN 160 MG/5 ML SUSP CHILDREN'S, A/F 160 MG/5 ML	Non-PDL Generic	
NON-ASPIRIN 325 MG TABLET 125'S 325 MG	Non-PDL Generic	
NON-ASPIRIN 325 MG TABLET 250'S, U-D 325 MG	Non-PDL Generic	
NON-ASPIRIN 325 MG TABLET 325 MG	Non-PDL Generic	
NON-ASPIRIN 325 MG TABLET 50'S, U-D 325 MG	Non-PDL Generic	
NON-ASPIRIN 500 MG CAPLET 500 MG	Non-PDL Generic	
NON-ASPIRIN 500 MG TABLET 125'S 500 MG	Non-PDL Generic	
NON-ASPIRIN 500 MG TABLET 250'S 500 MG	Non-PDL Generic	
NON-ASPIRIN 500 MG TABLET 500 MG	Non-PDL Generic	
NON-ASPIRIN 500 MG TABLET 50'S, U-D 500 MG	Non-PDL Generic	
NON-ASPIRIN 80 MG TAB CHEW CHILDREN'S 80 MG	Non-PDL Generic	
NON-ASPIRIN CHILD'S DROPS 100 MG/ML	Non-PDL Generic	
NORTEMP 160 MG/5 ML SUSP 160 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
NORTEMP 80 MG/0.8 ML DROP 80 MG/0.8 ML	Non-PDL Generic	
PAIN RELIEF 160 MG/5 ML LIQUID 160 MG/5 ML	Non-PDL Generic	
PAIN RELIEF 160 MG/5 ML LIQUID A/F, CHERRY 160 MG/5 ML	Non-PDL Generic	
PAIN RELIEF 325 MG TABLET 325 MG	Non-PDL Generic	
PAIN RELIEF 325 MG TABLET REG-STRENGTH 325 MG	Non-PDL Generic	
PAIN RELIEF 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	
PAIN RELIEF 500 MG CAPLET CAPLET,EX-STRENGTH 500 MG	Non-PDL Generic	
PAIN RELIEF 500 MG CAPLET EXTRA STR, CAPLET 500 MG	Non-PDL Generic	
PAIN RELIEF 500 MG GELCAP EXTRA STRENGTH 500 MG	Non-PDL Generic	
PAIN RELIEF 500 MG GELCAP GELCAP, EXTRA STR 500 MG	Non-PDL Generic	
PAIN RELIEF 500 MG GELCAP GELCAP,EX-STR 500 MG	Non-PDL Generic	
PAIN RELIEF 500 MG TABLET COATED, EX-STRENGTH 500 MG	Non-PDL Generic	
PAIN RELIEF 500 MG TABLET EX-STRENGTH 500 MG	Non-PDL Generic	
PAIN RELIEF 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	
PAIN RELIEF 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	
PAIN RELIEF ER 650 MG CAPLET ARTHRITIS PAIN 650 MG	Non-PDL Generic	
PAIN RELIEF ER 650 MG CAPLET CAPLET, 8 HOUR 650 MG	Non-PDL Generic	
PAIN RELIEF ER 650 MG CAPLET CAPLET, ARTHRITIS 650 MG	Non-PDL Generic	
PAIN RELIEF ER 650 MG CAPLET CAPLET,8 HOUR 650 MG	Non-PDL Generic	
PAIN RELIEVER 325 MG TABLET REG-STR 325 MG	Non-PDL Generic	
PAIN RELIEVER 325 MG TABLET REGULAR STRENGTH 325 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG CAPLET 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG CAPLET CAPLET,EX 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG CAPLET CAPLET,EX-STR 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG CAPLET CAPLET,X-STRENGTH 500 MG	Non-PDL Generic	

Drug	Status	Notes
PAIN RELIEVER 500 MG CAPLET CPLT,X STR,COOL ICE 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG CAPLET EX-STR, CAPLET 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG CAPLET EX-STRENGTH, CAPLET 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG CAPLET EXTR STRENGTH,CAPLET 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG GELCAP EX-STR,GELCAP 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG GELCAP EX-STRENGTH, GELCAP 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG GELCAP GELCAP,EX-STR 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG GELCAP XTR STR, GELCAP 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG GELCAP XTRA-STRENGTH,GELCAP 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG TABLET 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG TABLET EX-STR 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG TABLET EX-STR,EASY TAB 500 MG	Non-PDL Generic	
PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	
PAIN RELIEVER ER 650 MG CAPLET 8 HOUR, CAPLET 650 MG	Non-PDL Generic	
PEDIACARE FEVER REDUCER SUSP 160 MG/5 ML	Non-PDL Generic	
PHARBETOL 325 MG TABLET REG STRENGTH, BULK 325 MG	Non-PDL Generic	
PHARBETOL 325 MG TABLET REGULAR STRENGTH 325 MG	Non-PDL Generic	
PHARBETOL 500 MG CAPLET EXTRA-STR, CAPLET 500 MG	Non-PDL Generic	
PHARBETOL 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	
PUB ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	Non-PDL Generic	
PUB CHILD PAIN RLF 160 MG/5 ML CHERRY FLAVOR 160 MG/5 ML	Non-PDL Generic	
PUB PAIN RELIEF 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	
PUB PAIN RELIEF 500 MG CAPLET EX-STRENGTH, CAPLET 500 MG	Non-PDL Generic	
PUB PAIN RELIEF 500 MG GELTAB EX-STRENGTH, GELTAB 500 MG	Non-PDL Generic	
PUB PAIN RELIEF 500 MG TABLET EX-STRENGTH, EASY TB 500 MG	Non-PDL Generic	
qc acetaminophen 8-hr 650 mg 650 mg	Non-PDL Generic	

Drug	Status	Notes
qc acetaminophen 8-hr 650 mg caplet 650 mg	Non-PDL Generic	
QC ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	Non-PDL Generic	
QC CHILD PAIN RLF 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
QC CHILD PAIN RLF 160 MG/5 ML A/F,BUBBLE GUM 160 MG/5 ML	Non-PDL Generic	
QC CHILD PAIN RLF 160 MG/5 ML A/F,CHERRY 160 MG/5 ML	Non-PDL Generic	
QC INFANT PAIN RLF 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
QC INFNT PAIN RLF 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
QC JR. NON-ASPIRIN 160 MG TAB 160 MG	Non-PDL Generic	
QC NON-ASPIRIN 500 MG CAPLET CAPLET,EX-STRENGTH 500 MG	Non-PDL Generic	
QC NON-ASPIRIN 500 MG CAPLET XTRA STRENGTH,CAPLET 500 MG	Non-PDL Generic	
QC NON-ASPIRIN 500 MG GELCAP GELCAP, EX-STR 500 MG	Non-PDL Generic	
QC NON-ASPIRIN 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	
QC NON-ASPIRIN PAIN RELIEF TB EXTRA STRENGTH 500 MG	Non-PDL Generic	
QC PAIN RELIEF 325 MG TABLET 325 MG	Non-PDL Generic	
QC PAIN RELIEF 325 MG TABLET REGULAR STRENGTH 325 MG	Non-PDL Generic	
QC PAIN RELIEF 500 MG CAPLET 500 MG	Non-PDL Generic	
RA 8 HOUR PAIN RELIEF 650 MG 650 MG	Non-PDL Generic	
ra acetaminophen 325 mg tablet 325 mg	Non-PDL Generic	
ra acetaminophen 500 mg caplet 500 mg	Non-PDL Generic	
ra acetaminophen 500 mg caplet caplet, x-strength 500 mg	Non-PDL Generic	
ra acetaminophen 500 mg caplet caplet,ex-strength 500 mg	Non-PDL Generic	
ra acetaminophen 500 mg caplet extra strength 500 mg	Non-PDL Generic	
RA ACETAMINOPHEN 500 MG GELCAP GELCAP, PAIN RELIEF 500 MG	Non-PDL Generic	
ra acetaminophen 500 mg gelcap rapid release gelcap 500 mg	Non-PDL Generic	
ra acetaminophen 500 mg tablet extra strength 500 mg	Non-PDL Generic	
ra acetaminophen er 650 mg tab 650 mg	Non-PDL Generic	

Drug	Status	Notes
RA ARTHRITIS PAIN ER 650 MG 650 MG	Non-PDL Generic	
RA ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	Non-PDL Generic	
RA ATHENOL 325 MG TABLET 325 MG	Non-PDL Generic	
RA CHILD ACETAMINOPHEN 160 MG 160 MG	Non-PDL Generic	
RA CHILD FEVER-PAIN 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
RA CHILD FEVER-PAIN 160 MG/5 ML A/F,GLUTEN/F,CHERRY 160 MG/5 ML	Non-PDL Generic	
RA CHILD FEVER-PAIN 160 MG/5 ML A/F,GLUTEN/F,GRAPE 160 MG/5 ML	Non-PDL Generic	
RA CHILD FEVER-PAIN 160 MG/5 ML A/F,GLUTN/F,BUBBLEGM 160 MG/5 ML	Non-PDL Generic	
RA FEVER REDUCER-PAIN 160 MG/5 INFANT W/SYR,D/F,A/F 160 MG/5 ML	Non-PDL Generic	
RA INFANT FEVER-PAIN 160 MG/5 160 MG/5 ML	Non-PDL Generic	
RA INFANT FEVER-PAIN 160 MG/5 INFANT W/SYR,D/F,A/F 160 MG/5 ML	Non-PDL Generic	
RA NON-ASPIRIN 160 MG/5 ML CHILDREN'S,BUBBLEGUM 160 MG/5 ML	Non-PDL Generic	
RA NON-ASPIRIN 160 MG/5 ML CHILDREN'S,CHERRY 160 MG/5 ML	Non-PDL Generic	
RA NON-ASPIRIN 500 MG CAPLET CAPLET 500 MG	Non-PDL Generic	
SHAKE THAT ACHE 500 MG CAPLET 500 MG	Non-PDL Generic	
SM 8 HOUR PAIN RELIEF 650 MG CAPLET 650 MG	Non-PDL Generic	
SM ARTHRIT PAIN RLF ER 650 MG 650 MG	Non-PDL Generic	
SM ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	Non-PDL Generic	
SM ARTHRITIS PAIN RELIEF ER 650 MG CAPLET CAPLET 650 MG	Non-PDL Generic	
SM CHILD'S PAIN RELIEVER SUSP 160 MG/5 ML	Non-PDL Generic	
SM CHLD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	
SM CHLD PAIN-FEVER 160 MG/5 ML A/F, ASA/F, GLUTEN-F 160 MG/5 ML	Non-PDL Generic	
SM INF PAIN RELV 80 MG/0.8 ML 80 MG/0.8 ML	Non-PDL Generic	
SM INFANT PAIN RLF 160 MG/5 ML A/F,GLUTEN-F,CHERRY 160 MG/5 ML	Non-PDL Generic	
SM INFANT PAIN-FEVER 160 MG/5 A/F,GLUTEN-F,CHERRY 160 MG/5 ML	Non-PDL Generic	
SM INFANT PAIN-FEVER 160 MG/5 A/F.GLUTEN-F,GRAPE 160 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
SM PAIN REL JR STR TAB CHEW 160 MG	Non-PDL Generic	
SM PAIN RELIEF 500 MG GELCAP GELCAP RAPID RELEASE 500 MG	Non-PDL Generic	
SM PAIN RELIEF 500 MG GELCAP GELCAP, EXTRA STR 500 MG	Non-PDL Generic	
SM PAIN RELIEVER 325 MG TABLET 325 MG	Non-PDL Generic	
SM PAIN RELIEVER 500 MG CAPLET CAPLET, EXTRA STR 500 MG	Non-PDL Generic	
SM PAIN RELIEVER 500 MG CAPLET CAPLET, EXTRA STR 500 MG	Non-PDL Generic	
SM PAIN RELIEVER 500 MG CAPLET CAPLET, FREE+50 500 MG	Non-PDL Generic	
SM PAIN RELIEVER 500 MG GELCAP GELCAP,EX STRENGTH 500 MG	Non-PDL Generic	
SM PAIN RELIEVER 500 MG TABLET EX-STR, GLUTEN-FREE 500 MG	Non-PDL Generic	
SM PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	
SM PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	
SM PAIN RELIEVER ER 650 MG 650 MG	Non-PDL Generic	
TACTINAL 500 MG TABLET EXTRA-STRENGTH 500 MG	Non-PDL Generic	
TYLOPHEN 500 MG CAPSULE 500 MG	Non-PDL Generic	
Analgesics, Narcotic Agonist And Nsaid Combination		
hydrocodone-ibuprofen 10-200 10-200 mg	Non-PDL Generic	
hydrocodone-ibuprofen 5-200 mg 5-200 mg	Non-PDL Generic	
hydrocodone-ibuprofen 7.5-200 7.5-200 mg	Non-PDL Generic	
hydrocodone-ibuprofen 7.5-200 f/c, inner 7.5-200 mg	Non-PDL Generic	
hydrocodone-ibuprofen 7.5-200 f/c, outer 7.5-200 mg	Non-PDL Generic	
oxycodone-ibuprofen 5-400 tab 400-5 mg	Non-PDL Generic	
Analgesics,Narcotics		
ARYMO ER 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
ARYMO ER 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
ARYMO ER 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
BELBUCA 150 MCG FILM INNER 150 MCG	PDL Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
BELBUCA 150 MCG FILM OUTER 150 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 300 MCG FILM INNER 300 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 300 MCG FILM OUTER 300 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 450 MCG FILM INNER 450 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 450 MCG FILM OUTER 450 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 600 MCG FILM INNER 600 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 600 MCG FILM OUTER 600 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 75 MCG FILM INNER 75 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 75 MCG FILM OUTER 75 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 750 MCG FILM INNER 750 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 750 MCG FILM OUTER 750 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 900 MCG FILM INNER 900 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 900 MCG FILM OUTER 900 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
belladonna-opium 16.2-30 supp 16.2-30 mg	Non-PDL Generic	
belladonna-opium 16.2-30 supp inner 16.2-30 mg	Non-PDL Generic	
belladonna-opium 16.2-30 supp outer 16.2-30 mg	Non-PDL Generic	
belladonna-opium 16.2-60 supp 16.2-60 mg	Non-PDL Generic	
belladonna-opium 16.2-60 supp inner 16.2-60 mg	Non-PDL Generic	
belladonna-opium 16.2-60 supp outer 16.2-60 mg	Non-PDL Generic	
buprenorphine 0.3 mg/ml crpjct sdv ,l/f,inner 0.3 mg/ml	Non-PDL Generic	
buprenorphine 0.3 mg/ml crpjct sdv ,l/f,outer 0.3 mg/ml	Non-PDL Generic	
buprenorphine 0.3 mg/ml vial latex-f, inner, sdv 0.3 mg/ml	Non-PDL Generic	
buprenorphine 0.3 mg/ml vial latex-f, outer, sdv 0.3 mg/ml	Non-PDL Generic	
buprenorphine 0.3 mg/ml vial latex-free, inner 0.3 mg/ml	Non-PDL Generic	
buprenorphine 0.3 mg/ml vial latex-free, outer 0.3 mg/ml	Non-PDL Generic	

Drug	Status	Notes
buprenorphine 10 mcg/hr patch 10 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 10 mcg/hr patch inner 10 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 10 mcg/hr patch outer 10 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 15 mcg/hr patch 15 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 15 mcg/hr patch inner 15 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 15 mcg/hr patch outer 15 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 20 mcg/hr patch 20 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 20 mcg/hr patch inner 20 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 20 mcg/hr patch outer 20 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 5 mcg/hr patch 5 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 5 mcg/hr patch inner 5 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 5 mcg/hr patch outer 5 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
buprenorphine 7.5 mcg/hr patch 7.5 mcg/hour	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
butorphanol 1 mg/ml vial 10's, sdv 1 mg/ml	Non-PDL Generic	
butorphanol 1 mg/ml vial 10's,sdv 1 mg/ml	Non-PDL Generic	
butorphanol 1 mg/ml vial p/f, l/f, suv, inner 1 mg/ml	Non-PDL Generic	
butorphanol 1 mg/ml vial p/f, l/f, suv, outer 1 mg/ml	Non-PDL Generic	
butorphanol 10 mg/ml spray 10 mg/ml	Non-PDL Generic	
butorphanol 2 mg/ml vial 10's, sdv 2 mg/ml	Non-PDL Generic	
butorphanol 2 mg/ml vial 10's,sdv 2 mg/ml	Non-PDL Generic	

Drug	Status	Notes
butorphanol 2 mg/ml vial p/f, l/f, suv, inner 2 mg/ml	Non-PDL Generic	
butorphanol 2 mg/ml vial p/f, l/f, suv, outer 2 mg/ml	Non-PDL Generic	
butorphanol 2 mg/ml vial sdv,inner,latex-free 2 mg/ml	Non-PDL Generic	
butorphanol 2 mg/ml vial sdv,outer,latex-free 2 mg/ml	Non-PDL Generic	
butorphanol 4 mg/2 ml vial p/f, l/f, suv, inner 2 mg/ml	Non-PDL Generic	
butorphanol 4 mg/2 ml vial p/f, l/f, suv, outer 2 mg/ml	Non-PDL Generic	
codeine sulfate 15 mg tablet 15 mg	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate 30 mg tablet 30 mg	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate 60 mg tablet 60 mg	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
DISKETS 40 MG TABLET DISPR 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DOLOPHINE HCL 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
DURAGESIC 100 MCG/HR PATCH 100 MCG/HR	PDL Non-Preferred Brand	PA; QL (1 EA per 3 days)
DURAGESIC 12 MCG/HR PATCH 12 MCG/HR	PDL Non-Preferred Brand	PA; QL (1 EA per 3 days)
DURAGESIC 25 MCG/HR PATCH 25 MCG/HR	PDL Non-Preferred Brand	PA; QL (1 EA per 3 days)
DURAGESIC 50 MCG/HR PATCH 50 MCG/HR	PDL Non-Preferred Brand	PA; QL (1 EA per 3 days)
DURAGESIC 75 MCG/HR PATCH 75 MCG/HR	PDL Non-Preferred Brand	PA; QL (1 EA per 3 days)
fentanyl 100 mcg/hr patch 100 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 100 mcg/hr patch inner 100 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 100 mcg/hr patch non- saleable, inner 100 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 100 mcg/hr patch outer 100 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 12 mcg/hr patch 12 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 12 mcg/hr patch inner 12 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)

Drug	Status	Notes
fentanyl 12 mcg/hr patch non- saleable, inner 12 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 12 mcg/hr patch outer 12 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 25 mcg/hr patch 25 mcg/hr	PDL Preferred Generic	QL (1 EA per 3 days)
fentanyl 25 mcg/hr patch inner 25 mcg/hr	PDL Preferred Generic	QL (1 EA per 3 days)
fentanyl 25 mcg/hr patch outer 25 mcg/hr	PDL Preferred Generic	QL (1 EA per 3 days)
fentanyl 37.5 mcg/hr patch 37.5 mcg/hour	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 37.5 mcg/hr patch inner 37.5 mcg/hour	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 37.5 mcg/hr patch outer 37.5 mcg/hour	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 50 mcg/hr patch 50 mcg/hr	PDL Preferred Generic	QL (1 EA per 3 days)
fentanyl 50 mcg/hr patch inner 50 mcg/hr	PDL Preferred Generic	QL (1 EA per 3 days)
fentanyl 50 mcg/hr patch outer 50 mcg/hr	PDL Preferred Generic	QL (1 EA per 3 days)
fentanyl 62.5 mcg/hr patch 62.5 mcg/hour	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 62.5 mcg/hr patch inner 62.5 mcg/hour	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 62.5 mcg/hr patch outer 62.5 mcg/hour	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 75 mcg/hr patch 75 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 75 mcg/hr patch inner 75 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 75 mcg/hr patch non- saleable, inner 75 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 75 mcg/hr patch outer 75 mcg/hr	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 87.5 mcg/hr patch inner 87.5 mcg/hour	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)

Drug	Status	Notes
fentanyl 87.5 mcg/hr patch outer 87.5 mcg/hour	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl cit otfc 1,200 mcg 1,200 mcg	Non-PDL Generic	PA
fentanyl cit otfc 1,200 mcg inner 1,200 mcg	Non-PDL Generic	PA
fentanyl cit otfc 1,200 mcg outer 1,200 mcg	Non-PDL Generic	PA
fentanyl cit otfc 1,600 mcg 1,600 mcg	Non-PDL Generic	PA
fentanyl cit otfc 1,600 mcg inner 1,600 mcg	Non-PDL Generic	PA
fentanyl cit otfc 1,600 mcg outer 1,600 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 200 mcg 200 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 200 mcg inner 200 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 200 mcg outer 200 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 400 mcg 400 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 400 mcg inner 400 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 400 mcg outer 400 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 600 mcg 600 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 600 mcg inner 600 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 600 mcg outer 600 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 800 mcg 800 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 800 mcg inner 800 mcg	Non-PDL Generic	PA
fentanyl citrate otfc 800 mcg outer 800 mcg	Non-PDL Generic	PA
hydromorphone 1 mg/ml solution 1 mg/ml	Non-PDL Generic	
hydromorphone 2 mg tablet 10x10, u-d, inner 2 mg	Non-PDL Generic	
hydromorphone 2 mg tablet 10x10, u-d, outer 2 mg	Non-PDL Generic	
hydromorphone 2 mg tablet 2 mg	Non-PDL Generic	
hydromorphone 2 mg tablet u-d 2 mg	Non-PDL Generic	
hydromorphone 3 mg suppos 3 mg	Non-PDL Generic	

Drug	Status	Notes
hydromorphone 4 mg tablet 10x10, u-d, inner 4 mg	Non-PDL Generic	
hydromorphone 4 mg tablet 10x10, u-d, outer 4 mg	Non-PDL Generic	
hydromorphone 4 mg tablet 4 mg	Non-PDL Generic	
hydromorphone 4 mg tablet u-d 4 mg	Non-PDL Generic	
hydromorphone 5 mg/5 ml soln 1 mg/ml	Non-PDL Generic	
hydromorphone 8 mg tablet 8 mg	Non-PDL Generic	
hydromorphone hcl er 12 mg tab 12 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydromorphone hcl er 16 mg tab 16 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydromorphone hcl er 32 mg tab 32 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
hydromorphone hcl er 8 mg tab 8 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
HYSINGLA ER 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
KADIAN ER 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
KADIAN ER 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
KADIAN ER 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
KADIAN ER 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
KADIAN ER 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
KADIAN ER 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
KADIAN ER 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
KADIAN ER 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
KADIAN ER 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
levorphanol 2 mg tablet 2 mg	Non-PDL Generic	
meperidine 10 mg/ml cartrdge l/f, sdv 10 mg/ml	Non-PDL Generic	
meperidine 100 mg/ml vial inner, sdv 100 mg/ml	Non-PDL Generic	
meperidine 100 mg/ml vial sdv,25's,outer 100 mg/ml	Non-PDL Generic	
meperidine 25 mg/ml vial inner, sdv 25 mg/ml	Non-PDL Generic	
meperidine 50 mg/ml vial 25's,sdv,p/f,outer 50 mg/ml	Non-PDL Generic	
meperidine 50 mg/ml vial sdv,p/f,inner 50 mg/ml	Non-PDL Generic	
methadone 40 mg tablet dispr dispersable 40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methadone 40 mg tablet dispr disprsbl 40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methadone hcl 10 mg tablet 10 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
methadone hcl 10 mg tablet 10x10, outer 10 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
methadone hcl 10 mg tablet inner 10 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
methadone hcl 10 mg tablet outer 10 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
methadone hcl 5 mg tablet 10x10, outer 5 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
methadone hcl 5 mg tablet 5 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
methadone hcl 5 mg tablet inner 5 mg	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
METHADOSE 40 MG TABLET DISPR DISPERSABLE 40 MG	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine 10 mg/0.7 ml auto-inj 10 mg/0.7 ml	Non-PDL Generic	
morphine sulf 10 mg suppos 10 mg	Non-PDL Generic	

Drug	Status	Notes
morphine sulf 10 mg/5 ml soln 10 mg/5 ml	Non-PDL Generic	
morphine sulf 10 mg/5 ml soln s/f, a/f, dosing cup 10 mg/5 ml	Non-PDL Generic	
morphine sulf 10 mg/5 ml soln s/f,a/f 10 mg/5 ml	Non-PDL Generic	
morphine sulf 100 mg/5 ml conc 100 mg/5 ml (20 mg/ml)	Non-PDL Generic	
morphine sulf 100 mg/5 ml conc a/f, s/f 100 mg/5 ml (20 mg/ml)	Non-PDL Generic	
morphine sulf 100 mg/5 ml conc added color 100 mg/5 ml (20 mg/ml)	Non-PDL Generic	
morphine sulf 20 mg suppos 20 mg	Non-PDL Generic	
morphine sulf 20 mg/5 ml soln 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	
morphine sulf 20 mg/5 ml soln s/f, a/f, dosing cup 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	
morphine sulf 30 mg suppos 30 mg	Non-PDL Generic	
morphine sulf 5 mg suppos 5 mg	Non-PDL Generic	
morphine sulf er 100 mg tablet 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 100 mg tablet 10x10, outer 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 100 mg tablet f/c 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 100 mg tablet inner 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 15 mg tablet 10x10, outer 15 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 15 mg tablet 15 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 15 mg tablet f/c 15 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 15 mg tablet inner 15 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 15 mg tablet outer 15 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 200 mg tablet 200 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 30 mg tablet 10x10, outer 30 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 30 mg tablet 30 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 30 mg tablet f/c 30 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 30 mg tablet inner 30 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 60 mg tablet 10x10, outer 60 mg	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
morphine sulf er 60 mg tablet 60 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 60 mg tablet f/c 60 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 60 mg tablet inner 60 mg	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulfate er 10 mg cap 10 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 100 mg cap 100 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 120 mg cap 120 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 20 mg cap 20 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 30 mg cap 30 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 30 mg cap 30 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine sulfate er 40 mg cap 40 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 45 mg cap 45 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine sulfate er 50 mg cap 50 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 60 mg cap 60 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 60 mg cap 60 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine sulfate er 75 mg cap 75 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine sulfate er 80 mg cap 80 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 90 mg cap 90 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine sulfate ir 15 mg tab 15 mg	Non-PDL Brand	
morphine sulfate ir 30 mg tab 30 mg	Non-PDL Brand	
morphine sulfate ir 30 mg tab u-d 4x25, blister 30 mg	Non-PDL Brand	

Drug	Status	Notes
MS CONTIN ER 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
MS CONTIN ER 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
MS CONTIN ER 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
MS CONTIN ER 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
MS CONTIN ER 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
nalbuphine 10 mg/ml ampul suv,latex-free,outer 10 mg/ml	Non-PDL Generic	
nalbuphine 100 mg/10 ml vial 25's,mdv fliptop,l/f 10 mg/ml	Non-PDL Generic	
nalbuphine 20 mg/ml ampul sdv,latex-free 20 mg/ml	Non-PDL Generic	
nalbuphine 200 mg/10 ml vial muv, l/f 20 mg/ml	Non-PDL Generic	
NUCYNTA 100 MG TABLET 100 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA 100 MG TABLET F/C,U-D,10X10 100 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA 50 MG TABLET 50 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA 50 MG TABLET F/C,U-D,10X10 50 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA 75 MG TABLET 75 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA 75 MG TABLET F/C,U-D,10X10 75 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA ER 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
NUCYNTA ER 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
NUCYNTA ER 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
NUCYNTA ER 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
NUCYNTA ER 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
oxycodone hcl 10 mg tablet 10 mg	Non-PDL Generic	
oxycodone hcl 100 mg/5 ml conc 20 mg/ml	Non-PDL Generic	
oxycodone hcl 100 mg/5 ml conc w/ 1ml syringe 20 mg/ml	Non-PDL Generic	
oxycodone hcl 100 mg/5 ml conc w/calibrated dropper 20 mg/ml	Non-PDL Generic	
oxycodone hcl 100 mg/5 ml conc w/calibrated syringe 20 mg/ml	Non-PDL Generic	
oxycodone hcl 15 mg tablet 15 mg	Non-PDL Generic	
oxycodone hcl 15 mg tablet inner 15 mg	Non-PDL Generic	
oxycodone hcl 15 mg tablet outer 15 mg	Non-PDL Generic	
oxycodone hcl 15 mg tablet u-d, 10x10, inner 15 mg	Non-PDL Generic	

Drug	Status	Notes
oxycodone hcl 15 mg tablet u-d, 10x10, outer 15 mg	Non-PDL Generic	
oxycodone hcl 20 mg tablet 20 mg	Non-PDL Generic	
oxycodone hcl 30 mg tablet 30 mg	Non-PDL Generic	
oxycodone hcl 30 mg tablet inner 30 mg	Non-PDL Generic	
oxycodone hcl 30 mg tablet outer 30 mg	Non-PDL Generic	
oxycodone hcl 30 mg tablet u-d, 10x10, inner 30 mg	Non-PDL Generic	
oxycodone hcl 30 mg tablet u-d, 10x10, outer 30 mg	Non-PDL Generic	
oxycodone hcl 5 mg capsule 5 mg	Non-PDL Generic	
oxycodone hcl 5 mg tablet 10x10, outer 5 mg	Non-PDL Generic	
oxycodone hcl 5 mg tablet 5 mg	Non-PDL Generic	
oxycodone hcl 5 mg tablet inner 5 mg	Non-PDL Generic	
oxycodone hcl 5 mg tablet u-d, 10x10, inner 5 mg	Non-PDL Generic	
oxycodone hcl 5 mg tablet u-d, 10x10, outer 5 mg	Non-PDL Generic	
oxycodone hcl 5 mg/5 ml soln 5 mg/5 ml	Non-PDL Generic	
oxycodone hcl 5 mg/5 ml soln inner 5 mg/5 ml	Non-PDL Generic	
oxycodone hcl 5 mg/5 ml soln outer 5 mg/5 ml	Non-PDL Generic	
oxycodone hcl 5 mg/5 ml soln u-d 5 mg/5 ml	Non-PDL Generic	
oxycodone hcl 5 mg/5 ml soln u-d, 5x10's 5 mg/5 ml	Non-PDL Generic	
oxycodone hcl 5 mg/5 ml soln w/calibrated cup 5 mg/5 ml	Non-PDL Generic	
oxycodone hcl er 10 mg tablet 10 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxycodone hcl er 15 mg tablet 15 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxycodone hcl er 20 mg tablet 20 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxycodone hcl er 30 mg tablet 30 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
oxycodone hcl er 40 mg tablet 40 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxycodone hcl er 60 mg tablet 60 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxycodone hcl er 80 mg tablet 80 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
OXYCONTIN ER 10 MG TABLET 2X10, U-D 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 10 MG TABLET REFORMULATED 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 15 MG TABLET 2X10, U-D 15 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 15 MG TABLET REFORMULATED 15 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 20 MG TABLET 2X10, U-D 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 20 MG TABLET REFORMULATED 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 30 MG TABLET 2X10, U-D 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 30 MG TABLET REFORMULATED 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 40 MG TABLET 2X10, U-D 40 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 40 MG TABLET REFORMULATED 40 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 60 MG TABLET 2X10, U-D 60 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 60 MG TABLET REFORMULATED 60 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 80 MG TABLET 2X10, U-D 80 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
OXYCONTIN ER 80 MG TABLET REFORMULATED 80 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
oxymorphone hcl 10 mg tablet 10 mg	Non-PDL Generic	
oxymorphone hcl 5 mg tablet 5 mg	Non-PDL Generic	
oxymorphone hcl er 10 mg tab 10 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxymorphone hcl er 15 mg tab 15 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxymorphone hcl er 20 mg tab 20 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
oxymorphone hcl er 30 mg tab 30 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
oxymorphone hcl er 40 mg tab 40 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
oxymorphone hcl er 5 mg tablet 5 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxymorphone hcl er 7.5 mg tab 7.5 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
pentazocine-naloxone tablet 50-0.5 mg	Non-PDL Generic	
tramadol er 100 mg tablet coated 100 mg	Non-PDL Generic	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol er 100 mg tablet f/c 100 mg	Non-PDL Generic	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol er 200 mg tablet coated 200 mg	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol er 200 mg tablet f/c 200 mg	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol er 300 mg tablet coated 300 mg	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol er 300 mg tablet f/c 300 mg	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol hcl 50 mg tablet 50 mg	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol hcl 50 mg tablet f/c 50 mg	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol hcl 50 mg tablet f/c, inner 50 mg	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol hcl 50 mg tablet f/c, outer 50 mg	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol hcl 50 mg tablet u-d,10x10,inner 50 mg	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol hcl 50 mg tablet u-d,10x10,outer 50 mg	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 100 mg tablet 100 mg	Non-PDL Generic	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 100 mg tablet coated 100 mg	Non-PDL Generic	QL (3 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 150 mg capsule 150 mg	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 200 mg tablet 200 mg	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 300 mg tablet 300 mg	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)
XTAMPZA ER 13.5 MG CAPSULE 13.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XTAMPZA ER 18 MG CAPSULE 18 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
XTAMPZA ER 27 MG CAPSULE 27 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
XTAMPZA ER 36 MG CAPSULE 36 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
XTAMPZA ER 9 MG CAPSULE 9 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZOHYDRO ER 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZOHYDRO ER 15 MG CAPSULE 15 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZOHYDRO ER 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZOHYDRO ER 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZOHYDRO ER 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZOHYDRO ER 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Antimigraine Preparations		
AIMOVIG 140 MG/ML AUTOINJECTOR 140 MG/ML	PDL Non-Preferred Brand	PA
AIMOVIG 70 MG/ML AUTOINJECTOR 70 MG/ML	PDL Non-Preferred Brand	PA
AJOVY 225 MG/1.5 ML AUTOINJECT 225 MG/1.5 ML	PDL Preferred Brand	PA
AJOVY 225 MG/1.5 ML SYRINGE LATEX-FREE, P/F, SUV 225 MG/1.5 ML	PDL Preferred Brand	PA
AJOVY 225 MG/1.5 ML SYRINGE SUV, LATEX-F, SAMPLE 225 MG/1.5 ML	PDL Preferred Brand	PA
almotriptan malate 12.5 mg tab f/c, outer 12.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
almotriptan malate 12.5 mg tab f/c,inner 12.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
almotriptan malate 12.5 mg tab inner 12.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
almotriptan malate 12.5 mg tab inner, f/c 12.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
almotriptan malate 12.5 mg tab outer 12.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
almotriptan malate 12.5 mg tab outer, f/c 12.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
almotriptan malate 6.25 mg tab f/c, inner 6.25 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)

Drug	Status	Notes
almotriptan malate 6.25 mg tab f/c, outer 6.25 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
almotriptan malate 6.25 mg tab inner 6.25 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
almotriptan malate 6.25 mg tab inner, f/c 6.25 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
almotriptan malate 6.25 mg tab outer 6.25 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
almotriptan malate 6.25 mg tab outer, f/c 6.25 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
AMERGE 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
AMERGE 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
dihydroergotamine 1 mg/ml amp 1 mg/ml	Non-PDL Generic	QL (15 ML per 14 days)
dihydroergotamine 1 mg/ml amp inner, l/f, sdv 1 mg/ml	Non-PDL Generic	QL (15 ML per 14 days)
dihydroergotamine 1 mg/ml amp latex-free,suv,inner 1 mg/ml	Non-PDL Generic	QL (15 ML per 14 days)
dihydroergotamine 1 mg/ml amp latex-free,suv,outer 1 mg/ml	Non-PDL Generic	QL (15 ML per 14 days)
dihydroergotamine 1 mg/ml amp outer, l/f, sdv 1 mg/ml	Non-PDL Generic	QL (15 ML per 14 days)
dihydroergotamine mesylate 4 mg/ml nasal spray 0.5 mg/pump act. (4 mg/ml)	Non-PDL Generic	QL (8 ML per 28 days)
dihydroergotamine mesylate 4 mg/ml nasal spray inner 0.5 mg/pump act. (4 mg/ml)	Non-PDL Generic	QL (8 ML per 28 days)
dihydroergotamine mesylate 4 mg/ml nasal spray outer 0.5 mg/pump act. (4 mg/ml)	Non-PDL Generic	QL (8 ML per 28 days)
eletriptan hbr 20 mg tablet 20 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
eletriptan hbr 20 mg tablet inner 20 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
eletriptan hbr 20 mg tablet outer 20 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
eletriptan hbr 40 mg tablet 40 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
eletriptan hbr 40 mg tablet inner 40 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
eletriptan hbr 40 mg tablet outer 40 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)

Drug	Status	Notes
EMGALITY 120 MG/ML PEN L/F, P/F, SUV, INNER 120 MG/ML	PDL Preferred Brand	PA
EMGALITY 120 MG/ML PEN L/F, P/F, SUV, OUTER 120 MG/ML	PDL Preferred Brand	PA
EMGALITY 120 MG/ML SYRINGE L/F, P/F, SUV, INNER 120 MG/ML	PDL Preferred Brand	PA
EMGALITY 120 MG/ML SYRINGE L/F, P/F, SUV, OUTER 120 MG/ML	PDL Preferred Brand	PA
ergotamine-caffeine 1-100 mg tb 1-100 mg	Non-PDL Generic	QL (10 EA per 7 days)
FROVA 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
frovatriptan succ 2.5 mg tab 2.5 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
frovatriptan succ 2.5 mg tab inner 2.5 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
frovatriptan succ 2.5 mg tab outer 2.5 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
IMITREX 100 MG TABLET 100MG SUMATRIPTAN BS 100 MG	PDL Non-Preferred Brand	PA; QL (9 EA per 30 days)
IMITREX 20 MG NASAL SPRAY 6X.1ML SPRAY 20 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (6 EA per 15 days)
IMITREX 25 MG TABLET 25MG SUMATRIPTAN BSE 25 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 5 days)
IMITREX 5 MG NASAL SPRAY 6X.1ML SPRAY DEVICES 5 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (6 EA per 15 days)
IMITREX 50 MG TABLET 50MG SUMATRIPTAN BSE 50 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 5 days)
MAXALT 10 MG TABLET INNER 10 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
MAXALT 10 MG TABLET OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
MAXALT MLT 10 MG TABLET INNER 10 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
MAXALT MLT 10 MG TABLET OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
naratriptan hcl 1 mg tablet 1 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
naratriptan hcl 1 mg tablet u-u, f/c 1 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
naratriptan hcl 2.5 mg tablet 2.5 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
naratriptan hcl 2.5 mg tablet f/c, inner, u-d 2.5 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)

Drug	Status	Notes
naratriptan hcl 2.5 mg tablet f/c, outer, u-d 2.5 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
naratriptan hcl 2.5 mg tablet u-d, f/c 2.5 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
naratriptan hcl 2.5 mg tablet u-u, f/c 2.5 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
naratriptan hcl 2.5 mg tablet u-u,1x9,f/c 2.5 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
ONZETRA XSAIL 11 MG/NOSEPIECE 11 MG	PDL Non-Preferred Brand	PA; QL (16 EA per 30 days)
RELPAX 20 MG TABLET INNER 20 MG	PDL Preferred Brand	QL (12 EA per 30 days)
RELPAX 20 MG TABLET OUTER 20 MG	PDL Preferred Brand	QL (12 EA per 30 days)
RELPAX 40 MG TABLET INNER 40 MG	PDL Preferred Brand	QL (12 EA per 30 days)
RELPAX 40 MG TABLET OUTER 40 MG	PDL Preferred Brand	QL (12 EA per 30 days)
rizatriptan 10 mg odt 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 10 mg odt 3x6 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 10 mg odt inner 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 10 mg odt outer 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 10 mg tablet 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 10 mg tablet 3x6, outer 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 10 mg tablet 4x3, outer 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 10 mg tablet inner 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 10 mg tablet outer 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 10 mg tablet u-d, outer 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 10 mg tablet u-d, u-u, inner 10 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg odt 3x6 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg odt 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg odt 6x3, outer 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg odt inner 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)

Drug	Status	Notes
rizatriptan 5 mg odt outer 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg tablet 3x6, outer 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg tablet 4x3, outer 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg tablet 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg tablet inner 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg tablet outer 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg tablet u-d, outer 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
rizatriptan 5 mg tablet u-d, u-u, inner 5 mg	PDL Preferred Generic	QL (18 EA per 30 days)
sumatriptan 20 mg nasal spray 20 mg/actuation	PDL Preferred Generic	QL (6 EA per 15 days)
sumatriptan 20 mg nasal spray inner 20 mg/actuation	PDL Preferred Generic	QL (6 EA per 15 days)
sumatriptan 20 mg nasal spray outer 20 mg/actuation	PDL Preferred Generic	QL (6 EA per 15 days)
sumatriptan 4 mg/0.5 ml cart sdv 4 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 4 mg/0.5 ml cart suv 4 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 4 mg/0.5 ml inject inner, suv, l/f 4 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 4 mg/0.5 ml inject outer, suv, l/f 4 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 4 mg/0.5 ml inject sdv 4 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 4 mg/0.5 ml inject suv 4 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 5 mg nasal spray 5 mg/actuation	PDL Preferred Generic	QL (6 EA per 15 days)
sumatriptan 5 mg nasal spray inner 5 mg/actuation	PDL Preferred Generic	QL (6 EA per 15 days)
sumatriptan 5 mg nasal spray outer 5 mg/actuation	PDL Preferred Generic	QL (6 EA per 15 days)
sumatriptan 6 mg/0.5 ml cart sdv 6 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 6 mg/0.5 ml cart suv 6 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 6 mg/0.5 ml inject inner, suv 6 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 6 mg/0.5 ml inject inner, suv, l/f 6 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 6 mg/0.5 ml inject outer, suv 6 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 6 mg/0.5 ml inject outer, suv, l/f 6 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)

Drug	Status	Notes
sumatriptan 6 mg/0.5 ml inject sdv 6 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 6 mg/0.5 ml inject sdv, inner 6 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 6 mg/0.5 ml inject sdv, outer 6 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 6 mg/0.5 ml inject suv 6 mg/0.5 ml	Non-PDL Generic	QL (1 ML per 14 days)
sumatriptan 6 mg/0.5 ml syrng suv, p/f, inner,l/f 6 mg/0.5 ml	Non-PDL Generic	QL (4 ML per 28 days)
sumatriptan 6 mg/0.5 ml syrng suv, p/f, outer,l/f 6 mg/0.5 ml	Non-PDL Generic	QL (4 ML per 28 days)
sumatriptan 6 mg/0.5 ml vial inner, sdv 6 mg/0.5 ml	Non-PDL Generic	QL (5 ML per 28 days)
sumatriptan 6 mg/0.5 ml vial inner,latex-free,suv 6 mg/0.5 ml	Non-PDL Generic	QL (5 ML per 28 days)
sumatriptan 6 mg/0.5 ml vial latex-free,inner,sdv 6 mg/0.5 ml	Non-PDL Generic	QL (5 ML per 28 days)
sumatriptan 6 mg/0.5 ml vial latex-free,outer,sdv 6 mg/0.5 ml	Non-PDL Generic	QL (5 ML per 28 days)
sumatriptan 6 mg/0.5 ml vial outer, l/f, sdv 6 mg/0.5 ml	Non-PDL Generic	QL (5 ML per 28 days)
sumatriptan 6 mg/0.5 ml vial outer, sdv 6 mg/0.5 ml	Non-PDL Generic	QL (5 ML per 28 days)
sumatriptan 6 mg/0.5 ml vial sdv, latex-free 6 mg/0.5 ml	Non-PDL Generic	QL (5 ML per 28 days)
sumatriptan 6 mg/0.5 ml vial sdv,latex-free 6 mg/0.5 ml	Non-PDL Generic	QL (5 ML per 28 days)
sumatriptan 6 mg/0.5 ml vial suv, l/f, p/f, inner 6 mg/0.5 ml	Non-PDL Generic	QL (5 ML per 28 days)
sumatriptan 6 mg/0.5 ml vial suv, l/f, p/f, outer 6 mg/0.5 ml	Non-PDL Generic	QL (5 ML per 28 days)
sumatriptan succ 100 mg tablet 100 mg	PDL Preferred Generic	QL (9 EA per 30 days)
sumatriptan succ 100 mg tablet f/c 100 mg	PDL Preferred Generic	QL (9 EA per 30 days)
sumatriptan succ 100 mg tablet f/c, inner 100 mg	PDL Preferred Generic	QL (9 EA per 30 days)
sumatriptan succ 100 mg tablet f/c, outer 100 mg	PDL Preferred Generic	QL (9 EA per 30 days)
sumatriptan succ 100 mg tablet f/c, u-d 100 mg	PDL Preferred Generic	QL (9 EA per 30 days)
sumatriptan succ 100 mg tablet inner 100 mg	PDL Preferred Generic	QL (9 EA per 30 days)
sumatriptan succ 100 mg tablet outer 100 mg	PDL Preferred Generic	QL (9 EA per 30 days)
sumatriptan succ 100 mg tablet u-d 100 mg	PDL Preferred Generic	QL (9 EA per 30 days)
sumatriptan succ 25 mg tablet 25 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 25 mg tablet f/c 25 mg	PDL Preferred Generic	QL (3 EA per 5 days)

Drug	Status	Notes
sumatriptan succ 25 mg tablet f/c, inner 25 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 25 mg tablet f/c, outer 25 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 25 mg tablet f/c, u-d 25 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 25 mg tablet inner 25 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 25 mg tablet outer 25 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 25 mg tablet u-d 25 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 50 mg tablet 50 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 50 mg tablet f/c 50 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 50 mg tablet f/c, inner 50 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 50 mg tablet f/c, outer 50 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 50 mg tablet f/c, u-d 50 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 50 mg tablet inner 50 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 50 mg tablet outer 50 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan succ 50 mg tablet u-d 50 mg	PDL Preferred Generic	QL (3 EA per 5 days)
sumatriptan-naproxen 85-500 mg 85-500 mg	PDL Non-Preferred Generic	PA; QL (9 EA per 30 days)
TOSYMRA 10 MG NASAL SPRAY INNER 10 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
TOSYMRA 10 MG NASAL SPRAY OUTER 10 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
TREXIMET 85-500 MG TABLET 85-500 MG	PDL Non-Preferred Brand	PA; QL (9 EA per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML INNER, L/F, SDV 3 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (8 ML per 28 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML OUTER, L/F, SDV 3 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (8 ML per 28 days)
zolmitriptan 2.5 mg odt 1x6 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 2.5 mg odt 1x6, outer 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 2.5 mg odt 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)

Drug	Status	Notes
zolmitriptan 2.5 mg odt inner 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 2.5 mg tablet 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 2.5 mg tablet f/c 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 2.5 mg tablet f/c, 1x6 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 2.5 mg tablet f/c, inner 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 2.5 mg tablet f/c, outer 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 2.5 mg tablet inner 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 2.5 mg tablet outer 2.5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 5 mg odt 1x3 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 5 mg odt 1x3, outer 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 5 mg odt 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 5 mg odt inner 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 5 mg tablet 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 5 mg tablet f/c 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 5 mg tablet f/c, 1x3 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 5 mg tablet f/c, inner 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 5 mg tablet f/c, outer 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)

Drug	Status	Notes
zolmitriptan 5 mg tablet inner 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
zolmitriptan 5 mg tablet outer 5 mg	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
ZOMIG 2.5 MG NASAL SPRAY 2.5 MG	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
ZOMIG 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
ZOMIG 5 MG NASAL SPRAY 5 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 15 days)
ZOMIG 5 MG TABLET FILM COATED 5 MG	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
ZOMIG ZMT 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
ZOMIG ZMT 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
butalb-acetaminoph-caff-codein 50-300-40-30 mg	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-caff-acetaminophen-cod cap 50-325-40-30 mg	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
asa-butalb-caff-cod #3 capsule 30-50-325-40 mg	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
ASCOMP WITH CODEINE CAPSULE 30-50-325-40 MG	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMP-CODEINE #3 CAP 30-50-325-40 MG	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMP-CODEINE #3 CAP CAPSULE 30-50-325-40 MG	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
acetaminophen-cod #2 tablet 300-15 mg	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-cod #3 tablet 10x10, outer 300-30 mg	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-cod #3 tablet 300-30 mg	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-cod #3 tablet inner 300-30 mg	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-cod #3 tablet u-d, 10x10, inner 300-30 mg	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-cod #3 tablet u-d, 10x10, outer 300-30 mg	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-cod #3 tablet u-d, emergi-script 300-30 mg	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
acetaminophen-cod #3 tablet u-d, outer 300-30 mg	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
acetaminophen-cod #4 tablet 300-60 mg	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
acetaminophen-cod #4 tablet inner 300-60 mg	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
acetaminophen-cod #4 tablet u-d, 10x10, outer 300-60 mg	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
acetaminophen-codeine 120 mg-12 mg/5 ml solution 120-12 mg/5 ml	Non-PDL Generic	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine 120-12 mg/5 ml 40x5 ml cups, outer 120 mg-12 mg /5 ml (5 ml)	Non-PDL Generic	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine 120-12 mg/5 ml 5 ml cup, inner 120 mg-12 mg /5 ml (5 ml)	Non-PDL Generic	QL (150 ML per 1 day); Age (Min 12 Years)
acetaminophen-codeine 300-30 mg/12.5 ml 12.5 ml cup, inner 300 mg-30 mg /12.5 ml	Non-PDL Generic	Age (Min 12 Years)
acetaminophen-codeine 300-30 mg/12.5 ml 40x12.5 ml, outer 300 mg-30 mg /12.5 ml	Non-PDL Generic	Age (Min 12 Years)
ENDOCET 10-325 MG TABLET 10-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
ENDOCET 2.5-325 MG TABLET 2.5-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
ENDOCET 5-325 TABLET 5-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
ENDOCET 7.5-325 MG TABLET 7.5-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 10-325 mg tablet 10-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 10-325 mg tablet inner 10-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 10-325 mg tablet outer 10-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 2.5-325 mg tablet 2.5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 5-325 mg tablet 5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 5-325 mg tablet inner 5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 5-325 mg tablet outer 5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 7.5-325 mg tablet 7.5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 7.5-325 mg tablet inner 7.5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 7.5-325 mg tablet outer 7.5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 7.5-325 mg/15 ml solution 7.5-325 mg/15 ml	Non-PDL Generic	QL (184 ML per 1 day)
hydrocodone-acetaminophen 7.5-325 mg/15 ml solution cherry 7.5-325 mg/15 ml	Non-PDL Generic	QL (184 ML per 1 day)
hydrocodone-acetaminophen 7.5-325 mg/15 ml solution u-d, inner 7.5-325 mg/15 ml	Non-PDL Generic	QL (184 ML per 1 day)
hydrocodone-acetaminophen 7.5-325 mg/15 ml solution u-d, outer 7.5-325 mg/15 ml	Non-PDL Generic	QL (184 ML per 1 day)

Drug	Status	Notes
LORCET 5-325 MG TABLET 5-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
LORCET HD 10-325 MG TABLET 10-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
NORCO 10-325 TABLET 10-325 MG	Non-PDL Brand	QL (12 EA per 1 day)
oxycodone-acetaminophen 10-325 mg tab 10-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 10-325 mg tab 10x10, outer 10-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 10-325 mg tab inner 10-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 10-325 mg tab outer 10-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 10-325 mg tablet 10-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 2.5-325 mg tablet 2.5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 5-325 mg tab 10x10, outer 5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 5-325 mg tab 5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 5-325 mg tab inner 5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 5-325 mg tab u-d, 10x10, inner 5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 5-325 mg tab u-d, 10x10, outer 5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 5-325 mg tablet 5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 7.5-325 mg tablet 10x10, outer 7.5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 7.5-325 mg tablet 7.5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 7.5-325 mg tablet inner 7.5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 7.5-325 mg tablet outer 7.5-325 mg	Non-PDL Generic	QL (12 EA per 1 day)
tramadol-acetaminophen 37.5-325 mg tab 37.5-325 mg	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
tramadol-acetaminophen 37.5-325 mg tab f/c 37.5-325 mg	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
tramadol-acetaminophen 37.5-325 mg tab f/c, inner 37.5-325 mg	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
tramadol-acetaminophen 37.5-325 mg tab f/c, outer 37.5-325 mg	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic And Salicylate Analgesic Combination		
oxycodone-aspirin 4.8355-325 mg tablet 4.8355-325 mg	Non-PDL Generic	
Narcotic Withdrawal Therapy Agents		
BUNAVAIL 2.1-0.3 MG FILM INNER 2.1-0.3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
BUNAVAIL 2.1-0.3 MG FILM OUTER 2.1-0.3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BUNAVAIL 4.2-0.7 MG FILM INNER 4.2-0.7 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BUNAVAIL 4.2-0.7 MG FILM OUTER 4.2-0.7 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BUNAVAIL 6.3-1 MG FILM INNER 6.3-1 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BUNAVAIL 6.3-1 MG FILM OUTER 6.3-1 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
buprenorphine 2 mg tablet sl 2 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
buprenorphine 8 mg tablet sl 8 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
buprenorphine-naloxone 12-3 mg sl film inner 12-3 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
buprenorphine-naloxone 12-3 mg sl film outer 12-3 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
buprenorphine-naloxone 2-0.5 mg sl film inner 2-0.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
buprenorphine-naloxone 2-0.5 mg sl film outer 2-0.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
buprenorphine-naloxone 2-0.5 mg sl tablet 2-0.5 mg	PDL Preferred Generic	QL (3 EA per 1 day)
buprenorphine-naloxone 4-1 mg sl film inner 4-1 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
buprenorphine-naloxone 4-1 mg sl film outer 4-1 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
buprenorphine-naloxone 8-2 mg sl film inner 8-2 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
buprenorphine-naloxone 8-2 mg sl film outer 8-2 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
buprenorphine-naloxone 8-2 mg sl tablet 8-2 mg	PDL Preferred Generic	QL (3 EA per 1 day)
SUBOXONE 12 MG-3 MG SL FILM INNER 12-3 MG	PDL Preferred Brand	QL (2 EA per 1 day)
SUBOXONE 12 MG-3 MG SL FILM OUTER 12-3 MG	PDL Preferred Brand	QL (2 EA per 1 day)
SUBOXONE 2 MG-0.5 MG SL FILM INNER, NON-SALEABLE 2-0.5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
SUBOXONE 2 MG-0.5 MG SL FILM OUTER 2-0.5 MG	PDL Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
SUBOXONE 4 MG-1 MG SL FILM INNER 4-1 MG	PDL Preferred Brand	QL (1 EA per 1 day)
SUBOXONE 4 MG-1 MG SL FILM OUTER 4-1 MG	PDL Preferred Brand	QL (1 EA per 1 day)
SUBOXONE 8 MG-2 MG SL FILM INNER 8-2 MG	PDL Preferred Brand	QL (2 EA per 1 day)
SUBOXONE 8 MG-2 MG SL FILM OUTER 8-2 MG	PDL Preferred Brand	QL (2 EA per 1 day)
ZUBSOLV 0.7-0.18 MG TABLET SL 0.7-0.18 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 1.4-0.36 MG TABLET SL 1.4-0.36 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 11.4-2.9 MG TABLET SL 11.4-2.9 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 2.9-0.71 MG TABLET SL 2.9-0.71 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 5.7-1.4 MG TABLET SL 5.7-1.4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 8.6-2.1 MG TABLET SL 8.6-2.1 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
carisoprodol-aspirin-codein tb 200-325-16 mg	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
benztropine mes 0.5 mg tab 0.5 mg	Non-PDL Generic	
benztropine mes 1 mg tablet 1 mg	Non-PDL Generic	
benztropine mes 2 mg tablet 2 mg	Non-PDL Generic	
trihexyphenidyl 2 mg tablet 2 mg	Non-PDL Generic	
trihexyphenidyl 2 mg/5 ml elx 0.4 mg/ml	Non-PDL Generic	
trihexyphenidyl 5 mg tablet 5 mg	Non-PDL Generic	
Antiparkinsonism Drugs,Other		
amantadine 100 mg capsule 100 mg	Non-PDL Generic	
amantadine 100 mg tablet 100 mg	Non-PDL Generic	
amantadine 100 mg tablet inner 100 mg	Non-PDL Generic	
amantadine 100 mg tablet outer 100 mg	Non-PDL Generic	
amantadine 100 mg/10 ml soln inner 50 mg/5 ml	Non-PDL Generic	
amantadine 100 mg/10 ml soln outer 50 mg/5 ml	Non-PDL Generic	

Drug	Status	Notes
amantadine 50 mg/5 ml solution 50 mg/5 ml	Non-PDL Generic	
amantadine 50 mg/5 ml solution d/f, s/f 50 mg/5 ml	Non-PDL Generic	
bromocriptine 2.5 mg tablet 2.5 mg	Non-PDL Generic	
bromocriptine 5 mg capsule 5 mg	Non-PDL Generic	
carbidopa-levo 10-100 mg odt 10-100 mg	PDL Preferred Generic	
carbidopa-levo 25-100 mg odt 25-100 mg	PDL Preferred Generic	
carbidopa-levo 25-250 mg odt 25-250 mg	PDL Preferred Generic	
carbidopa-levo er 25-100 tab 25-100 mg	PDL Preferred Generic	
carbidopa-levo er 25-100 tab u-d,10x10,outer 25-100 mg	PDL Preferred Generic	
carbidopa-levo er 25-100 tab u-d,inner 25-100 mg	PDL Preferred Generic	
carbidopa-levo er 50-200 tab 50-200 mg	PDL Preferred Generic	
carbidopa-levo er 50-200 tab u-d, 10x10, inner 50-200 mg	PDL Preferred Generic	
carbidopa-levo er 50-200 tab u-d, outer 50-200 mg	PDL Preferred Generic	
carbidopa-levo er 50-200 tab u-d,10x10,inner 50-200 mg	PDL Preferred Generic	
carbidopa-levo er 50-200 tab u-d,10x10,outer 50-200 mg	PDL Preferred Generic	
carbidopa-levodopa 10-100 tab 10-100 mg	PDL Preferred Generic	
carbidopa-levodopa 25-100 tab 25-100 mg	PDL Preferred Generic	
carbidopa-levodopa 25-100 tab inner, u-d, 10x10 25-100 mg	PDL Preferred Generic	
carbidopa-levodopa 25-100 tab outer, u-d, 10x10 25-100 mg	PDL Preferred Generic	
carbidopa-levodopa 25-100 tab robot ready, inner 25-100 mg	PDL Preferred Generic	
carbidopa-levodopa 25-100 tab robot ready, outer 25-100 mg	PDL Preferred Generic	
carbidopa-levodopa 25-100 tab u-d 25-100 mg	PDL Preferred Generic	
carbidopa-levodopa 25-100 tab u-d,inner,10x10 25-100 mg	PDL Preferred Generic	
carbidopa-levodopa 25-100 tab u-d,outer,10x10 25-100 mg	PDL Preferred Generic	
carbidopa-levodopa 25-250 tab 25-250 mg	PDL Preferred Generic	
carbidopa-levodopa 25-250 tab u-d,10x10 25-250 mg	PDL Preferred Generic	

Drug	Status	Notes
carbidopa-levodopa 25-250 tab u-d,10x10,inner 25-250 mg	PDL Preferred Generic	
carbidopa-levodopa 25-250 tab u-d,10x10,outer 25-250 mg	PDL Preferred Generic	
carbidopa-levodopa-entacapone 12.5-50-200 mg tab 12.5-50-200 mg	Non-PDL Generic	
carbidopa-levodopa-entacapone 18.75-75-200 mg tab 18.75-75-200 mg	Non-PDL Generic	
carbidopa-levodopa-entacapone 25-100-200 mg tab 25-100-200 mg	Non-PDL Generic	
carbidopa-levodopa-entacapone 31.25-125-200 mg tab 31.25-125-200 mg	Non-PDL Generic	
carbidopa-levodopa-entacapone 37.5-150-200 mg tab 37.5-150-200 mg	Non-PDL Generic	
carbidopa-levodopa-entacapone 50-200-200 mg tab 50-200-200 mg	Non-PDL Generic	
entacapone 200 mg tablet 200 mg	Non-PDL Generic	
entacapone 200 mg tablet f/c 200 mg	Non-PDL Generic	
entacapone 200 mg tablet f/c, inner 200 mg	Non-PDL Generic	
entacapone 200 mg tablet f/c, outer 200 mg	Non-PDL Generic	
INBRIJA 42 MG INHALATION CAP 42 MG	PDL Non-Preferred Brand	PA; SP
INBRIJA 42 MG INHALATION CAP 42 MG	PDL Non-Preferred Brand	PA; SP
MIRAPEX 0.125 MG TABLET 0.125 MG	PDL Non-Preferred Brand	PA
MIRAPEX 0.25 MG TABLET 0.25 MG	PDL Non-Preferred Brand	PA
MIRAPEX 0.25 MG TABLET U-D,10X10 0.25 MG	PDL Non-Preferred Brand	PA
MIRAPEX 0.5 MG TABLET 0.5 MG	PDL Non-Preferred Brand	PA
MIRAPEX 0.5 MG TABLET U-D,10X10 0.5 MG	PDL Non-Preferred Brand	PA
MIRAPEX 0.75 MG TABLET 0.75 MG	PDL Non-Preferred Brand	PA
MIRAPEX 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA
MIRAPEX 1 MG TABLET U-D,10X10 1 MG	PDL Non-Preferred Brand	PA
MIRAPEX 1.5 MG TABLET 1.5 MG	PDL Non-Preferred Brand	PA
MIRAPEX 1.5 MG TABLET U-D,10X10 1.5 MG	PDL Non-Preferred Brand	PA
MIRAPEX ER 0.375 MG TABLET 0.375 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 0.75 MG TABLET 0.75 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
MIRAPEX ER 1.5 MG TABLET 1.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 2.25 MG TABLET 2.25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 3.75 MG TABLET 3.75 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 4.5 MG TABLET 4.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEUPRO 1 MG/24 HR PATCH 1 MG/24 HOUR	Non-PDL Brand	QL (1 EA per 1 day)
NEUPRO 2 MG/24 HR PATCH 2 MG/24 HOUR	Non-PDL Brand	QL (1 EA per 1 day)
NEUPRO 3 MG/24 HR PATCH 3 MG/24 HOUR	Non-PDL Brand	QL (1 EA per 1 day)
NEUPRO 4 MG/24 HR PATCH 4 MG/24 HOUR	Non-PDL Brand	QL (1 EA per 1 day)
NEUPRO 6 MG/24 HR PATCH 6 MG/24 HOUR	Non-PDL Brand	QL (1 EA per 1 day)
NEUPRO 8 MG/24 HR PATCH 8 MG/24 HOUR	Non-PDL Brand	QL (1 EA per 1 day)
NOURIANZ 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
NOURIANZ 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
pramipexole 0.125 mg tablet 0.125 mg	PDL Preferred Generic	
pramipexole 0.25 mg tablet 0.25 mg	PDL Preferred Generic	
pramipexole 0.5 mg tablet 0.5 mg	PDL Preferred Generic	
pramipexole 0.75 mg tablet 0.75 mg	PDL Preferred Generic	
pramipexole 1 mg tablet 1 mg	PDL Preferred Generic	
pramipexole 1.5 mg tablet 1.5 mg	PDL Preferred Generic	
pramipexole er 0.375 mg tablet 0.375 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pramipexole er 0.75 mg tablet 0.75 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pramipexole er 1.5 mg tablet 1.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pramipexole er 2.25 mg tablet 2.25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pramipexole er 3 mg tablet 3 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pramipexole er 3.75 mg tablet 3.75 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
pramipexole er 4.5 mg tablet 4.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
rasagiline mesylate 0.5 mg tab 0.5 mg	Non-PDL Generic	QL (1 EA per 1 day)
rasagiline mesylate 1 mg tab 1 mg	Non-PDL Generic	QL (1 EA per 1 day)
REQUIP 0.25 MG TABLET F/C 0.25 MG	PDL Non-Preferred Brand	PA
REQUIP 3 MG TABLET FILM-COATED 3 MG	PDL Non-Preferred Brand	PA
REQUIP 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
REQUIP XL 12 MG TABLET 12 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REQUIP XL 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REQUIP XL 6 MG TABLET 6 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ropinirole hcl 0.25 mg tablet 0.25 mg	PDL Preferred Generic	
ropinirole hcl 0.25 mg tablet f/c 0.25 mg	PDL Preferred Generic	
ropinirole hcl 0.5 mg tablet 0.5 mg	PDL Preferred Generic	
ropinirole hcl 0.5 mg tablet f/c 0.5 mg	PDL Preferred Generic	
ropinirole hcl 1 mg tablet 1 mg	PDL Preferred Generic	
ropinirole hcl 1 mg tablet f/c 1 mg	PDL Preferred Generic	
ropinirole hcl 2 mg tablet 2 mg	PDL Preferred Generic	
ropinirole hcl 2 mg tablet f/c 2 mg	PDL Preferred Generic	
ropinirole hcl 3 mg tablet 3 mg	PDL Preferred Generic	
ropinirole hcl 3 mg tablet f/c 3 mg	PDL Preferred Generic	
ropinirole hcl 4 mg tablet 4 mg	PDL Preferred Generic	
ropinirole hcl 4 mg tablet f/c 4 mg	PDL Preferred Generic	
ropinirole hcl 5 mg tablet 5 mg	PDL Preferred Generic	
ropinirole hcl 5 mg tablet f/c 5 mg	PDL Preferred Generic	
ropinirole hcl er 12 mg tablet 12 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
ropinirole hcl er 2 mg tablet 2 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ropinirole hcl er 4 mg tablet 4 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ropinirole hcl er 6 mg tablet 6 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ropinirole hcl er 8 mg tablet 8 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
RYTARY ER 23.75 MG-95 MG CAP 23.75-95 MG	PDL Non-Preferred Brand	PA; QL (10 EA per 1 day)
RYTARY ER 36.25 MG-145 MG CAP 36.25-145 MG	PDL Non-Preferred Brand	PA; QL (10 EA per 1 day)
RYTARY ER 48.75 MG-195 MG CAP 48.75-195 MG	PDL Non-Preferred Brand	PA; QL (10 EA per 1 day)
RYTARY ER 61.25 MG-245 MG CAP 61.25-245 MG	PDL Non-Preferred Brand	PA; QL (10 EA per 1 day)
selegiline hcl 5 mg capsule 5 mg	Non-PDL Generic	
selegiline hcl 5 mg tablet 5 mg	Non-PDL Generic	
SINEMET 10-100 MG TABLET 10-100 MG	PDL Non-Preferred Brand	PA
SINEMET 25-100 MG TABLET 25-100 MG	PDL Non-Preferred Brand	PA
SINEMET 25-250 MG TABLET 25-250 MG	PDL Non-Preferred Brand	PA
XADAGO 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XADAGO 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Decarboxylase Inhibitors		
carbidopa 25 mg tablet 25 mg	Non-PDL Generic	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
clobazam 10 mg tablet 10 mg	PDL Preferred Generic	QL (2 EA per 1 day)
clobazam 2.5 mg/ml suspension 2.5 mg/ml	PDL Non-Preferred Generic	PA; QL (480 ML per 30 days)
clobazam 20 mg tablet 20 mg	PDL Preferred Generic	QL (2 EA per 1 day)
clonazepam 0.125 mg dis tab 10x6 0.125 mg	Non-PDL Generic	
clonazepam 0.125 mg dis tab 10x6, outer 0.125 mg	Non-PDL Generic	
clonazepam 0.125 mg dis tab inner 0.125 mg	Non-PDL Generic	

Drug	Status	Notes
clonazepam 0.125 mg odt 0.125 mg	Non-PDL Generic	
clonazepam 0.25 mg odt 0.25 mg	Non-PDL Generic	
clonazepam 0.25 mg odt 10x6 0.25 mg	Non-PDL Generic	
clonazepam 0.25 mg odt 10x6, outer 0.25 mg	Non-PDL Generic	
clonazepam 0.25 mg odt inner 0.25 mg	Non-PDL Generic	
clonazepam 0.5 mg dis tablet 10x6 0.5 mg	Non-PDL Generic	
clonazepam 0.5 mg dis tablet 10x6, outer 0.5 mg	Non-PDL Generic	
clonazepam 0.5 mg dis tablet inner 0.5 mg	Non-PDL Generic	
clonazepam 0.5 mg odt 0.5 mg	Non-PDL Generic	
clonazepam 0.5 mg tablet 0.5 mg	Non-PDL Generic	
clonazepam 0.5 mg tablet u-d 0.5 mg	Non-PDL Generic	
clonazepam 1 mg dis tablet 10x6 1 mg	Non-PDL Generic	
clonazepam 1 mg dis tablet 10x6, outer 1 mg	Non-PDL Generic	
clonazepam 1 mg dis tablet inner 1 mg	Non-PDL Generic	
clonazepam 1 mg odt 1 mg	Non-PDL Generic	
clonazepam 1 mg tablet 1 mg	Non-PDL Generic	
clonazepam 1 mg tablet u-d, 10x10, inner 1 mg	Non-PDL Generic	
clonazepam 1 mg tablet u-d, outer 1 mg	Non-PDL Generic	
clonazepam 2 mg odt 10x6 2 mg	Non-PDL Generic	
clonazepam 2 mg odt 10x6, outer 2 mg	Non-PDL Generic	
clonazepam 2 mg odt 2 mg	Non-PDL Generic	
clonazepam 2 mg odt inner 2 mg	Non-PDL Generic	
clonazepam 2 mg tablet 2 mg	Non-PDL Generic	
clonazepam 2 mg tablet u-d, 10x10, inner 2 mg	Non-PDL Generic	
clonazepam 2 mg tablet u-d, outer 2 mg	Non-PDL Generic	
DIASTAT 2.5 MG PEDI SYSTEM 2.5 MG	PDL Preferred Brand	QL (1 EA per 1 FILL)

Drug	Status	Notes
DIASTAT ACUDIAL 12.5-15-20 MG 12.5-15-17.5-20 MG	PDL Preferred Brand	QL (1 EA per 1 FILL)
DIASTAT ACUDIAL 5-7.5-10 MG KT 5-7.5-10 MG	PDL Preferred Brand	QL (1 EA per 1 FILL)
diazepam 10 mg rectal gel syst 5-7.5-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 FILL)
diazepam 2.5 mg rectal gel sys 2.5 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 FILL)
diazepam 20 mg rectal gel syst 12.5-15-17.5-20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 FILL)
NAYZILAM 5 MG NASAL SPRAY INNER 5 MG/SPRAY (0.1 ML)	PDL Non-Preferred Brand	PA; QL (10 EA per 30 days)
NAYZILAM 5 MG NASAL SPRAY OUTER 5 MG/SPRAY (0.1 ML)	PDL Non-Preferred Brand	PA; QL (10 EA per 30 days)
ONFI 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ONFI 2.5 MG/ML SUSPENSION 2.5 MG/ML	PDL Non-Preferred Brand	PA; QL (480 ML per 30 days)
ONFI 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Anticonvulsants		
APTIOM 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTIOM 400 MG TABLET 400 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTIOM 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
APTIOM 800 MG TABLET 800 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BANZEL 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (16 EA per 1 day)
BANZEL 40 MG/ML SUSPENSION 40 MG/ML	PDL Non-Preferred Brand	PA; QL (80 ML per 1 day)
BANZEL 400 MG TABLET 400 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
BRIVIACT 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 10 MG/ML ORAL SOLN 10 MG/ML	PDL Non-Preferred Brand	PA; QL (600 ML per 30 days)
BRIVIACT 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 75 MG TABLET 75 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
carbamazepine 100 mg tab chew 100 mg	PDL Preferred Generic	

Drug	Status	Notes
carbamazepine 100 mg tab chew 10x10 100 mg	PDL Preferred Generic	
carbamazepine 100 mg tab chew u-d, 10x10, inner 100 mg	PDL Preferred Generic	
carbamazepine 100 mg tab chew u-d, outer 100 mg	PDL Preferred Generic	
carbamazepine 100 mg/5 ml susp 100 mg/5 ml	PDL Preferred Generic	
carbamazepine 200 mg tablet 200 mg	PDL Preferred Generic	
carbamazepine 200 mg tablet inner 200 mg	PDL Preferred Generic	
carbamazepine 200 mg tablet outer 200 mg	PDL Preferred Generic	
carbamazepine 200 mg tablet u-d, 10x10, inner 200 mg	PDL Preferred Generic	
carbamazepine 200 mg tablet u-d, outer 200 mg	PDL Preferred Generic	
carbamazepine 200 mg tablet u-d,10x10 200 mg	PDL Preferred Generic	
carbamazepine er 100 mg cap 100 mg	PDL Non-Preferred Generic	PA
carbamazepine er 100 mg tablet 100 mg	PDL Preferred Generic	
carbamazepine er 200 mg cap 200 mg	PDL Non-Preferred Generic	PA
carbamazepine er 200 mg tablet 200 mg	PDL Preferred Generic	
carbamazepine er 200 mg tablet 3x10, u-d, outer 200 mg	PDL Preferred Generic	
carbamazepine er 200 mg tablet coated 200 mg	PDL Preferred Generic	
carbamazepine er 200 mg tablet u-d, 3x10, inner 200 mg	PDL Preferred Generic	
carbamazepine er 300 mg cap 300 mg	PDL Non-Preferred Generic	PA
carbamazepine er 400 mg tablet 400 mg	PDL Preferred Generic	
carbamazepine er 400 mg tablet coated 400 mg	PDL Preferred Generic	
carbamazepine er 400 mg tablet u-d, 3x10, inner 400 mg	PDL Preferred Generic	
carbamazepine er 400 mg tablet u-d, 3x10, outer 400 mg	PDL Preferred Generic	
CARBATROL ER 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
CARBATROL ER 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
CARBATROL ER 300 MG CAPSULE 300 MG	PDL Non-Preferred Brand	PA
CELONTIN 300 MG KAPSEAL 300 MG	PDL Preferred Brand	
DEPAKOTE DR 125 MG SPRINKLE CP 125 MG	PDL Non-Preferred Brand	PA
DEPAKOTE DR 125 MG TABLET 125 MG	PDL Non-Preferred Brand	PA
DEPAKOTE DR 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA
DEPAKOTE DR 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA
DEPAKOTE ER 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA
DEPAKOTE ER 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA
DIACOMIT 250 MG CAPSULE 250 MG	PDL Non-Preferred Brand	PA; SP
DIACOMIT 250 MG POWDER PACKET 250 MG	PDL Non-Preferred Brand	PA; SP
DIACOMIT 500 MG CAPSULE 500 MG	PDL Non-Preferred Brand	PA; SP
DIACOMIT 500 MG POWDER PACKET 500 MG	PDL Non-Preferred Brand	PA; SP
DILANTIN 100 MG CAPSULE 100 MG	PDL Preferred Brand	
DILANTIN 125 MG/5 ML SUSP 125 MG/5 ML	PDL Non-Preferred Brand	PA
DILANTIN 30 MG CAPSULE 30 MG	PDL Preferred Brand	
DILANTIN 50 MG INFATAB INFATAB 50 MG	PDL Non-Preferred Brand	PA
DILANTIN 50 MG INFATAB U-D, INFATAB 50 MG	PDL Non-Preferred Brand	PA
divalproex dr 125 mg cap sprnk 125 mg	PDL Preferred Generic	
divalproex dr 125 mg cap sprnk u-d, 10x10, inner 125 mg	PDL Preferred Generic	
divalproex dr 125 mg cap sprnk u-d, 10x10, outer 125 mg	PDL Preferred Generic	
divalproex sod dr 125 mg tab 125 mg	PDL Preferred Generic	
divalproex sod dr 125 mg tab coated 125 mg	PDL Preferred Generic	
divalproex sod dr 125 mg tab enteric-coated 125 mg	PDL Preferred Generic	
divalproex sod dr 250 mg tab 250 mg	PDL Preferred Generic	
divalproex sod dr 250 mg tab coated 250 mg	PDL Preferred Generic	
divalproex sod dr 250 mg tab enteric-coated 250 mg	PDL Preferred Generic	

Drug	Status	Notes
divalproex sod dr 250 mg tab inner 250 mg	PDL Preferred Generic	
divalproex sod dr 250 mg tab inner,enteric-coated 250 mg	PDL Preferred Generic	
divalproex sod dr 250 mg tab outer 250 mg	PDL Preferred Generic	
divalproex sod dr 250 mg tab outer,enteric-coated 250 mg	PDL Preferred Generic	
divalproex sod dr 500 mg tab 500 mg	PDL Preferred Generic	
divalproex sod dr 500 mg tab coated 500 mg	PDL Preferred Generic	
divalproex sod dr 500 mg tab enteric-coated 500 mg	PDL Preferred Generic	
divalproex sod dr 500 mg tab inner 500 mg	PDL Preferred Generic	
divalproex sod dr 500 mg tab outer 500 mg	PDL Preferred Generic	
divalproex sod er 250 mg tab 250 mg	PDL Preferred Generic	
divalproex sod er 250 mg tab coated 250 mg	PDL Preferred Generic	
divalproex sod er 250 mg tab f/c 250 mg	PDL Preferred Generic	
divalproex sod er 250 mg tab f/c, inner 250 mg	PDL Preferred Generic	
divalproex sod er 250 mg tab f/c, once-daily 250 mg	PDL Preferred Generic	
divalproex sod er 250 mg tab f/c, outer 250 mg	PDL Preferred Generic	
divalproex sod er 250 mg tab once daily 250 mg	PDL Preferred Generic	
divalproex sod er 250 mg tab once-daily 250 mg	PDL Preferred Generic	
divalproex sod er 250 mg tab u-d,f/c,10x8,inner 250 mg	PDL Preferred Generic	
divalproex sod er 250 mg tab u-d,f/c,10x8,outer 250 mg	PDL Preferred Generic	
divalproex sod er 500 mg tab 500 mg	PDL Preferred Generic	
divalproex sod er 500 mg tab coated 500 mg	PDL Preferred Generic	
divalproex sod er 500 mg tab f/c 500 mg	PDL Preferred Generic	
divalproex sod er 500 mg tab f/c, inner 500 mg	PDL Preferred Generic	
divalproex sod er 500 mg tab f/c, once daily 500 mg	PDL Preferred Generic	
divalproex sod er 500 mg tab f/c, outer 500 mg	PDL Preferred Generic	
divalproex sod er 500 mg tab once daily 500 mg	PDL Preferred Generic	

Drug	Status	Notes
divalproex sod er 500 mg tab u-d,f/c,8x10,inner 500 mg	PDL Preferred Generic	
divalproex sod er 500 mg tab u-d,f/c,8x10,outer 500 mg	PDL Preferred Generic	
EPITOL 200 MG TABLET 200 MG	PDL Preferred Generic	
ethosuximide 250 mg capsule 250 mg	PDL Preferred Generic	
ethosuximide 250 mg/5 ml soln 250 mg/5 ml	PDL Preferred Generic	
felbamate 400 mg tablet 400 mg	PDL Preferred Generic	QL (9 EA per 1 day)
felbamate 600 mg tablet 600 mg	PDL Preferred Generic	QL (6 EA per 1 day)
felbamate 600 mg/5 ml susp 600 mg/5 ml	PDL Preferred Generic	QL (30 ML per 1 day)
FELBATOL 400 MG TABLET 400 MG	PDL Non-Preferred Brand	PA; QL (9 EA per 1 day)
FELBATOL 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
FELBATOL 600 MG/5 ML SUSP 600 MG/5 ML	PDL Preferred Brand	QL (30 ML per 1 day)
FYCOMPA 0.5 MG/ML ORAL SUSP 0.5 MG/ML	PDL Non-Preferred Brand	PA; QL (680 ML per 28 days)
FYCOMPA 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
FYCOMPA 12 MG TABLET 12 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
FYCOMPA 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (120 EA per 30 days)
FYCOMPA 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
FYCOMPA 6 MG TABLET 6 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
FYCOMPA 8 MG TABLET 8 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
gabapentin 100 mg capsule 100 mg	PDL Preferred Generic	
gabapentin 100 mg capsule inner 100 mg	PDL Preferred Generic	
gabapentin 100 mg capsule outer 100 mg	PDL Preferred Generic	
gabapentin 100 mg capsule u-d,10x10 100 mg	PDL Preferred Generic	
gabapentin 250 mg/5 ml soln 250 mg/5 ml	PDL Preferred Generic	
gabapentin 250 mg/5 ml soln inner 250 mg/5 ml (5 ml)	PDL Preferred Generic	
gabapentin 250 mg/5 ml soln outer 250 mg/5 ml (5 ml)	PDL Preferred Generic	
gabapentin 300 mg capsule 300 mg	PDL Preferred Generic	

Drug	Status	Notes
gabapentin 300 mg capsule inner 300 mg	PDL Preferred Generic	
gabapentin 300 mg capsule outer 300 mg	PDL Preferred Generic	
gabapentin 300 mg/6 ml soln inner 300 mg/6 ml (6 ml)	PDL Preferred Generic	
gabapentin 300 mg/6 ml soln outer 300 mg/6 ml (6 ml)	PDL Preferred Generic	
gabapentin 400 mg capsule 400 mg	PDL Preferred Generic	
gabapentin 400 mg capsule inner 400 mg	PDL Preferred Generic	
gabapentin 400 mg capsule outer 400 mg	PDL Preferred Generic	
gabapentin 600 mg tablet 600 mg	PDL Preferred Generic	
gabapentin 600 mg tablet f/c 600 mg	PDL Preferred Generic	
gabapentin 600 mg tablet inner 600 mg	PDL Preferred Generic	
gabapentin 600 mg tablet outer 600 mg	PDL Preferred Generic	
gabapentin 800 mg tablet 800 mg	PDL Preferred Generic	
gabapentin 800 mg tablet f/c 800 mg	PDL Preferred Generic	
gabapentin 800 mg tablet inner 800 mg	PDL Preferred Generic	
gabapentin 800 mg tablet outer 800 mg	PDL Preferred Generic	
GABITRIL 12 MG TABLET 12 MG	PDL Preferred Brand	QL (4 EA per 1 day)
GABITRIL 16 MG TABLET 16 MG	PDL Preferred Brand	QL (3 EA per 1 day)
GABITRIL 2 MG TABLET 2 MG	PDL Preferred Brand	QL (4 EA per 1 day)
GABITRIL 4 MG TABLET 4 MG	PDL Preferred Brand	QL (4 EA per 1 day)
KEPPRA 1,000 MG TABLET 1,000 MG	PDL Non-Preferred Brand	PA
KEPPRA 100 MG/ML ORAL SOLN 100 MG/ML	PDL Non-Preferred Brand	PA
KEPPRA 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA
KEPPRA 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA
KEPPRA 750 MG TABLET 750 MG	PDL Non-Preferred Brand	PA
KEPPRA XR 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA
KEPPRA XR 750 MG TABLET 750 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
LAMICTAL 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
LAMICTAL 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA
LAMICTAL 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
LAMICTAL 25 MG DISPER TABLET 25 MG	PDL Non-Preferred Brand	PA
LAMICTAL 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
LAMICTAL 5 MG DISPER TABLET 5 MG	PDL Non-Preferred Brand	PA
LAMICTAL ODT 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
LAMICTAL ODT 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
LAMICTAL ODT 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
LAMICTAL ODT 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
LAMICTAL ODT START KIT (BLUE) 25 MG (21) -50 MG (7)	PDL Non-Preferred Brand	PA
LAMICTAL ODT START KIT (GREEN) 50 MG (42) - 100 MG (14)	PDL Non-Preferred Brand	PA
LAMICTAL ODT START KT (ORANGE) 25 MG(14)-50 MG (14)-100 MG (7)	PDL Non-Preferred Brand	PA
LAMICTAL TAB START KIT (BLUE) 25 MG (35)	PDL Non-Preferred Brand	PA
LAMICTAL TAB START KIT (GREEN) 25 MG (84) - 100 MG (14)	PDL Non-Preferred Brand	PA
LAMICTAL TB START KIT (ORANGE) 25 MG (42) - 100 MG (7)	PDL Non-Preferred Brand	PA
LAMICTAL XR 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
LAMICTAL XR 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
LAMICTAL XR 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
LAMICTAL XR 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
LAMICTAL XR 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
LAMICTAL XR 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
LAMICTAL XR START KIT (BLUE) 25 MG (21) -50 MG (7)	PDL Non-Preferred Brand	PA
LAMICTAL XR START KIT (GREEN) 50 MG(14)-100MG (14)-200 MG (7)	PDL Non-Preferred Brand	PA
LAMICTAL XR START KIT (ORANGE) 25MG (14)-50 MG (14)-100MG (7)	PDL Non-Preferred Brand	PA
lamotrigine 100 mg tablet 100 mg	PDL Preferred Generic	

Drug	Status	Notes
lamotrigine 100 mg tablet u-d,10x10,inner 100 mg	PDL Preferred Generic	
lamotrigine 100 mg tablet u-d,10x10,outer 100 mg	PDL Preferred Generic	
lamotrigine 150 mg tablet 150 mg	PDL Preferred Generic	
lamotrigine 150 mg tablet u-d,inner,10x10 150 mg	PDL Preferred Generic	
lamotrigine 150 mg tablet u-d,outer,10x10 150 mg	PDL Preferred Generic	
lamotrigine 200 mg tablet 200 mg	PDL Preferred Generic	
lamotrigine 200 mg tablet u-d,inner,10x10 200 mg	PDL Preferred Generic	
lamotrigine 200 mg tablet u-d,outer,10x10 200 mg	PDL Preferred Generic	
lamotrigine 25 mg disper tab 25 mg	PDL Preferred Generic	
lamotrigine 25 mg disper tab chew dispersible tab 25 mg	PDL Preferred Generic	
lamotrigine 25 mg tablet 10x10 25 mg	PDL Preferred Generic	
lamotrigine 25 mg tablet 25 mg	PDL Preferred Generic	
lamotrigine 5 mg disper tablet 5 mg	PDL Preferred Generic	
lamotrigine 5 mg disper tablet chew dispersible tab 5 mg	PDL Preferred Generic	
lamotrigine er 100 mg tablet 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
lamotrigine er 100 mg tablet enteric-coated 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
lamotrigine er 100 mg tablet f/c 100 mg	PDL Preferred Generic	QL (3 EA per 1 day)
lamotrigine er 200 mg tablet 200 mg	PDL Preferred Generic	QL (2 EA per 1 day)
lamotrigine er 200 mg tablet enteric-coated 200 mg	PDL Preferred Generic	QL (2 EA per 1 day)
lamotrigine er 200 mg tablet f/c 200 mg	PDL Preferred Generic	QL (2 EA per 1 day)
lamotrigine er 25 mg tablet 25 mg	PDL Preferred Generic	QL (6 EA per 1 day)
lamotrigine er 25 mg tablet enteric-coated 25 mg	PDL Preferred Generic	QL (6 EA per 1 day)
lamotrigine er 25 mg tablet f/c 25 mg	PDL Preferred Generic	QL (6 EA per 1 day)
lamotrigine er 250 mg tablet 250 mg	PDL Preferred Generic	QL (2 EA per 1 day)
lamotrigine er 300 mg tablet 300 mg	PDL Preferred Generic	QL (2 EA per 1 day)
lamotrigine er 300 mg tablet enteric-coated 300 mg	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
lamotrigine er 300 mg tablet f/c 300 mg	PDL Preferred Generic	QL (2 EA per 1 day)
lamotrigine er 50 mg tablet 50 mg	PDL Preferred Generic	QL (6 EA per 1 day)
lamotrigine er 50 mg tablet enteric-coated 50 mg	PDL Preferred Generic	QL (6 EA per 1 day)
lamotrigine er 50 mg tablet f/c 50 mg	PDL Preferred Generic	QL (6 EA per 1 day)
lamotrigine odt 100 mg tablet 100 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
lamotrigine odt 100 mg tablet inner 100 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
lamotrigine odt 100 mg tablet outer 100 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
lamotrigine odt 200 mg tablet 200 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
lamotrigine odt 200 mg tablet inner 200 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
lamotrigine odt 200 mg tablet outer 200 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
lamotrigine odt 25 mg tablet 25 mg	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
lamotrigine odt 25 mg tablet inner 25 mg	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
lamotrigine odt 25 mg tablet outer 25 mg	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
lamotrigine odt 50 mg tablet 50 mg	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
lamotrigine odt 50 mg tablet inner 50 mg	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
lamotrigine odt 50 mg tablet outer 50 mg	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
lamotrigine odt kit (blue) 25 mg (21) -50 mg (7)	PDL Non-Preferred Generic	PA
lamotrigine odt kit (green) 50 mg (42) -100 mg (14)	PDL Non-Preferred Generic	PA
lamotrigine odt kit (orange) 25 mg(14)-50 mg (14)-100 mg (7)	PDL Non-Preferred Generic	PA

Drug	Status	Notes
lamotrigine tab start kit-blue 25 mg (35)	PDL Preferred Generic	
lamotrigine tab start kt-green 25 mg (84) -100 mg (14)	PDL Preferred Generic	
lamotrigine tab start kt-orang 25 mg (42) -100 mg (7)	PDL Preferred Generic	
levetiracetam 1,000 mg tablet 1,000 mg	PDL Preferred Generic	
levetiracetam 1,000 mg tablet f/c 1,000 mg	PDL Preferred Generic	
levetiracetam 1,000 mg tablet f/c, inner 1,000 mg	PDL Preferred Generic	
levetiracetam 1,000 mg tablet f/c, outer 1,000 mg	PDL Preferred Generic	
levetiracetam 1,000 mg tablet f/c,u-d,inner,5x10 1,000 mg	PDL Preferred Generic	
levetiracetam 1,000 mg tablet f/c,u-d,outer,5x10 1,000 mg	PDL Preferred Generic	
levetiracetam 100 mg/ml soln 100 mg/ml	PDL Preferred Generic	
levetiracetam 100 mg/ml soln bulk container 100 mg/ml	PDL Preferred Generic	
levetiracetam 100 mg/ml soln grape 100 mg/ml	PDL Preferred Generic	
levetiracetam 250 mg tablet 250 mg	PDL Preferred Generic	
levetiracetam 250 mg tablet f/c 250 mg	PDL Preferred Generic	
levetiracetam 250 mg tablet f/c, inner 250 mg	PDL Preferred Generic	
levetiracetam 250 mg tablet f/c, outer 250 mg	PDL Preferred Generic	
levetiracetam 250 mg tablet u-d,10x10,f/c,inner 250 mg	PDL Preferred Generic	
levetiracetam 250 mg tablet u-d,10x10,f/c,outer 250 mg	PDL Preferred Generic	
levetiracetam 500 mg tablet 500 mg	PDL Preferred Generic	
levetiracetam 500 mg tablet f/c 500 mg	PDL Preferred Generic	
levetiracetam 500 mg tablet f/c, inner 500 mg	PDL Preferred Generic	
levetiracetam 500 mg tablet f/c, outer 500 mg	PDL Preferred Generic	
levetiracetam 500 mg tablet f/c,10x10 500 mg	PDL Preferred Generic	
levetiracetam 500 mg tablet u-d,10x10,f/c,inner 500 mg	PDL Preferred Generic	
levetiracetam 500 mg tablet u-d,10x10,f/c,outer 500 mg	PDL Preferred Generic	
levetiracetam 500 mg/5 ml soln 5mlx50,outer,u-d 500 mg/5 ml (5 ml)	PDL Preferred Generic	

Drug	Status	Notes
levetiracetam 500 mg/5 ml soln u-d, inner 500 mg/5 ml (5 ml)	PDL Preferred Generic	
levetiracetam 750 mg tablet 750 mg	PDL Preferred Generic	
levetiracetam 750 mg tablet f/c 750 mg	PDL Preferred Generic	
levetiracetam 750 mg tablet f/c, inner 750 mg	PDL Preferred Generic	
levetiracetam 750 mg tablet f/c, outer 750 mg	PDL Preferred Generic	
levetiracetam 750 mg tablet u-d,10x10,f/c,inner 750 mg	PDL Preferred Generic	
levetiracetam 750 mg tablet u-d,10x10,f/c,outer 750 mg	PDL Preferred Generic	
levetiracetam er 500 mg tablet 500 mg	PDL Preferred Generic	
levetiracetam er 500 mg tablet coated 500 mg	PDL Preferred Generic	
levetiracetam er 500 mg tablet f/c 500 mg	PDL Preferred Generic	
levetiracetam er 750 mg tablet 750 mg	PDL Preferred Generic	
levetiracetam er 750 mg tablet coated 750 mg	PDL Preferred Generic	
levetiracetam er 750 mg tablet f/c 750 mg	PDL Preferred Generic	
LYRICA 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
LYRICA 150 MG CAPSULE 150 MG	PDL Non-Preferred Brand	PA
LYRICA 20 MG/ML ORAL SOLUTION 20 MG/ML	PDL Non-Preferred Brand	PA
LYRICA 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA
LYRICA 225 MG CAPSULE 225 MG	PDL Non-Preferred Brand	PA
LYRICA 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA
LYRICA 300 MG CAPSULE 300 MG	PDL Non-Preferred Brand	PA
LYRICA 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA
LYRICA 75 MG CAPSULE 75 MG	PDL Non-Preferred Brand	PA
MYSOLINE 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA
MYSOLINE 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
NEURONTIN 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
NEURONTIN 250 MG/5 ML SOLUTION 250 MG/5 ML	PDL Non-Preferred Brand	PA

Drug	Status	Notes
NEURONTIN 300 MG CAPSULE 300 MG	PDL Non-Preferred Brand	PA
NEURONTIN 300 MG CAPSULE U-D, 5 2X5 BLISTERS 300 MG	PDL Non-Preferred Brand	PA
NEURONTIN 400 MG CAPSULE 400 MG	PDL Non-Preferred Brand	PA
NEURONTIN 600 MG TABLET F/C, SCORED 600 MG	PDL Non-Preferred Brand	PA
NEURONTIN 800 MG TABLET F/C, SCORED 800 MG	PDL Non-Preferred Brand	PA
oxcarbazepine 150 mg tablet f/c 150 mg	PDL Preferred Generic	
oxcarbazepine 150 mg tablet f/c, inner 150 mg	PDL Preferred Generic	
oxcarbazepine 150 mg tablet f/c, outer 150 mg	PDL Preferred Generic	
oxcarbazepine 300 mg tablet f/c 300 mg	PDL Preferred Generic	
oxcarbazepine 300 mg tablet f/c, inner 300 mg	PDL Preferred Generic	
oxcarbazepine 300 mg tablet f/c, outer 300 mg	PDL Preferred Generic	
oxcarbazepine 300 mg/5 ml susp 300 mg/5 ml (60 mg/ml)	PDL Preferred Generic	
oxcarbazepine 300 mg/5 ml susp inner 300 mg/5 ml (60 mg/ml)	PDL Preferred Generic	
oxcarbazepine 300 mg/5 ml susp outer 300 mg/5 ml (60 mg/ml)	PDL Preferred Generic	
oxcarbazepine 300 mg/5 ml susp syringe/btl adapter 300 mg/5 ml (60 mg/ml)	PDL Preferred Generic	
oxcarbazepine 600 mg tablet f/c 600 mg	PDL Preferred Generic	
oxcarbazepine 600 mg tablet f/c, inner 600 mg	PDL Preferred Generic	
oxcarbazepine 600 mg tablet f/c, outer 600 mg	PDL Preferred Generic	
OXTELLAR XR 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OXTELLAR XR 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OXTELLAR XR 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
PEGANONE 250 MG TABLET 250 MG	PDL Preferred Brand	
PHENYTEK 200 MG CAPSULE 200 MG	PDL Preferred Brand	
PHENYTEK 300 MG CAPSULE 300 MG	PDL Preferred Brand	
phenytoin 100 mg/4 ml susp inner 100 mg/4 ml	PDL Preferred Generic	
phenytoin 100 mg/4 ml susp u-d,outer,4mlx50 100 mg/4 ml	PDL Preferred Generic	

Drug	Status	Notes
phenytoin 125 mg/5 ml susp 125 mg/5 ml	PDL Preferred Generic	
phenytoin 50 mg infatab 50 mg	PDL Preferred Generic	
phenytoin 50 mg tablet chew 50 mg	PDL Preferred Generic	
phenytoin 50 mg tablet chew 5x10, outer 50 mg	PDL Preferred Generic	
phenytoin 50 mg tablet chew inner 50 mg	PDL Preferred Generic	
phenytoin 50 mg tablet chew outer 50 mg	PDL Preferred Generic	
phenytoin sod ext 100 mg cap 100 mg	PDL Preferred Generic	
phenytoin sod ext 100 mg cap u-d, 10x10, inner 100 mg	PDL Preferred Generic	
phenytoin sod ext 100 mg cap u-d, 10x10, outer 100 mg	PDL Preferred Generic	
phenytoin sod ext 100 mg cap u-d,10x10,outer 100 mg	PDL Preferred Generic	
phenytoin sod ext 200 mg cap 200 mg	PDL Preferred Generic	
phenytoin sod ext 300 mg cap 300 mg	PDL Preferred Generic	
pregabalin 100 mg capsule 100 mg	PDL Preferred Generic	
pregabalin 100 mg capsule inner 100 mg	PDL Preferred Generic	
pregabalin 100 mg capsule outer 100 mg	PDL Preferred Generic	
pregabalin 150 mg capsule 150 mg	PDL Preferred Generic	
pregabalin 150 mg capsule inner 150 mg	PDL Preferred Generic	
pregabalin 150 mg capsule outer 150 mg	PDL Preferred Generic	
pregabalin 20 mg/ml solution 20 mg/ml	PDL Non-Preferred Generic	PA
pregabalin 200 mg capsule 200 mg	PDL Preferred Generic	
pregabalin 225 mg capsule 225 mg	PDL Preferred Generic	
pregabalin 25 mg capsule 25 mg	PDL Preferred Generic	
pregabalin 300 mg capsule 300 mg	PDL Preferred Generic	
pregabalin 50 mg capsule 50 mg	PDL Preferred Generic	
pregabalin 50 mg capsule inner 50 mg	PDL Preferred Generic	

Drug	Status	Notes
pregabalin 50 mg capsule outer 50 mg	PDL Preferred Generic	
pregabalin 75 mg capsule 75 mg	PDL Preferred Generic	
pregabalin 75 mg capsule inner 75 mg	PDL Preferred Generic	
pregabalin 75 mg capsule outer 75 mg	PDL Preferred Generic	
primidone 250 mg tablet 10x10, u-d, inner 250 mg	PDL Preferred Generic	
primidone 250 mg tablet 10x10, u-d, outer 250 mg	PDL Preferred Generic	
primidone 250 mg tablet 250 mg	PDL Preferred Generic	
primidone 50 mg tablet 10x10, u-d, inner 50 mg	PDL Preferred Generic	
primidone 50 mg tablet 10x10, u-d, outer 50 mg	PDL Preferred Generic	
primidone 50 mg tablet 50 mg	PDL Preferred Generic	
QUDEXY XR 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QUDEXY XR 150 MG CAPSULE 150 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
QUDEXY XR 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
QUDEXY XR 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QUDEXY XR 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ROWEEPRA 1,000 MG TABLET 1,000 MG	PDL Preferred Brand	
ROWEEPRA 500 MG TABLET 500 MG	PDL Preferred Brand	
ROWEEPRA 750 MG TABLET 750 MG	PDL Preferred Brand	
ROWEEPRA XR 500 MG TABLET 500 MG	PDL Preferred Brand	
ROWEEPRA XR 750 MG TABLET 750 MG	PDL Preferred Brand	
SPRITAM 1,000 MG TABLET INNER 1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SPRITAM 1,000 MG TABLET OUTER 1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SPRITAM 250 MG TABLET INNER 250 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
SPRITAM 250 MG TABLET OUTER 250 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
SPRITAM 500 MG TABLET INNER 500 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
SPRITAM 500 MG TABLET OUTER 500 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)

Drug	Status	Notes
SPRITAM 750 MG TABLET INNER 750 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
SPRITAM 750 MG TABLET OUTER 750 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
SUBVENITE 100 MG TABLET 100 MG	PDL Preferred Generic	
SUBVENITE 150 MG TABLET 150 MG	PDL Preferred Generic	
SUBVENITE 200 MG TABLET 200 MG	PDL Preferred Generic	
SUBVENITE 25 MG TABLET 25 MG	PDL Preferred Generic	
SUBVENITE TAB START KIT (BLUE) 25 MG (35)	PDL Preferred Generic	
SUBVENITE TAB START KIT(GREEN) 25 MG (84) - 100 MG (14)	PDL Preferred Generic	
SUBVENITE TAB START KT(ORANGE) 25 MG (42) - 100 MG (7)	PDL Preferred Generic	
TEGRETOL 100 MG/5 ML SUSP 100 MG/5 ML	PDL Non-Preferred Brand	PA
TEGRETOL 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
TEGRETOL XR 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
TEGRETOL XR 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
TEGRETOL XR 400 MG TABLET 400 MG	PDL Non-Preferred Brand	PA
tiagabine hcl 12 mg tablet 12 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
tiagabine hcl 16 mg tablet 16 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
tiagabine hcl 2 mg tablet 2 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
tiagabine hcl 4 mg tablet 4 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
TOPAMAX 100 MG TABLET COATED 100 MG	PDL Non-Preferred Brand	PA
TOPAMAX 15 MG SPRINKLE CAP 15 MG	PDL Non-Preferred Brand	PA
TOPAMAX 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
TOPAMAX 25 MG SPRINKLE CAP 25 MG	PDL Non-Preferred Brand	PA
TOPAMAX 25 MG TABLET COATED 25 MG	PDL Non-Preferred Brand	PA
TOPAMAX 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
topiramate 100 mg tablet f/c 100 mg	PDL Preferred Generic	
topiramate 100 mg tablet f/c,10x10,u-d,inner 100 mg	PDL Preferred Generic	
topiramate 100 mg tablet f/c,10x10,u-d,outer 100 mg	PDL Preferred Generic	
topiramate 15 mg sprinkle cap 15 mg	PDL Preferred Generic	
topiramate 200 mg tablet f/c 200 mg	PDL Preferred Generic	
topiramate 200 mg tablet f/c,3x10,u-d,inner 200 mg	PDL Preferred Generic	
topiramate 200 mg tablet f/c,3x10,u-d,outer 200 mg	PDL Preferred Generic	
topiramate 25 mg sprinkle cap 25 mg	PDL Preferred Generic	
topiramate 25 mg tablet f/c 25 mg	PDL Preferred Generic	
topiramate 25 mg tablet f/c,10x10,u-d,inner 25 mg	PDL Preferred Generic	
topiramate 25 mg tablet f/c,10x10,u-d,outer 25 mg	PDL Preferred Generic	
topiramate 50 mg tablet f/c 50 mg	PDL Preferred Generic	
topiramate er 100 mg capsule 100 mg	Non-PDL Generic	QL (1 EA per 1 day)
topiramate er 150 mg capsule 150 mg	Non-PDL Generic	QL (2 EA per 1 day)
topiramate er 200 mg capsule 200 mg	Non-PDL Generic	QL (2 EA per 1 day)
topiramate er 25 mg capsule 25 mg	Non-PDL Generic	QL (1 EA per 1 day)
topiramate er 50 mg capsule 50 mg	Non-PDL Generic	QL (1 EA per 1 day)
TRILEPTAL 150 MG TABLET F/C 150 MG	PDL Non-Preferred Brand	PA
TRILEPTAL 300 MG TABLET F/C 300 MG	PDL Non-Preferred Brand	PA
TRILEPTAL 300 MG/5 ML SUSP 300 MG/5 ML (60 MG/ML)	PDL Non-Preferred Brand	PA
TRILEPTAL 600 MG TABLET F/C 600 MG	PDL Non-Preferred Brand	PA
TROKENDI XR 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TROKENDI XR 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TROKENDI XR 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
TROKENDI XR 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
valproic acid 250 mg capsule 250 mg	PDL Preferred Generic	

Drug	Status	Notes
valproic acid 250 mg capsule u-d 250 mg	PDL Preferred Generic	
valproic acid 250 mg/5 ml soln 250 mg/5 ml	PDL Preferred Generic	
valproic acid 500 mg/10 ml sol inner 500 mg/10 ml (10 ml)	PDL Preferred Generic	
VIMPAT 10 MG/ML SOLUTION 10 MG/ML	PDL Non-Preferred Brand	PA; QL (1200 ML per 30 days)
VIMPAT 100 MG TABLET F/C 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 100 MG TABLET F/C, U-D, 6X10 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 150 MG TABLET F/C 150 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 150 MG TABLET F/C, U-D, 6X10 150 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 200 MG TABLET F/C 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 200 MG TABLET F/C, U-D, 6X10 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 50 MG TABLET F/C 50 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 50 MG TABLET F/C, U-D, 6X10 50 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT STARTER KIT 50 MG (14)- 100 MG (14)	PDL Non-Preferred Brand	PA
ZARONTIN 250 MG CAPSULE 250 MG	PDL Non-Preferred Brand	PA
ZARONTIN 250 MG/5 ML SOLUTION 250 MG/5 ML	PDL Non-Preferred Brand	PA
ZONEGRAN 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
ZONEGRAN 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA
zonisamide 100 mg capsule 100 mg	PDL Preferred Generic	
zonisamide 25 mg capsule 25 mg	PDL Preferred Generic	
zonisamide 50 mg capsule 50 mg	PDL Preferred Generic	
Skeletal Muscle Disorder		
Skeletal Muscle Relaxants		
baclofen 10 mg tablet 10 mg	Non-PDL Generic	
baclofen 10 mg tablet inner 10 mg	Non-PDL Generic	
baclofen 10 mg tablet outer 10 mg	Non-PDL Generic	
baclofen 10 mg tablet u-d,10x10 10 mg	Non-PDL Generic	
baclofen 20 mg tablet 20 mg	Non-PDL Generic	

Drug	Status	Notes
baclofen 20 mg tablet inner 20 mg	Non-PDL Generic	
baclofen 20 mg tablet outer 20 mg	Non-PDL Generic	
baclofen 20 mg tablet u-d,10x10 20 mg	Non-PDL Generic	
baclofen 5 mg tablet 5 mg	Non-PDL Generic	
carisoprodl-aspirin 200-325 mg 200-325 mg	Non-PDL Generic	
carisoprodol 250 mg tablet 250 mg	Non-PDL Generic	QL (4 EA per 1 day)
carisoprodol 350 mg tablet 350 mg	Non-PDL Generic	QL (4 EA per 1 day)
carisoprodol compound tab 200-325 mg	Non-PDL Generic	
chlorzoxazone 500 mg tablet 500 mg	Non-PDL Generic	
cyclobenzaprine 10 mg tablet 10 mg	Non-PDL Generic	
cyclobenzaprine 10 mg tablet f/c 10 mg	Non-PDL Generic	
cyclobenzaprine 10 mg tablet u-d, 10x10, inner 10 mg	Non-PDL Generic	
cyclobenzaprine 10 mg tablet u-d, outer 10 mg	Non-PDL Generic	
cyclobenzaprine 5 mg tablet 5 mg	Non-PDL Generic	
cyclobenzaprine 5 mg tablet f/c 5 mg	Non-PDL Generic	
cyclobenzaprine 7.5 mg tablet 7.5 mg	Non-PDL Generic	
cyclobenzaprine 7.5 mg tablet f/c 7.5 mg	Non-PDL Generic	
cyclobenzaprine er 15 mg cap 15 mg	Non-PDL Generic	
cyclobenzaprine er 30 mg cap 30 mg	Non-PDL Generic	
dantrolene sodium 100 mg cap 100 mg	Non-PDL Generic	
dantrolene sodium 25 mg cap 25 mg	Non-PDL Generic	
dantrolene sodium 25 mg cap u-d,3x10,inner 25 mg	Non-PDL Generic	
dantrolene sodium 25 mg cap u-d,3x10,outer 25 mg	Non-PDL Generic	
dantrolene sodium 50 mg cap 50 mg	Non-PDL Generic	
methocarbamol 500 mg tablet 500 mg	Non-PDL Generic	
methocarbamol 500 mg tablet f/c 500 mg	Non-PDL Generic	

Drug	Status	Notes
methocarbamol 750 mg tablet 750 mg	Non-PDL Generic	
methocarbamol 750 mg tablet f/c 750 mg	Non-PDL Generic	
orphenadrine er 100 mg tablet 100 mg	Non-PDL Generic	
tizanidine hcl 2 mg tablet 2 mg	Non-PDL Generic	
tizanidine hcl 4 mg tablet 4 mg	Non-PDL Generic	
tizanidine hcl 4 mg tablet inner 4 mg	Non-PDL Generic	
tizanidine hcl 4 mg tablet outer 4 mg	Non-PDL Generic	
tizanidine hcl 4 mg tablet u-d,10x10,inner 4 mg	Non-PDL Generic	
tizanidine hcl 4 mg tablet u-d,10x10,outer 4 mg	Non-PDL Generic	
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
cvs nicotine 14 mg/24hr patch (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
cvs nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
cvs nicotine 2 mg chewing gum fruit 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
cvs nicotine 2 mg chewing gum mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
cvs nicotine 2 mg lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
cvs nicotine 2 mg lozenge mint 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
cvs nicotine 2 mg mini lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
cvs nicotine 21 mg/24hr patch (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
cvs nicotine 4 mg chewing gum fruit 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
cvs nicotine 4 mg chewing gum mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
cvs nicotine 4 mg lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
cvs nicotine 4 mg mini lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
cvs nicotine 4 mg mini lozenge mini,mint,quit tube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
cvs nicotine 7 mg/24hr patch (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
eq nicotine 14 mg/24hr patch clear, step 2 (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
eq nicotine 2 mg chewing gum 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)

Drug	Status	Notes
eq nicotine 2 mg chewing gum coated, cool mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 2 mg chewing gum coated, fruit wave 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 2 mg chewing gum coated,cinnamon rush 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 2 mg chewing gum uncoated, mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 2 mg chewing gum uncoated, original 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 2 mg lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eq nicotine 2 mg lozenge cherry 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eq nicotine 2 mg lozenge mint 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eq nicotine 2 mg mini lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eq nicotine 21 mg/24hr patch 21+7, clear (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
eq nicotine 21 mg/24hr patch clear, step 1 (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
eq nicotine 4 mg chewing gum 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 4 mg chewing gum coated, cool mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 4 mg chewing gum coated, fruit wave 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 4 mg chewing gum coated,cinnamon rush 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 4 mg chewing gum cool mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 4 mg chewing gum uncoated, mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 4 mg chewing gum uncoated, original 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eq nicotine 4 mg lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eq nicotine 4 mg lozenge cherry 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eq nicotine 4 mg lozenge inner 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eq nicotine 4 mg lozenge mint 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eq nicotine 4 mg lozenge mint flavor 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eq nicotine 4 mg lozenge outer 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eq nicotine 7 mg/24hr patch clear, step 3 (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
eql nicotine 2 mg chewing gum 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)

Drug	Status	Notes
eql nicotine 2 mg lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
eql nicotine 4 mg chewing gum 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
eql nicotine 4 mg lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
gnp nicotine 14 mg/24hr patch (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
gnp nicotine 2 mg chewing gum 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
gnp nicotine 2 mg lozenge mint, 3 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
gnp nicotine 2 mg mini lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
gnp nicotine 2 mg mini lozenge mini,mint,3 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
gnp nicotine 21 mg/24hr patch (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
gnp nicotine 4 mg chewing gum 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
gnp nicotine 4 mg chewing gum coated, mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
gnp nicotine 4 mg lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
gnp nicotine 4 mg lozenge mint, 3 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
gnp nicotine 4 mg mini lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
gnp nicotine 4 mg mini lozenge mini,mint,3 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
gnp nicotine 7 mg/24hr patch (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
gs nicotine 2 mg chewing gum 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
gs nicotine 2 mg chewing gum original 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
gs nicotine 2 mg mini lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
gs nicotine 4 mg chewing gum 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
gs nicotine 4 mg chewing gum original 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
gs nicotine 4 mg lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
gs nicotine 4 mg mini lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
hm nicotine 14 mg/24hr patch (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
hm nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
hm nicotine 2 mg chewing gum mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)

Drug	Status	Notes
hm nicotine 2 mg lozenge mint, 3 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
hm nicotine 2 mg mini lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
hm nicotine 21 mg/24hr patch (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
hm nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
hm nicotine 4 mg chewing gum mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
hm nicotine 4 mg lozenge mint, 3 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
hm nicotine 7 mg/24hr patch (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
hm nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
kro nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
kro nicotine 2 mg chewing gum 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
kro nicotine 2 mg chewing gum coated, fruit wave 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
kro nicotine 2 mg chewing gum original 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
kro nicotine 2 mg lozenge 3 quittube, cherry 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
kro nicotine 2 mg lozenge 3 quittube, mint 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
kro nicotine 2 mg mini lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
kro nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
kro nicotine 4 mg chewing gum 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
kro nicotine 4 mg chewing gum coated, fruit wave 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
kro nicotine 4 mg chewing gum original 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
kro nicotine 4 mg lozenge 3 quittube, cherry 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
kro nicotine 4 mg lozenge 3 quittube, mint 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
kro nicotine 4 mg mini lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
kro nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
NICODERM CQ 14 MG/24HR PATCH 14 MG/24 HR	Preventive	QL (1 EA per 1 day)
NICODERM CQ 14 MG/24HR PATCH INNER 14 MG/24 HR	Preventive	QL (1 EA per 1 day)
NICODERM CQ 14 MG/24HR PATCH OUTER 14 MG/24 HR	Preventive	QL (1 EA per 1 day)
NICODERM CQ 21 MG/24HR PATCH 21 MG/24 HR	Preventive	QL (1 EA per 1 day)

Drug	Status	Notes
NICODERM CQ 21 MG/24HR PATCH CLEAR PATCH 21 MG/24 HR	Preventive	QL (1 EA per 1 day)
NICODERM CQ 21 MG/24HR PATCH INNER 21 MG/24 HR	Preventive	QL (1 EA per 1 day)
NICODERM CQ 21 MG/24HR PATCH OUTER 21 MG/24 HR	Preventive	QL (1 EA per 1 day)
NICODERM CQ 7 MG/24HR PATCH 7 MG/24 HR	Preventive	QL (1 EA per 1 day)
NICODERM CQ 7 MG/24HR PATCH INNER 7 MG/24 HR	Preventive	QL (1 EA per 1 day)
NICODERM CQ 7 MG/24HR PATCH OUTER 7 MG/24 HR	Preventive	QL (1 EA per 1 day)
NICORELIEF 2 MG GUM 2 MG	PDL Preferred Generic	QL (24 EA per 1 day)
NICORETTE 2 MG CHEWING GUM 2 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 2 MG CHEWING GUM CINNAMON SURGE 2 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 2 MG CHEWING GUM FRESH MINT 2 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 2 MG CHEWING GUM FRUIT CHILL 2 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 2 MG CHEWING GUM MINT 2 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 2 MG CHEWING GUM ORIGINAL FLAVOR 2 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 2 MG CHEWING GUM STARTER KIT 2 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 2 MG CHEWING GUM WHITE ICE MINT 2 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 2 MG LOZENGE 2 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 2 MG LOZENGE CHERRY 2 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 2 MG LOZENGE CHERRY, 72+9 FREE 2 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 2 MG LOZENGE MINT 2 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 2 MG LOZENGE MINT, BONUS PACK 2 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 2 MG LOZENGE ORIGINAL 2 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 2 MG LOZENGE ORIGINAL,108 + 24 2 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 2 MG MINI LOZENGE 2 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 2 MG MINI LOZENGE MINT 2 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 4 MG CHEWING GUM 4 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 4 MG CHEWING GUM CINNAMON SURGE 4 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 4 MG CHEWING GUM FRESH MINT 4 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 4 MG CHEWING GUM FRUIT CHILL 4 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 4 MG CHEWING GUM MINT 4 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 4 MG CHEWING GUM ORIGINAL 4 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 4 MG CHEWING GUM ORIGINAL FLAVOR 4 MG	Preventive	QL (24 EA per 1 day)

Drug	Status	Notes
NICORETTE 4 MG CHEWING GUM WHITE ICE MINT 4 MG	Preventive	QL (24 EA per 1 day)
NICORETTE 4 MG LOZENGE 4 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 4 MG LOZENGE CHERRY 4 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 4 MG LOZENGE CHERRY, 72+9 FREE 4 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 4 MG LOZENGE MINT 4 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 4 MG LOZENGE MINT, BONUS PACK 4 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 4 MG LOZENGE ORIGINAL 4 MG	Preventive	QL (20 EA per 1 day)
NICORETTE 4 MG MINI LOZENGE 4 MG	Preventive	QL (20 EA per 1 day)
nicotine 14 mg/24hr patch (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 14 mg/24hr patch clear, step 2 (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 14 mg/24hr patch clear, step 2, outer (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 14 mg/24hr patch inner (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 14 mg/24hr patch outer (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 2 mg chewing gum 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum bonus 20 pieces 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum bonus 20 pieces,mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum bonus 30 pieces,mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum coated 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum coated fruit 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum coated gum 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum coated, cinnamon 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum coated, cool mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum coated, fruit 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum coated, mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum coated,cinnamon,s/f 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum coated,mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum cool mint/coated 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)

Drug	Status	Notes
nicotine 2 mg chewing gum fruit wave, coated 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum mint, s/f 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum original 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum original, s/f 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum refill 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum s/f 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum s/f,coated 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum s/f,coated fruit 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum starter kit 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum starter kit w/cd 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg chewing gum sugar free 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 2 mg lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge 3 quittube, mint 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge 4 quittube, mint 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge cherry 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge cherry, quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge cherry,4 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge cinnamon 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge cinnamon, 3 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge cinnamon,quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge inner 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge mint 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge mint, 3 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge mint, 4 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge outer 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)

Drug	Status	Notes
nicotine 2 mg lozenge s/f,cherry,3quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge s/f,mint,3 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge s/f,mint,4 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg lozenge s/f,mint,7 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg mini lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 2 mg mini lozenge mini,mint,3 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 21 mg/24hr patch (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 21 mg/24hr patch clear, step 1 (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 21 mg/24hr patch inner (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 21 mg/24hr patch outer (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 21 mg/24hr patch outer, clear, step 1 (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 21 mg/24hr patch step 1, 1 week kit (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 4 mg chewing gum 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum bonus 20 pieces 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum bonus 20 pieces,mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated cinnamon 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated fruit 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated gum 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated, cinnamon 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated, cool mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated, fruit 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated, fruit wave 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated, mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated,cinnamon 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)

Drug	Status	Notes
nicotine 4 mg chewing gum coated,cinnamon rush 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum coated,cinnamon,s/f 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum cool mint/coated 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum fruit wave/coated 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum mint 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum mint, s/f 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum original 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum original refill 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum original starter kit 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum original, s/f 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum original,s/f 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum refill 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum refill kit,s/f 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum s/f,coated 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum s/f,coated fruit 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum starter kit 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg chewing gum starter kit w/cd 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
nicotine 4 mg lozenge 3 quittube, cherry 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge 3 quittube, mint 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge 4 quittube, cherry 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge 4 quittube, mint 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge cherry 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge cinnamon 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge cinnamon, 3 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge inner 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)

Drug	Status	Notes
nicotine 4 mg lozenge mint 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge mint, 3 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge mint, 4 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge outer 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge s/f,cherry,3quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge s/f,mint,3 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge s/f,mint,4 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg lozenge s/f,mint,7 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg mini lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg mini lozenge mini,mint 3 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 4 mg mini lozenge mini,mint,3 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
nicotine 7 mg/24hr patch (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 7 mg/24hr patch 2 week kit (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 7 mg/24hr patch clear, step 3 (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 7 mg/24hr patch inner (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 7 mg/24hr patch outer (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 7 mg/24hr patch outer, clear, step 3 (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
nicotine transdermal system 21-14-7 mg/24 hr	Preventive	QL (1 EA per 1 day)
NICOTROL CARTRIDGE INHALER 10 MG	PDL Non-Preferred Brand	PA; QL (1008 EA per 90 days)
NICOTROL NS 10 MG/ML SPRAY 10 MG/ML	PDL Non-Preferred Brand	PA; QL (160 ML per 90 days)
PUB STOP SMOKING AID 2 MG LOZG 2 MG	PDL Preferred Generic	QL (20 EA per 1 day)
PUB STOP SMOKING AID 4 MG LOZG 4 MG	PDL Preferred Generic	QL (20 EA per 1 day)
QUIT 2 MG CHEWING GUM 2 MG	PDL Preferred Generic	QL (24 EA per 1 day)
QUIT 2 MG LOZENGE INNER 2 MG	PDL Preferred Generic	QL (20 EA per 1 day)
QUIT 2 MG LOZENGE MINT 2 MG	PDL Preferred Generic	QL (20 EA per 1 day)
QUIT 2 MG LOZENGE OUTER 2 MG	PDL Preferred Generic	QL (20 EA per 1 day)

Drug	Status	Notes
QUIT 4 MG CHEWING GUM 4 MG	PDL Preferred Generic	QL (24 EA per 1 day)
QUIT 4 MG LOZENGE INNER 4 MG	PDL Preferred Generic	QL (20 EA per 1 day)
QUIT 4 MG LOZENGE MINT 4 MG	PDL Preferred Generic	QL (20 EA per 1 day)
QUIT 4 MG LOZENGE OUTER 4 MG	PDL Preferred Generic	QL (20 EA per 1 day)
ra nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
ra nicotine 2 mg chewing gum 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
ra nicotine 2 mg lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
ra nicotine 2 mg lozenge s/f,mint,4 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
ra nicotine 2 mg mini lozenge mini,mint,3 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
ra nicotine 2 mg mini lozenge mini,mint,4 quittube 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
ra nicotine 21 mg/24hr patch (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
ra nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
ra nicotine 4 mg chewing gum 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
ra nicotine 4 mg lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
ra nicotine 4 mg lozenge 4 quittube,mint,s/f 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
ra nicotine 4 mg mini lozenge mini,mint,3 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
ra nicotine 4 mg mini lozenge mini,mint,4 quittube 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
ra nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
sm nicotine 14 mg/24hr patch (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
sm nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
sm nicotine 2 mg chewing gum 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
sm nicotine 2 mg chewing gum mint 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
sm nicotine 2 mg lozenge 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
sm nicotine 21 mg/24hr patch (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
sm nicotine 21 mg/24hr patch outer (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
sm nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
sm nicotine 4 mg chewing gum 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
sm nicotine 4 mg chewing gum mint flavor 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
sm nicotine 4 mg lozenge 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
sm nicotine 7 mg/24hr patch (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
sm nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr	PDL Preferred Generic	QL (1 EA per 1 day)
sw nicotine 2 mg chewing gum cool mint flavor 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
sw nicotine 2 mg chewing gum fruit flavor 2 mg	PDL Preferred Generic	QL (24 EA per 1 day)
sw nicotine 2 mg lozenge 3 quit tube x24,mint 2 mg	PDL Preferred Generic	QL (20 EA per 1 day)
sw nicotine 4 mg chewing gum cool mint flavor 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
sw nicotine 4 mg chewing gum fruit flavor 4 mg	PDL Preferred Generic	QL (24 EA per 1 day)
sw nicotine 4 mg lozenge 3 quit tube x24,mint 4 mg	PDL Preferred Generic	QL (20 EA per 1 day)
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
CHANTIX 0.5 MG TABLET 0.5 MG	PDL Preferred Brand	QL (2 EA per 1 day)
CHANTIX 1 MG CONT MONTH BOX F/C, 4 CONT. WEEK 1 MG	PDL Preferred Brand	QL (2 EA per 1 day)
CHANTIX 1 MG TABLET 1 MG	PDL Preferred Brand	QL (2 EA per 1 day)
CHANTIX STARTING MONTH BOX 0.5MG(11)1MG(42) 0.5 MG (11)- 1 MG (42)	PDL Preferred Brand	QL (2 EA per 1 day)
Smoking Deterrents, Other		
bupropion hcl sr 150 mg tablet 150 mg	PDL Preferred Generic	QL (2 EA per 1 day)
bupropion hcl sr 150 mg tablet f/c 150 mg	PDL Preferred Generic	QL (2 EA per 1 day)
bupropion hcl sr 150 mg tablet f/c, starter kit 150 mg	PDL Preferred Generic	QL (2 EA per 1 day)
Upper Gastrointestinal Disorders Digestive		
Antiflatulents		
ANTI-GAS 180 MG SOFTGEL 180 MG	Non-PDL Generic	
BICARSIM FORTE 125 MG TABLET 125 MG	Non-PDL Generic	
CVS ANTI-GAS 180 MG SOFTGEL ULTRA STR, SOFTGEL 180 MG	Non-PDL Generic	
CVS GAS RELIEF 125 MG CHEW TAB EXTRA STRENGTH 125 MG	Non-PDL Generic	
CVS GAS RELIEF 125 MG SOFTGEL 125 MG	Non-PDL Generic	

Drug	Status	Notes
CVS GAS RELIEF 125 MG SOFTGEL EXTRA STRENGTH 125 MG	Non-PDL Generic	
CVS GAS RELIEF 80 MG TAB CHEW 80 MG	Non-PDL Generic	
CVS GAS RELIEF EX-STR DROPS 40 MG/0.6 ML	Non-PDL Generic	
CVS INFT GAS RLF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	
EQ GAS RELIEF 125 MG CHEW TAB 125 MG	Non-PDL Generic	
EQ GAS RELIEF 125 MG SOFTGEL SOFTGEL, EX-STRENGTH 125 MG	Non-PDL Generic	
EQ GAS RELIEF 125 MG SOFTGEL SOFTGEL,EX-STRENGTH 125 MG	Non-PDL Generic	
EQ INF GAS RELIEF 20 MG/0.3 ML A/F, D/F 40 MG/0.6 ML	Non-PDL Generic	
EQ INF GAS RELIEF 20 MG/0.3 ML A/F,D/F 40 MG/0.6 ML	Non-PDL Generic	
EQL GAS RELIEF 125 MG CHEW TAB 125 MG	Non-PDL Generic	
EQL GAS RELIEF 125 MG SOFTGEL SOFTGEL 125 MG	Non-PDL Generic	
EQL GAS RELIEF 180 MG SOFTGEL SOFTGEL 180 MG	Non-PDL Generic	
EQL GAS RELIEF DROPS INFANTS, A/F 40 MG/0.6 ML	Non-PDL Generic	
GAS RELIEF 125 MG CHEW TABLET 125 MG	Non-PDL Generic	
GAS RELIEF 125 MG CHEW TABLET EX-STR, CHERRY CREME 125 MG	Non-PDL Generic	
GAS RELIEF 125 MG CHEW TABLET EXTRA STR,CHERRY CRM 125 MG	Non-PDL Generic	
GAS RELIEF 125 MG CHEW TABLET EXTRA STRENGTH 125 MG	Non-PDL Generic	
GAS RELIEF 125 MG SOFTGEL 125 MG	Non-PDL Generic	
GAS RELIEF 125 MG SOFTGEL SOFTGEL 125 MG	Non-PDL Generic	
GAS RELIEF 125 MG SOFTGEL SOFTGEL,EX-STRENGTH 125 MG	Non-PDL Generic	
GAS RELIEF 125 MG SOFTGEL SOFTGEL,EXTRA-STR 125 MG	Non-PDL Generic	
GAS RELIEF 180 MG SOFTGEL 180 MG	Non-PDL Generic	
GAS RELIEF 180 MG SOFTGEL ULTRA STR, SOFTGEL 180 MG	Non-PDL Generic	
GAS RELIEF 180 MG SOFTGEL ULTRA STR, SOFTGEL 180 MG	Non-PDL Generic	
GAS RELIEF 180 MG SOFTGEL ULTRA STR,SFTGEL 180 MG	Non-PDL Generic	
GAS RELIEF 180 MG SOFTGEL ULT-STR,SOFTGEL 180 MG	Non-PDL Generic	

Drug	Status	Notes
GAS RELIEF 20 MG/0.3 ML DROPS DYE-FREE 40 MG/0.6 ML	Non-PDL Generic	
GAS RELIEF 40 MG/0.6 ML DROPS 40 MG/0.6 ML	Non-PDL Generic	
GAS RELIEF 80 MG TABLET CHEW 80 MG	Non-PDL Generic	
GAS RELIEF 80 TABLET CHEW 80 MG	Non-PDL Generic	
GAS RELIEF DROPS 20 MG/0.3 ML INFANTS,A/F,DYE FREE 40 MG/0.6 ML	Non-PDL Generic	
GAS RELIEF DROPS INFANTS, A/F 40 MG/0.6 ML	Non-PDL Generic	
GAS-X EX-STR 125 MG TAB CHEW 125 MG	Non-PDL Brand	
GAS-X EX-STR 125 MG TAB CHEW CHERRY CREME 125 MG	Non-PDL Brand	
GAS-X EX-STR 125 MG TAB CHEW EXTRA STRENGTH 125 MG	Non-PDL Brand	
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL 125 MG	Non-PDL Brand	
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL 125 MG	Non-PDL Generic	
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL, EX-STRENGTH 125 MG	Non-PDL Brand	
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL, EX-STRENGTH 125 MG	Non-PDL Generic	
GAS-X ULTRA STRENGTH SOFTGEL 180 MG	Non-PDL Generic	
GNP GAS RELIEF 125 MG CHEW TAB EXTRA STR,CHERRY CRM 125 MG	Non-PDL Generic	
GNP GAS RELIEF 125 MG SOFTGEL 125 MG	Non-PDL Generic	
GNP GAS RELIEF 125 MG SOFTGEL SOFTGEL,EX-STRENGTH 125 MG	Non-PDL Generic	
GNP GAS RELIEF 125 MG SOFTGEL SOFTGEL,EXTRA-STR 125 MG	Non-PDL Generic	
GNP GAS RELIEF 80 TAB CHEW 80 MG	Non-PDL Generic	
GNP INFANT GAS RELIEF DROPS 20MG/0.3ML, D/F, A/F 40 MG/0.6 ML	Non-PDL Generic	
gnp simethicone 180 mg softgel ultra str,softgel 180 mg	Non-PDL Generic	
GS GAS RELIEF 125 MG SOFTGEL 125 MG	Non-PDL Generic	
gs simethicone 20 mg/0.3 ml 40 mg/0.6 ml	Non-PDL Generic	
HM GAS RELIEF 80 MG TAB CHEW 80 MG	Non-PDL Generic	
HM GAS RELIEF 80 MG TAB CHEW PEPPERMINT 80 MG	Non-PDL Generic	
HM INF GAS RELIEF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	

Drug	Status	Notes
INF GAS REL 20 MG/0.3 ML DROP 40 MG/0.6 ML	Non-PDL Generic	
INFANT GAS RELIEF DROPS 20MG/0.3ML, D/F, A/F 40 MG/0.6 ML	Non-PDL Generic	
INFANT GAS RLF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	
INFANTS' GAS RLF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	
INFANTS' GAS RLF 20 MG/0.3 ML A/F 40 MG/0.6 ML	Non-PDL Generic	
INFANTS' GAS RLF 20 MG/0.3 ML A/F,INFANT 40 MG/0.6 ML	Non-PDL Generic	
KRO GAS RELIEF 180 MG SOFTGEL ULTRA STR, SOFTGEL 180 MG	Non-PDL Generic	
LITTLE REMEDIES GAS RELIEF DRP 40 MG/0.6 ML	Non-PDL Generic	
LITTLE REMEDIES GAS RELIEF DRP 40 MG/0.6 ML	Non-PDL Generic	
MI-ACID GAS 80 MG TAB CHEW 80 MG	Non-PDL Generic	
PHAZYME 180 MG SOFTGEL ULTRA STR,SFTGEL 180 MG	Non-PDL Brand	
PUB GAS RELIEF 125 MG SOFTGEL SOFTGEL, EX-STR 125 MG	Non-PDL Generic	
PUB GAS RELIEF 180 MG SOFTGEL ULTRA STR, SOFTGEL 180 MG	Non-PDL Generic	
PUB INFANTS' GAS RELIEF DROPS 20MG/0.3ML, DYE FREE 40 MG/0.6 ML	Non-PDL Generic	
QC ANTI-GAS 180 MG SOFTGEL ULTRA STR, SOFTGEL 180 MG	Non-PDL Generic	
QC GAS RELIEF 125 MG SOFTGEL 125 MG	Non-PDL Generic	
QC GAS RELIEF 125 MG TAB CHEW EXTRA STRENGTH 125 MG	Non-PDL Generic	
RA GAS RELIEF 125 MG SOFTGEL EX-STRENGTH, SOFTGEL 125 MG	Non-PDL Generic	
RA GAS RELIEF 125 MG TAB CHEW 125 MG	Non-PDL Generic	
RA GAS RELIEF 125 MG TAB CHEW EX-STR 125 MG	Non-PDL Generic	
simethicone 125 mg softgel 125 mg	Non-PDL Generic	
simethicone 125 mg tab chew 125 mg	Non-PDL Generic	
simethicone 125 mg tab chew extra strength 125 mg	Non-PDL Generic	
simethicone 180 mg softgel 180 mg	Non-PDL Generic	
simethicone 180 mg softgel softgel 180 mg	Non-PDL Generic	
simethicone 180 mg softgel ultra str,softgel 180 mg	Non-PDL Generic	

Drug	Status	Notes
simethicone 40 mg/0.6 ml drop 40 mg/0.6 ml	Non-PDL Generic	
simethicone 80 mg tab chew 80 mg	Non-PDL Generic	
simethicone 80 mg tab chew anti gas 80 mg	Non-PDL Generic	
simethicone 80 mg tab chew u-d 80 mg	Non-PDL Generic	
SM GAS REL ANTIFLATUENT 180 MG SOFTGEL 180 MG	Non-PDL Generic	
SM GAS RELIEF 125 MG CHEW TAB 125 MG	Non-PDL Generic	
SM GAS RELIEF 125 MG SOFTGEL SOFTGEL 125 MG	Non-PDL Generic	
SM GAS RELIEF 125 MG SOFTGEL SOFTGEL 125 MG	Non-PDL Generic	
SM GAS RELIEF 125 MG SOFTGEL SOFTGEL, EX-STRENGTH 125 MG	Non-PDL Generic	
SM GAS RELIEF 125 MG SOFTGEL SOFTGEL, EXTRA STR 125 MG	Non-PDL Generic	
SM GAS RELIEF 180 MG SOFTGEL 180 MG	Non-PDL Generic	
SM GAS RELIEF 80 MG TAB CHEW 80 MG	Non-PDL Generic	
SM INF GAS RELIEF 20 MG/0.3 ML A/F, NON-STAINING 40 MG/0.6 ML	Non-PDL Generic	
V-R ANTI-GAS 166 MG SOFTGEL 166 MG	Non-PDL Generic	
Gastric Enzymes		
CVS DAIRY RLF 9,000 UNIT CHEW (RX) 9,000 UNIT	Non-PDL Generic	
CVS DAIRY RLF 9,000 UNIT CPLT (RX) 9,000 UNIT	Non-PDL Generic	
CVS DAIRY RLF 9,000 UNIT CPLT CAPLET, FAST ACTING (RX) 9,000 UNIT	Non-PDL Generic	
cvs lactase 3,000 unit caplet caplet (rx) 3,000 unit	Non-PDL Generic	
CVS LACTASE ENZYME CAPLET 4,500 UNIT	Non-PDL Generic	
DAIRY DIGESTIVE 9,000 UNIT (RX) 9,000 UNIT	Non-PDL Generic	
DAIRY DIGESTIVE AID 9,000 UNIT CAPLET (RX) 9,000 UNIT	Non-PDL Generic	
DAIRY RELIEF 3,000 UNIT CAPLET (RX) 3,000 UNIT	Non-PDL Generic	
DAIRY RLF 9,000 UNIT TAB CHEW FAST ACTING, VANILLA (RX) 9,000 UNIT	Non-PDL Generic	
EQ DAIRY DIGESTIVE 9,000 UNIT (RX) 9,000 UNIT	Non-PDL Generic	
EQ DAIRY DIGESTIVE 9,000 UNIT CAPLET, FAST ACTING (RX) 9,000 UNIT	Non-PDL Generic	

Drug	Status	Notes
EQL DAIRY RELIEF 9,000 UNIT (RX) 9,000 UNIT	Non-PDL Generic	
GNP DAIRY RELF 3,000 UNIT CPLT (RX) 3,000 UNIT	Non-PDL Generic	
GNP DAIRY RLF 9,000 UNIT CHEW FAST ACTING, VANILLA (RX) 9,000 UNIT	Non-PDL Generic	
LACTAID FAST ACT 9,000 UNIT (RX) 9,000 UNIT	Non-PDL Brand	
lactase 3,000 unit caplet (rx) 3,000 unit	Non-PDL Generic	
lactase 3,000 unit caplet caplet (rx) 3,000 unit	Non-PDL Generic	
LACTASE FAST ACTING 9,000 UNIT 9,000 UNIT	Non-PDL Generic	
LACTOSE FAST ACTING 9,000 UNIT 9,000 UNIT	Non-PDL Generic	
LACTOSE FAST ACTING 9,000 UNIT CHEW TABLET 9,000 UNIT	Non-PDL Generic	
LACTOSE FAST ACTING 9,000 UNIT CHEW TABLET, VANILLA 9,000 UNIT	Non-PDL Generic	
LACTOSE FAST ACTING RLF 9,000 9,000 UNIT	Non-PDL Generic	
PUB DAIRY DIGESTIVE 9,000 UNIT CAPLET, FAST ACTING (RX) 9,000 UNIT	Non-PDL Generic	
RA DAIRY AID 3,000 UNIT CAPLET (RX) 3,000 UNIT	Non-PDL Generic	
RA DAIRY RELIEF 9,000 UNIT CAPLET, FAST ACTING (RX) 9,000 UNIT	Non-PDL Generic	
RA DAIRY RLF 9,000 UNIT CHEW FAST ACTING (RX) 9,000 UNIT	Non-PDL Generic	
SM DAIRY DIGESTIVE CAPLET CAPLET, ULTRA (RX) 9,000 UNIT	Non-PDL Generic	
SM ULTRA DAIRY DIGESTIVE CPLT CAPLET (RX) 9,000 UNIT	Non-PDL Generic	
SM ULTRA DAIRY DIGESTIVE CPLT CAPLET, ULTRA (RX) 9,000 UNIT	Non-PDL Generic	
SUCRAID 8,500 UNITS/ML SOLN 2X118ML, P/F, OUTER 8,500 UNIT/ML	Non-PDL Brand	PA; SP
SUCRAID 8,500 UNITS/ML SOLN P/F, STERILE, INNER 8,500 UNIT/ML	Non-PDL Brand	PA; SP
ULTRA DAIRY DIGESTIVE CAPLET CAPLET (RX) 9,000 UNIT	Non-PDL Generic	
Pancreatic Enzymes		
CREON DR 12,000 UNITS CAPSULE 12,000-38,000 -60,000 UNIT	PDL Preferred Brand	
CREON DR 24,000 UNITS CAPSULE 24,000-76,000 -120,000 UNIT	PDL Preferred Brand	
CREON DR 3,000 UNITS CAPSULE 3,000-9,500-15,000 UNIT	PDL Preferred Brand	
CREON DR 36,000 UNITS CAPSULE 36,000-114,000- 180,000 UNIT	PDL Preferred Brand	
CREON DR 6,000 UNITS CAPSULE 6,000-19,000 - 30,000 UNIT	PDL Preferred Brand	

Drug	Status	Notes
PANCREAZE DR 10,500 UNIT CAP 10,500-35,500-61,500 UNIT	PDL Non-Preferred Brand	PA
PANCREAZE DR 16,800 UNIT CAP 16,800-56,800-98,400 UNIT	PDL Non-Preferred Brand	PA
PANCREAZE DR 2,600 UNIT CAP 2,600-6,200-10,850 UNIT	PDL Non-Preferred Brand	PA
PANCREAZE DR 21,000 UNIT CAP 21,000-54,700-83,900 UNIT	PDL Non-Preferred Brand	PA
PANCREAZE DR 4,200 UNIT CAP 4,200-14,200-24,600 UNIT	PDL Non-Preferred Brand	PA
PERTZYE DR 16,000 UNIT CAPSULE 16,000-57,500- 60,500 UNIT	PDL Non-Preferred Brand	PA
PERTZYE DR 24,000 UNIT CAPSULE 24,000-86,250- 90,750 UNIT	PDL Non-Preferred Brand	PA
PERTZYE DR 4,000 UNIT CAPSULE 4,000-14,375-15,125 UNIT	PDL Non-Preferred Brand	PA
PERTZYE DR 8,000 UNIT CAPSULE 8,000-28,750-30,250 UNIT	PDL Non-Preferred Brand	PA
VIOKACE 10,440-39,150 UNITS TB 10,440-39,150-39,150 UNIT	PDL Non-Preferred Brand	PA
VIOKACE 20,880-78,300 UNITS TB 20,880-78,300-78,300 UNIT	PDL Non-Preferred Brand	PA
ZENPEP DR 10,000 UNIT CAPSULE 10,000-32,000 - 42,000 UNIT	PDL Preferred Brand	
ZENPEP DR 15,000 UNIT CAPSULE 15,000-47,000 - 63,000 UNIT	PDL Preferred Brand	
ZENPEP DR 20,000 UNIT CAPSULE 20,000-63,000-84,000 UNIT	PDL Preferred Brand	
ZENPEP DR 25,000 UNIT CAPSULE 25,000-79,000-105,000 UNIT	PDL Preferred Brand	
ZENPEP DR 3,000 UNIT CAPSULE 3,000-10,000 - 14,000-UNIT	PDL Preferred Brand	
ZENPEP DR 40,000 UNIT CAPSULE 40,000-126,000- 168,000 UNIT	PDL Preferred Brand	
ZENPEP DR 5,000 UNIT CAPSULE 5,000-17,000-24,000 UNIT	PDL Preferred Brand	
Upper Gastrointestinal Disorders Spastic Disease		
Anticholinergics/Antispasmodics		
dicyclomine 10 mg capsule 10 mg	Non-PDL Generic	
dicyclomine 10 mg capsule u-d, 10x10, inner 10 mg	Non-PDL Generic	
dicyclomine 10 mg capsule u-d, outer 10 mg	Non-PDL Generic	
dicyclomine 10 mg/5 ml soln 10 mg/5 ml	Non-PDL Generic	
dicyclomine 20 mg tablet 20 mg	Non-PDL Generic	
dicyclomine 20 mg tablet u-d, 10x10, inner 20 mg	Non-PDL Generic	
dicyclomine 20 mg tablet u-d, outer 20 mg	Non-PDL Generic	

Drug	Status	Notes
Belladonna Alkaloids		
belladonna-phenobarbital tab 16.2-0.1037 -0.0194 mg	Non-PDL Generic	QL (8 EA per 1 day)
DONNATAL TABLET 16.2-0.1037 -0.0194 MG	Non-PDL Brand	QL (8 EA per 1 day)
ED-SPAZ 0.125 MG ODT 0.125 MG	Non-PDL Generic	
hyoscyamine 0.125 mg odt 0.125 mg	Non-PDL Generic	
hyoscyamine 0.125 mg tab sl 0.125 mg	Non-PDL Generic	
hyoscyamine 0.125 mg/5 ml elix 0.125 mg/5 ml	Non-PDL Generic	
hyoscyamine 0.125 mg/ml drop 0.125 mg/ml	Non-PDL Generic	
hyoscyamine er 0.375 mg tab 0.375 mg	Non-PDL Generic	
hyoscyamine sr 0.375 mg tab 0.375 mg	Non-PDL Generic	
hyoscyamine sulf 0.125 mg tab 0.125 mg	Non-PDL Generic	
HYOSYNE 0.125 MG/ML DROP 0.125 MG/ML	Non-PDL Generic	
HYOSYNE 125 MCG/5 ML ELIXIR 0.125 MG/5 ML	Non-PDL Generic	
methscopolamine brom 2.5 mg tb 2.5 mg	Non-PDL Generic	
methscopolamine brom 5 mg tab 5 mg	Non-PDL Generic	
OSCIMIN 0.125 MG TABLET 0.125 MG	Non-PDL Generic	
OSCIMIN SL 0.125 MG TABLET 0.125 MG	Non-PDL Generic	
OSCIMIN SR 0.375 MG TABLET 0.375 MG	Non-PDL Generic	
phenobarb-hyo-atrop-scop elix 16.2-0.1037 -0.0194 mg/5 ml	Non-PDL Generic	QL (1200 ML per 30 days)
phenobarb-hyosc-atrop-scop tab 16.2-0.1037 -0.0194 mg	Non-PDL Generic	QL (8 EA per 1 day)
PHENOHYTRO TABLET 16.2-0.1037 -0.0194 MG	Non-PDL Brand	QL (8 EA per 1 day)
Emetics		
ipecac syrup (otc)	Non-PDL Generic	
Upper Gastrointestinal Disorders Ulcer Disease		
Antacids		
ADV ANTACID-ANTIGAS LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
ALCALAK TABLET CHEWABLE U-D, 100'S 168 MG CALCIUM (420 MG)	Non-PDL Generic	
ALCALAK TABLET CHEWABLE U-D, 12'S 168 MG CALCIUM (420 MG)	Non-PDL Generic	

Drug	Status	Notes
ALCALAK TABLET CHEWABLE U-D, 250'S 168 MG CALCIUM (420 MG)	Non-PDL Generic	
ALCALAK TABLET CHEWABLE U-D, 50'S 168 MG CALCIUM (420 MG)	Non-PDL Generic	
ALCALAK TABLET CHEWABLE U-D,3'S,F/C 168 MG CALCIUM (420 MG)	Non-PDL Generic	
ALMACONE SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	
ALMACONE-2 LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
ANTACID 1,000 MG CHEW TABLET 430 MG CALCIUM (1,000 MG)	Non-PDL Generic	
ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	
ANTACID 500 MG CHEW TABLET ASSORTED FRUIT 200 MG CALCIUM (500 MG)	Non-PDL Generic	
ANTACID 500 MG CHEW TABLET ASST FRUIT FLAVORED 200 MG CALCIUM (500 MG)	Non-PDL Generic	
ANTACID 500 MG CHEW TABLET PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Generic	
ANTACID 500 MG CHEWABLE TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	
ANTACID 500 MG CHEWABLE TABLET REGULAR STRENGTH 200 MG CALCIUM (500 MG)	Non-PDL Generic	
ANTACID 750 MG CHEW TABLET EX-STR, ASSTD FRUIT 300 MG (750 MG)	Non-PDL Generic	
ANTACID 750 MG CHEWABLE TABLET 300 MG (750 MG)	Non-PDL Generic	
ANTACID 750 MG CHEWABLE TABLET 320 MG CALCIUM (750 MG)	Non-PDL Generic	
ANTACID ANTI-GAS LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
ANTACID ANTI-GAS LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
ANTACID CALCIUM 500 MG CHW TAB 215 MG CALCIUM (500 MG)	Non-PDL Generic	
ANTACID EX-STR 750 MG TAB CHEW 300 MG (750 MG)	Non-PDL Generic	
ANTACID EX-STR 750 MG TAB CHEW EX-STR, ASSTD FRUIT 300 MG (750 MG)	Non-PDL Generic	
ANTACID EX-STR 750 MG TAB CHEW EX-STR, PEPPERMINT 300 MG (750 MG)	Non-PDL Generic	
ANTACID EX-STR 750 MG TAB CHEW SUGAR FREE 300 MG (750 MG)	Non-PDL Generic	
ANTACID EX-STR TABLET CHEW EXTRA-STRENGTH 300 MG (750 MG)	Non-PDL Generic	
ANTACID LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID LIQUID REG STR, MINT 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID LIQUID REG STR,MINT 200-200-20 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
ANTACID LIQUID REGULAR STR, MINT 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID M LIQUID NA/F 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID PLUS ANTI-GAS LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
ANTACID PLUS ANTI-GAS LIQUID REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID PLUS ANTI-GAS RELF LIQ MINT,REG-STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID PLUS ANTI-GAS RELF LIQ REGULAR STR,ORIGINAL 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID PLUS ANTI-GAS SUSP CHERRY,MAX-STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	
ANTACID PLUS ANTI-GAS SUSP MAX STR, CHERRY 400-400-40 MG/5 ML	Non-PDL Generic	
ANTACID PLUS GAS RELIEF LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID SUSPENSION MAX STR, FAST ACTING 400-400-40 MG/5 ML	Non-PDL Generic	
ANTACID TABLET CHEW 2X125 168 MG CALCIUM (420 MG)	Non-PDL Generic	
ANTACID TABLET CHEW 2X250 168 MG CALCIUM (420 MG)	Non-PDL Generic	
ANTACID TABLET CHEW 2X50 168 MG CALCIUM (420 MG)	Non-PDL Generic	
ANTACID ULTRA STR 1,000 MG CHW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
ANTACID ULTRA STR 1,000 MG CHW ASSORTED BERRIES 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
ANTACID ULTRA STR 1,000 MG CHW ASSORTED FRUIT 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
ANTACID ULTRA STR TAB CHEWABLE 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
ANTACID ULTRA STRENGTH SOFTCHW 1,177 MG	Non-PDL Generic	
ANTACID ULTRA TABLET CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
ANTACID XTRA STRENGTH CHEW TAB 300 MG (750 MG)	Non-PDL Generic	
ANTACID XTRA STRENGTH CHEW TAB ASSORTED BERRIES 300 MG (750 MG)	Non-PDL Generic	
ANTACID XTRA STRENGTH CHEW TAB ASSORTED FRUIT 300 MG (750 MG)	Non-PDL Generic	
ANTACID XTRA STRENGTH CHEW TAB EXTRA STRENGTH 300 MG (750 MG)	Non-PDL Generic	
ANTACID XTRA STRENGTH CHEW TAB TROPICAL FRUIT 300 MG (750 MG)	Non-PDL Generic	
ANTACID XTRA STRENGTH CHEW TAB WINTERGREEN 300 MG (750 MG)	Non-PDL Generic	

Drug	Status	Notes
ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID-ANTIGAS SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	
ANTACID-SIMETHICONE LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
BAN-ACID MAX STR 750 CHEW TAB ASSORTED BERRY,INNER 300 MG (750 MG)	Non-PDL Generic	
BAN-ACID MAX STR 750 CHEW TAB ASSORTED BERRY,OUTER 300 MG (750 MG)	Non-PDL Generic	
CALCIUM ANTACID 1,000 MG TAB CHEWABLE, ULTRA STR 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
CALCIUM ANTACID 1,000 MG TAB ULTRA STR,TAB CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
CALCIUM ANTACID 1,000 MG TAB ULTRA, MAX-STR 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
CALCIUM ANTACID 500 MG CHW TAB 200 MG CALCIUM (500 MG)	Non-PDL Generic	
CALCIUM ANTACID 500 MG CHW TAB ASSORTED FLAVORS 200 MG CALCIUM (500 MG)	Non-PDL Generic	
CALCIUM ANTACID 500 MG CHW TAB ASSORTED FRUIT 200 MG CALCIUM (500 MG)	Non-PDL Generic	
CALCIUM ANTACID 500 MG CHW TAB GLUTEN-F, PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Generic	
CALCIUM ANTACID 500 MG CHW TAB REG STR, PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Generic	
CALCIUM ANTACID 750 MG TB CHEW 300 MG (750 MG), 320 MG CALCIUM (750 MG)	Non-PDL Generic	
CALCIUM ANTACID 750 MG TB CHEW EX-STR, BERRIES 320 MG CALCIUM (750 MG)	Non-PDL Generic	
CALCIUM ANTACID 750 MG TB CHEW EX-STR, FRUIT 320 MG CALCIUM (750 MG)	Non-PDL Generic	
CALCIUM ANTACID EX-STR CHEW ASSORTED BERRIES 300 MG (750 MG)	Non-PDL Generic	
CALCIUM ANTACID EX-STR CHEW ASSORTED FRUIT 300 MG (750 MG)	Non-PDL Generic	
CALCIUM ANTACID EX-STR CHEW TROPICAL FRUIT 300 MG (750 MG)	Non-PDL Generic	
CALCIUM ANTACID EX-STR TABLET EXTRA-STRENGTH 300 MG (750 MG)	Non-PDL Generic	
CALCIUM ANTACID ULTRA-STR CHEW ASSORTED FRUIT 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
calcium carb 500 mg tab chew 200 mg calcium (500 mg)	Non-PDL Generic	
calcium carb 500 mg tab chew assorted flavors 200 mg calcium (500 mg)	Non-PDL Generic	
calcium carb 500 mg tab chew original 200 mg calcium (500 mg)	Non-PDL Generic	
calcium carbonate 750 mg chew 300 mg (750 mg)	Non-PDL Generic	

Drug	Status	Notes
CAL-GEST 500 MG TABLET CHEW 200 MG CALCIUM (500 MG)	Non-PDL Generic	
CHILD SOOTHE 400 MG TAB CHEW 400 MG	Non-PDL Generic	
CHILDREN PEPTO 400 MG TAB CHEW BUBBLE GUM, NA/F 400 MG	Non-PDL Generic	
COMFORT GEL EX-STRENGTH LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
COMFORT GEL EXTRA STR SUSP EXTRA STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	
COMFORT GEL MAX STR SUSP MAX-STR 400-400-40 MG/5 ML	Non-PDL Generic	
COMFORT GEL MAX STR SUSP MAX-STR, ORIGINAL 400-400-40 MG/5 ML	Non-PDL Generic	
COMFORT GEL SUSPENSION REGULAR STR, CHERRY 200-200-20 MG/5 ML	Non-PDL Generic	
CVS ANTACID 750 MG CHEW TABLET 300 MG (750 MG)	Non-PDL Generic	
CVS ANTACID PLUS ANTI-GAS LIQ 400-400-40 MG/5 ML	Non-PDL Generic	
CVS ANTACID PLUS ANTI-GAS LIQ MAXIMUM STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	
CVS ANTACID ULTRA STR SOFTCHEW 1,177 MG	Non-PDL Generic	
CVS ANTACID ULTRA TAB CHEW ULTRA STRENGTH 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
CVS ANTACID XTRA STR CHEW TAB EXTRA-STRENGTH 300 MG (750 MG)	Non-PDL Generic	
CVS ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
CVS CALCIUM ANTACID 1,000 MG MAX STR, BERRIES 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
CVS CHILD ANTACID 400 MG/5 ML 400 MG/5 ML	Non-PDL Generic	
CVS FLAVOR CHEW ANTACID 750 MG 300 MG (750 MG)	Non-PDL Generic	
CVS KIDS ANTACID 750 MG CHEW BERRY BLAST, EX-STR 300 MG (750 MG)	Non-PDL Generic	
CVS SMOOTH ANTACID 750 MG CHEW 300 MG (750 MG)	Non-PDL Generic	
EQ ANTACID 500 MG CHEW TABLET REG STR, GLUTEN-FREE 200 MG CALCIUM (500 MG)	Non-PDL Generic	
EQ ANTACID EXTRA STR CHEW TAB BERRIES, GLUTEN-FREE 300 MG (750 MG)	Non-PDL Generic	
EQ ANTACID EXTRA STR CHEW TAB EX STR, GLUTEN-FREE 300 MG (750 MG)	Non-PDL Generic	
EQ ANTACID EXTRA STR CHEW TAB EX-STR, GLUTEN-FREE 300 MG (750 MG)	Non-PDL Generic	
EQ ANTACID EXTRA STR CHEW TAB EX-STR, WINTERGREEN 300 MG (750 MG)	Non-PDL Generic	
EQ ANTACID LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
EQ ANTACID LIQUID REG STR,ORIGINAL 200-200-20 MG/5 ML	Non-PDL Generic	
EQ ANTACID ULTRA STR TAB CHEW ASST FRUIT,GLUTEN-F 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
EQ ANTACID ULTRA STR TAB CHEW ULTRA STR, GLUTEN-F 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
EQ LIQUID ANTACID SUSP MAXIMUM STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	
EQL ADV ANTACID-ANTIGAS LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
EQL ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	
EQL ANTACID EXTRA STR CHEW TAB 300 MG (750 MG)	Non-PDL Generic	
EQL ANTACID LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
EQL ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	
EQL ANTACID ULTRA STR TAB CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
GERI-LANTA LIQUID 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Non-PDL Generic	
GERI-MOX ANTACID-ANTIGAS SUSP 200-200-20 MG/5 ML	Non-PDL Generic	
GNP ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	
GNP ANTACID 750 MG CHEW TABLET 320 MG CALCIUM (750 MG)	Non-PDL Generic	
GNP ANTACID 750 MG TAB CHEW SUGAR FREE, EX-STR 300 MG (750 MG)	Non-PDL Generic	
GNP ANTACID ANTI-GAS LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
GNP ANTACID LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
GNP ANTACID SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	
GNP ANTACID ULTRA TAB CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
GNP ANTACID XTRA STR CHEW TAB EXTRA STRENGTH 300 MG (750 MG)	Non-PDL Generic	
GNP ANTACID-ANTIGAS SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	
GNP LIQUID ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	
GNP MASANTI LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
GS ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
GS ANTACID 500 MG CHEWABLE TAB 215 MG CALCIUM (500 MG)	Non-PDL Generic	
GS ANTACID PLUS ANTI-GAS LIQ 200-200-20 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
GS CAL ANTACID 500 MG CHEW TAB 200 MG CALCIUM (500 MG)	Non-PDL Generic	
HM ADV ANTACID-ANTIGAS SUSP MAX-STRENGTH, CHERRY 400-400-40 MG/5 ML	Non-PDL Generic	
HM ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	
HM ANTACID ANTI-GAS SUSPENSION ORIGINAL, MAX STR 400-400-40 MG/5 ML	Non-PDL Generic	
HM ANTACID EX-STR 750 MG CHWTB 300 MG (750 MG)	Non-PDL Generic	
HM ANTACID-ANTIGAS SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	
HM ANTACID-ANTIGAS SUSPENSION REG STR, MINT 200-200-20 MG/5 ML	Non-PDL Generic	
HM CAL ANTACID 1,000 MG CHEW TB 430 MG CALCIUM (1,000 MG)	Non-PDL Generic	
HM CAL ANTACID 500 MG CHEW TAB 215 MG CALCIUM (500 MG)	Non-PDL Generic	
hm cal antacid 750 mg chew tab 320 mg calcium (750 mg)	Non-PDL Generic	
HM CAL ANTACID 750 MG CHEW TAB 320 MG CALCIUM (750 MG)	Non-PDL Generic	
HM CAL ANTACID 750 MG CHEW TAB EXTRA STRENGTH 300 MG (750 MG)	Non-PDL Generic	
HM CAL ANTACID 750 MG CHEW TAB S/F,EX-STR, ORANGE 300 MG (750 MG)	Non-PDL Generic	
KRO ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
KRO ADV ANTACID-ANTIGAS LIQUID MAX STRENGTH, CHERRY 400-400-40 MG/5 ML	Non-PDL Generic	
KRO ANTACID-ANTIGAS LIQUID REGULAR STR, CLASSIC 200-200-20 MG/5 ML	Non-PDL Generic	
LIQUID ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	
MAALOX ADVANCED SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	
MAALOX MAXIMUM STRENGTH SUSP MINT, MAX STRENGTH 400-400-40 MG/5 ML	Non-PDL Brand	
mag-al hydrox-simeth max susp 400-400-40 mg/5 ml	Non-PDL Generic	
MAG-AL PLUS SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	
MAG-AL PLUS XS SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	
mag-alum hydroxide-simeth susp 200-200-20 mg/5 ml	Non-PDL Generic	
MAGLOX LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet s/f, gluten free (otc) 400 mg (241.3 mg magnesium)	Non-PDL Generic	

Drug	Status	Notes
magnesium oxide 400 mg tablet s/f, gluten-free (otc) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet s/f,p/f,gluten-free (otc) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
MASANTI LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
MI-ACID 400-400-40 MG/10 ML LQ 200-200-20 MG/5 ML	Non-PDL Generic	
MI-ACID MAX STRENGTH LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
MINTOX MAXIMUM STRENGTH SUSP MAX STR, LEMON CREME 400-400-40 MG/5 ML	Non-PDL Generic	
MINTOX SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	
MYLANTA MAXIMUM STRENGTH LIQ 400-400-40 MG/5 ML	Non-PDL Generic	
PUB ANTACID 500 MG CHEW TABLET REGULAR STRENGTH 200 MG CALCIUM (500 MG)	Non-PDL Generic	
PUB ANTACID-ANTI GAS SUSP MAX-STRENGTH, CHERRY 400-400-40 MG/5 ML	Non-PDL Generic	
PUB CALCIUM ANTACID 750 MG ASSORTED BERRIES 320 MG CALCIUM (750 MG)	Non-PDL Generic	
PUB CALCIUM ANTACID 750 MG EX-STR, FRUIT 320 MG CALCIUM (750 MG)	Non-PDL Generic	
pub calcium carb 1,000 mg tab 400 mg calcium (1,000 mg)	Non-PDL Generic	
PV CAL ANTACID 500 MG CHW TAB CHEWABLE,REG STR 200 MG CALCIUM (500 MG)	Non-PDL Generic	
QC ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	
QC ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	
QC ANTACID XTRA STR CHEW TAB 300 MG (750 MG)	Non-PDL Generic	
QC ANTACID-ANTIGAS MAX STR 400-400-40 MG/5 ML	Non-PDL Generic	
QC ANTACID-ANTIGAS SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	
RA ANTACID 1,000 MG CHEW TAB 430 MG CALCIUM (1,000 MG)	Non-PDL Generic	
RA ANTACID 500 MG CHEWABLE TAB 215 MG CALCIUM (500 MG)	Non-PDL Generic	
RA ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Non-PDL Generic	
RA ANTACID-GAS RELIEF LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	
RI-GEL II SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	
RI-GEL SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	
RI-MOX SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
SM ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	
SM ADV ANTACID-ANTIGAS SUSP MAX STRENGTH, CHERRY 400-400-40 MG/5 ML	Non-PDL Generic	
SM ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	
SM ANTACID 750 MG CHEW TABLET 300 MG (750 MG)	Non-PDL Generic	
SM ANTACID ANTI-GAS LIQUID ORIGINAL, MAX STR 400-400-40 MG/5 ML	Non-PDL Generic	
SM ANTACID MAX STRENGTH SUSP ORIGINAL 400-400-40 MG/5 ML	Non-PDL Generic	
SM ANTACID SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	
SM ANTACID SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	
SM ANTACID XTRA STR CHEW TAB 300 MG (750 MG)	Non-PDL Generic	
SM ANTACID XTRA STR CHEW TAB EXTRA-STRENGTH 300 MG (750 MG)	Non-PDL Generic	
SM ANTACID-ANTIGAS LIQUID REG STR, ORIGINAL 200-200-20 MG/5 ML	Non-PDL Generic	
SM CAL ANTACID 500 MG CHEW TAB 215 MG CALCIUM (500 MG)	Non-PDL Generic	
SM CAL ANTACID 750 MG CHEW TAB 320 MG CALCIUM (750 MG)	Non-PDL Generic	
SM CAL ANTACID 750 MG CHEW TAB EXTRA STRENGTH 300 MG (750 MG)	Non-PDL Generic	
SM CAL ANTACID 750 MG CHEW TAB EXTRA-STRENGTH 300 MG (750 MG)	Non-PDL Generic	
SM CAL ANTACID 750 MG CHEW TAB S/F,EX-STR, ORANGE 300 MG (750 MG)	Non-PDL Generic	
SM CALCIUM ANTACID TAB CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	
SM SMOOTH ANTACID TAB CHEW EXTRA STRENGTH 300 MG (750 MG)	Non-PDL Generic	
sodium bicarb 10 grain tablet 650 mg	Non-PDL Generic	
sodium bicarb 650 mg tablet 10 gr 650 mg	Non-PDL Generic	
sodium bicarb 650 mg tablet 650 mg	Non-PDL Generic	
sodium bicarb 650 mg tablet inner 650 mg	Non-PDL Generic	
sodium bicarb 650 mg tablet outer 650 mg	Non-PDL Generic	
TUMS 750 MG CHEWY BITES 300 MG (750 MG)	Non-PDL Brand	
TUMS E-X TABLET CHEWABLE ASSORTED FRUIT 300 MG (750 MG)	Non-PDL Brand	
TUMS E-X TABLET CHEWABLE ASSORTED FRUIT 300 MG (750 MG)	Non-PDL Brand	

Drug	Status	Notes
TUMS E-X TABLET CHEWABLE E-X 300 MG (750 MG)	Non-PDL Brand	
TUMS E-X TABLET CHEWABLE E-X 300 MG (750 MG)	Non-PDL Brand	
TUMS E-X TABLET CHEWABLE E-X, SINGLE ROLL 300 MG (750 MG)	Non-PDL Brand	
TUMS E-X TABLET CHEWABLE E-X,3-ROLL 300 MG (750 MG)	Non-PDL Brand	
TUMS E-X TABLET CHEWABLE S/F, ORANGE CREAM 300 MG (750 MG)	Non-PDL Brand	
TUMS FRESHERS ANTACID CHEW TAB GLUTEN-F, COOL MINT 200 MG CALCIUM (500 MG)	Non-PDL Brand	
TUMS FRESHERS ANTACID CHEW TAB GLUTEN-F, SPEARMINT 200 MG CALCIUM (500 MG)	Non-PDL Brand	
TUMS KIDS 300 MG (750) CHEWTAB CHERRY BLAST 300 MG (750 MG)	Non-PDL Brand	
TUMS SMOOTHIES CHEW TABLET 300 MG (750 MG)	Non-PDL Brand	
TUMS SMOOTHIES CHEW TABLET ASSTD TROPICAL FRUIT 300 MG (750 MG)	Non-PDL Brand	
TUMS SMOOTHIES CHEW TABLET BERRY FUSION, EX-STR 300 MG (750 MG)	Non-PDL Brand	
TUMS SMOOTHIES CHEW TABLET PEPPERMINT, EX-STR 300 MG (750 MG)	Non-PDL Brand	
TUMS TABLET CHEWABLE 200 MG CALCIUM (500 MG)	Non-PDL Brand	
TUMS TABLET CHEWABLE 3-ROLL, PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Brand	
TUMS TABLET CHEWABLE ASSORTED FRUIT 200 MG CALCIUM (500 MG)	Non-PDL Brand	
TUMS TABLET CHEWABLE PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Brand	
TUMS ULTRA STR CHEWY DELIGHTS 1,177 MG	Non-PDL Generic	
TUMS ULTRA TABLET CHEWABLE 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	
TUMS ULTRA TABLET CHEWABLE ASSORTED BERRIES 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	
TUMS ULTRA TABLET CHEWABLE ASSORTED FRUIT 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	
TUMS ULTRA TABLET CHEWABLE MAX STR, PEPPERMINT 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	
TUMS ULTRA TABLET CHEWABLE MAXIMUM STRENGTH 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	
TUMS ULTRA TABLET CHEWABLE TROP FRUIT,GLUTEN-F 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	
TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR 300 MG (750 MG)	Non-PDL Brand	
Anticholinergics,Quaternary Ammonium		
chlordiazepoxide-clidinium cap 5-2.5 mg	Non-PDL Generic	

Drug	Status	Notes
glycopyrrolate 1 mg tablet 1 mg	Non-PDL Generic	
glycopyrrolate 1 mg tablet dye-free 1 mg	Non-PDL Generic	
glycopyrrolate 2 mg tablet 2 mg	Non-PDL Generic	
propantheline 15 mg tablet 15 mg	Non-PDL Generic	
Anti-Ulcer Preparations		
misoprostol 100 mcg tablet 100 mcg	Non-PDL Generic	
misoprostol 100 mcg tablet 10x10, outer 100 mcg	Non-PDL Generic	
misoprostol 100 mcg tablet inner 100 mcg	Non-PDL Generic	
misoprostol 200 mcg tablet 10x10, outer 200 mcg	Non-PDL Generic	
misoprostol 200 mcg tablet 200 mcg	Non-PDL Generic	
misoprostol 200 mcg tablet inner 200 mcg	Non-PDL Generic	
sucralfate 1 gm tablet 1 gram	Non-PDL Generic	
sucralfate 1 gm tablet inner 1 gram	Non-PDL Generic	
sucralfate 1 gm tablet outer 1 gram	Non-PDL Generic	
sucralfate 1 gm/10 ml susp 100 mg/ml	Non-PDL Generic	
Anti-Ulcer-H.Pylori Agents		
lansoprazol-amoxicil-clarithro 500-500-30 mg	Non-PDL Generic	QL (112 EA per 10 days)
lansoprazol-amoxicil-clarithro inner 500-500-30 mg	Non-PDL Generic	QL (112 EA per 10 days)
lansoprazol-amoxicil-clarithro outer 500-500-30 mg	Non-PDL Generic	QL (112 EA per 10 days)
lansoprazol-amoxicil-clarithro triple therapy,inner 500-500-30 mg	Non-PDL Generic	QL (112 EA per 10 days)
lansoprazol-amoxicil-clarithro triple therapy,outer 500-500-30 mg	Non-PDL Generic	QL (112 EA per 10 days)
Histamine H2-Receptor Inhibitors		
ACID CONTROLLER 10 MG TABLET 10 MG	Non-PDL Generic	
ACID CONTROLLER 20 MG TABLET 20 MG	Non-PDL Generic	
ACID CONTROLLER 20 MG TABLET INNER 20 MG	Non-PDL Generic	
ACID CONTROLLER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	
ACID CONTROLLER 20 MG TABLET OUTER 20 MG	Non-PDL Generic	

Drug	Status	Notes
ACID REDUCER 10 MG TABLET 10 MG	Non-PDL Generic	
ACID REDUCER 10 MG TABLET ORIGINAL STRENGTH 10 MG	Non-PDL Generic	
ACID REDUCER 10 MG TABLET U-D 10 MG	Non-PDL Generic	
ACID REDUCER 20 MG TABLET 20 MG	Non-PDL Generic	
ACID REDUCER 20 MG TABLET MAX STRENGTH 20 MG	Non-PDL Generic	
ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	
ACID REDUCER 20 MG TABLET MAX-STR 20 MG	Non-PDL Generic	
cimetidine 200 mg tablet (otc) 200 mg	Non-PDL Generic	
cimetidine 200 mg tablet (rx) 200 mg	Non-PDL Generic	
cimetidine 200 mg tablet blister pack (otc) 200 mg	Non-PDL Generic	
cimetidine 200 mg tablet f/c (rx) 200 mg	Non-PDL Generic	
cimetidine 300 mg tablet 300 mg	Non-PDL Generic	
cimetidine 300 mg tablet f/c 300 mg	Non-PDL Generic	
cimetidine 300 mg/5 ml soln 300 mg/5 ml	Non-PDL Generic	
cimetidine 400 mg tablet 400 mg	Non-PDL Generic	
cimetidine 400 mg tablet f/c 400 mg	Non-PDL Generic	
cimetidine 800 mg tablet 800 mg	Non-PDL Generic	
cimetidine 800 mg tablet f/c 800 mg	Non-PDL Generic	
CVS ACID CONTROLLER 10 MG TAB 10 MG	Non-PDL Generic	
CVS ACID CONTROLLER 20 MG TAB 20 MG	Non-PDL Generic	
CVS ACID CONTROLLER 20 MG TAB MAXIMUM STRENGTH 20 MG	Non-PDL Generic	
cvs cimetidine 200 mg tablet (otc) 200 mg	Non-PDL Generic	
EQ ACID REDUCER 10 MG TABLET ORIGINAL STRENGTH 10 MG	Non-PDL Generic	
EQ ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	
EQ ACID REDUCER 200 MG TABLET 200 MG	Non-PDL Generic	
eq famotidine 10 mg tablet 10 mg	Non-PDL Generic	

Drug	Status	Notes
EQL HEARTBURN PREVEN 20 MG TAB 20 MG	Non-PDL Generic	
EQL HEARTBURN PREVENTION TAB 10 MG	Non-PDL Generic	
famotidine 10 mg tablet 10 mg	Non-PDL Generic	
famotidine 20 mg tablet (otc) 20 mg	Non-PDL Generic	
famotidine 20 mg tablet (rx) 20 mg	Non-PDL Generic	
famotidine 20 mg tablet 12's (rx) 20 mg	Non-PDL Generic	
famotidine 20 mg tablet f/c (rx) 20 mg	Non-PDL Generic	
famotidine 20 mg tablet u-d,10x10,inner (rx) 20 mg	Non-PDL Generic	
famotidine 20 mg tablet u-d,10x10,outer (rx) 20 mg	Non-PDL Generic	
famotidine 40 mg tablet 40 mg	Non-PDL Generic	
famotidine 40 mg tablet 6's 40 mg	Non-PDL Generic	
famotidine 40 mg tablet f/c 40 mg	Non-PDL Generic	
famotidine 40 mg/5 ml susp 40 mg/5 ml (8 mg/ml)	Non-PDL Generic	
GNP ACID REDUCER 10 MG TABLET 10 MG	Non-PDL Generic	
GNP ACID REDUCER 10 MG TABLET U-D 10 MG	Non-PDL Generic	
GNP ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	
GNP ACID REDUCER 20 MG TABLET MAX-STR 20 MG	Non-PDL Generic	
gnp cimetidine 200 mg tablet blister pack (otc) 200 mg	Non-PDL Generic	
HEARTBURN RELIEF 10 MG TABLET 10 MG	Non-PDL Generic	
HEARTBURN RELIEF 20 MG TABLET 20 MG	Non-PDL Generic	
HEARTBURN RELIEF 200 MG TABLET 200 MG	Non-PDL Generic	
hm famotidine 10 mg tablet original strength 10 mg	Non-PDL Generic	
hm famotidine 20 mg tablet maximum strength (otc) 20 mg	Non-PDL Generic	
KRO HEARTBURN PREVEN 20 MG TAB 20 MG	Non-PDL Generic	
KRO HEARTBURN PREVENTION TAB 10 MG	Non-PDL Generic	
nizatidine 15 mg/ml solution 150 mg/10 ml	Non-PDL Generic	

Drug	Status	Notes
nizatidine 150 mg capsule 150 mg	Non-PDL Generic	
nizatidine 150 mg capsule gelatin 150 mg	Non-PDL Generic	
nizatidine 300 mg capsule 300 mg	Non-PDL Generic	
PUB ACID REDUCER 10 MG TABLET ORIGINAL STRENGTH 10 MG	Non-PDL Generic	
pub famotidine 20 mg tablet (otc) 20 mg	Non-PDL Generic	
pub famotidine 20 mg tablet max strength (otc) 20 mg	Non-PDL Generic	
QC ACID CONTROLLER 10 MG TAB 10 MG	Non-PDL Generic	
RA ACID REDUCER 10 MG TABLET 10 MG	Non-PDL Generic	
RA ACID REDUCER 10 MG TABLET 2X90CT BOTTLES 10 MG	Non-PDL Generic	
RA ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	
SM ACID REDUCER 10 MG TABLET 10 MG	Non-PDL Generic	
SM ACID REDUCER 20 MG TABLET 20 MG	Non-PDL Generic	
SM ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	
SM ACID REDUCER 200 MG TABLET 200 MG	Non-PDL Generic	
SM HEARTBURN RELIEF 200 MG TAB 200 MG	Non-PDL Generic	
Intestinal Motility Stimulants		
metoclopramide 10 mg tablet 10 mg	Non-PDL Generic	
metoclopramide 10 mg tablet inner 10 mg	Non-PDL Generic	
metoclopramide 10 mg tablet outer 10 mg	Non-PDL Generic	
metoclopramide 10 mg tablet u-d,10x10 10 mg	Non-PDL Generic	
metoclopramide 10 mg/10 ml sol 5 mg/5 ml	Non-PDL Generic	
metoclopramide 10 mg/10 ml sol 50's,outer,u-d 5 mg/5 ml	Non-PDL Generic	
metoclopramide 10 mg/10 ml sol 50's,u-d,inner 5 mg/5 ml	Non-PDL Generic	
metoclopramide 5 mg tablet 5 mg	Non-PDL Generic	
metoclopramide 5 mg tablet inner 5 mg	Non-PDL Generic	
metoclopramide 5 mg tablet outer 5 mg	Non-PDL Generic	

Drug	Status	Notes
metoclopramide 5 mg tablet u-d,10x10 5 mg	Non-PDL Generic	
metoclopramide 5 mg/5 ml soln s/f 5 mg/5 ml	Non-PDL Generic	
metoclopramide 5 mg/5 ml soln s/f, a/f 5 mg/5 ml	Non-PDL Generic	
Proton-Pump Inhibitors		
ACID REDUCER DR 20 MG CAP 20 MG	PDL Preferred Generic	
ACIPHEX DR 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ACIPHEX SPRINKLE DR 10 MG CAP 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ACIPHEX SPRINKLE DR 5 MG CAP 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
cvs esomeprazole mag 20 mg cap (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
cvs esomeprazole mag 20 mg cap inner (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
cvs esomeprazole mag 20 mg cap outer (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
cvs lansoprazole dr 15 mg cap (otc) 15 mg	PDL Non-Preferred Generic	PA
cvs omeprazole dr 20 mg tablet 20 mg	PDL Preferred Generic	
cvs omeprazole mag dr 20.6 mg 14-day course 20 mg	PDL Preferred Generic	
cvs omeprazole mag dr 20.6 mg two 14-day courses 20 mg	PDL Preferred Generic	
cvs omeprazole-bicarb 20-1,100 (otc) 20-1.1 mg-gram	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
DEXILANT DR 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DEXILANT DR 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
eq lansoprazole dr 15 mg cap (otc) 15 mg	PDL Non-Preferred Generic	PA
eq lansoprazole dr 15 mg cap inner (otc) 15 mg	PDL Non-Preferred Generic	PA
eq lansoprazole dr 15 mg cap outer (otc) 15 mg	PDL Non-Preferred Generic	PA
eq omeprazole dr 20 mg tablet 1x14 day course 20 mg	PDL Preferred Generic	

Drug	Status	Notes
eq omeprazole dr 20 mg tablet 20 mg	PDL Preferred Generic	
eq omeprazole dr 20 mg tablet 2x14 day course 20 mg	PDL Preferred Generic	
eq omeprazole dr 20 mg tablet 3x14 day course 20 mg	PDL Preferred Generic	
eq omeprazole mag dr 20.6 mg 14-day course 20 mg	PDL Preferred Generic	
eq omeprazole mag dr 20.6 mg three 14-day course 20 mg	PDL Preferred Generic	
eq omeprazole mag dr 20.6 mg two 14-days course 20 mg	PDL Preferred Generic	
eql lansoprazole dr 15 mg cap (otc) 15 mg	PDL Non-Preferred Generic	PA
eql omeprazole dr 20 mg tablet 20 mg	PDL Preferred Generic	
esomeprazole dr 10 mg packet 10 mg	Non-PDL Generic	QL (1 EA per 1 day)
esomeprazole dr 20 mg packet 20 mg	Non-PDL Generic	QL (1 EA per 1 day)
esomeprazole dr 40 mg packet 40 mg	Non-PDL Generic	QL (2 EA per 1 day)
esomeprazole dr 49.3 mg cap 49.3 mg	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
esomeprazole mag dr 20 mg cap (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole mag dr 20 mg cap (rx) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole mag dr 20 mg cap inner (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole mag dr 20 mg cap inner (rx) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole mag dr 20 mg cap outer (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole mag dr 20 mg cap outer (rx) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole mag dr 40 mg cap 40 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
esomeprazole mag dr 40 mg cap inner 40 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
esomeprazole mag dr 40 mg cap outer 40 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
gnp esomeprazole mag dr 20 mg (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
gnp lansoprazole dr 15 mg cap (otc) 15 mg	PDL Non-Preferred Generic	PA
gnp lansoprazole dr 15 mg cap 24hr, 3 bottles (otc) 15 mg	PDL Non-Preferred Generic	PA
gnp omeprazole dr 20 mg tablet 1x14 day course 20 mg	PDL Preferred Generic	
gnp omeprazole dr 20 mg tablet 20 mg	PDL Preferred Generic	
gnp omeprazole dr 20 mg tablet delayed release 20 mg	PDL Preferred Generic	
gs esomeprazole mag dr 20 mg (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
gs lansoprazole dr 15 mg cap (otc) 15 mg	PDL Non-Preferred Generic	PA
gs omeprazole dr 20 mg tablet 14 day course 20 mg	PDL Preferred Generic	
HEARTBURN TREATMNT 24 HR 15 MG 3X14, SODIUM FREE 15 MG	PDL Non-Preferred Generic	PA
hm esomeprazole mag dr 20 mg (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc) 15 mg	PDL Non-Preferred Generic	PA
hm lansoprazole dr 15 mg cap gluten-free,3 bottle (otc) 15 mg	PDL Non-Preferred Generic	PA
hm omeprazole dr 20 mg tablet 1x14 day course 20 mg	PDL Preferred Generic	
hm omeprazole dr 20 mg tablet 2x14 day course 20 mg	PDL Preferred Generic	
hm omeprazole dr 20 mg tablet 3x14 day course 20 mg	PDL Preferred Generic	
kro lansoprazole dr 15 mg cap sodium & gluten free (otc) 15 mg	PDL Non-Preferred Generic	PA
kro omeprazole dr 20 mg tablet 1x14 day course 20 mg	PDL Preferred Generic	
kro omeprazole dr 20 mg tablet 2x14 day course 20 mg	PDL Preferred Generic	
kro omeprazole dr 20 mg tablet 3 x14 day course 20 mg	PDL Preferred Generic	
kro omeprazole dr 20 mg tablet 3x14 day course 20 mg	PDL Preferred Generic	

Drug	Status	Notes
lansoprazole dr 15 mg capsule (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule (rx) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule 14 dy,gluten-f,inner (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule 1x14 day course (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule 1x14 day course,na/f (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule 2-14 day treatment (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule 24hr, 3 bottles (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule 2x14 day course (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule 2x14 day course,na/f (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule 3x14 day course (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule 3x14 day course,na/f (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule 3x14, gluten/f, na/f (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule inner (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule inner (rx) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule outer (otc) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule outer (rx) 15 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg capsule sodium & gluten free (otc) 15 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
lansoprazole dr 30 mg capsule 30 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 30 mg capsule u-d, 10x10 30 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 30 mg capsule u-d,8x10,inner 30 mg	PDL Non-Preferred Generic	PA
lansoprazole dr 30 mg capsule u-d,8x10,outer 30 mg	PDL Non-Preferred Generic	PA
lansoprazole odt 15 mg tablet inner 15 mg	PDL Non-Preferred Generic	PA
lansoprazole odt 15 mg tablet outer 15 mg	PDL Non-Preferred Generic	PA
lansoprazole odt 30 mg tablet inner 30 mg	PDL Non-Preferred Generic	PA
lansoprazole odt 30 mg tablet outer 30 mg	PDL Non-Preferred Generic	PA
NEXIUM 24HR 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEXIUM DR 10 MG PACKET 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
NEXIUM DR 2.5 MG PACKET 2.5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
NEXIUM DR 20 MG CAPSULE DELAYED-RELEASE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEXIUM DR 20 MG PACKET 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
NEXIUM DR 40 MG CAPSULE DELAYED-RELEASE 40 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
NEXIUM DR 40 MG PACKET 40 MG	PDL Preferred Brand	QL (2 EA per 1 day)
NEXIUM DR 5 MG PACKET 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
omeprazole dr 10 mg capsule 10 mg	PDL Preferred Generic	
omeprazole dr 20 mg capsule 20 mg	PDL Preferred Generic	
omeprazole dr 20 mg capsule u-d 20 mg	PDL Preferred Generic	
omeprazole dr 20 mg capsule u-d,10x10,inner 20 mg	PDL Preferred Generic	
omeprazole dr 20 mg capsule u-d,10x10,outer 20 mg	PDL Preferred Generic	
omeprazole dr 20 mg capsule u-d,20x5 20 mg	PDL Preferred Generic	

Drug	Status	Notes
omeprazole dr 20 mg tablet 14 day course 20 mg	PDL Preferred Generic	
omeprazole dr 20 mg tablet 1x14 day course 20 mg	PDL Preferred Generic	
omeprazole dr 20 mg tablet 20 mg	PDL Preferred Generic	
omeprazole dr 20 mg tablet 2x14 day course 20 mg	PDL Preferred Generic	
omeprazole dr 20 mg tablet 3x14 day course 20 mg	PDL Preferred Generic	
omeprazole dr 40 mg capsule 40 mg	PDL Preferred Generic	
omeprazole dr 40 mg capsule u-d, 10x10, inner 40 mg	PDL Preferred Generic	
omeprazole dr 40 mg capsule u-d, 10x10, outer 40 mg	PDL Preferred Generic	
omeprazole dr 40 mg capsule u-d, 20x5 40 mg	PDL Preferred Generic	
omeprazole mag dr 20 mg cap 20 mg	PDL Preferred Generic	
omeprazole mag dr 20 mg cap inner 20 mg	PDL Preferred Generic	
omeprazole mag dr 20 mg cap outer 20 mg	PDL Preferred Generic	
omeprazole mag dr 20.6 mg cap 14-day course 20 mg	PDL Preferred Generic	
omeprazole mag dr 20.6 mg cap 20 mg	PDL Preferred Generic	
omeprazole mag dr 20.6 mg cap one 14-day course 20 mg	PDL Preferred Generic	
omeprazole mag dr 20.6 mg cap three 14-day course 20 mg	PDL Preferred Generic	
omeprazole mag dr 20.6 mg cap two 14-day course 20 mg	PDL Preferred Generic	
omeprazole-bicarb 20-1,100 cap (otc) 20-1.1 mg-gram	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
omeprazole-bicarb 20-1,100 cap (rx) 20-1.1 mg-gram	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
omeprazole-bicarb 20-1,100 cap 1x14 day course (otc) 20-1.1 mg-gram	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
omeprazole-bicarb 20-1,100 cap 2x14 day course (otc) 20-1.1 mg-gram	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
omeprazole-bicarb 20-1,100 cap 3x14 day course (otc) 20-1.1 mg-gram	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
omeprazole-bicarb 20-1,680 pkt 20-1,680 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
omeprazole-bicarb 20-1,680 pkt inner 20-1,680 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
omeprazole-bicarb 20-1,680 pkt outer 20-1,680 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
omeprazole-bicarb 40-1,100 cap 40-1.1 mg-gram	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
omeprazole-bicarb 40-1,680 pkt 40-1,680 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
omeprazole-bicarb 40-1,680 pkt inner 40-1,680 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
omeprazole-bicarb 40-1,680 pkt outer 40-1,680 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pantoprazole sod dr 20 mg tab 20 mg	PDL Preferred Generic	
pantoprazole sod dr 20 mg tab f/c 20 mg	PDL Preferred Generic	
pantoprazole sod dr 20 mg tab inner 20 mg	PDL Preferred Generic	
pantoprazole sod dr 20 mg tab outer 20 mg	PDL Preferred Generic	
pantoprazole sod dr 40 mg tab 40 mg	PDL Preferred Generic	
pantoprazole sod dr 40 mg tab enteric-coated 40 mg	PDL Preferred Generic	
pantoprazole sod dr 40 mg tab f/c 40 mg	PDL Preferred Generic	
pantoprazole sod dr 40 mg tab inner 40 mg	PDL Preferred Generic	
pantoprazole sod dr 40 mg tab outer 40 mg	PDL Preferred Generic	
pantoprazole sod dr 40 mg tab u-d,10x10 40 mg	PDL Preferred Generic	
pantoprazole sod dr 40 mg tab u-d,inner,f/c,10x10 40 mg	PDL Preferred Generic	
pantoprazole sod dr 40 mg tab u-d,outer,f/c,10x10 40 mg	PDL Preferred Generic	
PREVACID 15 MG SOLUTAB INNER 15 MG	PDL Non-Preferred Brand	PA
PREVACID 15 MG SOLUTAB OUTER 15 MG	PDL Non-Preferred Brand	PA
PREVACID 24HR DR 15 MG CAPSULE NA/F 15 MG	PDL Non-Preferred Brand	PA
PREVACID 24HR DR 15 MG CAPSULE NA/F, 3 BOTTLES 15 MG	PDL Non-Preferred Brand	PA
PREVACID 30 MG SOLUTAB INNER 30 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PREVACID 30 MG SOLUTAB OUTER 30 MG	PDL Non-Preferred Brand	PA
PREVACID DR 15 MG CAPSULE 15 MG	PDL Non-Preferred Brand	PA
PREVACID DR 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA
PRILOSEC DR 10 MG SUSPENSION 10 MG	PDL Non-Preferred Brand	PA
PRILOSEC DR 2.5 MG SUSPENSION 2.5 MG	PDL Non-Preferred Brand	PA
PROTONIX 40 MG SUSPENSION INNER 40 MG	PDL Non-Preferred Brand	PA
PROTONIX 40 MG SUSPENSION OUTER 40 MG	PDL Non-Preferred Brand	PA
PROTONIX DR 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
PROTONIX DR 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
pub omeprazole dr 20 mg tablet 20 mg	PDL Preferred Generic	
qc esomeprazole mag dr 20 mg (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
qc omeprazole mag dr 20.6 mg 14-day course 20 mg	PDL Preferred Generic	
qc omeprazole mag dr 20.6 mg three 14-day course 20 mg	PDL Preferred Generic	
ra esomeprazole mag dr 20 mg (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ra lansoprazole dr 15 mg cap 14capsx3 bottles (otc) 15 mg	PDL Non-Preferred Generic	PA
ra omeprazole dr 20 mg tablet 20 mg	PDL Preferred Generic	
ra omeprazole dr 20 mg tablet delayed release 20 mg	PDL Preferred Generic	
rabeprazole dr 10 mg sprnkl cp 10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
rabeprazole sod dr 20 mg tab 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
sm esomeprazole mag dr 20 mg (otc) 20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
sm lansoprazole dr 15 mg cap gluten-free,1 bottle (otc) 15 mg	PDL Non-Preferred Generic	PA
sm lansoprazole dr 15 mg cap gluten-free,2 bottle (otc) 15 mg	PDL Non-Preferred Generic	PA

Drug	Status	Notes
sm lansoprazole dr 15 mg cap gluten-free,3 bottle (otc) 15 mg	PDL Non-Preferred Generic	PA
sm omeprazole dr 20 mg tablet 14 day course 20 mg	PDL Preferred Generic	
sm omeprazole dr 20 mg tablet 1x14 day course 20 mg	PDL Preferred Generic	
sm omeprazole dr 20 mg tablet 2x14 day course 20 mg	PDL Preferred Generic	
sm omeprazole dr 20 mg tablet 3x14 day course 20 mg	PDL Preferred Generic	
sw omeprazole dr 20 mg tablet 1x14 day course 20 mg	PDL Preferred Generic	
sw omeprazole dr 20 mg tablet 2x14 day course 20 mg	PDL Preferred Generic	
sw omeprazole dr 20 mg tablet 3x14 day course 20 mg	PDL Preferred Generic	
Urinary Tract Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
alfuzosin hcl er 10 mg tablet 10 mg	PDL Preferred Generic	
alfuzosin hcl er 10 mg tablet f/c 10 mg	PDL Preferred Generic	
AVODART 0.5 MG SOFTGEL 0.5 MG	PDL Non-Preferred Brand	PA
AVODART 0.5 MG SOFTGEL SOFTGEL 0.5 MG	PDL Non-Preferred Brand	PA
dutasteride 0.5 mg capsule 0.5 mg	PDL Preferred Generic	
finasteride 5 mg tablet 5 mg	PDL Preferred Generic	
finasteride 5 mg tablet f/c 5 mg	PDL Preferred Generic	
FLOMAX 0.4 MG CAPSULE 0.4 MG	PDL Non-Preferred Brand	PA
PROSCAR 5 MG TABLET F/C 5 MG	PDL Non-Preferred Brand	PA
PROSCAR 5 MG TABLET U-U, F/C 5 MG	PDL Non-Preferred Brand	PA
RAPAFLO 4 MG CAPSULE 4 MG	PDL Non-Preferred Brand	PA
RAPAFLO 8 MG CAPSULE 8 MG	PDL Non-Preferred Brand	PA
silodosin 4 mg capsule 4 mg	PDL Non-Preferred Generic	PA
silodosin 8 mg capsule 8 mg	PDL Non-Preferred Generic	PA
tamsulosin hcl 0.4 mg capsule 0.4 mg	PDL Preferred Generic	

Drug	Status	Notes
tamsulosin hcl 0.4 mg capsule 10x10,inner,u-d 0.4 mg	PDL Preferred Generic	
tamsulosin hcl 0.4 mg capsule 10x10,outer,u-d 0.4 mg	PDL Preferred Generic	
tamsulosin hcl 0.4 mg capsule inner 0.4 mg	PDL Preferred Generic	
tamsulosin hcl 0.4 mg capsule outer 0.4 mg	PDL Preferred Generic	
tamsulosin hcl 0.4 mg capsule u-d, 10x10 0.4 mg	PDL Preferred Generic	
UROXATRAL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
dutasteride-tamsulosin 0.5-0.4 0.5-0.4 mg	PDL Non-Preferred Generic	PA
JALYN 0.5-0.4 MG CAPSULE 0.5-0.4 MG	PDL Non-Preferred Brand	PA
Cystine-Depleting Agents, Nephropathic Cystinosis		
PROCYSBI DR 300 MG GRANULE PKT 300 MG	Non-PDL Brand	PA; SP
PROCYSBI DR 75 MG GRANULE PKT 75 MG	Non-PDL Brand	PA; SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
MYRBETRIQ ER 25 MG TABLET F/C 25 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
MYRBETRIQ ER 50 MG TABLET F/C 50 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
Urinary Ph Modifiers		
CYTRA-2 ORAL SOLUTION 500-334 MG/5 ML	Non-PDL Generic	
CYTRA-3 SYRUP 550-500-334 MG/5 ML	Non-PDL Generic	
CYTRA-K ORAL SOLUTION 1,100-334 MG/5 ML	Non-PDL Generic	
potass cit-sod cit-citric soln 550-500-334 mg/5 ml	Non-PDL Generic	
potassium cit-citric acid soln 1,100-334 mg/5 ml	Non-PDL Generic	
potassium cit-citric acid soln a/f, s/f 1,100-334 mg/5 ml	Non-PDL Generic	
potassium citrate er 10 meq tb 10 meq (1,080 mg)	Non-PDL Generic	
potassium citrate er 10 meq tb inner 10 meq (1,080 mg)	Non-PDL Generic	
potassium citrate er 10 meq tb outer 10 meq (1,080 mg)	Non-PDL Generic	
potassium citrate er 15 meq tb 15 meq	Non-PDL Generic	
potassium citrate er 5 meq tab 5 meq (540 mg)	Non-PDL Generic	

Drug	Status	Notes
sod citrate-citric acid soln (rx) 500-334 mg/5 ml	Non-PDL Generic	
sod citrate-citric acid soln 100's, u-d (rx) 500-334 mg/5 ml	Non-PDL Generic	
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML	Non-PDL Generic	
VIRTRATE-2 SOLUTION (RX) 500-334 MG/5 ML	Non-PDL Generic	
VIRTRATE-3 SOLUTION (RX) 550-500-334 MG/5 ML	Non-PDL Generic	
VIRTRATE-K SOLUTION (RX) 1,100-334 MG/5 ML	Non-PDL Generic	
Urinary Tract Analgesic Agents		
ELMIRON 100 MG CAPSULE 100 MG	Non-PDL Brand	PA
Urinary Tract Antispasmodic, M(3) Selective Antag.		
darifenacin er 15 mg tablet 15 mg	PDL Non-Preferred Generic	PA
darifenacin er 7.5 mg tablet 7.5 mg	PDL Non-Preferred Generic	PA
solifenacin 10 mg tablet 10 mg	PDL Preferred Generic	
solifenacin 5 mg tablet 5 mg	PDL Preferred Generic	
VESICARE 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
VESICARE 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
Urinary Tract Antispasmodic/Antiincontinence Agent		
DETROL 1 MG TABLET F/C 1 MG	PDL Non-Preferred Brand	PA
DETROL 2 MG TABLET F/C 2 MG	PDL Non-Preferred Brand	PA
DETROL LA 2 MG CAPSULE 2 MG	PDL Non-Preferred Brand	PA
DETROL LA 4 MG CAPSULE 4 MG	PDL Non-Preferred Brand	PA
DITROPAN XL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
DITROPAN XL 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
flavoxate hcl 100 mg tablet 100 mg	PDL Non-Preferred Generic	PA
flavoxate hcl 100 mg tablet f/c 100 mg	PDL Non-Preferred Generic	PA
GELNIQUE 10% GEL SACHET INNER 10 % (100 MG/GRAM)	PDL Non-Preferred Brand	PA

Drug	Status	Notes
GELNIQUE 10% GEL SACHET OUTER 10 % (100 MG/GRAM)	PDL Non-Preferred Brand	PA
oxybutynin 5 mg tablet 5 mg	PDL Preferred Generic	
oxybutynin 5 mg tablet inner 5 mg	PDL Preferred Generic	
oxybutynin 5 mg tablet outer 5 mg	PDL Preferred Generic	
oxybutynin 5 mg tablet u-d 5 mg	PDL Preferred Generic	
oxybutynin 5 mg tablet u-d, 10x10, inner 5 mg	PDL Preferred Generic	
oxybutynin 5 mg tablet u-d, 10x10, outer 5 mg	PDL Preferred Generic	
oxybutynin 5 mg/5 ml syrup 5 mg/5 ml	PDL Preferred Generic	
oxybutynin cl er 10 mg tablet 10 mg	PDL Preferred Generic	
oxybutynin cl er 10 mg tablet coated 10 mg	PDL Preferred Generic	
oxybutynin cl er 10 mg tablet inner 10 mg	PDL Preferred Generic	
oxybutynin cl er 10 mg tablet outer 10 mg	PDL Preferred Generic	
oxybutynin cl er 10 mg tablet u-d,10x10,outer 10 mg	PDL Preferred Generic	
oxybutynin cl er 10 mg tablet u-d,inner 10 mg	PDL Preferred Generic	
oxybutynin cl er 15 mg tablet 15 mg	PDL Preferred Generic	
oxybutynin cl er 15 mg tablet coated 15 mg	PDL Preferred Generic	
oxybutynin cl er 5 mg tablet 10x10, u-d, inner 5 mg	PDL Preferred Generic	
oxybutynin cl er 5 mg tablet 10x10, u-d, outer 5 mg	PDL Preferred Generic	
oxybutynin cl er 5 mg tablet 5 mg	PDL Preferred Generic	
oxybutynin cl er 5 mg tablet coated 5 mg	PDL Preferred Generic	
oxybutynin cl er 5 mg tablet u-d,10x10,outer 5 mg	PDL Preferred Generic	
oxybutynin cl er 5 mg tablet u-d,3x10 5 mg	PDL Preferred Generic	
oxybutynin cl er 5 mg tablet u-d,inner 5 mg	PDL Preferred Generic	
OXYTROL 3.9 MG/24HR PATCH INNER 3.9 MG/24 HR	PDL Preferred Brand	
OXYTROL 3.9 MG/24HR PATCH OUTER 3.9 MG/24 HR	PDL Preferred Brand	
OXYTROL FOR WOMEN 3.9 MG/24HR 16-DAY SUPPLY 3.9 MG/24 HOUR	PDL Preferred Brand	

Drug	Status	Notes
OXYTROL FOR WOMEN 3.9 MG/24HR 16-DAY SUPPLY,OUTER 3.9 MG/24 HOUR	PDL Preferred Brand	
OXYTROL FOR WOMEN 3.9 MG/24HR 32-DAY SUPPLY 3.9 MG/24 HOUR	PDL Preferred Brand	
OXYTROL FOR WOMEN 3.9 MG/24HR 32-DAY SUPPLY,OUTER 3.9 MG/24 HOUR	PDL Preferred Brand	
OXYTROL FOR WOMEN 3.9 MG/24HR 4-DAY SUPPLY, INNER 3.9 MG/24 HOUR	PDL Preferred Brand	
OXYTROL FOR WOMEN 3.9 MG/24HR INNER 3.9 MG/24 HOUR	PDL Preferred Brand	
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER 3.9 MG/24 HOUR	PDL Preferred Brand	
tolterodine tart er 2 mg cap 2 mg	PDL Preferred Generic	
tolterodine tart er 2 mg cap inner 2 mg	PDL Preferred Generic	
tolterodine tart er 2 mg cap outer 2 mg	PDL Preferred Generic	
tolterodine tart er 4 mg cap 4 mg	PDL Preferred Generic	
tolterodine tart er 4 mg cap inner 4 mg	PDL Preferred Generic	
tolterodine tart er 4 mg cap outer 4 mg	PDL Preferred Generic	
tolterodine tartrate 1 mg tab 1 mg	PDL Preferred Generic	
tolterodine tartrate 1 mg tab f/c 1 mg	PDL Preferred Generic	
tolterodine tartrate 2 mg tab 2 mg	PDL Preferred Generic	
tolterodine tartrate 2 mg tab f/c 2 mg	PDL Preferred Generic	
tolterodine tartrate 2 mg tab f/c,inner 2 mg	PDL Preferred Generic	
tolterodine tartrate 2 mg tab f/c,outer 2 mg	PDL Preferred Generic	
TOVIAZ ER 4 MG TABLET 4 MG	PDL Preferred Brand	
TOVIAZ ER 8 MG TABLET 8 MG	PDL Preferred Brand	
trospium chloride 20 mg tablet 20 mg	PDL Non-Preferred Generic	PA
trospium chloride er 60 mg cap 60 mg	PDL Non-Preferred Generic	PA
Vaginal Disorders		
Vaginal Antibiotics		
clindamycin 2% vaginal cream 2 %	Non-PDL Generic	
metronidazole vaginal 0.75% gl 0.75 %	Non-PDL Generic	

Drug	Status	Notes
metronidazole vaginal 0.75% gl w/ applicator 0.75 %	Non-PDL Generic	
metronidazole vaginal 0.75% gl w/5 applicators 0.75 %	Non-PDL Generic	
Vaginal Antifungals		
3-DAY VAGINAL CREAM 2 %	Non-PDL Generic	
clotrimazole 1% vaginal cream 1 %	Non-PDL Generic	
clotrimazole 1% vaginal cream w/7 applicators 1 %	Non-PDL Generic	
clotrimazole 1% vaginal cream w/single applicator 1 %	Non-PDL Generic	
CLOTRIMAZOLE-3 2% CREAM 2 %	Non-PDL Generic	
CLOTRIMAZOLE-3 2% CREAM 2 %	Non-PDL Generic	
CLOTRIMAZOLE-7 VAGINAL CREAM 1 %	Non-PDL Generic	
CVS CLOTRIMAZOLE-3 2% CREAM 2 %	Non-PDL Generic	
cvs miconazole 1 combo pack 1,200-2 mg-%	Non-PDL Generic	
cvs miconazole 1 combo pack sftgl insert/9gm crm 1,200-2 mg-%	Non-PDL Generic	
CVS MICONAZOLE 3 COMBO PACK 3 SUPP W/9GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Generic	
CVS MICONAZOLE 3 COMBO PACK 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Generic	
CVS MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	
eq miconazole 1 combo pack sftgl insert/9gm crm 1,200-2 mg-%	Non-PDL Generic	
eq miconazole 2% vaginal cream w/7 disp applicators 2 %	Non-PDL Generic	
EQ MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	
eql miconazole 1 combo pack softgel 1,200-2 mg-%	Non-PDL Generic	
EQL MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	Non-PDL Generic	
GNP CLOTRIMAZOLE-3 2% CREAM 2 %	Non-PDL Generic	
GNP MICONAZOLE 3 COMBO PACK 3 SUPP W/9GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Generic	
GNP MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	
GYNAZOLE 1 2% CREAM 2 %	Non-PDL Brand	
GYNE-LOTRIMIN 3 DAY 2% CRM 2 %	Non-PDL Brand	
GYNE-LOTRIMIN-7 1% CREAM 1 %	Non-PDL Brand	

Drug	Status	Notes
kro miconazole 1 combo pack sftgl insert/9gm crm 1,200-2 mg-%	Non-PDL Generic	
KRO MICONAZOLE 3 COMBO PACK 3 SUPP,9GM CRM W/APP 200 MG- 2 % (9 GRAM)	Non-PDL Generic	
KRO MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	Non-PDL Generic	
miconazole 1 combination pack 1,200-2 mg-%	Non-PDL Generic	
miconazole 1 combination pack sftgl insert/9gm crm 1,200-2 mg-%	Non-PDL Generic	
miconazole 2% vaginal cream 2 %	Non-PDL Generic	
miconazole 2% vaginal cream w/7 disp applicators 2 %	Non-PDL Generic	
miconazole 2% vaginal cream w/applicator 2 %	Non-PDL Generic	
MICONAZOLE 3 200 MG VAG SUPP 200 MG	Non-PDL Generic	
MICONAZOLE 3 4% CREAM 200 MG/5 GRAM (4 %)	Non-PDL Generic	
MICONAZOLE 3 COMBO PACK 200 MG- 2 % (9 GRAM)	Non-PDL Generic	
miconazole 3 combo pack 3 pref-applic,9gm cr 4 % (200 mg)- 2 % (9 gram)	Non-PDL Generic	
MICONAZOLE 3 COMBO PACK 3 SUP,9GM CRM W/APP 200 MG- 2 % (9 GRAM)	Non-PDL Generic	
MICONAZOLE 3 COMBO PACK 3 SUPP W/9GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Generic	
miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)	Non-PDL Generic	
MICONAZOLE 3 KIT 3PREF APP W/CRM+3WIP 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Generic	
MICONAZOLE 7 100 MG VAG SUPP 100 MG	Non-PDL Generic	
MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	
MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	Non-PDL Generic	
MICONAZOLE 7 CREAM W/APPLICATOR 2 %	Non-PDL Generic	
miconazole-7 cream 2 %	Non-PDL Generic	
MONISTAT 1 COMBINATION PACK OVULE INSERT/9GM CRM 1,200-2 MG-%	Non-PDL Brand	
MONISTAT 3 COMBO PACK 3 OVULE + 9 GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Brand	
MONISTAT 3 COMBO PACK 3 SUPP, 9 GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Brand	
MONISTAT 3 COMBO PACK 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Brand	
MONISTAT 7 CREAM 1 APPLICATOR 2 %	Non-PDL Generic	

Drug	Status	Notes
MONISTAT 7 CREAM 7 APPLICATORS 2 %	Non-PDL Generic	
PUB MICONAZOLE3DAY COMBO PACK 3 SUPP W/9 GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Generic	
QC 3 DAY VAGINAL 4% CREAM 200 MG/5 GRAM (4 %)	Non-PDL Generic	
qc clotrimazole 1% vag cream 1 %	Non-PDL Generic	
qc miconazole-7 cream 1 applicator 2 %	Non-PDL Generic	
ra clotrimazole 1% vag cream 1 %	Non-PDL Generic	
RA MICONAZOLE 3 COMBO PACK 3 SUP,9GM CRM W/APP 200 MG- 2 % (9 GRAM)	Non-PDL Generic	
ra miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)	Non-PDL Generic	
RA MICONAZOLE 3 KIT 3PREF APP W/CRM+6WIP 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Generic	
RA MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	Non-PDL Generic	
SM 3-DAY VAGINAL CREAM 2 %	Non-PDL Generic	
sm clotrimazole 1% vag cream 1 %	Non-PDL Generic	
sm miconazole 2% vaginal cream 2 %	Non-PDL Generic	
sm miconazole 2% vaginal cream w/disp applicators 2 %	Non-PDL Generic	
SM MICONAZOLE 3 COMBO PACK W/DISPOSABLE APPLICA 200 MG- 2 % (9 GRAM)	Non-PDL Generic	
SM MICONAZOLE 7 100 MG VAG SUP 100 MG	Non-PDL Generic	
SM MICONAZOLE 7 CREAM W/REUSABLE APPLIC 2 %	Non-PDL Generic	
terconazole 0.4% cream 0.4 %	Non-PDL Generic	
terconazole 0.8% cream 3-day therapy 0.8 %	Non-PDL Generic	
terconazole 80 mg suppository inner 80 mg	Non-PDL Generic	
terconazole 80 mg suppository outer 80 mg	Non-PDL Generic	
terconazole 80 mg suppository w/applicator 80 mg	Non-PDL Generic	
Vaginal Estrogen Preparations		
estradiol 0.01% cream 0.01 % (0.1 mg/gram)	Non-PDL Generic	
estradiol 10 mcg vaginal insrt inner 10 mcg	Non-PDL Generic	
estradiol 10 mcg vaginal insrt outer 10 mcg	Non-PDL Generic	

Drug	Status	Notes
PREMARIN VAGINAL CREAM-APPL VAGINAL 0.625 MG/GRAM	Non-PDL Brand	
YUVAFEM 10 MCG VAGINAL INSERT 10 MCG	Non-PDL Generic	
YUVAFEM 10 MCG VAGINAL INSERT INNER 10 MCG	Non-PDL Generic	
YUVAFEM 10 MCG VAGINAL INSERT OUTER 10 MCG	Non-PDL Generic	
Vitamin And/Or Mineral Deficiency		
Antioxidant Multivitamin Combinations		
CVS EYE HEALTH AND LUTEIN TAB 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
EQ VISION FORMULA TABLET P/F, GLUTEN-FREE 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
EYE HEALTH PLUS LUTEIN TABLET 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
GNP HEALTHY EYES SUPERVISION 14,320-226-200 UNIT-MG-UNIT	Non-PDL Generic	
GNP HEALTHY EYES TABLET ADVANCED ANTIOXIDANT (RX) 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
HEALTHY EYES SUPERVISION SFTGL 14,320-226-200 UNIT-MG-UNIT	Non-PDL Generic	
HEALTHY EYES TABLET (RX) 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
HEALTHY EYES TABLET ADVANCED ANTIOXIDANT (RX) 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
HM ANTIOXIDANT VITAMINS TABLET 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
ICAPS AREDS SOFTGEL SOFTGEL, L/F (RX) 14,320-226-200 UNIT-MG-UNIT	Non-PDL Generic	
I-CAPS WITH LUTEIN-OMEGA 3 SFG 280-10-2 MG	Non-PDL Generic	
I-VITE PROTECT TABLET 7,160-113-100 UNIT-MG-UNIT	Non-PDL Generic	
I-VITE TABLET 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
SAVISION TABLET	Non-PDL Generic	
SM ANTIOXIDANT VITAMINS TABLET 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
SM OPTI-VITAMIN TABLET 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
VISION FORMULA WITH LUTEIN TAB 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
VISION VITAMINS TABLET W/LUTEIN,P/F 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
Calcium Replacement		
CALCITRATE 200 MG (950 MG) TAB (RX) 200 MG (950 MG)	Non-PDL Generic	

Drug	Status	Notes
CAL-CITRATE PLUS VITAMIN D TAB 250-100 MG-UNIT	Non-PDL Generic	
calcium 1,000 + d3 caplet 1,000 mg(2,500 mg)-800 unit	Non-PDL Generic	
CALCIUM 250-D TABLET OYSTER SHELL (RX) 250-125 MG-UNIT	Non-PDL Generic	
calcium 250-vit d3 125 tablet 250-125 mg-unit	Non-PDL Generic	
CALCIUM 500 MG CHEWABLE TABLET (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
calcium 500 mg chewable tablet p/f,s/f,gluten-f (rx) 500-100 mg-unit	Non-PDL Generic	
calcium 500 mg chewable tablet reg-str, asstd fruit (rx) 500 mg calcium (1,250 mg)	Non-PDL Generic	
calcium 500 mg chewable tablet reg-str, peppermint (rx) 500 mg calcium (1,250 mg)	Non-PDL Generic	
calcium 500 mg chewable tablet tab chew,p/f (rx) 500 mg calcium (1,250 mg)	Non-PDL Generic	
calcium 500 mg tablet (rx) 500 mg calcium (1,250 mg)	Non-PDL Generic	
calcium 500 mg tablet 500mg elemental ca (rx) 500 mg calcium (1,250 mg)	Non-PDL Generic	
calcium 500 mg tablet oyster shell,s/f,p/f (rx) 500 mg calcium (1,250 mg)	Non-PDL Generic	
calcium 500 mg-vit d3 10 mcg tab (rx) 500 mg(1,250mg) -400 unit	Non-PDL Generic	
calcium 500 mg-vit d3 15 mcg tab 500mg (1,250mg) -600 unit	Non-PDL Generic	
calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg(1,250mg) -200 unit	Non-PDL Generic	
calcium 500 mg-vit d3 600 unit 500mg (1,250mg) -600 unit	Non-PDL Generic	
CALCIUM 500+D TABLET CHEW 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
calcium 500-vit d3 10 mcg chew 500 mg(1,250mg) -400 unit	Non-PDL Generic	
calcium 500-vit d3 125 caplet 500 mg(1,250mg) -125 unit	Non-PDL Generic	
CALCIUM 500-VIT D3 200 CAPLET CAPLT,P/F,NO LACTOSE (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 200 CAPLET GLUTEN-FREE,S/F,P/F (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 200 TABLET (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 200 TABLET 10X10, U-D (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 200 TABLET LACTOSE FREE, P/F (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 200 TABLET P/F,NA/F (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
calcium 500-vit d3 200 tablet u-d (rx) 500 mg(1,250mg) -200 unit	Non-PDL Generic	

Drug	Status	Notes
calcium 500-vit d3 400 tablet (rx) 500 mg(1,250mg) -400 unit	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET EASY ABSORPTION, P/F (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET NATURAL OYSTER SHELL (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET OYSTER SHELL (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET P/F (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET P/F,NA/F,NO LACTOSE (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET S/F,P/F,GLUTEN-F (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET S/F,P/F,GLUTEN-FREE (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
calcium 500-vit d3 600 caplet 500mg (1,250mg) -600 unit	Non-PDL Generic	
calcium 500-vit d3 600 tablet 500mg (1,250mg) -600 unit	Non-PDL Generic	
CALCIUM 600 + VIT D 400 CAPLET S/F, P/F, CAPLET 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
calcium 600 + vit d 400 softgl 600 mg(1,500mg) -400 unit	Non-PDL Generic	
calcium 600 mg plus vit d tab super, + minerals (rx) 600-200-40-7.5 mg-unit-mg-mg	Non-PDL Generic	
calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	
CALCIUM 600 MG TABLET (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
calcium 600 mg tablet 10x10 u-d,600mg elem (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	
CALCIUM 600 MG TABLET 600MG ELEMENTAL (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
calcium 600 mg tablet gluten-free (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	
calcium 600 mg tablet gluten-free,s/f,p/f (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	
CALCIUM 600 MG TABLET P/F, NA/F (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
CALCIUM 600 MG TABLET S/F, P/F (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
CALCIUM 600 WITH VIT D CHEW TB COFFE MOCHA FLAVOR 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	

Drug	Status	Notes
calcium 600+d plus minerals tb p/f, na/f (rx) 600 mg calcium- 400 unit	Non-PDL Generic	
CALCIUM 600+D SOFTGEL 600 MG CALCIUM- 200 UNIT	Non-PDL Generic	
calcium 600-d3 20 mcg(800 unit) (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
CALCIUM 600-D3 PLUS CAPLET 600 MG CALCIUM-800 UNIT-50 MG	Non-PDL Generic	
calcium 600-d3-minerals chw tb (rx) 600 mg calcium-800 unit-40 mg	Non-PDL Generic	
calcium 600-vit d3 200 tablet (rx) 600 mg(1,500mg) -200 unit	Non-PDL Generic	
CALCIUM 600-VIT D3 200 TABLET (RX) 600 MG(1,500MG) -200 UNIT	Non-PDL Generic	
CALCIUM 600-VIT D3 200 TABLET CAPLET, NO LACTOSE (RX) 600 MG(1,500MG) -200 UNIT	Non-PDL Generic	
calcium 600-vit d3 200 tablet gluten-free (rx) 600 mg(1,500mg) -200 unit	Non-PDL Generic	
CALCIUM 600-VIT D3 200 TABLET LACTOSE FREE, P/F (RX) 600 MG(1,500MG) -200 UNIT	Non-PDL Generic	
CALCIUM 600-VIT D3 200 TABLET LACTOSE FREE,P/F (RX) 600 MG(1,500MG) -200 UNIT	Non-PDL Generic	
calcium 600-vit d3 200 tablet p/f, s/f (rx) 600 mg(1,500mg) -200 unit	Non-PDL Generic	
CALCIUM 600-VIT D3 200 TABLET P/F,D/F,LACTOSE-FREE (RX) 600 MG(1,500MG) -200 UNIT	Non-PDL Generic	
calcium 600-vit d3 200 tablet p/f,s/f,high potency (rx) 600 mg(1,500mg) -200 unit	Non-PDL Generic	
calcium 600-vit d3 400 caplet (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
calcium 600-vit d3 400 caplet caplet (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
calcium 600-vit d3 400 tablet (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
calcium 600-vit d3 400 tablet gluten-free (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET HIGH POTENCY (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
calcium 600-vit d3 400 tablet inner (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET NEW FORMULA (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
calcium 600-vit d3 400 tablet outer (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
calcium 600-vit d3 400 tablet p/f (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET P/F (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	

Drug	Status	Notes
CALCIUM 600-VIT D3 400 TABLET P/F, NA/F (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
calcium 600-vit d3 400 tablet p/f, no yeast (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET P/F,LACTOSE-FREE (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET S/F (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
calcium 600-vit d3 500 softgel rapid release, sftgl (rx) 600 mg(1,500mg) -500 unit	Non-PDL Generic	
CALCIUM 600-VIT D3 500 SOFTGEL SOFTGEL (RX) 600 MG(1,500MG) -500 UNIT	Non-PDL Generic	
calcium 600-vit d3 800 caplet (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
calcium 600-vit d3 800 tablet (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
calcium 600-vit d3 800 tablet coated, gluten-free (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
calcium 600-vit d3 800 tablet gluten-free (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
calcium 600-vit d3 800 tablet p/f, s/f,gluten-free (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
calcium 600-vit d3 800 tablet s/f,p/f (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
calcium 600-vit d3-min chew tb 600 mg calcium- 400 unit-40 mg	Non-PDL Generic	
calcium carb 1,250 mg/5 ml sus (otc) 500 mg/5 ml (1,250 mg/5 ml)	Non-PDL Generic	
calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml)	Non-PDL Generic	
calcium carb 1,250 mg/5 ml sus s/f, a/f, na/f (otc) 500 mg/5 ml (1,250 mg/5 ml)	Non-PDL Generic	
calcium cit 200 mg-d3 125 unit (rx) 200-125 mg-unit	Non-PDL Generic	
calcium cit 200-vit d3 250 tab (rx) 200 mg calcium -250 unit	Non-PDL Generic	
calcium cit 250 mg-d3 200 unit (rx) 250 mg calcium-200 unit	Non-PDL Generic	
calcium cit 315 mg-d3 250 unit (rx) 315 mg- 250 unit	Non-PDL Generic	
calcium cit 315 mg-vit d3 5 mcg (rx) 315 mg-5 mcg (200 unit)	Non-PDL Generic	
calcium cit 315-vit d3 200 tab (rx) 315 mg-5 mcg (200 unit)	Non-PDL Generic	
calcium cit 315-vit d3 250 cpt (rx) 315 mg- 250 unit	Non-PDL Generic	
CALCIUM CITRATE - VIT D CAPLET (RX) 315 MG-5 MCG (200 UNIT)	Non-PDL Generic	
calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit)	Non-PDL Generic	
calcium citrate - vit d caplet caplet,s/f,p/f (rx) 315 mg-5 mcg (200 unit)	Non-PDL Generic	

Drug	Status	Notes
calcium citrate - vit d caplet coated caplet (rx) 315 mg-5 mcg (200 unit)	Non-PDL Generic	
calcium citrate - vit d caplet p/f, caplet (rx) 315 mg-250 unit, 315 mg-5 mcg (200 unit)	Non-PDL Generic	
calcium citrate - vit d tablet p/f,coated (rx) 315 mg-5 mcg (200 unit)	Non-PDL Generic	
calcium citrate - vit d3 tab (rx) 315 mg- 250 unit	Non-PDL Generic	
calcium citrate 200 mg caplet caplet, p/f (rx) 200 mg (950 mg)	Non-PDL Generic	
calcium citrate 200 mg tablet (rx) 200 mg (950 mg)	Non-PDL Generic	
calcium citrate 200 mg tablet coated, p/f (rx) 200 mg (950 mg)	Non-PDL Generic	
calcium citrate 200 mg tablet s/f, p/f (rx) 200 mg (950 mg)	Non-PDL Generic	
calcium citrate-vit d caplet maximum (rx) 315 mg- 250 unit	Non-PDL Generic	
calcium citrate-vit d3 caplet caplet (rx) 315 mg- 250 unit	Non-PDL Generic	
calcium citrate-vit d3 caplet s/f, p/f (rx) 315 mg- 250 unit	Non-PDL Generic	
calcium citrate-vit d3 tablet (rx) 200 mg calcium -250 unit, 315 mg- 250 unit	Non-PDL Generic	
calcium citrate-vit d3 tablet coated, petites (rx) 200 mg calcium -250 unit	Non-PDL Generic	
calcium citrate-vit d3 tablet inner (rx) 315 mg- 250 unit	Non-PDL Generic	
calcium citrate-vit d3 tablet outer (rx) 315 mg- 250 unit	Non-PDL Generic	
calcium citrate-vit d3 tablet p/f,s/f,gluten-free (rx) 315 mg- 250 unit	Non-PDL Generic	
calcium citrate-vit d3 tablet petites (rx) 200 mg calcium -250 unit	Non-PDL Generic	
calcium cit-vit d 315-200 tab p/f, lactose-free (rx) 315 mg-5 mcg (200 unit)	Non-PDL Generic	
CALTRATE 600 + D SOFT CHEW TAB CHOCOLATE TRUFFLE 600 MG (1,500 MG)-800 UNIT	Non-PDL Brand	
CALTRATE 600 + D SOFT CHEW TAB VANILLA CREME 600 MG (1,500 MG)-800 UNIT	Non-PDL Brand	
CITRACAL + D MAXIMUM CAPLET (RX) 315 MG-250 UNIT	Non-PDL Generic	
CITRUS CALCIUM 200-VIT D3 250 200 MG CALCIUM -250 UNIT	Non-PDL Generic	
cvs cal cit 200 mg-d3 6.25 mcg (rx) 200 mg calcium -250 unit	Non-PDL Generic	
cvs cal cit 315 mg-d3 6.25 mcg (rx) 315 mg- 250 unit	Non-PDL Generic	
cvs calcium 500-vit d3 125 tab 500 mg(1,250mg) -125 unit	Non-PDL Generic	
cvs calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	

Drug	Status	Notes
cvs calcium 600 mg-d3 20 mcg tab (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
CVS CALCIUM 600-D3 PLUS TABLET 600 MG CALCIUM- 800 UNIT-50 MG	Non-PDL Generic	
cvs calcium 600-d3-min chew tb (rx) 600 mg calcium- 800 unit-40 mg	Non-PDL Generic	
cvs calcium 600-vit d3 800 tab (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
cvs calcium 600-vit d3 800 tab p/f, s/f,gluten-free (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
cvs calcium 600-vit d3 800 tab p/f,s/f,gluten-free (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
EQ CALCIUM 500-VIT D3 400 TAB OYSTER SHELL (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
eq calcium 600-d3-minerals tab gluten-free (rx) 600 mg calcium- 800 unit-50 mg	Non-PDL Generic	
eq calcium 600-vit d3 400 tab (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
eq calcium cit 315-vit d3 250 (rx) 315 mg- 250 unit	Non-PDL Generic	
eq calcium citrate-d tablet s/f,p/f,gluten-free (rx) 315 mg- 250 unit	Non-PDL Generic	
eql calcium 600-vit d3 800 tab (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
eql calcium citrate-vit d3 cpt (rx) 315 mg- 250 unit	Non-PDL Generic	
FOSFREE TABLET 175.5-14.5 MG	Non-PDL Generic	
gnp calcium 500-vit d3 600 tab 500mg (1,250mg) -600 unit	Non-PDL Generic	
gnp calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	
gnp calcium 600 mg-d3 800 unit s/f,p/f,gluten-free (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
gnp calcium 600-d3-min chew tb p/f,gluten/f,yeast/f (rx) 600 mg calcium- 800 unit-40 mg	Non-PDL Generic	
gnp calcium 600-d3-minerals tb s/f, p/f, gluten-f (rx) 600 mg calcium- 800 unit-50 mg	Non-PDL Generic	
gnp calcium citrate-vit d3 tab (rx) 315 mg- 250 unit	Non-PDL Generic	
hm cal cit 315 mg-d3 250 unit caplet (rx) 315 mg- 250 unit	Non-PDL Generic	
hm calcium 500-vit d3 200 cplt (rx) 500 mg(1,250mg) -200 unit	Non-PDL Generic	
HM CALCIUM 500-VIT D3 200 CPLT CAPLET, GLUTEN-FREE (OTC) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
HM CALCIUM 500-VIT D3 200 CPLT CAPLET, GLUTEN-FREE (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
hm calcium 600-d3-min chew tab gluten-free (otc) 600 mg calcium- 800 unit-40 mg	Non-PDL Generic	
hm calcium 600-d3-minerals tab (rx) 600 mg calcium- 400 unit	Non-PDL Generic	

Drug	Status	Notes
HM CALCIUM 600-VIT D3 400 TAB GLUTEN-FREE (OTC) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
HM CALCIUM 600-VIT D3 400 TAB GLUTEN-FREE (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
hm calcium 600-vit d3 800 tab (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
hm calcium citrate-vit d cplt caplet, gluten-free (otc) 315 mg- 250 unit	Non-PDL Generic	
hm calcium citrate-vit d3 tab coated, petites (rx) 200 mg calcium -250 unit	Non-PDL Generic	
LIQUID CALCIUM 600-VIT D3 SFGL SOFTGEL,P/F,GLUTEN-F (RX) 600 MG(1,500MG) -500 UNIT	Non-PDL Generic	
LIQUID CALCIUM WITH VITAMIN D SOFTGEL, S/F, P/F (RX) 600 MG CALCIUM- 200 UNIT	Non-PDL Generic	
NATURAL CALCIUM 500 MG TABLET 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OS-CAL 500-VIT D3 200 CAPLET CAPLET (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Brand	
OS-CAL 500-VIT D3 200 CAPLET COATED CAPLET (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Brand	
OS-CAL 500-VIT D3 600 CAPLET 500MG (1,250MG) -600 UNIT	Non-PDL Brand	
OYSCO 500-VIT D3 200 TABLET 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
OYSTER SHELL 250-VIT D3 125 TB (RX) 250-125 MG-UNIT	Non-PDL Generic	
OYSTER SHELL 500 MG-VIT D3 5 MCG (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
OYSTER SHELL 500-VIT D3 200 TB (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
OYSTER SHELL 500-VIT D3 200 TB CAPLET (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)	Non-PDL Generic	
OYSTER SHELL CALCIUM 500 MG TB (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM 500 MG TB 500MG ELEMENTAL (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM 500 MG TB 500MG ELEMENTAL CA (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM 500 MG TB CAPLET,P/F,SOY-FREE (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM 500 MG TB OYSTER SHELL (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM 500 MG TB P/F (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM 500 MG TB U-D, 10X10 (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM-VIT D TAB 250 (625)-125 MG-UNIT	Non-PDL Generic	

Drug	Status	Notes
OYSTER SHELL CALCIUM-VIT D TAB P/F (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
OYSTER SHELL CALCIUM-VIT D TAB P/F,S/F,GLUTEN-FREE (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
OYSTER SHELL-D 250 MG TABLET U-D, 10X10 (RX) 250-125 MG-UNIT	Non-PDL Generic	
OYSTERCAL-D 500 MG-400 UNIT TB 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
PARVA-CAL 500 TABLET 500 MG CALCIUM -200 UNIT	Non-PDL Generic	
qc calcium 600 mg-vit d tab (rx) 600 mg calcium- 400 unit	Non-PDL Generic	
qc calcium 600-vit d3 400 tab high potency (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
ra cal 600-vit d3-min chew tab 600 mg calcium- 400 unit-40 mg	Non-PDL Generic	
RA CALCIUM 600 MG TABLET P/F (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
RA CALCIUM 600-MINERALS TAB (RX) 600 MG CALCIUM- 200 UNIT	Non-PDL Generic	
RA CALCIUM 600-VIT D3 400 TAB (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
ra calcium citrate - vit d tab p/f, d/f (rx) 315 mg- 250 unit	Non-PDL Generic	
ra calcium citrate-vit d3 tab petites (rx) 200 mg calcium -250 unit	Non-PDL Generic	
RA HI-CAL PLUS VITAMIN D TAB (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
RA OYSTER SHELL 500-VIT D3 200 NATURAL,P/F (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
sm cal cit 315 mg-d3 250 unit caplet, gluten-free (rx) 315 mg- 250 unit	Non-PDL Generic	
SM CALCIUM 500 MG TABLET (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
sm calcium 500-vit d3 200 cplt (rx) 500 mg(1,250mg) -200 unit	Non-PDL Generic	
SM CALCIUM 500-VIT D3 200 CPLT CAPLET, GLUTEN-FREE (RX) 500 MG(1,250MG) -200 UNIT	Non-PDL Generic	
SM CALCIUM 500-VIT D3 400 TAB (RX) 500 MG(1,250MG) -400 UNIT	Non-PDL Generic	
sm calcium 500-vit d3 400 tab p/f, no lactose (rx) 500 mg(1,250mg) -400 unit	Non-PDL Generic	
sm calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	
SM CALCIUM 600 MG TABLET (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
SM CALCIUM 600+MINERALS TAB (RX) 600 MG CALCIUM- 400 UNIT	Non-PDL Generic	
sm calcium 600-d3-minerals tab (rx) 600 mg calcium-800 unit-50 mg	Non-PDL Generic	

Drug	Status	Notes
SM CALCIUM 600-VIT D3 400 TAB (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
sm calcium 600-vit d3 800 tab (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
sm calcium citrate-vit d cplt caplet (rx) 315 mg-5 mcg (200 unit)	Non-PDL Generic	
SUPER CALCIUM 600 MG TABLET 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
super calcium 600-vit d3 400 s/f, p/f (rx) 600 mg(1,500mg) -400 unit	Non-PDL Generic	
sv calcium 600 mg tablet p/f, gluten-free (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	
SV CALCIUM 600-VIT D3 400 TAB P/F, GLUTEN-FREE (RX) 600 MG(1,500MG) -400 UNIT	Non-PDL Generic	
sv calcium 600-vit d3 500 sfgl (rx) 600 mg(1,500mg) -500 unit	Non-PDL Generic	
sv calcium 600-vit d3 800 tab (rx) 600 mg(1,500mg) -800 unit	Non-PDL Generic	
sv calcium citrate-vit d3 tab p/f,s/f,gluten-free (rx) 315 mg- 250 unit	Non-PDL Generic	
Fluoride Preparations		
DENTA 5000 PLUS CREAM 1.1 %	Non-PDL Generic	
DENTAGEL 1.1% GEL 1.1 %	Non-PDL Generic	
fluoride 0.25 mg tablet chew cherry flavor (rx) 0.25 mg(0.55 mg sod. fluoride)	Preventive	Age (Max 6 Years)
fluoride 0.5 mg tablet chew grape flavor (rx) 0.5 mg (1.1 mg sodium fluorid)	Preventive	Age (Max 6 Years)
fluoride 1 mg tablet chewable orange flavor (rx) 1 mg (2.2 mg sod. fluoride)	Preventive	Age (Max 6 Years)
GEL-KAM 0.4% DENTAL GEL 12'S 0.4 %	Non-PDL Generic	
PREVIDENT 0.2% RINSE 0.2 %	Non-PDL Brand	
PREVIDENT 1.1% GEL 12'S 1.1 %	Non-PDL Brand	
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 %	Non-PDL Brand	
PREVIDENT 5000 PLUS CREAM 1.1 %	Non-PDL Brand	
PREVIDENT 5000 PLUS CREAM 12'S 1.1 %	Non-PDL Brand	
PREVIDENT 5000 PLUS CREAM 12'S, TWIN PACK 1.1 %	Non-PDL Brand	
PREVIDENT 5000 SENSITIVE PASTE 1.1-5 %	Non-PDL Brand	
PREVIDENT DENTAL RINSE 0.2 %	Non-PDL Brand	
SF 1.1% GEL 1.1 %	Non-PDL Generic	
SF 5000 PLUS CREAM 1.1 %	Non-PDL Generic	
sodium fluoride 0.25 (0.55) mg (rx) 0.25 mg(0.55 mg sod. fluoride)	Preventive	Age (Max 6 Years)
sodium fluoride 0.5 mg(1.1 mg) (rx) 0.5 mg (1.1 mg sodium fluorid)	Preventive	Age (Max 6 Years)

Drug	Status	Notes
sodium fluoride 0.5 mg(1.1 mg) dye-free, cherry (rx) 0.5 mg (1.1 mg sodium fluorid)	Preventive	Age (Max 6 Years)
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml	Preventive	Age (Max 6 Years)
sodium fluoride 0.5 mg/ml drop d/f, s/f,gluten-free (rx) 0.5 mg (1.1 mg sod.fluorid)/ml	Preventive	Age (Max 6 Years)
sodium fluoride 1 mg (2.2 mg) (rx) 1 mg (2.2 mg sod. fluoride)	Preventive	Age (Max 6 Years)
sodium fluoride 1 mg (2.2 mg) cherry (rx) 1 mg (2.2 mg sod. fluoride)	Preventive	Age (Max 6 Years)
sodium fluoride 1.1% cream 1.1 %	Non-PDL Generic	
sodium fluoride 1.1% gel 1.1 %	Non-PDL Generic	
SODIUM FLUORIDE 5000 PLUS CRM 1.1 %	Non-PDL Generic	
sodium fluoride 5000 ppm cream 1.1 %	Non-PDL Generic	
sodium fluoride 5000 ppm paste 1.1 %	Non-PDL Generic	
sodium fluoride senstv 5000ppm 1.1-5 %	Non-PDL Generic	
Folic Acid Preparations		
cvs folic acid 800 mcg tablet (rx) 800 mcg	Preventive	
folic acid 0.4 mg tablet (rx) 400 mcg	Preventive	
folic acid 0.8 mg tablet (rx) 800 mcg	Preventive	
folic acid 1 mg tablet (rx) 1 mg	Non-PDL Generic	
folic acid 1 mg tablet 10x10, u-d, inner (rx) 1 mg	Non-PDL Generic	
folic acid 1 mg tablet 10x10, u-d, outer (rx) 1 mg	Non-PDL Generic	
folic acid 1,000 mcg tablet (rx) 1 mg	Non-PDL Generic	
folic acid 1,000 mcg tablet p/f,s/f (rx) 1 mg	Non-PDL Generic	
folic acid 400 mcg tablet (rx) 400 mcg	Preventive	
folic acid 400 mcg tablet gluten-free (rx) 400 mcg	Preventive	
folic acid 400 mcg tablet p/f (rx) 400 mcg	Preventive	
folic acid 400 mcg tablet p/f, lactose free (rx) 400 mcg	Preventive	
folic acid 400 mcg tablet p/f, s/f,gluten-free (rx) 400 mcg	Preventive	
folic acid 400 mcg tablet p/f,s/f,gluten-free (rx) 400 mcg	Preventive	
folic acid 5 mg/ml vial latex-free, mdv 5 mg/ml	Non-PDL Generic	
folic acid 5 mg/ml vial mdv, 10's,latex-free 5 mg/ml	Non-PDL Generic	
folic acid 50 mg/10 ml vial muv, l/f 5 mg/ml	Non-PDL Generic	

Drug	Status	Notes
folic acid 800 mcg tablet (rx) 800 mcg	Preventive	
folic acid 800 mcg tablet maximum strength (rx) 800 mcg	Preventive	
folic acid 800 mcg tablet na/f,p/f (rx) 800 mcg	Preventive	
folic acid 800 mcg tablet p/f, s/f,gluten-free (rx) 800 mcg	Preventive	
folic acid 800 mcg tablet pure,s/f,gluten-free (rx) 800 mcg	Preventive	
gnp folic acid 400 mcg tablet (rx) 400 mcg	Preventive	
hm folic acid 400 mcg tablet gluten-free (rx) 400 mcg	Preventive	
ra folic acid 0.4 mg tablet p/f (rx) 400 mcg	Preventive	
ra folic acid 800 mcg tablet p/f (rx) 800 mcg	Preventive	
sm folic acid 0.4 mg tablet (rx) 400 mcg	Preventive	
sm folic acid 400 mcg tablet (rx) 400 mcg	Preventive	
sm folic acid 400 mcg tablet gluten-free (rx) 400 mcg	Preventive	
sv folic acid 800 mcg tablet (rx) 800 mcg	Preventive	
VITACEL TABLET 800-250-750 MCG	Non-PDL Generic	
Geriatric Vitamin Preparations		
A THRU Z ADVANCED FORMULA TAB NEW FORMULA (RX)	Non-PDL Generic	
A THRU Z SELECT TABLET NEW FORMULATION (RX)	Non-PDL Generic	
CENTRAVITES 50 PLUS TABLET	Non-PDL Generic	
CEROVITE SENIOR TABLET	Non-PDL Generic	
CERTAVITE SR-ANTIOXIDANT TAB 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
CVS SPECTRAVITE ADULT TAB CHEW 500-250 MCG	Non-PDL Generic	
MILLTRIUM SENIOR MULTIVIT TAB	Non-PDL Generic	
PUB MULTIVITAMIN 50 PLUS TAB	Non-PDL Generic	
SM COMPLETE SENIOR FORMULA TAB (RX)	Non-PDL Generic	
THERATRUM COMPLETE 50 PLUS TAB	Non-PDL Generic	
THERATRUM COMPLETE 50 PLUS TAB 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
VISION PLUS LUTEIN VITAMIN TAB	Non-PDL Generic	
VITRUM SENIOR TABLET F/F,P/F (RX)	Non-PDL Generic	
Iron Replacement		
child ferrous sulfate 15 mg/ml (rx) 15 mg iron (75 mg)/ml	Preventive	Age (Max 1 Years)

Drug	Status	Notes
CHILDREN'S IRON 15 MG/ML DROPS 15 MG IRON (75 MG)/ML	Preventive	Age (Max 1 Years)
cvs iron 27 mg tablet (rx) 240 mg (27 mg iron)	Non-PDL Generic	
cvs iron 65 mg tablet (rx) 325 mg (65 mg iron)	Non-PDL Generic	
CVS IRON 65 MG TABLET S/F,P/F,LACTOSE/FREE (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
CVS SLOW RELEASE IRON TABLET (RX) 143 MG (45 MG IRON)	Non-PDL Generic	
EQ SLOW RELEASE IRON 45 MG TAB GLUTEN-FREE (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
EQL SLOW RELEASE IRON 50 MG TB 250 MG (50 MG IRON)	Non-PDL Generic	
FE C PLUS TABLET (RX) 100-250-25-1 MG-MG-MCG-MG	Non-PDL Generic	
FEOSOL 65 MG TABLET (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
FERATE 27 MG TABLET 240 MG (27 MG IRON)	Non-PDL Generic	
FEROSUL 325 MG TABLET F/C (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
FEROSUL 325 MG TABLET F/C,BLISTER PACK (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
FERRETTS 325 MG TABLET 325 MG (106 MG IRON)	Non-PDL Generic	
FERREX 150 CAPSULE 150 MG IRON	Non-PDL Generic	
FERREX 150 CAPSULE INNER, U-D 150 MG IRON	Non-PDL Generic	
FERREX 150 CAPSULE OUTER, U-D 150 MG IRON	Non-PDL Generic	
FERREX 150 CAPSULE U-D,10X10 150 MG IRON	Non-PDL Generic	
FERREX 150 FORTE CAPSULE 150-25-1 MG-MCG-MG	Non-PDL Generic	
FERROCITE TABLET 324 MG (106 MG IRON)	Non-PDL Generic	
FERRO-TIME 325 MG TABLET F/C, GREEN 325 MG (65 MG IRON)	Non-PDL Generic	
FERRO-TIME 325 MG TABLET F/C, RED 325 MG (65 MG IRON)	Non-PDL Generic	
ferrous fumarate 324 mg tab 324 mg (106 mg iron)	Non-PDL Generic	
ferrous gluconate 240 mg tab (rx) 240 mg (27 mg iron)	Non-PDL Generic	
ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron)	Non-PDL Generic	
ferrous gluconate 324 mg tab (rx) 324 mg (37.5 mg iron), 324 mg (38 mg iron)	Non-PDL Generic	
ferrous sulf 15 mg iron/ml drp (rx) 15 mg iron (75 mg)/ml	Preventive	Age (Max 1 Years)

Drug	Status	Notes
ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml	Non-PDL Generic	
ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml	Non-PDL Generic	
ferrous sulf 300 mg/5 ml liq 300 mg (60 mg iron)/5 ml	Non-PDL Generic	
ferrous sulf 44 mg iron/5 ml lq (rx) 220 mg (44 mg iron)/5 ml	Non-PDL Generic	
ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)	Non-PDL Generic	
ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulf ec 325 mg tablet u-d, inner (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulfate 325 mg tablet f/c (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulfate 325 mg tablet f/c, green (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulfate 325 mg tablet f/c, red (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulfate 325 mg tablet p/f,s/f (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulfate 325 mg tablet s/f,na/f,p/f, (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulfate 325 mg tablet sugar-free (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulfate 325 mg tablet u-d, 10x10, f/c (rx) 325 mg (65 mg iron)	Non-PDL Generic	
ferrous sulfate 325 mg tablet u-d,10x10, film coat (rx) 325 mg (65 mg iron)	Non-PDL Generic	
FERROUSUL 325 MG TABLET 325 MG (65 MG IRON)	Non-PDL Generic	
GNP IRON 45 MG TABLET 159 MG (45 MG IRON)	Non-PDL Generic	
GNP IRON 65 MG TABLET (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
HEMOCYTE TABLET 324 MG (106 MG IRON)	Non-PDL Generic	
HM IRON 65 MG TABLET GLUTEN-FREE (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
HM SLOW RELEASE IRON TABLET (RX) 143 MG (45 MG IRON)	Non-PDL Generic	
ICAR-C PLUS TABLET 100-250-25-1 MG-MG-MCG-MG	Non-PDL Generic	
IFEREX 150 CAPSULE 150 MG IRON	Non-PDL Generic	
IFEREX 150 FORTE CAPSULE 150-25-1 MG-MCG-MG	Non-PDL Generic	

Drug	Status	Notes
IRON 100 PLUS TABLET 100-250-25-1 MG-MG-MCG-MG	Non-PDL Generic	
iron 27 mg tablet (rx) 236 mg (27 mg iron), 240 mg (27 mg iron)	Non-PDL Generic	
iron 28 mg tablet 256 mg (28 mg iron)	Non-PDL Generic	
IRON 45 MG TABLET 159 MG (45 MG IRON)	Non-PDL Generic	
iron 65 mg tablet (rx) 325 mg (65 mg iron)	Non-PDL Generic	
IRON 65 MG TABLET (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
IRON 65 MG TABLET (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
IRON 65 MG TABLET 65MG=325MG FESOL (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
iron 65 mg tablet gluten-free (rx) 325 mg (65 mg iron)	Non-PDL Generic	
IRON 65 MG TABLET P/F, GLUTEN-FREE (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
iron 65 mg tablet s/f, p/f (rx) 325 mg (65 mg iron)	Non-PDL Generic	
IRON CHEWS 15 MG TABLET CHEW 15 MG	Non-PDL Generic	
MYFERON 150 CAPSULE 150 MG IRON	Non-PDL Generic	
MYFERON-150 FORTE CAPSULE (RX) 150-25-1 MG-MCG-MG	Non-PDL Generic	
NU-IRON 150 CAPSULE 150 MG IRON	Non-PDL Generic	
PEDIA IRON 15 MG/ML DROP 15 MG IRON (75 MG)/ML	Preventive	Age (Max 1 Years)
POLY-IRON 150 FORTE CAPSULE 150-25-1 MG-MCG-MG	Non-PDL Generic	
POLY-IRON 150 MG CAPSULE 150 MG IRON	Non-PDL Generic	
polysaccharide iron 150 mg cap (rx) 150 mg iron	Non-PDL Generic	
RA IRON 65 MG TABLET P/F, D/F (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
RA SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
SIDEROL TABLET	Non-PDL Generic	
SLOW RELEASE IRON 160 MG TAB P/F,S/F,GLUTEN-FREE (RX) 160 MG (50 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON 45 MG TAB GLUTEN-FREE (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON 45 MG TABLET (RX) 140 MG (45 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON 45 MG TABLET (RX) 159 MG (45 MG IRON)	Non-PDL Brand	

Drug	Status	Notes
SLOW RELEASE IRON 45 MG TABLET 144 MG (45 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON 45 MG TABLET P/F (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON TABLET (RX) 160 MG (50 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON TABLET 168 MG (50 MG IRON)	Non-PDL Generic	
SM IRON 160 MG TABLET SA 160 MG (50 MG IRON)	Non-PDL Generic	
SM IRON 325 MG TABLET (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
SM IRON 325 MG TABLET P/F (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
SM IRON 65 MG TABLET GLUTEN-FREE (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
SM SLOW RELEASE IRON 45 MG TAB 144 MG (45 MG IRON)	Non-PDL Generic	
SM SLOW RELEASE IRON 45 MG TAB GLUTEN-FREE (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
SV IRON 65 MG TABLET P/F, D/F (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
SV SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
Magnesium Salts Replacement		
cvs magnesium 250 mg caplet (rx) 250 mg magnesium	Non-PDL Generic	
cvs magnesium 500 mg caplet (rx) 500 mg	Non-PDL Generic	
gnp magnesium 250 mg tablet (rx) 250 mg magnesium	Non-PDL Generic	
hm magnesium 250 mg tablet gluten-free (rx) 250 mg	Non-PDL Generic	
hm magnesium 400 mg caplet gluten-free, caplet 400 mg magnesium	Non-PDL Generic	
MAG DELAY DR 64 MG TABLET 64 MG	Non-PDL Generic	
MAG64 DR 64 MG TABLET (RX) 64 MG	Non-PDL Generic	
MAG-G 500 MG TABLET 27 MG MAGNESIUM (500 MG)	Non-PDL Generic	
magnesium 250 mg caplet (rx) 250 mg magnesium	Non-PDL Generic	
magnesium 250 mg tablet p/f (rx) 250 mg magnesium	Non-PDL Generic	
magnesium 250 mg tablet p/f, no lactose (rx) 250 mg magnesium	Non-PDL Generic	
magnesium 400 mg tablet gluten-free 400 mg magnesium	Non-PDL Generic	
magnesium 500 mg softgel softgel,max strength (rx) 500 mg	Non-PDL Brand	

Drug	Status	Notes
magnesium 500 mg tablet p/f, s/f, gluten/f (rx) 500 mg	Non-PDL Generic	
magnesium chloride ec 64 mg tb (rx) 64 mg	Non-PDL Generic	
magnesium chloride ec 70 mg tb 70 mg	Non-PDL Generic	
magnesium gluc 27 mg tablet 27 mg magnesium (500 mg)	Non-PDL Generic	
magnesium gluc 500 mg tablet 27 mg magnesium (500 mg)	Non-PDL Generic	
magnesium gluc 500 mg tablet 27.5mg elem mag, s/f (rx) 27.5 mg magne- sium (500 mg)	Non-PDL Generic	
magnesium gluc 500 mg tablet lactose free, s/f (rx) 27.5 mg magne- sium (500 mg)	Non-PDL Generic	
magnesium oxide 250 mg caplet p/f, s/f, gluten/f (rx) 250 mg magnesium	Non-PDL Generic	
magnesium oxide 250 mg tablet (rx) 250 mg magnesium	Non-PDL Generic	
magnesium oxide 250 mg tablet p/f, s/f, gluten-f (rx) 250 mg magnesium	Non-PDL Generic	
magnesium oxide 250 mg tablet s/f,p/f (rx) 250 mg magnesium	Non-PDL Generic	
magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet 240mg elemental (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet 400 mg magnesium	Non-PDL Generic	
magnesium oxide 400 mg tablet inner (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet outer (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet p/f,soy-free (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet s/f, gluten-free (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet s/f, p/f,gluten-free (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet s/f,gluten free (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet s/f,gluten-free (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 400 mg tablet u-d (otc) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
magnesium oxide 500 mg tablet extra strength (rx) 500 mg	Non-PDL Generic	
magnesium oxide 500 mg tablet p/f,s/f,lactose-free (rx) 500 mg	Non-PDL Generic	
MAGOX 400 TABLET (RX) 400 MG (241.3 MG MAGNESIUM)	Non-PDL Brand	
MAGOX 400 TABLET S/F, GLUTEN FREE (RX) 400 MG (241.3 MG MAGNESIUM)	Non-PDL Brand	

Drug	Status	Notes
mag-oxide magnesium 200 mg tab 200 mg magnesium	Non-PDL Generic	
MGO 400 MG TABLET 400 MG (241.3 MG MAGNESIUM)	Non-PDL Generic	
NU-MAG 71.5 MG TABLET 71.5 MG	Non-PDL Generic	
PHILLIPS 500 MG CAPLET 500 MG	Non-PDL Generic	
ra magnesium 250 mg tablet (rx) 250 mg	Non-PDL Generic	
sm magnesium 250 mg tablet (rx) 250 mg	Non-PDL Generic	
sm magnesium 250 mg tablet (rx) 250 mg magnesium	Non-PDL Generic	
sm magnesium 250 mg tablet gluten-free (rx) 250 mg	Non-PDL Generic	
sv magnesium oxide 400 mg tab 400 mg magnesium	Non-PDL Generic	
Multivitamin Preparations		
A THRU Z ADVANCED FORMULA TAB ADVANCED FORMULA 18-400 MG-MCG	Non-PDL Generic	
A THRU Z ADVANCED FORMULA TAB GLUTEN-FREE 18-400 MG-MCG	Non-PDL Generic	
A THRU Z ADVANCED FORMULA TAB W/ LUTEIN & LYCOPENE (RX) 18-500-300-250 MG-MCG-MCG-MCG	Non-PDL Generic	
A THRU Z ADVANCED FORMULA TAB W/LUTEIN & LYCOPENE (RX) 18-500-300-250 MG-MCG-MCG-MCG	Non-PDL Generic	
A THRU Z MEN'S ULTIMATE TABLET 8 MG IRON-200 MCG-600 MCG	Non-PDL Generic	
A THRU Z SELECT 50 PLUS TABLET ADVANCED FORMULA 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
A THRU Z SELECT MULTIVIT TAB 500-300-250 MCG	Non-PDL Generic	
A THRU Z SELECT MULTIVIT TAB IRON-FREE, 50+ FORM 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
A THRU Z SELECT TABLET ADULTS 50+, GLUTEN-F 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
A THRU Z SELECT TABLET ADULTS 50+,IRON-FREE 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
A THRU Z SELECT WOMEN'S TABLET	Non-PDL Generic	
ABC PLUS TABLET 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
ADULT ONE DAILY MULTIVIT TAB 0.4 MG	Non-PDL Generic	
ADULTS 50 PLUS DAILY FORMULA 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
ADULTS 50 PLUS MULTIVITAMIN 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	

Drug	Status	Notes
ADULTS 50 PLUS MULTIVITAMIN TB 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
APATATE FORTE LIQUID	Non-PDL Generic	
b-complex plus vitamin c cplt (rx) 400 mcg	Non-PDL Generic	
b-complex plus vitamin c cplt caplet (rx)	Non-PDL Generic	
b-complex with c tablet (rx)	Non-PDL Generic	
b-complex w-vitamin c caplet caplet,p/f (rx)	Non-PDL Generic	
BIOSUPP LIQUID	Non-PDL Generic	
CENTAMIN LIQUID 9 MG IRON/15 ML	Non-PDL Generic	
CENTRAL-VITE TABLET VALU-SIZE (RX)	Non-PDL Generic	
CENTRAM-CARE MULTIVIT-MIN LIQ 9 MG IRON/15 ML	Non-PDL Generic	
CENTRAVITES 50 PLUS TABLET INNER 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
CENTRAVITES 50 PLUS TABLET OUTER 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
CENTRAVITES TABLET 0.4-162-18 MG	Non-PDL Generic	
CENTRUM ADULTS TABLET 18-400 MG-MCG	Non-PDL Generic	
CENTRUM COMPLETE MULTIVIT TAB (RX) 18-400 MG-MCG	Non-PDL Generic	
CENTRUM MULTIVIT-MINERAL LIQ (RX) 9 MG IRON/15 ML	Non-PDL Generic	
CENTRUM SILVER TABLET ADULTS 50 + (RX) 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
CENTRUM SILVER TABLET ADULTS 50+ (RX) 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
CENTRUM SILVER TABLET FOR ADULT 50+ (RX) 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
CENTRUM WOMEN TABLET 18-400 MG-MCG	Non-PDL Generic	
CENTURY ADULTS 50 PLUS TABLET 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
CENTURY TABLET ADULTS UNDER 50 18-400 MG-MCG	Non-PDL Generic	
CENTURY ULTIMATE MEN'S TABLET 8 MG IRON-200 MCG-600 MCG	Non-PDL Generic	
CENTURY ULTIMATE WOMEN'S TAB 18-400 MG-MCG, 8 MG IRON-400 MCG-300 MCG	Non-PDL Generic	
CEROVITE ADVANCED FORM TAB 18-400 MG-MCG	Non-PDL Generic	
CERTAVITE-ANTIOXIDANT TABLET (RX) 18-400 MG-MCG	Non-PDL Generic	

Drug	Status	Notes
COMPANION TABLET 0.4 MG	Non-PDL Generic	
COMPETE TABLET	Non-PDL Generic	
COMPLETE MULTI 50+ TABLET 500-300-250 MCG	Non-PDL Generic	
COMPLETE MULTI TABLET 18-500-300-250 MG-MCG-MCG-MCG	Non-PDL Generic	
COMPLETE MULTIVITAMIN TAB	Non-PDL Generic	
cvs b-complex-vit c caplet caplet (rx)	Non-PDL Generic	
CVS DAILY MULTIPLE TABLET 0.4 MG	Non-PDL Generic	
CVS DAILY MULTIPLE TABLET 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
CVS DAILY MULTIPLE TABLET 400-120 MCG-MG	Non-PDL Generic	
CVS HAIR, SKIN AND NAILS CPLT (RX)	Non-PDL Generic	
CVS MENS 50 PLUS ADVANCED TAB 400-20-370 MCG	Non-PDL Generic	
CVS ONE DAILY ESSENTIAL TABLET 400 MCG	Non-PDL Generic	
CVS ONE DAILY WOMEN'S 50 PLUS 400 MCG-500 MG CALCIUM-20 MCG	Non-PDL Generic	
CVS SPECTRAVITE ADULT 50 PLUS 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
CVS SPECTRAVITE ADVANCED TAB 18-400 MG-MCG	Non-PDL Generic	
CVS SPECTRAVITE MEN'S TABLET 8 MG IRON-200 MCG-600 MCG	Non-PDL Generic	
CVS SPECTRAVITE SENIOR TABLET 500-300-250 MCG	Non-PDL Generic	
CVS SPECTRAVITE ULTRA WOMEN TB 18-400 MG-MCG	Non-PDL Generic	
CVS SPECTRAVITE WOMEN'S TABLET 8 MG IRON-400 MCG-300 MCG	Non-PDL Generic	
DAILY MULTI VITAMIN-IRON TAB (RX)	Non-PDL Generic	
DAILY MULTIPLE TABLET 18-400 MG-MCG	Non-PDL Generic	
DAILY MULTIPLE VITAMIN TABLET (RX)	Non-PDL Generic	
DAILY MULTIVITAMIN-IRON TABLET (RX) 18-400 MG-MCG	Non-PDL Generic	
DAILY MULTIVIT-MINERALS TAB (RX)	Non-PDL Generic	
DAILY VALUE MULTIVITAMIN TAB S/F	Non-PDL Generic	
DAILY VALUE MULTIVITAMIN TAB S/F, LACTOSE-FREE	Non-PDL Generic	

Drug	Status	Notes
DAILY VITAMIN + IRON TABLET (RX)	Non-PDL Generic	
DAILY VITAMIN FORMULA TABLET	Non-PDL Generic	
DAILY VITAMIN FORMULA TABLET	Non-PDL Generic	
DAILY VITAMIN FORMULA-IRON TAB 18-400 MG-MCG	Non-PDL Generic	
DAILY VITE TABLET S/F, P/F (RX)	Non-PDL Generic	
DAILY VITE TABLET S/F,P/F (RX)	Non-PDL Generic	
DAILY VITE WITH IRON TABLET	Non-PDL Generic	
DAILY-VITE TABLET (RX)	Non-PDL Generic	
DECUBI VITE CAPSULE 400-50-500 MCG-MG-MG	Non-PDL Generic	
DIABETES HEALTH FORMULA CAPLET 500-250 MCG	Non-PDL Generic	
EQ COMPLETE MULTIVITAMIN TAB GLUTEN-FREE 18-400 MG-MCG	Non-PDL Generic	
EQ COMPLETE MV ADLT 50 PLUS TB 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
EQ ONE DAILY MEN'S 50 PLUS TAB 400-20-370 MCG	Non-PDL Generic	
EQ ONE DAILY WOMEN'S HEALTH TB 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
EQL EYE HEALTH PLUS LUTEIN TAB 1,000 UNIT-200 MG-60 UNIT-2 MG	Non-PDL Generic	
EQL ONE DAILY MEN'S TABLET (RX)	Non-PDL Generic	
EQL ONE DAILY WOMEN'S 50 PLUS 400 MCG-500 MG CALCIUM-20 MCG	Non-PDL Generic	
ESSENTIA TABLET 18-400 MG-MCG	Non-PDL Generic	
ESSENTIAL BALANCE TABLET (RX)	Non-PDL Generic	
ESSENTIAL DAILY TABLET W/IRON & CALCIUM (RX) 18-0.4 MG	Non-PDL Generic	
GNP CENTURY ADULTS 50 PLUS TAB 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
GNP CENTURY CARDIO TABLET 3-200-400 MG-MCG-MG	Non-PDL Generic	
GNP CENTURY MATURE TABLET GLUTEN-FREE (RX) 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
GNP CENTURY TABLET ADULTS UNDER 50 18-400 MG-MCG	Non-PDL Generic	
GNP CENTURY TABLET GLUTEN-FREE 18-400 MG-MCG	Non-PDL Generic	

Drug	Status	Notes
GNP CENTURY ULTIMATE MEN'S TAB 8 MG IRON-200 MCG-600 MCG	Non-PDL Generic	
GNP CENTURY ULTIMATE WOMEN TAB 18-400 MG-MCG, 8 MG IRON-400 MCG-300 MCG	Non-PDL Generic	
GNP HAIR,SKIN & NAILS CAPLET CAPLET	Non-PDL Generic	
GNP MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG	Non-PDL Generic	
GNP ONE DAILY ESSENTIAL TABLET (RX)	Non-PDL Generic	
GNP ONE DAILY ESSENTIAL TABLET 400 MCG	Non-PDL Generic	
GNP ONE DAILY MAXIMUM TABLET (RX) 18-0.4 MG	Non-PDL Generic	
GNP ONE DAILY MEN'S 50+ TABLET 400-600-120 MCG-MCG-MG	Non-PDL Generic	
GNP ONE DAILY PLUS IRON TABLET (RX) 18-400 MG-MCG	Non-PDL Generic	
GNP ONE DAILY TABLET 0.4-600 MG-MCG	Non-PDL Generic	
GNP ONE DAILY WOMEN'S 50+ TAB WOMEN'S HEALTH 50+ 400-120 MCG-MG	Non-PDL Generic	
GNP ONE DAILY WOMEN'S HLTH TAB 18 MG IRON-400 MCG-450 MG CA	Non-PDL Generic	
GNP THERAPEUTIC-M CAPLET P/F, S/F, CAPLET 9 MG IRON-400 MCG	Non-PDL Generic	
HAIR VITAMINS	Non-PDL Generic	
HAIR,SKIN & NAILS CAPLET CAPLET	Non-PDL Generic	
HM COMPLETE 50 PLUS TABLET (RX) 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
HM COMPLETE MEN TABLET 8 MG IRON- 200 MCG-600 MCG	Non-PDL Generic	
HM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE 18-400 MG-MCG	Non-PDL Generic	
HM COMPLETE WOMEN TABLET 18-400 MG-MCG	Non-PDL Generic	
HM MENS 50 PLUS ADV ONE DAILY 400-20-370 MCG	Non-PDL Generic	
HM ONE DAILY WOMEN'S 50 PLUS 400 MCG-500 MG CALCIUM-20 MCG	Non-PDL Generic	
HM ULTIMATE WOMEN'S 50+ TABLET 8 MG IRON-400 MCG-300 MCG	Non-PDL Generic	
HM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
ICAPS AREDS FORMULA DR TABLET 7,160-113-100 UNIT-MG-UNIT	Non-PDL Generic	
KENWOOD THERAPEUTIC LIQUID	Non-PDL Generic	
K-PAX IMMUNE SUPPORT TABLET 30 PACKETS OF 4 TABS 2.25 MG IRON- 100 MCG	Non-PDL Generic	

Drug	Status	Notes
K-PAX IMMUNE SUPPORT TABLET 60 PACKETS OF 4 TABS 2.25 MG IRON- 100 MCG	Non-PDL Generic	
MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG	Non-PDL Generic	
MEGA MULTIVIT-CHELATED MIN TAB	Non-PDL Generic	
MEN UNDER 50 MULTIVITAMIN TAB 8 MG IRON-200 MCG-600 MCG	Non-PDL Generic	
MEN'S 50 PLUS DAILY FORMULA TB 400-20-370 MCG	Non-PDL Generic	
MEN'S 50 PLUS MULTIVITAMIN TAB 400-20-370 MCG	Non-PDL Generic	
MEN'S DAILY FORMULA CAPSULE 0.4-600 MG-MCG	Non-PDL Generic	
MULTI COMPLETE-IRON TABLET 18-400 MG-MCG	Non-PDL Generic	
MULTI FOR HER TABLET 18 MG IRON-600 MCG-80 MCG	Non-PDL Generic	
MULTI-DAY PLUS IRON TABLET 18-400 MG-MCG	Non-PDL Generic	
MULTILEX TABLET 15 MG IRON	Non-PDL Generic	
MULTILEX T-M TABLET 15 MG IRON	Non-PDL Generic	
multiple vitamin with iron tab (rx)	Non-PDL Generic	
MULTIPLE VITAMIN W-MINERALS TB	Non-PDL Generic	
MULTIPLE VITAMINS TABLET	Non-PDL Generic	
MULTIPLE VITAMINS TABLET ONE DAILY	Non-PDL Generic	
MULTIPLE VITAMINS TABLET P/F,NA/F,LACTOSE FRE	Non-PDL Generic	
MULTI-VITAMIN DAILY TABLET (RX)	Non-PDL Generic	
MULTI-VITAMIN DAILY TABLET 10X10 (RX)	Non-PDL Generic	
multivitamin tablet (rx)	Non-PDL Generic	
MULTIVITAMIN WITH IRON TABLET (RX) 18-400 MG-MCG	Non-PDL Generic	
MULTIVITAMIN WOMEN 50 PLUS TAB 8 MG IRON-400 MCG-300 MCG	Non-PDL Generic	
MULTIVITAMIN-MINERAL LIQUID 9 MG IRON/15 ML	Non-PDL Generic	
multivitamins capsule (rx)	Non-PDL Generic	
multivitamins tablet (rx)	Non-PDL Generic	
MULTI-VITE LIQUID 9 MG IRON/15 ML	Non-PDL Generic	

Drug	Status	Notes
MULTIVIT-MINERAL HP CAP	Non-PDL Generic	
multivit-minerals tablet (rx)	Non-PDL Generic	
multivit-minerals tablet s/f,p/f (rx)	Non-PDL Generic	
MY FAVORITE MULTIPLE LIQUID	Non-PDL Generic	
MYVITALIFE SOFT-GEL CAPSULE	Non-PDL Generic	
O-CAL FA TABLET 27 MG IRON- 1 MG	Non-PDL Generic	
OCUTABS TABLET S/F, W/LUTEIN (RX)	Non-PDL Generic	
OCUTABS TABLET W/LUTEIN,S/F (RX)	Non-PDL Generic	
OMNICAP TABLET 0.4 MG	Non-PDL Generic	
ONCCOR TABLET 200-10-10 MCG	Non-PDL Generic	
ONCOVITE TABLET	Non-PDL Generic	
ONE DAILY COMPLETE TABLET , 18-0.4 MG	Non-PDL Generic	
ONE DAILY ESSENTIAL TABLET (RX)	Non-PDL Generic	
ONE DAILY ESSENTIAL TABLET 400 MCG	Non-PDL Generic	
ONE DAILY FOR MEN 50+ ADV TAB 400-600-120 MCG-MCG-MG	Non-PDL Generic	
ONE DAILY FOR MEN TABLET 0.4-600 MG-MCG	Non-PDL Generic	
ONE DAILY FOR WOMEN 50+ ADV TB W/GINKGO,50+ADVANCED 400-120 MCG-MG	Non-PDL Generic	
ONE DAILY FOR WOMEN TABLET 18-0.4 MG	Non-PDL Generic	
ONE DAILY MAXIMUM TABLET (RX) 18-0.4 MG	Non-PDL Generic	
ONE DAILY MEN'S 50 PLUS D3 TAB 400-20-370 MCG	Non-PDL Generic	
ONE DAILY MEN'S 50+ TABLET 400-600-120 MCG-MCG-MG	Non-PDL Generic	
ONE DAILY MEN'S HEALTH TABLET 0.4-600 MG-MCG	Non-PDL Generic	
ONE DAILY MULTIVITAMIN TABLET 400 MCG	Non-PDL Generic	
ONE DAILY MULTIVITAMIN-IRON TB 18-400 MG-MCG	Non-PDL Generic	
ONE DAILY MULTIVIT-MINERAL TAB 4.5 MG IRON	Non-PDL Generic	
ONE DAILY PLUS IRON TABLET (RX) 18-400 MG-MCG	Non-PDL Generic	

Drug	Status	Notes
ONE DAILY TABLET 0.4-600 MG-MCG	Non-PDL Generic	
ONE DAILY WITH IRON-CALCIUM TB	Non-PDL Generic	
ONE DAILY WITH MINERALS TABLET (RX)	Non-PDL Generic	
ONE DAILY WOMENS 50 PLUS TAB (RX) 0.4 MG	Non-PDL Generic	
ONE DAILY WOMEN'S 50+ TABLET WOMEN'S HEALTH 50+ 400-120 MCG-MG	Non-PDL Generic	
ONE DAILY WOMEN'S HEALTH TAB 18 MG IRON-400 MCG-450 MG CA	Non-PDL Generic	
ONE DAILY WOMEN'S TABLET (RX) 27-0.4 MG	Non-PDL Generic	
ONE-A-DAY CHOLESTEROL PLUS TAB 0.4 MG	Non-PDL Generic	
ONE-A-DAY ESSENTIAL TABLET (RX)	Non-PDL Generic	
ONE-A-DAY MAX FORMULA TAB	Non-PDL Generic	
ONE-A-DAY MEN'S TABLET 400-20-300 MCG	Non-PDL Generic	
ONE-A-DAY TEEN ADVANTAGE TAB 18-400 MG-MCG, 9 MG IRON-400 MCG	Non-PDL Generic	
ONE-A-DAY WOMEN'S TABLET 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
ONE-DAILY MULTI-VIT POWDER PKT	Non-PDL Generic	
ONE-DAILY MULTI-VITAMIN TAB (RX)	Non-PDL Generic	
PROSIGHT TABLET 5,000-60-30 UNIT-MG-UNIT	Non-PDL Generic	
QC MAXIMUM DAILY MULTIVIT TAB 18-0.4 MG	Non-PDL Generic	
QC MEN'S DAILY MULTIVIT-MIN TB (RX) 0.4-600 MG-MCG	Non-PDL Generic	
QUINTABS-M IRON FREE TABLET 0.4 MG	Non-PDL Generic	
RA CENTRAL-VITE WOMEN'S TABLET 8 MG IRON-400 MCG-300 MCG	Non-PDL Generic	
RA ONE DAILY ENERGY TABLET	Non-PDL Generic	
RA ONE DAILY ESSENTIAL TABLET (RX) 0.4 MG	Non-PDL Generic	
RA ONE DAILY MAXIMUM TABLET (RX) 18-0.4 MG	Non-PDL Generic	
RA ONE DAILY MEN'S 50 PLUS D3 400-20-370 MCG	Non-PDL Generic	
RA ONE DAILY WOMEN'S TABLET 18 MG IRON-400 MCG-450 MG CA	Non-PDL Generic	
SENIOR TABS 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	

Drug	Status	Notes
SENTRY SENIOR MULTIVITAMIN TAB SODIUM/F,YEAST/F (RX) 500-300-250 MCG	Non-PDL Generic	
SENTRY SENIOR TABLET 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
SENTRY TABLET 18-400 MG-MCG	Non-PDL Generic	
sm b complex with vit c tablet gluten-free (rx)	Non-PDL Generic	
SM COMPLETE 50 PLUS TABLET (RX) 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
SM COMPLETE ADVANCED TABLET 18-500-300-250 MG-MCG-MCG-MCG	Non-PDL Generic	
SM COMPLETE MULTI-VIT-MINERAL ADVANCED FORMULA 18-400 MG-MCG	Non-PDL Generic	
SM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE 18-400 MG-MCG	Non-PDL Generic	
SM COMPLETE SENIOR FORMULA TAB 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
SM COMPLETE TABLET 27-0.4 MG	Non-PDL Generic	
SM HAIR, SKIN AND NAILS CAPLET CAPLET, GLUTEN-FREE (RX)	Non-PDL Generic	
SM MULTIPLE VITAMIN WOMENS TAB (RX)	Non-PDL Generic	
sm multivitamin w-iron tab (rx)	Non-PDL Generic	
sm multivitamins tablet (rx)	Non-PDL Generic	
SM ONE DAILY MULTIVITAMIN TAB 400 MCG	Non-PDL Generic	
SM SUPER B COMPLEX-C CAPLET (RX)	Non-PDL Generic	
SM THERAPEUTIC M TABLET (RX) 27-0.4 MG	Non-PDL Generic	
SM ULTIMATE WOMEN'S 50+ TABLET 8 MG IRON-400 MCG-300 MCG	Non-PDL Generic	
SM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
SUNVITE TABLET 18 MG IRON-400 MCG-25 MCG	Non-PDL Generic	
SUPER B WITH VIT C CAPSULE (RX)	Non-PDL Generic	
SUPER MULTIPLE VIT-MINERAL TAB	Non-PDL Generic	
SUPER MULTIVITAMIN TABLET	Non-PDL Generic	
SUPER THERA VITE M TABLET (RX)	Non-PDL Generic	
SUPPORT LIQUID (RX)	Non-PDL Generic	
SUPPORT-500 SOFTGEL	Non-PDL Generic	

Drug	Status	Notes
TAB-A-VITE MULTIVIT WITH IRON 18-400 MG-MCG	Non-PDL Generic	
TAB-A-VITE TABLET (RX)	Non-PDL Generic	
TAB-A-VITE WITH IRON TABLET (RX)	Non-PDL Generic	
TARON-PREX PRENATAL DHA CAP 30 MG IRON-1.2 MG-55 MG-265 MG	Non-PDL Generic	
THERA M PLUS TABLET 9 MG IRON-400 MCG	Non-PDL Generic	
THERA TABLET 400 MCG	Non-PDL Generic	
THERADEX M TABLET 27-0.4 MG	Non-PDL Generic	
THERAGRAN-M PREMIER 50+ CAPLET 400-250-375 MCG	Non-PDL Generic	
THERA-M CAPLET CAPLET (RX) 27-0.4 MG	Non-PDL Generic	
THERA-M CAPLET CAPLET,U-D,10X10 (RX) 27-0.4 MG	Non-PDL Generic	
THERA-M CAPLET WITH IRON 9 MG IRON-400 MCG	Non-PDL Generic	
THERA-M TABLET W/BETA CAROTENE 9 MG IRON-400 MCG	Non-PDL Generic	
THERAPEUTIC-M CAPLET 9 MG IRON-400 MCG	Non-PDL Generic	
THERAPEUTIC-M CAPLET P/F, S/F, CAPLET 9 MG IRON-400 MCG	Non-PDL Generic	
THERAPEUTIC-M TABLET 9 MG IRON-400 MCG	Non-PDL Generic	
THERA-TABS CAPLET	Non-PDL Generic	
THERA-TABS M CAPLET CAPLET 27 MG IRON-400 MCG	Non-PDL Generic	
THERATRUM COMPLETE TABLET MFG ERROR (RX)	Non-PDL Generic	
THERATRUM COMPLETE TABLET W/LUTEIN, P/F (RX)	Non-PDL Generic	
THEREMS MULTIVITAMIN TABLET 400 MCG	Non-PDL Generic	
THEREMS-M TABLET (RX) 27-0.4 MG	Non-PDL Generic	
TRUEPLUS DIABETIC MULTIVITAMIN 500-10 MCG	Non-PDL Generic	
ULTRA FREEDA WITH IRON TABLET 6 MG IRON-267 MCG	Non-PDL Generic	
UNICOMPLEX-M TABLET	Non-PDL Generic	
VISION VITAMINS (RX)	Non-PDL Generic	
VITALEE TABLET 0.4 MG	Non-PDL Generic	

Drug	Status	Notes
VITAMIN AND MINERALS TABLET	Non-PDL Generic	
vitamin b complex-vit c cap (rx)	Non-PDL Generic	
vitamin b complex-vit c caplet (rx)	Non-PDL Generic	
vitamin b complex-vitamin c tb (rx)	Non-PDL Generic	
vitamin b complex-vitamin c tb (rx) 400 mcg	Non-PDL Generic	
VITAMINS FOR HAIR TABLET (RX)	Non-PDL Generic	
VITATRUM TABLET 18-500-300-250 MG-MCG-MCG-MCG	Non-PDL Generic	
VITRUM 50 PLUS SENIOR TABLET 500-300-250 MCG	Non-PDL Generic	
WOMEN'S 50 PLUS DAILY FORMULA (RX) 400 MCG-500 MG CALCIUM-20 MCG	Non-PDL Generic	
WOMEN'S 50 PLUS MULTIVIT TAB 400 MCG-500 MG CALCIUM-20 MCG	Non-PDL Generic	
WOMEN'S DAILY CAPLET 27 MG IRON-400 MCG	Non-PDL Generic	
WOMEN'S DAILY FORMULA CAPLET (RX) 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
WOMEN'S DAILY FORMULA CAPLET 27-0.4 MG	Non-PDL Generic	
YELETS TABLET 18-400 MG-MCG	Non-PDL Generic	
Pediatric Vitamin Preparations		
ANIMAL CHEWS TABLET	Non-PDL Generic	
ANIMAL SHAPES CHEWABLE TABLET	Non-PDL Generic	
CHILD CHEW + IRON TAB CHEW	Non-PDL Generic	
CHILD MULTIVITAMINS TAB CHEW	Non-PDL Generic	
CHILDREN MULTIVITAMIN GUMMIES GLUTEN-FREE	Non-PDL Generic	
CHILDREN'S CHEWABLES 300 MCG	Non-PDL Generic	
CHILDREN'S MULTI-VIT GUMMIES 200 MCG	Non-PDL Generic	
CHILD'S CHEWABLE MULTIVIT TAB 300 MCG	Non-PDL Generic	
CVS CHILD GUMMY DINOS GUMMIES	Non-PDL Generic	
CVS GUMMY DINOS VITAMIN 200 MCG	Non-PDL Generic	
CVS KIDS' MULTIVITAMIN GUMMY	Non-PDL Generic	

Drug	Status	Notes
DINO-LIFE CHEWABLE TABLET	Non-PDL Generic	
DINO-LIFE EXTRA C CHEW TABLET	Non-PDL Generic	
DINO-LIFE IRON-ZINC TAB CHEW 4.5 MG	Non-PDL Generic	
EQ CHILD MULTIVITAMIN GUMMIES P/F	Non-PDL Generic	
FLINTSTONES COMPLETE TABLET	Non-PDL Generic	
FLINTSTONES EXTRA C TAB CHEW (RX)	Non-PDL Generic	
FLINTSTONES TABLET CHEWABLE	Non-PDL Generic	
FLINTSTONES WITH IRON TAB CHEW 18 MG IRON	Non-PDL Generic	
GNP CHILDREN'S CHEWABLES 300 MCG	Non-PDL Generic	
GUMMI BEAR MULTIVIT TAB CHEW MULTIVIT & MINERALS (RX)	Non-PDL Generic	
HM ANIMAL SHAPES COMPLETE CHEW CHILD'S, W/ CHOLINE 18 MG IRON	Non-PDL Generic	
HONEY BEARS CHEWABLE TABLET	Non-PDL Generic	
HONEY BEARS IRON-ZINC TAB CHEW 4.5 MG	Non-PDL Generic	
LITTLE ANIMALS CHILD TB CHW	Non-PDL Generic	
LITTLE ANIMALS-IRON TAB CHEW	Non-PDL Generic	
LYSIPLEX PLUS LIQUID	Non-PDL Generic	
MULTIVIT-FLUOR 0.25 MG TAB CHW (RX) 0.25 MG	Non-PDL Generic	
MULTIVIT-FLUOR 0.25 MG TAB CHW (RX) 0.25 MG	Non-PDL Generic	
MULTIVIT-FLUOR 0.25 MG TAB CHW CHEWABLE, D/F, S/F (RX) 0.25 MG	Non-PDL Generic	
MULTIVIT-FLUOR 0.25 MG TAB CHW GRAPE FLAVOR (RX) 0.25 MG	Non-PDL Generic	
MULTIVIT-FLUOR 0.25 MG/ML DROP (RX) 0.25 MG/ML	Non-PDL Generic	
MULTIVIT-FLUOR 0.5 MG TAB CHEW (RX) 0.5 MG	Non-PDL Generic	
MULTIVIT-FLUOR 0.5 MG TAB CHEW (RX) 0.5 MG	Non-PDL Generic	
MULTIVIT-FLUOR 0.5 MG TAB CHEW CHEWABLE, D/F, S/F (RX) 0.5 MG	Non-PDL Generic	
MULTIVIT-FLUOR 0.5 MG TAB CHEW GRAPE FLAVOR (RX) 0.5 MG	Non-PDL Generic	
MULTIVIT-FLUOR 0.5 MG/ML DROP (RX) 0.5 MG/ML	Non-PDL Generic	

Drug	Status	Notes
MULTIVIT-FLUORIDE 1 MG TAB CHW (RX) 1 MG	Non-PDL Generic	
MULTIVIT-FLUORIDE 1 MG TAB CHW (RX) 1 MG	Non-PDL Generic	
MULTIVIT-FLUORIDE 1 MG TAB CHW CHEWABLE, D/F, S/F (RX) 1 MG	Non-PDL Generic	
MULTIVIT-FLUORIDE 1 MG TAB CHW GRAPE FLAVOR (RX) 1 MG	Non-PDL Generic	
MULTIVIT-FLUOR-IRON 0.25 MG/ML (RX) 0.25MG FLUORIDE -10 MG IRON/ML	Non-PDL Generic	
MULTIVIT-IRON-FL 0.25 MG/ML (OTC) 0.25MG FLUORIDE -10 MG IRON/ML	Non-PDL Generic	
MULTIVIT-IRON-FLUOR 0.25 MG/ML (RX) 0.25MG FLUORIDE -10 MG IRON/ML	Non-PDL Generic	
MVC-FLUORIDE 0.25 MG TAB CHEW CHEWABLE, D/F, S/F (RX) 0.25 MG	Non-PDL Generic	
MVC-FLUORIDE 0.5 MG TAB CHEW CHEWABLE, D/F, S/F (RX) 0.5 MG	Non-PDL Generic	
MVC-FLUORIDE 1 MG TAB CHEW CHEWABLE, D/F, S/F (RX) 1 MG	Non-PDL Generic	
MVW COMPLETE FORM MULTIVI SFGL 1,500-800 UNIT-MCG	Non-PDL Generic	
MVW COMPLETE FORM MULTIVIT CHW 1,500-1,000 UNIT-MCG	Non-PDL Generic	
PEDIA POLY-VITE DROPS 750 UNIT-35 MG- 400 UNIT/ML	Non-PDL Brand	
PEDIA TRI-VITE DROP 750 UNIT-35 MG -400 UNIT/ML	Non-PDL Generic	
POLY-VI-SOL 0.5 ML ORAL SYRING 375 UNIT-17.5 MG/0.5 ML	Non-PDL Brand	
POLY-VITAMIN TAB CHEW	Non-PDL Generic	
QC CHILD COMPLETE VIT CHEW TAB 18 MG IRON	Non-PDL Generic	
QC CHILDREN'S CHEWABLE TABLET	Non-PDL Generic	
QUFLORA FE 0.25 MG CHEW TABLET 9-0.25 MG	Non-PDL Generic	
QUFLORA FE PED 0.25 MG/ML DROP 9.5-0.25 MG/ML	Non-PDL Generic	
QUFLORA PED 0.25 MG CHEW TAB 0.25MG FLUORIDE (0.55 MG)	Non-PDL Generic	
QUFLORA PED 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	Non-PDL Generic	
QUFLORA PED 0.5 MG CHEW TAB 0.5 MG FLUORIDE (1.1 MG)	Non-PDL Generic	
QUFLORA PED 0.5 MG/ML DROP 0.5 MG FLUORIDE (1.1 MG)/ML	Non-PDL Generic	
QUFLORA PED 1 MG CHEW TAB 1 MG FLUORIDE (2.2 MG)	Non-PDL Generic	
SCOOBY-DOO ONE A DAY TABLET	Non-PDL Generic	

Drug	Status	Notes
SM ANIMAL SHAPES COMPLETE CHEW GLUTEN-FREE 18 MG IRON	Non-PDL Generic	
SM ANIMAL SHAPES TAB CHEW TODDLERS (RX)	Non-PDL Generic	
SM ANIMAL SHAPES W-IRON TAB CHEWABLE (RX)	Non-PDL Generic	
TRI-VITE-FLUORIDE 0.25 MG/ML 0.25 MG FLUOR. (0.55 MG)/ML	Non-PDL Generic	
TRI-VITE-FLUORIDE 0.5 MG/ML 0.5 MG FLUORIDE (1.1 MG)/ML	Non-PDL Generic	
TRI-VIT-FLUOR 0.25 MG/ML DROP (RX) 0.25 MG FLUOR. (0.55 MG)/ML	Non-PDL Generic	
TRI-VIT-FLUOR 0.5 MG/ML DROP (RX) 0.5 MG FLUORIDE (1.1 MG)/ML	Non-PDL Generic	
VIT A,C,D-FLUORIDE 0.25 MG/ML 0.25 MG FLUOR. (0.55 MG)/ML	Non-PDL Generic	
VIT A,C,D-FLUORIDE 0.5 MG/ML 0.5 MG FLUORIDE (1.1 MG)/ML	Non-PDL Generic	
VITALETS TABLET CHEWABLE CHILD, ORANGE,S/F (RX)	Non-PDL Generic	
VITALETS TABLET CHEWABLE CHILD, RASPBERRY,S/F 10 MG IRON	Non-PDL Generic	
ZOO FRIENDS PLUS IRON TAB CHEW 15 MG	Non-PDL Generic	
Prenatal Vitamin Preparations		
BAL-CARE DHA COMBO PACK 27-1-430 MG	Non-PDL Generic	
BAL-CARE DHA ESSENTIAL PACK 27 MG IRON-1 MG -374 MG	Non-PDL Generic	
CALCIUM-PNV 28-1-250 MG SFTGL 28-1-250 MG	Non-PDL Generic	
C-NATE DHA SOFTGEL 28 MG IRON-1 MG -200 MG	Non-PDL Generic	
COMPLETENATE TABLET CHEW 29 MG IRON- 1 MG	Non-PDL Generic	
CVS PRENATAL GUMMY VITAMINS 400 MCG-35 MG -25 MG-5 MG	Non-PDL Generic	
CVS PRENATAL MULTI-DHA SOFTGEL 27MG IRON- 800 MCG-250 MG	Non-PDL Generic	
CVS PRENATAL VITAMINS TABLET (RX) 27 MG IRON- 0.8 MG	Non-PDL Generic	
CVS WOMEN'S PRENATAL PLUS DHA 28 MG-975 MCG- 200 MG	Non-PDL Generic	
DAILY PRENATAL COMBO PACK 28-800-440 MG-MCG-MG	Non-PDL Generic	
EXTRA-VIRT PLUS DHA SOFTGEL 29 MG IRON-1.25 MG-55 MG	Non-PDL Generic	
FOLIVANE-OB CAPSULE 85-1 MG	Non-PDL Generic	
GNP DAILY PRENATAL COMBO PACK 28-800-440 MG-MCG-MG	Non-PDL Generic	

Drug	Status	Notes
GNP PRENATAL VITAMINS TABLET W/ FOLIC ACID 28 MG IRON- 800 MCG	Non-PDL Generic	
GS PRENATAL VITAMINS TABLET 28-800 MG-MCG	Non-PDL Generic	
HM ONE DAILY PRENATAL COMBO PK 30TB/30SFGL,GLUTEN-F 28-800-440 MG-MCG-MG	Non-PDL Generic	
HM PRENATAL TABLET GLUTEN-FREE 28 MG IRON- 800 MCG	Non-PDL Generic	
KOSHER PRENATAL PLUS IRON TAB 30 MG IRON-1 MG	Non-PDL Generic	
KPN TABLET	Non-PDL Generic	
KRO PRENATAL VITAMINS TABLET 28-800 MG-MCG	Non-PDL Generic	
MARNATAL-F CAPSULE 60 MG IRON-1 MG	Non-PDL Generic	
M-NATAL PLUS TABLET 27 MG IRON- 1 MG	Non-PDL Generic	
MYNATAL ADVANCE TABLET 90-1-50 MG	Non-PDL Generic	
MYNATAL CAPSULE 65 MG IRON- 1 MG	Non-PDL Generic	
MYNATAL PLUS CAPTAB 65 MG IRON- 1 MG	Non-PDL Generic	
MYNATAL ULTRACAPLET 90-1-50 MG	Non-PDL Generic	
MYNATAL-Z CAPTAB 65 MG IRON- 1 MG	Non-PDL Generic	
MYNATE 90 PLUS CAPLET SA 90 MG IRON-1 MG	Non-PDL Generic	
NEWGEN TABLET 32-1,000 MG-MCG	Non-PDL Generic	
NIVA-PLUS TABLET 27 MG IRON- 1 MG	Non-PDL Generic	
OBSTETRIX DHA COMBO PAK 29 MG IRON-1 MG -50 MG	Non-PDL Generic	
O-CAL PRENATAL TABLET 15 MG IRON- 1,000 MCG	Non-PDL Generic	
PERRY PRENATAL CAPSULE 13.5-0.4 MG	Non-PDL Generic	
PNV 29-1 TABLET (RX) 29 MG IRON- 1 MG	Non-PDL Generic	
PNV PRENATAL PLUS MULTIVIT TAB S/F, GLUTEN-FREE (RX) 27 MG IRON- 1 MG	Non-PDL Generic	
PNV-DHA + DOCUSATE SOFTGEL 27-1.25-55-300 MG	Non-PDL Generic	
PNV-DHA SOFTGEL 27 MG IRON-1 MG -300 MG	Non-PDL Generic	
PNV-FERROUS FUMARATE-DOCU-FA 29 MG IRON- 1 MG-25 MG	Non-PDL Generic	
PNV-OMEGA SOFTGEL 28-1-300 MG	Non-PDL Generic	

Drug	Status	Notes
PNV-SELECT TABLET 27-1 MG	Non-PDL Generic	
PR NATAL 400 COMBO PACK 29-1-400 MG	Non-PDL Generic	
PR NATAL 400 EC COMBO PACK 29-1-400 MG	Non-PDL Generic	
PR NATAL 430 COMBO PACK 29 MG IRON-1 MG - 430 MG	Non-PDL Generic	
PR NATAL 430 EC COMBO PACK 29-1-430 MG	Non-PDL Generic	
PRENA1 CHEW TABLET 1.4 MG	Non-PDL Generic	
PRENA1 PEARL SOFTGEL 30-1.4-200 MG	Non-PDL Generic	
PRENA1 TRUE COMBO PACK 30 MG IRON- 1.4 MG-300 MG	Non-PDL Generic	
PRENAISSANCE CAPSULE 29-1.25-55-325 MG	Non-PDL Generic	
PRENAISSANCE PLUS SOFTGEL 28-1-50-250 MG	Non-PDL Generic	
PRENATABS FA TABLET 29-1 MG	Non-PDL Generic	
PRENATABS RX TABLET 29 MG IRON- 1 MG	Non-PDL Generic	
PRENATAL + DHA COMBO PACK 28 MG IRON- 975 MCG-200 MG	Non-PDL Generic	
PRENATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG	Non-PDL Generic	
PRENATAL 19 TABLET (RX) 29 MG IRON- 1 MG-25 MG	Non-PDL Generic	
PRENATAL CAPLET 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL FORMULA TABLET (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL GUMMIES 400-32.5 MCG-MG	Non-PDL Generic	
PRENATAL LOW IRON TABLET (RX) 27 MG IRON- 1 MG	Non-PDL Generic	
PRENATAL MULTI-DHA SOFTGEL 27 MG IRON-800 MCG-260 MG	Non-PDL Brand	
PRENATAL MULTI-DHA SOFTGEL 27MG IRON- 800 MCG-250 MG	Non-PDL Generic	
PRENATAL MULTIVITAMIN TABLET (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL MULTIVITAMIN-DHA SFGL 27MG IRON- 800 MCG-250 MG	Non-PDL Generic	
PRENATAL ONE DAILY TABLET 27 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL ONE TABLET 27 MG-360 MCG- 125 MG-32 MG	Non-PDL Generic	
PRENATAL PLUS IRON TABLET (RX) 29 MG IRON- 1 MG	Non-PDL Generic	

Drug	Status	Notes
PRENATAL TABLET (RX) 27 MG IRON- 0.8 MG	Non-PDL Generic	
prenatal tablet 27 mg iron- 800 mcg	Non-PDL Generic	
prenatal tablet 28 mg iron- 800 mcg	Non-PDL Generic	
prenatal tablet 28 mg iron- 800 mcg	Non-PDL Generic	
PRENATAL TABLET 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL TABLET INNER (RX) 27 MG IRON- 0.8 MG	Non-PDL Generic	
PRENATAL TABLET NA/F, GLUTEN-FREE 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL TABLET NO LACTOSE,P/F,NA/F (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL TABLET NO LACTOSE,P/F,NA/F 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL TABLET OUTER (RX) 27 MG IRON- 0.8 MG	Non-PDL Generic	
PRENATAL TABLET P/F,NA/F (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL TABLET VITAMIN & MINERAL 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL VITAMIN PLUS LOW IRON 27 MG IRON- 1 MG	Non-PDL Generic	
PRENATAL VITAMIN TABLET (RX) 27 MG IRON- 0.8 MG	Non-PDL Generic	
PRENATAL VITAMIN TABLET 27 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL VITAMINS TABLET MULTIVITAMIN/MINERAL 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL VITAMINS TABLET PHOSPHORUS FREE 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL VITAMINS TABLET W/ FOLIC ACID 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL-U CAPSULE 106.5-1 MG	Non-PDL Generic	
PREPLUS CA-FE 27 MG-FA 1 MG TB (RX) 27 MG IRON- 1 MG	Non-PDL Generic	
PRETAB 29 MG-1 MG TABLET (RX) 29-1 MG	Non-PDL Generic	
PUREFE OB PLUS CAPSULE 106 MG IRON- 1 MG	Non-PDL Generic	
PUREFE PLUS CAPSULE 106 MG IRON- 1 MG	Non-PDL Generic	
QC PRENATAL TABLET 28 MG IRON- 800 MCG	Non-PDL Generic	
RA ONE DAILY PRENATAL DHA PACK 30'S TAB & 30'S CAP 28-800-440 MG-MCG-MG	Non-PDL Generic	
RA PRENATAL FORMULA TABLET (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	

Drug	Status	Notes
RA PRENATAL TABLET (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
R-NATAL OB SOFTGEL 20 MG IRON- 1 MG-320 MG	Non-PDL Generic	
SELECT-OB CHEWABLE CAPLET 29 MG IRON- 1 MG	Non-PDL Generic	
SELECT-OB CHEWABLE CAPLET 29 MG IRON- 1 MG	Non-PDL Generic	
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG	Non-PDL Generic	
SM ONE DAILY PRENATAL COMBO PK 28 MG IRON- 800 MCG	Non-PDL Generic	
SM PRENATAL TABLET GLUTEN-FREE 28 MG IRON- 800 MCG	Non-PDL Generic	
SM PRENATAL VITAMINS TABLET 28 MG IRON- 800 MCG	Non-PDL Generic	
SV PRENATAL TABLET P/F,S/F,GLUTEN-FREE 28 MG IRON- 800 MCG	Non-PDL Generic	
SV PRENATAL VITAMINS TABLET 28-800 MG-MCG	Non-PDL Generic	
TARON-C DHA CAPSULE 35-1-200 MG	Non-PDL Generic	
TENDERA-OB SOFTGEL 27 MG IRON-1 MG -205 MG	Non-PDL Brand	
TRINATE TABLET 28 MG IRON- 1 MG	Non-PDL Generic	
TRIVEEN-DUO DHA COMBO PACK 29-1-400 MG	Non-PDL Generic	
TRIVEEN-PRX RNF CAPSULE 26-1.2-55-300 MG	Non-PDL Generic	
VENA-BAL DHA COMBO PACK 27-1-430 MG	Non-PDL Generic	
VINACAL B PRENATAL COMBO PACK 20 MG IRON-1 MG -25 MG/25 MG	Non-PDL Generic	
VINATE CARE CHEWABLE TABLET 40 MG IRON- 1 MG	Non-PDL Generic	
VINATE GT TABLET 90-1-50 MG	Non-PDL Generic	
VINATE II TABLET 29 MG IRON- 1 MG	Non-PDL Generic	
VINATE ONE TABLET 60 MG IRON-1 MG	Non-PDL Generic	
VINATE ULTRA TABLET F/C 90-1-50 MG	Non-PDL Generic	
VINATE-M TABLET 27 MG IRON-1 MG	Non-PDL Generic	
VIRT-C DHA SOFTGEL (RX) 35-1-200 MG	Non-PDL Generic	
VIRT-NATE DHA SOFTGEL 28 MG IRON-1 MG -200 MG	Non-PDL Generic	
VIRT-PN DHA SOFTGEL (RX) 27 MG IRON-1 MG - 300 MG	Non-PDL Generic	

Drug	Status	Notes
VIRT-PN PLUS SOFTGEL (RX) 28-1-300 MG	Non-PDL Generic	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG	Non-PDL Generic	
VITAFOL NANO TABLET 18 MG IRON- 1 MG	Non-PDL Generic	
VITAFOL-OB+DHA COMBO PACK 65-1-250 MG	Non-PDL Generic	
VIVA DHA PRENATAL SOFTGEL 28 MG IRON-1 MG -200 MG	Non-PDL Generic	
VP-CH PLUS SOFTGEL 29 MG IRON-1 MG -50 MG-265 MG	Non-PDL Generic	
VP-CH-PNV PRENATAL SOFTGEL UNAPP DRUG SUPP COMB 30 MG IRON-1 MG -50 MG-260 MG	Non-PDL Generic	
VP-PNV-DHA SOFTGEL (RX) 28 MG IRON- 1 MG-200 MG	Non-PDL Generic	
ZATEAN-PN DHA CAPSULE 27 MG IRON-1 MG -300 MG	Non-PDL Generic	
ZATEAN-PN PLUS SOFTGEL 28-1-300 MG	Non-PDL Generic	
Prenatal Vitamins Without Iron		
CVS PRENATAL GUMMIES 400 MCG	Non-PDL Generic	
ZINGIBER TABLET 1.2 MG-40 MG- 124.1 MG-100 MG	Non-PDL Generic	
Vitamin A Preparations		
beta carotene 10,000 units cap (rx) 10,000 unit	Non-PDL Generic	
beta carotene 7,500 mcg sfgl (rx) 25,000 unit	Non-PDL Generic	
beta-carotene 25,000 unit sfgl softgel (rx) 25,000 unit	Non-PDL Generic	
cvs beta-carotene 25,000 unit (rx) 25,000 unit	Non-PDL Generic	
cvs vitamin a 8,000 unit sftgl (rx) 8,000 unit	Non-PDL Generic	
gnp vitamin a 10,000 unit sfgl s/f,d/f, gluten-free (rx) 10,000 unit	Non-PDL Generic	
gnp vitamin a 8,000 unit cap natural 8,000 unit	Non-PDL Generic	
PREVENT SOFTGELS	Non-PDL Generic	
ra vitamin a 10,000 unit sftgl p/f,s/f,softgel (rx) 10,000 unit	Non-PDL Generic	
vitamin a 10,000 unit capsule palmitate (rx) 10,000 unit	Non-PDL Generic	
vitamin a 10,000 unit capsule soluble (rx) 10,000 unit	Non-PDL Generic	
vitamin a 10,000 unit softgel (rx) 10,000 unit	Non-PDL Generic	
vitamin a 10,000 unit softgel s/f,p/f,na/f,softgel (rx) 10,000 unit	Non-PDL Generic	

Drug	Status	Notes
vitamin a 8,000 unit capsule (rx) 8,000 unit	Non-PDL Generic	
vitamin a 8,000 unit capsule natural 8,000 unit	Non-PDL Generic	
vitamin a 8,000 unit softgel (rx) 8,000 unit	Non-PDL Generic	
Vitamin B Preparations		
ACTIVITE TABLET 1 MG	Non-PDL Generic	
b complex capsule (rx)	Non-PDL Generic	
B COMPLEX NUMBER 1 TABLET 0.4 MG	Non-PDL Generic	
B COMPLEX TABLET	Non-PDL Generic	
B COMPLEX WITH VITAMIN C TAB 18-10-45-5-250 MG	Non-PDL Generic	
BALANCE B-100 TABLET 0.4 MG	Non-PDL Generic	
BALANCE B-50 TABLET 0.4 MG	Non-PDL Generic	
BALANCE B-50 TABLET INNER,P/F,GLUTEN/F 0.4 MG	Non-PDL Generic	
BALANCE B-50 TABLET OUTER,P/F,GLUTEN/F 0.4 MG	Non-PDL Generic	
balanced b-complex caplet p/f,no-lactose (rx) 400 mcg	Non-PDL Generic	
B-COMPLEX 100 INJECTION LATEX-FREE, MDV 100-2-100-2-2 MG/ML	Non-PDL Generic	
B-COMPLEX 100 INJECTION MDV 100-2-100-2-2 MG/ML	Non-PDL Generic	
B-COMPLEX INJECTION VIAL (CMPD-RX) 100-2-100-2-2 MG/ML	Non-PDL Generic	
B-COMPLEX WITH B12 TABLET (RX)	Non-PDL Generic	
b-complex with vit c caplet (rx) 400 mcg	Non-PDL Generic	
b-complex with vit c caplet s/f,p/f,gluten-free (rx) 400 mcg	Non-PDL Generic	
b-complex with vit c tablet (rx) 400 mcg	Non-PDL Generic	
cvs super b-complex-vit c cplt (rx) 400 mcg	Non-PDL Generic	
DIALYVITE TABLET 100-1 MG	Non-PDL Generic	
eql b complex 50 tablet high potency (rx)	Non-PDL Generic	
eql super b complex tablet (rx) 400 mcg	Non-PDL Generic	
FOLBEE PLUS TABLET 5 MG	Non-PDL Generic	

Drug	Status	Notes
FOLBIC TABLET 2.5-25-2 MG	Non-PDL Generic	
FULL SPECTRUM B WITH VIT C TAB 0.8 MG	Non-PDL Generic	
hm super vitamin b complex gluten-free (rx) 400 mcg	Non-PDL Generic	
HYLAVITE TABLET 1 MG	Non-PDL Generic	
MYNEPHROCAPS SOFTGEL 1 MG	Non-PDL Generic	
MYNEPHRON CAPSULE 1 MG	Non-PDL Generic	
NEPHRO-VITE TABLET (RX) 0.8 MG	Non-PDL Generic	
RA BALANCED B-50 TABLET NATURAL,P/F (RX)	Non-PDL Generic	
ra b-complex tablet p/f (rx)	Non-PDL Generic	
RA B-COMPLEX TABLET P/F (RX)	Non-PDL Generic	
ra b-complex-vitamin b-12 tab p/f (rx)	Non-PDL Generic	
RENAL CAPS SOFTGEL 1 MG	Non-PDL Generic	
RENAL VITAMIN TABLET 0.8 MG	Non-PDL Generic	
RENAL-VITE TABLET 0.8 MG	Non-PDL Generic	
RENA-VITE TABLET (RX) 0.8 MG	Non-PDL Generic	
RENO CAPS SOFTGEL 1 MG	Non-PDL Generic	
SM BALANCED B-50 TABLET (OTC)	Non-PDL Generic	
SM NATURAL BALANCED B-100 TAB 100 MG	Non-PDL Generic	
sm super vitamin b complex tab (rx) 400 mcg	Non-PDL Generic	
super b complex tablet (rx) 400 mcg	Non-PDL Generic	
super b complex tablet p/f (rx) 400 mcg	Non-PDL Generic	
SUPER B-50 COMPLEX CAPSULE (RX)	Non-PDL Generic	
SUPER QUINTS B-50 TABLETS	Non-PDL Generic	
TRIPHROCAPS SOFTGEL SOFTGEL (RX) 1 MG	Non-PDL Generic	
VIRT-CAPS SOFTGEL (RX) 1 MG	Non-PDL Generic	
VITAMIN B COMPLEX CAPSULE (RX)	Non-PDL Generic	

Drug	Status	Notes
vitamin b complex softgel (rx)	Non-PDL Generic	
vitamin b complex tablet (rx)	Non-PDL Generic	
VITAMIN B COMPLEX TABLET 500 MG-400 MCG-18 MG IRON	Non-PDL Generic	
vitamin b complex tablet s/f,na/f,p/f (rx) 0.4 mg	Non-PDL Generic	
VITAMIN B-COMPLEX & C CAPLET P/F, CAPLET 400-500 MCG-MG	Non-PDL Generic	
VITAMIN B-COMPLEX & C CAPLET P/F,LACTOSE FREE 400-500 MCG-MG	Non-PDL Generic	
VITAMIN B-COMPLEX & C CAPLET P/F,NO LACTOSE,CPLT 400-500 MCG-MG	Non-PDL Generic	
WESTAB MAX TABLET 2.5-25-2 MG	Non-PDL Generic	
WEST-VITE WITH FOLIC ACID TAB 0.8 MG	Non-PDL Generic	
Vitamin B1 Preparations		
B-1 100 MG TABLET P/F, S/F,GLUTEN-FREE (RX) 100 MG	Non-PDL Generic	
CVS B-1 100 MG TABLET P/F, S/F,GLUTEN-FREE (RX) 100 MG	Non-PDL Generic	
cvs vitamin b-1 100 mg tablet (rx) 100 mg	Non-PDL Generic	
GNP VITAMIN B-1 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
ra vitamin b-1 100 mg tablet 100 mg	Non-PDL Generic	
RA VITAMIN B-1 100 MG TABLET P/F (RX) 100 MG	Non-PDL Generic	
SM VITAMIN B-1 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
thiamine 100 mg tablet coated (rx) 100 mg	Non-PDL Generic	
thiamine 200 mg/2 ml vial 25's,mdv,outer 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial mdv 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial mdv, inner 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial mdv, outer 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial mdv,inner 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial muv, inner 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial muv, outer 100 mg/ml	Non-PDL Generic	
thiamine 250 mg tablet (rx) 250 mg	Non-PDL Generic	

Drug	Status	Notes
vitamin b-1 100 mg tablet (rx) 100 mg	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
vitamin b-1 100 mg tablet 100 mg	Non-PDL Generic	
vitamin b-1 100 mg tablet gluten-free 100 mg	Non-PDL Generic	
vitamin b-1 100 mg tablet inner 100 mg	Non-PDL Generic	
vitamin b-1 100 mg tablet outer 100 mg	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET P/F, GLUTEN-FREE (RX) 100 MG	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET P/F,S/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET S/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-1 250 MG TABLET P/F,NA/F (RX) 250 MG	Non-PDL Generic	
VITAMIN B-1 250 MG TABLET S/F (RX) 250 MG	Non-PDL Generic	
vitamin b-1 50 mg tablet (rx) 50 mg	Non-PDL Generic	
VITAMIN B-1 50 MG TABLET (RX) 50 MG	Non-PDL Generic	
VITAMIN B-1 50 MG TABLET S/F, GLUTEN FREE (RX) 50 MG	Non-PDL Generic	
Vitamin B12 Preparations		
b-12 1,000 mcg tablet (rx) 1,000 mcg	Non-PDL Brand	
b-12 1,000 mcg tablet s/f, p/f,gluten-free (rx) 1,000 mcg	Non-PDL Brand	
B-12 500 MCG TABLET (RX) 500 MCG	Non-PDL Generic	
B-12 DOTS 500 MCG TABLET 500 MCG	Non-PDL Generic	
B-12 ER 1,000 MCG TAB ER (RX) 1,000 MCG	Non-PDL Generic	
cvs b-12 1,000 mcg tablet (rx) 1,000 mcg	Non-PDL Brand	
cvs vit b-12 tr 1,000 mcg tab (rx) 1,000 mcg	Non-PDL Generic	
cvs vitamin b-12 500 mcg tab s/f, p/f, gluten-f 500 mcg	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml inner, latex-free 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml inner,latex-free 1,000 mcg/ml	Non-PDL Generic	

Drug	Status	Notes
cyanocobalamin 1,000 mcg/ml inner,latex-free,suv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml latex-free,mdv,inner 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml latex-free,outer,mdv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml mdv,5's 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml mdv,inner,latex-free 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml mdv,outer,latex-free 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml muv, inner 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml muv, outer 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml outer, latex-free 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml outer,latex-free 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 1,000 mcg/ml outer,latex-free,suv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 inner,latex-free,mdv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 inner,latex-free,muv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 mdv, inner, l/f 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 mdv, outer, l/f 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 muv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 outer,latex-free,mdv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 outer,latex-free,muv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 inner,latex-free,mdv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 inner,muv,latex-free 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 mdv, inner, l/f 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 mdv, outer, l/f 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 muv, l/f, inner 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 muv, l/f, outer 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 muv, latex-free 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 outer,latex-free,mdv 1,000 mcg/ml	Non-PDL Generic	

Drug	Status	Notes
cyanocobalamin 30,000 mcg/30 outer,muv,latex-free 1,000 mcg/ml	Non-PDL Generic	
eql vit b-12 er 1,000 mcg tab (rx) 1,000 mcg	Non-PDL Generic	
EQL VITAMIN B-12 500 MCG TAB (RX) 500 MCG	Non-PDL Generic	
FN VITAMIN B-12 1,000 MCG TAB TIME RELEASE,LAC/FRE (RX) 1,000 MCG	Non-PDL Generic	
gnp vit b-12 er 1,000 mcg tab prolonged release (rx) 1,000 mcg	Non-PDL Generic	
gnp vit b-12 tr 1,000 mcg tab natural 1,000 mcg	Non-PDL Generic	
gnp vitamin b-12 500 mcg tab maximum strength 500 mcg	Non-PDL Generic	
hm vit b-12 tr 1,000 mcg tab gluten-free (rx) 1,000 mcg	Non-PDL Generic	
hm vitamin b-12 500 mcg tablet 500 mcg	Non-PDL Generic	
HM VITAMIN B-12 500 MCG TABLET GLUTEN-FREE (RX) 500 MCG	Non-PDL Generic	
hydroxocobalamin 1,000 mcg/ml 1,000 mcg/ml	Non-PDL Generic	
ra vit b12 1,000 mcg tab sa natural,p/f,s/f (rx) 1,000 mcg	Non-PDL Generic	
RA VITAMIN B-12 100 MCG TABLET (RX) 100 MCG	Non-PDL Generic	
ra vitamin b12 tr 1,000 mcg tb (rx) 1,000 mcg	Non-PDL Generic	
sm vitamin b12 1,000 mcg tab (rx) 1,000 mcg	Non-PDL Generic	
sm vitamin b12 1,000 mcg tab natural (otc) 1,000 mcg	Non-PDL Generic	
SM VITAMIN B-12 100 MCG TABLET (RX) 100 MCG	Non-PDL Generic	
sm vitamin b-12 500 mcg tablet 500 mcg	Non-PDL Generic	
SM VITAMIN B-12 500 MCG TABLET GLUTEN-FREE (RX) 500 MCG	Non-PDL Generic	
SM VITAMIN B12 TR 1,000 MCG TB GLUTEN-FREE (RX) 1,000 MCG	Non-PDL Generic	
sv vitamin b-12 500 mcg tablet 500 mcg	Non-PDL Generic	
sv vitamin b12 tr 1,000 mcg tb (rx) 1,000 mcg	Non-PDL Generic	
vitamin b12 1,000 mcg tab sa (rx) 1,000 mcg	Non-PDL Generic	
vitamin b-12 1,000 mcg tablet (rx) 1,000 mcg	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET (RX) 1,000 MCG	Non-PDL Generic	
vitamin b-12 1,000 mcg tablet gluten-free (rx) 1,000 mcg	Non-PDL Generic	

Drug	Status	Notes
vitamin b-12 1,000 mcg tablet inner (rx) 1,000 mcg	Non-PDL Generic	
vitamin b-12 1,000 mcg tablet outer (rx) 1,000 mcg	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET P/F, S/F,GLUTEN-FREE (RX) 1,000 MCG	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET P/F,STARCH/SOY-FREE (RX) 1,000 MCG	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET S/F, NA/F, P/F (RX) 1,000 MCG	Non-PDL Generic	
vitamin b-12 100 mcg tablet (rx) 100 mcg	Non-PDL Generic	
VITAMIN B-12 100 MCG TABLET (RX) 100 MCG	Non-PDL Generic	
VITAMIN B-12 100 MCG TABLET S/F,P/F,NA/F (RX) 100 MCG	Non-PDL Generic	
vitamin b-12 250 mcg tablet (rx) 250 mcg	Non-PDL Generic	
VITAMIN B-12 250 MCG TABLET (RX) 250 MCG	Non-PDL Generic	
VITAMIN B12 500 MCG TABLET (RX) 500 MCG	Non-PDL Generic	
VITAMIN B-12 500 MCG TABLET (RX) 500 MCG	Non-PDL Generic	
vitamin b-12 500 mcg tablet 500 mcg	Non-PDL Generic	
vitamin b-12 500 mcg tablet gluten-free 500 mcg	Non-PDL Generic	
vitamin b-12 500 mcg tablet inner 500 mcg	Non-PDL Generic	
vitamin b-12 500 mcg tablet outer 500 mcg	Non-PDL Generic	
VITAMIN B-12 500 MCG TABLET P/F (RX) 500 MCG	Non-PDL Generic	
vitamin b-12 500 mcg tablet p/f,gluten-free 500 mcg	Non-PDL Generic	
vitamin b-12 500 mcg tablet p/f,s/f,gluten-free 500 mcg	Non-PDL Generic	
vitamin b-12 er 1,000 mcg tab s/f, p/f, d/f (rx) 1,000 mcg	Non-PDL Generic	
vitamin b-12 tr 1,000 mcg tab (rx) 1,000 mcg	Non-PDL Generic	
vitamin b-12 tr 1,000 mcg tab gluten-free, f/c (rx) 1,000 mcg	Non-PDL Generic	
vitamin b-12 tr 1,000 mcg tab natural 1,000 mcg	Non-PDL Generic	
VITAMIN B-12 TR 1,000 MCG TAB P/F (RX) 1,000 MCG	Non-PDL Generic	
VITAMIN B-12 TR 1,000 MCG TAB P/F, GLUTEN/FREE (RX) 1,000 MCG	Non-PDL Generic	
Vitamin B2 Preparations		

Drug	Status	Notes
cvs vitamin b-2 100 mg tablet 100 mg	Non-PDL Generic	
riboflavin 100 mg tablet 100 mg	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET COATED, S/F,P/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET GLUTEN-FREE (RX) 100 MG	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET S/F, P/F, LACTOSE-F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET S/F,L/F,Y/F,GLUTEN/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET S/F,P/F (RX) 100 MG	Non-PDL Generic	
Vitamin B6 Preparations		
cvs vitamin b-6 100 mg tablet (rx) 100 mg	Non-PDL Generic	
EQL VITAMIN B-6 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
GNP VITAMIN B-6 100 MG TABLET GLUTEN FREE (RX) 100 MG	Non-PDL Generic	
HM VITAMIN B-6 100 MG TABLET GLUTEN-FREE (RX) 100 MG	Non-PDL Generic	
pyridoxine 100 mg/ml vial 25's, mdv 100 mg/ml	Non-PDL Generic	
pyridoxine 25 mg tablet (rx) 25 mg	Non-PDL Generic	
pyridoxine 25 mg tablet coated (rx) 25 mg	Non-PDL Generic	
pyridoxine 50 mg tablet (rx) 50 mg	Non-PDL Generic	
RA VITAMIN B-6 100 MG TABLET P/F,SUGAR FREE (RX) 100 MG	Non-PDL Generic	
RA VITAMIN B-6 50 MG TABLET P/F (RX) 50 MG	Non-PDL Generic	
sm vitamin b-6 100 mg tablet (rx) 100 mg	Non-PDL Generic	
SM VITAMIN B-6 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
SM VITAMIN B-6 100 MG TABLET GLUTEN-FREE (RX) 100 MG	Non-PDL Generic	
sv vitamin b-6 100 mg tablet (rx) 100 mg	Non-PDL Generic	
vitamin b-6 100 mg tablet (rx) 100 mg	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET P/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET P/F,NO LACTOSE (RX) 100 MG	Non-PDL Generic	

Drug	Status	Notes
VITAMIN B-6 100 MG TABLET P/F,NO-LACTOSE (RX) 100 MG	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET S/F,L/F,Y/F,GLUTEN/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-6 25 MG TABLET (RX) 25 MG	Non-PDL Generic	
vitamin b-6 50 mg tablet (rx) 50 mg	Non-PDL Generic	
VITAMIN B-6 50 MG TABLET (RX) 50 MG	Non-PDL Generic	
vitamin b-6 50 mg tablet inner (rx) 50 mg	Non-PDL Generic	
vitamin b-6 50 mg tablet outer (rx) 50 mg	Non-PDL Generic	
VITAMIN B-6 50 MG TABLET S/F,L/F,Y/F,GLUTEN/F (RX) 50 MG	Non-PDL Generic	
VITAMIN B-6 50 MG TABLET S/F,P/F (RX) 50 MG	Non-PDL Generic	
Vitamin C Preparations		
ACEROLA C 500 MG TABLET CHEW 500 MG	Non-PDL Generic	
ACEROLA C 500 MG WAFER (RX) 500 MG	Non-PDL Generic	
ascorbic acid 500 mg tablet (rx) 500 mg	Non-PDL Generic	
ascorbic acid 500 mg/ml vial latex-free, p/f, suv 500 mg/ml	Non-PDL Generic	
ascorbic acid 500 mg/ml vial suv 500 mg/ml	Non-PDL Generic	
ascorbic acid granules (rx)	Non-PDL Generic	
C COMPLEX 1,000 MG TABLET SA 1,000 MG	Non-PDL Generic	
C COMPLEX 500 MG TABLET SA 500 MG	Non-PDL Generic	
C-1,000 MG TABLET (RX) 1,000 MG	Non-PDL Generic	
C-1,000 MG TABLET SA NA/F,S/F,STARCH/F (RX) 1,000 MG	Non-PDL Generic	
C-1,000 MG WITH ROSE HIPS CPLT CAPLET 1,000 MG	Non-PDL Generic	
C-1,000 MG WITH ROSE HIPS TAB P/F 1,000 MG	Non-PDL Generic	
C-1000 ER CAPLET 1,000 MG	Non-PDL Generic	
C-500 ER TABLET 500 MG	Non-PDL Generic	
C-500 MG TABLET (RX) 500 MG	Non-PDL Generic	
C-500 MG TABLET CHEWABLE (RX) 500 MG	Non-PDL Generic	

Drug	Status	Notes
C-500 MG TABLET ROSE HIPS (RX) 500 MG	Non-PDL Generic	
CVS VIT C-ROSE HIP 1,000 MG TB (RX) 1,000 MG	Non-PDL Generic	
CVS VIT C-ROSE HIP 500 MG CHEW 500 MG	Non-PDL Generic	
CVS VIT C-ROSE HIPS 500 MG TAB (RX) 500 MG	Non-PDL Generic	
cvs vitamin c 1,000 mg caplet (rx) 1,000 mg	Non-PDL Generic	
cvs vitamin c 250 mg tablet (rx) 250 mg	Non-PDL Generic	
CVS VITAMIN C 500 MG CAPLET S/F, P/F,GLUTEN-FREE (RX) 500 MG	Non-PDL Generic	
cvs vitamin c 500 mg tablet (rx) 500 mg	Non-PDL Generic	
ENDUR-C ROSE HIPS SR 1,000 MG 1,000 MG	Non-PDL Generic	
ENDUR-C ROSE HIPS SR 500 MG TB 500 MG	Non-PDL Generic	
EQL VIT C-ROSE HIP 1,000 MG TB (RX) 1,000 MG	Non-PDL Generic	
EQL VIT C-ROSE HIPS 500 MG TAB (RX) 500 MG	Non-PDL Generic	
EQL VITAMIN C 1,000 MG TABLET P/F, LACTOSE FREE (RX) 1,000 MG	Non-PDL Generic	
FRUIT C-500 TABLET CHEWABLE 500 MG	Non-PDL Generic	
GNP VIT C-ROSE HIP 1,000 MG TB 1,000 MG	Non-PDL Generic	
GNP VIT C-ROSE HIP 500 MG CAPL CAPLET,NATURAL 500 MG	Non-PDL Generic	
GNP VIT C-ROSE HIPS 500 MG TAB (RX) 500 MG	Non-PDL Generic	
GNP VITAMIN C 1,000 MG TABLET (RX) 1,000 MG	Non-PDL Generic	
GNP VITAMIN C 1,000 MG TABLET 1,000 MG	Non-PDL Generic	
GNP VITAMIN C 1,000 MG TABLET WITH ROSE HIPS (RX) 1,000 MG	Non-PDL Generic	
GNP VITAMIN C 250 MG TABLET (RX) 250 MG	Non-PDL Generic	
GNP VITAMIN C 250 MG TABLET 2TABX1OO SAMPLE PACK (RX) 250 MG	Non-PDL Generic	
GNP VITAMIN C 500 MG CAPLET CAPLET,NATURAL 500 MG	Non-PDL Generic	
GNP VITAMIN C 500 MG TAB CHEW CHEWABLES (RX) 500 MG	Non-PDL Generic	
GNP VITAMIN C 500 MG TABLET (RX) 500 MG	Non-PDL Generic	
GNP VITAMIN C ER 500 MG TABLET PROLONGED RELEASE (RX) 500 MG	Non-PDL Generic	

Drug	Status	Notes
HM VIT C-ROSE HIP 1,000 MG TAB GLUTEN-FREE (RX) 1,000 MG	Non-PDL Generic	
HM VIT C-ROSE HIPS 500 MG CPLT GLUTEN-FREE, CAPLET (RX) 500 MG	Non-PDL Generic	
hm vitamin c 500 mg tab chew (rx) 500 mg	Non-PDL Generic	
HM VITAMIN C 500 MG TAB CHEW GLUTEN-FREE (RX) 500 MG	Non-PDL Generic	
RA VIT C-ROSE HIPS 500 MG TAB NATURAL,P/F,S/F (RX) 500 MG	Non-PDL Generic	
RA VITAMIN C 1,000 MG TAB SA W/BIOFLAVONOIDS (RX) 1,000 MG	Non-PDL Generic	
RA VITAMIN C 1,000 MG TABLET P/F,S/F,NATURAL (RX) 1,000 MG	Non-PDL Generic	
RA VITAMIN C 1,000 MG TABLET W/ROSE HIPS,P/F,S/F (RX) 1,000 MG	Non-PDL Generic	
RA VITAMIN C 250 MG TABLET P/F (RX) 250 MG	Non-PDL Generic	
RA VITAMIN C 500 MG CHEW TAB ORANGE (RX) 500 MG	Non-PDL Generic	
ra vitamin c 500 mg tab chew (rx) 500 mg	Non-PDL Generic	
RA VITAMIN C 500 MG TAB CHEW P/F (RX) 500 MG	Non-PDL Generic	
RA VITAMIN C 500 MG TABLET P/F (RX) 500 MG	Non-PDL Generic	
RA VITAMIN C 500 MG TABLET P/F,S/F,NATURAL (RX) 500 MG	Non-PDL Generic	
RA VITAMIN C TR 500 MG CAPLET CAPLET,P/F,S/F (RX) 500 MG	Non-PDL Generic	
SM VIT C-ROSE HIPS 500 MG TAB (RX) 500 MG	Non-PDL Generic	
SM VITAMIN C 1,000 MG TABLET (RX) 1,000 MG	Non-PDL Generic	
SM VITAMIN C 1,000 MG TABLET GLUTEN-FREE (RX) 1,000 MG	Non-PDL Generic	
SM VITAMIN C 250 MG TABLET (RX) 250 MG	Non-PDL Generic	
SM VITAMIN C 500 MG CAPLET CAPLET, GLUTEN-FREE (RX) 500 MG	Non-PDL Generic	
SM VITAMIN C 500 MG TAB CHEW (RX) 500 MG	Non-PDL Generic	
SM VITAMIN C 500 MG TAB CHEW GLUTEN-F, TROP FRUIT (RX) 500 MG	Non-PDL Generic	
SM VITAMIN C 500 MG TABLET (RX) 500 MG	Non-PDL Generic	
SM VITAMIN C 500 MG TABLET 500 MG	Non-PDL Generic	
SM VITAMIN C 500 MG TABLET VALU-SIZE (RX) 500 MG	Non-PDL Generic	
sm vitamin c sr 500 mg tablet (rx) 500 mg	Non-PDL Generic	

Drug	Status	Notes
SM VITAMIN C TR 500 MG TABLET GLUTEN-FREE (RX) 500 MG	Non-PDL Generic	
sm vitamin c with rose hips natural (rx) 1,000 mg	Non-PDL Generic	
SM VITAMIN C WITH ROSE HIPS NATURAL (RX) 1,000 MG	Non-PDL Generic	
SOOTHING PUREWAY-C 500 MG TAB 500 MG	Non-PDL Generic	
SV VIT C-ROSE HIP 1,000 MG TAB S/F,P/F,GLUTEN-FREE (RX) 1,000 MG	Non-PDL Generic	
SV VIT C-ROSE HIPS 1,000 MG TB S/F,P/F,GLUTEN-FREE (RX) 1,000 MG	Non-PDL Generic	
SV VIT C-ROSE HIPS 500 MG TAB (RX) 500 MG	Non-PDL Generic	
SV VIT C-ROSE HIPS 500 MG TAB P/F, GLUTEN FREE (RX) 500 MG	Non-PDL Generic	
SV VITAMIN C 500 MG TAB CHEW P/F, GLUTEN-FREE (RX) 500 MG	Non-PDL Generic	
SV VITAMIN C TR 1,000 MG TAB W/ROSE HIPS,P/F,S/F (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS 1,000 MG CPLT CAPLET,P/F (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS 1,000 MG TAB (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS 1,000 MG TAB 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS 1,000 MG TAB BIOFLAVONOIDS (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS 1,000 MG TAB S/F (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG CAPLET CAPLET,NATURAL 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET (RX) 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET NA/F,S/F,NATURAL (RX) 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET P/F (RX) 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET S/F (RX) 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET W/ BIOFLAVONOIDS (RX) 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET WITH ROSE HIPS,P/F (RX) 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS TR 1,000 MG (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS TR 1,000 MG CAPLET,P/F (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS TR 500 MG CPLT CAPLET,P/F (RX) 500 MG	Non-PDL Generic	
vit c-rose hips tr 500 mg tab (rx) 500 mg	Non-PDL Generic	

Drug	Status	Notes
vitamin c 1,000 mg caplet (rx) 1,000 mg	Non-PDL Generic	
VITAMIN C 1,000 MG CAPLET (RX) 1,000 MG	Non-PDL Generic	
VITAMIN C 1,000 MG CAPLET NA/F,CAPLET (RX) 1,000 MG	Non-PDL Generic	
vitamin c 1,000 mg tablet (rx) 1,000 mg	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET (RX) 1,000 MG	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET 1,000 MG	Non-PDL Generic	
vitamin c 1,000 mg tablet na/f,caplet (rx) 1,000 mg	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET NA/F,S/F,STARCH/FREE (RX) 1,000 MG	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET P/F (RX) 1,000 MG	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET PURE (RX) 1,000 MG	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET S/F (RX) 1,000 MG	Non-PDL Generic	
vitamin c 250 mg tablet (rx) 250 mg	Non-PDL Generic	
VITAMIN C 250 MG TABLET (RX) 250 MG	Non-PDL Generic	
VITAMIN C 250 MG TABLET GLUTEN-FREE (RX) 250 MG	Non-PDL Generic	
VITAMIN C 250 MG TABLET S/F (RX) 250 MG	Non-PDL Generic	
VITAMIN C 250 MG TABLET S/F,P/F (RX) 250 MG	Non-PDL Generic	
VITAMIN C 500 MG CAPLET CAPLET,NATURAL 500 MG	Non-PDL Generic	
VITAMIN C 500 MG CHEW TABLET (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG CHEW TABLET PURE (RX) 500 MG	Non-PDL Generic	
vitamin c 500 mg tablet (rx) 500 mg	Non-PDL Generic	
VITAMIN C 500 MG TABLET (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET 10X10, U-D (RX) 500 MG	Non-PDL Generic	
vitamin c 500 mg tablet chew (rx) 500 mg	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW 500 MG	Non-PDL Generic	

Drug	Status	Notes
VITAMIN C 500 MG TABLET CHEW NATURAL & ART ORANGE (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW P/F (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW S/F,P/F (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET GLUTEN-FREE (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET P/F (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET PURE (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET S/F, P/F (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET S/F, P/F,GLUTEN-FREE (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET S/F,L/F,Y/F,GLUTEN/F (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET U-D (RX) 500 MG	Non-PDL Generic	
vitamin c 500 mg wafer 500 mg	Non-PDL Generic	
VITAMIN C TR 1,000 MG TABLET TIMED RELEASE, S/F (RX) 1,000 MG	Non-PDL Generic	
VITAMIN C TR 500 MG CAPLET CAPLET (RX) 500 MG	Non-PDL Generic	
VITAMIN C TR 500 MG TABLET TIMED RELEASE (RX) 500 MG	Non-PDL Generic	
V-R VITAMIN C 1,000 MG TABLET (RX) 1,000 MG	Non-PDL Generic	
V-R VITAMIN C 500 MG TAB CHEW (RX) 500 MG	Non-PDL Generic	
V-R VITAMIN C 500 MG TABLET VALU-SIZE (RX) 500 MG	Non-PDL Generic	
Vitamin D Preparations		
BABY D3 400 UNIT/DROP CONC 10 MCG/DROP (400 UNIT/DROP)	Non-PDL Generic	
BABY DDROPS 400 UNIT/DROP CONC 10 MCG/DROP (400 UNIT/DROP)	Non-PDL Generic	
baby vit d3 400 unit/drop conc 10 mcg/drop (400 unit/drop)	Non-PDL Generic	
BABY VIT D3 400 UNIT/DROP CONC 10 MCG/DROP (400 UNIT/DROP)	Non-PDL Generic	
BIO-D-MULSN 400 UNIT/DROP CONC (RX) 10 MCG/DROP (400 UNIT/DROP)	Non-PDL Generic	
CALCIDOL DROPS 200 MCG/ML (8,000 UNIT/ML)	Non-PDL Generic	
calcitriol 0.25 mcg capsule 0.25 mcg	Non-PDL Generic	
calcitriol 0.5 mcg capsule 0.5 mcg	Non-PDL Generic	

Drug	Status	Notes
calcitriol 1 mcg/ml solution 1 mcg/ml	Non-PDL Generic	
cvs vitamin d3 1,000 unit sfgl softgel (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
cvs vitamin d3 5,000 unit sfgl (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
D3 DOTS 2,000 UNIT TABLET P/F (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
D3-2000 UNIT SOFTGEL 50 MCG (2,000 UNIT)	Non-PDL Generic	
D3-50 50,000 UNIT CAPSULE 1,250 MCG (50,000 UNIT)	Non-PDL Brand	
d3-50 50,000 unit capsule s/f,d/f,p/f (rx) 1,250 mcg (50,000 unit)	Non-PDL Brand	
DECARA 50,000 UNIT SOFTGEL 1,250 MCG (50,000 UNIT)	Non-PDL Generic	
DELTA D3 400 UNIT TABLET LACTOSE FREE, S/F 10 MCG (400 UNIT)	Non-PDL Generic	
DELTA D3 400 UNIT TABLET S/F,L/F,Y/F,GLUTEN/F 10 MCG (400 UNIT)	Non-PDL Generic	
DIALYVITE VITAMIN D 5,000 UNIT 125 MCG (5,000 UNIT)	Non-PDL Generic	
D-VI-SOL 400 UNIT/ML LIQUID (RX) 10 MCG/ML (400 UNIT/ML)	Non-PDL Generic	
eql vitamin d3 1,000 unit sfgl softgel (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
eql vitamin d3 2,000 unit sfgl softgel 50 mcg (2,000 unit)	Non-PDL Generic	
eql vitamin d3 400 unit sftgl (rx) 10 mcg (400 unit)	Non-PDL Generic	
eql vitamin d3 5,000 unit sfgl softgel (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml)	Non-PDL Generic	
ergocalciferol 8,000 units/ml (rx) 200 mcg/ml (8,000 unit/ml)	Non-PDL Generic	
gnp vitamin d3 1,000 unit tab extra strength (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
gnp vitamin d3 10 mcg tablet 10 mcg (400 unit)	Non-PDL Generic	
gnp vitamin d3 2,000 unit tab maximum strength (rx) 50 mcg (2,000 unit)	Non-PDL Generic	
gnp vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
gnp vitamin d3 25 mcg(1000 unt) (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
HM VITAMIN D3 1,000 UNIT TAB GLUTEN-FREE (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
HM VITAMIN D3 2,000 UNIT SFTGL SOFTGEL, GLUTEN-FREE (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
HM VITAMIN D3 400 UNIT TABLET GLUTEN-FREE (OTC) 10 MCG (400 UNIT)	Non-PDL Generic	

Drug	Status	Notes
OPTIMAL D3 50,000 UNIT CAPSULE 1,250 MCG (50,000 UNIT)	Non-PDL Generic	
PEDIA D-VITE 400 UNIT/ML LIQ 10 MCG/ML (400 UNIT/ML)	Non-PDL Generic	
ra vitamin d3 1,000 unit tab (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
RA VITAMIN D3 1,000 UNIT TAB S/F,GLUTEN/F,YEAST/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
RA VITAMIN D3 2,000 UNIT SFGL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
RA VITAMIN D3 2,000 UNIT SFGL SOFTGEL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
RA VITAMIN D3 2,000 UNIT SFTGL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
ra vitamin d3 5,000 unit sftgl softgel (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
SM VITAMIN D3 1,000 UNIT TAB GLUTEN-FREE (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
SM VITAMIN D3 1,000 UNIT TAB P/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
SM VITAMIN D3 2,000 UNIT SFTGL SOFTGEL, GLUTEN-FREE (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
sv vitamin d3 1,000 unit sftgl (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
SV VITAMIN D3 1,000 UNIT SFTGL SOFTGEL, P/F, S/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
SV VITAMIN D3 2,000 UNIT SFTGL SOFTGEL,GLUTEN-F,P/F (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
sv vitamin d3 25 mcg(1000 unit) (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
SV VITAMIN D3 400 UNIT SOFTGEL SOFTGEL , P/F, S/F (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
sv vitamin d3 5,000 unit sftgl softgel (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
sv vitamin d3 5,000 unit sftgl softgel, p/f, s/f (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
THERA-D 2000 TABLET 50 MCG (2,000 UNIT)	Non-PDL Generic	
THERA-D RAPID REPLETION TABLET RAPID REPLETION 50 MCG (2,000 UNIT)	Non-PDL Generic	
THERA-D SPORT 2,000 UNIT TAB GLUTEN-FREE 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D 1,000 UNIT TABLET 25 MCG (1,000 UNIT)	Non-PDL Generic	
vitamin d2 1.25 mg(50,000 unit) 1,250 mcg (50,000 unit)	Non-PDL Generic	
VITAMIN D2 1.25 MG(50,000 UNIT) 1,250 MCG (50,000 UNIT)	Non-PDL Generic	
VITAMIN D2 1.25 MG(50,000 UNIT) CAPSULE 1,250 MCG (50,000 UNIT)	Non-PDL Generic	

Drug	Status	Notes
vitamin d2 1.25 mg(50,000 unit) softgel 1,250 mcg (50,000 unit)	Non-PDL Generic	
vitamin d2 400 unit tablet s/f,l/f,y/f,gluten/f (rx) 10 mcg (400 unit)	Non-PDL Generic	
vitamin d3 1,000 unit softgel (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT SOFTGEL (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT SOFTGEL P/F, S/F,GLUTEN-FREE (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
vitamin d3 1,000 unit softgel s/f, p/f, na/f,sftgl (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
vitamin d3 1,000 unit softgel s/f, p/f,gluten-free (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
vitamin d3 1,000 unit softgel sftgl,p/f,no lactose (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
vitamin d3 1,000 unit softgel softgel (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT SOFTGEL SOFTGEL (RX) 25 MCG (1,000 UNIT)	Non-PDL Brand	
VITAMIN D3 1,000 UNIT SOFTGEL SOFTGEL (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT SOFTGEL SOFTGEL, P/F, S/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
vitamin d3 1,000 unit softgel softgel,p/f (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
vitamin d3 1,000 unit softgel softgel,p/f,s/f,na/f (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
vitamin d3 1,000 unit tablet (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT TABLET (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
vitamin d3 1,000 unit tablet bonus 10 tb,max str (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
vitamin d3 1,000 unit tablet gluten/f, d/f (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
vitamin d3 1,000 unit tablet gluten-free (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT TABLET P/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
vitamin d3 1,000 unit tablet p/f, gluten-free (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT TABLET P/F,S/F,GLUTEN FREE (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT TABLET S/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Brand	
VITAMIN D3 1,000 UNIT TABLET S/F,P/F, EX-STRENGTH (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT TABLET S/F,Y/F,P/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
vitamin d3 10 mcg/ml liquid s/f,w/dropper (rx) 10 mcg/ml (400 unit/ml)	Non-PDL Generic	

Drug	Status	Notes
vitamin d3 125 mcg (5000 unit) (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
vitamin d3 125 mcg capsule (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
vitamin d3 2,000 unit softgel 50 mcg (2,000 unit)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL P/F, COLOR-FREE (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL P/F, SOFTGEL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL S/F,P/F,NA/F,SOFTGEL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
vitamin d3 2,000 unit softgel s/f,p/f,na/f,softgel 50 mcg (2,000 unit)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL SOFTGEL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
vitamin d3 2,000 unit softgel softgel 50 mcg (2,000 unit)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL SOFTGEL, P/F (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL SOFTGEL, P/F, S/F (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL SOFTGEL, SUPER STR (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL SOY-FREE,SOFTGEL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL ULTRA-STR,SOFTGEL (RX) 50 MCG (2,000 UNIT)	Non-PDL Brand	
vitamin d3 2,000 unit tablet (rx) 50 mcg (2,000 unit)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT TABLET (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
vitamin d3 2,000 unit tablet gluten-free (rx) 50 mcg (2,000 unit)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT TABLET INNER,GLUTEN-F,S/F (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT TABLET OUTER,GLUTEN-F,S/F (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT TABLET P/F (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT TABLET P/F, GLUTEN-FREE (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT TABLET SUPER STRENGTH (RX) 50 MCG (2,000 UNIT)	Non-PDL Brand	
VITAMIN D3 2,000 UNIT TABLET W/ CALCIUM CARBONATE (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
vitamin d3 25 mcg (1,000 unit) (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)	Non-PDL Generic	

Drug	Status	Notes
vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
VITAMIN D3 25 MCG TABLET (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
vitamin d3 400 unit softgel (rx) 10 mcg (400 unit)	Non-PDL Generic	
VITAMIN D3 400 UNIT SOFTGEL P/F,S/F,NA/F,SOFTGEL (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
VITAMIN D3 400 UNIT SOFTGEL SOFTGEL (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
VITAMIN D3 400 UNIT SOFTGEL SOFTGEL, P/F (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
VITAMIN D3 400 UNIT SOFTGEL SOFTGEL,P/F,S/F (RX) 10 MCG (400 UNIT)	Non-PDL Brand	
vitamin d3 400 unit tablet 10 mcg (400 unit)	Non-PDL Generic	
VITAMIN D3 400 UNIT TABLET GLUTEN-FREE (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
vitamin d3 400 unit tablet inner 10 mcg (400 unit)	Non-PDL Generic	
vitamin d3 400 unit tablet outer 10 mcg (400 unit)	Non-PDL Generic	
VITAMIN D3 400 UNIT TABLET P/F (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
VITAMIN D3 400 UNIT TABLET S/F,NA/F,P/F,D/F (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
VITAMIN D3 400 UNIT TABLET S/F,P/F (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
vitamin d3 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)	Non-PDL Generic	
vitamin d3 400 unit/ml liquid supplement drop (rx) 10 mcg/ml (400 unit/ml)	Non-PDL Generic	
vitamin d3 5,000 unit capsule gluten-free (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
vitamin d3 5,000 unit capsule veggie caps (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
vitamin d3 5,000 unit softgel (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
vitamin d3 5,000 unit softgel p/f, softgel, glut-f (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
vitamin d3 5,000 unit softgel softgel (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
vitamin d3 5,000 unit softgel softgel, p/f, s/f (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
vitamin d3 5,000 unit softgel softgel,no lactose (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
vitamin d3 5,000 unit softgel softgel,p/f (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
vitamin d3 50 mcg (2,000 unit) 50 mcg (2,000 unit)	Non-PDL Generic	
vitamin d3 50 mcg softgel 50 mcg (2,000 unit)	Non-PDL Generic	

Drug	Status	Notes
vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit)	Non-PDL Generic	
vitamin d3 50,000 unit capsule (rx) 1,250 mcg (50,000 unit)	Non-PDL Generic	
vitamin d3 50,000 unit capsule gluten-free (rx) 1,250 mcg (50,000 unit)	Non-PDL Generic	
VITAMIN D-400 TABLET EASY TO SWALLOW (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
WEEKLY-D 1,250 MCG SOFTGEL 1,250 MCG (50,000 UNIT)	Non-PDL Generic	
Vitamin E Preparations		
cvs vitamin e 1,000 unit sftgl (rx) 450 mg (1,000 unit)	Non-PDL Generic	
cvs vitamin e 400 unit softgel (rx) 400 unit	Non-PDL Generic	
cvs vitamin e 400 unit softgel (rx) 400 unit	Non-PDL Generic	
E-200 UNIT SOFTGEL 200 UNIT	Non-PDL Generic	
eql vitamin e 400 unit softgel softgel (rx) 400 unit	Non-PDL Generic	
gnp vitamin e 200 unit softgel softgel (rx) 200 unit	Non-PDL Generic	
gnp vitamin e 400 unit softgel water dispersible (rx) 400 unit	Non-PDL Generic	
gnp vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)	Non-PDL Generic	
hm vitamin e 200 unit softgel softgel, gluten-free 200 unit	Non-PDL Generic	
hm vitamin e 400 unit softgel (rx) 400 unit	Non-PDL Generic	
hm vitamin e 400 unit softgel gluten-free (rx) 400 unit	Non-PDL Generic	
ra vitamin e 400 unit softgel p/f,s/f,d/f,softgel (rx) 400 unit	Non-PDL Generic	
sm vitamin e 1,000 unit sftgel softgel (rx) 1,000 unit	Non-PDL Generic	
sm vitamin e 200 unit softgel softgel (rx) 200 unit	Non-PDL Generic	
sm vitamin e 400 unit capsule (rx) 400 unit	Non-PDL Generic	
sm vitamin e 400 unit softgel sftgel,natural blend (rx) 400 unit	Non-PDL Generic	
sm vitamin e 400 unit softgel softgel (rx) 400 unit	Non-PDL Generic	
sm vitamin e 400 unit softgel softgel,natural (rx) 400 unit	Non-PDL Generic	
sv vitamin e 1,000 unit sftgel p/f, gluten-free (rx) 1,000 unit	Non-PDL Generic	
sv vitamin e 1,000 unit sftgel water soluble, p/f (rx) 1,000 unit	Non-PDL Generic	

Drug	Status	Notes
sv vitamin e 200 unit softgel p/f, gluten-free (rx) 200 unit	Non-PDL Generic	
sv vitamin e 400 unit softgel p/f, gluten-free (rx) 400 unit	Non-PDL Generic	
sv vitamin e 400 unit softgel p/f,s/f,gluten-free (rx) 400 unit	Non-PDL Generic	
sv vitamin e 400 unit softgel water soluble, p/f (rx) 400 unit	Non-PDL Generic	
vitamin e 1,000 unit capsule (rx) 1,000 unit	Non-PDL Generic	
vitamin e 1,000 unit capsule (rx) 1,000 unit	Non-PDL Generic	
vitamin e 1,000 unit capsule softgel, finest (rx) 1,000 unit	Non-PDL Generic	
vitamin e 1,000 unit softgel (rx) 450 mg (1,000 unit)	Non-PDL Generic	
vitamin e 1,000 unit softgel p/f, blend, softgel (rx) 1,000 unit	Non-PDL Generic	
vitamin e 1,000 unit softgel p/f, gluten-f,sftgel (rx) 1,000 unit	Non-PDL Generic	
vitamin e 1,000 unit softgel p/f,softgel (rx) 1,000 unit	Non-PDL Generic	
vitamin e 1,000 unit softgel softgel (rx) 1,000 unit	Non-PDL Generic	
vitamin e 1,000 unit softgel softgel, p/f (rx) 1,000 unit	Non-PDL Generic	
vitamin e 1,000 unit softgel softgel,gluten-free (rx) 450 mg (1,000 unit)	Non-PDL Generic	
vitamin e 100 unit capsule p/f,s/f (rx) 100 unit	Non-PDL Generic	
vitamin e 100 unit softgel softgel (rx) 100 unit	Non-PDL Generic	
vitamin e 180 mg softgel (rx) 400 unit	Non-PDL Generic	
vitamin e 180 mg(400 unit) sfgl (rx) 400 unit	Non-PDL Generic	
vitamin e 180 mg(400 unit) sfgl inner (rx) 400 unit	Non-PDL Generic	
vitamin e 180 mg(400 unit) sfgl outer (rx) 400 unit	Non-PDL Generic	
vitamin e 180 mg(400 unit)sfgl (rx) 400 unit	Non-PDL Generic	
vitamin e 200 unit capsule (rx) 200 unit	Non-PDL Generic	
vitamin e 200 unit capsule softgel, p/f (rx) 200 unit	Non-PDL Generic	
vitamin e 200 unit softgel 200 unit	Non-PDL Generic	
vitamin e 200 unit softgel p/f, gluten-f,sftgel (rx) 200 unit	Non-PDL Generic	
vitamin e 200 unit softgel p/f, s/f, no lactose (rx) 200 unit	Non-PDL Generic	

Drug	Status	Notes
vitamin e 200 unit softgel softgel (rx) 200 unit	Non-PDL Generic	
vitamin e 400 unit capsule (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit capsule (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit capsule softgel, p/f (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit capsule synthetic (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit softgel (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit softgel (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit softgel d-alpha (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit softgel economy size (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit softgel softgel (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit softgel softgel (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit softgel softgel, p/f (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit softgel softgel,100% natural (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit softgel softgel,s/f,p/f,na/f (rx) 400 unit	Non-PDL Generic	
vitamin e 400 unit softgel water dispersible (rx) 400 unit	Non-PDL Generic	
vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)	Non-PDL Generic	
Zinc Replacement		
zinc sulfate 220 mg capsule (rx) 220 (50) mg	Non-PDL Generic	
zinc sulfate 220 mg capsule inner (rx) 220 (50) mg	Non-PDL Generic	
zinc sulfate 220 mg capsule outer (rx) 220 (50) mg	Non-PDL Generic	
zinc sulfate 220 mg tablet (rx) 220 mg	Non-PDL Generic	
zinc sulfate 50 mg capsule (rx) 220 (50) mg	Non-PDL Generic	
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