PrimeWest HEALTH™

Your *greater* Minnesota health plan™

Medical Assistance List of Covered Drugs (Formulary)

Families and Children (This is also known as the Prepaid Medical Assistance Program [PMAP])
MinnesotaCare
Minnesota Senior Care Plus (MSC+)
Special Needs BasicCare (SNBC)

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

Address
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308

Website
www.primewest.org/programs

Service Area Counties:

Beltrami	Lyon
Big Stone	McLeod
Chippewa	Meeker
Clearwater	Nobles
Cottonwood	Pipestone
Douglas	Pope
Grant	Redwood
Hubbard	Renville
Jackson	Stevens
Kandiyohi	Swift
Lac qui Parle	Traverse
Lincoln	Yellow Medicine

The information included in this list of covered drugs was correct as of 11/2026. To get the most current information, visit our website at **www.primewest.org/programs**. If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this Medical Assistance ***List of Covered Drugs*** at any time.

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Members must use PrimeWest Health 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 and may change throughout the year. Please review this document to make sure the drugs you take are still on the list. Please contact Member Services at the number listed on this page with questions. You can also find updates to this list at **www.primewest.org/programs**.

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 Medicare prescription drug benefits.

PW_06-25_108
DHS_Accepted_12/04/2025

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

ATTENTION: If you speak English, free language assistance services are available to you free of charge and without unnecessary delay. Additionally, appropriate auxiliary aids and services to provide information in accessible formats are available free of charge and in a timely manner. Please call the number above or speak to your provider. English

ትኩረት፥ አማርኛ የሚናገሩ ከሆነ፣ ነጻ የቋንቋ እርዳታ አገልግሎቶች፣ ያለ ምንም ክፍያ፣ እና ያለ ምንም መዘግየት ለእርስዎ ይገኛሉ። በተጨማሪም፣ መረጃን በተደራሽ ቅርፀቶች ለማቅረብ፣ ተገቢ ረዳት መርጃዎች እና አገልግሎቶች ከክፍያ ነጻ እና በጊዜ ይገኛሉ። እባክዎ ከላይ ባለው ቁጥር ይደውሉ ወይም አቅራቢዎን ያነጋግሩ። Amharic

تنبيه: إذا كنت تتحدث العربية، فستكون خدمات المساعدة اللغوية متاحة لك مجانًا وبدون تأخير غير ضروري. بالإضافة إلى ذلك، تتوفر المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهُل الوصول إليها مجانًا وفي الوقت المناسب. يرجى الاتصال بالرقم أعلاه أو التحدث إلى مقدم الخدمة الخاص بك. Arabic

သတိပြုပါ- သင်သည် မြန်မာဘာသာ ဘာသာစကားဖြင့် ပြောဆိုပါက၊ အခမဲ့ ဘာသာပြန်ဆိုပေးသော ဝန်ဆောင်မှုများကို မလိုလားအပ်သည့် နှောင့်နှေးကြန့်ကြာမှုတို့မရှိဘဲ အခမဲ့ ရရှိနိုင်ပါမည်။ ထို့အပြင်၊ အသုံးပြုခွင့်ရရှိထားသောပုံစံများတွင် သတင်းအချက်အလက်များ ပေးဆောင်နိုင်ရန်အတွက် သင့်လျော်သော အရန်အကူအညီများနှင့် ဝန်ဆောင်မှုများကို အချိန်နှင့်တစ်ပြေးညီ အခမဲ့ရရှိနိုင်ပါသည်။ အထက်တွင် ဖော်ပြထားသောနံပါတ်ကို ဖုန်းခေါ်ဆိုပါ သို့မဟုတ် သင်၏ဝန်ဆောင်မှုပေးသူထံ စကားပြောဆိုပါ။ Burmese

注意：如果您講繁體中文，我們將免費為您提供語言協助服務，且不會造成不必要的延誤。此外，還免費及時提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打上述電話號碼或與您的提供者聯絡。Chinese

ATTENTION : Si vous parlez Français, des services d’assistance linguistique gratuits sont à votre disposition gratuitement et sans délai inutile. En outre, des aides et services auxiliaires appropriés permettant de fournir des informations dans des formats accessibles sont disponibles gratuitement et en temps opportun. Veuillez appeler le numéro ci-dessus ou parler à votre prestataire. French

CEEB TOOM: Yog tias koj hais lus Hmoob, muaj cov kev pab cuam lus pab dawb rau koj xwb thiab tsis muaj qhov qeeb li. Dhau no lawm, tseem muaj ntaub ntawv qhia txog cov cuab yeej pab hnov lus thiab cov kev pab cuam ua hom qauv ntawv uas mus siv tau dawb yam tsis sau nqi thiab raws sij hawm. Thov hu rau tus xov tooj saum toj no los sis tham nrog koj tus kws kho mob. Hmong

တိၢ်ဒိုဉ်- ဖဲနမ့ၢ်ကတိၤကညီကျိာ်နၣ်,သဘျုကျိာ်တၢ်ဟ့ဉ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်ကအိဉ်ဝဲဒဉ်လၢနဂီၢ်လၢတလိဉ်ဟ့ဉ်အပှၤဒီးတထုးတၢ်ဆၢကတီၢ်ဃံာ်ဃံာ်ဘဉ်နၣ်လီၤ. အမဲာ်ညါ, တၢ်နဉ်ဟူအပီးအလီလၢအဖိးမံဒီးတၢ်မၤစၢၤအ တၢ်ဖံးတၢ်မၤတဖဉ်လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢကွၢ်ဂီၤလၢတၢ်မၤနှၢ်သူအီၤညီနှဉ်ကအိဉ်ဝဲဒဉ်လၢအပှၤတအိဉ်ဒီးတၢ်ကဟ့ဉ်အီၤအဆၢကတီၢ်ဘဉ်ဘဉ်နၣ်လီၤ. ဝံသးစူၤကီးဘဉ်လီတဲစိနိၢ်ဂံၢ်လၢထးမ့တမ့ၢ်ကတိၤတၢ်ဒီးနပှၤဟ့ဉ်တၢ်မၤစၢၤတၢ်တကွၢ်. Karen

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

ជូរកត់ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាឥតគិតថ្លៃអាចរកបានសម្រាប់អ្នកដោយមិនគិតថ្លៃនិងដោយគ្មានការពន្យារពេលមិនចាំបាច់។ លើសពីនេះ ជំនួយ និងសេវាកម្មជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបាន អាចរកបានដោយមិនគិតថ្លៃ និងទាន់ពេលវេលា។ សូមទូរសព្ទទៅលេខខាងលើ ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។ Khmer

주의: 한국어를 사용하시는 경우, 불필요한 지연 없이 무료로 언어 지원 서비스를 받으실 수 있습니다. 또한, 접근 가능한 형식으로 정보를 제공해 주는 적절한 보조 도구와 서비스를 무료로 적시에 이용하실 수 있습니다. 위의 번호로 전화하시거나 담당 의료 제공자에게 문의해 주십시오. Korean

ຂໍ້ຄວນ ເອົາໃຈໃສ່: ຖ້າ ທ່ານ ເວົ້າ ລາວ, ການບໍລິການການ ຊ່ວຍເຫຼືອ ດ້ານພາສາ ແມ່ນມີ ໃຫ້ ທ່ານ ໂດຍບໍ່ເສຍ ຄ່າ ແລະ ໂດຍບໍ່ມີການ ຊັກ ຊ້າທີ່ບໍ່ ຈຳ ເປັນ. ນອກຈາກນັ້ນ, ການ ຊ່ວຍ ເຫຼືອ ແລະ ການບໍລິການ ສົມທີ່ເໝາະສົມໃນການສະຫນອງ ຂໍ້ມູນ ໃນຮູບແບບທີ່ສາມາດເຂົ້າ ເຖິງ ໄດ້ ແມ່ນມີ ໃຫ້ ໂດ ຍ ບໍ່ ເສຍ ຄ່າ ແລະ ທັນ ເວລາ. ກະລຸນາ ໂທ ຫາ ເບີ ໂທ ຂ້າງ ເທິງ ຫຼື ເວົ້າ ກັບ ຜູ້ ໃຫ້ ບໍລິການ ຂອງ ທ່ານ. Lao

HUBADHAA: Afaan Oromoo dubbattu yoo ta'e, tajaajilootni deeggarsa afaanii barfannaa hin barbaachisne malee bilisaan isiniif kennamu. Dabalataanis, odeeffannoo bifa argamuun danda'uun dhiyeessuf tajaajilliwwaniifi deeggarsiwwan dabalataa bilisaafi yeroosaa eeggate jira. Maaloo lakkkoofsa armaan olii irratti bilbilaa yookiin ogeessa fayyaa keessan haasofsiisaa. Oromo

ВНИМАНИЕ: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи, которые оказываются безвозмездно и своевременно. Кроме того, бесплатно и своевременно предоставляются соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по указанному выше номеру или обратитесь к своему поставщику услуг. Russian

FIIRO GAAR AH: Haddii aad ku hadasho Soomaali, adeegyada kaalmada luqadda bilaashka ah ayaa laguugu heli karaa adiga lacag la'aan oo aan lahayn daahid aan lama huraan ahayn. Intaa waxaa dheer, caawimooyinka iyo adeegyada ku habboon si loogu bixiyo macluumaadka qaabab la heli karo ayaa lagu heli karaa lacag la'aan iyo waqti ku habboon. Fadlan wac lambarka kore ama la hadal adeeg bixiyahaaga. Somali

ATENCIÓN: Si habla español, los servicios gratuitos de asistencia en otros idiomas están disponibles para usted de forma gratuita y sin demoras innecesarias. Además, se dispone de ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles de forma gratuita y oportuna. Llame al número mencionado anteriormente o hable con su proveedor. Spanish

LƯU Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị, hoàn toàn miễn phí và không bị chậm trễ không cần thiết. Ngoài ra, các thiết bị và dịch vụ hỗ trợ phù hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí và kịp thời. Vui lòng gọi số ở trên hoặc nói chuyện với nhà cung cấp của quý vị. Vietnamese

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

You have the right to file a discrimination complaint if you believe you were treated in a discriminatory way by PrimeWest Health. You can file a complaint and ask for help filing a complaint in person or by mail, phone, fax, or email at:

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: compliance@primewest.org

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 or TTY 1-800-627-3529 or 711. The call is free.**

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 or TTY 1-800-627-3529 or 711. The call is free.**

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 also contact any of the following 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:

Office for Civil Rights, U.S. Department of Health and Human Services
Midwest Region
233 N. Michigan Avenue, Suite 240 Chicago, IL 60601
Customer Response Center: 800-368-1019, TTY: 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 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
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

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. 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 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

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.

Most drugs and certain supplies are available up to a 34-day supply. Certain drugs you take on a regular basis for a chronic or long-term condition are available up to a 90-day supply and are identified on this ***List of Covered Drugs*** as 90DS.

Does the list of covered drugs ever change?

The PrimeWest Health list of covered drugs can change during the calendar year. If changes affect the coverage of a drug you are taking, PrimeWest Health will make reasonable efforts to contact you and your prescriber to tell you about the change. PrimeWest Health will also tell you about alternative drugs that are covered.

Examples of some changes that may occur are:

- A drug you are taking is no longer preferred (Refer to "What is a Preferred Drug List?" in the section following).
- A drug is removed from the list of covered drugs for safety reasons.
- Prior authorization requirements have changed (Refer to "Are there any restrictions on my coverage?").

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 health plans are required to use the Minnesota Department of Human Services' (DHS) Preferred Drug List (PDL). The PDL is created by DHS, in consultation with the Drug Formulary Committee, to let prescribers and members know about drugs or drug classes that are cost effective. Generally, drugs that are "preferred" are more cost effective and drugs that are "non-preferred" are less cost effective. Preferred drugs are available to members with fewer restrictions. Non-preferred drugs require a prior authorization. To get a non-preferred drug, your doctor or health care provider must get prior authorization. The PDL is included as part of PrimeWest Health's list of covered drugs. PrimeWest Health's complete list of covered drugs includes other drugs in addition to those on the PDL. The PDL is available on DHS's website at **https://minnesota.primetherapeutics.com/links**.

Families and Children, MinnesotaCare, MSC+, and SNBC: 2026 List of Covered Drugs

What are generic or biosimilar drugs?
A generic drug is approved by the Food and Drug Administration (FDA) and has the same active ingredients as the brand name drug. It 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 an already-approved biological product. It has no clinically meaningful differences in terms of safety and effectiveness.

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 versions 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., DRIZALMA) and generic drugs are in lower-case italics (e.g., *lisinopril*).

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. Within the list of covered drugs, OTC drugs and products are marked with OTC in the Notes column.

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 to one of PrimeWest Health's specialty pharmacies.

The most current list of specialty pharmacies, including contact information and hours of operation, is available in the **Specialty Pharmacies section of the *Provider & Pharmacy Directory*** at **www.primewest.org/programs**, which is updated monthly. If you need help finding this section of the directory, or if you would like a paper copy mailed to you, please call Member Services.

You will also need to call the specialty pharmacy where your prescription is sent to set up an account. You will need to have your PrimeWest Health member identification 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 you want to take is not listed in the list of covered drugs, you can call Member Services at **1-866-431-0801** or TTY **1-800-627-3529** or **711** (the call is free) 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, and is not excluded by Federal and State laws, 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 **1-877-391-9298**, 7 days a week, 24 hours a day; TTY users call **1-800-627-3529** or **711**. The call is free. Or, they 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** for help. TTY users call **1-800-627-3529** or **711**. The call is 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 the following:

- **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 prescription. If you don't get approval, PrimeWest Health may not cover the drug.

continued on next page

- **Quantity limits:** For certain drugs, PrimeWest Health limits the amount of the drug that we will cover.
- **Age requirements:** Some drugs have age requirements. A prior authorization may be 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. An exception to a drug restriction or limit can be made if your doctor submits a statement or documentation supporting the request. Refer to *Prescription Drugs* in Section 7: Covered Services of your ***Member Handbook*** for more information. You can also get more information about the restrictions applied to specific covered drugs by calling Member Services at **1-866-431-0801** or TTY **1-800-627-3529** or **711** (the call is free) or by visiting our website at **www.primewest.org/programs**. Also refer to "Can I ask for an exception to the coverage restrictions?"

Excluded drugs: Some drugs are excluded from the list of covered drugs. This means they are not covered. 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 excluded from coverage by Federal or State law
- Experimental drugs, investigational drugs, or drugs not approved or authorized by the Food and Drug Administration (FDA)
- Medical cannabis

Can I ask for an exception to the coverage restrictions?
Yes. You or your health care provider can get the ***Formulary Exception Form*** from **www.primewest.org/programs** or by calling Member Services at **1-866-431-0801** or TTY **1-800-627-3529** or **711**. The call is free. Your provider must return this form to the fax number or address listed on the document. To allow for a thorough review and to ensure that you or your health care provider gets a response within 24 hours, all information requested in the form should be provided, including documentation of which medications have been tried and failed, including the dosages used and the reason for failure (for example, side effects).

What will a prescription cost?
Medical Assistance-covered drugs no longer have copays. You do not have cost sharing for drugs covered by Medical Assistance. MinnesotaCare members may have copays. All copay information for prescriptions is listed in the ***Member Handbook*** in Section 6: Cost Sharing. If you have additional questions, call Member Services at **1-866-431-0801** or TTY **1-800-627-3529** or **711** (the call is free) or visit our website at **www.primewest.org/programs**.

List of Covered Drugs

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
OTC	Over-the-Counter Drug
90DS	90-Day Supply Available

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
12 HOUR ALLERGY-D 5-120 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALAVERT D-12 ALLERGY-CONG TAB 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALAVERT D-12 ALLERGY-SINUS TAB 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALL DAY ALLERGY-D 5-120 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALL DAY ALLERGY-D TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERCLEAR D-12HR TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERCLEAR D-24HR ER TABLET 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY D-24HR 10-240 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF D 12-HOUR TAB NON-DROWSY 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF D-12 TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF D24 180-240 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF D-24HR TABLET 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF-D TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
ALLERGY RELIEF-NASAL DECONG TB 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF-NASAL DECONG TB NON-DROWSY 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF-NASAL DECONG TB NON-DROWSY, 24 HR 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RLF-DECONG ER 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY-CONGES RELF ER TABLET 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY-CONGES RELF ER TABLET NON-DROWSY,24 HR RLF 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY-CONGEST RLF-D 24HR TAB 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY-CONGESTION RLF 12H TAB 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLER-TEC D 5-120 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine-pse er 5-120 mg tab	PDL Preferred Generic	OTC; Age (Min 2 Years)
CLARINEX-D 12 HR 2.5-120 MG TB	PDL Non-Preferred Brand	PA; Age (Min 2 Years)
CVS ALLERGY RELIEF D-24HR TAB 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY RELIEF-D TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY RELIEF-D12 TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
CVS ALLERGY RLF D24 180-240 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
fexofenadine-pse er 180-240 tb (otc) 180-240 mg	Non-PDL Generic	OTC; Age (Min 2 Years)
FT ALL DAY ALLERGY-D 5-120 MG TB	PDL Preferred Generic	OTC; Age (Min 2 Years)
FT ALL DY ALLERGY-D 5-120 MG TB	PDL Preferred Generic	OTC; Age (Min 2 Years)
FT ALLERGY RELIEF D-24HR TAB 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP ALLERGY-CONGES RELF ER TAB 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP ALLERGY-CONGES RELF ER TAB NON-DROWSY,24 HR RLF 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP LORATADINE-D 12 HR TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS ALL DAY ALLERGY-D TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
LORATADINE-D 12 HOUR TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
LORATADINE-D 24HR TABLET 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
MEIJER ALL DAY ALLERGY-D TAB 12 HOUR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB ALLERGY RELIEF D-24HR TAB 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB ALLERGY RELIEF-D TABLET INDOOR & OUTDOOR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
SW ALLERGY RELIEF-D TABLET 12 HOUR RELIEF 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
WAL-FEX D 24 HOUR 180-240 TAB ALLERGY/CONGEST 180-240 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-FEX D 24 HOUR 180-240 TAB ALLERGY/CONGEST,24HR 180-240 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-ITIN D 12 HOUR TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN D 24 HOUR TABLET 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ZYR D TABLET 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ZYR D TABLET 12 HR RELIEF 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ZYR D TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
Allergenic Extracts, Therapeutics		
GRASTEK 2,800 BAU SL TABLET INNER	Non-PDL Brand	PA
GRASTEK 2,800 BAU SL TABLET OUTER	Non-PDL Brand	PA
ODACTRA 12 SQ-HDM SL TABLET INNER	Non-PDL Brand	PA
ODACTRA 12 SQ-HDM SL TABLET OUTER	Non-PDL Brand	PA
ORALAIR 300 IR SUBLINGUAL TAB 300 INDX REACTIVITY	Non-PDL Brand	PA
PALFORZIA 1 MG (LEVEL 0)	Non-PDL Brand	PA; SP
PALFORZIA 12 MG (LEVEL 3) 12 MG (1 MG X 2, 10 MG X 1)	Non-PDL Brand	PA; SP
PALFORZIA 120 MG (LEVEL 7) 120 MG (20 MG X 1, 100 MG X 1)	Non-PDL Brand	PA; SP
PALFORZIA 160 MG (LEVEL 8) 160 MG (20 MG X 3, 100 MG X1)	Non-PDL Brand	PA; SP
PALFORZIA 20 MG (LEVEL 4)	Non-PDL Brand	PA; SP
PALFORZIA 200 MG (LEVEL 9) 200 MG (100 MG X 2)	Non-PDL Brand	PA; SP

Drug	Status	Notes
PALFORZIA 240 MG (LEVEL 10) 240 MG (20 MG X 2, 100 MG X 2)	Non-PDL Brand	PA; SP
PALFORZIA 3 MG (LEVEL 1) 3 MG (1 MG X 3)	Non-PDL Brand	PA; SP
PALFORZIA 300 MG (LEVEL 11)	Non-PDL Brand	PA; SP
PALFORZIA 300 MG (MAINTENANCE)	Non-PDL Brand	PA; SP
PALFORZIA 40 MG (LEVEL 5) 40 MG (20 MG X 2)	Non-PDL Brand	PA; SP
PALFORZIA 6 MG (LEVEL 2) 6 MG (1 MG X 6)	Non-PDL Brand	PA; SP
PALFORZIA 80 MG (LEVEL 6) 80 MG (20 MG X 4)	Non-PDL Brand	PA; SP
PALFORZIA INITIAL (1-3 YRS) 0.5/1/1.5/3 MG	Non-PDL Brand	PA; SP
PALFORZIA INITIAL (4-17 YRS) 0.5/1/1.5/3/6 MG	Non-PDL Brand	PA; SP
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	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLER-CHLOR 4 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLER-G-TIME 25 MG CAPLET	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY (DIPHEN) 25 MG MINITAB	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 25 MG CAPSULE	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 25 MG CAPSULE MULTI-SYMPTOM	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 25 MG SOFTGEL D/F, GLUTEN-FREE	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 25 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 4 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 50 MG/20 ML SOLUTION 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
ALLERGY MEDICINE 25 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 25 MG CAPSULE	Non-PDL Brand	OTC; Age (Min 2 Years)
ALLERGY RELIEF 25 MG CAPSULE	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 25 MG SOFTGEL	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 25 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 25 MG/10 ML 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 4 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY-TIME 4 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
BANOPHEN 25 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
BENADRYL 25 MG LIQUI-GELS D/F, LIQUI-GELS	Non-PDL Brand	OTC; Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB	Non-PDL Brand	OTC; Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB	Non-PDL Generic	OTC; Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB ULTRATAB	Non-PDL Brand	OTC; Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB ULTRATAB	Non-PDL Generic	OTC; Age (Min 2 Years)
carbinoxamine 4 mg/5 ml liquid	Non-PDL Generic	Age (Min 2 Years)
carbinoxamine maleate 4 mg tab	Non-PDL Generic	Age (Min 2 Years)
CARBZAH 4 MG/5 ML SOLUTION	Non-PDL Generic	Age (Min 2 Years)
CHILD ALLERGY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD ALLERGY RLF 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD BENADRYL 12.5 MG TB CHEW	Non-PDL Brand	OTC; Age (Min 2 Years)

Drug	Status	Notes
CHILD DIMETAPP 12.5 MG TB CHEW	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S ALLERGY 12.5 MG/5 ML CHERRY	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S ALLERGY 12.5 MG/5 ML CHERRY,CHILD	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S BENADRYL 12.5 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML 10X5ML,CHERRY	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML CHERRY	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML CHILDREN,CHERRY	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML D/F,BUBB GUM	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML SINGLE DOSE	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL ALLERGY ODT CHERRY 12.5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL ALLERGY ODT GRAPE 12.5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHLD ALLRGY RLF 12.5 MG CHEW TB	Non-PDL Generic	OTC; Age (Min 2 Years)
chlorpheniramine 4 mg tablet 24's	Non-PDL Generic	OTC; Age (Min 2 Years)
chlorpheniramine 4 mg tablet	Non-PDL Generic	OTC; Age (Min 2 Years)
chlorpheniramine 4 mg tablet u-d, 250's	Non-PDL Generic	OTC; Age (Min 2 Years)
clemastine fum 2.68 mg tablet	Non-PDL Generic	Age (Min 2 Years)
CLEMSZA 2.68 MG TABLET	Non-PDL Generic	Age (Min 2 Years)
COMPLETE ALLERGY 25 MG CAPLET	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (DIPHEN) 25 MG CAP	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (DIPHEN) 25 MG CAP	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
CVS ALLERGY 50 MG/20 ML LIQ MAXIMUM STRENGTH 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS ALLERGY RELIEF 25 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS ALLERGY RELIEF 4 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS CHILD ALLERGY 12.5 MG ODT	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS CHILD ALLERGY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS CHLD ALLRGY RLF 12.5 MG CHW	Non-PDL Generic	OTC; Age (Min 2 Years)
cyproheptadine 2 mg/5 ml soln	Non-PDL Generic	Age (Min 2 Years)
cyproheptadine 2 mg/5 ml syrup	Non-PDL Generic	Age (Min 2 Years)
cyproheptadine 4 mg tablet	Non-PDL Generic	90 DS; Age (Min 2 Years)
DAYHIST ALLERGY 1.34 MG TABLET 12 HR RELIEF	Non-PDL Generic	OTC; Age (Min 2 Years)
DIMETANE 25 MG SOFTGEL	Non-PDL Generic	OTC; Age (Min 2 Years)
DIMETANE 50 MG SOFTGEL	Non-PDL Generic	OTC; Age (Min 2 Years)
DIPHEDRYL 12.5 MG/5 ML ELIXIR	Non-PDL Generic	OTC; Age (Min 2 Years)
DIPHEN 12.5 MG/5 ML ELIXIR	Non-PDL Generic	Age (Min 2 Years)
DIPHEN 12.5 MG/5 ML SOLUTION	Non-PDL Generic	Age (Min 2 Years)
DIPHEN 25 MG CAPLET OUTER	Non-PDL Generic	OTC; Age (Min 2 Years)
diphenhydramine 12.5 mg/5 ml (otc)	Non-PDL Generic	OTC; Age (Min 2 Years)
diphenhydramine 12.5 mg/5 ml (rx)	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 12.5 mg/5 ml	Non-PDL Generic	OTC; Age (Min 2 Years)
diphenhydramine 12.5 mg/5 ml cup inner (rx)	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 12.5 mg/5 ml cup outer (rx)	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
diphenhydramine 25 mg caplet caplet	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg capsule (otc)	Non-PDL Generic	OTC; Age (Min 2 Years)
diphenhydramine 25 mg capsule inner (otc)	Non-PDL Generic	OTC; Age (Min 2 Years)
diphenhydramine 25 mg capsule outer (otc)	Non-PDL Generic	OTC; Age (Min 2 Years)
diphenhydramine 25 mg capsule u-d (otc)	Non-PDL Generic	OTC; Age (Min 2 Years)
diphenhydramine 25 mg tablet	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg tablet inner	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg tablet outer	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 50 mg capsule (otc)	Non-PDL Generic	OTC; Age (Min 2 Years)
diphenhydramine 50 mg capsule u-d (otc)	Non-PDL Generic	OTC; Age (Min 2 Years)
ED CHLORPED JR SYRUP 2 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 25 MG CAP	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 25 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG ODT CHERRY	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG/5 ML CHERRY	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG/5 ML CHILDREN,CHERRY	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG/5 ML D/F, BUBBLE GUM	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ CHLORTABS 4 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
EQL ALLERGY (DIPHEN) 25 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
EQL ALLERGY 4 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
EQL CHILD ALLERGY 12.5 MG CHEW	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
EQL CHILD ALLERGY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
FT ALLERGY (CHLORPHEN) 4 MG TB	Non-PDL Generic	OTC; Age (Min 2 Years)
FT ALLERGY (DIPHEN) 25 MG CAP	Non-PDL Generic	OTC; Age (Min 2 Years)
FT ALLERGY (DIPHEN) 25 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
FT CHILD ALLERGY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
GERI-DRYL 12.5 MG/5 ML LIQUID	Non-PDL Generic	OTC; Age (Min 2 Years)
GERI-DRYL 25 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP ALLERGY 25 MG SOFTGEL D/F, GLUTEN-FREE	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP ALLERGY 25 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELIEF 25 MG CAP	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELIEF 25 MG LQ CP	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELIEF 25 MG SFGL	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELIEF 25 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELIEF 4 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELIEF 50 MG/20 ML 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP CHILD ALLERGY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP DIPHEDRYL 12.5 MG/5 ML ELX	Non-PDL Generic	OTC; Age (Min 2 Years)
GS ALLERGY (CHLORPHEN) 4 MG TB	Non-PDL Generic	OTC; Age (Min 2 Years)
GS ALLERGY (DIPHEN) 25 MG CAP	Non-PDL Generic	OTC; Age (Min 2 Years)
GS ALLERGY (DIPHEN) 25 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
GS CHILD ALLERGY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
hydroxyzine 10 mg/5 ml soln	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine 10 mg/5 ml syrup	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 10 mg tablet	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 10 mg tablet coated	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 10 mg tablet f/c	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 25 mg tablet	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 25 mg tablet coated	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 25 mg tablet coated,u-d,10x10	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 25 mg tablet f/c	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 50 mg tablet	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 50 mg tablet coated	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine hcl 50 mg tablet f/c	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 100 mg cap	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 25 mg cap	Non-PDL Generic	Age (Min 2 Years)
hydroxyzine pam 50 mg cap	Non-PDL Generic	Age (Min 2 Years)
MAXALLERGY KIDS 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
M-DRYL 12.5 MG/5 ML SOLUTION	Non-PDL Generic	OTC; Age (Min 2 Years)
MICLARA LQ 1.25 MG/5 ML SYRUP	Non-PDL Generic	OTC; Age (Min 2 Years)
NARAMIN 12.5 MG ORAL SOLUTION 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
NIGHT ALLERGY RLF 25 MG CAPLET	Non-PDL Generic	OTC; Age (Min 2 Years)
PHARBECHLOR 4 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
PHARBEDRYL 25 MG CAPSULE	Non-PDL Generic	OTC; Age (Min 2 Years)
PHARBEDRYL 50 MG CAPSULE	Non-PDL Generic	OTC; Age (Min 2 Years)
promethazine 12.5 mg tablet	Non-PDL Generic	90 DS; Age (Min 2 Years)
promethazine 25 mg tablet	Non-PDL Generic	90 DS; Age (Min 2 Years)
promethazine 25 mg/ml vial 25's,inner	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg/ml vial 25's,outer	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg/ml vial inner	Non-PDL Generic	Age (Min 2 Years)
promethazine 25 mg/ml vial outer	Non-PDL Generic	Age (Min 2 Years)
promethazine 50 mg tablet	Non-PDL Generic	Age (Min 2 Years)
promethazine 50 mg/ml vial 25's,outer	Non-PDL Generic	Age (Min 2 Years)
promethazine 50 mg/ml vial inner	Non-PDL Generic	Age (Min 2 Years)
promethazine 50 mg/ml vial inner, sdv	Non-PDL Generic	Age (Min 2 Years)
promethazine 50 mg/ml vial outer, sdv	Non-PDL Generic	Age (Min 2 Years)
promethazine 6.25 mg/5 ml soln	Non-PDL Generic	Age (Min 2 Years)
promethazine 6.25 mg/5 ml syrp	Non-PDL Generic	Age (Min 2 Years)
PUB ALLERGY 12.5 MG/5 ML LIQ CHERRY FLAVOR	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB ALLERGY 25 MG CAPSULE	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB ALLERGY 25 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB ALLERGY 25 MG TABLET EASY TO SWALLOW	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB DAYHIST ALLERGY 1.34 MG TB 12HR RELIEF	Non-PDL Generic	OTC; Age (Min 2 Years)
QC ALLERGY (CHLORPHEN) 4 MG TB	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
QC ALLERGY (DIPHEN) 25 MG CAP	Non-PDL Generic	OTC; Age (Min 2 Years)
QC ALLERGY (DIPHEN) 25 MG SFGL	Non-PDL Generic	OTC; Age (Min 2 Years)
QC ALLERGY (DIPHEN) 25 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
QC CHILD ALLERGY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 12.5 MG/5 ML CHILDREN,D/F	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 12.5 MG/5 ML CHILDREN'S	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG CAPSULE	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG CAPSULE GLUTEN-FREE	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG MINITAB	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG MINITAB COATED,GLUTEN-FREE	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG MINITAB MINITAB, COATED	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG SOFTGEL LIQUID GEL, D/F	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-FINATE 4 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
Antihistamines - 2Nd Generation		
24HOUR ALLERGY 10 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
24HR ALLERGY(LEVOCETIRZN) 5 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALAVERT 10 MG ODT	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALAVERT 10 MG ODT CITRUS BURST,12-FREE	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
ALAVERT 10 MG ODT CITRUS BURST,24 HOUR	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALL DAY ALLERGY 10 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 24 HR	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLEGRA ALLERGY 60 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERCLEAR 10 MG TABLET NON-DROWSY, 24HR	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLER-FEX 180 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY (LORATADINE) 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY 10 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET NON-DROWSY	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET NON-DROWSY,24 HOUR	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 180 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 180 MG TABLET NON-DROWSY	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 180 MG TABLET NON-DROWSY, 24 HOUR	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
ALLERGY RELIEF 5 MG/5 ML SOLN	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RLF (CETRZN) 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RLF (CETRZN) 5 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RLF (FEXO) 60 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLER-TEC 10 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 1 mg/ml soln (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 1 mg/ml soln (rx)	PDL Preferred Generic	90 DS; Age (Min 2 Years)
cetirizine hcl 1 mg/ml soln children, grape (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 1 mg/ml soln children's (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 1 mg/ml syrup (rx)	PDL Preferred Generic	90 DS; Age (Min 2 Years)
cetirizine hcl 10 mg chew tab outer	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
cetirizine hcl 10 mg tablet	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
cetirizine hcl 10 mg tablet indoor & outdoor	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 10 mg tablet indoor/outdoor 24hr	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 10 mg tablet indoor-outdoor,24hr	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 10 mg tablet inner	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 10 mg tablet outer	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 5 mg chew tab children's,outer,u-d	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
cetirizine hcl 5 mg tablet	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 5 mg tablet indoor & outdoor	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 5 mg tablet indoor/outdoor, 24hr	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 5 mg/5 ml solution cup inner	PDL Preferred Generic	OTC; Age (Min 2 Years)
cetirizine hcl 5 mg/5 ml solution cup outer	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML BUBBLE GUM	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML CHILDREN'S, GRAPE	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
CHILD ALL DAY ALLERGY 1 MG/ML GLUTEN-FREE	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD ALLEGRA ALLERGY 30 MG/5 ML SUSPENSION	PDL Preferred Generic	OTC; QL (10 ML per 1 day); Age (Min 2 Years)
CHILD ALLERGY (FEXO) 30 MG/5 ML	PDL Preferred Generic	OTC; QL (10 ML per 1 day); Age (Min 2 Years)
CHILD ALLERGY 5 MG/5 ML SOLN	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD ALLERGY RELIEF 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD ALLERGY RELIEF 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD CETIRIZINE 10 MG CHEW TB CHEWABLE, ALLERGY	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
CHILD CETIRIZINE 5 MG CHEW TAB	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
CHILD CETIRIZINE HCL 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD CLARITIN 5 MG/5 ML SOLN	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD CLARITIN 5 MG/5 ML SOLN D/F,2YRS OLDER,GRAPE	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD CLARITIN 5 MG/5 ML SOLN D/F,GRAPE	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD LORATADINE 5 MG TAB CHEW	Non-PDL Generic	OTC; Age (Min 2 Years)
child loratadine 5 mg/5 ml sol	PDL Preferred Generic	OTC; Age (Min 2 Years)
child loratadine 5 mg/5 ml syr	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
child loratadine 5 mg/5 ml syr grape	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD WAL-ITIN 5 MG/5 ML SOLN	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD WAL-ITIN 5 MG/5 ML SYRUP 24 HR,D/F,GRAPE	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION CHERRY	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION D/F, BUBBLE GUM	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION GRAPE	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD ZYRTEC 1 MG/ML SOLUTION	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD ZYRTEC 1 MG/ML SOLUTION D/F,GRAPE	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD ZYRTEC 10 MG CHEW TABLET	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
CHILDREN'S ALLERGY (FEXOFENADINE) 30 MG/5 ML SUSPENSION	PDL Preferred Generic	OTC; QL (10 ML per 1 day); Age (Min 2 Years)
CHILDREN'S WAL-FEX 30 MG/5 ML	PDL Preferred Generic	OTC; QL (10 ML per 1 day); Age (Min 2 Years)
CHILD'S ALLER-TEC 1 MG/ML SOLN	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-ZYR 10 MG CHEW TAB	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
CLARINEX 5 MG TABLET	PDL Non-Preferred Brand	PA; Age (Min 2 Years)

Drug	Status	Notes
CLARITIN 10 MG REDITABS	Non-PDL Brand	OTC; Age (Min 2 Years)
CLARITIN 10 MG TABLET (OTC)	Non-PDL Brand	OTC; Age (Min 2 Years)
CLARITIN 10 MG TABLET NON-DROWSY (OTC)	Non-PDL Brand	OTC; Age (Min 2 Years)
CLARITIN 5 MG/5 ML SYRUP D/F	Non-PDL Brand	OTC; Age (Min 2 Years)
CVS ALLERGY (CETRZN) 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (CETRZN) 10 MG TAB INDOOR/OUTDOOR, 24HR	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (FEXO) 60 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG ODT	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB NON-DROWSY,24 HOUR	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB OUTER	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY RELIEF 180 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY RELIEF 5 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY-HIVES 180 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS CHILD ALLERGY 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
CVS CHILD ALLERGY RELF 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS CHILD ALLERGY RLF 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS CHILD ALLERGY RLF 5 MG CHW	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS CHILD ALLERGY(FEX) 30 MG/5 30 MG/5 ML	PDL Preferred Generic	OTC; QL (10 ML per 1 day); Age (Min 2 Years)
desloratadine 0.5 mg/ml soln	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
desloratadine 2.5 mg odt inner	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
desloratadine 2.5 mg odt outer	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
desloratadine 5 mg odt inner	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
desloratadine 5 mg odt outer	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
desloratadine 5 mg tablet	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
desloratadine 5 mg tablet f/c	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
EQ ALLERGY (LORAT) 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY (LORAT) 10 MG TAB INNER	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY (LORAT) 10 MG TAB OUTER	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
EQ ALLERGY RELIEF 1 MG/ML SOLN	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET INDOOR/OUTDOOR, 24HR	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 180 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 180 MG TAB 24 HOUR, NON-DROWSY	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 180 MG TAB 24 HOUR,NON-DROWSY	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 180 MG TAB INNER	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 180 MG TAB OUTER	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY 5 MG/5 ML SOL	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY RELF 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY RELF 1 MG/ML D/F	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY RELIEF SOLN D/F,NON-DROWSY,GRAPE 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ CHILD CETIRIZINE 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
eq loratadine 10 mg odt	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
EQL ALL DAY ALLERGY 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQL ALLERGY RELIEF 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQL ALLERGY RELIEF 180 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
fexofenadine hcl 180 mg tablet (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
fexofenadine hcl 180 mg tablet 24-hour (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
fexofenadine hcl 180 mg tablet allergy, 24hr (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
fexofenadine hcl 180 mg tablet non-drowsy, 24-hour (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
fexofenadine hcl 180 mg tablet non-drowsy, 24hr (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
fexofenadine hcl 60 mg tablet (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
fexofenadine hcl 60 mg tablet allergy (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
FT AD ALLERGY (CETRZN) 10 MG TB	PDL Preferred Generic	OTC; Age (Min 2 Years)
FT AD ALLERGY (LORAT) 10 MG TB	Non-PDL Brand	OTC; Age (Min 2 Years)
FT ALLERGY (CETRZN) 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
FT ALLERGY (FEXO) 180 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
FT ALLERGY (FEXO) 60 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
FT ALLERGY (LORAT) 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
FT CHILD ALL DAY ALLER 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
FT CHILD ALLERGY 5 MG/5 ML SOL	PDL Preferred Generic	OTC; Age (Min 2 Years)
FT CHILD ALLERGY RLF 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
FT CHILD ALLERGY RLF 5 MG CHEW	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP ALL DAY ALLERGY 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP ALL DAY ALLERGY 10 MG TAB INDOOR/OUTDOOR 24 HR	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELF 5 MG/5 ML SLN	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELIEF 180 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELIEF 5 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
gnp child loratadine 5 mg/5 ml	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP CHLD ALL DAY ALLER 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP CHLD ALL DAY ALLER 1 MG/ML BUBBLE GUM	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
gnp chld loratadine 5 mg/5 ml	PDL Preferred Generic	OTC; Age (Min 2 Years)
gnp fexofenadine hcl 180 mg tb (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
gnp loratadine 10 mg odt	PDL Preferred Generic	OTC; Age (Min 2 Years)
gnp loratadine 10 mg tablet	PDL Preferred Generic	OTC; Age (Min 2 Years)
gnp loratadine 5 mg/5 ml syrup non-drowsy	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS ALL DAY ALLERGY 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS ALLER-EASE 180 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS ALLERGY RELIEF 10 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS ALLERGY RELIEF 10 MG TABLET NON-DROWSY	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS CHILD ALL DAY ALLER 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS CHILD ALLERGY RLF 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
levocetirizine 2.5 mg/5 ml sol	PDL Preferred Generic	Age (Min 2 Years)
levocetirizine 5 mg tablet (otc)	PDL Preferred Generic	OTC; Age (Min 2 Years)
levocetirizine 5 mg tablet (rx)	PDL Preferred Generic	90 DS; Age (Min 2 Years)

Drug	Status	Notes
levocetirizine 5 mg tablet f/c (rx)	PDL Preferred Generic	90 DS; Age (Min 2 Years)
LORADAMED 10 MG TABLET OUTER	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 10 mg odt	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 10 mg odt non-drowsy, citrus	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 10 mg tablet	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 10 mg tablet 10x10, outer	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 10 mg tablet 10x10,u-d,outer	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 10 mg tablet inner	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 10 mg tablet non-drowsy	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 10 mg tablet non-drowsy, 24 hour	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 10 mg tablet outer	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 5 mg/5 ml solution	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 5 mg/5 ml syrup children's	PDL Preferred Generic	OTC; Age (Min 2 Years)
loratadine 5 mg/5 ml syrup children's, d/f	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
PUB ALLERGY RELIEF 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB ALLERGY RELIEF 10 MG TAB 24 HR,INDOOR/OUTDOOR	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB ALLERGY RELIEF 10 MG TAB INDOOR & OUTDOOR	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB ALLERGY RELIEF 10 MG TAB NON-DROWSY	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB ALLERGY RELIEF 180 MG TAB 24 HOUR, NON-DROWSY	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB CHILDREN'S ALLERGY 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
QC ALLERGY (CETRZN) 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
QC ALLERGY (FEXO) 180 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
QC ALLERGY (LORAT) 10 MG TAB	PDL Preferred Generic	OTC; Age (Min 2 Years)
QC ALLERGY RLF (FEXO) 60 MG TB	PDL Preferred Generic	OTC; Age (Min 2 Years)
SW ALLERGY RELIEF 10 MG TAB 24 HOUR RELIEF	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-FEX ALLERGY 180 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-FEX ALLERGY 60 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
WAL-ITIN 10 MG TABLET NON-DROWSY	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY, + 30	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY, 24 HR	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY, 24HR	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY,24 HR RLF	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 5 MG/5 ML SYRUP CHILDREN'S, GRAPE	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ZYR 10 MG TABLET	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ZYR SOLUTION 1 MG/ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
ZYRTEC 10 MG CHEWABLE TABLET (OTC)	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
Nasal Antihistamine		
azelastine 0.1% (137 mcg) spry 137 mcg (0.1 %)	PDL Preferred Generic	90 DS
olopatadine 665 mcg nasal spry 0.6 %	PDL Non-Preferred Generic	PA
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
azelastin-flutic 137-50 mcg spr 137-50 mcg/spray	PDL Non-Preferred Generic	PA; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY 137-50 MCG/SPRAY	PDL Non-Preferred Brand	PA; QL (23 GM per 30 days)

Drug	Status	Notes
RYALTRIS 665-25 MCG SPRAY 665-25 MCG/SPRAY	PDL Non-Preferred Brand	PA; QL (29 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
24 HOUR ALLERGY 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	OTC; QL (16 ML per 30 days)
ALLER-FLO 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	OTC; QL (16 ML per 30 days)
ALLERGY NASAL 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	OTC
CLARISPRAY 50 MCG NASAL SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	OTC; QL (16 ML per 30 days)
cvs fluticasone prop 50 mcg sp (otc) 50 mcg/actuation	PDL Preferred Generic	OTC; QL (16 GM per 30 days)
EQ ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	OTC; QL (16 ML 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	OTC; QL (16 GM per 30 days)
fluticasone prop 50 mcg spray (rx) 50 mcg/actuation	PDL Preferred Generic	
fluticasone prop 50 mcg spray 120 metered sprays (rx) 50 mcg/actuation	PDL Preferred Generic	
FT ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	OTC; QL (16 ML per 30 days)
gnp fluticasone prop 50 mcg sp (otc) 50 mcg/actuation	PDL Preferred Generic	OTC; QL (16 GM per 30 days)
GS 24 HOUR ALLERGY 50 MCG SPRY 50 MCG/ACTUATION	PDL Preferred Generic	OTC; QL (16 ML per 30 days)

Drug	Status	Notes
mometasone furoate 50 mcg spry (otc) 50 mcg/actuation	PDL Preferred Generic	OTC
mometasone furoate 50 mcg spry (rx) 50 mcg/actuation	PDL Preferred Generic	
OMNARIS 50 MCG NASAL SPRAY	PDL Non-Preferred Brand	PA; QL (5 GM per 12 days)
QC ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	OTC; QL (16 ML 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)
TICANASE 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)
Nasal Mast Cell Stabilizers Agents		
cromolyn sodium nasal spray 5.2 mg/spray (4 %)	Non-PDL Generic	OTC
NASALCROM 5.2 MG NASAL SPRAY 200 METERED SPRAYS 5.2 MG/SPRAY (4 %)	Non-PDL Brand	OTC
Antiemesis/Antivertigo		
Antiemetic, Cannibinoid-Type		
dronabinol 10 mg capsule	Non-PDL Generic	QL (2 EA per 1 day)
dronabinol 2.5 mg capsule	Non-PDL Generic	QL (2 EA per 1 day)
dronabinol 5 mg capsule	Non-PDL Generic	QL (2 EA per 1 day)
Antiemetic/Antivertigo Agents		
AKYNZEO 300-0.5 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 21 FILLs)
ANTIVERT 25 MG CHEWABLE TABLET	Non-PDL Brand	

Drug	Status	Notes
aprepitant 125 mg capsule inner	Non-PDL Generic	QL (1 EA per 21 FILLs)
aprepitant 125 mg capsule outer	Non-PDL Generic	QL (1 EA per 21 FILLs)
aprepitant 125-80-80 mg pack 125 mg (1)-80 mg (2)	Non-PDL Generic	QL (3 EA per 21 FILLs)
aprepitant 40 mg capsule	Non-PDL Generic	QL (1 EA per 28 FILLs)
aprepitant 40 mg capsule inner	Non-PDL Generic	QL (1 EA per 28 FILLs)
aprepitant 40 mg capsule outer	Non-PDL Generic	QL (1 EA per 28 FILLs)
aprepitant 80 mg capsule	Non-PDL Generic	QL (2 EA per 21 FILLs)
aprepitant 80 mg capsule inner	Non-PDL Generic	QL (2 EA per 21 FILLs)
aprepitant 80 mg capsule outer	Non-PDL Generic	QL (2 EA per 21 FILLs)
BONINE 25 MG CHEWABLE TABLET	Non-PDL Brand	OTC
BONJESTA ER 20-20 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
COMPRO 25 MG SUPPOSITORY	Non-PDL Generic	
CVS MOTION SICKNESS 25 MG CHWTB	Non-PDL Generic	OTC
CVS MOTION SICKNESS 25 MG TAB	Non-PDL Generic	OTC
DICLEGIS DR 10-10 MG TABLET	PDL Preferred Brand	QL (120 EA per 30 days)
doxylamine-pyridoxine 10-10 mg	PDL Non-Preferred Generic	PA; QL (120 EA per 30 days)
DRAMAMINE 25 MG TABLET	Non-PDL Generic	OTC
DRAMAMINE 25 MG TABLET CHEW	Non-PDL Generic	OTC
DRAMAMINE LESS DROWSY 25 MG TB	Non-PDL Generic	OTC
EQ MOTION SICKNESS 25 MG TAB	Non-PDL Generic	OTC

Drug	Status	Notes
EQL MOTION SICKNESS 25 MG TAB	Non-PDL Generic	OTC
FT MOTION SICKNESS 25 MG CHWTB	Non-PDL Generic	OTC
FT MOTION SICKNESS 25 MG TAB	Non-PDL Generic	OTC
GNP MOTION SICKNESS 25 MG CHWTB	Non-PDL Generic	OTC
granisetron hcl 1 mg tablet	PDL Non-Preferred Generic	PA; QL (10 EA per 21 days)
granisetron hcl 1 mg tablet f/c, 2x10, outer	PDL Non-Preferred Generic	PA; QL (10 EA per 21 days)
granisetron hcl 1 mg tablet f/c, inner	PDL Non-Preferred Generic	PA; QL (10 EA per 21 days)
granisetron hcl 1 mg tablet inner	PDL Non-Preferred Generic	PA; QL (10 EA per 21 days)
granisetron hcl 1 mg tablet outer	PDL Non-Preferred Generic	PA; QL (10 EA per 21 days)
granisetron hcl 1 mg tablet u-d, f/c	PDL Non-Preferred Generic	PA; QL (10 EA per 21 days)
meclizine 12.5 mg caplet (otc)	Non-PDL Generic	OTC
meclizine 12.5 mg caplet caplet (otc)	Non-PDL Generic	OTC
meclizine 12.5 mg tablet (otc)	Non-PDL Generic	OTC
meclizine 12.5 mg tablet (rx)	Non-PDL Generic	
meclizine 25 mg tablet (otc)	Non-PDL Generic	OTC
meclizine 25 mg tablet (rx)	Non-PDL Generic	
meclizine 25 mg tablet chew (otc)	Non-PDL Generic	OTC
meclizine 25 mg tablet chew (rx)	Non-PDL Generic	

Drug	Status	Notes
meclizine 25 mg tablet chew raspberry (otc)	Non-PDL Generic	OTC
meclizine 25 mg tablet inner (rx)	Non-PDL Generic	
meclizine 25 mg tablet outer (rx)	Non-PDL Generic	
MEDI-MECLIZINE 25 MG TABLET OUTER, F/C	Non-PDL Generic	OTC
MOTION SICKNESS 25 MG CHEW TAB CHEWABLE TABLET	Non-PDL Generic	OTC
MOTION SICKNESS RLF 25 MG TAB	Non-PDL Generic	OTC
MOTION-TIME 25 MG TABLET CHEW	Non-PDL Generic	OTC
ondansetron 4 mg/5 ml soln cup inner	PDL Preferred Generic	90 DS; QL (150 ML per 21 FILLs)
ondansetron 4 mg/5 ml soln cup outer	PDL Preferred Generic	90 DS; QL (150 ML per 21 FILLs)
ondansetron 4 mg/5 ml solution	PDL Preferred Generic	90 DS; QL (150 ML per 21 FILLs)
ondansetron hcl 4 mg tablet	PDL Preferred Generic	90 DS
ondansetron hcl 4 mg tablet f/c	PDL Preferred Generic	90 DS
ondansetron hcl 8 mg tablet	PDL Preferred Generic	90 DS
ondansetron hcl 8 mg tablet f/c	PDL Preferred Generic	90 DS
ondansetron hcl 8 mg tablet f/c,u-d,1x3	PDL Preferred Generic	90 DS
ondansetron odt 16 mg tablet	PDL Preferred Generic	

Drug	Status	Notes
ondansetron odt 4 mg tablet 3x10	PDL Preferred Generic	90 DS
ondansetron odt 4 mg tablet 3x10, inner	PDL Preferred Generic	90 DS
ondansetron odt 4 mg tablet 3x10, outer	PDL Preferred Generic	90 DS
ondansetron odt 4 mg tablet	PDL Preferred Generic	90 DS
ondansetron odt 4 mg tablet inner	PDL Preferred Generic	90 DS
ondansetron odt 4 mg tablet outer	PDL Preferred Generic	90 DS
ondansetron odt 8 mg tablet 3x10	PDL Preferred Generic	90 DS
ondansetron odt 8 mg tablet 3x10, outer	PDL Preferred Generic	90 DS
ondansetron odt 8 mg tablet	PDL Preferred Generic	90 DS
ondansetron odt 8 mg tablet inner	PDL Preferred Generic	90 DS
ondansetron odt 8 mg tablet outer	PDL Preferred Generic	90 DS
prochlorperazine 10 mg tab	Non-PDL Generic	
prochlorperazine 10 mg tab f/c	Non-PDL Generic	
prochlorperazine 25 mg supp inner	Non-PDL Generic	
prochlorperazine 25 mg supp outer	Non-PDL Generic	
prochlorperazine 5 mg tablet	Non-PDL Generic	

Drug	Status	Notes
prochlorperazine 5 mg tablet f/c	Non-PDL Generic	
promethazine 12.5 mg suppos	Non-PDL Generic	
promethazine 12.5 mg suppos inner	Non-PDL Generic	
promethazine 12.5 mg suppos outer	Non-PDL Generic	
promethazine 25 mg suppository inner	Non-PDL Generic	
promethazine 25 mg suppository outer	Non-PDL Generic	
PROMETHEGAN 12.5 MG SUPPOS INNER	Non-PDL Generic	
PROMETHEGAN 12.5 MG SUPPOS OUTER	Non-PDL Generic	
PROMETHEGAN 25 MG SUPPOSITORY OUTER	Non-PDL Generic	
PROMETHEGAN 50 MG SUPPOSITORY INNER	Non-PDL Generic	
PROMETHEGAN 50 MG SUPPOSITORY OUTER	Non-PDL Generic	
QC TRAVEL EASE 25 MG CHEW TAB	Non-PDL Generic	OTC
SANCUSO 3.1 MG/24 HR PATCH 3.1 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 21 days)
scopolamine 1 mg/3 day patch inner 1 mg over 3 days	PDL Non-Preferred Generic	PA
scopolamine 1 mg/3 day patch outer 1 mg over 3 days	PDL Non-Preferred Generic	PA
TRANSDERM-SCOP 1 MG/3 DAY PTCH OUTER 1 MG OVER 3 DAYS	PDL Preferred Brand	
TRAVEL-EASE 25 MG CHEW TABLET	Non-PDL Generic	OTC
TRAVEL-EASE 25 MG TABLET	Non-PDL Generic	OTC
trimethobenzamide 300 mg cap	Non-PDL Generic	

Drug	Status	Notes
WAL-DRAM-2 25 MG TABLET	Non-PDL Generic	OTC
Asthma And Copd		
5-Lipoxygenase Inhibitors		
zileuton er 600 mg tablet	PDL Non-Preferred Generic	PA; QL (2 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	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln 25's,p/f,u-d	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln 30's	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln 30's,p/f	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln 30's,p/f,u-d	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln 30's,u-d	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln 60's	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln 60's,p/f,u-d	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln inner	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln outer	PDL Preferred Generic	90 DS

Drug	Status	Notes
ipratropium br 0.02% soln outer, p/f	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln p/f, inner	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln p/f, outer	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln p/f,outer	PDL Preferred Generic	90 DS
ipratropium br 0.02% soln sdv, p/f	PDL Preferred Generic	90 DS
ipratropium br 17 mcg hfa inh 17 mcg/actuation	Non-PDL Generic	QL (25.8 GM per 30 days)
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)
SPIRIVA HANDIHALER 18 MCG CAP	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)
tiotropium 18 mcg cap-inhaler inner	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
tiotropium 18 mcg cap-inhaler outer	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
TUDORZA PRESSAIR 400 MCG INHAL 400 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
umeclidinium ellipta 62.5 mcg inh 62.5 mcg/actuation	Non-PDL Generic	QL (30 EA per 30 days)

Drug	Status	Notes
YUPELRI 175 MCG/3 ML SOLUTION INNER	PDL Non-Preferred Brand	PA; QL (90 ML per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION OUTER	PDL Non-Preferred Brand	PA; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
albuterol sulf 2 mg/5 ml syrup	PDL Preferred Generic	
albuterol sulfate 2 mg tab	PDL Non-Preferred Generic	PA
albuterol sulfate 2 mg tab inner	PDL Non-Preferred Generic	PA
albuterol sulfate 2 mg tab outer	PDL Non-Preferred Generic	PA
albuterol sulfate 4 mg tab	PDL Non-Preferred Generic	PA
terbutaline sulfate 2.5 mg tab	Non-PDL Generic	
terbutaline sulfate 5 mg tab	Non-PDL Generic	
Beta-Adrenergic Agents, Inhaled, Short Acting		
albuterol 100 mg/20 ml solution (cmpd-rx) 5 mg/ml	PDL Preferred Generic	
albuterol 15 mg/3 ml solution (cmpd-rx) 5 mg/ml	PDL Preferred Generic	
albuterol 2.5 mg/0.5 ml sol	PDL Preferred Generic	
albuterol 2.5 mg/0.5 ml sol inner	PDL Preferred Generic	
albuterol 2.5 mg/0.5 ml sol outer	PDL Preferred Generic	

Drug	Status	Notes
albuterol 25 mg/5 ml solution (cmpd-rx) 5 mg/ml	PDL Preferred Generic	
albuterol hfa 90 mcg inhaler 90 mcg/actuation	Non-PDL Generic	18gm/Pkg; Generic for Ventolin HFA
albuterol hfa 90 mcg inhaler 90 mcg/actuation	PDL Preferred Generic	18gm/Pkg; Generic for Ventolin HFA
albuterol hfa 90 mcg inhaler 90 mcg/actuation	PDL Preferred Generic	6.7gm/Pkg;Generic for Proventil HFA
albuterol hfa 90 mcg inhaler 90 mcg/actuation	PDL Preferred Generic	8.5gm/Pkg; Generic for ProAir HFA
albuterol hfa 90 mcg inhaler 90 mcg/actuation	PDL Preferred Generic	8.5gm/Pkg;Generic for ProAir HFA
albuterol sul 0.63 mg/3 ml sol	PDL Preferred Generic	
albuterol sul 0.63 mg/3 ml sol 30's,p/f,strl	PDL Preferred Generic	
albuterol sul 0.63 mg/3 ml sol inner	PDL Preferred Generic	
albuterol sul 0.63 mg/3 ml sol outer	PDL Preferred Generic	
albuterol sul 0.63 mg/3 ml sol u-d, 25's	PDL Preferred Generic	
albuterol sul 1.25 mg/3 ml sol	PDL Preferred Generic	
albuterol sul 1.25 mg/3 ml sol inner	PDL Preferred Generic	
albuterol sul 1.25 mg/3 ml sol outer	PDL Preferred Generic	

Drug	Status	Notes
albuterol sul 1.25 mg/3 ml sol p/f,pedia,25's,u-d	PDL Preferred Generic	
albuterol sul 1.25 mg/3 ml sol p/f,pedia,30's,u-d	PDL Preferred Generic	
albuterol sul 1.25 mg/3 ml sol u-d, 25's	PDL Preferred Generic	
albuterol sul 2.5 mg/3 ml soln 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	90 DS
albuterol sul 2.5 mg/3 ml soln 25's, u-d, p/f 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	90 DS
albuterol sul 2.5 mg/3 ml soln 30's, p/f 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	90 DS
albuterol sul 2.5 mg/3 ml soln 30's, u-d, p/f 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	90 DS
albuterol sul 2.5 mg/3 ml soln 60's, u-d, p/f 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	90 DS
albuterol sul 2.5 mg/3 ml soln inner 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	90 DS
albuterol sul 2.5 mg/3 ml soln outer 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	90 DS
albuterol sul 2.5 mg/3 ml soln p/f, inner 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	90 DS
albuterol sul 2.5 mg/3 ml soln p/f, outer 2.5 mg /3 ml (0.083 %)	PDL Preferred Generic	90 DS
levalbuterol 0.31 mg/3 ml sol	PDL Non-Preferred Generic	PA
levalbuterol 0.31 mg/3 ml sol inner	PDL Non-Preferred Generic	PA

Drug	Status	Notes
levalbuterol 0.31 mg/3 ml sol outer	PDL Non-Preferred Generic	PA
levalbuterol 0.31 mg/3 ml sol p/f, outer	PDL Non-Preferred Generic	PA
levalbuterol 0.63 mg/3 ml sol	PDL Non-Preferred Generic	PA
levalbuterol 0.63 mg/3 ml sol inner	PDL Non-Preferred Generic	PA
levalbuterol 0.63 mg/3 ml sol outer	PDL Non-Preferred Generic	PA
levalbuterol 1.25 mg/3 ml sol	PDL Non-Preferred Generic	PA
levalbuterol 1.25 mg/3 ml sol inner	PDL Non-Preferred Generic	PA
levalbuterol 1.25 mg/3 ml sol outer	PDL Non-Preferred Generic	PA
levalbuterol 1.25 mg/3 ml sol p/f, outer	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 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
levalbuterol tar hfa 45 mcg inh 45 mcg/actuation	PDL Non-Preferred Generic	PA

Drug	Status	Notes
PROAIR RESPICLICK 90 MCG INHLR 90 MCG/ACTUATION	PDL Non-Preferred Brand	PA
VENTOLIN HFA 90 MCG INHALER DOSE COUNTER,200 INH 90 MCG/ACTUATION	PDL Preferred Brand	QL (54 GM per 30 days)
XOPENEX HFA 45 MCG INHALER 45 MCG/ACTUATION	PDL Preferred Brand	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
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		
arformoterol 15 mcg/2 ml soln inner	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
arformoterol 15 mcg/2 ml soln outer	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
BROVANA 15 MCG/2 ML SOLUTION 30'S, OUTER	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
BROVANA 15 MCG/2 ML SOLUTION INNER	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
BROVANA 15 MCG/2 ML SOLUTION OUTER	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
formoterol 20 mcg/2 ml neb vl	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
formoterol 20 mcg/2 ml neb vl inner	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
formoterol 20 mcg/2 ml neb vl outer	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
PERFOROMIST 20 MCG/2 ML SOLN OUTER	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)

Drug	Status	Notes
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 Preferred Brand	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	
DUAKLIR PRESSAIR 400-12MCG INH 400-12 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ipratropium-albuterol 0.5-3(2.5) mg/3 ml 0.5 mg-3 mg(2.5 mg base)/3 ml	PDL Preferred Generic	90 DS
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	90 DS
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	90 DS
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	90 DS
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	90 DS
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	90 DS
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	90 DS
STIOLTO RESPIMAT INHALER (60) 2.5-2.5 MCG/ACTUATION	PDL Preferred Brand	QL (4 GM per 30 days)

Drug	Status	Notes
umeclidinium-vilanterol ellipta 62.5-25 mcg inh 62.5-25 mcg/actuation	PDL Non-Preferred Generic	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)
AIRSUPRA 90-80 MCG INHALER 90-80 MCG/ACTUATION	PDL Non-Preferred Brand	PA; 10.7gm/Pkg; QL (32.1 GM per 30 days)
BREO ELLIPTA 100-25 MCG INHALR 100-25 MCG/DOSE	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
BREO ELLIPTA 200-25 MCG INHALR 200-25 MCG/DOSE	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
BREO ELLIPTA 50-25 MCG INHALER 50-25 MCG/DOSE	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
BREYNA 160-4.5 MCG INHALER 160-4.5 MCG/ACTUATION	PDL Non-Preferred Generic	PA; QL (30.9 GM per 30 days)
BREYNA 80-4.5 MCG INHALER 80-4.5 MCG/ACTUATION	PDL Non-Preferred Generic	PA; QL (30.9 GM per 30 days)

Drug	Status	Notes
budesonide-formoterol 160-4.5 160-4.5 mcg/actuation	PDL Non-Preferred Generic	PA; QL (30.9 GM per 30 days)
budesonide-formoterol 80-4.5 80-4.5 mcg/actuation	PDL Non-Preferred Generic	PA; QL (30.9 GM per 30 days)
DULERA 100 MCG-5 MCG INHALER 100-5 MCG/ACTUATION	PDL Preferred Brand	QL (39 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 (39 GM per 30 days)
fluticasone-salmeterol 100-50 100-50 mcg/dose	PDL Non-Preferred Generic	PA; 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 115-21 115-21 mcg/actuation	PDL Non-Preferred Generic	PA; QL (12 GM per 30 days)
fluticasone-salmeterol 230-21 230-21 mcg/actuation	PDL Non-Preferred Generic	PA; QL (12 GM 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 Non-Preferred Generic	PA; QL (60 EA per 30 days)
fluticasone-salmeterol 45-21 45-21 mcg/actuation	PDL Non-Preferred Generic	PA; QL (12 GM per 30 days)
fluticasone-salmeterol 500-50 500-50 mcg/dose	PDL Non-Preferred Generic	PA; 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)

Drug	Status	Notes
fluticasone-vilanterol 100-25 100-25 mcg/dose	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
fluticasone-vilanterol 200-25 200-25 mcg/dose	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
SYMBICORT 160-4.5 MCG INHALER 160-4.5 MCG/ACTUATION	PDL Preferred Brand	QL (30.9 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER 80-4.5 MCG/ACTUATION	PDL Preferred Brand	QL (30.9 GM per 30 days)
WIXELA 100-50 INHUB 100-50 MCG/DOSE	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
WIXELA 250-50 INHUB 250-50 MCG/DOSE	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
WIXELA 500-50 INHUB 500-50 MCG/DOSE	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE 160-18-4.8 MCG 160-18-4.8 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (10.7 GM per 30 days)
BREZTRI AEROSPHERE 160-9-4.8 MCG 160-9-4.8 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (10.7 GM per 30 days)
TRELEGY ELLIPTA 100-62.5-25 100-62.5-25 MCG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
TRELEGY ELLIPTA 200-62.5-25 200-62.5-25 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)
ALVESCO 80 MCG INHALER 80 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (12.2 GM per 30 days)

Drug	Status	Notes
ARNUITY ELLIPTA 100 MCG INH 100 MCG/ACTUATION	PDL Preferred Brand	QL (30 EA per 30 days)
ARNUITY ELLIPTA 200 MCG INH 200 MCG/ACTUATION	PDL Preferred Brand	QL (30 EA per 30 days)
ARNUITY ELLIPTA 50 MCG INH 50 MCG/ACTUATION	PDL Preferred Brand	QL (30 EA per 30 days)
ASMANEX HFA 100 MCG INHALER 100 MCG/ACTUATION	PDL Preferred Brand	QL (13 GM per 30 days)
ASMANEX HFA 200 MCG INHALER 200 MCG/ACTUATION	PDL Preferred Brand	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	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp inner	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp inner, single-dose	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp inner,u-d,sdv	PDL Preferred Generic	QL (120 ML per 30 days)

Drug	Status	Notes
budesonide 0.25 mg/2 ml susp outer	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp outer, single-dose	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.25 mg/2 ml susp outer,u-d,sdv,30's	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp 2 mlx5, sdv, inner	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp 30's,sdv, outer	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp inner	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp inner,single-dose	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp outer	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 0.5 mg/2 ml susp outer,single-dose	PDL Preferred Generic	QL (120 ML per 30 days)
budesonide 1 mg/2 ml inh susp inner	PDL Preferred Generic	QL (60 ML per 30 days)
budesonide 1 mg/2 ml inh susp outer	PDL Preferred Generic	QL (60 ML per 30 days)
fluticasone ellipta 100 mcg inh 100 mcg/actuation	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
fluticasone ellipta 200 mcg inh 200 mcg/actuation	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)

Drug	Status	Notes
fluticasone ellipta 50 mcg inh 50 mcg/actuation	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
fluticasone prop 100 mcg diskus 100 mcg/actuation	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
fluticasone prop 250 mcg disk 250 mcg/actuation	PDL Non-Preferred Generic	PA; QL (120 EA per 30 days)
fluticasone prop 50 mcg diskus 50 mcg/actuation	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
fluticasone propionate hfa 110 mcg inhaler 110 mcg/actuation	PDL Preferred Generic	QL (12 GM per 30 days)
fluticasone propionate hfa 220 mcg inhaler 220 mcg/actuation	PDL Preferred Generic	QL (24 GM per 30 days)
fluticasone propionate hfa 44 mcg inhaler 44 mcg/actuation	Non-PDL Generic	QL (21.2 GM per 30 days)
fluticasone propionate hfa 44 mcg inhaler 44 mcg/actuation	PDL Preferred Generic	QL (21.2 GM per 30 days)
PULMICORT 0.25 MG/2 ML RESPUL	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
PULMICORT 0.5 MG/2 ML RESPULE	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
PULMICORT 1 MG/2 ML RESPULE	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 90 MCG/ACTUATION	PDL Preferred Brand	QL (1 EA per 30 days)
QVAR REDIHALER 40 MCG 40 MCG/ACTUATION	PDL Preferred Brand	QL (21.2 GM per 30 days)

Drug	Status	Notes
QVAR REDIHALER 80 MCG 80 MCG/ACTUATION	PDL Preferred Brand	QL (21.2 GM per 30 days)
Interleukin-4(Il-4) Receptor Alpha Antagonist, Mab		
DUPIXENT 200 MG/1.14 ML PEN INNER, SUV, P/F	PDL Preferred Brand	PA; SP
DUPIXENT 200 MG/1.14 ML PEN OUTER, SUV, P/F	PDL Preferred Brand	PA; SP
DUPIXENT 200 MG/1.14 ML SYRING INNER, SUV, P/F	PDL Preferred Brand	PA; SP
DUPIXENT 200 MG/1.14 ML SYRING OUTER, SUV, P/F	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML PEN INNER,SUV	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML PEN OUTER,SUV	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML SYRINGE INNER, SUV, P/F	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML SYRINGE OUTER, SUV, P/F	PDL Preferred Brand	PA; SP
Interleukin-5(Il-5) Receptor Alpha Antagonist, Mab		
FASENRA PEN 30 MG/ML SUV	PDL Non-Preferred Brand	PA; SP
Leukotriene Receptor Antagonists		
ACCOLATE 10 MG TABLET	PDL Non-Preferred Brand	PA
ACCOLATE 20 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
montelukast sod 10 mg tablet	PDL Preferred Generic	90 DS
montelukast sod 10 mg tablet 15+ yrs, f/c	PDL Preferred Generic	90 DS
montelukast sod 10 mg tablet f/c	PDL Preferred Generic	90 DS
montelukast sod 10 mg tablet f/c, inner	PDL Preferred Generic	90 DS
montelukast sod 10 mg tablet f/c, outer	PDL Preferred Generic	90 DS
montelukast sod 4 mg granules	PDL Non-Preferred Generic	PA
montelukast sod 4 mg granules inner	PDL Non-Preferred Generic	PA
montelukast sod 4 mg granules inner, foil pkt	PDL Non-Preferred Generic	PA
montelukast sod 4 mg granules outer	PDL Non-Preferred Generic	PA
montelukast sod 4 mg granules outer, foil pkt	PDL Non-Preferred Generic	PA
montelukast sod 4 mg tab chew 2-5 yrs	PDL Preferred Generic	90 DS
montelukast sod 4 mg tab chew 2-5 yrs old	PDL Preferred Generic	90 DS
montelukast sod 4 mg tab chew	PDL Preferred Generic	90 DS
montelukast sod 5 mg tab chew	PDL Preferred Generic	90 DS

Drug	Status	Notes
montelukast sod 5 mg tab chew 6-14 yrs	PDL Preferred Generic	90 DS
montelukast sod 5 mg tab chew 6-14 yrs old	PDL Preferred Generic	90 DS
SINGULAIR 10 MG TABLET	PDL Non-Preferred Brand	PA
SINGULAIR 4 MG GRANULES	PDL Non-Preferred Brand	PA
SINGULAIR 4 MG TABLET CHEW	PDL Non-Preferred Brand	PA
SINGULAIR 5 MG TABLET CHEW	PDL Non-Preferred Brand	PA
zafirlukast 10 mg tablet	PDL Non-Preferred Generic	PA
zafirlukast 20 mg tablet	PDL Non-Preferred Generic	PA
zafirlukast 20 mg tablet f/c	PDL Non-Preferred Generic	PA
zafirlukast 20 mg tablet f/c, inner	PDL Non-Preferred Generic	PA
zafirlukast 20 mg tablet f/c, outer	PDL Non-Preferred Generic	PA
Mast Cell Stabilizers		
cromolyn 100 mg/5 ml oral conc	Non-PDL Generic	
cromolyn 100 mg/5 ml oral conc inner	Non-PDL Generic	
cromolyn 100 mg/5 ml oral conc outer	Non-PDL Generic	
Mast Cell Stabilizers, Orally Inhaled		
cromolyn 20 mg/2 ml neb soln inner	Non-PDL Generic	

Drug	Status	Notes
cromolyn 20 mg/2 ml neb soln outer	Non-PDL Generic	
Monoclonal Antibodies To Immunoglobulin E(Ige)		
XOLAIR 150 MG/ML AUTOINJECTOR	PDL Preferred Brand	PA; SP
XOLAIR 150 MG/ML SYRINGE SUV, P/F	PDL Preferred Brand	PA; SP
XOLAIR 300 MG/2 ML AUTOINJECT SUV, P/F	PDL Preferred Brand	PA; SP
XOLAIR 300 MG/2 ML SYRINGE SUV, P/F	PDL Preferred Brand	PA; SP
XOLAIR 75 MG/0.5 ML AUTOINJECT	PDL Preferred Brand	PA; SP
XOLAIR 75 MG/0.5 ML SYRINGE	PDL Preferred Brand	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists		
NUCALA 100 MG/ML AUTO-INJECTOR P/F, SUV	PDL Preferred Brand	PA; SP
NUCALA 100 MG/ML SYRINGE	PDL Preferred Brand	PA; SP
NUCALA 40 MG/0.4 ML SYRINGE	PDL Preferred Brand	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP 250 MCG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DALIRESP 500 MCG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OHTUVAYRE 3 MG/2.5 ML INHAL SUS INNER	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
OHTUVAYRE 3 MG/2.5 ML INHAL SUS OUTER	PDL Non-Preferred Brand	PA; SP
roflumilast 250 mcg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
roflumilast 250 mcg tablet inner	PDL Preferred Generic	QL (1 EA per 1 day)
roflumilast 250 mcg tablet outer	PDL Preferred Generic	QL (1 EA per 1 day)
roflumilast 500 mcg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
Respiratory Aids,Devices,Equipment		
ACE AEROSOL CLOUD ENHANCER	Non-PDL Brand	
AEROCHAMBER MECHANICAL VENT	Non-PDL Brand	
AEROCHAMBER MINI	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 SMALL	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	

Drug	Status	Notes
AEROCHAMBER2GO	Non-PDL Brand	
AEROECLIPSE II NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
AEROECLIPSE XL 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	
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)

Drug	Status	Notes
CLEVER CHOICE WHISPER AIRE PED	Non-PDL Brand	QL (1 EA per 365 days)
COMFORTSEAL LARGE MASK	Non-PDL Brand	
COMFORTSEAL MEDIUM MASK	Non-PDL Brand	
COMFORTSEAL SMALL MASK	Non-PDL Brand	
COMPACT COMPRESS NEBUL KIT	Non-PDL Brand	OTC; QL (1 EA per 365 days)
COMPACT SPACE CHAMBER	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	OTC; QL (1 EA per 365 days)
COMP-AIR NEBULIZER SYSTEM MODEL NE-C801 (RX)	Non-PDL Brand	QL (1 EA per 365 days)
compressor nebulizer system (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 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)

Drug	Status	Notes
EASIVENT MASK-SMALL	Non-PDL Brand	QL (1 EA per 365 days)
EASY AIR COMPRESSOR NEBULIZER	Non-PDL Brand	OTC; 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)
EQ SPACE CHAMBER	Non-PDL Brand	
EQ SPACE CHAMBER-LARGE MASK	Non-PDL Brand	
EQ SPACE CHAMBER-MEDIUM MASK	Non-PDL Brand	
EQ SPACE CHAMBER-SMALL MASK	Non-PDL Brand	
FLEXICHAMBER	Non-PDL Brand	
FLEXICHAMBER-LG CHILD MASK	Non-PDL Brand	
FLEXICHAMBER-SM ADULT MASK	Non-PDL Brand	
FLEXICHAMBER-SM CHILD MASK	Non-PDL Brand	
HOME NEBULIZER PLUS SIDESTREAM	Non-PDL Brand	QL (1 EA per 365 days)
IN-CHECK DIAL TRAINING DEVICE	Non-PDL Brand	OTC
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)

Drug	Status	Notes
INSPIRACHAMBER SPACER	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-LARGE SPACER	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-MED SPACER	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-SMALL SPACER	Non-PDL Brand	
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	
MC 300 NEBULIZER W-MOUTHPIECE	Non-PDL Brand	QL (1 EA per 365 days)
MC 300 NEBULIZER-UNVRSL TUBING	Non-PDL Brand	QL (1 EA per 365 days)
MICROAIR MESH NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
MICROCHAMBER	Non-PDL Brand	
MICROSPACER FOR AEROSOL DEVICE	Non-PDL Brand	
MINI PLUS NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
NAVAGE PORTABLE NEBULIZER	Non-PDL Brand	OTC; QL (1 EA per 365 days)
NEB200 NEBULIZER	Non-PDL Brand	OTC; 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	OTC
ONE WAY VALVED MOUTHPIECE INSPIRATORY	Non-PDL Brand	OTC
OPTICHAMBER ADULT MASK-LARGE	Non-PDL Brand	

Drug	Status	Notes
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	OTC
PANDA MASK MEDIUM	Non-PDL Brand	OTC
PANDA MASK SMALL	Non-PDL Brand	OTC
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 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 BEAR NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC COMP-AIR COMPRES NEB	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC MEDIUM MASK	Non-PDL Brand	OTC
PEDIATRIC MOUTHPIECE	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC PANDA MASK	Non-PDL Brand	OTC
PEDIATRIC SMALL MASK	Non-PDL Brand	OTC
PFLEX INSPIRATORY TRAINER	Non-PDL Brand	
POCKET CHAMBER	Non-PDL Brand	
PRIMEAIRE CHAMBER	Non-PDL Brand	

Drug	Status	Notes
PRO COMFORT SPACER-ADULT MASK	Non-PDL Brand	OTC
PRO COMFORT SPACER-CHILD MASK	Non-PDL Brand	OTC
PRO COMFORT SPACER-INFANT MASK	Non-PDL Brand	OTC
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 MAX COMPRESSOR-LC PLUS	Non-PDL Brand	QL (1 EA per 365 days)
PRONEB MAX COMPRESSR-LC SPRINT	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)
PURE COMFORT SPACER-ADULT MASK	Non-PDL Brand	OTC
PUREAIR MINI NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
PURECOMFORT PEAK FLOW MOUTHPCE	Non-PDL Brand	OTC
RITEFLO SPACER	Non-PDL Brand	
SAMI THE SEAL COMPRESSOR NEBUL W/ACCESSORIES	Non-PDL Brand	QL (1 EA per 365 days)

Drug	Status	Notes
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)
SIDESTREAM PEDIATRIC FACE MASK	Non-PDL Brand	OTC
SIDESTREAM PLUS NEBULIZER	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	QL (1 EA per 365 days)
SILICONE MASK-PEDIATRIC	Non-PDL Brand	OTC
SINUSTAR REUSABLE NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
SMARTNEB COMPRESSOR 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)
SUNRISE COMPRESSOR-NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
THRESHOLD IMT TRAINER	Non-PDL Brand	
THRESHOLD PEP DEVICE	Non-PDL Brand	
ultrasonic mini nebulizer	Non-PDL Brand	OTC; QL (1 EA per 365 days)
VIOS AEROSOL DELIVERY SYSTEM	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, 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)
VORTEX ADULT MASK	Non-PDL Brand	OTC

Drug	Status	Notes
VORTEX HOLDING CHAMBER	Non-PDL Brand	
VORTEX VHC PEDIATRIC MED MASK	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	OTC
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE 210 MG/1.91 ML PEN 210 MG/1.91 ML (110 MG/ML)	PDL Non-Preferred Brand	PA; SP
Xanthines		
caffeine cit 60 mg/3 ml oral 10's,sdv,p/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 inner 60 mg/3 ml (20 mg/ml)	Non-PDL Generic	
caffeine cit 60 mg/3 ml oral outer 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	
THEO-24 ER 100 MG CAPSULE	Non-PDL Brand	
THEO-24 ER 200 MG CAPSULE	Non-PDL Brand	
THEO-24 ER 300 MG CAPSULE	Non-PDL Brand	
THEO-24 ER 400 MG CAPSULE	Non-PDL Brand	
theophylline 80 mg/15 ml soln	Non-PDL Generic	

Drug	Status	Notes
theophylline 80 mg/15 ml soln	Non-PDL Generic	
theophylline er 100 mg tablet	Non-PDL Generic	
theophylline er 200 mg tablet	Non-PDL Generic	
theophylline er 300 mg tablet	Non-PDL Generic	
theophylline er 400 mg tablet	Non-PDL Generic	
theophylline er 450 mg tablet	Non-PDL Generic	
theophylline er 600 mg tablet	Non-PDL Generic	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
memantine 5-10 mg titration pk	PDL Non-Preferred Generic	PA; QL (49 EA per 28 days)
memantine hcl 10 mg tablet	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)
memantine hcl 10 mg tablet f/c	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)
memantine hcl 10 mg tablet f/c, inner	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)
memantine hcl 10 mg tablet f/c, outer	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)
memantine hcl 2 mg/ml solution	PDL Non-Preferred Generic	PA; QL (300 ML per 30 days)
memantine hcl 5 mg tablet	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)
memantine hcl 5 mg tablet f/c	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)

Drug	Status	Notes
memantine hcl 5 mg tablet f/c, inner	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)
memantine hcl 5 mg tablet f/c, outer	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)
memantine hcl 5 mg tablet inner	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)
memantine hcl 5 mg tablet outer	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)
memantine hcl er 14 mg capsule	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
memantine hcl er 21 mg capsule	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
memantine hcl er 28 mg capsule	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
memantine hcl er 7 mg capsule	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
memantine-donepezil er 14-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
memantine-donepezil er 21-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
memantine-donepezil er 28-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
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)

Drug	Status	Notes
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)
Cholinesterase Inhibitors		
ARICEPT 10 MG TABLET F/C	PDL Non-Preferred Brand	PA
ARICEPT 23 MG TABLET	PDL Non-Preferred Brand	PA
ARICEPT 5 MG TABLET F/C	PDL Non-Preferred Brand	PA
donepezil hcl 10 mg tablet	PDL Preferred Generic	90 DS
donepezil hcl 10 mg tablet f/c	PDL Preferred Generic	90 DS
donepezil hcl 23 mg tablet	PDL Non-Preferred Generic	PA
donepezil hcl 5 mg tablet	PDL Preferred Generic	90 DS
donepezil hcl 5 mg tablet f/c	PDL Preferred Generic	90 DS
donepezil hcl 5 mg tablet u-d,f/c,10x10	PDL Preferred Generic	90 DS
donepezil hcl odt 10 mg tablet	PDL Preferred Generic	
donepezil hcl odt 10 mg tablet inner	PDL Preferred Generic	
donepezil hcl odt 10 mg tablet outer	PDL Preferred Generic	

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

Drug	Status	Notes
galantamine hbr 12 mg tablet f/c	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 4 mg tablet	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 4 mg tablet f/c	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 4 mg tablet f/c, inner	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 4 mg tablet f/c, outer	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 8 mg tablet	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
galantamine hbr 8 mg tablet f/c	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
pyridostigmine 60 mg/5 ml soln	Non-PDL Generic	
pyridostigmine 60 mg/5 ml solution cup inner	Non-PDL Generic	
pyridostigmine 60 mg/5 ml solution cup outer	Non-PDL Generic	
pyridostigmine br 60 mg tablet	Non-PDL Generic	
pyridostigmine er 180 mg tab	Non-PDL Generic	
rivastigmine 1.5 mg capsule	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)

Drug	Status	Notes
rivastigmine 3 mg capsule	PDL Non-Preferred Generic	PA
rivastigmine 4.5 mg capsule	PDL Non-Preferred Generic	PA
rivastigmine 4.6 mg/24hr patch 4.6 mg/24 hour	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 4.6 mg/24hr patch inner 4.6 mg/24 hour	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 4.6 mg/24hr patch outer 4.6 mg/24 hour	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 6 mg capsule	PDL Non-Preferred Generic	PA
rivastigmine 9.5 mg/24hr patch 9.5 mg/24 hour	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 9.5 mg/24hr patch inner 9.5 mg/24 hour	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
rivastigmine 9.5 mg/24hr patch outer 9.5 mg/24 hour	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
ZUNVEYL DR 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZUNVEYL DR 15 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZUNVEYL DR 5 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
mirtazapine 15 mg odt	PDL Preferred Generic	

Drug	Status	Notes
mirtazapine 15 mg odt 5x6	PDL Preferred Generic	
mirtazapine 15 mg odt inner	PDL Preferred Generic	
mirtazapine 15 mg odt outer	PDL Preferred Generic	
mirtazapine 15 mg tablet	PDL Preferred Generic	90 DS
mirtazapine 15 mg tablet f/c	PDL Preferred Generic	90 DS
mirtazapine 15 mg tablet u-d, 10x10, inner	PDL Preferred Generic	90 DS
mirtazapine 15 mg tablet u-d, 10x10, outer	PDL Preferred Generic	90 DS
mirtazapine 15 mg tablet u-d,10x10,inner	PDL Preferred Generic	90 DS
mirtazapine 15 mg tablet u-d,10x10,outer	PDL Preferred Generic	90 DS
mirtazapine 30 mg odt	PDL Preferred Generic	
mirtazapine 30 mg odt 5x6	PDL Preferred Generic	
mirtazapine 30 mg odt inner	PDL Preferred Generic	
mirtazapine 30 mg odt outer	PDL Preferred Generic	
mirtazapine 30 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
mirtazapine 30 mg tablet f/c	PDL Preferred Generic	90 DS
mirtazapine 30 mg tablet u-d, 10x10, inner	PDL Preferred Generic	90 DS
mirtazapine 30 mg tablet u-d, 10x10, outer	PDL Preferred Generic	90 DS
mirtazapine 30 mg tablet u-d,10x10,inner	PDL Preferred Generic	90 DS
mirtazapine 30 mg tablet u-d,10x10,outer	PDL Preferred Generic	90 DS
mirtazapine 45 mg odt	PDL Preferred Generic	
mirtazapine 45 mg odt 5x6	PDL Preferred Generic	
mirtazapine 45 mg odt inner	PDL Preferred Generic	
mirtazapine 45 mg odt outer	PDL Preferred Generic	
mirtazapine 45 mg tablet	PDL Preferred Generic	90 DS
mirtazapine 45 mg tablet f/c	PDL Preferred Generic	90 DS
mirtazapine 45 mg tablet u-d, 10x10, inner	PDL Preferred Generic	90 DS
mirtazapine 45 mg tablet u-d, 10x10, outer	PDL Preferred Generic	90 DS
mirtazapine 45 mg tablet u-d,10x10,inner	PDL Preferred Generic	90 DS

Drug	Status	Notes
mirtazapine 45 mg tablet u-d,10x10,outer	PDL Preferred Generic	90 DS
mirtazapine 7.5 mg tablet	PDL Preferred Generic	90 DS
mirtazapine 7.5 mg tablet f/c	PDL Preferred Generic	90 DS
REMERON 15 MG SOLTAB INNER	PDL Non-Preferred Brand	PA
REMERON 15 MG SOLTAB OUTER	PDL Non-Preferred Brand	PA
REMERON 15 MG TABLET	PDL Non-Preferred Brand	PA
REMERON 30 MG SOLTAB INNER	PDL Non-Preferred Brand	PA
REMERON 30 MG SOLTAB OUTER	PDL Non-Preferred Brand	PA
REMERON 30 MG TABLET	PDL Non-Preferred Brand	PA
REMERON 45 MG SOLTAB INNER	PDL Non-Preferred Brand	PA
REMERON 45 MG SOLTAB OUTER	PDL Non-Preferred Brand	PA
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE 20 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
ZURZUVAE 25 MG CAPSULE	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
ZURZUVAE 30 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
Maois - Non-Selective & Irreversible		
phenelzine sulfate 15 mg tab	Non-PDL Generic	
tranylcypromine sulf 10 mg tab	Non-PDL Generic	
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ER 45-105 MG TABLET	PDL Non-Preferred Brand	PA
AUVELITY TITRATION PACK 30 MG-105 MG /45 MG-105 MG	PDL Non-Preferred Brand	PA
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
APLENZIN ER 174 MG TABLET ONCE DAILY	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APLENZIN ER 348 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APLENZIN ER 522 MG TABLET ONCE DAILY	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
bupropion hcl 100 mg tablet	PDL Preferred Generic	
bupropion hcl 100 mg tablet f/c	PDL Preferred Generic	
bupropion hcl 75 mg tablet	PDL Preferred Generic	90 DS
bupropion hcl 75 mg tablet f/c	PDL Preferred Generic	90 DS
bupropion hcl sr 100 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
bupropion hcl sr 100 mg tablet f/c	PDL Preferred Generic	90 DS
bupropion hcl sr 100 mg tablet f/c, inner	PDL Preferred Generic	90 DS
bupropion hcl sr 100 mg tablet f/c, outer	PDL Preferred Generic	90 DS
bupropion hcl sr 100 mg tablet inner,u-d,10x10/f/c	PDL Preferred Generic	90 DS
bupropion hcl sr 100 mg tablet outer,u-d,10x10,f/c	PDL Preferred Generic	90 DS
bupropion hcl sr 150 mg tablet	PDL Preferred Generic	90 DS
bupropion hcl sr 150 mg tablet f/c	PDL Preferred Generic	90 DS
bupropion hcl sr 150 mg tablet f/c, inner	PDL Preferred Generic	90 DS
bupropion hcl sr 150 mg tablet f/c, outer	PDL Preferred Generic	90 DS
bupropion hcl sr 200 mg tablet	PDL Preferred Generic	90 DS
bupropion hcl xl 150 mg tablet	PDL Preferred Generic	90 DS
bupropion hcl xl 300 mg tablet	PDL Preferred Generic	90 DS
bupropion hcl xl 300 mg tablet once daily	PDL Preferred Generic	90 DS
bupropion hcl xl 450 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
WELLBUTRIN SR 100 MG TABLET	PDL Non-Preferred Brand	PA
WELLBUTRIN SR 150 MG TABLET F/C	PDL Non-Preferred Brand	PA
WELLBUTRIN SR 200 MG TABLET	PDL Non-Preferred Brand	PA
WELLBUTRIN XL 150 MG TABLET	PDL Non-Preferred Brand	PA
WELLBUTRIN XL 300 MG TABLET	PDL Non-Preferred Brand	PA
Selective Serotonin Reuptake Inhibitor (Ssris)		
CELEXA 10 MG TABLET	PDL Non-Preferred Brand	PA
CELEXA 20 MG TABLET F/C	PDL Non-Preferred Brand	PA
CELEXA 40 MG TABLET F/C	PDL Non-Preferred Brand	PA
citalopram hbr 10 mg tablet	PDL Preferred Generic	90 DS
citalopram hbr 10 mg tablet f/c	PDL Preferred Generic	90 DS
citalopram hbr 10 mg tablet f/c, u-d, 10x10	PDL Preferred Generic	90 DS
citalopram hbr 10 mg/5 ml soln	PDL Preferred Generic	
citalopram hbr 20 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
citalopram hbr 20 mg tablet f/c	PDL Preferred Generic	90 DS
citalopram hbr 30 mg capsule	PDL Non-Preferred Generic	PA
citalopram hbr 40 mg tablet	PDL Preferred Generic	90 DS
citalopram hbr 40 mg tablet f/c	PDL Preferred Generic	90 DS
escitalopram 10 mg tablet	PDL Preferred Generic	90 DS
escitalopram 10 mg tablet f/c	PDL Preferred Generic	90 DS
escitalopram 15 mg capsule	PDL Non-Preferred Generic	PA
escitalopram 20 mg tablet	PDL Preferred Generic	90 DS
escitalopram 20 mg tablet f/c	PDL Preferred Generic	90 DS
escitalopram 20 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	90 DS
escitalopram 20 mg tablet f/c,u-d,inner	PDL Preferred Generic	90 DS
escitalopram 5 mg tablet	PDL Preferred Generic	90 DS
escitalopram 5 mg tablet f/c	PDL Preferred Generic	90 DS
escitalopram oxalate 5 mg/5 ml	PDL Non-Preferred Generic	PA

Drug	Status	Notes
escitalopram oxalate 5 mg/5 ml oral solution	PDL Non-Preferred Generic	PA
fluoxetine 20 mg/5 ml solution 20 mg/5 ml (4 mg/ml)	PDL Preferred Generic	
fluoxetine 20 mg/5 ml solution cup 20 mg/5 ml (4 mg/ml)	PDL Preferred Generic	
fluoxetine dr 90 mg capsule once weekly	PDL Non-Preferred Generic	PA
fluoxetine hcl 10 mg capsule	PDL Preferred Generic	90 DS
fluoxetine hcl 10 mg capsule 12's	PDL Preferred Generic	90 DS
fluoxetine hcl 10 mg tablet	PDL Non-Preferred Generic	PA; 90 DS
fluoxetine hcl 10 mg tablet inner	PDL Non-Preferred Generic	PA; 90 DS
fluoxetine hcl 10 mg tablet outer	PDL Non-Preferred Generic	PA; 90 DS
fluoxetine hcl 20 mg capsule 12's	PDL Preferred Generic	90 DS
fluoxetine hcl 20 mg capsule	PDL Preferred Generic	90 DS
fluoxetine hcl 20 mg tablet	PDL Non-Preferred Generic	PA
fluoxetine hcl 20 mg tablet inner	PDL Non-Preferred Generic	PA
fluoxetine hcl 20 mg tablet outer	PDL Non-Preferred Generic	PA

Drug	Status	Notes
fluoxetine hcl 40 mg capsule	PDL Preferred Generic	90 DS
fluoxetine hcl 60 mg tablet	PDL Non-Preferred Generic	PA
fluvoxamine er 100 mg capsule	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
fluvoxamine er 150 mg capsule	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
fluvoxamine maleate 100 mg tab	PDL Preferred Generic	
fluvoxamine maleate 100 mg tab f/c	PDL Preferred Generic	
fluvoxamine maleate 25 mg tab	PDL Preferred Generic	
fluvoxamine maleate 25 mg tab f/c	PDL Preferred Generic	
fluvoxamine maleate 50 mg tab	PDL Preferred Generic	
fluvoxamine maleate 50 mg tab f/c	PDL Preferred Generic	
LEXAPRO 10 MG TABLET F/C	PDL Non-Preferred Brand	PA
LEXAPRO 20 MG TABLET F/C	PDL Non-Preferred Brand	PA
LEXAPRO 5 MG TABLET	PDL Non-Preferred Brand	PA
paroxetine cr 12.5 mg tablet	PDL Non-Preferred Generic	PA

Drug	Status	Notes
paroxetine cr 25 mg tablet	PDL Non-Preferred Generic	PA
paroxetine cr 37.5 mg tablet	PDL Non-Preferred Generic	PA
paroxetine er 12.5 mg tablet	PDL Non-Preferred Generic	PA
paroxetine er 25 mg tablet	PDL Non-Preferred Generic	PA
paroxetine er 37.5 mg tablet	PDL Non-Preferred Generic	PA
paroxetine hcl 10 mg tablet	PDL Preferred Generic	90 DS
paroxetine hcl 10 mg tablet f/c	PDL Preferred Generic	90 DS
paroxetine hcl 10 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	90 DS
paroxetine hcl 10 mg/5 ml susp	PDL Non-Preferred Generic	PA
paroxetine hcl 20 mg tablet	PDL Preferred Generic	90 DS
paroxetine hcl 20 mg tablet f/c	PDL Preferred Generic	90 DS
paroxetine hcl 20 mg tablet f/c,u-d,10x10	PDL Preferred Generic	90 DS
paroxetine hcl 20 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	90 DS
paroxetine hcl 20 mg tablet inner	PDL Preferred Generic	90 DS

Drug	Status	Notes
paroxetine hcl 30 mg tablet	PDL Preferred Generic	90 DS
paroxetine hcl 30 mg tablet f/c	PDL Preferred Generic	90 DS
paroxetine hcl 30 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	90 DS
paroxetine hcl 30 mg tablet inner	PDL Preferred Generic	90 DS
paroxetine hcl 40 mg tablet	PDL Preferred Generic	90 DS
paroxetine hcl 40 mg tablet f/c	PDL Preferred Generic	90 DS
paroxetine hcl 40 mg tablet f/c,u-d,10x10,inner	PDL Preferred Generic	90 DS
paroxetine hcl 40 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	90 DS
PAXIL 10 MG TABLET	PDL Non-Preferred Brand	PA
PAXIL 20 MG TABLET	PDL Non-Preferred Brand	PA
PAXIL 30 MG TABLET	PDL Non-Preferred Brand	PA
PAXIL 40 MG TABLET	PDL Non-Preferred Brand	PA
PAXIL CR 12.5 MG TABLET	PDL Non-Preferred Brand	PA
PAXIL CR 25 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PAXIL CR 37.5 MG TABLET	PDL Non-Preferred Brand	PA
sertraline 150 mg capsule	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
sertraline 20 mg/ml oral conc	PDL Preferred Generic	
sertraline 20 mg/ml oral conc w/dispensing syringe	PDL Preferred Generic	
sertraline 200 mg capsule	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
sertraline hcl 100 mg tablet	PDL Preferred Generic	90 DS
sertraline hcl 100 mg tablet f/c	PDL Preferred Generic	90 DS
sertraline hcl 25 mg tablet	PDL Preferred Generic	90 DS
sertraline hcl 25 mg tablet f/c	PDL Preferred Generic	90 DS
sertraline hcl 25 mg tablet f/c,10x10,outer	PDL Preferred Generic	90 DS
sertraline hcl 25 mg tablet f/c,inner	PDL Preferred Generic	90 DS
sertraline hcl 50 mg tablet	PDL Preferred Generic	90 DS
sertraline hcl 50 mg tablet f/c	PDL Preferred Generic	90 DS
ZOLOFT 100 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ZOLOFT 100 MG TABLET F/C,U-D	PDL Non-Preferred Brand	PA
ZOLOFT 100 MG TABLET INNER	PDL Non-Preferred Brand	PA
ZOLOFT 100 MG TABLET OUTER	PDL Non-Preferred Brand	PA
ZOLOFT 20 MG/ML ORAL CONC	PDL Non-Preferred Brand	PA
ZOLOFT 25 MG TABLET	PDL Non-Preferred Brand	PA
ZOLOFT 50 MG TABLET	PDL Non-Preferred Brand	PA
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
nefazodone hcl 100 mg tablet	PDL Preferred Generic	
nefazodone hcl 150 mg tablet	PDL Preferred Generic	
nefazodone hcl 200 mg tablet	PDL Preferred Generic	
nefazodone hcl 250 mg tablet	PDL Preferred Generic	
nefazodone hcl 50 mg tablet	PDL Preferred Generic	
RALDESY 10 MG/ML SOLUTION	PDL Non-Preferred Brand	PA
trazodone 100 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
trazodone 100 mg tablet f/c	PDL Preferred Generic	90 DS
trazodone 150 mg tablet	PDL Preferred Generic	90 DS
trazodone 150 mg tablet u-d, 10x10, outer	PDL Preferred Generic	90 DS
trazodone 150 mg tablet u-d, inner	PDL Preferred Generic	90 DS
trazodone 25 mg tablet	PDL Preferred Generic	
trazodone 300 mg tablet	PDL Preferred Generic	
trazodone 50 mg tablet	PDL Preferred Generic	90 DS
trazodone 75 mg tablet	PDL Preferred Generic	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
desvenlafaxine er 100 mg tab	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
desvenlafaxine er 50 mg tab	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
desvenlafaxine succnt er 100 mg	PDL Preferred Generic	
desvenlafaxine succnt er 25 mg	PDL Preferred Generic	
desvenlafaxine succnt er 50 mg	PDL Preferred Generic	

Drug	Status	Notes
DRIZALMA SPRINKLE DR 20 MG CAP	PDL Non-Preferred Brand	PA
DRIZALMA SPRINKLE DR 30 MG CAP	PDL Non-Preferred Brand	PA
DRIZALMA SPRINKLE DR 40 MG CAP	PDL Non-Preferred Brand	PA
DRIZALMA SPRINKLE DR 60 MG CAP	PDL Non-Preferred Brand	PA
duloxetine hcl dr 20 mg cap	PDL Preferred Generic	90 DS
duloxetine hcl dr 30 mg cap	PDL Preferred Generic	90 DS
duloxetine hcl dr 40 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
duloxetine hcl dr 60 mg cap	PDL Preferred Generic	90 DS
EFFEXOR XR 150 MG CAPSULE	PDL Non-Preferred Brand	PA
EFFEXOR XR 150 MG CAPSULE U-U	PDL Non-Preferred Brand	PA
EFFEXOR XR 37.5 MG CAPSULE	PDL Non-Preferred Brand	PA
EFFEXOR XR 75 MG CAPSULE	PDL Non-Preferred Brand	PA
FETZIMA 20-40 MG TITRATION PAK 20 MG (2)- 40 MG (26)	PDL Preferred Brand	QL (1 EA per 1 day)
FETZIMA ER 120 MG CAPSULE	PDL Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
FETZIMA ER 20 MG CAPSULE	PDL Preferred Brand	QL (1 EA per 1 day)
FETZIMA ER 40 MG CAPSULE	PDL Preferred Brand	QL (1 EA per 1 day)
FETZIMA ER 80 MG CAPSULE	PDL Preferred Brand	QL (1 EA per 1 day)
PRISTIQ ER 100 MG TABLET F/C	PDL Non-Preferred Brand	PA
PRISTIQ ER 25 MG TABLET	PDL Non-Preferred Brand	PA
PRISTIQ ER 50 MG TABLET	PDL Non-Preferred Brand	PA
venlafaxine bes er 112.5 mg tb	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
venlafaxine hcl 100 mg tablet	PDL Preferred Generic	90 DS
venlafaxine hcl 100 mg tablet f/c	PDL Preferred Generic	90 DS
venlafaxine hcl 25 mg tablet	PDL Preferred Generic	90 DS
venlafaxine hcl 25 mg tablet f/c	PDL Preferred Generic	90 DS
venlafaxine hcl 25 mg tablet inner	PDL Preferred Generic	90 DS
venlafaxine hcl 25 mg tablet outer	PDL Preferred Generic	90 DS
venlafaxine hcl 37.5 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
venlafaxine hcl 37.5 mg tablet f/c	PDL Preferred Generic	90 DS
venlafaxine hcl 37.5 mg tablet inner	PDL Preferred Generic	90 DS
venlafaxine hcl 37.5 mg tablet outer	PDL Preferred Generic	90 DS
venlafaxine hcl 50 mg tablet	PDL Preferred Generic	
venlafaxine hcl 50 mg tablet f/c	PDL Preferred Generic	
venlafaxine hcl 75 mg tablet	PDL Preferred Generic	90 DS
venlafaxine hcl 75 mg tablet f/c	PDL Preferred Generic	90 DS
venlafaxine hcl 75 mg tablet inner	PDL Preferred Generic	90 DS
venlafaxine hcl 75 mg tablet outer	PDL Preferred Generic	90 DS
venlafaxine hcl er 150 mg cap	PDL Preferred Generic	90 DS
venlafaxine hcl er 150 mg cap inner	PDL Preferred Generic	90 DS
venlafaxine hcl er 150 mg cap outer	PDL Preferred Generic	90 DS
venlafaxine hcl er 150 mg cap redipak, u-d	PDL Preferred Generic	90 DS
venlafaxine hcl er 150 mg tab	PDL Non-Preferred Generic	PA

Drug	Status	Notes
venlafaxine hcl er 225 mg tab	PDL Non-Preferred Generic	PA
venlafaxine hcl er 37.5 mg cap	PDL Preferred Generic	90 DS
venlafaxine hcl er 37.5 mg cap inner	PDL Preferred Generic	90 DS
venlafaxine hcl er 37.5 mg cap outer	PDL Preferred Generic	90 DS
venlafaxine hcl er 37.5 mg cap redipak, u-d	PDL Preferred Generic	90 DS
venlafaxine hcl er 37.5 mg tab	PDL Non-Preferred Generic	PA
venlafaxine hcl er 75 mg cap	PDL Preferred Generic	90 DS
venlafaxine hcl er 75 mg cap inner	PDL Preferred Generic	90 DS
venlafaxine hcl er 75 mg cap outer	PDL Preferred Generic	90 DS
venlafaxine hcl er 75 mg cap redipak, u-d	PDL Preferred Generic	90 DS
venlafaxine hcl er 75 mg tab	PDL Non-Preferred Generic	PA
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD 10 MG TABLET	PDL Non-Preferred Brand	PA
VIIBRYD 20 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
VIIBRYD 40 MG TABLET	PDL Non-Preferred Brand	PA
vilazodone hcl 10 mg tablet	PDL Preferred Generic	
vilazodone hcl 20 mg tablet	PDL Preferred Generic	
vilazodone hcl 40 mg tablet	PDL Preferred Generic	
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX 10 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
TRINTELLIX 20 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
TRINTELLIX 5 MG TABLET	PDL Preferred Brand	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	

Drug	Status	Notes
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
amitriptyline hcl 10 mg tab	Non-PDL Generic	90 DS
amitriptyline hcl 100 mg tab	Non-PDL Generic	90 DS
amitriptyline hcl 150 mg tab	Non-PDL Generic	
amitriptyline hcl 25 mg tab	Non-PDL Generic	90 DS
amitriptyline hcl 50 mg tab	Non-PDL Generic	90 DS
amitriptyline hcl 75 mg tab	Non-PDL Generic	
amoxapine 100 mg tablet	Non-PDL Generic	
amoxapine 150 mg tablet	Non-PDL Generic	
amoxapine 25 mg tablet	Non-PDL Generic	
amoxapine 50 mg tablet	Non-PDL Generic	
clomipramine 25 mg capsule	Non-PDL Generic	
clomipramine 50 mg capsule	Non-PDL Generic	
clomipramine 50 mg capsule inner	Non-PDL Generic	
clomipramine 50 mg capsule outer	Non-PDL Generic	
clomipramine 75 mg capsule	Non-PDL Generic	
desipramine 10 mg tablet	Non-PDL Generic	
desipramine 10 mg tablet f/c	Non-PDL Generic	
desipramine 100 mg tablet	Non-PDL Generic	
desipramine 150 mg tablet	Non-PDL Generic	
desipramine 150 mg tablet f/c	Non-PDL Generic	

Drug	Status	Notes
desipramine 25 mg tablet	Non-PDL Generic	
desipramine 50 mg tablet	Non-PDL Generic	
desipramine 50 mg tablet f/c	Non-PDL Generic	
desipramine 75 mg tablet	Non-PDL Generic	
doxepin 10 mg capsule	Non-PDL Generic	
doxepin 10 mg capsule u-d, 10x10, inner	Non-PDL Generic	
doxepin 10 mg capsule u-d,10x10,outer	Non-PDL Generic	
doxepin 10 mg/ml oral conc	Non-PDL Generic	90 DS
doxepin 100 mg capsule	Non-PDL Generic	
doxepin 100 mg capsule u-d, 10x10, inner	Non-PDL Generic	
doxepin 100 mg capsule u-d,10x10,outer	Non-PDL Generic	
doxepin 150 mg capsule	Non-PDL Generic	
doxepin 25 mg capsule	Non-PDL Generic	90 DS
doxepin 25 mg capsule u-d, 10x10, inner	Non-PDL Generic	90 DS
doxepin 25 mg capsule u-d,10x10,outer	Non-PDL Generic	90 DS
doxepin 50 mg capsule	Non-PDL Generic	90 DS
doxepin 50 mg capsule u-d, 10x10, inner	Non-PDL Generic	90 DS
doxepin 50 mg capsule u-d,10x10,outer	Non-PDL Generic	90 DS
doxepin 75 mg capsule	Non-PDL Generic	
imipramine hcl 10 mg tablet	Non-PDL Generic	90 DS
imipramine hcl 10 mg tablet f/c	Non-PDL Generic	90 DS

Drug	Status	Notes
imipramine hcl 25 mg tablet	Non-PDL Generic	90 DS
imipramine hcl 25 mg tablet f/c	Non-PDL Generic	90 DS
imipramine hcl 50 mg tablet	Non-PDL Generic	90 DS
imipramine hcl 50 mg tablet f/c	Non-PDL Generic	90 DS
imipramine pamoate 100 mg cap	Non-PDL Generic	
imipramine pamoate 125 mg cap	Non-PDL Generic	
imipramine pamoate 150 mg cap	Non-PDL Generic	
imipramine pamoate 75 mg cap	Non-PDL Generic	
nortriptyline 10 mg/5 ml soln	Non-PDL Generic	
nortriptyline hcl 10 mg cap	Non-PDL Generic	90 DS
nortriptyline hcl 25 mg cap	Non-PDL Generic	90 DS
nortriptyline hcl 50 mg cap	Non-PDL Generic	90 DS
nortriptyline hcl 75 mg cap	Non-PDL Generic	90 DS
protriptyline hcl 10 mg tablet	Non-PDL Generic	
protriptyline hcl 5 mg tablet	Non-PDL Generic	
trimipramine maleate 100 mg cp	Non-PDL Generic	
trimipramine maleate 25 mg cap	Non-PDL Generic	
trimipramine maleate 50 mg cap	Non-PDL Generic	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL XR 10 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
ADDERALL XR 15 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADDERALL XR 20 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ADDERALL XR 25 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ADDERALL XR 30 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ADDERALL XR 5 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 12.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 15.7 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 18.8 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 3.1 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 6.3 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 9.4 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
amphetamine er 12.5 mg odt	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 12.5 mg odt inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 12.5 mg odt outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
amphetamine er 15.7 mg odt	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 15.7 mg odt inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 15.7 mg odt outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 18.8 mg odt	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 18.8 mg odt inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 18.8 mg odt outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 3.1 mg odt	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 3.1 mg odt inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 3.1 mg odt outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 6.3 mg odt	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 6.3 mg odt inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 6.3 mg odt outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 9.4 mg odt	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine er 9.4 mg odt inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
amphetamine er 9.4 mg odt outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amphetamine sulfate 10 mg tab	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
amphetamine sulfate 5 mg tab	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
ARYNTA 10 MG/ML ORAL SOLUTION	PDL Non-Preferred Brand	PA; QL (7 ML per 1 day)
dextroamp-amphet er 10 mg cap	PDL Preferred Generic	QL (1 EA per 1 day)
dextroamp-amphet er 15 mg cap	PDL Preferred Generic	QL (1 EA per 1 day)
dextroamp-amphet er 20 mg cap	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphet er 25 mg cap	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphet er 30 mg cap	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphet er 5 mg cap	PDL Preferred Generic	QL (1 EA per 1 day)
dextroamp-amphetam 12.5 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphetam 7.5 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphetamin 10 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphetamin 15 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
dextroamp-amphetamin 20 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphetamin 30 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamp-amphetamine 5 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamph-amphet er 12.5 mg cp	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dextroamph-amphet er 25 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dextroamph-amphet er 37.5 mg cp	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dextroamph-amphet er 50 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dextroamphetamine 10 mg tab	PDL Preferred Generic	QL (4 EA per 1 day)
dextroamphetamine 15 mg tab	PDL Preferred Generic	QL (4 EA per 1 day)
dextroamphetamine 2.5 mg tab	PDL Preferred Generic	QL (4 EA per 1 day)
dextroamphetamine 20 mg tab	PDL Preferred Generic	QL (3 EA per 1 day)
dextroamphetamine 30 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)
dextroamphetamine 5 mg tab	PDL Preferred Generic	QL (4 EA per 1 day)
dextroamphetamine 5 mg/5 ml	PDL Non-Preferred Generic	PA; QL (1800 ML per 30 days)

Drug	Status	Notes
dextroamphetamine 7.5 mg tab	PDL Preferred Generic	QL (4 EA per 1 day)
dextroamphetamine er 10 mg cap	PDL Preferred Generic	QL (4 EA per 1 day)
dextroamphetamine er 15 mg cap	PDL Preferred Generic	QL (120 EA per 30 days)
dextroamphetamine er 15 mg cap inner	PDL Preferred Generic	QL (120 EA per 30 days)
dextroamphetamine er 15 mg cap outer	PDL Preferred Generic	QL (120 EA per 30 days)
dextroamphetamine er 5 mg cap	PDL Preferred Generic	QL (60 EA per 30 days)
DYANAVEL XR 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DYANAVEL XR 15 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DYANAVEL XR 2.5 MG/ML SUSP	PDL Non-Preferred Brand	PA; QL (240 ML per 30 days)
DYANAVEL XR 20 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DYANAVEL XR 5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EVEKEO 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
EVEKEO 5 MG TABLET	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
lisdexamfetamine 10 mg capsule	PDL Preferred Generic	

Drug	Status	Notes
lisdexamfetamine 10 mg tb chew	PDL Non-Preferred Generic	
lisdexamfetamine 20 mg capsule	PDL Preferred Generic	
lisdexamfetamine 20 mg tb chew	PDL Non-Preferred Generic	
lisdexamfetamine 30 mg capsule	PDL Preferred Generic	
lisdexamfetamine 30 mg tb chew	PDL Non-Preferred Generic	
lisdexamfetamine 40 mg capsule	PDL Preferred Generic	
lisdexamfetamine 40 mg tb chew	PDL Non-Preferred Generic	
lisdexamfetamine 50 mg capsule	PDL Preferred Generic	
lisdexamfetamine 50 mg tb chew	PDL Non-Preferred Generic	
lisdexamfetamine 60 mg capsule	PDL Preferred Generic	
lisdexamfetamine 60 mg tb chew	PDL Non-Preferred Generic	
lisdexamfetamine 70 mg capsule	PDL Preferred Generic	
methamphetamine 5 mg tablet	Non-PDL Generic	QL (150 EA per 30 days)
MYDAYIS ER 12.5 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
MYDAYIS ER 25 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MYDAYIS ER 37.5 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MYDAYIS ER 50 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PROCENTRA 5 MG/5 ML SOLUTION	PDL Non-Preferred Brand	PA; QL (1800 ML per 30 days)
VYVANSE 10 MG CAPSULE	PDL Non-Preferred Brand	PA
VYVANSE 10 MG CHEWABLE TABLET	PDL Non-Preferred Brand	PA
VYVANSE 20 MG CAPSULE	PDL Non-Preferred Brand	PA
VYVANSE 20 MG CHEWABLE TABLET	PDL Non-Preferred Brand	PA
VYVANSE 30 MG CAPSULE	PDL Non-Preferred Brand	PA
VYVANSE 30 MG CHEWABLE TABLET	PDL Non-Preferred Brand	PA
VYVANSE 40 MG CAPSULE	PDL Non-Preferred Brand	PA
VYVANSE 40 MG CHEWABLE TABLET	PDL Non-Preferred Brand	PA
VYVANSE 50 MG CAPSULE	PDL Non-Preferred Brand	PA
VYVANSE 50 MG CHEWABLE TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
VYVANSE 60 MG CAPSULE	PDL Non-Preferred Brand	PA
VYVANSE 60 MG CHEWABLE TABLET	PDL Non-Preferred Brand	PA
VYVANSE 70 MG CAPSULE	PDL Non-Preferred Brand	PA
XELSTRYM 13.5 MG/9 HR PATCH INNER 13.5 MG/9 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XELSTRYM 13.5 MG/9 HR PATCH OUTER 13.5 MG/9 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XELSTRYM 18 MG/9 HR PATCH INNER 18 MG/9 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XELSTRYM 18 MG/9 HR PATCH OUTER 18 MG/9 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XELSTRYM 4.5 MG/9 HR PATCH INNER 4.5 MG/9 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XELSTRYM 4.5 MG/9 HR PATCH OUTER 4.5 MG/9 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XELSTRYM 9 MG/9 HR PATCH INNER 9 MG/9 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XELSTRYM 9 MG/9 HR PATCH OUTER 9 MG/9 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZENZEDI 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
ZENZEDI 15 MG TABLET	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
ZENZEDI 2.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)

Drug	Status	Notes
ZENZEDI 20 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
ZENZEDI 30 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZENZEDI 5 MG TABLET	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
ZENZEDI 7.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
Anti-Alcoholic Preparations		
acamprosate calc dr 333 mg tab	Non-PDL Generic	
acamprosate calc dr 333 mg tab enteric coated	Non-PDL Generic	
disulfiram 250 mg tablet	Non-PDL Generic	
disulfiram 500 mg tablet	Non-PDL Generic	
VIVITROL 380 MG VIAL-DILUENT W/ SYR NDL,OUTER,SUV	Non-PDL Brand	
Anti-Anxiety - Benzodiazepines		
alprazolam 0.25 mg tablet	Non-PDL Generic	
alprazolam 0.5 mg tablet	Non-PDL Generic	
alprazolam 1 mg tablet	Non-PDL Generic	
alprazolam 2 mg tablet	Non-PDL Generic	
alprazolam er 0.5 mg tablet	Non-PDL Generic	
alprazolam er 1 mg tablet	Non-PDL Generic	
alprazolam er 2 mg tablet	Non-PDL Generic	
alprazolam er 3 mg tablet	Non-PDL Generic	
ALPRAZOLAM INTENSOL 1 MG/ML	Non-PDL Brand	

Drug	Status	Notes
alprazolam odt 0.25 mg tab	Non-PDL Generic	
alprazolam odt 0.25 mg tab 10x10, outer	Non-PDL Generic	
alprazolam odt 0.25 mg tab inner	Non-PDL Generic	
alprazolam odt 0.5 mg tab	Non-PDL Generic	
alprazolam odt 0.5 mg tab 10x10, outer	Non-PDL Generic	
alprazolam odt 0.5 mg tab inner	Non-PDL Generic	
alprazolam odt 1 mg tab	Non-PDL Generic	
alprazolam odt 1 mg tab 10x10, outer	Non-PDL Generic	
alprazolam odt 1 mg tab inner	Non-PDL Generic	
alprazolam odt 2 mg tab 10x10, outer	Non-PDL Generic	
alprazolam odt 2 mg tab	Non-PDL Generic	
alprazolam odt 2 mg tab inner	Non-PDL Generic	
alprazolam xr 0.5 mg tablet	Non-PDL Generic	
alprazolam xr 1 mg tablet	Non-PDL Generic	
alprazolam xr 2 mg tablet	Non-PDL Generic	
alprazolam xr 3 mg tablet	Non-PDL Generic	
chlordiazepoxide 10 mg capsule	Non-PDL Generic	
chlordiazepoxide 10 mg capsule inner	Non-PDL Generic	
chlordiazepoxide 10 mg capsule outer	Non-PDL Generic	
chlordiazepoxide 25 mg capsule	Non-PDL Generic	
chlordiazepoxide 25 mg capsule inner	Non-PDL Generic	

Drug	Status	Notes
chlordiazepoxide 25 mg capsule outer	Non-PDL Generic	
chlordiazepoxide 5 mg capsule	Non-PDL Generic	
chlordiazepoxide 5 mg capsule gelcap	Non-PDL Generic	
chlordiazepoxide 5 mg capsule inner	Non-PDL Generic	
chlordiazepoxide 5 mg capsule outer	Non-PDL Generic	
clorazepate 15 mg tablet	Non-PDL Generic	
clorazepate 15 mg tablet outer	Non-PDL Generic	
clorazepate 3.75 mg tablet	Non-PDL Generic	
clorazepate 3.75 mg tablet outer	Non-PDL Generic	
clorazepate 7.5 mg tablet	Non-PDL Generic	
clorazepate 7.5 mg tablet outer	Non-PDL Generic	
diazepam 10 mg tablet	Non-PDL Generic	
diazepam 10 mg tablet u-d, 10x10, inner	Non-PDL Generic	
diazepam 10 mg tablet u-d, outer	Non-PDL Generic	
diazepam 2 mg tablet	Non-PDL Generic	
diazepam 2 mg tablet u-d, 10x10, inner	Non-PDL Generic	
diazepam 2 mg tablet u-d, outer	Non-PDL Generic	
diazepam 25 mg/5 ml oral conc 5 mg/ml	Non-PDL Generic	
diazepam 5 mg tablet	Non-PDL Generic	
diazepam 5 mg tablet u-d, 10x10, inner	Non-PDL Generic	
diazepam 5 mg tablet u-d, outer	Non-PDL Generic	

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

Drug	Status	Notes
buspirone hcl 5 mg tablet u-d,10x10,outer	Non-PDL Generic	
buspirone hcl 7.5 mg tablet	Non-PDL Generic	
meprobamate 200 mg tablet	Non-PDL Generic	
meprobamate 400 mg tablet	Non-PDL Generic	
Anti-Mania Drugs		
EQUETRO 100 MG CAPSULE	PDL Non-Preferred Brand	PA
EQUETRO 200 MG CAPSULE	PDL Non-Preferred Brand	PA
EQUETRO 300 MG CAPSULE	PDL Non-Preferred Brand	PA
lithium 8 meq/5 ml soln cup inner	Non-PDL Generic	
lithium 8 meq/5 ml soln cup outer	Non-PDL Generic	
lithium 8 meq/5 ml solution	Non-PDL Generic	
lithium carbonate 150 mg cap	Non-PDL Generic	90 DS
lithium carbonate 300 mg cap	Non-PDL Generic	90 DS
lithium carbonate 300 mg tab	Non-PDL Generic	90 DS
lithium carbonate 600 mg cap	Non-PDL Generic	90 DS
lithium carbonate er 300 mg tb	Non-PDL Generic	90 DS
lithium carbonate er 300 mg tb f/c	Non-PDL Generic	90 DS
lithium carbonate er 300 mg tb f/c, inner	Non-PDL Generic	90 DS
lithium carbonate er 300 mg tb f/c, outer	Non-PDL Generic	90 DS
lithium carbonate er 450 mg tb	Non-PDL Generic	90 DS

Drug	Status	Notes
lithium carbonate er 450 mg tb inner	Non-PDL Generic	90 DS
lithium carbonate er 450 mg tb outer	Non-PDL Generic	90 DS
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR 0.5 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 0.75 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 1.5 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 1.5 MG CAPSULE INNER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 1.5 MG CAPSULE OUTER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 3 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 3 MG CAPSULE INNER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 3 MG CAPSULE OUTER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 4.5 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 6 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
ABILIFY 15 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 2 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 20 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 30 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY ASIMTUFII 720 MG/2.4 ML	PDL Preferred Brand	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII 960 MG/3.2 ML SUV	PDL Preferred Brand	QL (3.2 ML per 42 days)
ABILIFY MAINTENA ER 300 MG SYR	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 300 MG VL INNER, SUV	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 300 MG VL OUTER, SUV	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 300 MG VL SUV	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG SYR SUV	PDL Preferred Brand	QL (2 EA per 26 days)
ABILIFY MAINTENA ER 400 MG VL INNER, SUV	PDL Preferred Brand	QL (2 EA per 26 days)
ABILIFY MAINTENA ER 400 MG VL OUTER, SUV	PDL Preferred Brand	QL (2 EA per 26 days)

Drug	Status	Notes
ABILIFY MAINTENA ER 400 MG VL SUV	PDL Preferred Brand	QL (2 EA per 26 days)
aripiprazole 1 mg/ml solution	PDL Preferred Generic	QL (30 ML per 1 day)
aripiprazole 10 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
aripiprazole 15 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
aripiprazole 2 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
aripiprazole 20 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
aripiprazole 30 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
aripiprazole 5 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
aripiprazole odt 10 mg tablet	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
aripiprazole odt 10 mg tablet outer	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
aripiprazole odt 15 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
aripiprazole odt 15 mg tablet outer	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
ARISTADA ER 1,064 MG/3.9 ML SYR	PDL Non-Preferred Brand	PA; QL (3.9 ML per 14 days)
ARISTADA ER 441 MG/1.6 ML SYRN	PDL Non-Preferred Brand	PA; QL (1.6 ML per 14 days)

Drug	Status	Notes
ARISTADA ER 662 MG/2.4 ML SYRN	PDL Non-Preferred Brand	PA; QL (2.4 ML per 14 days)
ARISTADA ER 882 MG/3.2 ML SYRN	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
OPIPZA 10 MG FILM INNER	PDL Non-Preferred Brand	PA
OPIPZA 10 MG FILM OUTER	PDL Non-Preferred Brand	PA
OPIPZA 2 MG FILM INNER	PDL Non-Preferred Brand	PA
OPIPZA 2 MG FILM OUTER	PDL Non-Preferred Brand	PA
OPIPZA 5 MG FILM INNER	PDL Non-Preferred Brand	PA
OPIPZA 5 MG FILM OUTER	PDL Non-Preferred Brand	PA
REXULTI 0.25 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REXULTI 0.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REXULTI 1 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REXULTI 2 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
REXULTI 3 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
REXULTI 4 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
loxapine 10 mg capsule	Non-PDL Generic	
loxapine 25 mg capsule	Non-PDL Generic	
loxapine 5 mg capsule	Non-PDL Generic	
loxapine 50 mg capsule	Non-PDL Generic	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
asenapine 10 mg tablet sl	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
asenapine 10 mg tablet sl outer	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
asenapine 2.5 mg tablet sl	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
asenapine 2.5 mg tablet sl inner	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
asenapine 2.5 mg tablet sl outer	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
asenapine 5 mg tablet sl	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
asenapine 5 mg tablet sl outer	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
BYSANTI 1 MG TABLET	PDL Non-Preferred Brand	PA
BYSANTI 10 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
BYSANTI 12 MG TABLET	PDL Non-Preferred Brand	PA
BYSANTI 2 MG TABLET	PDL Non-Preferred Brand	PA
BYSANTI 4 MG TABLET	PDL Non-Preferred Brand	PA
BYSANTI 6 MG TABLET	PDL Non-Preferred Brand	PA
BYSANTI 8 MG TABLET	PDL Non-Preferred Brand	PA
BYSANTI TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	PDL Non-Preferred Brand	PA
BYSANTI TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	PDL Non-Preferred Brand	PA
BYSANTI TITRATION PACK C 1 MG(4)-2MG(2)- 6 MG (2)	PDL Non-Preferred Brand	PA
CAPLYTA 10.5 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CAPLYTA 21 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CAPLYTA 42 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
clozapine 100 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 100 mg tablet inner	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 100 mg tablet outer	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
clozapine 200 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 200 mg tablet u-d,inner,10x10	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 200 mg tablet u-d,outer,10x10	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 25 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 25 mg tablet inner	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 25 mg tablet outer	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine 50 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 100 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 100 mg tablet inner	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 100 mg tablet outer	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 12.5 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 150 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 200 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 25 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
clozapine odt 25 mg tablet inner	PDL Preferred Generic	QL (3 EA per 1 day)
clozapine odt 25 mg tablet outer	PDL Preferred Generic	QL (3 EA per 1 day)
CLOZARIL 100 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 200 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 25 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 50 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
ERZOFRI 117 MG/0.75 ML SYRINGE	PDL Non-Preferred Brand	PA; QL (0.75 ML per 21 days)
ERZOFRI 156 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; QL (1 ML per 21 days)
ERZOFRI 234 MG/1.5 ML SYRINGE	PDL Non-Preferred Brand	PA; QL (1.5 ML per 21 days)
ERZOFRI 351 MG/2.25 ML SYRINGE	PDL Non-Preferred Brand	PA; QL (1 ML per 21 days)
ERZOFRI 39 MG/0.25 ML SYRINGE	PDL Non-Preferred Brand	PA; QL (0.25 ML per 21 days)
ERZOFRI 78 MG/0.5 ML SYRINGE	PDL Non-Preferred Brand	PA; QL (0.5 ML per 21 days)
FANAPT 1 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
FANAPT 12 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 2 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 4 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 6 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 8 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT TITRATION PACK A 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	PDL Non-Preferred Brand	PA; QL (8 EA per 28 days)
FANAPT TITRATION PACK B 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	PDL Non-Preferred Brand	PA; QL (12 EA per 28 days)
FANAPT TITRATION PACK C 1 MG(4)-2 MG(2) -6 MG (2)	PDL Non-Preferred Brand	PA; QL (8 EA per 28 days)
GEODON 20 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
GEODON 20 MG/ML VIAL INNER, SUV, P/F 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON 20 MG/ML VIAL OUTER, SUV, P/F 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON 20 MG/ML VIAL SUV, INNER 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON 20 MG/ML VIAL SUV, OUTER 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON 40 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
GEODON 60 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
GEODON 80 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVEGA ER 3 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVEGA ER 6 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVEGA ER 9 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVEGA HAFYERA 1,092 MG/3.5 ML	PDL Preferred Brand	QL (3.5 ML per 166 days)
INVEGA HAFYERA 1,560 MG/5 ML	PDL Preferred Brand	QL (5 ML per 166 days)
INVEGA SUSTENNA 117 MG/0.75 ML	PDL Preferred Brand	QL (0.75 ML per 21 days)
INVEGA SUSTENNA 156 MG/ML SYRG	PDL Preferred Brand	QL (1 ML per 21 days)
INVEGA SUSTENNA 234 MG/1.5 ML SUV	PDL Preferred Brand	QL (1.5 ML per 21 days)
INVEGA SUSTENNA 39 MG/0.25 ML	PDL Preferred Brand	QL (0.25 ML per 21 days)
INVEGA SUSTENNA 78 MG/0.5 ML	PDL Preferred Brand	QL (0.5 ML per 21 days)
INVEGA TRINZA 273 MG/0.88 ML	PDL Preferred Brand	QL (0.88 ML per 70 days)
INVEGA TRINZA 410 MG/1.32 ML	PDL Preferred Brand	QL (1.32 ML per 70 days)

Drug	Status	Notes
INVEGA TRINZA 546 MG/1.75 ML	PDL Preferred Brand	QL (1.75 ML per 70 days)
INVEGA TRINZA 819 MG/2.63 ML	PDL Preferred Brand	QL (2.63 ML per 70 days)
LATUDA 120 MG TABLET	PDL Non-Preferred Brand	PA
LATUDA 20 MG TABLET	PDL Non-Preferred Brand	PA
LATUDA 40 MG TABLET	PDL Non-Preferred Brand	PA
LATUDA 60 MG TABLET	PDL Non-Preferred Brand	PA
LATUDA 80 MG TABLET	PDL Non-Preferred Brand	PA
lurasidone hcl 120 mg tablet	PDL Preferred Generic	
lurasidone hcl 20 mg tablet	PDL Preferred Generic	
lurasidone hcl 40 mg tablet	PDL Preferred Generic	
lurasidone hcl 60 mg tablet	PDL Preferred Generic	
lurasidone hcl 80 mg tablet	PDL Preferred Generic	
LYBALVI 10-10 MG TABLET	PDL Non-Preferred Brand	PA
LYBALVI 15-10 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
LYBALVI 20-10 MG TABLET	PDL Non-Preferred Brand	PA
LYBALVI 5-10 MG TABLET	PDL Non-Preferred Brand	PA
olanzapine 10 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 10 mg tablet f/c	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 10 mg tablet f/c, u-d	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 10 mg tablet inner	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 10 mg tablet outer	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 10 mg vial suv	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 10 mg vial suv, p/f	PDL Preferred Generic	QL (1 EA per 1 day)
olanzapine 15 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 15 mg tablet f/c	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 15 mg tablet f/c, u-d	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 15 mg tablet f/c,u-d,10x10,inner	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 15 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)

Drug	Status	Notes
olanzapine 2.5 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 2.5 mg tablet f/c	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 2.5 mg tablet f/c, u-d	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 2.5 mg tablet f/c,u-d,10x10,inner	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 2.5 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 20 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 20 mg tablet f/c	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 20 mg tablet f/c, u-d	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 20 mg tablet f/c,u-d,10x10,inner	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 20 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 5 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 5 mg tablet f/c	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 5 mg tablet f/c, inner	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 5 mg tablet f/c, outer	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)

Drug	Status	Notes
olanzapine 5 mg tablet f/c, u-d	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 7.5 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 7.5 mg tablet f/c	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine 7.5 mg tablet f/c, u-d	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet 10x10	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet 3x10, outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet 3x10's	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet 5x6, outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 10 mg tablet outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 15 mg tablet 10x10	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 15 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 15 mg tablet 3x10, outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

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

Drug	Status	Notes
olanzapine odt 5 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 5 mg tablet 5x6, outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 5 mg tablet inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine odt 5 mg tablet outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
paliperidone er 1.5 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
paliperidone er 3 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
paliperidone er 6 mg tablet	PDL Preferred Generic	QL (2 EA per 1 day)
paliperidone er 9 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
PERSERIS ER 120 MG SYRINGE KIT	Non-PDL Brand	QL (1 EA per 28 days)
PERSERIS ER 90 MG SYRINGE KIT OUTER, SUV	Non-PDL Brand	QL (1 EA per 28 days)
quetiapine 150 mg tablet	PDL Preferred Generic	
quetiapine er 150 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
quetiapine er 200 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
quetiapine er 300 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
quetiapine er 400 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
quetiapine er 50 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
quetiapine fumarate 100 mg tab	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 100 mg tab f/c	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 200 mg tab	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 200 mg tab f/c	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 200 mg tab f/c, inner	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 200 mg tab f/c, outer	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 25 mg tab	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 25 mg tab f/c	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 25 mg tab f/c, inner	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 25 mg tab f/c, outer	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 300 mg tab	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 300 mg tab f/c	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 400 mg tab	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)

Drug	Status	Notes
quetiapine fumarate 400 mg tab f/c	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 50 mg tab	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
quetiapine fumarate 50 mg tab f/c	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
RISPERDAL 0.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 1 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 1 MG/ML SOLUTION	PDL Non-Preferred Brand	PA; QL (8 ML per 1 day)
RISPERDAL 2 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 3 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 4 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL CONSTA 12.5 MG VIAL SUV, INNER 12.5 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 12.5 MG VIAL SUV, OUTER 12.5 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 25 MG VIAL SUV, INNER 25 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 25 MG VIAL SUV, OUTER 25 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 37.5 MG VIAL SUV, INNER 37.5 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)

Drug	Status	Notes
RISPERDAL CONSTA 37.5 MG VIAL SUV, OUTER 37.5 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 50 MG VIAL SUV, INNER 50 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL CONSTA 50 MG VIAL SUV, OUTER 50 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
risperidone 0.25 mg odt 5x6, outer	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.25 mg odt inner	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.25 mg tablet	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 0.25 mg tablet f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 0.25 mg tablet f/c,u-d,10x10,inner	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 0.25 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 0.5 mg odt 3x10	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.5 mg odt inner	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.5 mg odt outer	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 0.5 mg tablet	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 0.5 mg tablet f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)

Drug	Status	Notes
risperidone 0.5 mg tablet f/c,u-d,10x10,inner	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 0.5 mg tablet f/c,u-d,10x10,outer	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 1 mg odt 7x4	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg odt inner	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg odt outer	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 1 mg tablet	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 1 mg tablet f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 1 mg/ml solution	PDL Preferred Generic	90 DS; QL (8 ML per 1 day)
risperidone 1 mg/ml solution with pipette	PDL Preferred Generic	90 DS; QL (8 ML per 1 day)
risperidone 2 mg odt 7x4	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 2 mg odt 7x4, outer	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 2 mg odt inner	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 2 mg odt outer	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 2 mg tablet 10x10,u-d,inner,f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)

Drug	Status	Notes
risperidone 2 mg tablet 10x10,u-d,outer,f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 2 mg tablet	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 2 mg tablet f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 3 mg odt 7x4	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg odt 7x4, outer	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg odt inner	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg odt outer	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 3 mg tablet 10x10,u-d,inner,f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 3 mg tablet 10x10,u-d,outer,f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 3 mg tablet	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 3 mg tablet f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 4 mg odt 3x10	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg odt 7x4	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg odt 7x4, outer	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
risperidone 4 mg odt inner	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg odt outer	PDL Preferred Generic	QL (2 EA per 1 day)
risperidone 4 mg tablet 10x10,u-d,inner,f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 4 mg tablet 10x10,u-d,outer,f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 4 mg tablet	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone 4 mg tablet f/c	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
risperidone er 12.5 mg vial inner, suv 12.5 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 12.5 mg vial outer, suv 12.5 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 12.5 mg vial suv, inner 12.5 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 12.5 mg vial suv, outer 12.5 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 25 mg vial inner, suv 25 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 25 mg vial outer, suv 25 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 25 mg vial suv, inner 25 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 25 mg vial suv, outer 25 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)

Drug	Status	Notes
risperidone er 37.5 mg vial inner, suv 37.5 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 37.5 mg vial outer, suv 37.5 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 37.5 mg vial suv, inner 37.5 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 37.5 mg vial suv, outer 37.5 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 50 mg vial inner, suv 50 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 50 mg vial outer, suv 50 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 50 mg vial suv, inner 50 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
risperidone er 50 mg vial suv, outer 50 mg/2 ml	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)
RYKINDO ER 25 MG VIAL INNER, SUV 25 MG/2 ML	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
RYKINDO ER 25 MG VIAL KIT OUTER, SUV 25 MG/2 ML	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
RYKINDO ER 37.5 MG VIAL INNER, SUV 37.5 MG/2 ML	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
RYKINDO ER 37.5 MG VIAL KIT OUTER, SUV 37.5 MG/2 ML	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
RYKINDO ER 50 MG VIAL INNER, SUV 50 MG/2 ML	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
RYKINDO ER 50 MG VIAL KIT OUTER, SUV 50 MG/2 ML	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)

Drug	Status	Notes
SAPHRIS 10 MG TAB SUBLINGUAL INNER	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 10 MG TAB SUBLINGUAL OUTER	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 2.5 MG TAB SUBLINGUAL INNER	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 2.5 MG TAB SUBLINGUAL OUTER	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 5 MG TAB SUBLINGUAL INNER	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 5 MG TAB SUBLINGUAL OUTER	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)
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	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 100 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)

Drug	Status	Notes
SEROQUEL 200 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 200 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 25 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 25 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 300 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 400 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 50 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 50 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL XR 150 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 150 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 200 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 300 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 400 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 50 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
SEROQUEL XR 50 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
UZEDY ER 100 MG/0.28 ML SYRING	PDL Non-Preferred Brand	PA; QL (0.28 ML per 28 days)
UZEDY ER 125 MG/0.35 ML SYRING	PDL Non-Preferred Brand	PA; QL (0.35 ML per 28 days)
UZEDY ER 150 MG/0.42 ML SYRING	PDL Non-Preferred Brand	PA; QL (0.42 ML per 56 days)
UZEDY ER 200 MG/0.56 ML SYRING	PDL Non-Preferred Brand	PA; QL (0.56 ML per 56 days)
UZEDY ER 250 MG/0.7 ML SYRINGE	PDL Non-Preferred Brand	PA; QL (0.7 ML per 56 days)
UZEDY ER 50 MG/0.14 ML SYRINGE	PDL Non-Preferred Brand	PA; QL (0.14 ML per 28 days)
UZEDY ER 75 MG/0.21 ML SYRINGE	PDL Non-Preferred Brand	PA; QL (0.21 ML per 28 days)
VERSACLOZ 50 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA; QL (18 ML per 1 day)
ziprasidone 20 mg/ml vial inner, suv 20 mg/ml (final conc.)	PDL Preferred Generic	
ziprasidone 20 mg/ml vial inner, suv, p/f 20 mg/ml (final conc.)	PDL Preferred Generic	
ziprasidone 20 mg/ml vial outer, suv 20 mg/ml (final conc.)	PDL Preferred Generic	
ziprasidone 20 mg/ml vial outer, suv, p/f 20 mg/ml (final conc.)	PDL Preferred Generic	
ziprasidone hcl 20 mg capsule	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
ziprasidone hcl 20 mg capsule inner	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 20 mg capsule outer	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 20 mg capsule u-d	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 40 mg capsule	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 40 mg capsule inner	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 40 mg capsule outer	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 40 mg capsule u-d	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 60 mg capsule	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 60 mg capsule inner	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 60 mg capsule outer	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 60 mg capsule u-d	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 80 mg capsule	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 80 mg capsule inner	PDL Preferred Generic	QL (2 EA per 1 day)
ziprasidone hcl 80 mg capsule outer	PDL Preferred Generic	QL (2 EA per 1 day)

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

Drug	Status	Notes
ZYPREXA ZYDIS 15 MG TABLET OUTER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 20 MG TABLET INNER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 20 MG TABLET OUTER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 5 MG TABLET INNER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 5 MG TABLET OUTER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
thiothixene 1 mg capsule	Non-PDL Generic	
thiothixene 10 mg capsule	Non-PDL Generic	
thiothixene 2 mg capsule	Non-PDL Generic	
thiothixene 5 mg capsule	Non-PDL Generic	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
haloperidol 0.5 mg tablet	Non-PDL Generic	90 DS
haloperidol 0.5 mg tablet u-d,inner	Non-PDL Generic	90 DS
haloperidol 0.5 mg tablet u-d,outer	Non-PDL Generic	90 DS
haloperidol 1 mg tablet	Non-PDL Generic	
haloperidol 1 mg tablet u-d,inner	Non-PDL Generic	
haloperidol 1 mg tablet u-d,outer	Non-PDL Generic	
haloperidol 10 mg tablet	Non-PDL Generic	
haloperidol 10 mg tablet 10x10,u-d,inner	Non-PDL Generic	

Drug	Status	Notes
haloperidol 10 mg tablet 10x10,u-d,outer	Non-PDL Generic	
haloperidol 10 mg tablet u-d,inner,10x10	Non-PDL Generic	
haloperidol 10 mg tablet u-d,outer,10x10	Non-PDL Generic	
haloperidol 2 mg tablet	Non-PDL Generic	
haloperidol 2 mg tablet u-d,inner	Non-PDL Generic	
haloperidol 2 mg tablet u-d,outer	Non-PDL Generic	
haloperidol 20 mg tablet	Non-PDL Generic	
haloperidol 20 mg tablet 3x10,u-d,inner	Non-PDL Generic	
haloperidol 20 mg tablet 3x10,u-d,outer	Non-PDL Generic	
haloperidol 5 mg tablet	Non-PDL Generic	90 DS
haloperidol 5 mg tablet u-d,inner	Non-PDL Generic	90 DS
haloperidol 5 mg tablet u-d,outer	Non-PDL Generic	90 DS
haloperidol dec 100 mg/ml amp inner, suv	Non-PDL Generic	
haloperidol dec 100 mg/ml amp outer, suv	Non-PDL Generic	
haloperidol dec 100 mg/ml vial	Non-PDL Generic	
haloperidol dec 100 mg/ml vial inner, suv	Non-PDL Generic	
haloperidol dec 100 mg/ml vial outer, suv	Non-PDL Generic	
haloperidol dec 100 mg/ml vial sdv	Non-PDL Generic	
haloperidol dec 100 mg/ml vial sdv,inner	Non-PDL Generic	
haloperidol dec 100 mg/ml vial sdv,outer	Non-PDL Generic	
haloperidol dec 100 mg/ml vial suv	Non-PDL Generic	

Drug	Status	Notes
haloperidol dec 100 mg/ml vial suv, inner	Non-PDL Generic	
haloperidol dec 100 mg/ml vial suv, outer	Non-PDL Generic	
haloperidol dec 250 mg/5 ml vl mdv 50 mg/ml	Non-PDL Generic	
haloperidol dec 250 mg/5 ml vl muv 50 mg/ml	Non-PDL Generic	
haloperidol dec 50 mg/ml ampul inner, suv	Non-PDL Generic	
haloperidol dec 50 mg/ml ampul outer,suv	Non-PDL Generic	
haloperidol dec 50 mg/ml vial	Non-PDL Generic	
haloperidol dec 50 mg/ml vial inner, suv	Non-PDL Generic	
haloperidol dec 50 mg/ml vial mdv	Non-PDL Generic	
haloperidol dec 50 mg/ml vial outer, suv	Non-PDL Generic	
haloperidol dec 50 mg/ml vial sdv	Non-PDL Generic	
haloperidol dec 50 mg/ml vial sdv,inner	Non-PDL Generic	
haloperidol dec 50 mg/ml vial sdv,outer	Non-PDL Generic	
haloperidol dec 50 mg/ml vial suv, inner	Non-PDL Generic	
haloperidol dec 50 mg/ml vial suv, outer	Non-PDL Generic	
haloperidol dec 500 mg/5 ml vl mdv 100 mg/ml	Non-PDL Generic	
haloperidol dec 500 mg/5 ml vl muv 100 mg/ml	Non-PDL Generic	
haloperidol lac 10 mg/5 ml cup 100's, u-d 2 mg/ml	Non-PDL Generic	90 DS
haloperidol lac 2 mg/ml conc	Non-PDL Generic	90 DS
haloperidol lac 5 mg/ml vial 10's,sdv,p/f	Non-PDL Generic	
haloperidol lac 5 mg/ml vial mdv,inner	Non-PDL Generic	

Drug	Status	Notes
haloperidol lac 5 mg/ml vial mdv,outer	Non-PDL Generic	
haloperidol lac 5 mg/ml vial muv	Non-PDL Generic	
haloperidol lac 5 mg/ml vial sdv, inner	Non-PDL Generic	
haloperidol lac 5 mg/ml vial sdv, outer	Non-PDL Generic	
haloperidol lac 5 mg/ml vial sdv,inner	Non-PDL Generic	
haloperidol lac 5 mg/ml vial sdv,outer	Non-PDL Generic	
haloperidol lac 50 mg/10 ml vl mdv 5 mg/ml	Non-PDL Generic	
Anti-Psychotics,Phenothiazines		
chlorpromazine 10 mg tablet	Non-PDL Generic	
chlorpromazine 100 mg tablet	Non-PDL Generic	
chlorpromazine 100 mg tablet inner	Non-PDL Generic	
chlorpromazine 100 mg tablet outer	Non-PDL Generic	
chlorpromazine 200 mg tablet	Non-PDL Generic	
chlorpromazine 200 mg tablet inner	Non-PDL Generic	
chlorpromazine 200 mg tablet outer	Non-PDL Generic	
chlorpromazine 25 mg tablet	Non-PDL Generic	
chlorpromazine 50 mg tablet	Non-PDL Generic	
chlorpromazine 50 mg tablet inner	Non-PDL Generic	
chlorpromazine 50 mg tablet outer	Non-PDL Generic	
fluphenazine 1 mg tablet	Non-PDL Generic	
fluphenazine 1 mg tablet f/c	Non-PDL Generic	
fluphenazine 10 mg tablet	Non-PDL Generic	

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

Drug	Status	Notes
perphenazine 8 mg tablet u-d, inner	Non-PDL Generic	
thioridazine 10 mg tablet	Non-PDL Generic	
thioridazine 10 mg tablet u-d,10x10,inner	Non-PDL Generic	
thioridazine 10 mg tablet u-d,10x10,outer	Non-PDL Generic	
thioridazine 100 mg tablet	Non-PDL Generic	
thioridazine 100 mg tablet f/c	Non-PDL Generic	
thioridazine 100 mg tablet u-d,10x10,inner	Non-PDL Generic	
thioridazine 100 mg tablet u-d,10x10,outer	Non-PDL Generic	
thioridazine 25 mg tablet	Non-PDL Generic	
thioridazine 25 mg tablet u-d,10x10,inner	Non-PDL Generic	
thioridazine 25 mg tablet u-d,10x10,outer	Non-PDL Generic	
thioridazine 50 mg tablet	Non-PDL Generic	
thioridazine 50 mg tablet f/c	Non-PDL Generic	
thioridazine 50 mg tablet u-d,10x10,inner	Non-PDL Generic	
thioridazine 50 mg tablet u-d,10x10,outer	Non-PDL Generic	
trifluoperazine 1 mg tablet	Non-PDL Generic	
trifluoperazine 1 mg tablet u-d,10x10,inner	Non-PDL Generic	
trifluoperazine 1 mg tablet u-d,10x10,outer	Non-PDL Generic	
trifluoperazine 10 mg tablet	Non-PDL Generic	
trifluoperazine 10 mg tablet u-d,10x10,inner	Non-PDL Generic	
trifluoperazine 10 mg tablet u-d,10x10,outer	Non-PDL Generic	

Drug	Status	Notes
trifluoperazine 2 mg tablet	Non-PDL Generic	
trifluoperazine 2 mg tablet u-d,10x10,inner	Non-PDL Generic	
trifluoperazine 2 mg tablet u-d,10x10,outer	Non-PDL Generic	
trifluoperazine 5 mg tablet	Non-PDL Generic	
trifluoperazine 5 mg tablet u-d,10x10,inner	Non-PDL Generic	
trifluoperazine 5 mg tablet u-d,10x10,outer	Non-PDL Generic	
Barbiturates		
phenobarbital 100 mg tablet	Non-PDL Generic	
phenobarbital 15 mg tablet	Non-PDL Generic	
phenobarbital 16.2 mg tablet	Non-PDL Generic	
phenobarbital 20 mg/5 ml cup inner 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	
phenobarbital 20 mg/5 ml cup outer 20 mg/5 ml (4 mg/ml)	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 20 mg/5 ml soln orange flavored 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	
phenobarbital 30 mg tablet	Non-PDL Generic	
phenobarbital 30 mg/7.5 ml cup inner 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	
phenobarbital 30 mg/7.5 ml cup outer 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	
phenobarbital 32.4 mg tablet	Non-PDL Generic	
phenobarbital 60 mg tablet	Non-PDL Generic	
phenobarbital 60 mg/15 ml cup inner 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	
phenobarbital 60 mg/15 ml cup outer 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	

Drug	Status	Notes
phenobarbital 64.8 mg tablet	Non-PDL Generic	
phenobarbital 97.2 mg tablet	Non-PDL Generic	
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ 20 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
HETLIOZ LQ 4 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA; SP
ramelteon 8 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
ROZEREM 8 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
tasimelteon 20 mg capsule	PDL Non-Preferred Generic	PA; SP
Narcolepsy And Sleep Disorder Therapy Agents		
modafinil 100 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 100 mg tablet inner	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 100 mg tablet outer	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 200 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 200 mg tablet inner	Non-PDL Generic	QL (2 EA per 1 day)
modafinil 200 mg tablet outer	Non-PDL Generic	QL (2 EA per 1 day)
Narcotic Antagonists		
ft naloxone hcl 4 mg nasal spr (otc) 4 mg/actuation	Non-PDL Generic	OTC; QL (4 EA per 30 days)
gnp naloxone hcl 4 mg nasal sp (otc) 4 mg/actuation	Non-PDL Generic	OTC; QL (4 EA per 30 days)
KLOXXADO 8 MG NASAL SPRAY 8 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 30 days)

Drug	Status	Notes
naloxone 0.4 mg/ml carpuject inner, p/f, suv	Non-PDL Generic	
naloxone 0.4 mg/ml carpuject outer, p/f, suv	Non-PDL Generic	
naloxone 0.4 mg/ml syringe inner, suv	Non-PDL Generic	
naloxone 0.4 mg/ml syringe inner, suv, p/f	Non-PDL Generic	
naloxone 0.4 mg/ml syringe never launched	Non-PDL Generic	
naloxone 0.4 mg/ml syringe outer, suv	Non-PDL Generic	
naloxone 0.4 mg/ml syringe outer, suv, p/f	Non-PDL Generic	
naloxone 2 mg/2 ml syringe inner, suv 1 mg/ml	PDL Preferred Generic	
naloxone 2 mg/2 ml syringe inner, suv, p/f 1 mg/ml	PDL Preferred Generic	
naloxone 2 mg/2 ml syringe outer, suv 1 mg/ml	PDL Preferred Generic	
naloxone 2 mg/2 ml syringe outer, suv, p/f 1 mg/ml	PDL Preferred Generic	
naloxone 2 mg/2 ml syringe p/f, sdv 1 mg/ml	PDL Preferred Generic	
naloxone 2 mg/2 ml syringe p/f, suv 1 mg/ml	PDL Preferred Generic	
naloxone 2 mg/2 ml syringe p/f,sdv 1 mg/ml	PDL Preferred Generic	
naloxone 2 mg/2 ml syringe suv, p/f, inner 1 mg/ml	PDL Preferred Generic	
naloxone 2 mg/2 ml syringe suv, p/f, outer 1 mg/ml	PDL Preferred Generic	
naloxone hcl 4 mg nasal spray (otc) 4 mg/actuation	Non-PDL Generic	OTC; QL (4 EA per 30 days)

Drug	Status	Notes
naloxone hcl 4 mg nasal spray inner (otc) 4 mg/actuation	Non-PDL Generic	OTC; QL (4 EA per 30 days)
naloxone hcl 4 mg nasal spray outer (otc) 4 mg/actuation	Non-PDL Generic	OTC; QL (4 EA per 30 days)
naltrexone 50 mg tablet	Non-PDL Generic	
naltrexone 50 mg tablet f/c	Non-PDL Generic	
naltrexone 50 mg tablet u-d, 3x10,outer,f/c	Non-PDL Generic	
naltrexone 50 mg tablet u-d, inner, f/c	Non-PDL Generic	
NARCAN 4 MG NASAL SPRAY (OTC) 4 MG/ACTUATION	PDL Preferred Brand	OTC; QL (4 EA per 30 days)
NARCAN 4 MG NASAL SPRAY (RX) 4 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 30 days)
OPVEE 2.7 MG NASAL SPRAY INNER 2.7 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (4 EA per 30 days)
OPVEE 2.7 MG NASAL SPRAY OUTER 2.7 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (4 EA per 30 days)
REXTOVY 4 MG NASAL SPRAY 4 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 30 days)
RIVIVE 3 MG NASAL SPRAY 3 MG/ACTUATION	Non-PDL Brand	OTC
ZIMHI 5 MG/0.5 ML SYRINGE INNER, SUV	PDL Non-Preferred Brand	PA; QL (2 ML per 30 days)
ZIMHI 5 MG/0.5 ML SYRINGE OUTER, SUV	PDL Non-Preferred Brand	PA; QL (2 ML per 30 days)
ZURNAI 1.5 MG/0.5 ML AUTOINJCT	PDL Non-Preferred Brand	PA; QL (2 ML per 1 day)
Pineal Hormone Agents		
CHILDREN'S SLEEP 1 MG CHEW TAB	Non-PDL Brand	
CHILDREN'S SLEEP 1 MG GUMMY	Non-PDL Brand	

Drug	Status	Notes
CHILDREN'S SLEEP 1 MG/ML LIQ	Non-PDL Brand	
cvs melatonin 1 mg chew tab	Non-PDL Generic	
cvs melatonin 1 mg gummies	Non-PDL Generic	
cvs melatonin 10 mg capsule	Non-PDL Brand	
cvs melatonin 10 mg quik dsslv	Non-PDL Generic	
cvs melatonin 10 mg tablet	Non-PDL Generic	
cvs melatonin 12 mg fast dsslv	Non-PDL Generic	
cvs melatonin 2.5 mg gummy	Non-PDL Generic	
cvs melatonin 3 mg tablet (rx)	Non-PDL Generic	
cvs melatonin 5 mg chew tablet	Non-PDL Generic	
cvs melatonin 5 mg gummy	Non-PDL Generic	
cvs melatonin 5 mg softgel softgel	Non-PDL Brand	
cvs melatonin 5 mg tablet (rx)	Non-PDL Generic	
cvs melatonin 5 mg/15 ml liq	Non-PDL Generic	
ft melatonin 10 mg quick dsslv	Non-PDL Generic	
ft melatonin 2.5 mg gummy	Non-PDL Generic	
ft melatonin 3 mg tablet (rx)	Non-PDL Generic	
ft melatonin 3 mg tablet outer (rx)	Non-PDL Generic	
ft melatonin 5 mg gummy	Non-PDL Generic	
ft melatonin 5 mg tablet (rx)	Non-PDL Generic	
ft melatonin 5 mg tablet outer (rx)	Non-PDL Generic	

Drug	Status	Notes
ft melatonin er 10 mg tablet	Non-PDL Generic	
GNP CHILD MELATONIN 1 MG CHEW	Non-PDL Generic	
gnp melatonin 10 mg quik dsslv	Non-PDL Generic	
gnp melatonin 12 mg quik dsslv	Non-PDL Generic	
gnp melatonin 2.5 mg gummy	Non-PDL Generic	
gnp melatonin 3 mg tablet (rx)	Non-PDL Generic	
gnp melatonin 5 mg gummy	Non-PDL Generic	
gnp melatonin 5 mg tablet maximum strength (rx)	Non-PDL Generic	
gnp melatonin er 10 mg tablet	Non-PDL Generic	
KIDS MELATONIN 1 MG GUMMY	Non-PDL Generic	
MAXSLEEP JUNIOR 1 MG/ML LIQ	Non-PDL Generic	
melatonin 1 mg fast dissolve	Non-PDL Generic	
melatonin 1 mg tablet (rx)	Non-PDL Generic	
melatonin 1 mg tablet p/f,gluten-free (rx)	Non-PDL Generic	
melatonin 1 mg/4 ml liq drop	Non-PDL Brand	
melatonin 10 mg capsule	Non-PDL Brand	
melatonin 10 mg capsule gluten-free	Non-PDL Brand	
melatonin 10 mg fast dissolve	Non-PDL Generic	
melatonin 10 mg quick dissolve	Non-PDL Generic	
melatonin 10 mg softgel	Non-PDL Brand	
melatonin 10 mg tablet	Non-PDL Generic	

Drug	Status	Notes
melatonin 10 mg tablet inner	Non-PDL Generic	
melatonin 10 mg tablet outer	Non-PDL Generic	
melatonin 10 mg/ml liquid	Non-PDL Generic	
melatonin 12 mg fast dissolve	Non-PDL Generic	
melatonin 12 mg fast dsslv max	Non-PDL Generic	
melatonin 12 mg tablet	Non-PDL Generic	
melatonin 2.5 mg gummy	Non-PDL Generic	
melatonin 2.5 mg/10 ml liquid	Non-PDL Brand	
melatonin 3 mg capsule	Non-PDL Generic	
melatonin 3 mg fast dissolve	Non-PDL Generic	
melatonin 3 mg odt	Non-PDL Generic	
melatonin 3 mg odt cherry	Non-PDL Generic	
melatonin 3 mg quick dissolve	Non-PDL Generic	
melatonin 3 mg tablet (rx)	Non-PDL Generic	
melatonin 3 mg tablet gluten-free (rx)	Non-PDL Generic	
melatonin 3 mg tablet inner (rx)	Non-PDL Generic	
melatonin 3 mg tablet outer (rx)	Non-PDL Generic	
melatonin 3 mg tablet p/f (rx)	Non-PDL Generic	
melatonin 3 mg tablet p/f,d/f (rx)	Non-PDL Generic	
melatonin 3 mg tablet p/f,gluten-free (rx)	Non-PDL Generic	
melatonin 3 mg/4 ml liquid	Non-PDL Generic	

Drug	Status	Notes
melatonin 5 mg bi-layer tablet	Non-PDL Brand	
melatonin 5 mg capsule	Non-PDL Brand	
melatonin 5 mg fast dissolve	Non-PDL Brand	
melatonin 5 mg fast dissolve p/f, tablet	Non-PDL Brand	
melatonin 5 mg gummy	Non-PDL Generic	
melatonin 5 mg quick dissolve	Non-PDL Brand	
melatonin 5 mg quick dissolve inner	Non-PDL Brand	
melatonin 5 mg quick dissolve outer	Non-PDL Brand	
melatonin 5 mg quick dissolve p/f,cherry	Non-PDL Brand	
melatonin 5 mg softgel p/f, gluten-f	Non-PDL Brand	
melatonin 5 mg tablet (rx)	Non-PDL Generic	
melatonin 5 mg tablet inner (rx)	Non-PDL Generic	
melatonin 5 mg tablet max str,gluten-f,p/f (rx)	Non-PDL Generic	
melatonin 5 mg tablet n,p/f (rx)	Non-PDL Generic	
melatonin 5 mg tablet outer (rx)	Non-PDL Generic	
melatonin 5 mg/15 ml liquid extra strength,lemon	Non-PDL Generic	
melatonin 5 mg/20 ml liquid 2.5 mg/10 ml	Non-PDL Brand	
melatonin er 10 mg tablet	Non-PDL Generic	
melatonin tr 1 mg tablet	Non-PDL Generic	
melatonin tr 10 mg tablet	Non-PDL Generic	
melatonin tr 3 mg tablet	Non-PDL Generic	

Drug	Status	Notes
MELATONINMAX 10 MG GUMMY	Non-PDL Generic	
melatonin-vit b6 3-10 mg tab	Non-PDL Generic	
melatonin-vit b6 tr 10-10 mg tb	Non-PDL Brand	
sleep melatonin 1 mg gummy	Non-PDL Generic	
sv melatonin 1 mg tablet (rx)	Non-PDL Generic	
sv melatonin 3 mg tablet (rx)	Non-PDL Generic	
sv melatonin 5 mg tablet (rx)	Non-PDL Generic	
VITAJOY MELATONIN 2.5 MG GUMMY	Non-PDL Generic	
Sedative-Hypnotics - Benzodiazepines		
estazolam 1 mg tablet	Non-PDL Generic	
estazolam 2 mg tablet	Non-PDL Generic	
flurazepam 15 mg capsule	Non-PDL Generic	
flurazepam 30 mg capsule	Non-PDL Generic	
midazolam hcl 2 mg/ml syrup 4 oral dispensers	Non-PDL Generic	
quazepam 15 mg tablet	Non-PDL Generic	
temazepam 15 mg capsule	Non-PDL Generic	
temazepam 22.5 mg capsule	Non-PDL Generic	
temazepam 30 mg capsule	Non-PDL Generic	
temazepam 7.5 mg capsule	Non-PDL Generic	
triazolam 0.125 mg tablet	Non-PDL Generic	
triazolam 0.25 mg tablet	Non-PDL Generic	

Drug	Status	Notes
Sedative-Hypnotics,Non-Barbiturate		
ALKA-SELTZER PLUS ALLERGY TAB 25 MG	Non-PDL Generic	OTC
AMBIEN 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AMBIEN 5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AMBIEN CR 12.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AMBIEN CR 6.25 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 10 MG TABLET F/C, INNER	PDL Preferred Brand	QL (1 EA per 1 day)
BELSOMRA 10 MG TABLET F/C, OUTER	PDL Preferred Brand	QL (1 EA per 1 day)
BELSOMRA 15 MG TABLET F/C, INNER	PDL Preferred Brand	QL (1 EA per 1 day)
BELSOMRA 15 MG TABLET F/C, OUTER	PDL Preferred Brand	QL (1 EA per 1 day)
BELSOMRA 20 MG TABLET F/C, INNER	PDL Preferred Brand	QL (1 EA per 1 day)
BELSOMRA 20 MG TABLET F/C, OUTER	PDL Preferred Brand	QL (1 EA per 1 day)
BELSOMRA 5 MG TABLET F/C, INNER	PDL Preferred Brand	QL (1 EA per 1 day)
BELSOMRA 5 MG TABLET F/C, OUTER	PDL Preferred Brand	QL (1 EA per 1 day)
CVS NIGHTTIME SLEEP 25 MG CAP	Non-PDL Generic	OTC
CVS NIGHTTIME SLEEP 25 MG CPLT	Non-PDL Generic	OTC

Drug	Status	Notes
CVS NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLET	Non-PDL Generic	OTC
CVS NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLETS	Non-PDL Generic	OTC
CVS NIGHTTIME SLEEP 25 MG SFGL	Non-PDL Generic	OTC
DAYVIGO 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYVIGO 5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
diphenhydramine 25 mg caplet caplet	Non-PDL Generic	Age (Min 2 Years)
diphenhydramine 25 mg caplet caplet, u-d	Non-PDL Generic	Age (Min 2 Years)
DORMIN 25 MG CAPSULE	Non-PDL Generic	OTC
doxepin hcl 3 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
doxepin hcl 6 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
EDLUAR 10 MG SL TABLET INNER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EDLUAR 10 MG SL TABLET OUTER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EDLUAR 5 MG SL TABLET OUTER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EQL NIGHTIME SLEEP 25 MG SFGL	Non-PDL Generic	OTC
EQL NIGHTTIME SLEEP 25 MG CPLT	Non-PDL Generic	OTC
eszopiclone 1 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 2 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
eszopiclone 2 mg tablet f/c	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 3 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
eszopiclone 3 mg tablet f/c	PDL Preferred Generic	QL (1 EA per 1 day)
FT NIGHTTIME SLEEP 25 MG CPLT	Non-PDL Generic	OTC
GNP NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLET	Non-PDL Generic	OTC
GNP SLEEP AID 25 MG CAPLET	Non-PDL Generic	OTC
GS NIGHTTIME SLEEP AID 25 MG	Non-PDL Generic	OTC
LUNESTA 1 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LUNESTA 2 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LUNESTA 3 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NIGHTTIME SLEEP AID 25 MG CPLT	Non-PDL Generic	OTC
NIGHTTIME SLEEP AID 25 MG CPLT CAPLET	Non-PDL Generic	OTC
NIGHTTIME SLEEP AID 25 MG CPLT MINI CAPLET	Non-PDL Generic	OTC
NIGHTTIME SLEEP AID 25 MG CPLT MINI-CAPLET	Non-PDL Generic	OTC
NYTOL 25 MG QUICKCAPS CAPLET	Non-PDL Generic	OTC
NYTOL 25 MG QUICKCAPS CAPLET CAPLET	Non-PDL Generic	OTC
QC NIGHTTIME SLEEP 25 MG TAB	Non-PDL Generic	OTC
QC REST SIMPLY 25 MG CAPLET	Non-PDL Generic	OTC

Drug	Status	Notes
QUVIVIQ 25 MG TABLET	PDL Non-Preferred Brand	PA
QUVIVIQ 50 MG TABLET	PDL Non-Preferred Brand	PA
SIMPLY SLEEP 25 MG CAPLET	Non-PDL Generic	OTC
SLEEP AID 25 MG CAPLET MINI CAPLET, D/F	Non-PDL Generic	OTC
SLEEP AID 25 MG CAPLET NIGHTTIME	Non-PDL Generic	OTC
SLEEP AID 25 MG SOFTGEL	Non-PDL Generic	OTC
SLEEP II 25 MG TABLET	Non-PDL Generic	OTC
SLEEP TABS 25 MG TABLET	Non-PDL Generic	OTC
SOMINEX 25 MG TABLET	Non-PDL Generic	OTC
WAL-SLEEP Z 25 MG SOFTGEL	Non-PDL Generic	OTC
zaleplon 10 mg capsule	PDL Preferred Generic	QL (1 EA per 1 day)
zaleplon 5 mg capsule	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tart 1.75 mg tab sl inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart 1.75 mg tab sl outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart 3.5 mg tablet sl inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart 3.5 mg tablet sl outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tart er 12.5 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
zolpidem tart er 6.25 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
zolpidem tartrate 10 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 10 mg tablet f/c	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 5 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 5 mg tablet f/c	PDL Preferred Generic	QL (1 EA per 1 day)
zolpidem tartrate 7.5 mg cap	PDL Non-Preferred Generic	PA
ZZZQUIL 25 MG LIQUICAP	Non-PDL Brand	OTC
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID 10 MG TABLET	PDL Non-Preferred Brand	PA; SP
NUPLAZID 34 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		
olanzapine-fluoxetine 12-25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine-fluoxetine 12-50 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine-fluoxetine 3-25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
olanzapine-fluoxetine 6-25 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
olanzapine-fluoxetine 6-50 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
clonidine hcl er 0.1 mg tablet	PDL Preferred Generic	QL (120 EA per 30 days)
guanfacine hcl er 1 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
guanfacine hcl er 2 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
guanfacine hcl er 3 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
guanfacine hcl er 4 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
INTUNIV ER 1 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INTUNIV ER 2 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INTUNIV ER 3 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INTUNIV ER 4 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ONYDA XR 0.1 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA; QL (4 ML per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
APTENSIO XR 10 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 15 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
APTENSIO XR 20 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 30 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 40 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 50 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 60 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AZSTARYS 26.1 MG-5.2 MG CAP 26.1 MG-5.2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AZSTARYS 39.2 MG-7.8 MG CAP 39.2 MG-7.8 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AZSTARYS 52.3 MG-10.4 MG CAP 52.3 MG- 10.4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CONCERTA ER 18 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CONCERTA ER 27 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CONCERTA ER 36 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
CONCERTA ER 54 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COTEMPLA XR-ODT 17.3 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COTEMPLA XR-ODT 25.9 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
COTEMPLA XR-ODT 8.6 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 10 MG/9 HR PATCH 1.1MG/HR,INNER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 10 MG/9 HR PATCH 1.1MG/HR,OUTER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 15 MG/9 HR PATCH INNER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 15 MG/9 HR PATCH OUTER	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	PDL Preferred Generic	QL (2 EA per 1 day)
dexmethylphenidate 2.5 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)
dexmethylphenidate 5 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)
dexmethylphenidate er 10 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)
dexmethylphenidate er 15 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)
dexmethylphenidate er 20 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
dexmethylphenidate er 25 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)
dexmethylphenidate er 30 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)
dexmethylphenidate er 35 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)
dexmethylphenidate er 40 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)
dexmethylphenidate er 5 mg cap	PDL Preferred Generic	QL (1 EA per 1 day)
FOCALIN 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FOCALIN 2.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FOCALIN 5 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FOCALIN XR 10 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FOCALIN XR 15 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FOCALIN XR 20 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FOCALIN XR 25 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FOCALIN XR 30 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FOCALIN XR 35 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
FOCALIN XR 40 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FOCALIN XR 5 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JORNAY PM 100 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JORNAY PM 20 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JORNAY PM 40 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JORNAY PM 60 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JORNAY PM 80 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
METADATE ER 20 MG TABLET	PDL Preferred Generic	QL (90 EA per 30 days)
METHYLIN 10 MG/5 ML SOLUTION	PDL Preferred Brand	
METHYLIN 5 MG/5 ML SOLUTION	PDL Preferred Brand	
methylphenidate 10 mg chew tab	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
methylphenidate 10 mg tablet	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 10 mg tablet inner	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 10 mg tablet outer	PDL Preferred Generic	QL (90 EA per 30 days)

Drug	Status	Notes
methylphenidate 10 mg/5 ml sol	PDL Preferred Generic	
methylphenidate 10 mg/9 hr patch inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate 10 mg/9 hr patch outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate 15 mg/9 hr patch inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate 15 mg/9 hr patch outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate 2.5 mg chew tb	PDL Non-Preferred Generic	PA; QL (90 EA per 30 days)
methylphenidate 20 mg tablet	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 20 mg/9 hr patch inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate 20 mg/9 hr patch outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate 30 mg/9 hr patch inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate 30 mg/9 hr patch outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate 5 mg chew tab	PDL Non-Preferred Generic	PA; QL (90 EA per 30 days)
methylphenidate 5 mg tablet	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 5 mg tablet inner	PDL Preferred Generic	QL (90 EA per 30 days)

Drug	Status	Notes
methylphenidate 5 mg tablet outer	PDL Preferred Generic	QL (90 EA per 30 days)
methylphenidate 5 mg/5 ml soln	PDL Preferred Generic	
methylphenidate cd 10 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate cd 20 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate cd 30 mg cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
methylphenidate cd 40 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate cd 50 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate cd 60 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er 10 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er 10 mg tab	PDL Preferred Generic	QL (3 EA per 1 day)
methylphenidate er 15 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er 18 mg tab	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er 20 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er 20 mg tab	PDL Preferred Generic	QL (90 EA per 30 days)

Drug	Status	Notes
methylphenidate er 27 mg tab	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er 30 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er 36 mg tab	PDL Preferred Generic	QL (2 EA per 1 day)
methylphenidate er 40 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er 45 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er 50 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er 54 mg tab	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er 60 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er 63 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er 72 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er(cd) 10 mg cp	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er(cd) 20 mg cp	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er(cd) 30 mg cp	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
methylphenidate er(cd) 40 mg cp	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
methylphenidate er(cd) 50 mg cp	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er(cd) 60 mg cp	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
methylphenidate er(la) 10 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er(la) 20 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er(la) 30 mg cp	PDL Preferred Generic	QL (2 EA per 1 day)
methylphenidate er(la) 40 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)
methylphenidate er(la) 60 mg cp	PDL Preferred Generic	QL (1 EA per 1 day)
QUILLICHEW ER 20 MG CHEW TAB	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QUILLICHEW ER 30 MG CHEW TAB	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
QUILLICHEW ER 40 MG CHEW TAB	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)

Drug	Status	Notes
RELEXXII ER 18 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
RELEXXII ER 27 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
RELEXXII ER 36 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RELEXXII ER 54 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
RELEXXII ER 63 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
RELEXXII ER 72 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
RITALIN 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
RITALIN 20 MG TABLET	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
RITALIN 5 MG TABLET	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
atomoxetine 4 mg/ml oral soln	PDL Preferred Generic	QL (51 ML per 29 days)
atomoxetine hcl 10 mg capsule	PDL Preferred Generic	QL (60 EA per 30 days)
atomoxetine hcl 100 mg capsule	PDL Preferred Generic	QL (30 EA per 30 days)
atomoxetine hcl 18 mg capsule	PDL Preferred Generic	QL (60 EA per 30 days)

Drug	Status	Notes
atomoxetine hcl 25 mg capsule	PDL Preferred Generic	QL (60 EA per 30 days)
atomoxetine hcl 40 mg capsule	PDL Preferred Generic	QL (60 EA per 30 days)
atomoxetine hcl 60 mg capsule	PDL Preferred Generic	QL (30 EA per 30 days)
atomoxetine hcl 80 mg capsule	PDL Preferred Generic	QL (30 EA per 30 days)
QELBREE ER 100 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QELBREE ER 150 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
QELBREE ER 200 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
amiodarone hcl 100 mg tablet	Non-PDL Generic	
amiodarone hcl 200 mg tablet	Non-PDL Generic	90 DS
amiodarone hcl 200 mg tablet u-d, 10x10, inner	Non-PDL Generic	90 DS
amiodarone hcl 200 mg tablet u-d, 10x10, outer	Non-PDL Generic	90 DS
amiodarone hcl 400 mg tablet	Non-PDL Generic	
disopyramide 100 mg capsule	Non-PDL Generic	
disopyramide 150 mg capsule	Non-PDL Generic	
dofetilide 125 mcg capsule	Non-PDL Generic	
dofetilide 250 mcg capsule	Non-PDL Generic	
dofetilide 500 mcg capsule	Non-PDL Generic	

Drug	Status	Notes
flecainide acetate 100 mg tab	Non-PDL Generic	90 DS
flecainide acetate 150 mg tab	Non-PDL Generic	
flecainide acetate 50 mg tab	Non-PDL Generic	90 DS
mexiletine 150 mg capsule	Non-PDL Generic	
mexiletine 200 mg capsule	Non-PDL Generic	
mexiletine 250 mg capsule	Non-PDL Generic	
MULTAQ 400 MG TABLET F/C	Non-PDL Brand	
PACERONE 100 MG TABLET	Non-PDL Generic	
PACERONE 200 MG TABLET	Non-PDL Generic	90 DS
propafenone hcl 150 mg tablet	Non-PDL Generic	
propafenone hcl 150 mg tablet f/c	Non-PDL Generic	
propafenone hcl 225 mg tab	Non-PDL Generic	
propafenone hcl 225 mg tab f/c	Non-PDL Generic	
propafenone hcl 300 mg tab	Non-PDL Generic	
propafenone hcl er 225 mg cap	Non-PDL Generic	
propafenone hcl er 325 mg cap	Non-PDL Generic	
propafenone hcl er 425 mg cap	Non-PDL Generic	
quinidine gluc er 324 mg tab	Non-PDL Generic	
quinidine sulfate 200 mg tab	Non-PDL Generic	
quinidine sulfate 300 mg tab	Non-PDL Generic	

Drug	Status	Notes
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
epinephrine 1 mg/10 ml luerjet suv 0.1 mg/ml	Non-PDL Generic	
Digitalis Glycosides		
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	90 DS
digoxin 0.25 mg tablet 250 mcg (0.25 mg)	Non-PDL Generic	90 DS
digoxin 125 mcg tablet 125 mcg (0.125 mg)	Non-PDL Generic	90 DS
digoxin 250 mcg tablet 250 mcg (0.25 mg)	Non-PDL Generic	90 DS
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
amlodipine-benazepril 10-20 mg	PDL Preferred Generic	90 DS
amlodipine-benazepril 10-40 mg	PDL Preferred Generic	90 DS
amlodipine-benazepril 2.5-10 2.5-10 mg	PDL Preferred Generic	90 DS
amlodipine-benazepril 5-10 mg	PDL Preferred Generic	90 DS
amlodipine-benazepril 5-20 mg	PDL Preferred Generic	90 DS
amlodipine-benazepril 5-40 mg	PDL Preferred Generic	90 DS
trandolapril-verapamil er 1-240 mg tablet	PDL Non-Preferred Generic	PA
trandolapril-verapamil er 2-180 mg tablet	PDL Non-Preferred Generic	PA

Drug	Status	Notes
trandolapril-verapamil er 2-240 mg tablet	PDL Non-Preferred Generic	PA
trandolapril-verapamil er 4-240 mg tablet	PDL Non-Preferred Generic	PA
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
benazepril-hydrochlorothiazide 10-12.5 mg tab	PDL Preferred Generic	
benazepril-hydrochlorothiazide 20-12.5 mg tab	PDL Preferred Generic	
benazepril-hydrochlorothiazide 20-25 mg tab	PDL Preferred Generic	
benazepril-hydrochlorothiazide 5-6.25 mg tab	PDL Preferred Generic	
captopril-hydrochlorothiazide 25-15 mg tablet	PDL Preferred Generic	
captopril-hydrochlorothiazide 25-25 mg tablet	PDL Preferred Generic	
captopril-hydrochlorothiazide 50-15 mg tablet	PDL Preferred Generic	
captopril-hydrochlorothiazide 50-25 mg tablet	PDL Preferred Generic	
enalapril-hydrochlorothiazide 10-25 mg tablet	PDL Preferred Generic	
enalapril-hydrochlorothiazide 5-12.5 mg tab tablet	PDL Preferred Generic	
fosinopril-hydrochlorothiazide 10-12.5 mg tab	PDL Preferred Generic	

Drug	Status	Notes
fosinopril-hydrochlorothiazide 20-12.5 mg tab	PDL Preferred Generic	
lisinopril-hydrochlorothiazide 10-12.5 mg tab	PDL Preferred Generic	90 DS
lisinopril-hydrochlorothiazide 20-12.5 mg tab	PDL Preferred Generic	90 DS
lisinopril-hydrochlorothiazide 20-25 mg tab	PDL Preferred Generic	90 DS
LOTENSIN HCT 10-12.5 MG TABLET	PDL Non-Preferred Brand	PA
LOTENSIN HCT 20-12.5 MG TABLET	PDL Non-Preferred Brand	PA
LOTENSIN HCT 20-25 MG TABLET	PDL Non-Preferred Brand	PA
quinapril-hydrochlorothiazide 10-12.5 mg tab	PDL Preferred Generic	
quinapril-hydrochlorothiazide 20-12.5 mg tab	PDL Preferred Generic	
quinapril-hydrochlorothiazide 20-25 mg tab	PDL Preferred Generic	
VASERETIC 10-25 MG TABLET	PDL Non-Preferred Brand	PA
ZESTORETIC 10-12.5 MG TABLET	PDL Non-Preferred Brand	PA
ZESTORETIC 20-12.5 MG TABLET	PDL Non-Preferred Brand	PA
ZESTORETIC 20-25 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
Alpha/Beta-Adrenergic Blocking Agents		
carvedilol 12.5 mg tablet	PDL Preferred Generic	90 DS
carvedilol 12.5 mg tablet 12's	PDL Preferred Generic	90 DS
carvedilol 12.5 mg tablet f/c	PDL Preferred Generic	90 DS
carvedilol 25 mg tablet	PDL Preferred Generic	90 DS
carvedilol 25 mg tablet f/c	PDL Preferred Generic	90 DS
carvedilol 3.125 mg tablet	PDL Preferred Generic	90 DS
carvedilol 3.125 mg tablet f/c	PDL Preferred Generic	90 DS
carvedilol 3.125 mg tablet f/c, inner	PDL Preferred Generic	90 DS
carvedilol 3.125 mg tablet f/c, outer	PDL Preferred Generic	90 DS
carvedilol 6.25 mg tablet 12's	PDL Preferred Generic	90 DS
carvedilol 6.25 mg tablet	PDL Preferred Generic	90 DS
carvedilol 6.25 mg tablet f/c	PDL Preferred Generic	90 DS
carvedilol 6.25 mg tablet f/c, inner	PDL Preferred Generic	90 DS
carvedilol 6.25 mg tablet f/c, outer	PDL Preferred Generic	90 DS

Drug	Status	Notes
carvedilol er 10 mg capsule	PDL Preferred Generic	QL (1 EA per 1 day)
carvedilol er 20 mg capsule	PDL Preferred Generic	QL (1 EA per 1 day)
carvedilol er 40 mg capsule	PDL Preferred Generic	QL (1 EA per 1 day)
carvedilol er 80 mg capsule	PDL Preferred Generic	QL (1 EA per 1 day)
COREG 12.5 MG TABLET	PDL Non-Preferred Brand	PA
COREG 25 MG TABLET	PDL Non-Preferred Brand	PA
COREG 3.125 MG TABLET	PDL Non-Preferred Brand	PA
COREG 6.25 MG TABLET	PDL Non-Preferred Brand	PA
COREG CR 10 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COREG CR 20 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COREG CR 40 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COREG CR 80 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
labetalol hcl 100 mg tablet	PDL Preferred Generic	90 DS
labetalol hcl 200 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
labetalol hcl 300 mg tablet	PDL Preferred Generic	90 DS
labetalol hcl 400 mg tablet	PDL Preferred Generic	
Alpha-Adrenergic Blocking Agents		
CARDURA 1 MG TABLET	PDL Non-Preferred Brand	PA
CARDURA 2 MG TABLET	PDL Non-Preferred Brand	PA
CARDURA 4 MG TABLET	PDL Non-Preferred Brand	PA
CARDURA 8 MG TABLET	PDL Non-Preferred Brand	PA
CARDURA XL 4 MG TABLET	PDL Non-Preferred Brand	PA
CARDURA XL 8 MG TABLET	PDL Non-Preferred Brand	PA
doxazosin mesylate 1 mg tab	PDL Preferred Generic	90 DS
doxazosin mesylate 2 mg tab	PDL Preferred Generic	90 DS
doxazosin mesylate 4 mg tab	PDL Preferred Generic	90 DS
doxazosin mesylate 8 mg tab	PDL Preferred Generic	90 DS
phenoxybenzamine hcl 10 mg cap	Non-PDL Generic	PA; SP
prazosin 1 mg capsule	Non-PDL Generic	90 DS
prazosin 1 mg capsule u-d,10x10,inner	Non-PDL Generic	90 DS

Drug	Status	Notes
prazosin 1 mg capsule u-d,10x10,outer	Non-PDL Generic	90 DS
prazosin 2 mg capsule	Non-PDL Generic	90 DS
prazosin 2 mg capsule u-d,10x10,inner	Non-PDL Generic	90 DS
prazosin 2 mg capsule u-d,10x10,outer	Non-PDL Generic	90 DS
prazosin 5 mg capsule	Non-PDL Generic	
prazosin 5 mg capsule u-d,10x10,inner	Non-PDL Generic	
prazosin 5 mg capsule u-d,10x10,outer	Non-PDL Generic	
terazosin 1 mg capsule	PDL Preferred Generic	90 DS
terazosin 10 mg capsule	PDL Preferred Generic	90 DS
terazosin 2 mg capsule	PDL Preferred Generic	90 DS
terazosin 5 mg capsule	PDL Preferred Generic	90 DS
TEZRULY 1 MG/ML SOLUTION	PDL Non-Preferred Brand	PA
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
amlodipine-valsartan-hydrochlorothiazide 10-160-12.5 mg tab	PDL Preferred Generic	
amlodipine-valsartan-hydrochlorothiazide 10-160-25 mg tab	PDL Preferred Generic	
amlodipine-valsartan-hydrochlorothiazide 10-320-25 mg tab	PDL Preferred Generic	
amlodipine-valsartan-hydrochlorothiazide 5-160-12.5 mg tab	PDL Preferred Generic	

Drug	Status	Notes
amlodipine-valsartan-hydrochlorothiazide 5-160-25 mg tab	PDL Preferred Generic	
EXFORGE HCT 10-160-12.5 MG TAB	PDL Non-Preferred Brand	PA
EXFORGE HCT 10-160-25 MG TAB	PDL Non-Preferred Brand	PA
EXFORGE HCT 10-320-25 MG TAB	PDL Non-Preferred Brand	PA
EXFORGE HCT 5-160-12.5 MG TAB	PDL Non-Preferred Brand	PA
EXFORGE HCT 5-160-25 MG TAB	PDL Non-Preferred Brand	PA
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	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	PDL Non-Preferred Generic	PA
TRIBENZOR 20-5-12.5 MG TABLET	PDL Non-Preferred Brand	PA
TRIBENZOR 40-10-12.5 MG TABLET	PDL Non-Preferred Brand	PA
TRIBENZOR 40-10-25 MG TABLET	PDL Non-Preferred Brand	PA

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

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

Drug	Status	Notes
losartan-hydrochlorothiazide 100-12.5 mg tab	PDL Preferred Generic	90 DS
losartan-hydrochlorothiazide 100-12.5 mg tab f/c	PDL Preferred Generic	90 DS
losartan-hydrochlorothiazide 100-25 mg tab	PDL Preferred Generic	90 DS
losartan-hydrochlorothiazide 100-25 mg tab f/c	PDL Preferred Generic	90 DS
losartan-hydrochlorothiazide 50-12.5 mg tab	PDL Preferred Generic	90 DS
losartan-hydrochlorothiazide 50-12.5 mg tab f/c	PDL Preferred Generic	90 DS
MICARDIS HCT 40-12.5 MG TABLET 3X10 BLIST PACK,U-D	PDL Non-Preferred Brand	PA
MICARDIS HCT 80-12.5 MG TABLET 3X10 BLIST PACK,U-D	PDL Non-Preferred Brand	PA
MICARDIS HCT 80-25 MG TABLET 3X10 BLIST PACK,U-D	PDL Non-Preferred Brand	PA
olmesartan-hydrochlorothiazide 20-12.5 mg tab	PDL Preferred Generic	
olmesartan-hydrochlorothiazide 40-12.5 mg tab	PDL Preferred Generic	
olmesartan-hydrochlorothiazide 40-25 mg tab	PDL Preferred Generic	
telmisartan-hydrochlorothiazide 40-12.5 mg tb	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 40-12.5 mg tb inner	PDL Non-Preferred Generic	PA

Drug	Status	Notes
telmisartan-hydrochlorothiazide 40-12.5 mg tb outer	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-12.5 mg tb	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-12.5 mg tb inner	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-12.5 mg tb outer	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-25 mg tab	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-25 mg tab inner	PDL Non-Preferred Generic	PA
telmisartan-hydrochlorothiazide 80-25 mg tab outer	PDL Non-Preferred Generic	PA
valsartan-hydrochlorothiazide 160-12.5 mg tab	PDL Preferred Generic	90 DS
valsartan-hydrochlorothiazide 160-12.5 mg tab f/c	PDL Preferred Generic	90 DS
valsartan-hydrochlorothiazide 160-25 mg tab	PDL Preferred Generic	90 DS
valsartan-hydrochlorothiazide 160-25 mg tab f/c	PDL Preferred Generic	90 DS
valsartan-hydrochlorothiazide 320-12.5 mg tab	PDL Preferred Generic	
valsartan-hydrochlorothiazide 320-12.5 mg tab f/c	PDL Preferred Generic	
valsartan-hydrochlorothiazide 320-25 mg tab	PDL Preferred Generic	90 DS

Drug	Status	Notes
valsartan-hydrochlorothiazide 320-25 mg tab f/c	PDL Preferred Generic	90 DS
valsartan-hydrochlorothiazide 80-12.5 mg tab	PDL Preferred Generic	90 DS
valsartan-hydrochlorothiazide 80-12.5 mg tab f/c	PDL Preferred Generic	90 DS
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
amlodipine-olmesartan 10-20 mg	PDL Non-Preferred Generic	PA
amlodipine-olmesartan 10-40 mg	PDL Non-Preferred Generic	PA
amlodipine-olmesartan 5-20 mg	PDL Non-Preferred Generic	PA
amlodipine-olmesartan 5-40 mg	PDL Non-Preferred Generic	PA
amlodipine-valsartan 10-160 mg	PDL Preferred Generic	
amlodipine-valsartan 10-320 mg	PDL Preferred Generic	
amlodipine-valsartan 5-160 mg	PDL Preferred Generic	
amlodipine-valsartan 5-320 mg	PDL Preferred Generic	
AZOR 10-20 MG TABLET	PDL Non-Preferred Brand	PA
AZOR 10-40 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
AZOR 5-20 MG TABLET	PDL Non-Preferred Brand	PA
AZOR 5-40 MG TABLET	PDL Non-Preferred Brand	PA
EXFORGE 10-160 MG TABLET	PDL Non-Preferred Brand	PA
EXFORGE 10-320 MG TABLET	PDL Non-Preferred Brand	PA
EXFORGE 5-160 MG TABLET	PDL Non-Preferred Brand	PA
EXFORGE 5-320 MG TABLET	PDL Non-Preferred Brand	PA
telmisartan-amlodipine 40-10 40-10 mg	PDL Non-Preferred Generic	PA
telmisartan-amlodipine 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	PDL Non-Preferred Generic	PA
Antihypertensives, Ace Inhibitors		
benazepril hcl 10 mg tablet	PDL Preferred Generic	90 DS
benazepril hcl 10 mg tablet f/c	PDL Preferred Generic	90 DS
benazepril hcl 20 mg tablet	PDL Preferred Generic	90 DS
benazepril hcl 20 mg tablet f/c	PDL Preferred Generic	90 DS

Drug	Status	Notes
benazepril hcl 40 mg tablet	PDL Preferred Generic	90 DS
benazepril hcl 40 mg tablet f/c	PDL Preferred Generic	90 DS
benazepril hcl 5 mg tablet	PDL Preferred Generic	90 DS
benazepril hcl 5 mg tablet f/c	PDL Preferred Generic	90 DS
captopril 100 mg tablet	PDL Preferred Generic	
captopril 100 mg tablet inner	PDL Preferred Generic	
captopril 100 mg tablet outer	PDL Preferred Generic	
captopril 12.5 mg tablet	PDL Preferred Generic	
captopril 12.5 mg tablet outer	PDL Preferred Generic	
captopril 25 mg tablet	PDL Preferred Generic	
captopril 25 mg tablet outer	PDL Preferred Generic	
captopril 50 mg tablet	PDL Preferred Generic	
captopril 50 mg tablet inner	PDL Preferred Generic	
captopril 50 mg tablet outer	PDL Preferred Generic	

Drug	Status	Notes
enalapril 1 mg/ml oral soln	PDL Non-Preferred Generic	PA
enalapril maleate 10 mg tab	PDL Preferred Generic	90 DS
enalapril maleate 10 mg tab for repackaging only	PDL Preferred Generic	90 DS
enalapril maleate 2.5 mg tab	PDL Preferred Generic	90 DS
enalapril maleate 2.5 mg tab for repackaging only	PDL Preferred Generic	90 DS
enalapril maleate 20 mg tab	PDL Preferred Generic	90 DS
enalapril maleate 20 mg tab for repackaging only	PDL Preferred Generic	90 DS
enalapril maleate 5 mg tablet	PDL Preferred Generic	90 DS
enalapril maleate 5 mg tablet for repackaging only	PDL Preferred Generic	90 DS
EPANED 1 MG/ML ORAL SOLUTION	PDL Non-Preferred Brand	PA
fosinopril sodium 10 mg tab	PDL Preferred Generic	90 DS
fosinopril sodium 20 mg tab	PDL Preferred Generic	90 DS
fosinopril sodium 40 mg tab	PDL Preferred Generic	
lisinopril 10 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
lisinopril 10 mg tablet for repackaging only	PDL Preferred Generic	90 DS
lisinopril 2.5 mg tablet	PDL Preferred Generic	90 DS
lisinopril 20 mg tablet	PDL Preferred Generic	90 DS
lisinopril 30 mg tablet	PDL Preferred Generic	90 DS
lisinopril 40 mg tablet	PDL Preferred Generic	90 DS
lisinopril 5 mg tablet	PDL Preferred Generic	90 DS
LOTENSIN 10 MG TABLET	PDL Non-Preferred Brand	PA
LOTENSIN 20 MG TABLET	PDL Non-Preferred Brand	PA
LOTENSIN 40 MG TABLET	PDL Non-Preferred Brand	PA
moexipril hcl 15 mg tablet	PDL Preferred Generic	
moexipril hcl 7.5 mg tablet	PDL Preferred Generic	
perindopril erbumine 2 mg tab	PDL Preferred Generic	
perindopril erbumine 4 mg tab	PDL Preferred Generic	
perindopril erbumine 8 mg tab	PDL Preferred Generic	

Drug	Status	Notes
QBRELIS 1 MG/ML SOLUTION	PDL Non-Preferred Brand	PA
quinapril 10 mg tablet	PDL Non-Preferred Generic	PA
quinapril 20 mg tablet	PDL Non-Preferred Generic	PA; 90 DS
quinapril 20 mg tablet f/c	PDL Non-Preferred Generic	PA; 90 DS
quinapril 40 mg tablet	PDL Non-Preferred Generic	PA; 90 DS
quinapril 40 mg tablet f/c	PDL Non-Preferred Generic	PA; 90 DS
quinapril 5 mg tablet	PDL Non-Preferred Generic	PA
ramipril 1.25 mg capsule	PDL Preferred Generic	
ramipril 10 mg capsule	PDL Preferred Generic	90 DS
ramipril 2.5 mg capsule	PDL Preferred Generic	90 DS
ramipril 5 mg capsule	PDL Preferred Generic	90 DS
trandolapril 1 mg tablet	PDL Preferred Generic	
trandolapril 2 mg tablet	PDL Preferred Generic	
trandolapril 4 mg tablet	PDL Preferred Generic	

Drug	Status	Notes
VASOTEC 10 MG TABLET	PDL Non-Preferred Brand	PA
VASOTEC 2.5 MG TABLET	PDL Non-Preferred Brand	PA
VASOTEC 20 MG TABLET	PDL Non-Preferred Brand	PA
VASOTEC 5 MG TABLET	PDL Non-Preferred Brand	PA
ZESTRIL 10 MG TABLET	PDL Non-Preferred Brand	PA
ZESTRIL 2.5 MG TABLET	PDL Non-Preferred Brand	PA
ZESTRIL 20 MG TABLET	PDL Non-Preferred Brand	PA
ZESTRIL 30 MG TABLET	PDL Non-Preferred Brand	PA
ZESTRIL 40 MG TABLET	PDL Non-Preferred Brand	PA
ZESTRIL 5 MG TABLET	PDL Non-Preferred Brand	PA
Antihypertensives, Angiotensin Receptor Antagonist		
ARBLI 10 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA
ATACAND 16 MG TABLET	PDL Non-Preferred Brand	PA
ATACAND 32 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ATACAND 4 MG TABLET	PDL Non-Preferred Brand	PA
ATACAND 8 MG TABLET	PDL Non-Preferred Brand	PA
AVAPRO 150 MG TABLET	PDL Non-Preferred Brand	PA
AVAPRO 300 MG TABLET	PDL Non-Preferred Brand	PA
BENICAR 20 MG TABLET	PDL Non-Preferred Brand	PA
BENICAR 40 MG TABLET	PDL Non-Preferred Brand	PA
BENICAR 5 MG TABLET	PDL Non-Preferred Brand	PA
candesartan cilexetil 16 mg tb	PDL Non-Preferred Generic	PA
candesartan cilexetil 32 mg tb	PDL Non-Preferred Generic	PA
candesartan cilexetil 4 mg tab	PDL Non-Preferred Generic	PA
candesartan cilexetil 8 mg tab	PDL Non-Preferred Generic	PA
COZAAR 100 MG TABLET	PDL Non-Preferred Brand	PA
COZAAR 25 MG TABLET	PDL Non-Preferred Brand	PA
COZAAR 50 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
DIOVAN 160 MG TABLET	PDL Non-Preferred Brand	PA
DIOVAN 320 MG TABLET	PDL Non-Preferred Brand	PA
DIOVAN 40 MG TABLET	PDL Non-Preferred Brand	PA
DIOVAN 80 MG TABLET	PDL Non-Preferred Brand	PA
EDARBI 40 MG TABLET	PDL Non-Preferred Brand	PA
EDARBI 80 MG TABLET	PDL Non-Preferred Brand	PA
irbesartan 150 mg tablet	PDL Preferred Generic	90 DS
irbesartan 150 mg tablet f/c	PDL Preferred Generic	90 DS
irbesartan 300 mg tablet	PDL Preferred Generic	90 DS
irbesartan 300 mg tablet f/c	PDL Preferred Generic	90 DS
irbesartan 75 mg tablet	PDL Preferred Generic	90 DS
irbesartan 75 mg tablet f/c	PDL Preferred Generic	90 DS
losartan potassium 100 mg tab	PDL Preferred Generic	90 DS
losartan potassium 100 mg tab f/c	PDL Preferred Generic	90 DS

Drug	Status	Notes
losartan potassium 100 mg tab f/c,10x10,u-d,outer	PDL Preferred Generic	90 DS
losartan potassium 100 mg tab inner	PDL Preferred Generic	90 DS
losartan potassium 25 mg tab	PDL Preferred Generic	90 DS
losartan potassium 25 mg tab f/c	PDL Preferred Generic	90 DS
losartan potassium 25 mg tab f/c,10x10,u-d,outer	PDL Preferred Generic	90 DS
losartan potassium 25 mg tab inner	PDL Preferred Generic	90 DS
losartan potassium 50 mg tab	PDL Preferred Generic	90 DS
losartan potassium 50 mg tab f/c	PDL Preferred Generic	90 DS
losartan potassium 50 mg tab f/c,10x10,u-d,inner	PDL Preferred Generic	90 DS
losartan potassium 50 mg tab f/c,10x10,u-d,outer	PDL Preferred Generic	90 DS
MICARDIS 40 MG TABLET 3X10 BLIST PACK,U-D	PDL Non-Preferred Brand	PA
MICARDIS 80 MG TABLET 3X10 BLIST PACK,U-D	PDL Non-Preferred Brand	PA
olmesartan medoxomil 20 mg tab	PDL Preferred Generic	
olmesartan medoxomil 40 mg tab	PDL Preferred Generic	90 DS

Drug	Status	Notes
olmesartan medoxomil 5 mg tab	PDL Preferred Generic	
telmisartan 20 mg tablet	PDL Non-Preferred Generic	PA
telmisartan 20 mg tablet inner	PDL Non-Preferred Generic	PA
telmisartan 20 mg tablet outer	PDL Non-Preferred Generic	PA
telmisartan 40 mg tablet	PDL Non-Preferred Generic	PA
telmisartan 40 mg tablet inner	PDL Non-Preferred Generic	PA
telmisartan 40 mg tablet outer	PDL Non-Preferred Generic	PA
telmisartan 80 mg tablet	PDL Non-Preferred Generic	PA
telmisartan 80 mg tablet inner	PDL Non-Preferred Generic	PA
telmisartan 80 mg tablet outer	PDL Non-Preferred Generic	PA
valsartan 160 mg tablet	PDL Preferred Generic	
valsartan 160 mg tablet f/c	PDL Preferred Generic	
valsartan 20 mg/5 ml solution 4 mg/ml	PDL Non-Preferred Generic	PA
valsartan 320 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
valsartan 320 mg tablet f/c	PDL Preferred Generic	90 DS
valsartan 40 mg tablet	PDL Preferred Generic	90 DS
valsartan 40 mg tablet f/c	PDL Preferred Generic	90 DS
valsartan 80 mg tablet	PDL Preferred Generic	90 DS
valsartan 80 mg tablet f/c	PDL Preferred Generic	90 DS
Antihypertensives, Sympatholytic		
clonidine 0.1 mg/day patch 0.1 mg/24 hr	Non-PDL Generic	
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 0.2 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 0.3 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	Non-PDL Generic	90 DS
clonidine hcl 0.2 mg tablet	Non-PDL Generic	90 DS
clonidine hcl 0.3 mg tablet	Non-PDL Generic	90 DS
guanfacine 1 mg tablet	Non-PDL Generic	90 DS

Drug	Status	Notes
guanfacine 2 mg tablet	Non-PDL Generic	
methyldopa 250 mg tablet	Non-PDL Generic	90 DS
methyldopa 500 mg tablet	Non-PDL Generic	
Antihypertensives, Vasodilators		
hydralazine 10 mg tablet	Non-PDL Generic	90 DS
hydralazine 10 mg tablet u-d,10x10,inner	Non-PDL Generic	90 DS
hydralazine 10 mg tablet u-d,10x10,outer	Non-PDL Generic	90 DS
hydralazine 100 mg tablet	Non-PDL Generic	90 DS
hydralazine 25 mg tablet	Non-PDL Generic	90 DS
hydralazine 25 mg tablet f/c	Non-PDL Generic	90 DS
hydralazine 25 mg tablet u-d,10x10,inner	Non-PDL Generic	90 DS
hydralazine 25 mg tablet u-d,10x10,outer	Non-PDL Generic	90 DS
hydralazine 50 mg tablet	Non-PDL Generic	90 DS
hydralazine 50 mg tablet f/c	Non-PDL Generic	90 DS
hydralazine 50 mg tablet u-d,10x10,inner	Non-PDL Generic	90 DS
hydralazine 50 mg tablet u-d,10x10,outer	Non-PDL Generic	90 DS
minoxidil 10 mg tablet	Non-PDL Generic	
minoxidil 2.5 mg tablet	Non-PDL Generic	90 DS
Beta-Adrenergic Blocking Agents		
acebutolol 200 mg capsule	PDL Non-Preferred Generic	PA
acebutolol 400 mg capsule	PDL Non-Preferred Generic	PA

Drug	Status	Notes
atenolol 100 mg tablet	PDL Preferred Generic	90 DS
atenolol 100 mg tablet u-d, 10x10, inner	PDL Preferred Generic	90 DS
atenolol 100 mg tablet u-d, outer	PDL Preferred Generic	90 DS
atenolol 25 mg tablet	PDL Preferred Generic	90 DS
atenolol 25 mg tablet u-d, 10x10, inner	PDL Preferred Generic	90 DS
atenolol 25 mg tablet u-d, outer	PDL Preferred Generic	90 DS
atenolol 50 mg tablet	PDL Preferred Generic	90 DS
atenolol 50 mg tablet u-d, 10x10, inner	PDL Preferred Generic	90 DS
atenolol 50 mg tablet u-d, outer	PDL Preferred Generic	90 DS
BETAPACE 120 MG TABLET	PDL Non-Preferred Brand	PA
BETAPACE 160 MG TABLET	PDL Non-Preferred Brand	PA
BETAPACE 80 MG TABLET	PDL Non-Preferred Brand	PA
BETAPACE AF 120 MG TABLET	PDL Non-Preferred Brand	PA
BETAPACE AF 160 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
BETAPACE AF 80 MG TABLET	PDL Non-Preferred Brand	PA
betaxolol 10 mg tablet	PDL Non-Preferred Generic	PA
betaxolol 20 mg tablet	PDL Non-Preferred Generic	PA
bisoprolol fumarate 10 mg tab	PDL Preferred Generic	
bisoprolol fumarate 2.5 mg tab	PDL Preferred Generic	
bisoprolol fumarate 5 mg tab	PDL Preferred Generic	90 DS
bisoprolol fumarate 5 mg tab f/c	PDL Preferred Generic	90 DS
BYSTOLIC 10 MG TABLET	PDL Non-Preferred Brand	PA
BYSTOLIC 2.5 MG TABLET	PDL Non-Preferred Brand	PA
BYSTOLIC 20 MG TABLET	PDL Non-Preferred Brand	PA
BYSTOLIC 5 MG TABLET	PDL Non-Preferred Brand	PA
HEMANGEOL 4.28 MG/ML ORAL SOLN	PDL Non-Preferred Brand	PA; QL (360 ML per 30 days)
HEMANGEOL 4.28 MG/ML ORAL SOLN	PDL Non-Preferred Brand	PA; SP; QL (360 ML per 30 days)
INDERAL LA 120 MG CAPSULE	PDL Non-Preferred Brand	PA

Drug	Status	Notes
INDERAL LA 160 MG CAPSULE	PDL Non-Preferred Brand	PA
INDERAL LA 60 MG CAPSULE	PDL Non-Preferred Brand	PA
INDERAL LA 80 MG CAPSULE	PDL Non-Preferred Brand	PA
INDERAL XL 120 MG CAPSULE	PDL Non-Preferred Brand	PA
INDERAL XL 80 MG CAPSULE	PDL Non-Preferred Brand	PA
INNOPRAN XL 120 MG CAPSULE	PDL Non-Preferred Brand	PA
INNOPRAN XL 80 MG CAPSULE	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 100 MG CAP	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 200 MG CAP	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 25 MG CAP	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 50 MG CAP	PDL Non-Preferred Brand	PA
LOPRESSOR 10 MG/ML ORAL SOLN	PDL Non-Preferred Brand	PA
LOPRESSOR 100 MG TABLET	PDL Non-Preferred Brand	PA
LOPRESSOR 12.5 MG TABLET	PDL Preferred Brand	QL (4 EA per 1 day)

Drug	Status	Notes
LOPRESSOR 50 MG TABLET	PDL Non-Preferred Brand	PA
metoprolol succ er 100 mg tab	PDL Preferred Generic	90 DS
metoprolol succ er 100 mg tab f/c	PDL Preferred Generic	90 DS
metoprolol succ er 200 mg tab	PDL Preferred Generic	90 DS
metoprolol succ er 200 mg tab f/c	PDL Preferred Generic	90 DS
metoprolol succ er 25 mg tab	PDL Preferred Generic	90 DS
metoprolol succ er 25 mg tab f/c	PDL Preferred Generic	90 DS
metoprolol succ er 25 mg tab inner	PDL Preferred Generic	90 DS
metoprolol succ er 25 mg tab outer	PDL Preferred Generic	90 DS
metoprolol succ er 50 mg tab	PDL Preferred Generic	90 DS
metoprolol succ er 50 mg tab f/c	PDL Preferred Generic	90 DS
metoprolol succ er 50 mg tab inner	PDL Preferred Generic	90 DS
metoprolol succ er 50 mg tab outer	PDL Preferred Generic	90 DS
metoprolol tartrate 100 mg tab	PDL Preferred Generic	90 DS

Drug	Status	Notes
metoprolol tartrate 100 mg tab 12's	PDL Preferred Generic	90 DS
metoprolol tartrate 100 mg tab f/c	PDL Preferred Generic	90 DS
metoprolol tartrate 100 mg tab inner	PDL Preferred Generic	90 DS
metoprolol tartrate 100 mg tab outer	PDL Preferred Generic	90 DS
metoprolol tartrate 12.5 mg tb	PDL Preferred Brand	QL (4 EA per 1 day)
metoprolol tartrate 25 mg tab	PDL Preferred Generic	90 DS
metoprolol tartrate 25 mg tab f/c	PDL Preferred Generic	90 DS
metoprolol tartrate 25 mg tab inner	PDL Preferred Generic	90 DS
metoprolol tartrate 25 mg tab outer	PDL Preferred Generic	90 DS
metoprolol tartrate 37.5 mg tb	PDL Preferred Generic	90 DS
metoprolol tartrate 50 mg tab 12's	PDL Preferred Generic	90 DS
metoprolol tartrate 50 mg tab	PDL Preferred Generic	90 DS
metoprolol tartrate 50 mg tab f/c	PDL Preferred Generic	90 DS
metoprolol tartrate 50 mg tab inner	PDL Preferred Generic	90 DS

Drug	Status	Notes
metoprolol tartrate 50 mg tab outer	PDL Preferred Generic	90 DS
metoprolol tartrate 75 mg tab	PDL Preferred Generic	
nadolol 20 mg tablet	PDL Preferred Generic	90 DS
nadolol 40 mg tablet	PDL Preferred Generic	90 DS
nadolol 80 mg tablet	PDL Preferred Generic	
nebivolol 10 mg tablet	PDL Preferred Brand	
nebivolol 2.5 mg tablet	PDL Preferred Brand	
nebivolol 20 mg tablet	PDL Preferred Brand	
nebivolol 5 mg tablet	PDL Preferred Brand	
pindolol 10 mg tablet	PDL Non-Preferred Generic	PA
pindolol 5 mg tablet	PDL Non-Preferred Generic	PA
propranolol 10 mg tablet	PDL Preferred Generic	90 DS
propranolol 20 mg tablet	PDL Preferred Generic	90 DS
propranolol 20 mg/5 ml soln 20 mg/5 ml (4 mg/ml)	PDL Preferred Generic	

Drug	Status	Notes
propranolol 40 mg tablet	PDL Preferred Generic	90 DS
propranolol 40 mg/5 ml soln 40 mg/5 ml (8 mg/ml)	PDL Preferred Generic	
propranolol 60 mg tablet	PDL Preferred Generic	
propranolol 80 mg tablet	PDL Preferred Generic	
propranolol er 120 mg capsule	PDL Preferred Generic	
propranolol er 160 mg capsule	PDL Preferred Generic	
propranolol er 60 mg capsule	PDL Preferred Generic	
propranolol er 80 mg capsule	PDL Preferred Generic	
sotalol 120 mg tablet	PDL Preferred Generic	
sotalol 160 mg tablet	PDL Preferred Generic	
sotalol 240 mg tablet	PDL Preferred Generic	
sotalol 80 mg tablet	PDL Preferred Generic	90 DS
sotalol 80 mg tablet inner	PDL Preferred Generic	90 DS
sotalol 80 mg tablet outer	PDL Preferred Generic	90 DS

Drug	Status	Notes
SOTALOL AF 120 MG TABLET	PDL Preferred Generic	
SOTALOL AF 160 MG TABLET	PDL Preferred Generic	
SOTALOL AF 80 MG TABLET	PDL Preferred Generic	90 DS
SOTYLIZE 5 MG/ML ORAL SOLUTION	PDL Non-Preferred Brand	PA; 250mL Bottle; QL (64 ML per 1 day)
SOTYLIZE 5 MG/ML ORAL SOLUTION	PDL Non-Preferred Brand	PA; 480mL Bottle; QL (64 ML per 1 day)
TENORMIN 100 MG TABLET	PDL Non-Preferred Brand	PA
TENORMIN 25 MG TABLET	PDL Non-Preferred Brand	PA
TENORMIN 50 MG TABLET	PDL Non-Preferred Brand	PA
timolol maleate 10 mg tablet	PDL Non-Preferred Generic	PA
timolol maleate 20 mg tablet	PDL Non-Preferred Generic	PA
timolol maleate 5 mg tablet	PDL Non-Preferred Generic	PA
TOPROL XL 100 MG TABLET	PDL Non-Preferred Brand	PA
TOPROL XL 200 MG TABLET	PDL Non-Preferred Brand	PA
TOPROL XL 25 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
TOPROL XL 50 MG TABLET	PDL Non-Preferred Brand	PA
Beta-Adrenergic Blocking Agents/Thiazide & Related		
atenolol-chlorthalidone 100-25 100-25 mg	PDL Preferred Generic	
atenolol-chlorthalidone 50-25 50-25 mg	PDL Preferred Generic	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab	PDL Preferred Generic	
bisoprolol-hydrochlorothiazide 10-6.25 mg tab f/c	PDL Preferred Generic	
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tb	PDL Preferred Generic	
bisoprolol-hydrochlorothiazide 2.5-6.25 mg tb f/c	PDL Preferred Generic	
bisoprolol-hydrochlorothiazide 5-6.25 mg tab	PDL Preferred Generic	
bisoprolol-hydrochlorothiazide 5-6.25 mg tab f/c	PDL Preferred Generic	
metoprolol-hydrochlorothiazide 100-25 mg tab	PDL Non-Preferred Generic	PA
metoprolol-hydrochlorothiazide 100-50 mg tab	PDL Non-Preferred Generic	PA
metoprolol-hydrochlorothiazide 50-25 mg tab	PDL Non-Preferred Generic	PA
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
Calcium Channel Blocking Agents		
amlodipine besylate 10 mg tab	PDL Preferred Generic	90 DS
amlodipine besylate 2.5 mg tab	PDL Preferred Generic	90 DS
amlodipine besylate 5 mg tab	PDL Preferred Generic	90 DS
CARDIZEM 120 MG TABLET	PDL Non-Preferred Brand	PA
CARDIZEM 30 MG TABLET	PDL Non-Preferred Brand	PA
CARDIZEM 60 MG TABLET	PDL Non-Preferred Brand	PA
CARDIZEM CD 120 MG CAPSULE	PDL Non-Preferred Brand	PA
CARDIZEM CD 180 MG CAPSULE	PDL Non-Preferred Brand	PA
CARDIZEM CD 240 MG CAPSULE	PDL Non-Preferred Brand	PA
CARDIZEM CD 300 MG CAPSULE	PDL Non-Preferred Brand	PA
CARDIZEM CD 360 MG CAPSULE	PDL Non-Preferred Brand	PA
CARDIZEM LA 120 MG TABLET	PDL Non-Preferred Brand	PA
CARDIZEM LA 180 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
CARDIZEM LA 240 MG TABLET	PDL Non-Preferred Brand	PA
CARDIZEM LA 300 MG TABLET	PDL Non-Preferred Brand	PA
CARDIZEM LA 360 MG TABLET	PDL Non-Preferred Brand	PA
CARDIZEM LA 420 MG TABLET	PDL Non-Preferred Brand	PA
CARTIA XT 120 MG CAPSULE	PDL Preferred Generic	90 DS
CARTIA XT 180 MG CAPSULE	PDL Preferred Generic	90 DS
CARTIA XT 240 MG CAPSULE	PDL Preferred Generic	90 DS
CARTIA XT 300 MG CAPSULE	PDL Preferred Generic	
DILT XR 120 MG CAPSULE	PDL Preferred Generic	
DILT XR 180 MG CAPSULE	PDL Preferred Generic	
DILT XR 240 MG CAPSULE	PDL Preferred Generic	
diltiazem 120 mg tablet	PDL Preferred Generic	
diltiazem 12hr er 120 mg cap	PDL Preferred Generic	
diltiazem 12hr er 120 mg cap u-d, outer	PDL Preferred Generic	

Drug	Status	Notes
diltiazem 12hr er 120 mg cap u-d,inner	PDL Preferred Generic	
diltiazem 12hr er 60 mg cap	PDL Preferred Generic	
diltiazem 12hr er 60 mg cap u-d, outer	PDL Preferred Generic	
diltiazem 12hr er 60 mg cap u-d,inner	PDL Preferred Generic	
diltiazem 12hr er 90 mg cap	PDL Preferred Generic	
diltiazem 12hr er 90 mg cap u-d, outer	PDL Preferred Generic	
diltiazem 12hr er 90 mg cap u-d,inner	PDL Preferred Generic	
diltiazem 24h er(cd) 120 mg cp	PDL Preferred Generic	90 DS
diltiazem 24h er(cd) 180 mg cp	PDL Preferred Generic	90 DS
diltiazem 24h er(cd) 180 mg cp once a day dosage	PDL Preferred Generic	90 DS
diltiazem 24h er(cd) 240 mg cp	PDL Preferred Generic	90 DS
diltiazem 24h er(cd) 240 mg cp once a day dosage	PDL Preferred Generic	90 DS
diltiazem 24h er(cd) 300 mg cp	PDL Preferred Generic	
diltiazem 24h er(cd) 300 mg cp once a day dosage	PDL Preferred Generic	

Drug	Status	Notes
diltiazem 24h er(cd) 360 mg cp	PDL Preferred Generic	90 DS
diltiazem 24h er(la) 120 mg tb	PDL Non-Preferred Generic	PA
diltiazem 24h er(la) 180 mg tb	PDL Non-Preferred Generic	PA
diltiazem 24h er(la) 240 mg tb	PDL Non-Preferred Generic	PA
diltiazem 24h er(la) 300 mg tb	PDL Non-Preferred Generic	PA
diltiazem 24h er(la) 360 mg tb	PDL Non-Preferred Generic	PA
diltiazem 24h er(la) 420 mg tb	PDL Non-Preferred Generic	PA
diltiazem 24h er(xr) 120 mg cp	PDL Preferred Generic	
diltiazem 24h er(xr) 180 mg cp	PDL Preferred Generic	
diltiazem 24h er(xr) 240 mg cp	PDL Preferred Generic	
diltiazem 24hr er 120 mg cap	PDL Preferred Generic	
diltiazem 24hr er 120 mg cap once-a-day dosage	PDL Preferred Generic	
diltiazem 24hr er 120 mg cap once-a-day-dosage	PDL Preferred Generic	
diltiazem 24hr er 180 mg cap	PDL Preferred Generic	

Drug	Status	Notes
diltiazem 24hr er 180 mg cap once-a-day dosage	PDL Preferred Generic	
diltiazem 24hr er 240 mg cap	PDL Preferred Generic	
diltiazem 24hr er 240 mg cap once-a-day dosage	PDL Preferred Generic	
diltiazem 24hr er 300 mg cap	PDL Preferred Generic	
diltiazem 24hr er 300 mg cap once-a-day dosage	PDL Preferred Generic	
diltiazem 24hr er 360 mg cap	PDL Preferred Generic	
diltiazem 24hr er 360 mg cap once-a-day dosage	PDL Preferred Generic	
diltiazem 24hr er 360 mg cap once-a-day-dosage	PDL Preferred Generic	
diltiazem 24hr er 420 mg cap	PDL Preferred Generic	
diltiazem 30 mg tablet	PDL Preferred Generic	90 DS
diltiazem 60 mg tablet	PDL Preferred Generic	
diltiazem 90 mg tablet	PDL Preferred Generic	
felodipine er 10 mg tablet	PDL Preferred Generic	90 DS
felodipine er 10 mg tablet f/c	PDL Preferred Generic	90 DS

Drug	Status	Notes
felodipine er 2.5 mg tablet	PDL Preferred Generic	
felodipine er 2.5 mg tablet f/c	PDL Preferred Generic	
felodipine er 5 mg tablet	PDL Preferred Generic	
felodipine er 5 mg tablet f/c	PDL Preferred Generic	
isradipine 2.5 mg capsule	PDL Non-Preferred Generic	PA
isradipine 5 mg capsule	PDL Non-Preferred Generic	PA
KATERZIA 1 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA
levamlodipine 2.5 mg tablet	PDL Non-Preferred Generic	PA
levamlodipine maleate 5 mg tab	PDL Non-Preferred Generic	PA
MATZIM LA 180 MG TABLET	PDL Non-Preferred Generic	PA
MATZIM LA 240 MG TABLET	PDL Non-Preferred Generic	PA
MATZIM LA 300 MG TABLET	PDL Non-Preferred Generic	PA
MATZIM LA 360 MG TABLET	PDL Non-Preferred Generic	PA
MATZIM LA 420 MG TABLET	PDL Non-Preferred Generic	PA

Drug	Status	Notes
nicardipine 20 mg capsule	PDL Non-Preferred Generic	PA
nicardipine 30 mg capsule	PDL Non-Preferred Generic	PA
nifedipine 10 mg capsule	PDL Preferred Generic	
nifedipine 20 mg capsule	PDL Preferred Generic	
nifedipine er 30 mg tablet	PDL Preferred Generic	90 DS
nifedipine er 30 mg tablet	PDL Preferred Generic	90 DS
nifedipine er 30 mg tablet f/c	PDL Preferred Generic	90 DS
nifedipine er 60 mg tablet	PDL Preferred Generic	
nifedipine er 60 mg tablet	PDL Preferred Generic	90 DS
nifedipine er 60 mg tablet f/c	PDL Preferred Generic	90 DS
nifedipine er 90 mg tablet	PDL Preferred Generic	
nifedipine er 90 mg tablet	PDL Preferred Generic	
nifedipine er 90 mg tablet f/c	PDL Preferred Generic	
nimodipine 30 mg capsule non-saleable, inner	PDL Non-Preferred Generic	PA

Drug	Status	Notes
nimodipine 30 mg capsule outer	PDL Non-Preferred Generic	PA
nimodipine 30 mg capsule u-d, 25x4, outer	PDL Non-Preferred Generic	PA
nimodipine 30 mg capsule u-d, 5x6	PDL Non-Preferred Generic	PA
nimodipine 60 mg/20 ml soln	PDL Non-Preferred Generic	PA; SP
nisoldipine er 17 mg tablet	PDL Non-Preferred Generic	PA
nisoldipine er 34 mg tablet	PDL Non-Preferred Generic	PA
nisoldipine er 8.5 mg tablet	PDL Non-Preferred Generic	PA
NORLIQVA 1 MG/ML SOLUTION	PDL Non-Preferred Brand	PA
NORVASC 10 MG TABLET	PDL Non-Preferred Brand	PA
NORVASC 10 MG TABLET INNER	PDL Non-Preferred Brand	PA
NORVASC 10 MG TABLET OUTER	PDL Non-Preferred Brand	PA
NORVASC 2.5 MG TABLET	PDL Non-Preferred Brand	PA
NORVASC 5 MG TABLET	PDL Non-Preferred Brand	PA
NORVASC 5 MG TABLET INNER	PDL Non-Preferred Brand	PA

Drug	Status	Notes
NORVASC 5 MG TABLET OUTER	PDL Non-Preferred Brand	PA
NYMALIZE 30 MG/5 ML ORAL SYRNG INNER	PDL Non-Preferred Brand	PA
NYMALIZE 30 MG/5 ML ORAL SYRNG OUTER	PDL Non-Preferred Brand	PA
NYMALIZE 60 MG/10 ML ORAL SYRN INNER	PDL Non-Preferred Brand	PA
NYMALIZE 60 MG/10 ML ORAL SYRN OUTER	PDL Non-Preferred Brand	PA
NYMALIZE 60 MG/10 ML SOLUTION	PDL Non-Preferred Brand	PA
PROCARDIA XL 30 MG TABLET	PDL Non-Preferred Brand	PA
PROCARDIA XL 60 MG TABLET	PDL Non-Preferred Brand	PA
SULAR ER 17 MG TABLET	PDL Non-Preferred Brand	PA
SULAR ER 34 MG TABLET	PDL Non-Preferred Brand	PA
SULAR ER 8.5 MG TABLET	PDL Non-Preferred Brand	PA
TIADYLT ER 120 MG CAPSULE	PDL Preferred Generic	
TIADYLT ER 180 MG CAPSULE	PDL Preferred Generic	
TIADYLT ER 240 MG CAPSULE	PDL Preferred Generic	

Drug	Status	Notes
TIADYLT ER 300 MG CAPSULE	PDL Preferred Generic	
TIADYLT ER 360 MG CAPSULE	PDL Preferred Generic	
TIADYLT ER 420 MG CAPSULE	PDL Preferred Generic	
TIAZAC ER 120 MG CAPSULE	PDL Non-Preferred Brand	PA
TIAZAC ER 180 MG CAPSULE	PDL Non-Preferred Brand	PA
TIAZAC ER 240 MG CAPSULE	PDL Non-Preferred Brand	PA
TIAZAC ER 300 MG CAPSULE	PDL Non-Preferred Brand	PA
TIAZAC ER 360 MG CAPSULE	PDL Non-Preferred Brand	PA
TIAZAC ER 420 MG CAPSULE	PDL Non-Preferred Brand	PA
verapamil 120 mg tablet	PDL Preferred Generic	90 DS
verapamil 120 mg tablet f/c	PDL Preferred Generic	90 DS
verapamil 40 mg tablet	PDL Preferred Generic	90 DS
verapamil 40 mg tablet f/c	PDL Preferred Generic	90 DS
verapamil 80 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
verapamil 80 mg tablet f/c	PDL Preferred Generic	90 DS
verapamil er 120 mg capsule	PDL Preferred Generic	
verapamil er 120 mg capsule u-d,10x10,inner	PDL Preferred Generic	
verapamil er 120 mg capsule u-d,10x10,outer	PDL Preferred Generic	
verapamil er 120 mg tablet	PDL Preferred Generic	
verapamil er 120 mg tablet f/c	PDL Preferred Generic	
verapamil er 180 mg capsule	PDL Preferred Generic	
verapamil er 180 mg tablet	PDL Preferred Generic	90 DS
verapamil er 180 mg tablet f/c	PDL Preferred Generic	90 DS
verapamil er 240 mg capsule	PDL Preferred Generic	
verapamil er 240 mg tablet	PDL Preferred Generic	90 DS
verapamil er 240 mg tablet f/c	PDL Preferred Generic	90 DS
verapamil er pm 100 mg capsule	PDL Non-Preferred Generic	PA
verapamil er pm 200 mg capsule	PDL Non-Preferred Generic	PA

Drug	Status	Notes
verapamil er pm 300 mg capsule	PDL Non-Preferred Generic	PA
verapamil sr 120 mg capsule	PDL Preferred Generic	
verapamil sr 180 mg capsule	PDL Preferred Generic	
verapamil sr 240 mg capsule	PDL Preferred Generic	
verapamil sr 360 mg capsule	PDL Non-Preferred Generic	PA
Loop Diuretics		
bumetanide 0.5 mg tablet	Non-PDL Generic	
bumetanide 1 mg tablet	Non-PDL Generic	90 DS
bumetanide 2 mg tablet	Non-PDL Generic	
furosemide 10 mg/ml solution	Non-PDL Generic	90 DS
furosemide 20 mg tablet	Non-PDL Generic	90 DS
furosemide 40 mg tablet	Non-PDL Generic	90 DS
furosemide 40 mg/5 ml soln 40 mg/5 ml (8 mg/ml)	Non-PDL Generic	
furosemide 80 mg tablet	Non-PDL Generic	90 DS
torsemide 10 mg tablet	Non-PDL Generic	90 DS
torsemide 100 mg tablet	Non-PDL Generic	
torsemide 20 mg tablet	Non-PDL Generic	90 DS
torsemide 5 mg tablet	Non-PDL Generic	90 DS
Potassium Sparing Diuretics		
amiloride hcl 5 mg tablet	Non-PDL Generic	

Drug	Status	Notes
spironolactone 100 mg tablet	Non-PDL Generic	90 DS
spironolactone 100 mg tablet f/c	Non-PDL Generic	90 DS
spironolactone 25 mg tablet	Non-PDL Generic	90 DS
spironolactone 25 mg tablet f/c	Non-PDL Generic	90 DS
spironolactone 25 mg tablet f/c,u-d,10x10	Non-PDL Generic	90 DS
spironolactone 25 mg tablet u-d,10x10,inner	Non-PDL Generic	90 DS
spironolactone 25 mg tablet u-d,10x10,outer	Non-PDL Generic	90 DS
spironolactone 50 mg tablet	Non-PDL Generic	90 DS
spironolactone 50 mg tablet f/c	Non-PDL Generic	90 DS
spironolactone 50 mg tablet f/c,u-d,10x10,inner	Non-PDL Generic	90 DS
spironolactone 50 mg tablet f/c,u-d,10x10,outer	Non-PDL Generic	90 DS
Potassium Sparing Diuretics In Combination		
amiloride hcl-hydrochlorothiazide 5-50 mg tab	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	
spironolactone-hydrochlorothiazide 25-25 tab outer 25-25 mg	Non-PDL Generic	
triamterene-hydrochlorothiazide 37.5-25 mg cp	Non-PDL Generic	90 DS
triamterene-hydrochlorothiazide 37.5-25 mg tb	Non-PDL Generic	90 DS
triamterene-hydrochlorothiazide 75-50 mg tab	Non-PDL Generic	90 DS
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		
ADEMPAS 0.5 MG TABLET	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
ADEMPAS 1 MG TABLET	PDL Non-Preferred Brand	PA; SP
ADEMPAS 1.5 MG TABLET	PDL Non-Preferred Brand	PA; SP
ADEMPAS 2 MG TABLET	PDL Non-Preferred Brand	PA; SP
ADEMPAS 2.5 MG TABLET	PDL Non-Preferred Brand	PA; SP
riociguat 0.5 mg tablet	Non-PDL Generic	PA; SP
riociguat 1 mg tablet	Non-PDL Generic	PA; SP
riociguat 1.5 mg tablet	Non-PDL Generic	PA; SP
riociguat 2 mg tablet	Non-PDL Generic	PA; SP
riociguat 2.5 mg tablet	Non-PDL Generic	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ALYQ 20 MG TABLET	PDL Non-Preferred Generic	PA; SP; QL (2 EA per 1 day)
REVATIO 20 MG TABLET	PDL Non-Preferred Brand	PA
sildenafil 10 mg/ml oral susp	PDL Preferred Generic	PA
sildenafil 20 mg tablet	PDL Preferred Generic	PA
sildenafil 20 mg tablet f/c	PDL Preferred Generic	PA
tadalafil 20 mg tablet	PDL Non-Preferred Generic	PA; SP; QL (2 EA per 1 day)

Drug	Status	Notes
TADLIQ 20 MG/5 ML SUSPENSION 20 MG/5 ML (4 MG/ML)	PDL Non-Preferred Brand	PA; SP; QL (10 ML per 1 day)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
ambrisentan 10 mg tablet	PDL Preferred Generic	PA; SP; QL (30 EA per 30 days)
ambrisentan 5 mg tablet	PDL Preferred Generic	PA; SP; QL (30 EA per 30 days)
bosentan 125 mg tablet	PDL Non-Preferred Generic	PA; SP; QL (60 EA per 30 days)
bosentan 32 mg tablet for susp outer	Non-PDL Generic	PA; SP
bosentan 62.5 mg tablet	PDL Non-Preferred Generic	PA; SP; QL (60 EA per 30 days)
LETAIRIS 10 MG TABLET	PDL Non-Preferred Brand	PA; SP; QL (30 EA per 30 days)
LETAIRIS 5 MG TABLET	PDL Non-Preferred Brand	PA; SP; QL (30 EA per 30 days)
macitentan 10 mg tablet	Non-PDL Generic	PA; SP
OPSUMIT 10 MG TABLET F/C	PDL Non-Preferred Brand	PA; SP
OPSUMIT 10 MG TABLET F/C,5X3	PDL Non-Preferred Brand	PA; SP
TRACLEER 125 MG TABLET F/C	PDL Preferred Brand	SP; QL (60 EA per 30 days)
TRACLEER 125 MG TABLET F/C, U-D, 10X3	PDL Preferred Brand	SP; QL (60 EA per 30 days)
TRACLEER 32 MG TABLET FOR SUSP INNER	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
TRACLEER 32 MG TABLET FOR SUSP OUTER	PDL Non-Preferred Brand	PA; SP
TRACLEER 62.5 MG TABLET F/C	PDL Preferred Brand	SP; QL (60 EA per 30 days)
TRACLEER 62.5 MG TABLET F/C, U-D, 10X3	PDL Preferred Brand	SP; QL (60 EA per 30 days)
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR 45 MG ONE-VIAL KIT OUTER, SUV, P/F	Non-PDL Brand	PA; SP
WINREVAIR 45 MG TWO-VIAL KIT 90 MG (45 MG X 2)	Non-PDL Brand	PA; SP
WINREVAIR 60 MG ONE-VIAL KIT OUTER, SUV, P/F	Non-PDL Brand	PA; SP
WINREVAIR 60 MG TWO-VIAL KIT 120 MG (60 MG X 2)	Non-PDL Brand	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM ER 0.125 MG TABLET	PDL Non-Preferred Brand	PA; SP
ORENITRAM ER 0.25 MG TABLET	PDL Non-Preferred Brand	PA; SP
ORENITRAM ER 1 MG TABLET	PDL Non-Preferred Brand	PA; SP
ORENITRAM ER 2.5 MG TABLET	PDL Non-Preferred Brand	PA; SP
ORENITRAM ER 5 MG TABLET	PDL Non-Preferred Brand	PA; SP
ORENITRAM MONTH 1 TITRATION KT 0.125 MG (126)- 0.25 MG (42)	PDL Non-Preferred Brand	PA; SP
ORENITRAM MONTH 2 TITRATION KT 0.125 MG (126)- 0.25 MG (210)	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
ORENITRAM MONTH 3 TITRATION KT 0.125 MG (126)- 0.25 MG(42)-1MG	PDL Non-Preferred Brand	PA; SP
REMODULIN 100 MG/20 ML VIAL 5 MG/ML	Non-PDL Brand	PA; SP
REMODULIN 20 MG/20 ML VIAL 1 MG/ML	Non-PDL Brand	PA; SP
REMODULIN 200 MG/20 ML VIAL 10 MG/ML	Non-PDL Brand	PA; SP
REMODULIN 50 MG/20 ML VIAL 2.5 MG/ML	Non-PDL Brand	PA; SP
treprostinil 100 mg/20 ml vial 5 mg/ml	Non-PDL Generic	PA; SP
treprostinil 20 mg/20 ml vial 1 mg/ml	Non-PDL Generic	PA; SP
treprostinil 200 mg/20 ml vial 10 mg/ml	Non-PDL Generic	PA; SP
treprostinil 50 mg/20 ml vial 2.5 mg/ml	Non-PDL Generic	PA; SP
TYVASO 1.74 MG/2.9 ML SOLUTION 1.74 MG/2.9 ML (0.6 MG/ML)	PDL Non-Preferred Brand	PA; SP
TYVASO DPI 16 MCG CARTRIDGE OUTER	PDL Non-Preferred Brand	PA; SP
TYVASO DPI 16-32-48 MCG TITRAT 16(112)-32(112) -48(28) MCG	PDL Non-Preferred Brand	PA; SP
TYVASO DPI 32 MCG CARTRIDGE OUTER	PDL Non-Preferred Brand	PA; SP
TYVASO DPI 32-64 MCG MAINT KIT	PDL Non-Preferred Brand	PA; SP
TYVASO DPI 48 MCG CARTRIDGE OUTER	PDL Non-Preferred Brand	PA; SP
TYVASO DPI 48-64 MCG MAINT KIT	PDL Non-Preferred Brand	PA; SP
TYVASO DPI 48-80 MCG MAINT KIT	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
TYVASO DPI 64 MCG CARTRIDGE OUTER	PDL Non-Preferred Brand	PA; SP
TYVASO DPI 80 MCG CARTRIDGE OUTER	PDL Non-Preferred Brand	PA; SP
TYVASO INHALATION REFILL KIT 1.74 MG/2.9 ML (0.6 MG/ML)	PDL Non-Preferred Brand	PA; SP
TYVASO INHALATION STARTER KIT 1.74 MG/2.9 ML	PDL Non-Preferred Brand	PA; SP
TYVASO INSTITUTIONAL START KIT 1.74 MG/2.9 ML	PDL Non-Preferred Brand	PA; SP
UPTRAVI 1,000 MCG TABLET	PDL Non-Preferred Brand	PA; SP
UPTRAVI 1,200 MCG TABLET	PDL Non-Preferred Brand	PA; SP
UPTRAVI 1,400 MCG TABLET	PDL Non-Preferred Brand	PA; SP
UPTRAVI 1,600 MCG TABLET	PDL Non-Preferred Brand	PA; SP
UPTRAVI 100 MCG TABLET	PDL Non-Preferred Brand	PA; SP
UPTRAVI 150 MCG TABLET	PDL Non-Preferred Brand	PA; SP
UPTRAVI 200 MCG TABLET	PDL Non-Preferred Brand	PA; SP
UPTRAVI 200-800 TITRATION PACK 200 MCG (140)- 800 MCG (60)	PDL Non-Preferred Brand	PA; SP
UPTRAVI 400 MCG TABLET	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
UPTRAVI 600 MCG TABLET	PDL Non-Preferred Brand	PA; SP
UPTRAVI 800 MCG TABLET	PDL Non-Preferred Brand	PA; SP
YUTREPIA 106 MCG INHAL CAP	PDL Non-Preferred Brand	PA; SP
YUTREPIA 26.5 MCG INHAL CAP	PDL Non-Preferred Brand	PA; SP
YUTREPIA 53 MCG INHAL CAP	PDL Non-Preferred Brand	PA; SP
YUTREPIA 79.5 MCG INHAL CAP	PDL Non-Preferred Brand	PA; SP
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI 10-20 MG TABLET	PDL Non-Preferred Brand	PA; SP
OPSYNVI 10-20 MG TABLET INNER	PDL Non-Preferred Brand	PA; SP
OPSYNVI 10-20 MG TABLET OUTER	PDL Non-Preferred Brand	PA; SP
OPSYNVI 10-40 MG TABLET	PDL Non-Preferred Brand	PA; SP
OPSYNVI 10-40 MG TABLET INNER	PDL Non-Preferred Brand	PA; SP
OPSYNVI 10-40 MG TABLET OUTER	PDL Non-Preferred Brand	PA; SP
Renin Inhibitor, Direct		
aliskiren 150 mg tablet	PDL Non-Preferred Generic	PA

Drug	Status	Notes
aliskiren 300 mg tablet	PDL Non-Preferred Generic	PA
TEKTURNA 150 MG TABLET	PDL Non-Preferred Brand	PA
TEKTURNA 300 MG TABLET	PDL Non-Preferred Brand	PA
Thiazide And Related Diuretics		
chlorthalidone 25 mg tablet	Non-PDL Generic	90 DS
chlorthalidone 25 mg tablet u-d, 10x10, inner	Non-PDL Generic	90 DS
chlorthalidone 25 mg tablet u-d, outer	Non-PDL Generic	90 DS
chlorthalidone 50 mg tablet	Non-PDL Generic	
hydrochlorothiazide 12.5 mg cp	Non-PDL Generic	90 DS
hydrochlorothiazide 12.5 mg tb	Non-PDL Generic	90 DS
hydrochlorothiazide 25 mg tab	Non-PDL Generic	90 DS
hydrochlorothiazide 50 mg tab	Non-PDL Generic	90 DS
indapamide 1.25 mg tablet	Non-PDL Generic	90 DS
indapamide 1.25 mg tablet f/c	Non-PDL Generic	90 DS
indapamide 2.5 mg tablet	Non-PDL Generic	90 DS
indapamide 2.5 mg tablet f/c	Non-PDL Generic	90 DS
metolazone 10 mg tablet	Non-PDL Generic	
metolazone 2.5 mg tablet	Non-PDL Generic	
metolazone 2.5 mg tablet u-d,10x10,inner	Non-PDL Generic	
metolazone 2.5 mg tablet u-d,10x10,outer	Non-PDL Generic	

Drug	Status	Notes
metolazone 5 mg tablet	Non-PDL Generic	90 DS
metolazone 5 mg tablet u-d,10x10,inner	Non-PDL Generic	90 DS
metolazone 5 mg tablet u-d,10x10,outer	Non-PDL Generic	90 DS
Vasodilators, Combination		
isosorbide-hydralazine 20-37.5 mg tablet	Non-PDL Generic	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
ezetimibe-simvastatin 10-10 mg	PDL Non-Preferred Generic	PA
ezetimibe-simvastatin 10-20 mg	PDL Non-Preferred Generic	PA
ezetimibe-simvastatin 10-40 mg	PDL Non-Preferred Generic	PA
ezetimibe-simvastatin 10-80 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
VYTORIN 10-10 MG TABLET	PDL Non-Preferred Brand	PA
VYTORIN 10-20 MG TABLET	PDL Non-Preferred Brand	PA
VYTORIN 10-40 MG TABLET	PDL Non-Preferred Brand	PA
VYTORIN 10-80 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor		
TRYNGOLZA 50 MG/0.8 ML AUTOINJ	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
TRYNGOLZA 80 MG/0.8 ML AUTOINJ	PDL Non-Preferred Brand	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL 180 MG TABLET	PDL Non-Preferred Brand	PA
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ATORVALIQ 20 MG/5 ML SUSP 20 MG/5 ML (4 MG/ML)	PDL Non-Preferred Brand	PA
atorvastatin 10 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 10 mg tablet f/c	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 10 mg tablet f/c, inner	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 10 mg tablet f/c, outer	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 10 mg tablet f/c,u-d	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 10 mg tablet inner	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS

Drug	Status	Notes
atorvastatin 10 mg tablet outer	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 20 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 20 mg tablet f/c	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 20 mg tablet f/c, 10x10, outer	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 20 mg tablet f/c, inner	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 20 mg tablet f/c, outer	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 20 mg tablet f/c,u-d	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 20 mg tablet inner	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS

Drug	Status	Notes
atorvastatin 20 mg tablet outer	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
atorvastatin 40 mg tablet	PDL Preferred Generic	90 DS
atorvastatin 40 mg tablet f/c	PDL Preferred Generic	90 DS
atorvastatin 40 mg tablet f/c, inner	PDL Preferred Generic	90 DS
atorvastatin 40 mg tablet f/c, outer	PDL Preferred Generic	90 DS
atorvastatin 40 mg tablet f/c. inner	PDL Preferred Generic	90 DS
atorvastatin 40 mg tablet inner	PDL Preferred Generic	90 DS
atorvastatin 40 mg tablet outer	PDL Preferred Generic	90 DS
atorvastatin 80 mg tablet	PDL Preferred Generic	90 DS
atorvastatin 80 mg tablet f/c	PDL Preferred Generic	90 DS
atorvastatin 80 mg tablet f/c, outer	PDL Preferred Generic	90 DS
atorvastatin 80 mg tablet inner	PDL Preferred Generic	90 DS
atorvastatin 80 mg tablet outer	PDL Preferred Generic	90 DS

Drug	Status	Notes
atorvastatin 80 mg tablet u-d, 5x6, outer	PDL Preferred Generic	90 DS
atorvastatin 80 mg tablet u-d, inner	PDL Preferred Generic	90 DS
EZALLOR SPRINKLE 10 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE 20 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE 40 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE 5 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FLOLIPID 20 MG/5 ML ORAL SUSP 20 MG/5 ML (4 MG/ML)	PDL Non-Preferred Brand	PA
FLOLIPID 40 MG/5 ML ORAL SUSP 40 MG/5 ML (8 MG/ML)	PDL Non-Preferred Brand	PA
fluvastatin er 80 mg tablet	Preventive	PA; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
fluvastatin sodium 20 mg cap	Preventive	PA; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
fluvastatin sodium 40 mg cap	Preventive	PA; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
LESCOL XL 80 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 10 MG TABLET	PDL Non-Preferred Brand	PA
LIPITOR 20 MG TABLET	PDL Non-Preferred Brand	PA
LIPITOR 20 MG TABLET F/C	PDL Non-Preferred Brand	PA
LIPITOR 40 MG TABLET	PDL Non-Preferred Brand	PA
LIPITOR 40 MG TABLET F/C	PDL Non-Preferred Brand	PA
LIPITOR 80 MG TABLET	PDL Non-Preferred Brand	PA
LIVALO 1 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIVALO 2 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIVALO 4 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
lovastatin 10 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
lovastatin 20 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS

Drug	Status	Notes
lovastatin 40 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pitavastatin 1 mg tablet	Preventive	PA; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pitavastatin 2 mg tablet	Preventive	PA; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pitavastatin 4 mg tablet	Preventive	PA; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
pravastatin sodium 10 mg tab	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin sodium 10 mg tab u-d, 10x10	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin sodium 20 mg tab	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin sodium 20 mg tab u-d, 10x10	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS

Drug	Status	Notes
pravastatin sodium 20 mg tab u-d,inner	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin sodium 20 mg tab u-d,outer,10x10	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin sodium 40 mg tab	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin sodium 40 mg tab u-d, 10x10	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin sodium 40 mg tab u-d,10x10,outer	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin sodium 40 mg tab u-d,inner	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
pravastatin sodium 80 mg tab	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
rosuvastatin calcium 10 mg tab	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
rosuvastatin calcium 20 mg tab	PDL Preferred Generic	90 DS

Drug	Status	Notes
rosuvastatin calcium 40 mg tab	PDL Preferred Generic	90 DS
rosuvastatin calcium 5 mg tab	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 10 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 10 mg tablet 10x10, u-d, inner	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 10 mg tablet 10x10, u-d, outer	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 10 mg tablet f/c	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 20 mg tablet 10x10, u-d, inner	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 20 mg tablet 10x10, u-d, outer	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 20 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS

Drug	Status	Notes
simvastatin 20 mg tablet f/c	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 20 mg tablet f/c,u-d,10x30	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 40 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 40 mg tablet f/c	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 40 mg tablet f/c, u-d, 10x10	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 5 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 5 mg tablet f/c	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 5 mg tablet f/c, 10x10	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
simvastatin 80 mg tablet	PDL Preferred Generic	PA; 90 DS; QL (1 EA per 1 day)

Drug	Status	Notes
simvastatin 80 mg tablet f/c	PDL Preferred Generic	PA; 90 DS; QL (1 EA per 1 day)
ZOCOR 10 MG TABLET	PDL Non-Preferred Brand	PA
ZOCOR 20 MG TABLET	PDL Non-Preferred Brand	PA
ZOCOR 40 MG TABLET	PDL Non-Preferred Brand	PA
ZYPITAMAG 2 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPITAMAG 4 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID 10 MG CAPSULE	Non-PDL Brand	PA; SP
JUXTAPID 2 MG CAPSULE	Non-PDL Brand	PA; SP
JUXTAPID 20 MG CAPSULE	Non-PDL Brand	PA; SP
JUXTAPID 30 MG CAPSULE	Non-PDL Brand	PA; SP
JUXTAPID 5 MG CAPSULE	Non-PDL Brand	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
LIPFENDRA 20 MG TABLET	Non-PDL Brand	
PRALUENT 150 MG/ML PEN SUV, P/F, INNER	PDL Non-Preferred Brand	PA; QL (6 ML per 84 days)
PRALUENT 150 MG/ML PEN SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; QL (6 ML per 84 days)
PRALUENT 75 MG/ML PEN SUV, P/F, INNER	PDL Non-Preferred Brand	PA; QL (12 ML per 84 days)

Drug	Status	Notes
PRALUENT 75 MG/ML PEN SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; QL (12 ML per 84 days)
REPATHA 140 MG/ML SURECLICK P/F, SUV	PDL Non-Preferred Brand	PA; QL (6 ML per 84 days)
REPATHA 140 MG/ML SURECLICK SUV, P/F	PDL Non-Preferred Brand	PA; QL (6 ML per 84 days)
REPATHA 140 MG/ML SYRINGE P/F, SUV	PDL Non-Preferred Brand	PA; QL (6 ML per 84 days)
REPATHA 140 MG/ML SYRINGE SUV, P/F	PDL Non-Preferred Brand	PA; QL (6 ML per 84 days)
REPATHA 420 MG/3.5 ML PUSHTRONX P/F, SUV	PDL Non-Preferred Brand	PA; QL (10.5 ML per 84 days)
Antihyperlipidemic-Acly And Choles Absorp Inhib		
NEXLIZET 180-10 MG TABLET	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	

Drug	Status	Notes
cholestyramine packet outer 4 gram	PDL Preferred Generic	
cholestyramine powder 4 gram	PDL Preferred Generic	
colesevelam 625 mg tablet	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
colestipol hcl 1 gm tablet 1 gram	PDL Preferred Generic	
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	
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

Drug	Status	Notes
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	PDL Non-Preferred Brand	PA
Lipotropics		
ezetimibe 10 mg tablet	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
fenofibrate 120 mg tablet	PDL Non-Preferred Generic	PA
fenofibrate 130 mg capsule	PDL Non-Preferred Generic	PA
fenofibrate 134 mg capsule	PDL Preferred Generic	
fenofibrate 145 mg tablet	PDL Preferred Generic	90 DS
fenofibrate 145 mg tablet f/c	PDL Preferred Generic	90 DS
fenofibrate 145 mg tablet f/c, 10x10, outer	PDL Preferred Generic	90 DS
fenofibrate 150 mg capsule	PDL Non-Preferred Generic	PA
fenofibrate 160 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
fenofibrate 160 mg tablet f/c	PDL Preferred Generic	90 DS
fenofibrate 200 mg capsule	PDL Preferred Generic	
fenofibrate 40 mg tablet	PDL Non-Preferred Generic	PA
fenofibrate 43 mg capsule	PDL Non-Preferred Generic	PA
fenofibrate 48 mg tablet	PDL Preferred Generic	90 DS
fenofibrate 48 mg tablet f/c	PDL Preferred Generic	90 DS
fenofibrate 48 mg tablet f/c, 10x10, outer	PDL Preferred Generic	90 DS
fenofibrate 50 mg capsule	PDL Non-Preferred Generic	PA
fenofibrate 54 mg tablet	PDL Preferred Generic	
fenofibrate 54 mg tablet f/c	PDL Preferred Generic	
fenofibrate 67 mg capsule	PDL Preferred Generic	
fenofibric acid 105 mg tablet	PDL Non-Preferred Generic	PA
fenofibric acid 35 mg tablet	PDL Non-Preferred Generic	PA
fenofibric acid dr 135 mg cap	PDL Non-Preferred Generic	PA

Drug	Status	Notes
fenofibric acid dr 45 mg cap	PDL Non-Preferred Generic	PA
FIBRICOR 105 MG TABLET	PDL Non-Preferred Brand	PA
FIBRICOR 35 MG TABLET	PDL Non-Preferred Brand	PA
gemfibrozil 600 mg tablet	PDL Preferred Generic	90 DS
gemfibrozil 600 mg tablet f/c	PDL Preferred Generic	90 DS
icosapent ethyl 0.5 gm capsule 0.5 gram	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
icosapent ethyl 1 gram capsule	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
icosapent ethyl 500 mg capsule 0.5 gram	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
LIPOFEN 150 MG CAPSULE	PDL Non-Preferred Brand	PA
LIPOFEN 50 MG CAPSULE	PDL Non-Preferred Brand	PA
LOPID 600 MG TABLET	PDL Non-Preferred Brand	PA
niacin 500 mg tablet (rx)	Non-PDL Generic	
niacin er 1,000 mg tablet	PDL Preferred Generic	
niacin er 1,000 mg tablet f/c	PDL Preferred Generic	

Drug	Status	Notes
niacin er 500 mg tablet (rx)	PDL Preferred Generic	
niacin er 500 mg tablet f/c (rx)	PDL Preferred Generic	
niacin er 750 mg tablet	PDL Preferred Generic	
NIACOR 500 MG TABLET	Non-PDL Generic	
omega-3 ethyl esters 1 gm cap 1 gram	PDL Preferred Generic	QL (4 EA per 1 day)
ZETIA 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Niacin Preparations		
ENDUR-ACIN ER 250 MG TABLET	PDL Preferred Generic	
ENDUR-ACIN ER 500 MG TABLET	PDL Preferred Generic	
ENDUR-ACIN ER 750 MG TABLET	PDL Preferred Generic	
gnp niacin 250 mg tablet w/calcium (rx)	PDL Preferred Generic	
niacin 100 mg tablet (rx)	PDL Preferred Generic	
niacin 250 mg tablet (rx)	PDL Preferred Generic	
niacin 50 mg tablet (rx)	PDL Preferred Generic	
niacin 500 mg capsule sa (rx)	PDL Preferred Generic	

Drug	Status	Notes
niacin 500 mg tablet (rx)	PDL Preferred Generic	
niacin 500 mg tablet y/f,gluten/f (rx)	PDL Preferred Generic	
niacin er 1,000 mg tablet (rx)	PDL Preferred Generic	
niacin er 250 mg tablet p/f (rx)	PDL Preferred Generic	
niacin er 500 mg caplet caplet,cdt,p/f (rx)	PDL Preferred Generic	
niacin er 500 mg tablet (rx)	PDL Preferred Generic	
niacin er 500 mg tablet n,p/f (rx)	PDL Preferred Generic	
niacin sa 250 mg capsule (rx)	PDL Preferred Generic	
niacin tr 250 mg capsule (rx)	PDL Preferred Generic	
niacin tr 250 mg capsule p/f,n,gluten/f (rx)	PDL Preferred Generic	
niacin tr 250 mg tablet p/f (rx)	PDL Preferred Generic	
niacin tr 500 mg tablet (rx)	PDL Preferred Generic	
niacinamide 500 mg tablet (rx)	PDL Preferred Generic	
niacinamide 500 mg tablet pure,gluten-free (rx)	PDL Preferred Generic	

Drug	Status	Notes
plain niacin 250 mg tablet (rx)	PDL Preferred Generic	
plain niacin 500 mg tablet (rx)	PDL Preferred Generic	
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
droxidopa 100 mg capsule	Non-PDL Generic	PA; SP
droxidopa 200 mg capsule	Non-PDL Generic	PA; SP
droxidopa 300 mg capsule	Non-PDL Generic	PA; SP
midodrine hcl 10 mg tablet	Non-PDL Generic	90 DS
midodrine hcl 10 mg tablet inner	Non-PDL Generic	90 DS
midodrine hcl 10 mg tablet outer	Non-PDL Generic	90 DS
midodrine hcl 2.5 mg tablet	Non-PDL Generic	
midodrine hcl 2.5 mg tablet outer	Non-PDL Generic	
midodrine hcl 5 mg tablet	Non-PDL Generic	
midodrine hcl 5 mg tablet outer	Non-PDL Generic	
midodrine hcl 5 mg tablet u-d, 10x10, inner	Non-PDL Generic	
midodrine hcl 5 mg tablet u-d, 10x10, outer	Non-PDL Generic	
midodrine hcl 5 mg tablet u-d,10x10,outer	Non-PDL Generic	
midodrine hcl 5 mg tablet u-d,inner	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 (6 EA per 1 day)

Drug	Status	Notes
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)
ENTRESTO SPRINKLE 15-16 MG PLT	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
ENTRESTO SPRINKLE 6-6 MG PELLET	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
sacubitril-valsartan 24-26 mg	PDL Preferred Generic	QL (6 EA per 1 day)
sacubitril-valsartan 49-51 mg	PDL Preferred Generic	QL (2 EA per 1 day)
sacubitril-valsartan 97-103 mg	PDL Preferred Generic	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic		
ranolazine er 1,000 mg tablet	Non-PDL Generic	
ranolazine er 500 mg tablet	Non-PDL Generic	90 DS
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
amlodipine-atorvast 10-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 10-20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 10-40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 10-80 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
amlodipine-atorvast 2.5-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 2.5-20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 2.5-40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 5-10 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 5-20 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 5-40 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
amlodipine-atorvast 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)

Drug	Status	Notes
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		
ISORDIL 40 MG TABLET	Non-PDL Brand	
isosorbide dinitrate 10 mg tab	Non-PDL Generic	
isosorbide dinitrate 10 mg tab inner	Non-PDL Generic	
isosorbide dinitrate 10 mg tab outer	Non-PDL Generic	
isosorbide dinitrate 20 mg tab	Non-PDL Generic	
isosorbide dinitrate 20 mg tab inner	Non-PDL Generic	
isosorbide dinitrate 20 mg tab outer	Non-PDL Generic	
isosorbide dinitrate 30 mg tab	Non-PDL Generic	
isosorbide dinitrate 40 mg tab	Non-PDL Generic	
isosorbide dinitrate 5 mg tab	Non-PDL Generic	
isosorbide mononit 10 mg tab	Non-PDL Generic	
isosorbide mononit 20 mg tab	Non-PDL Generic	
isosorbide mononit er 120 mg	Non-PDL Generic	
isosorbide mononit er 120 mg f/c	Non-PDL Generic	
isosorbide mononit er 30 mg tb	Non-PDL Generic	90 DS
isosorbide mononit er 30 mg tb f/c	Non-PDL Generic	90 DS
isosorbide mononit er 60 mg tb	Non-PDL Generic	90 DS
isosorbide mononit er 60 mg tb f/c	Non-PDL Generic	90 DS
NITRO-DUR 0.3 MG/HR PATCH INNER	Non-PDL Brand	

Drug	Status	Notes
NITRO-DUR 0.3 MG/HR PATCH OUTER	Non-PDL Brand	
NITRO-DUR 0.8 MG/HR PATCH INNER	Non-PDL Brand	
NITRO-DUR 0.8 MG/HR PATCH OUTER	Non-PDL Brand	
nitroglycerin 0.1 mg/hr patch	Non-PDL Generic	
nitroglycerin 0.1 mg/hr patch inner	Non-PDL Generic	
nitroglycerin 0.1 mg/hr patch outer	Non-PDL Generic	
nitroglycerin 0.2 mg/hr patch	Non-PDL Generic	
nitroglycerin 0.2 mg/hr patch inner	Non-PDL Generic	
nitroglycerin 0.2 mg/hr patch outer	Non-PDL Generic	
nitroglycerin 0.3 mg tablet sl	Non-PDL Generic	
nitroglycerin 0.4 mg tablet sl	Non-PDL Generic	
nitroglycerin 0.4 mg tablet sl inner	Non-PDL Generic	
nitroglycerin 0.4 mg tablet sl outer	Non-PDL Generic	
nitroglycerin 0.4 mg/hr patch	Non-PDL Generic	
nitroglycerin 0.4 mg/hr patch inner	Non-PDL Generic	
nitroglycerin 0.4 mg/hr patch outer	Non-PDL Generic	
nitroglycerin 0.6 mg tablet sl	Non-PDL Generic	
nitroglycerin 0.6 mg/hr patch	Non-PDL Generic	
nitroglycerin 0.6 mg/hr patch inner	Non-PDL Generic	
nitroglycerin 0.6 mg/hr patch outer	Non-PDL Generic	
nitroglycerin 2% ointment	Non-PDL Generic	

Drug	Status	Notes
nitroglycerin 2% ointment inner	Non-PDL Generic	
nitroglycerin 2% ointment outer	Non-PDL Generic	
NITRO-TIME ER 2.5 MG CAPSULE	Non-PDL Generic	
NITRO-TIME ER 6.5 MG CAPSULE	Non-PDL Generic	
NITRO-TIME ER 9 MG CAPSULE	Non-PDL Generic	
Vasodilators,Peripheral		
ergoloid mesylates 1 mg tab	Non-PDL Generic	
papaverine 60 mg/2 ml vial inner, suv 30 mg/ml	Non-PDL Generic	
papaverine 60 mg/2 ml vial inner, suv, p/f 30 mg/ml	Non-PDL Generic	
papaverine 60 mg/2 ml vial inner,suv 30 mg/ml	Non-PDL Generic	
papaverine 60 mg/2 ml vial outer, suv 30 mg/ml	Non-PDL Generic	
papaverine 60 mg/2 ml vial outer, suv, p/f 30 mg/ml	Non-PDL Generic	
papaverine 60 mg/2 ml vial outer,suv 30 mg/ml	Non-PDL Generic	
papaverine 60 mg/2 ml vial suv 30 mg/ml	Non-PDL Generic	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Preventive	
ELURYNG VAGINAL RING INNER 0.12-0.015 MG/24 HR	Preventive	
ELURYNG VAGINAL RING OUTER 0.12-0.015 MG/24 HR	Preventive	
ENILLORING VAGINAL RING INNER 0.12-0.015 MG/24 HR	Preventive	
ENILLORING VAGINAL RING OUTER 0.12-0.015 MG/24 HR	Preventive	
etonogestrel-ee vaginal ring inner 0.12-0.015 mg/24 hr	Preventive	
etonogestrel-ee vaginal ring outer 0.12-0.015 mg/24 hr	Preventive	

Drug	Status	Notes
HALOETTE VAGINAL RING INNER 0.12-0.015 MG/24 HR	Preventive	
HALOETTE VAGINAL RING OUTER 0.12-0.015 MG/24 HR	Preventive	
Contraceptives,Implantable		
NEXPLANON 68 MG IMPLANT SUV	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
Contraceptives,Injectable		
DEPO-SUBQ PROVERA 104 SYRINGE SUV 104 MG/0.65 ML	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
medroxyprogesterone 150 mg/ml	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml inner, suv	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml inner, suv, p/f	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml outer, suv	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml outer, suv, p/f	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml sdv,inner	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml sdv,outer	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml suv	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml suv	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml suv, inner	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml suv, outer	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
medroxyprogesterone 150 mg/ml suv, p/f	Preventive	$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal		
PHEXX 1.8-1-0.4% VAGINAL GEL INNER	Preventive	
PHEXX 1.8-1-0.4% VAGINAL GEL OUTER	Preventive	
VCF CONTRACEPTIVE FILM 28 %	Preventive	OTC
VCF CONTRACEPTIVE FILM 28 %	Preventive	OTC
VCF CONTRACEPTIVE GEL 4 %	Preventive	OTC

Drug	Status	Notes
Contraceptives,Oral		
AFIRMELLE-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AFIRMELLE-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AFTER PILL 1.5 MG TABLET	Preventive	OTC; 90 DS
AFTERA 1.5 MG TABLET	Preventive	OTC; 90 DS
ALTAVERA-28 TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ALTAVERA-28 TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 7-7-7-28 TABLET INNER 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AMETHIA 0.15-0.03-0.01 MG TAB INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; 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	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AMETHYST 90-20 MCG TABLET 90-20 MCG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
APRI 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
APRI 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ARANELLE 28 TABLET INNER 0.5/1/0.5-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ARANELLE 28 TABLET OUTER 0.5/1/0.5-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ASHLYNA 0.15-0.03-0.01 MG TAB F/C,INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; 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	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AUBRA EQ-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUBRA EQ-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
AUBRA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUBRA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1 MG-20 MCG TABLET INNER 1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1 MG-20 MCG TABLET OUTER 1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 21 1.5-30 TABLET INNER 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 21 1.5-30 TABLET OUTER 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 24 FE 1 MG-20 MCG TAB INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 24 FE 1 MG-20 MCG TAB OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1.5 MG-30 MCG TAB INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1.5 MG-30 MCG TAB OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AVERI 0.15-0.03 MG 28 DAY TAB INNER 0.15 MG-0.03 MG (21)/36.5 MG(7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AVERI 0.15-0.03 MG 28 DAY TAB OUTER 0.15 MG-0.03 MG (21)/36.5 MG(7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AVIANE-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AVIANE-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AYUNA-28 TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AYUNA-28 TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AZURETTE 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
AZURETTE 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
BALCOLTRA TABLET INNER 0.1 MG-0.02 MG (21)/IRON (7)	Non-PDL Brand	90 DS; QL (28 EA per 28 days)

Drug	Status	Notes
BALCOLTRA TABLET OUTER 0.1 MG-0.02 MG (21)/IRON (7)	Non-PDL Brand	90 DS; QL (28 EA per 28 days)
BALZIVA 28 TABLET INNER 0.4-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
BALZIVA 28 TABLET OUTER 0.4-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI 24 FE TABLET INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI 24 FE TABLET OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1.5-30 TABLET INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1.5-30 TABLET OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
BRIELLYN 0.4 MG-0.035 MG TAB INNER 0.4-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
BRIELLYN 0.4 MG-0.035 MG TAB OUTER 0.4-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMILA 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMILA 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMRESE 0.15-0.03-0.01 MG TAB 2 X 91 TABS,OUTER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; 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	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAMRESE LO TABLET INNER 0.1 MG-20 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAMRESE LO TABLET OUTER 0.1 MG-20 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAZIANT 28 DAY TABLET INNER 0.1/.125/.15-25 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CAZIANT 28 DAY TABLET OUTER 0.1/.125/.15-25 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CHARLOTTE 24 FE CHEWABLE TAB INNER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
CHARLOTTE 24 FE CHEWABLE TAB OUTER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CHATEAL EQ-28 TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CHATEAL EQ-28 TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSELLE-28 TABLET INNER 0.3-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSELLE-28 TABLET OUTER 0.3-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED EQ 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED EQ 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 1-35-28 TABLET 6'S, OUTER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 1-35-28 TABLET INNER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 7/7/7-28 TABLET 6X28, OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 7/7/7-28 TABLET INNER 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
DAYSEE 0.15-0.03-0.01 MG TAB F/C, INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; 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	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
DAYSEE 0.15-0.03-0.01 MG TAB INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
DAYSEE 0.15-0.03-0.01 MG TAB OUTER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
DEBLITANE 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
DEBLITANE 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ee 0.15-0.03 mg tb inner	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
desogestrel-ee 0.15-0.03 mg tb outer	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
desogestr-eth estrad eth estra 0.15-0.02 mgx21 /0.01 mg x 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
DOLISHALE 90-20 MCG TABLET INNER 90-20 MCG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
DOLISHALE 90-20 MCG TABLET OUTER 90-20 MCG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drosp-ee-levomef 3-0.02-0.451 inner 3-0.02-0.451 mg (24) (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drosp-ee-levomef 3-0.02-0.451 outer 3-0.02-0.451 mg (24) (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drosp-ee-levomef 3-0.03-0.451 inner 3-0.03-0.451 mg (21) (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drosp-ee-levomef 3-0.03-0.451 outer 3-0.03-0.451 mg (21) (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ee 3-0.02 mg tab f/c, inner	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ee 3-0.02 mg tab f/c, outer	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ee 3-0.02 mg tab inner	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ee 3-0.02 mg tab outer	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ee 3-0.03 mg tab	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ee 3-0.03 mg tab inner	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
drospirenone-ee 3-0.03 mg tab outer	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ECONTRA EZ 1.5 MG TABLET INNER	Preventive	OTC; 90 DS
ECONTRA EZ 1.5 MG TABLET OUTER	Preventive	OTC; 90 DS
ECONTRA ONE-STEP 1.5 MG TABLET INNER	Preventive	OTC; 90 DS
ECONTRA ONE-STEP 1.5 MG TABLET OUTER	Preventive	OTC; 90 DS
ELINEST-28 TABLET INNER 0.3-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ELINEST-28 TABLET OUTER 0.3-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ELLA 30 MG TABLET	Preventive	90 DS
EMZAHH 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
EMZAHH 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ENPRESSE-28 TABLET 6'S 50-30 (6)/75-40 (5)/125-30(10)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ENSKYCE 28 TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ENSKYCE 28 TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ERRIN 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ERRIN 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ESTARYLLA 0.25-0.035 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ESTARYLLA 0.25-0.035 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol-eth estra 1 mg-35 mcg inner 1-35 mg-mcg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol-eth estra 1 mg-35 mcg outer 1-35 mg-mcg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol-eth estra 1 mg-50 mcg inner 1-50 mg-mcg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ethynodiol-eth estra 1 mg-50 mcg outer 1-50 mg-mcg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
FALMINA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
FALMINA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA 1 MG-20 MCG TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA 1 MG-20 MCG TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA 1.5 MG-30 MCG TABLET INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA 1.5 MG-30 MCG TABLET OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
FEMLYV 1 MG-0.02 MG ODT 1 MG- 20 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
FINZALA 1-0.02(24)-75 CHEW TAB INNER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
FINZALA 1-0.02(24)-75 CHEW TAB OUTER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
GALBRIELA 0.8-0.025 MG CHEW TB INNER 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
GALBRIELA 0.8-0.025 MG CHEW TB OUTER 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
GEMMILY 1 MG-20 MCG CAPSULE INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
GEMMILY 1 MG-20 MCG CAPSULE OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 21 1.5 MG-30 MCG TAB INNER 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 21 1.5 MG-30 MCG TAB OUTER 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 24 FE 1 MG-20 MCG TAB INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 24 FE 1 MG-20 MCG TAB OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1.5-30 TABLET INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1.5-30 TABLET OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
HEATHER 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
HEATHER 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ICLEVIA 0.15 MG-0.03 MG TABLET INNER 0.15 MG-30 MCG (91)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
ICLEVIA 0.15 MG-0.03 MG TABLET OUTER 0.15 MG-30 MCG (91)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
INCASSIA 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
INTROVALE 0.15-0.03 MG TABLET INNER 0.15 MG-30 MCG (91)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
INTROVALE 0.15-0.03 MG TABLET OUTER 0.15 MG-30 MCG (91)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
ISIBLOOM 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ISIBLOOM 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
JAIMIESS 0.15-0.03-0.01 MG TAB 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JAIMIESS 0.15-0.03-0.01 MG TAB INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JAIMIESS 0.15-0.03-0.01 MG TAB OUTER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JASMIEL 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JASMIEL 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JENCYCLA 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JENCYCLA 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JOLESSA 0.15 MG-0.03 MG TABLET 0.15 MG-30 MCG (91)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JOYEAUX-28 TABLET INNER 0.1 MG-0.02 MG (21)/IRON (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
JOYEAUX-28 TABLET OUTER 0.1 MG-0.02 MG (21)/IRON (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
JULEBER 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JULEBER 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1 MG-20 MCG TABLET 3X21 1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1.5 MG-30 MCG TABLET 3'S 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1 MG-20 MCG TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1.5 MG-30 MCG TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 24 TABLET INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 24 TABLET OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
KAITLIB FE 0.8-0.025 MG CHEW TB INNER 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
KAITLIB FE 0.8-0.025 MG CHEW TB OUTER 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
KALLIGA 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
KALLIGA 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
KARIVA 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
KARIVA 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
KELNOR 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
KELNOR 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
KURVELO-28 TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
KURVELO-28 TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 1.5 MG-30 MCG TABLET INNER 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 1.5 MG-30 MCG TABLET OUTER 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 21 1-20 TABLET INNER 1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 21 1-20 TABLET OUTER 1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 24 FE 1 MG-20 MCG TABLET INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 24 FE 1 MG-20 MCG TABLET OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1.5-30 TABLET INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1.5-30 TABLET OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LESSINA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LESSINA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LEVONEST-28 TABLET 6X28, OUTER 50-30 (6)/75-40 (5)/125-30(10)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LEVONEST-28 TABLET INNER 50-30 (6)/75-40 (5)/125-30(10)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
levonor-eth estra 0.09-0.02 mg inner, f/c 90-20 mcg (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonor-eth estra 0.09-0.02 mg outer, f/c 90-20 mcg (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonor-eth estrad 0.1-0.02 mg inner 0.1-20 mg-mcg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonor-eth estrad 0.1-0.02 mg outer 0.1-20 mg-mcg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonor-eth estrad 0.15-0.03 inner 0.15-0.03 mg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonor-eth estrad triphasic inner 50-30 (6)/75-40 (5)/125-30(10)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonor-eth estrad triphasic outer 50-30 (6)/75-40 (5)/125-30(10)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
levonorgestrel 1.5 mg tablet (otc)	Preventive	OTC; 90 DS
levonorgestrel 1.5 mg tablet outer (otc)	Preventive	OTC; 90 DS
levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet 0.15 mg-30 mcg (91)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; 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	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; 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	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet inner 0.15 mg-30 mcg (91)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet outer 0.15 mg-30 mcg (91)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
levonorgestrel-eth estradiol-fe bisglyc 0.1-0.02-36.5 mg tab inner 0.1 mg-0.02 mg (21)/iron (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
levonorgestrel-eth estradiol-fe bisglyc 0.1-0.02-36.5 mg tab outer 0.1 mg-0.02 mg (21)/iron (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
LO LOESTRIN FE 1-10 TABLET 5X28 1 MG-10 MCG (24)/10 MCG (2)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LOJAIMIESS 0.1-0.02-0.01 TAB 0.1 MG-20 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
LOJAIMIESS 0.1-0.02-0.01 TAB INNER 0.1 MG-20 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
LOJAIMIESS 0.1-0.02-0.01 TAB OUTER 0.1 MG-20 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)

Drug	Status	Notes
LORYNA 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LORYNA 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LOW-OGESTREL-28 TABLET INNER 0.3-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LOW-OGESTREL-28 TABLET OUTER 0.3-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LO-ZUMANDIMINE 3 MG-0.02 MG TB INNER 3-0.02 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LO-ZUMANDIMINE 3 MG-0.02 MG TB OUTER 3-0.02 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA 1 MG-20 MCG TABLET INNER 1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA 1 MG-20 MCG TABLET OUTER 1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA 1.5 MG-30 MCG TABLET INNER 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA 1.5 MG-30 MCG TABLET OUTER 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LUTERA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LUTERA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LYLEQ 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LYLEQ 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LYZA 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
LYZA 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MARLISSA-28 TABLET 3X28, OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MARLISSA-28 TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MELEYA 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MELEYA 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MIBELAS 24 FE CHEWABLE TABLET INNER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
MIBELAS 24 FE CHEWABLE TABLET OUTER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 21 1.5-30 TAB INNER 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 21 1.5-30 TAB OUTER 1.5-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 21 1-20 TABLET INNER 1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 21 1-20 TABLET OUTER 1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1.5-30 TAB INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1.5-30 TAB OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MILI 0.25-0.035 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MILI 0.25-0.035 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MINZOYA-28 TABLET INNER 0.1 MG-0.02 MG (21)/IRON (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
MINZOYA-28 TABLET OUTER 0.1 MG-0.02 MG (21)/IRON (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
MONO-LINYAH 28 TABLET INNER 0.25-0.035 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MONO-LINYAH 28 TABLET OUTER 0.25-0.035 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
MY CHOICE 1.5 MG TABLET	Preventive	OTC; 90 DS
MY WAY 1.5 MG TABLET (OTC)	Preventive	OTC; 90 DS
NATAZIA 28 TABLET F/C, INNER 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NATAZIA 28 TABLET F/C, OUTER 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NECON 0.5-35-28 TABLET INNER 0.5-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NECON 0.5-35-28 TABLET OUTER 0.5-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NEW DAY 1.5 MG TABLET	Preventive	OTC; 90 DS
NEXTSTELLIS 3-14.2 MG TABLET 3 MG-14.2 MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
NIKKI 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NIKKI 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORA-BE TABLET INNER 0.35 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORA-BE TABLET OUTER 0.35 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ee-fe 1.5-0.03 mg(21)-75 inner 1.5 mg-30 mcg (21)/75 mg (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ee-fe 1.5-0.03 mg(21)-75 outer 1.5 mg-30 mcg (21)/75 mg (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ee-fe 1-0.02(24)-75 cap inner 1 mg-20 mcg (24)/75 mg (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ee-fe 1-0.02(24)-75 cap outer 1 mg-20 mcg (24)/75 mg (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ee-fe 1-0.02(24)-75 chw inner 1 mg-20 mcg(24) /75 mg (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
noreth-ee-fe 1-0.02(24)-75 chw outer 1 mg-20 mcg(24) /75 mg (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethind-eth estrad 1-0.02 mg inner 1-20 mg-mcg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethind-eth estrad 1-0.02 mg outer 1-20 mg-mcg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone 0.35 mg tablet inner	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethindrone 0.35 mg tablet outer	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethin-ee 1.5-0.03 mg(21) tb inner 1.5-30 mg-mcg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethin-ee 1.5-0.03 mg(21) tb outer 1.5-30 mg-mcg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethin-estra-fe 0.8-0.025 mg chewable tab,inner 0.8mg-25mcg(24) and 75 mg (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norethin-estra-fe 0.8-0.025 mg chewable tab,outer 0.8mg-25mcg(24) and 75 mg (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norg-ee 0.18-0.215-0.25/0.025 inner 0.18/0.215/0.25 mg-0.025 mg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norg-ee 0.18-0.215-0.25/0.025 outer 0.18/0.215/0.25 mg-0.025 mg	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norg-ee 0.18-0.215-0.25/0.035 inner 0.18/0.215/0.25 mg-0.035mg (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
norg-ee 0.18-0.215-0.25/0.035 outer 0.18/0.215/0.25 mg-0.035mg (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ee 0.25-0.035 mg inner	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norgestimate-ee 0.25-0.035 mg outer	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norg-ethin estra 0.25-0.035 mg 3x28, outer	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norg-ethin estra 0.25-0.035 mg inner	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
norg-ethin estra 0.25-0.035 mg outer	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 0.5-35-28 TABLET INNER 0.5-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 0.5-35-28 TABLET OUTER 0.5-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1-35 21 TABLET INNER 1-35 MG-MCG (21)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1-35 21 TABLET OUTER 1-35 MG-MCG (21)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 7-7-7-28 TABLET INNER 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 7-7-7-28 TABLET INNER 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
OPCICON ONE-STEP 1.5 MG TABLET	Preventive	OTC; 90 DS
OPILL 0.075 MG TABLET	Preventive	OTC; 90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
OPTION 2 1.5 MG TABLET	Preventive	OTC; 90 DS
ORQUIDEA 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ORQUIDEA 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
PHILITH 0.4-0.035 MG TABLET 6X28,OUTER 0.4-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
PHILITH 0.4-0.035 MG TABLET INNER 0.4-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
PIMTREA 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
PIMTREA 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
PORTIA-28 TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
PORTIA-28 TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
RECLIPSEN 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
RECLIPSEN 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
RIVELSA TABLET INNER 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
RIVELSA TABLET OUTER 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ROSYRAH TABLET 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
SETLAKIN 0.15 MG-0.03 MG TAB INNER 0.15 MG-30 MCG (91)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SETLAKIN 0.15 MG-0.03 MG TAB OUTER 0.15 MG-30 MCG (91)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SHAROBEL 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
SHAROBEL 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMLIYA 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMLIYA 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMPESSE 0.15-0.03-0.01 MG TAB INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SIMPESSE 0.15-0.03-0.01 MG TAB OUTER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SLYND 4 MG TABLET 4 MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
SPRINTEC 28 DAY TABLET 0.25-0.035 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
SYEDA 28 TABLET INNER 3-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
SYEDA 28 TABLET OUTER 3-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TAKE ACTION 1.5 MG TABLET	Preventive	OTC; 90 DS
TARINA 24 FE 1 MG-20 MCG TAB INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA 24 FE 1 MG-20 MCG TAB OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1-20 EQ TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1-20 EQ TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TILIA FE 28 TABLET INNER 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TILIA FE 28 TABLET OUTER 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-ESTARYLLA TABLET INNER 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-ESTARYLLA TABLET OUTER 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LEGEST FE-28 DAY TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LINYAH TABLET INNER 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LINYAH TABLET OUTER 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-ESTARYLLA TABLET INNER 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-ESTARYLLA TABLET OUTER 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MARZIA TABLET INNER 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MARZIA TABLET OUTER 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MILI TABLET INNER 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MILI TABLET OUTER 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
TRI-LO-SPRINTEC TABLET INNER 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-SPRINTEC TABLET OUTER 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-MILI 28 TABLET INNER 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-MILI 28 TABLET OUTER 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-SPRINTEC TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA 28 TABLET INNER 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA 28 TABLET OUTER 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA LO TABLET INNER 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA LO TABLET OUTER 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TULANA 0.35 MG TABLET INNER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TULANA 0.35 MG TABLET OUTER	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TURQOZ-28 TABLET OUTER 0.3-30 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TYBLUME 0.1-0.02 MG CHEW TAB 0.1 MG-20 MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TYDEMY 3-0.03-0.451 MG TABLET INNER 3-0.03-0.451 MG (21) (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
TYDEMY 3-0.03-0.451 MG TABLET OUTER 3-0.03-0.451 MG (21) (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA 1 MG-35 MCG TABLET INNER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA 1 MG-35 MCG TABLET OUTER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA 1 MG-50 MCG TABLET INNER 1-50 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA 1 MG-50 MCG TABLET OUTER 1-50 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VELIVET 28 DAY TABLET INNER 0.1/.125/.15-25 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VELIVET 28 DAY TABLET OUTER 0.1/.125/.15-25 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
VESTURA 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VESTURA 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VIENVA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VIENVA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VIORELE 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VIORELE 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VOLNEA 0.15-0.02-0.01 MG TAB INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VOLNEA 0.15-0.02-0.01 MG TAB OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VYFEMLA 0.4 MG-0.035 MG TABLET INNER 0.4-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VYFEMLA 0.4 MG-0.035 MG TABLET OUTER 0.4-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VYLIBRA 28 TABLET INNER 0.25-0.035 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
VYLIBRA 28 TABLET OUTER 0.25-0.035 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
WERA 0.5/0.035 MG 28 TABLET 3X28, OUTER 0.5-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
WERA 0.5/0.035 MG 28 TABLET INNER 0.5-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
WYMZYA FE 0.4-0.035 MG CHEW TB INNER 0.4MG-35MCG(21) AND 75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
WYMZYA FE 0.4-0.035 MG CHEW TB OUTER 0.4MG-35MCG(21) AND 75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
XARAH FE 1 MG/20-30-35 MCG TAB INNER 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
XARAH FE 1 MG/20-30-35 MCG TAB OUTER 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
XELRIA FE 0.4-0.035 MG CHEW TB INNER 0.4MG-35MCG(21) AND 75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
XELRIA FE 0.4-0.035 MG CHEW TB OUTER 0.4MG-35MCG(21) AND 75 MG (7)	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
YOUR CHOICE 1.5 MG TABLET	Preventive	OTC; 90 DS
ZARAH TABLET INNER 3-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
ZARAH TABLET OUTER 3-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ZOVIA 1-35 TABLET OUTER 1-35 MG-MCG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ZUMANDIMINE 3 MG-0.03 MG TAB INNER 3-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
ZUMANDIMINE 3 MG-0.03 MG TAB OUTER 3-0.03 MG	Preventive	90 DS; $0 COPAY IF QUANTITY 28 IN 21 DAYS
Contraceptives,Transdermal		
GWYN LO 220-20 MCG/DAY PATCH INNER 220-20 MCG/24 HR	Preventive	
GWYN LO 220-20 MCG/DAY PATCH OUTER 220-20 MCG/24 HR	Preventive	
norelgestrom-ee 150-35 mcg/day inner 150-35 mcg/24 hr	Preventive	
norelgestrom-ee 150-35 mcg/day outer 150-35 mcg/24 hr	Preventive	
TWIRLA 120-30 MCG/DAY PATCH INNER 120-30 MCG/24 HR	Preventive	
TWIRLA 120-30 MCG/DAY PATCH OUTER 120-30 MCG/24 HR	Preventive	
XULANE 150-35 MCG/DAY PATCH INNER 150-35 MCG/24 HR	Preventive	
XULANE 150-35 MCG/DAY PATCH OUTER 150-35 MCG/24 HR	Preventive	
ZAFEMY 150-35 MCG/DAY PATCH INNER 150-35 MCG/24 HR	Preventive	
ZAFEMY 150-35 MCG/DAY PATCH OUTER 150-35 MCG/24 HR	Preventive	
Diaphragms/Cervical Cap		
CAYA CONTOURED DIAPHRAGM 65-80 MM	Preventive	
FEMCAP 22 MM CERVICAL CAP	Preventive	
FEMCAP 26 MM CERVICAL CAP	Preventive	
FEMCAP 30 MM CERVICAL CAP	Preventive	
Intra-Uterine Devices (Iud's)		
KYLEENA 19.5 MG SYSTEM 17.5 MCG/24 HR (5 YRS) 19.5 MG	Preventive	
LILETTA 52 MG SYSTEM SUV 20.4 MCG/24 HR (8 YRS) 52 MG	Preventive	
MIRENA 52 MG SYSTEM SINGLE USE 21 MCG/24HR (UP TO 8 YRS) 52 MG	Preventive	

Drug	Status	Notes
MIUDELLA 175 SQ MM IUD 175 SQUARE MM	Preventive	
PARAGARD T 380-A IUD 380 SQUARE MM	Preventive	
PARAGARD T 380A IUD(SNGL HAND) 380 SQUARE MM	Preventive	
SKYLA 13.5 MG SYSTEM 14 MCG/24 HR (3 YRS) 13.5 MG	Preventive	
Oxytocics		
methylergonovine 0.2 mg tablet	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	OTC; Age (Min 2 Years)
CHILD COLD-ALLERGY LIQUID 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD WAL-TAP COLD-ALLERGY ELX 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S COLD-ALLERGY ELIXIR GRAPE,CHILD 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS CHILD COLD-ALLERGY LIQUID 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
ED A-HIST LIQUID (OTC) 4-10 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
promethazine-pe 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	OTC; Age (Min 2 Years)
QC CHILD'S DIBROMM COLD-ALLGY 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
RYNEX PE LIQUID 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDOGEST COLD AND ALLERGY TAB 4-60 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-ACT D COLD & ALLERGY TAB 2.5-60 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-TAP ELIXIR 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
1St Gen Antihist-Decongest-Anticholinergic Comb		
RESPA A.R. TABLET SA 8-90-0.24 MG	Non-PDL Generic	

Drug	Status	Notes
Antitussives,Non-Narcotic		
benzonatate 100 mg capsule	Non-PDL Generic	
benzonatate 200 mg capsule	Non-PDL Generic	
benzonatate 200 mg capsule softgel	Non-PDL Generic	
CHILD COUGH DM ER 30 MG/5 ML	Non-PDL Generic	OTC
COUGH DM ER 30 MG/5 ML SUSP 12 HOUR	Non-PDL Generic	OTC
COUGH DM ER 30 MG/5 ML SUSP 12HR,GLUTEN-FREE	Non-PDL Generic	OTC
COUGH DM ER 30 MG/5 ML SUSP	Non-PDL Generic	OTC
COUGH DM ER 30 MG/5 ML SUSP GLUTEN/F, 12HR	Non-PDL Generic	OTC
COUGH DM ER 30 MG/5 ML SUSP GLUTEN-F,GRAPE	Non-PDL Generic	OTC
COUGH DM ER 30 MG/5 ML SUSP GLUTEN-FREE,12HR	Non-PDL Generic	OTC
COUGH DM ER 30 MG/5 ML SUSP ORANGE, 12HR	Non-PDL Generic	OTC
CVS CHILD COUGH DM ER 30 MG/5 30 MG/5 ML	Non-PDL Generic	OTC
CVS COUGH DM ER 30 MG/5 ML SUS	Non-PDL Generic	OTC
CVS COUGH DM ER 30 MG/5 ML SUS ORANGE, 12HR	Non-PDL Generic	OTC
dextromethorphan er 30 mg/5 ml	Non-PDL Generic	OTC
EQ CHLD COUGH DM ER 30 MG/5 ML	Non-PDL Generic	OTC
EQ COUGH DM ER 30 MG/5 ML SUSP 12 HOUR, ORANGE	Non-PDL Generic	OTC
EQ COUGH DM ER 30 MG/5 ML SUSP	Non-PDL Generic	OTC
EQL COUGH DM ER 30 MG/5 ML SUS	Non-PDL Generic	OTC
FT 12-HR COUGH RLF 30 MG/5 ML	Non-PDL Generic	OTC
GNP COUGH DM ER 30 MG/5 ML SUS 12 HOUR	Non-PDL Generic	OTC

Drug	Status	Notes
GNP COUGH DM ER 30 MG/5 ML SUS GLUTEN-FREE,12HR	Non-PDL Generic	OTC
GS CHLD COUGH DM ER 30 MG/5 ML	Non-PDL Generic	OTC
GS COUGH DM ER 30 MG/5 ML SUSP	Non-PDL Generic	OTC
ROBITUSSIN ER 30 MG/5 ML SUSP	Non-PDL Generic	OTC
Cough And/Or Cold Preparations		
MEDIKOFF DROPS 6.1 MG	Non-PDL Generic	OTC
Decongestant-Expectorant Combinations		
CHEST CONG RLF PE 400-10 MG TB 10-400 MG	Non-PDL Generic	OTC
CONGEST-EZE PE 10-400 MG CPLT	Non-PDL Generic	OTC
CVS CHEST CONG RELIEF PE TAB 10-400 MG	Non-PDL Generic	OTC
CVS MUCUS D ER 1,200-120 MG TB 120-1,200 MG	Non-PDL Generic	OTC
CVS MUCUS D ER 600-60 MG TAB 60-600 MG	Non-PDL Generic	OTC
FENESIN PE IR TABLET 10-400 MG	Non-PDL Generic	OTC
FT CHEST CONG RLF PE 400-10 MG 10-400 MG	Non-PDL Generic	OTC
FT MUCUS RELIEF D ER 1,200-120 120-1,200 MG	Non-PDL Generic	OTC
FT MUCUS RELIEF D ER 600-60 MG 60-600 MG	Non-PDL Generic	OTC
GNP MUCUS RELIEF PE 400-10 MG 10-400 MG	Non-PDL Generic	OTC
guaifenesin-pse er 1200-120 mg (otc) 120-1,200 mg	Non-PDL Generic	OTC
guaifenesin-pse er 600-60 mg (otc) 60-600 mg	Non-PDL Generic	OTC
LIQUIBID D-R TABLET 10-400 MG	Non-PDL Generic	OTC
MUCINEX D ER 600-60 MG TABLET 60-600 MG	Non-PDL Brand	OTC
MUCUS D ER 1,200-120 MG TABLET 120-1,200 MG	Non-PDL Generic	OTC

Drug	Status	Notes
MUCUS D ER 600-60 MG TABLET 60-600 MG	Non-PDL Generic	OTC
MUCUS RELIEF D ER 1,200-120 MG 120-1,200 MG	Non-PDL Generic	OTC
MUCUS RELIEF D ER 600-60 MG TB 60-600 MG	Non-PDL Generic	OTC
MUCUS RELIEF D TABLET 40-400 MG	Non-PDL Generic	OTC
MUCUS RELIEF PE TABLET 10-400 MG	Non-PDL Generic	OTC
REFENESEN PE CAPLET 10-400 MG	Non-PDL Generic	OTC
Decongestants, Oral		
CVS NASAL DECONG PE 10 MG TAB	Non-PDL Generic	OTC
CVS SINUS PE DECONGESTANT TAB 10 MG	Non-PDL Generic	OTC
FT NASAL DECONG PE 10 MG TAB	Non-PDL Generic	OTC
FT NASAL DECONGEST ER 120 MG	Non-PDL Generic	Age (Min 2 Years)
GNP NASAL DECONG PE 10 MG TAB	Non-PDL Generic	OTC
GNP NASAL DECONG PE 10 MG TAB NON-DROWSY,MX-STR	Non-PDL Generic	OTC
NASAL DECONGESTANT PE 10 MG TB	Non-PDL Generic	OTC
NASAL DECONGESTANT PE 10 MG TB MAX-STR	Non-PDL Generic	OTC
NASAL DECONGESTANT PE 10 MG TB NON-DROWSY,MX-STR	Non-PDL Generic	OTC
PUB NASAL DECONG PE 10 MG TAB NON-DROWSY	Non-PDL Generic	OTC
QC SINUS CONGEST PE 10 MG TAB	Non-PDL Generic	OTC
SINUS DECONGESTANT 10 MG TAB 1X100	Non-PDL Generic	OTC
SINUS DECONGESTANT 10 MG TAB 1X24	Non-PDL Generic	OTC
SINUS DECONGESTANT 10 MG TAB 1X250	Non-PDL Generic	OTC
SINUS DECONGESTANT 10 MG TAB OUTER, F/C	Non-PDL Generic	OTC

Drug	Status	Notes
WAL-PHED PE 10 MG TABLET NON-DROWSY	Non-PDL Generic	OTC
WAL-PHED PE 10 MG TABLET NON-DROWSY,PSE FREE	Non-PDL Generic	OTC
Expectorants		
ADULT WAL-TUSSIN LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
CHEST CONGEST RLF 400 MG TAB	Non-PDL Generic	OTC
CHEST CONGESTION RELIEF SOLN 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S CHEST CONGEST LIQ 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S MUCUS RELIEF LIQ GRAPE,CHILD 100 MG/5 ML	Non-PDL Generic	OTC
COUGH SYRUP 100 MG/5 ML EXPECTORANT	Non-PDL Generic	OTC
CVS CHEST CONGESTION RLF TAB 400 MG	Non-PDL Generic	OTC
CVS CHILD'S CHEST CONGEST LIQ 100 MG/5 ML	Non-PDL Generic	OTC
CVS MUCUS ER 1,200 MG TABLET	Non-PDL Generic	OTC
CVS MUCUS ER 600 MG TABLET	Non-PDL Generic	OTC
CVS TUSSIN 100 MG/5 ML LIQUID	Non-PDL Generic	OTC
EQ MUCUS ER 600 MG TABLET	Non-PDL Generic	OTC
EQL TUSSIN MUCUS-CHEST CONGEST 100 MG/5 ML	Non-PDL Generic	OTC
EXPECTORANT 100 MG/5 ML SYRUP	Non-PDL Generic	OTC
EXPECTORANT 200 MG TABLET	Non-PDL Generic	OTC
FENESIN IR 400 MG TABLET	Non-PDL Generic	OTC
FT ADULT TUSSIN 200 MG/10 ML 100 MG/5 ML	Non-PDL Generic	OTC
FT CHEST CONGEST 400 MG CAPLET	Non-PDL Generic	OTC
FT MUCUS RELIEF ER 1,200 MG TB	Non-PDL Generic	OTC

Drug	Status	Notes
GERI-TUSSIN 100 MG/5 ML SOLN	Non-PDL Generic	OTC
G-FENESIN 400 MG CAPLET	Non-PDL Generic	OTC
GNP MUCUS ER 1,200 MG TABLET	Non-PDL Generic	OTC
GNP MUCUS ER 600 MG TABLET	Non-PDL Generic	OTC
GNP MUCUS ER 600 MG TABLET GLUTEN-FREE, 12 HR	Non-PDL Generic	OTC
GNP MUCUS RELIEF 400 MG TABLET	Non-PDL Generic	OTC
GNP MUCUS-ER MAX 1,200 MG TAB	Non-PDL Generic	OTC
GNP TUSSIN 400 MG TABLET	Non-PDL Generic	OTC
GNP TUSSIN MUCUS-CON 200 MG/10 100 MG/5 ML	Non-PDL Generic	OTC
GS MUCUS ER 1,200 MG TABLET	Non-PDL Generic	OTC
GS MUCUS RELIEF 400 MG TABLET	Non-PDL Generic	OTC
GUAIFED 200 MG/10 ML ORAL SOLN 100 MG/5 ML	Non-PDL Generic	OTC
guaifenesin 100 mg/5 ml liquid	Non-PDL Generic	OTC
guaifenesin 100 mg/5 ml soln	Non-PDL Generic	OTC
guaifenesin 200 mg tablet (otc)	Non-PDL Generic	OTC
guaifenesin 400 mg caplet	Non-PDL Generic	OTC
guaifenesin 400 mg caplet caplet	Non-PDL Generic	OTC
guaifenesin 400 mg caplet inner	Non-PDL Generic	OTC
guaifenesin 400 mg caplet outer	Non-PDL Generic	OTC
guaifenesin er 1,200 mg tablet	Non-PDL Generic	OTC
guaifenesin er 600 mg tablet	Non-PDL Generic	OTC

Drug	Status	Notes
HV TUSSIN MUCUS-CONG 200 MG/10 100 MG/5 ML	Non-PDL Generic	OTC
MAXTUSSIN 200 MG/10 ML LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
MUCINEX ER 600 MG TABLET	Non-PDL Brand	OTC
MUCINEX ER 600 MG TABLET BI-LAYER, 12 HOURS	Non-PDL Brand	OTC
MUCOLYTE 100 MG/5 ML LIQUID	Non-PDL Generic	OTC
MUCOSA 400 MG TABLET	Non-PDL Generic	OTC
MUCUS ER 600 MG TABLET	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG CAPLET	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG TABLET	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG TABLET CHEST CONGESTION	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG TABLET D/F, GLUTEN-FREE	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG TABLET EXPECTORANT	Non-PDL Generic	OTC
MUCUS RELIEF ER 1,200 MG TAB	Non-PDL Generic	OTC
MUCUS RELIEF ER 600 MG TABLET 12 HOUR	Non-PDL Generic	OTC
MUCUS RELIEF ER 600 MG TABLET	Non-PDL Generic	OTC
MUCUS RELIEF ER 600 MG TABLET GLUTEN-FREE, 12 HOUR	Non-PDL Generic	OTC
PUB TUSSIN 100 MG/5 ML SYRUP EXPECTORANT	Non-PDL Generic	OTC
QC ADULT TUSSIN 200 MG/10 ML 100 MG/5 ML	Non-PDL Generic	OTC
QC MUCUS RELIEF ER 1,200 MG TB	Non-PDL Generic	OTC
REFENESEN 400 MG TABLET	Non-PDL Generic	OTC
SCOT-TUSSIN EXPECTORANT LIQUID 100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
TUSSIN 100 MG/5 ML LIQUID	Non-PDL Generic	OTC
TUSSIN 400 MG TABLET	Non-PDL Generic	OTC
TUSSIN CHEST CONGESTION LIQUID NON-DROWSY 100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN MUCUS-CONG 200 MG/10 ML 100 MG/5 ML	Non-PDL Generic	OTC
WAL-TUSSIN SYRUP 100 MG/5 ML	Non-PDL Generic	OTC
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
MAR-COF BP LIQUID 2-30-7.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
RYDEX LIQUID 1.3-10-6.3 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
Narcotic Antituss-Decongestant-Expectorant Comb		
GUAIFENESIN DAC ORAL SOLUTION 30-10-100 MG/5 ML	Non-PDL Generic	OTC; 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.		
HYCODAN 5 MG-1.5 MG/5 ML SOLUTION CUP INNER 5-1.5 MG/5 ML (5 ML)	Non-PDL Brand	QL (30 ML per 1 day); Age (Min 18 Years)
HYCODAN 5 MG-1.5 MG/5 ML SOLUTION CUP OUTER 5-1.5 MG/5 ML (5 ML)	Non-PDL Brand	QL (30 ML per 1 day); Age (Min 18 Years)
hydrocodone-homatropine 5-1.5 mg tablet	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)
Narcotic Antitussive-Expectorant Combination		
codeine-guaifen 10-100 mg/5 ml (otc)	Non-PDL Generic	OTC; Age (Min 12 Years)
codeine-guaifen 10-100 mg/5 ml d/f (otc)	Non-PDL Generic	OTC; Age (Min 12 Years)
CODITUSSIN AC LIQUID 10-200 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
G TUSSIN AC LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)

Drug	Status	Notes
guaifen-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml	Non-PDL Generic	OTC; Age (Min 12 Years)
GUAIFENESIN AC COUGH SYRUP (OTC) 10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
guaifenesin-codeine 100-10 mg/5 ml cup inner (otc) 10-100 mg/5 ml	Non-PDL Generic	OTC; Age (Min 12 Years)
guaifenesin-codeine 100-10 mg/5 ml cup outer (otc) 10-100 mg/5 ml	Non-PDL Generic	OTC; Age (Min 12 Years)
guaifenesin-codeine 200-20 mg/10 ml cup inner (otc) 10-100 mg/5 ml	Non-PDL Generic	OTC; Age (Min 12 Years)
guaifenesin-codeine 200-20 mg/10 ml cup outer (otc) 10-100 mg/5 ml	Non-PDL Generic	OTC; Age (Min 12 Years)
MAR-COF CG LIQUID 7.5-225 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
MAXI-TUSS AC LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
NINJACOF-XG LIQUID 8-200 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
ALTIPRES-B LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	OTC
AP-HIST DM LIQUID 4-7.5-15 MG/5 ML	Non-PDL Generic	OTC
BROMFED DM 2-30-10 MG/5 ML SYR	Non-PDL Generic	
bromphen-pse-dm 2-30-10 mg/5 ml (rx)	Non-PDL Generic	
CHILDREN'S COLD-COUGH ELIXIR RED GRAPE,CHILD 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S COLD-COUGH LIQUID 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
CHLOR A-HIST DM LIQUID 4-10-15 MG/5 ML	Non-PDL Generic	OTC
COLD-COUGH ELIXIR 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
CVS CHILDREN'S COLD-COUGH LIQ 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
ED-A-HIST DM LIQUID BANANA FLAVOR (OTC) 4-10-15 MG/5 ML	Non-PDL Generic	OTC
ENDACOF-DM LIQUID 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
EQ CHILDREN COLD-COUGH ELIXIR GRAPE 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
EQL CHILDREN'S COLD-COUGH LIQ 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
GLENMAX PEB DM FORTE LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	OTC
GLENMAX PEB DM LIQUID 2-5-10 MG/5 ML	Non-PDL Generic	OTC
GNP COLD-COUGH ELIXIR 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
GS CHILDREN'S COLD-COUGH SOLN 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
KRO CHILDREN COLD-COUGH ELIXIR GLUTEN-F, GRAPE 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
LOHIST-DM SYRUP 2-5-10 MG/5 ML	Non-PDL Generic	OTC
MAXI-TUSS DM 1-2.5-5 MG/5 ML LIQ	Non-PDL Generic	OTC
NOHIST-DM LIQUID 4-10-15 MG/5 ML	Non-PDL Generic	OTC
PRESGEN B LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	OTC
PUB CHILD'S DIBROMM DM LIQUID 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
RYNEX DM LIQUID GLUTEN/F 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
RYNEX DM LIQUID PROF USE ONLY 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
TUSSI-PRES B LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	OTC
WAL-TAP DM COLD-COUGH ELIXIR 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
Non-Narc Antituss-Decongestant-Analgesic-Expect Cb		
COLD HEAD CONGESTION CAPLET SEVERE,DAYTIME,PSE-F 5-10-325-200 MG	Non-PDL Generic	OTC
COLD-FLU SEVERE CAPLET DAYTIME,MAX STRENGTH 5-10-325-200 MG	Non-PDL Generic	OTC
CVS MUCUS RLF SINUS PAIN COUGH 5-10-325-200 MG	Non-PDL Generic	OTC

Drug	Status	Notes
EQL MUCUS RELIEF COLD-FLU CPLT 5-10-325-200 MG	Non-PDL Generic	OTC
EQL SEVERE COLD MULTI-SYM CPLT 5-10-325-200 MG	Non-PDL Generic	OTC
FT DAYTIME SEVERE CLD-FLU CPLT 5-10-325-200 MG	Non-PDL Generic	OTC
GNP COLD-FLU SEVERE CAPLET 5-10-325-200 MG	Non-PDL Generic	OTC
GS COLD-FLU SEVERE CAPLET 5-10-325-200 MG	Non-PDL Generic	OTC
MUCINEX FAST-MAX COLD-FLU CPLT 5-10-325-200 MG	Non-PDL Generic	OTC
MUCINEX FAST-MAX COLD-FLU CPLT 5-10-325-200 MG	Non-PDL Generic	OTC
MUCINEX SINUS-MAX PRESSURE-CGH 5-10-325-200 MG	Non-PDL Generic	OTC
PUB SEVERE COLD CAPLET 5-10-325-200 MG	Non-PDL Generic	OTC
PUB SEVERE COLD MULTI-SYM CPLT CAPLET 5-10-325-200 MG	Non-PDL Generic	OTC
QC COLD-FLU SEVERE CAPLET 5-10-325-200 MG	Non-PDL Generic	OTC
QC MUCUS RELIEF COLD-FLU CPLT 5-10-325-200 MG	Non-PDL Generic	OTC
QC MUCUS RLF COLD-FLU-THRT CPT 5-10-325-200 MG	Non-PDL Generic	OTC
QC MUCUS RLF SINUS PAIN COUGH 5-10-325-200 MG	Non-PDL Generic	OTC
SEVERE COLD MULTI-SYMPTOM CPLT CAPLET, DAYTIME 5-10-325-200 MG	Non-PDL Generic	OTC
SEVERE COLD MULTI-SYMPTOM CPLT CAPLET,DAYTIME,PSE-F 5-10-325-200 MG	Non-PDL Generic	OTC
SEVERE COLD-FLU CAPLET 5-10-325-200 MG	Non-PDL Generic	OTC
SEVERE COLD-FLU CAPLET GLUTEN FREE, DAYTIME 5-10-325-200 MG	Non-PDL Generic	OTC
VICKS DAYQUIL SEVERE COLD-FLU 5-10-325-200 MG	Non-PDL Generic	OTC
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
promethazine-dm 6.25-15 mg/5 ml solution	Non-PDL Generic	

Drug	Status	Notes
promethazine-dm 6.25-15 mg/5 ml syrup	Non-PDL Generic	
Non-Narcotic Antituss-Decongestant-Expectorant Cmb		
ACTIDOM DMX LIQUID 10-30-200 MG/5 ML	Non-PDL Generic	OTC
TUSICOF CAPLET 10-20-400 MG	Non-PDL Generic	OTC
Non-Narcotic Antitussive And Expectorant Comb.		
ADULT WAL-TUSSIN DM SYRUP ADULT,CHERRY 10-100 MG/5 ML	Non-PDL Generic	OTC
ADULT WAL-TUSSIN DM SYRUP CHERRY,ADULT 10-100 MG/5 ML	Non-PDL Generic	OTC
ADULT WAL-TUSSIN DM SYRUP CHRY-MENTHOL 10-100 MG/5 ML	Non-PDL Generic	OTC
ALTITUSS 15-150 MG/7.5 ML LIQ 10-100 MG/5 ML	Non-PDL Generic	OTC
BIOCOTRON LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
CHEST CONGESTION RELIEF DM SYR 10-100 MG/5 ML	Non-PDL Generic	OTC
CHILD GILTUSS COUGH-CHEST LIQ 10-100 MG/5 ML	Non-PDL Generic	OTC
CONTAC CGH-CONG MAX ER 1200-60 60-1,200 MG	Non-PDL Generic	OTC
CVS MUCUS DM ER 600-30 MG TAB 30-600 MG	Non-PDL Generic	OTC
CVS MUCUS DM MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	OTC
CVS TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
DIABETIC TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
EQ MUCUS DM ER 600-30 MG TAB 30-600 MG	Non-PDL Generic	OTC
EQ TUSSIN DM COUGH-CHEST SYR 10-100 MG/5 ML	Non-PDL Generic	OTC
EQL TUSSIN DM COUGH-CHEST SYR 10-100 MG/5 ML	Non-PDL Generic	OTC
EXPECTORANT DM COUGH SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
FT MUCUS DM ER 600-30 MG TAB 30-600 MG	Non-PDL Generic	OTC
FT MUCUS DM MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	OTC
GERI-TUSSIN DM 100-10 MG/5 ML 10-100 MG/5 ML	Non-PDL Generic	OTC
GERI-TUSSIN DM 200-20 MG/10 ML 10-100 MG/5 ML	Non-PDL Generic	OTC
GILTUSS DIABETIC 200-20 MG/10 ML 10-100 MG/5 ML	Non-PDL Generic	OTC
GILTUSS HBP 200-20 MG/10 ML LQ 10-100 MG/5 ML	Non-PDL Generic	OTC
GILTUSS HONEY COUGH-CONGEST LQ 10-100 MG/5 ML	Non-PDL Generic	OTC
GNP MUCUS DM ER 600-30 MG TAB 30-600 MG	Non-PDL Generic	OTC
GNP MUCUS DM MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	OTC
GNP TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
GS MUCUS DM ER 600-30 MG TAB 30-600 MG	Non-PDL Generic	OTC
GS MUCUS DM MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	OTC
GUAIASORB DM 200-20 MG/10 ML 10-100 MG/5 ML	Non-PDL Generic	OTC
GUAIASORB DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
GUAIFED-DM 200-20 MG/10 ML SOL 10-100 MG/5 ML	Non-PDL Generic	OTC
guaifenesin-dm 100-10 mg/5 ml (otc) 10-100 mg/5 ml	Non-PDL Generic	OTC
GUAIFENESIN-DM 100-10 MG/5 ML (OTC) 10-100 MG/5 ML	Non-PDL Generic	OTC
guaifenesin-dm 100-10 mg/5 ml 10-100 mg/5 ml	Non-PDL Generic	OTC
guaifenesin-dm 100-10 mg/5 ml cup 10-100 mg/5 ml	Non-PDL Generic	OTC
guaifenesin-dm 100-10 mg/5 ml cup inner 10-100 mg/5 ml	Non-PDL Generic	OTC
guaifenesin-dm 100-10 mg/5 ml cup outer 10-100 mg/5 ml	Non-PDL Generic	OTC

Drug	Status	Notes
guaifenesin-dm 200-20 mg/10 ml cup inner (otc) 10-100 mg/5 ml	Non-PDL Generic	OTC
guaifenesin-dm 200-20 mg/10 ml cup inner 10-100 mg/5 ml	Non-PDL Generic	OTC
guaifenesin-dm 200-20 mg/10 ml cup outer (otc) 10-100 mg/5 ml	Non-PDL Generic	OTC
guaifenesin-dm 200-20 mg/10 ml cup outer 10-100 mg/5 ml	Non-PDL Generic	OTC
guaifenesin-dm er 1,200-60 mg (otc) 60-1,200 mg	Non-PDL Generic	OTC
guaifenesin-dm er 600-30 mg tb (otc) 30-600 mg	Non-PDL Generic	OTC
MAXI-TUSS G LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
MAXTUSSIN DM 200-20 MG/10 ML 10-100 MG/5 ML	Non-PDL Generic	OTC
MUCINEX DM ER 600-30 MG TABLET 30-600 MG	Non-PDL Brand	OTC
MUCINEX DM ER 600-30 MG TABLET BI-LAYER 30-600 MG	Non-PDL Brand	OTC
MUCOLYTE-DM 100-10 MG/5 ML LIQ 10-100 MG/5 ML	Non-PDL Generic	OTC
MUCUS DM MAX ER 1,200-60 MG TB 60-1,200 MG	Non-PDL Generic	OTC
MUCUS RLF DM ER 600-30 MG TAB 30-600 MG	Non-PDL Generic	OTC
MUCUS RLF DM ER 600-30 MG TAB OUTER 30-600 MG	Non-PDL Generic	OTC
MUCUS RLF DM MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	OTC
NEO-TUSS LIQUID 30-200 MG/5 ML	Non-PDL Generic	OTC
PUB TUSSIN DM LIQUID NON-DROWSY 10-100 MG/5 ML	Non-PDL Generic	OTC
QC MUCUS DM MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	OTC
SAFETUSSIN DM 100-10 MG/5 ML 10-100 MG/5 ML	Non-PDL Generic	OTC
SORBUGEN NR 150-15 MG/7.5 ML 10-100 MG/5 ML	Non-PDL Generic	OTC
TUSNEL DIABETIC LIQUID D/F 10-100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
TUSSIN DM 20-200 MG/10 ML LIQ 10-100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN DM CLEAR 20-200 MG/10 ML 10-100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
WAL-TUSSIN DM CLEAR SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
WAL-TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
Nose Preparations, Vasoconstrictors(Otc)		
12 HOUR NASAL RELIEF SPRAY 0.05 %	Non-PDL Generic	OTC
12 HOUR NASAL SPRAY 0.05%	Non-PDL Generic	OTC
4 WAY 1% NASAL SPRAY	Non-PDL Generic	OTC
AFRIN 0.05% NASAL SPRAY	Non-PDL Brand	OTC
AFRIN 0.05% NASAL SPRAY	Non-PDL Brand	OTC
AFRIN NO DRIP PUMP MIST 0.05 %	Non-PDL Generic	OTC
AFRIN NO DRIP PUMP MIST 12 HOUR,MOISTURIZING 0.05 %	Non-PDL Generic	OTC
AFRIN NO DRIP SINUS PUMP MIST 12 HOUR RELIEF 0.05 %	Non-PDL Generic	OTC
AFRIN ORIGINAL 0.05% PUMP MIST	Non-PDL Generic	OTC
ANEFRIN 0.05% NASAL SPRAY	Non-PDL Generic	OTC
ANEFRIN 0.05% NASAL SPRAY 12 HR SPRAY	Non-PDL Generic	OTC
ANEFRIN 0.05% NASAL SPRAY 12 HR, MAX STRENGTH	Non-PDL Generic	OTC
ANEFRIN 0.05% NASAL SPRAY ORIGINAL	Non-PDL Generic	OTC
ANEFRIN 0.05% NASAL SPRAY ORIGINAL,NO DRIP	Non-PDL Generic	OTC
ANEFRIN 0.05% NASAL SPRAY SEVERE CONGESTION	Non-PDL Generic	OTC

Drug	Status	Notes
ANEFRIN 0.05% NASAL SPRAY XTR MOIST,NO DRIP	Non-PDL Generic	OTC
CHILD AFRIN NO DRIP 0.05% MIST	Non-PDL Generic	OTC
CHILD MUCINEX STUFFY NOSE SPRAY 0.05 %	Non-PDL Generic	OTC
CVS ALLERGY NASAL MIST 0.05%	Non-PDL Generic	OTC
CVS NASAL SPRAY 0.05%	Non-PDL Generic	OTC
CVS NASAL SPRAY 1%	Non-PDL Generic	OTC
CVS NO DRIP NASAL MIST 0.05%	Non-PDL Generic	OTC
CVS SINUS NASAL SPRAY 0.05%	Non-PDL Generic	OTC
CVS SINUS RELIEF 1% NASAL SPRY	Non-PDL Generic	OTC
DRISTAN 0.05% NASAL SPRAY	Non-PDL Generic	OTC
DRISTAN LONG LASTING MIST 0.05 %	Non-PDL Generic	OTC
EPHRINE 1% NOSE DROPS	Non-PDL Generic	OTC
EQ NASAL 0.05% SPRAY NO DRIP, 12 HOUR	Non-PDL Generic	OTC
EQ NASAL SPRAY 1%	Non-PDL Generic	OTC
EQ ORIGINAL NASAL SPRAY 0.05% 12 HOUR	Non-PDL Generic	OTC
EQL NASAL SPRAY 0.05%	Non-PDL Generic	OTC
EQL NASAL SPRAY 1%	Non-PDL Generic	OTC
FT NASAL SPRAY 0.05%	Non-PDL Generic	OTC
FT NASAL SPRAY 0.05%	Non-PDL Generic	OTC
GILTUSS SEVERE SINUS 0.5% MIST 0.05 %	Non-PDL Generic	OTC
GNP NASAL FOUR 1% NASAL SPRAY	Non-PDL Generic	OTC

Drug	Status	Notes
GNP NASAL SPRAY 1%	Non-PDL Generic	OTC
GNP NASAL SPRAY ORIGINAL 0.05% 12 HR RELIEF	Non-PDL Generic	OTC
GNP NO DRIP 0.05% NASAL SPRAY	Non-PDL Generic	OTC
GNP NO DRIP NASAL MIST 0.05%	Non-PDL Generic	OTC
GS NASAL FOUR 1% NASAL SPRAY	Non-PDL Generic	OTC
GS NASAL SPRAY 0.05%	Non-PDL Generic	OTC
GS NO DRIP 0.05% NASAL SPRAY	Non-PDL Generic	OTC
KRO NASAL SPRAY ORIGINAL 0.05% GLUTEN FREE, 12HR	Non-PDL Generic	OTC
LONG ACTING 0.05% NASAL SPRAY 12 HOUR	Non-PDL Generic	OTC
MUCINEX SINUS-MAX NASAL SPRAY 0.05 %	Non-PDL Generic	OTC
NASAL DECONGESTANT 0.05% SPRAY	Non-PDL Generic	OTC
NASAL DECONGESTANT 0.05% SPRAY	Non-PDL Generic	OTC
NASAL FOUR 1% NASAL SPRAY	Non-PDL Generic	OTC
NASAL SPRAY 0.05% 12 HOUR RELIEF	Non-PDL Generic	OTC
NASAL SPRAY 0.05% 12 HOUR,NO DRIP	Non-PDL Generic	OTC
NASAL SPRAY 0.05% 12 HOUR,ORIGINAL	Non-PDL Generic	OTC
NASAL SPRAY 0.05% 12 HOUR,SINUS	Non-PDL Generic	OTC
NASAL SPRAY 0.05% 12HR, ORIGINAL	Non-PDL Generic	OTC
NASAL SPRAY 0.05% NO DRIP, 12 HOUR	Non-PDL Generic	OTC
NASAL SPRAY 1%	Non-PDL Generic	OTC
NASAL SPRAY LONG ACTING NASAL SPRAY,NON-AEROSOL 0.05 %	Non-PDL Generic	OTC

Drug	Status	Notes
NASAL SPRAY ORIGINAL 0.05% 12 HR RELIEF	Non-PDL Generic	OTC
NO DRIP 0.05% NASAL SPRAY	Non-PDL Generic	OTC
NOSTRILLA 0.05% NASAL SPRAY	Non-PDL Generic	OTC
PUB NASAL FOUR 1% NASAL SPRAY	Non-PDL Generic	OTC
PUB NO DRIP 0.05% NASAL SPRAY	Non-PDL Generic	OTC
PUB ORIGINAL NASAL SPRAY 0.05%	Non-PDL Generic	OTC
pub oxymetazoline hcl 0.05% extra moisturizing	Non-PDL Generic	OTC
QC NASAL SPRAY 0.05%	Non-PDL Generic	OTC
QC NASAL SPRAY 1%	Non-PDL Generic	OTC
QC NO DRIP NASAL MIST 0.05%	Non-PDL Generic	OTC
SINUS RELIEF 0.05% NASAL SPRAY ULTRA FINE,12 HOUR	Non-PDL Generic	OTC
SINUS RELIEF 1% NASAL SPRAY	Non-PDL Generic	OTC
SINUS RELIEF NASAL SPRAY 0.05%	Non-PDL Generic	OTC
SM NASAL SPRAY 0.05%	Non-PDL Generic	OTC
THERAFLU CONGESTION RELIEF MST 0.05 %	Non-PDL Generic	OTC
VICKS QLEARQUIL 0.05% MIST	Non-PDL Generic	OTC
VICKS SINEX 12 HOUR MIST 0.05 %	Non-PDL Generic	OTC
VICKS SINEX 12 HOUR SPRAY 0.05 %	Non-PDL Generic	OTC
WAL-FOUR 1% NASAL SPRAY	Non-PDL Generic	OTC
Sympathomimetic Agents		
12-HR DECONGEST 120 MG CAPLET CAPLET,12HR,MAX-STR	Non-PDL Generic	OTC; Age (Min 2 Years)
12-HR DECONGEST 120 MG CAPLET COATED CPLT, MAX STR	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
12HR NASAL DECONGEST ER 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDS SUDAFED 15 MG/5 ML LIQ NON-DROWSY	Non-PDL Brand	OTC; Age (Min 2 Years)
CVS 12HR DECONGEST 120 MG CPLT	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS 12HR DECONGEST 120 MG CPLT COATED CPLT, MAX STR	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS NASAL DECONGEST 30 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ SINUS-CONGESTION 30 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
EQL 12-HR DECONGES 120 MG CPLT	Non-PDL Generic	OTC; Age (Min 2 Years)
EQL NASAL DECONGEST 30 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
FT NASAL DECONGEST 30 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
FT NASAL DECONGEST ER 120 MG	Non-PDL Generic	Age (Min 2 Years)
GNP 12HR NASAL DECONGEST 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP NASAL DECONGEST 30 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP NASAL DECONGEST ER 120 MG	Non-PDL Generic	Age (Min 2 Years)
gnp pseudoephedrine er 120 mg 12 hour, coated	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP SUPHEDRIN LIQUID 15 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
GS NASAL DECONGEST 30 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
GS SUPHEDRINE 12HR 120 MG CPLT	Non-PDL Generic	OTC; Age (Min 2 Years)
L-A NASAL DECONGEST 120 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
NASAL DECONGESTANT 30 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
NASAL DECONGESTANT 30 MG TAB NON-DROWSY,MAX-STR	Non-PDL Generic	OTC; Age (Min 2 Years)
NEXAFED 30 MG TABLET	Non-PDL Brand	OTC; Age (Min 2 Years)

Drug	Status	Notes
pseudoephedrine 30 mg tablet	Non-PDL Generic	OTC; Age (Min 2 Years)
pseudoephedrine 30 mg tablet nasal decongest	Non-PDL Generic	OTC; Age (Min 2 Years)
pseudoephedrine 30 mg tablet non drowsy	Non-PDL Generic	OTC; Age (Min 2 Years)
pseudoephedrine 30 mg tablet non-drowsy	Non-PDL Generic	OTC; Age (Min 2 Years)
pseudoephedrine 60 mg tablet (otc)	Non-PDL Generic	OTC; Age (Min 2 Years)
pseudoephedrine 60 mg tablet ex-str, non drowsy (otc)	Non-PDL Generic	OTC; Age (Min 2 Years)
pseudoephedrine er 120 mg tab 12 hour, coated	Non-PDL Generic	OTC; Age (Min 2 Years)
pseudoephedrine er 120 mg tab	Non-PDL Generic	OTC; Age (Min 2 Years)
pseudoephedrine er 120 mg tab coated cplt, max str	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB NASAL DECONGEST 30 MG TAB NON-DROWSY	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB NASAL DECONGEST ER 120 MG NON-DROWSY, 12HR	Non-PDL Generic	Age (Min 2 Years)
PV NASAL DECONGEST 30 MG TAB	Non-PDL Generic	OTC; Age (Min 2 Years)
SINUS 12 HOUR 120 MG CAPLET	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDAFED 12HR 120 MG CAPLET	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDAFED 30 MG TABLET	Non-PDL Brand	OTC; Age (Min 2 Years)
SUDOGEST 12 HOUR 120 MG CAPLET	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDOGEST 30 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDOGEST 30 MG TABLET BOXED	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDOGEST 60 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
SUPHEDRIN LIQUID 15 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
SW 12-HR DECONGEST 120 MG TAB MAX STR, NON-DROWSY	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
SW NASAL DECONGESTANT 30 MG TB MAX-STR, NON-DROWSY	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED 12 HOUR 120 MG CAPLET CAPLET, NON-DROWSY	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED 30 MG TABLET MAXIUM STRENGTH	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED 30 MG TABLET NON-DROWSY	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED 30 MG TABLET NON-DROWSY, MAX-STR	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED D ER 120 MG CAPLET	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED D ER 120 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
ZEPHREX-D 30 MG TABLET	Non-PDL Generic	OTC; Age (Min 2 Years)
Dermatology - Acne		
Acne Agents,Systemic		
ACCUTANE 10 MG CAPSULE INNER	Non-PDL Generic	
ACCUTANE 10 MG CAPSULE OUTER	Non-PDL Generic	
ACCUTANE 20 MG CAPSULE INNER	Non-PDL Generic	
ACCUTANE 20 MG CAPSULE OUTER	Non-PDL Generic	
ACCUTANE 30 MG CAPSULE INNER	Non-PDL Generic	
ACCUTANE 30 MG CAPSULE OUTER	Non-PDL Generic	
ACCUTANE 40 MG CAPSULE INNER	Non-PDL Generic	
ACCUTANE 40 MG CAPSULE OUTER	Non-PDL Generic	
AMNESTEEM 10 MG CAPSULE INNER	Non-PDL Generic	
AMNESTEEM 10 MG CAPSULE OUTER	Non-PDL Generic	
AMNESTEEM 20 MG CAPSULE INNER	Non-PDL Generic	
AMNESTEEM 20 MG CAPSULE OUTER	Non-PDL Generic	

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

Drug	Status	Notes
isotretinoin 40 mg capsule outer	Non-PDL Generic	
ZENATANE 10 MG CAPSULE 3X10, OUTER	Non-PDL Generic	
ZENATANE 10 MG CAPSULE INNER	Non-PDL Generic	
ZENATANE 10 MG CAPSULE OUTER	Non-PDL Generic	
ZENATANE 20 MG CAPSULE 3X10, OUTER	Non-PDL Generic	
ZENATANE 20 MG CAPSULE INNER	Non-PDL Generic	
ZENATANE 20 MG CAPSULE OUTER	Non-PDL Generic	
ZENATANE 30 MG CAPSULE INNER	Non-PDL Generic	
ZENATANE 30 MG CAPSULE INNER, 1X10	Non-PDL Generic	
ZENATANE 30 MG CAPSULE OUTER	Non-PDL Generic	
ZENATANE 30 MG CAPSULE OUTER, 3X10	Non-PDL Generic	
ZENATANE 40 MG CAPSULE 3X10, OUTER	Non-PDL Generic	
ZENATANE 40 MG CAPSULE INNER	Non-PDL Generic	
ZENATANE 40 MG CAPSULE OUTER	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%	PDL Non-Preferred Generic	PA
CABTREO 1.2%-0.15%-3.15% GEL 0.15-3.1-1.2 %	PDL Non-Preferred Brand	PA
clind ph-benzoyl pero 1.2-2.5%	PDL Non-Preferred Generic	PA

Drug	Status	Notes
clind ph-benzoyl perox 1.2-5% 1.2 %(1 % base) -5 %	PDL Preferred Generic	
clindamyc-bnz perox 1.2-3.75% 1.2 %(1 % base) -3.75 %	PDL Non-Preferred Generic	PA
clindamycin-benzoyl perox 1-5%	PDL Preferred Generic	
clindamycin-benzoyl perox 1-5% outer	PDL Preferred Generic	
clindamycin-bnz perox 1-5% pmp	PDL Non-Preferred Generic	PA
clindamycin-bnz perox 1-5% pmp outer	PDL Non-Preferred Generic	PA
clinda-tretinoin 1.2%-0.025% 1.2-0.025 %	PDL Non-Preferred Generic	PA
dapsone 5% gel	PDL Non-Preferred Generic	PA
dapsone 7.5% gel	PDL Non-Preferred Generic	PA
NEUAC 1.2-5% KIT	PDL Non-Preferred Brand	PA
NEUAC GEL 1.2 %(1 % BASE) -5 %	PDL Preferred Generic	
ONEXTON GEL PUMP 1.2 %(1 % BASE) -3.75 %	PDL Non-Preferred Brand	PA
sodium sulfacetamide 10% lotn	PDL Preferred Generic	
sulfacetamide sod 10% top susp	PDL Preferred Generic	

Drug	Status	Notes
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	Non-PDL Generic	
metronidazole 0.75% cream	Non-PDL Generic	
metronidazole 0.75% lotion	Non-PDL Generic	
metronidazole top 1% gel pump	Non-PDL Generic	
metronidazole topical 0.75% gl	Non-PDL Generic	
metronidazole topical 1% gel	Non-PDL Generic	
ROSADAN 0.75% CREAM	Non-PDL Generic	
Topical Antiandrogenic Agents		
WINLEVI 1% CREAM	PDL Non-Preferred Brand	PA; QL (60 GM per 30 days)
Topical Preparations,Antibacterials		
ANTISEPTIC SKIN CLEANSER 4%	Non-PDL Generic	OTC
BETASEPT 4% SURGICAL SCRUB	Non-PDL Generic	OTC
chlorhexidine 4% liquid	Non-PDL Generic	OTC
chlorhexidine 4% scrub	Non-PDL Generic	OTC
CVS ANTISEPTIC SKIN CLEANSR 4%	Non-PDL Generic	OTC
DYNA-HEX 4% LIQUID	Non-PDL Brand	OTC
FT ANTISEPTIC SKIN CLEANSR 4%	Non-PDL Generic	OTC
GNP ANTISEPTIC SKIN CLEANSR 4%	Non-PDL Generic	OTC

Drug	Status	Notes
HIBICLENS 4% LIQUID	Non-PDL Brand	OTC
HIBICLENS 4% WITH FOAM PUMP	Non-PDL Brand	OTC
hydrocortisone-iodoquinol crm 1-1 %	Non-PDL Generic	
hydrogen peroxide 3% spray	Non-PDL Generic	OTC
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	
silver nitrate 0.5% solution	Non-PDL Generic	
silver nitrate 25% solution	Non-PDL Generic	
silver nitrate 50% solution	Non-PDL Generic	
Vitamin A Derivatives		
adapalene 0.1% cream	PDL Non-Preferred Generic	PA
adapalene 0.1% gel (otc)	PDL Preferred Generic	OTC
adapalene 0.1% lotion	Non-PDL Generic	Age (Max 39 Years)
adapalene 0.1% swab	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
adapalene 0.3% gel	PDL Preferred Generic	
adapalene 0.3% gel pump	PDL Non-Preferred Generic	PA
ALTRENO 0.05% LOTION	PDL Non-Preferred Brand	PA; Age (Max 39 Years)

Drug	Status	Notes
ATRALIN 0.05% GEL	PDL Non-Preferred Brand	PA
cvs adapalene 0.1% gel (otc)	PDL Preferred Generic	OTC
gnp adapalene 0.1% gel (otc)	PDL Preferred Generic	OTC
RETIN-A MICRO PUMP 0.06% GEL	PDL Non-Preferred Brand	PA; Age (Max 39 Years)
RETIN-A MICRO PUMP 0.08% GEL	PDL Non-Preferred Brand	PA; Age (Max 39 Years)
tretinoin 0.01% gel	PDL Preferred Generic	
tretinoin 0.025% cream	PDL Preferred Generic	
tretinoin 0.025% gel	PDL Preferred Generic	
tretinoin 0.05% cream	PDL Preferred Generic	
tretinoin 0.05% gel	PDL Preferred Generic	
tretinoin 0.1% cream	PDL Preferred Generic	
tretinoin gel micro 0.04% pump	PDL Non-Preferred Generic	PA; Age (Max 39 Years)
tretinoin gel micro 0.04% tube	PDL Non-Preferred Generic	PA; Age (Max 39 Years)
tretinoin gel micro 0.08% pump	PDL Non-Preferred Generic	PA; Age (Max 39 Years)

Drug	Status	Notes
tretinoin gel micro 0.1% pump	PDL Non-Preferred Generic	PA; Age (Max 39 Years)
tretinoin gel micro 0.1% tube	PDL Non-Preferred Generic	PA; Age (Max 39 Years)
Vitamin A Derivatives, Topical Acne Agents		
AKLIEF 0.005% CREAM	PDL Non-Preferred Brand	PA; Age (Max 39 Years)
ARAZLO 0.045% LOTION	PDL Non-Preferred Brand	PA
FABIOR 0.1% FOAM	PDL Non-Preferred Brand	PA
tazarotene 0.1% foam	PDL Non-Preferred Generic	PA
Vitamin A Derivatives, Topical Cosmetic Agents		
tretinoin 0.05% emollient crm usp	Non-PDL Generic	SP
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ 4% FOAM	PDL Non-Preferred Brand	PA; Age (Min 9 Years)
bacitracin 500 unit/gm ointmnt 500 unit/gram	Non-PDL Generic	OTC
bacitracin 500 unit/gm ointmnt 500 unit/gram	Non-PDL Generic	OTC
bacitracin 500 unit/gm ointmnt inner 500 unit/gram	Non-PDL Generic	OTC
bacitracin 500 unit/gm ointmnt inner 500 unit/gram	Non-PDL Generic	OTC
bacitracin 500 unit/gm ointmnt outer 500 unit/gram	Non-PDL Generic	OTC
bacitracin 500 unit/gm ointmnt outer 500 unit/gram	Non-PDL Generic	OTC
bacitracin zn 500 unit/gm oint 500 unit/gram	Non-PDL Generic	OTC

Drug	Status	Notes
bacitracin zn 500 unit/gm oint 500 unit/gram	Non-PDL Generic	OTC
bacitracin zn 500 unit/gm oint inner 500 unit/gram	Non-PDL Generic	OTC
bacitracin zn 500 unit/gm oint inner 500 unit/gram	Non-PDL Generic	OTC
bacitracin zn 500 unit/gm oint outer 500 unit/gram	Non-PDL Generic	OTC
bacitracin zn 500 unit/gm oint outer 500 unit/gram	Non-PDL Generic	OTC
bacitracin zn 500 unit/gm oint usp 500 unit/gram	Non-PDL Generic	OTC
BACITRAYCIN PLUS 500 UNIT/GM 500 UNIT/GRAM	Non-PDL Generic	OTC
CENTANY 2% OINTMENT	PDL Non-Preferred Brand	PA; QL (90 GM per 1 FILL)
CENTANY AT 2% OINTMENT KIT	PDL Non-Preferred Brand	PA
CLEOCIN T 1% LOTION	PDL Non-Preferred Brand	PA
CLINDACIN ETZ KIT 1 %	PDL Non-Preferred Brand	PA
CLINDACIN PAC KIT 1 %	PDL Non-Preferred Brand	PA
clindamycin ph 1% gel	PDL Preferred Generic	
clindamycin ph 1% solution	PDL Preferred Generic	QL (180 ML per 1 FILL)
clindamycin phos 1% pledget	PDL Preferred Generic	
clindamycin phosp 1% lotion	PDL Preferred Generic	

Drug	Status	Notes
clindamycin phosphate 1% foam	PDL Non-Preferred Generic	PA
clindamycin phosphate 1% gel	PDL Non-Preferred Generic	PA
CURAD TRIPLE ANTIBIOTIC OINT INNER (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
CURAD TRIPLE ANTIBIOTIC OINT OUTER (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
CVS ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
cvs bacitracin 500 unit/g oint 500 unit/gram	Non-PDL Generic	OTC
cvs bacitracin zn 500 unit/gm 500 unit/gram	Non-PDL Generic	OTC
CVS POLY BACITRACIN OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	OTC
CVS TRIPLE ANTIBIOTIC-PAIN RLF 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
DOUBLE ANTIBIOTIC OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	OTC
eq bacitracin zn 500 unit/gm 500 unit/gram	Non-PDL Generic	OTC
EQ TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
EQL FIRST AID ANTIBIOTIC OINT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
EQL FIRST AID ANTIBIOTIC-PAIN 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
ERY 2% PADS	PDL Preferred Generic	
erythromycin 2% gel	PDL Preferred Generic	
erythromycin 2% solution	PDL Preferred Generic	QL (180 ML per 1 FILL)
erythromycin-benzoyl gel 3-5 %	PDL Preferred Generic	

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

Drug	Status	Notes
QC TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
QC TRIPLE ANTIBIOTIC PLUS OINT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
SM DOUBLE ANTIBIOTIC OINT 500-10,000 UNIT/GRAM	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC OINTMENT INNER 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC OINTMENT OUTER 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC OINTMENT PKT (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC OINTMENT PKT INNER (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC OINTMENT PKT OUTER (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC PLUS OINT MAXIMUM STRENGTH 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC PLUS OINTMNT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC-PAIN OINT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC-PAIN OINT MAXIMUM STRENGTH 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
WAL-SPORIN FIRST AID OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	OTC
XEPI 1% CREAM OUTER	PDL Non-Preferred Brand	PA
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

Drug	Status	Notes
Topical Antifungals		
ANTIFUNGAL 1% LIQUID	PDL Non-Preferred Generic	PA; OTC
ANTIFUNGAL 1% LIQUID SPRAY LIQUID SPRAY	Non-PDL Generic	OTC
ANTIFUNGAL 1% LIQUID SPRAY MEDICATED,SPRAY	Non-PDL Generic	OTC
ANTIFUNGAL 1% POWDER SPRAY	Non-PDL Generic	OTC
ANTIFUNGAL 1% TOPICAL CREAM	PDL Preferred Generic	OTC
ANTIFUNGAL 1% TOPICAL CREAM INNER	PDL Preferred Generic	OTC
ANTIFUNGAL 1% TOPICAL CREAM OUTER	PDL Preferred Generic	OTC
ANTIFUNGAL 2% POWDER	PDL Preferred Generic	OTC
ANTIFUNGAL 2% TOPICAL CREAM	PDL Preferred Generic	OTC
ANTIFUNGAL EX THICK 2% TOP CRM	PDL Preferred Generic	OTC
ATHLETES FOOT 1% CREAM	PDL Preferred Generic	OTC
ATHLETE'S FOOT 1% CREAM	PDL Preferred Generic	OTC
ATHLETE'S FOOT 1% CREAM	PDL Preferred Generic	OTC
ATHLETE'S FOOT 1% POWDER SPRAY	Non-PDL Generic	OTC
ATHLETE'S FOOT 1% SOLUTION	PDL Non-Preferred Generic	PA; OTC

Drug	Status	Notes
ATHLETE'S FOOT 2% POWDER	PDL Preferred Generic	OTC
ATHLETE'S FOOT 2% POWDER SPRAY	Non-PDL Generic	OTC
BAZA ANTIFUNGAL 2% CREAM	PDL Preferred Generic	OTC
BLIS-TO-SOL 1% LIQUID	PDL Non-Preferred Generic	PA; OTC
CARRINGTON ANTIFUNGAL 2% CREAM	PDL Preferred Generic	OTC
ciclopirox 0.77% cream	PDL Preferred Generic	QL (180 GM per 1 FILL)
ciclopirox 0.77% gel	PDL Non-Preferred Generic	PA
ciclopirox 0.77% topical susp	PDL Preferred Generic	QL (180 ML per 1 FILL)
ciclopirox 1% shampoo	PDL Non-Preferred Generic	PA
ciclopirox 8% solution	PDL Preferred Generic	QL (19.8 ML per 1 FILL)
ciclopirox 8% treatment kit	Non-PDL Generic	QL (19.8 ML per 1 FILL)
clotrimazole 1% solution (otc)	PDL Non-Preferred Generic	PA; OTC
clotrimazole 1% solution (rx)	PDL Preferred Generic	
clotrimazole 1% solution spray (rx)	PDL Preferred Generic	
clotrimazole 1% topical cream (otc)	PDL Preferred Generic	OTC

Drug	Status	Notes
clotrimazole 1% topical cream (rx)	PDL Preferred Generic	
clotrimazole 1% topical cream 2 x 45gm tubes (rx)	PDL Preferred Generic	
clotrimazole 1% topical cream usp (otc)	PDL Preferred Generic	OTC
CVS ANTI-FUNGAL 2% POWDER	PDL Preferred Generic	OTC
CVS ATHLETE'S FOOT 1% CREAM	PDL Preferred Generic	OTC
CVS ATHLETE'S FOOT 1% CREAM	PDL Preferred Generic	OTC
CVS ATHLETE'S FOOT 1% LQ SPRAY	Non-PDL Generic	OTC
CVS ATHLETE'S FOOT 1% PWD SPRY	Non-PDL Generic	OTC
CVS ATHLETE'S FOOT 2% LIQ SPRAY	Non-PDL Generic	OTC
CVS ATHLETE'S FOOT 2% PWD SPRY	Non-PDL Generic	OTC
cvs clotrimazole 1% solution (otc)	PDL Non-Preferred Generic	PA; OTC
cvs clotrimazole 1% top cream (otc)	PDL Preferred Generic	OTC
CVS FOOT & SNEAKER SPRAY PWD 1 %	Non-PDL Generic	OTC
CVS ITCH RELIEF 1% TOP CREAM	PDL Preferred Generic	OTC
CVS JOCK ITCH 1% CREAM	PDL Preferred Generic	OTC
CVS RINGWORM 1% CREAM	PDL Preferred Generic	OTC

Drug	Status	Notes
CVS TOE AREA TREAT ANTIFUNGAL 1 %	PDL Non-Preferred Generic	PA; OTC
DERMAFUNGAL 2% CREAM	PDL Preferred Generic	OTC
DESENEX 2% POWDER	PDL Preferred Generic	OTC
DESENEX 2% TOPICAL CREAM	PDL Preferred Generic	OTC
econazole nitrate 1% cream	PDL Preferred Generic	QL (170 GM per 1 FILL)
EQ ATHLETE'S FOOT 1% CREAM	PDL Preferred Generic	OTC
EQ ATHLETE'S FOOT 1% CREAM	PDL Preferred Generic	OTC
EQ ATHLETE'S FOOT 1% CREAM	PDL Preferred Generic	OTC
EQ ATHLETE'S FOOT 2% PWD SPRAY	Non-PDL Generic	OTC
EQ JOCK ITCH 1% CREAM	PDL Preferred Generic	OTC
eq terbinafine 1% cream	PDL Preferred Generic	OTC
ERTACZO 2% CREAM	PDL Non-Preferred Brand	PA
EXELDERM 1% CREAM	Non-PDL Brand	
EXELDERM 1% SOLUTION	Non-PDL Brand	
EXODERM LOTION 25-1 %	Non-PDL Generic	

Drug	Status	Notes
FORMULA 3 ANTIFUNGAL 1% SOLN	PDL Non-Preferred Generic	PA; OTC
FT ANTIFUNGAL 1% CREAM	PDL Preferred Generic	OTC
FT ANTIFUNGAL 2% TOPICAL CREAM	PDL Preferred Generic	OTC
FT ATHLETE'S FOOT 1% CREAM	PDL Preferred Generic	OTC
FT ATHLETE'S FOOT 1% CREAM	PDL Preferred Generic	OTC
FUNGI CURE INTENSIVE 1% SPRAY	Non-PDL Generic	OTC
FUNGI-NAIL 1% LIQUID	PDL Non-Preferred Generic	PA; OTC
GNP ATHLETE'S FOOT 1% CREAM	PDL Preferred Generic	OTC
GNP MICONAZORB AF 2% POWDER	PDL Preferred Generic	OTC
gnp terbinafine 1% cream	PDL Preferred Generic	OTC
gnp terbinafine 1% cream antifungal	PDL Preferred Generic	OTC
gnp tolnaftate 1% cream	PDL Preferred Generic	OTC
INZO ANTIFUNGAL 2% CREAM	PDL Preferred Generic	OTC
JOCK ITCH 1% CREAM	PDL Preferred Generic	OTC
JOCK ITCH 1% POWDER SPRAY MAXIMUM STRENGTH	Non-PDL Generic	OTC

Drug	Status	Notes
JOCK ITCH RELIEF 1% CREAM	PDL Preferred Generic	OTC
JUBLIA 10% TOPICAL SOLUTION	PDL Non-Preferred Brand	PA
ketoconazole 2% cream	PDL Preferred Generic	QL (180 GM per 1 FILL)
ketoconazole 2% foam	PDL Non-Preferred Generic	PA
ketoconazole 2% shampoo	PDL Preferred Generic	QL (360 ML per 1 FILL)
KETODAN 2% FOAM	PDL Non-Preferred Generic	PA
KLAYESTA 100,000 UNIT/GM POWD	PDL Preferred Generic	
LAMISIL AT 1% CREAM	Non-PDL Brand	OTC
LASOLEX 1% SOLUTION	PDL Non-Preferred Generic	PA; OTC
LASOLEX AC 2% TOPICAL CREAM	PDL Preferred Generic	OTC
LOPROX 0.77% CREAM	PDL Non-Preferred Brand	PA; QL (180 GM per 1 FILL)
LOPROX 0.77% CREAM KIT	PDL Non-Preferred Brand	PA
LOPROX 0.77% SUSPENSION KIT	PDL Non-Preferred Brand	PA
LOPROX 0.77% TOPICAL SUSP	PDL Non-Preferred Brand	PA; QL (180 ML per 1 FILL)
LOTRIMIN AF 1% CREAM	Non-PDL Brand	OTC

Drug	Status	Notes
LOTRIMIN AF 1% CREAM BONUS 25% MORE(30GM)	Non-PDL Brand	OTC
LOTRIMIN AF 1% POWDER	Non-PDL Brand	OTC
LOTRIMIN AF 2% LIQUID SPRAY	Non-PDL Generic	OTC
LOTRIMIN AF 2% POWDER	Non-PDL Brand	OTC
LOTRIMIN AF 2% SPRAY POWDER	Non-PDL Generic	OTC
luliconazole 1% cream	PDL Non-Preferred Generic	PA; QL (60 GM per 28 days)
LUZU 1% CREAM	PDL Non-Preferred Brand	PA; QL (60 GM per 28 days)
MICOCLEAR 1% TOPICAL CREAM	PDL Preferred Generic	OTC
MICOMITIN ANTIFUNGAL 1% LIQUID	PDL Non-Preferred Generic	PA; OTC
miconazole 2% topical cream	PDL Preferred Generic	OTC
miconazole-zinc-petro 0.25-15% 0.25-15-81.35 %	PDL Non-Preferred Generic	PA
MICOTRIN AC 1% TOPICAL CREAM	PDL Preferred Generic	OTC
MICOTRIN AL 1% LIQUID	PDL Non-Preferred Generic	PA; OTC
MICOTRIN AP 2% POWDER	PDL Preferred Generic	OTC
MICRO-GUARD 2% POWDER 12'S,ANTIFUNGAL	PDL Preferred Generic	OTC
MYCOZYL AC 1% TOPICAL CREAM	PDL Preferred Generic	OTC

Drug	Status	Notes
MYCOZYL AL 1% LIQUID	PDL Non-Preferred Generic	PA; OTC
MYCOZYL AP 2% POWDER	PDL Preferred Generic	OTC
naftifine hcl 1% cream	PDL Non-Preferred Generic	PA
naftifine hcl 2% cream	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
NAFTIN 2% GEL	PDL Non-Preferred Brand	PA
NYAMYC 100,000 UNIT/GM POWDER	PDL Preferred Generic	
nystatin 100,000 unit/gm cream	PDL Preferred Generic	
nystatin 100,000 unit/gm oint	PDL Preferred Generic	QL (90 GM per 1 FILL)
nystatin 100,000 unit/gm powd	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; QL (180 GM per 1 FILL)
nystatin-triamcinolone ointment 100,000-0.1 unit/gram-%	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
NYSTOP 100,000 UNIT/GM POWDER	PDL Preferred Generic	
ODOR CTRL FOOT-SNEAKER 1% POWD	Non-PDL Generic	OTC
ODOR-X ATHLTS FOOT 1% PWD SPRY	Non-PDL Generic	OTC

Drug	Status	Notes
oxiconazole nitrate 1% cream	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
OXISTAT 1% LOTION	PDL Non-Preferred Brand	PA
PUB ATHLETIC FOOT 1% CREAM	PDL Preferred Generic	OTC
QC ANTIFUNGAL 1% CREAM	PDL Preferred Generic	OTC
QC ATHLETE'S FOOT 1% LQ SPRAY	Non-PDL Generic	OTC
QC ATHLETE'S FOOT 2% LIQ SPRY	Non-PDL Generic	OTC
qc clotrimazole 1% top cream (otc)	PDL Preferred Generic	OTC
REMEDY ANTIFUNGAL 2% CREAM	PDL Preferred Generic	OTC
REMEDY ANTIFUNGAL 2% POWDER	PDL Preferred Generic	OTC
REMEDY PHYTOPLEX ANTIFUNGAL 2%	PDL Preferred Generic	OTC
SECURA ANTIFUNGAL 2% CREAM	PDL Preferred Generic	OTC
SM ANTIFUNGAL 1% CREAM	PDL Preferred Generic	OTC
sulconazole nitrate 1% cream	Non-PDL Generic	
sulconazole nitrate 1% soln	Non-PDL Generic	
tavaborole 5% topical solution	PDL Non-Preferred Generic	PA

Drug	Status	Notes
terbinafine 1% cream	PDL Preferred Generic	OTC
terbinafine 1% cream antifungal	PDL Preferred Generic	OTC
TINACTIN 1% CREAM	Non-PDL Brand	OTC
TINACTIN 1% POWDER	Non-PDL Brand	OTC
tm-clotrimazole 1% top cream (otc)	PDL Preferred Generic	OTC
TOLFYRA 1% SOLUTION	PDL Non-Preferred Generic	PA; OTC
tolnaftate 1% cream	PDL Preferred Generic	OTC
tolnaftate 1% powder	Non-PDL Generic	OTC
tolnaftate 1% spray powder	Non-PDL Generic	OTC
TRIMAZOLE 1% TOPICAL CREAM	PDL Preferred Generic	OTC
TRITOLNACIDE S 1% SOLUTION	PDL Non-Preferred Generic	PA; OTC
VUSION OINTMENT 0.25-15-81.35 %	PDL Non-Preferred Brand	PA
ZEASORB AF 2% POWDER	PDL Preferred Generic	OTC
Topical Antiparasitics		
COMPLETE LICE TREATMENT KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	Non-PDL Brand	OTC
CROTAN 10% LOTION	PDL Non-Preferred Brand	PA
cvs ivermectin 0.5% lotion (otc)	Non-PDL Brand	OTC

Drug	Status	Notes
CVS LICE KILLING SHAMPOO 0.33-4 %	Non-PDL Brand	OTC
CVS LICE SOLUTION KIT 4-0.33-0.5 %	Non-PDL Brand	OTC
CVS LICE SOLUTION KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	Non-PDL Brand	OTC
CVS LICE TREATMENT 1% CRM RINS	Non-PDL Brand	OTC
EQ COMPLETE LICE TREATMENT KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	Non-PDL Brand	OTC
EQ LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 %	Non-PDL Brand	OTC
EURAX 10% CREAM	Non-PDL Brand	
EURAX 10% LOTION	PDL Non-Preferred Brand	PA
FT LICE KILLING SHAMPOO 0.33-4 %	Non-PDL Brand	OTC
FT ULTRA PEST FREE LICE TREATM	Non-PDL Brand	OTC
GNP LICE KILLING SHAMPOO 0.33-4 %	Non-PDL Brand	OTC
GNP LICE TREATMENT 1% CRM RINS 1 NIT REMOVAL COMB	Non-PDL Brand	OTC
GNP ULTRA PEST FREE LICE TREAT	Non-PDL Brand	OTC
GS LICE KILLING 1 % CRM RINSE	Non-PDL Brand	OTC
GS LICE KILLING SHAMPOO 0.33-4 %	Non-PDL Brand	OTC
ivermectin 0.5% lotion (otc)	Non-PDL Brand	OTC
LICE KILLING SHAMPOO 0.33-4 %	Non-PDL Brand	OTC
LICE KILLING SHAMPOO W/COMB 0.33-4 %	Non-PDL Brand	OTC
LICE KILLING SHAMPOO W/COMB, MAX STRENGTH 0.33-4 %	Non-PDL Brand	OTC
LICE TREATMENT 1% CREME RINSE	Non-PDL Brand	OTC
LICE TREATMENT 1% CREME RINSE 1 NIT REMOVAL COMB	Non-PDL Brand	OTC

Drug	Status	Notes
LICE TREATMENT 1% CREME RINSE FAMLY PK,CREME RINSE	Non-PDL Brand	OTC
LICE TREATMENT 1% CREME RINSE MULTI-PACK, 2X59ML	Non-PDL Brand	OTC
malathion 0.5% lotion	PDL Non-Preferred Generic	PA
NATROBA 0.9% TOPICAL SUSP	PDL Preferred Brand	
NIX 1% CREME RINSE LIQUID	Non-PDL Brand	OTC
NIX 1% CREME RINSE LIQUID W/2 NIT COMBS,FAM PK	Non-PDL Brand	OTC
NIX COMPLETE LICE KIT 1-0.25 %	Non-PDL Brand	OTC
NIX ULTRA SHAMPOO KIT	Non-PDL Brand	OTC
NIX ULTRA SOLUTION	Non-PDL Brand	OTC
NIX ULTRA TREATMENT-PREVENTION 0.06-0.35-0.6 %	Non-PDL Brand	OTC
OVIDE 0.5% LOTION	PDL Non-Preferred Brand	PA
permethrin 5% cream	PDL Preferred Generic	
PRURADIK 10% LOTION	PDL Non-Preferred Brand	PA
RID COMPLETE 1-2-3 LICE KIT 4-0.33-0.5 %	Non-PDL Brand	OTC
RID COMPLETE LICE KIT 4-0.33-0.5 %	Non-PDL Brand	OTC
RID ESSENTIAL LICE KIT 0.33-4 %	Non-PDL Brand	OTC
RID LICE KILLING SHAMPOO 0.33-4 %	Non-PDL Brand	OTC
SKLICE 0.5% LOTION (OTC)	Non-PDL Brand	OTC

Drug	Status	Notes
spinosad 0.9% topical susp	PDL Non-Preferred Generic	PA
ULESFIA 5% LOTION 2-PACK	Non-PDL Brand	
VANALICE GEL 0.3-3.5 %	Non-PDL Brand	OTC
Topical Antivirals		
acyclovir 5% cream	PDL Non-Preferred Generic	PA
acyclovir 5% ointment	PDL Preferred Generic	
DENAVIR 1% CREAM	PDL Preferred Brand	
docosanol 10% cream	Non-PDL Generic	OTC
ft docosanol 10% cream	Non-PDL Generic	OTC
gnp docosanol 10% cream	Non-PDL Generic	OTC
penciclovir 1% cream	PDL Non-Preferred Generic	PA
ZOVIRAX 5% CREAM	PDL Non-Preferred Brand	PA
ZOVIRAX 5% OINTMENT	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		
AVAR CLEANSER 12'S 10-5 % (W/W)	PDL Non-Preferred Brand	PA; QL (1419 GM per 1 FILL)
BP CLEANSING WASH 10-4-10 %	Non-PDL Generic	

Drug	Status	Notes
silver sulfadiazine 1% cream	Non-PDL Generic	
sod sulface-sulf 8-4% cleanser	Non-PDL Generic	
sod sulface-sulf 9.8-4.8% clsr	PDL Preferred Generic	
sod sulface-sulfur 9-4.5% wash	PDL Preferred Generic	
sod sulfacet-sulfur 10-2% clsr	PDL Preferred Generic	
sod sulfacet-sulfur 10-4% pad	PDL Preferred Generic	
sod sulfacet-sulfur 10-5% clsr 10-5 % (w/w)	PDL Preferred Generic	QL (1419 GM per 1 FILL)
sod sulfacet-sulfur 10-5% clsr 10-5-10 %	PDL Preferred Generic	QL (1419 ML per 1 FILL)
sod sulfac-sulfur 9.8-4.8% crm	PDL Preferred Generic	
sod sulfac-sulfur 9.8-4.8% lot	PDL Preferred Generic	
sodium sulfacetamide-sulfur 10-2% cream	PDL Preferred Generic	
SSD 1% CREAM	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	

Drug	Status	Notes
sulfacetamide-sulfur 10-5% lot 10-5 % (w/v), 10-5 % (w/w)	PDL Preferred Generic	
sulfacetamide-sulfur 10-5% sus	PDL Non-Preferred Generic	PA
sulfacetamide-sulfur 8-4% susp	PDL Non-Preferred Generic	PA
sulfacetamide-sulfur 9-4% clsr	PDL Preferred Generic	
sulfacetamide-sulfur 9-4% wash	PDL Preferred Generic	
sulfacet-sulfur 9%-4.25% susp 9-4.25 %	PDL Non-Preferred Generic	PA
SULFACLEANSE 8-4 SUSPENSION 8-4 %	PDL Non-Preferred Generic	PA
SULFAMYLON 8.5% CREAM 85 MG/G	Non-PDL Brand	
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY 150 MG/ML SYRINGE SUV, P/F	PDL Non-Preferred Brand	PA; SP
ADBRY 150 MG/ML SYRINGE SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP
ADBRY 300 MG/2 ML AUTOINJECTOR SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP
EBGLYSS 250 MG/2 ML PEN INNER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
EBGLYSS 250 MG/2 ML PEN OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
EBGLYSS 250 MG/2 ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
EBGLYSS 250 MG/2 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
Interleukin-31(Il-31)Receptor Alpha Antagonist,Mab		
NEMLUVIO 30 MG PEN SUV, P/F	PDL Non-Preferred Brand	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA 2% OINTMENT	PDL Preferred Brand	PA; QL (100 GM per 30 days); Age (Min 2 Years)
ZORYVE 0.05% CREAM	PDL Non-Preferred Brand	PA; QL (60 GM per 30 days)
ZORYVE 0.15% CREAM	PDL Non-Preferred Brand	PA; QL (63 GM per 30 days)
Topical Anti-Inflammatory Steroidal		
ALA-CORT 1% CREAM	Non-PDL Generic	
ALA-SCALP 2% LOTION	Non-PDL Generic	
alclometasone dipr 0.05% oint	Non-PDL Generic	
alclometasone dipro 0.05% crm	Non-PDL Generic	
amcinonide 0.1% cream	Non-PDL Generic	
ANTI-ITCH 1% LOTION	Non-PDL Generic	OTC
AQUANIL HC 1% LOTION	Non-PDL Generic	OTC
AQUAPHOR ITCH RELIEF 1% OINT	Non-PDL Generic	OTC
AVEENO 1% CREAM	Non-PDL Generic	OTC
BETA HC 1% LOTION	Non-PDL Generic	OTC
betamethasone dp 0.05% crm	Non-PDL Generic	

Drug	Status	Notes
betamethasone dp 0.05% lot	Non-PDL Generic	
betamethasone dp 0.05% oint	Non-PDL Generic	
betamethasone dp 0.05% oint carton	Non-PDL Generic	
betamethasone dp aug 0.05% crm	Non-PDL Generic	
betamethasone dp aug 0.05% gel	Non-PDL Generic	
betamethasone dp aug 0.05% lot	Non-PDL Generic	
betamethasone dp aug 0.05% oin	Non-PDL Generic	
betamethasone dp aug 0.05% oin augmented	Non-PDL Generic	
betamethasone va 0.1% cream	Non-PDL Generic	
betamethasone va 0.1% cream carton	Non-PDL Generic	
betamethasone va 0.1% lotion	Non-PDL Generic	
betamethasone valer 0.1% ointm	Non-PDL Generic	
clobetasol 0.05% cream	Non-PDL Generic	
clobetasol 0.05% gel	Non-PDL Generic	
clobetasol 0.05% ointment	Non-PDL Generic	
clobetasol 0.05% shampoo	Non-PDL Generic	
clobetasol 0.05% solution	Non-PDL Generic	
clobetasol 0.05% topical lotn	Non-PDL Generic	
clobetasol emollient 0.05% crm	Non-PDL Generic	
clobetasol emollnt 0.05% foam	Non-PDL Generic	
clobetasol emulsion 0.05% foam	Non-PDL Generic	

Drug	Status	Notes
clobetasol prop 0.05% foam	Non-PDL Generic	
clobetasol prop 0.05% spray	Non-PDL Generic	
clocortolone 0.1% cream pump	Non-PDL Generic	
clocortolone pivalate 0.1% crm	Non-PDL Generic	
CORTIZONE-10 1% CREME	Non-PDL Generic	OTC
CORTIZONE-10 1% LOTION	Non-PDL Brand	OTC
CORTIZONE-10 1% OINTMENT	Non-PDL Generic	OTC
CORTIZONE-10 WITH ALOE 1% CRM	Non-PDL Generic	OTC
CVS ANTI-ITCH 1% CREAM	Non-PDL Generic	OTC
CVS CORTISONE 1% CREAM	Non-PDL Generic	OTC
CVS CORTISONE 1% LOTION	Non-PDL Generic	OTC
CVS CORTISONE WITH ALOE 1% CRM	Non-PDL Generic	OTC
cvs hydrocortisone 1% cream (otc)	Non-PDL Generic	OTC
cvs hydrocortisone 1% ointment (otc)	Non-PDL Generic	OTC
DERMAREST ECZEMA 1% LOTION	Non-PDL Generic	OTC
desonide 0.05% ointment	Non-PDL Generic	
desoximetasone 0.05% cream	Non-PDL Generic	
desoximetasone 0.25% cream	Non-PDL Generic	
desoximetasone 0.25% cream usp	Non-PDL Generic	
eq hydrocortisone 1% cream (otc)	Non-PDL Generic	OTC
eq hydrocortisone 1% cream maximum strength (otc)	Non-PDL Generic	OTC

Drug	Status	Notes
eq hydrocortisone-aloe 1% crm	Non-PDL Generic	OTC
EQL ANTI-ITCH 1% CREAM	Non-PDL Generic	OTC
EQL ANTI-ITCH 1% OINTMENT	Non-PDL Generic	OTC
fluocinolone 0.01% body oil	Non-PDL Generic	
fluocinolone 0.01% cream	Non-PDL Generic	
fluocinolone 0.01% scalp oil	Non-PDL Generic	
fluocinolone 0.01% solution	Non-PDL Generic	
fluocinolone 0.025% cream	Non-PDL Generic	
fluocinolone 0.025% ointment	Non-PDL Generic	
fluocinonide 0.05% cream	Non-PDL Generic	
fluocinonide 0.05% gel	Non-PDL Generic	
fluocinonide 0.05% ointment	Non-PDL Generic	
fluocinonide 0.05% solution	Non-PDL Generic	
fluocinonide 0.1% cream	Non-PDL Generic	
fluocinonide-e 0.05% cream	Non-PDL Generic	
FLUOCINONIDE-E 0.05% CREAM	Non-PDL Generic	
flurandrenolide 0.05% lotion	Non-PDL Generic	
flurandrenolide 0.05% ointment	Non-PDL Generic	QL (180 GM per 30 days)
fluticasone prop 0.005% oint	Non-PDL Generic	
fluticasone prop 0.05% cream	Non-PDL Generic	
FT ITCH RELIEF 1% OINTMENT	Non-PDL Generic	OTC

Drug	Status	Notes
FT ITCH RLF WITH ALOE 1% CREAM	Non-PDL Generic	OTC
gnp hydrocort acetate 1% cr cream	Non-PDL Generic	OTC
gnp hydrocortisone 0.5% crm	Non-PDL Generic	OTC
gnp hydrocortisone 1% cream max str, w/aloe (otc)	Non-PDL Generic	OTC
gnp hydrocortisone 1% ointment maximum strength (otc)	Non-PDL Generic	OTC
GS ANTI-ITCH 1% CREAM	Non-PDL Generic	OTC
halobetasol prop 0.05% cream	Non-PDL Generic	
halobetasol prop 0.05% ointmnt	Non-PDL Generic	
hm hydrocortisone 1% cream max str, w/aloe (otc)	Non-PDL Generic	OTC
hm hydrocortisone 1% cream plus 12 moisturizers (otc)	Non-PDL Generic	OTC
hydrocortisone 0.5% cream (otc)	Non-PDL Generic	OTC
hydrocortisone 0.5% cream	Non-PDL Generic	OTC
hydrocortisone 0.5% cream regular strength (otc)	Non-PDL Generic	OTC
hydrocortisone 0.5% ointment	Non-PDL Generic	OTC
hydrocortisone 1% cream (otc)	Non-PDL Generic	OTC
hydrocortisone 1% cream (rx)	Non-PDL Generic	
hydrocortisone 1% cream	Non-PDL Generic	OTC
hydrocortisone 1% cream anti-itch (otc)	Non-PDL Generic	OTC
hydrocortisone 1% cream inner (otc)	Non-PDL Generic	OTC
hydrocortisone 1% cream max str w/aloe (otc)	Non-PDL Generic	OTC
hydrocortisone 1% cream max str w/chamomile (otc)	Non-PDL Generic	OTC

Drug	Status	Notes
hydrocortisone 1% cream max str, w/aloe (otc)	Non-PDL Generic	OTC
hydrocortisone 1% cream maximum strength (otc)	Non-PDL Generic	OTC
hydrocortisone 1% cream maximum strength	Non-PDL Generic	OTC
hydrocortisone 1% cream moisturizer,max. str (otc)	Non-PDL Generic	OTC
hydrocortisone 1% cream outer (otc)	Non-PDL Generic	OTC
hydrocortisone 1% cream w/aloe (otc)	Non-PDL Generic	OTC
hydrocortisone 1% cream w/aloe,max strength (otc)	Non-PDL Generic	OTC
hydrocortisone 1% lotion (otc)	Non-PDL Generic	OTC
hydrocortisone 1% ointment (otc)	Non-PDL Generic	OTC
hydrocortisone 1% ointment (rx)	Non-PDL Generic	
hydrocortisone 1% ointment	Non-PDL Generic	OTC
hydrocortisone 1% ointment max str (otc)	Non-PDL Generic	OTC
hydrocortisone 1% ointment maximum strength (otc)	Non-PDL Generic	OTC
hydrocortisone 2% lotion	Non-PDL Generic	
hydrocortisone 2.5% cream	Non-PDL Generic	
hydrocortisone 2.5% cream	Non-PDL Generic	
hydrocortisone 2.5% lotion	Non-PDL Generic	
hydrocortisone 2.5% ointment	Non-PDL Generic	
hydrocortisone buty 0.1% cream	Non-PDL Generic	
hydrocortisone butyr 0.1% soln	Non-PDL Generic	
HYDROCORTISONE PLUS 1% CREAM MAX-STR,W/ALOE	Non-PDL Generic	OTC

Drug	Status	Notes
hydrocortisone val 0.2% cream	Non-PDL Generic	
hydrocortisone val 0.2% ointmt	Non-PDL Generic	
hydrocortisone-aloe 0.5% cream	Non-PDL Generic	OTC
hydrocortisone-aloe 1% cream	Non-PDL Generic	OTC
mometasone furoate 0.1% cream	Non-PDL Generic	
mometasone furoate 0.1% oint	Non-PDL Generic	
mometasone furoate 0.1% soln	Non-PDL Generic	
mometasone furoate 0.1% soln 27.5 gram	Non-PDL Generic	
mometasone furoate 0.1% soln 55 gram	Non-PDL Generic	
MONISTAT CARE 1% CREAM	Non-PDL Generic	OTC
NOBLE FORMULA HC 1% CREAM	Non-PDL Generic	OTC
prednicarbate 0.1% cream	Non-PDL Generic	
PREPARATION H HC 1% CREAM	Non-PDL Generic	OTC
PROCTO-MED HC 2.5% CREAM	Non-PDL Generic	
PROCTOSOL-HC 2.5% CREAM	Non-PDL Generic	
PROCTOZONE-HC 2.5% CREAM	Non-PDL Generic	
PUB HYDROCREAM 1%	Non-PDL Generic	OTC
qc hydrocortisone 1% cream (otc)	Non-PDL Generic	OTC
SB HYDROCORTISONE PLUS 1% CRM	Non-PDL Generic	OTC
SCALACORT DK 2% KIT 2-2-2 %	Non-PDL Brand	
sm hydrocortisone 1% ointment maximum strength (otc)	Non-PDL Generic	OTC

Drug	Status	Notes
SM HYDROCORTISONE PLUS 1% CRM	Non-PDL Generic	OTC
sm hydrocortisone-aloe 1% crm	Non-PDL Generic	OTC
triamcinolone 0.025% cream	Non-PDL Generic	
triamcinolone 0.025% lotion	Non-PDL Generic	
triamcinolone 0.025% oint	Non-PDL Generic	
triamcinolone 0.05% ointment	Non-PDL Generic	QL (430 GM per 30 days)
triamcinolone 0.1% cream	Non-PDL Generic	
triamcinolone 0.1% lotion	Non-PDL Generic	
triamcinolone 0.1% ointment	Non-PDL Generic	
triamcinolone 0.147 mg/g spray 0.147 mg/gram	Non-PDL Generic	
triamcinolone 0.5% cream	Non-PDL Generic	QL (454 GM per 30 days)
triamcinolone 0.5% ointment	Non-PDL Generic	
TRIANEX 0.05% OINTMENT	Non-PDL Generic	QL (430 GM per 30 days)
TRIDERM 0.5% CREAM	Non-PDL Generic	QL (454 GM per 30 days)
VANICREAM HC 1% CREAM	Non-PDL Generic	OTC
Topical Anti-Inflammatory, Nsaids		
ARTHRITIS PAIN RELIEVER 1% GEL	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
ASPERCREME ARTHRITIS 1% GEL	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
cvs diclofenac sodium 1% gel (otc)	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
diclofenac 1.5% topical soln	PDL Non-Preferred Generic	PA; QL (300 ML per 28 days)

Drug	Status	Notes
diclofenac 2% solution pump 20 mg/gram /actuation(2 %)	PDL Non-Preferred Generic	PA; QL (224 GM per 28 days)
diclofenac epolamine 1.3% ptch inner	PDL Non-Preferred Generic	PA
diclofenac epolamine 1.3% ptch outer	PDL Non-Preferred Generic	PA
diclofenac sodium 1% gel (otc)	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
diclofenac sodium 1% gel (rx)	Non-PDL Generic	90 DS; QL (900 GM per 28 days)
EQ ARTHRITIS PAIN 1% GEL	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
FLECTOR 1.3% PATCH INNER	PDL Non-Preferred Brand	PA
FLECTOR 1.3% PATCH OUTER	PDL Non-Preferred Brand	PA
FT ARTHRITIS PAIN 1% GEL	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
gnp diclofenac sodium 1% gel (otc)	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
GS ARTHRITIS PAIN 1% GEL	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
LICART 1.3% PATCH INNER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LICART 1.3% PATCH OUTER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MOTRIN ARTHRITIS PAIN 1% GEL	PDL Preferred Generic	OTC; QL (900 GM per 28 days)

Drug	Status	Notes
VOLTAREN ARTHRITIS PAIN 1% GEL	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
Topical Janus Kinase (Jak) Inhibitors		
ANZUPGO 2% CREAM	PDL Non-Preferred Brand	PA; QL (60 GM per 30 days)
OPZELURA 1.5% CREAM	PDL Non-Preferred Brand	PA; QL (63 GM per 30 days)
Dermatology - Antipruritic Drugs		
Antipruritics,Topical		
ANTI-ITCH 1%-0.1% CREAM 1-0.1 %	Non-PDL Generic	OTC
ANTI-ITCH 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC
BANOPHEN ANTI-ITCH 2% CREAM 2-0.1 %	Non-PDL Generic	OTC
BENADRYL ITCH COOLING SPRAY 2-0.1 %	Non-PDL Brand	OTC
CVS ITCH RELIEF 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC
CVS ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	Non-PDL Generic	OTC
CVS ITCH RELIEF CREAM 1-0.1 %	Non-PDL Generic	OTC
EQ ANTI-ITCH CREAM EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	OTC
FT ANTI-ITCH 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC
GNP ANTI-ITCH 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC
GNP ANTI-ITCH 2%-0.1% CREAM EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	OTC
GNP ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	Non-PDL Generic	OTC
GNP ITCH RELIEF 2%-0.1% SPRAY EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	OTC
GS ITCH RELIEF 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC
ITCH RELIEF 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC

Drug	Status	Notes
ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	Non-PDL Generic	OTC
ITCH RELIEF 2%-0.1% SPRAY EXTRA STRENGTH 2-0.1 %	Non-PDL Generic	OTC
ITCHZAP 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC
QC ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	Non-PDL Generic	OTC
WAL-DRYL 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC
WAL-DRYL 2%-0.1% SPRAY 2-0.1 %	Non-PDL Generic	OTC
WAL-DRYL ANTI-ITCH SPRAY 2 %	Non-PDL Generic	OTC
Dermatology - Miscellaneous		
Antiseborrheic Agents		
selenium sulfide 2.25% shampoo	Non-PDL Generic	
selenium sulfide 2.5% lotion	Non-PDL Generic	
Antiseptics,General		
ADVOCATE ALCOHOL 70% PREP PADS	Non-PDL Brand	OTC
ALCOHOL 70% PADS	Non-PDL Brand	OTC
alcohol 70% prep pads	Non-PDL Brand	OTC
ALCOHOL 70% PREP PADS	Non-PDL Brand	OTC
ALCOHOL 70% PREP PADS INNER	Non-PDL Brand	OTC
ALCOHOL 70% PREP PADS OUTER	Non-PDL Brand	OTC
ALCOHOL 70% PREP PADS STERILE	Non-PDL Brand	OTC
ALCOHOL 70% PREP PADS TWO-PLY, LARGE	Non-PDL Brand	OTC
ALCOHOL 70% PREP PADS TWO-PLY, MEDIUM	Non-PDL Brand	OTC
alcohol 70% swabs	Non-PDL Brand	OTC
alcohol 70% wipes	Non-PDL Brand	OTC

Drug	Status	Notes
ALCOHOL PREP PADS	Non-PDL Brand	OTC
alcohol swab sterile, two ply	Non-PDL Brand	OTC
alcohol swabs	Non-PDL Brand	OTC
CARETOUCH ALCOHOL 70% PREP PAD	Non-PDL Brand	OTC
CURITY ALCOHOL PREPS 2 PLY,MEDIUM	Non-PDL Brand	OTC
CVS ALCOHOL 70% PREP PADS	Non-PDL Brand	OTC
CVS ISOPROPYL ALCOHOL 70% WIPE	Non-PDL Brand	OTC
DROPSAFE ALCOHOL 70% PREP PADS	Non-PDL Brand	OTC
EASY COMFORT ALCOHOL 70% PAD	Non-PDL Brand	OTC
EASY TOUCH ALCOHOL 70% PADS GAMMA-STERILIZED	Non-PDL Brand	OTC
EASY TOUCH ALCOHOL 70% PADS MEDIUM 2-PLY	Non-PDL Brand	OTC
gnp alcohol swab sterile, two ply	Non-PDL Brand	OTC
gs alcohol 70% swabs	Non-PDL Brand	OTC
HEB INCONTROL ALCOHOL 70% PADS	Non-PDL Brand	OTC
pharm choice alcohol prep pads	Non-PDL Brand	OTC
PHARM CHOICE ALCOHOL PREP PADS	Non-PDL Brand	OTC
PREP EASE ALCOHOL PADS	Non-PDL Brand	OTC
PRO COMFORT ALCOHOL 70% PADS	Non-PDL Brand	OTC
PRO-COMFORT ALCOHOL 70% PADS	Non-PDL Brand	OTC
PURE COMFORT ALCOHOL 70% PADS	Non-PDL Brand	OTC
relion alcohol 70% swabs	Non-PDL Brand	OTC

Drug	Status	Notes
saps alcohol 70% prep pads	Non-PDL Brand	OTC
SAPS ALCOHOL 70% PREP PADS	Non-PDL Brand	OTC
SURE COMFORT ALCOHOL PREP PADS	Non-PDL Brand	OTC
SURE-PREP ALCOHOL PREP PADS	Non-PDL Brand	OTC
SWI ALCOHOL 70% PREP PADS	Non-PDL Brand	OTC
TRUE COMFORT ALCOHOL 70% PADS	Non-PDL Brand	OTC
TRUE COMFORT PRO ALCOHOL PADS	Non-PDL Brand	OTC
ULTILET ALCOHOL STERL SWAB	Non-PDL Brand	OTC
WEBCOL ALCOHOL PREPS 20'S,LARGE	Non-PDL Brand	OTC
WEBCOL ALCOHOL PREPS 20'S,LARGE,2-PLY	Non-PDL Brand	OTC
WEBCOL ALCOHOL PREPS 20'S,MEDIUM,2-PLY	Non-PDL Brand	OTC
Emollients		
AMLACTIN 12% LOTION (RX)	Non-PDL Generic	
ammonium lactate 12% cream (otc)	Non-PDL Generic	OTC
ammonium lactate 12% cream (rx)	Non-PDL Generic	
ammonium lactate 12% cream 2x140gm (rx)	Non-PDL Generic	
ammonium lactate 12% cream fragrance free (otc)	Non-PDL Generic	OTC
ammonium lactate 12% cream w/pump (rx)	Non-PDL Generic	
ammonium lactate 12% lotion (otc)	Non-PDL Generic	OTC
ammonium lactate 12% lotion (rx)	Non-PDL Generic	
ammonium lactate 12% lotion fragrance free (rx)	Non-PDL Generic	
AVO CREAM TOPICAL EMULSION	Non-PDL Generic	

Drug	Status	Notes
CVS DRY SKIN THERAPY CREAM (RX)	Non-PDL Generic	
CVS SKIN TREATMENT BODY LOTION 12 %	Non-PDL Generic	OTC
EMULSION SB TOPICAL EMULSION STEROID-FREE	Non-PDL Generic	
EMULSION SB TOPICAL TWIN PACK 2'S, TWIN PACK	Non-PDL Generic	
EQL THERAPEUTIC MOISTURIZ CRM	Non-PDL Generic	
HPR PLUS-MB HYDROGEL KIT 96.53-3-0.4 -0.066 %	Non-PDL Generic	
LOBANA BATH OIL	Non-PDL Generic	
MB HYDROGEL KIT 96.53-3-0.4 -0.066 %	Non-PDL Generic	
MINERIN CREME	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	
vitamin e 56,000 unit oil (rx)	Non-PDL Generic	
Hypertrichotic Agents, Systemic/Incl. Combinations		
finasteride 1 mg tablet	Non-PDL Generic	SP
finasteride 1 mg tablet f/c	Non-PDL Generic	SP
Iodine Antiseptics		
cvs povidone-iodine 10% soln	Non-PDL Generic	OTC
EQ FIRST AID ANTISEPTIC SOLN 10 %	Non-PDL Generic	OTC
ft povidone-iodine 10% sol	Non-PDL Generic	OTC
gnp povidone-iodine 10% soln	Non-PDL Generic	OTC

Drug	Status	Notes
povidone-iodine 10% ointment	Non-PDL Generic	OTC
povidone-iodine 10% soln pkt	Non-PDL Generic	OTC
povidone-iodine 10% solution	Non-PDL Generic	OTC
povidone-iodine 10% solution	Non-PDL Generic	OTC
povidone-iodine 10% solution outer	Non-PDL Generic	OTC
povidone-iodine 10% solution usp	Non-PDL Generic	OTC
qc povidone-iodine 10% soln	Non-PDL Generic	OTC
Irrigants		
acetic acid 0.25% irrig soln	Non-PDL Generic	
acetic acid 0.25% irrig soln irrigation	Non-PDL Generic	
CURITY STERILE WATER,IRRIGATIO	Non-PDL Generic	OTC
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	
SEA-CLENS WOUND CLEANSER	Non-PDL Generic	OTC
sodium chloride 0.9% irrig (rx)	Non-PDL Generic	
sodium chloride 0.9% irrig. (rx)	Non-PDL Generic	
sodium chloride 0.9% irrig. for transplant slush (rx)	Non-PDL Generic	
sodium chloride 0.9% irrigation 2000 ml inner (rx)	Non-PDL Generic	
sodium chloride 0.9% irrigation 2000 ml outer (rx)	Non-PDL Generic	
sodium chloride 0.9% irrigation 3000 ml inner (rx)	Non-PDL Generic	

Drug	Status	Notes
sodium chloride 0.9% irrigation 3000 ml outer (rx)	Non-PDL Generic	
sodium chloride 0.9% processing solution flex plast container (rx)	Non-PDL Generic	
sorbitol 3% urologic irrig	Non-PDL Generic	
sorbitol-mannitol irrig 2.7-0.54 gram/100 ml	Non-PDL Generic	
sterile water for irrigation	Non-PDL Generic	
sterile water for irrigation inner	Non-PDL Generic	
sterile water for irrigation outer	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	Non-PDL Generic	OTC
ARTHRITIS PAIN RLF 0.075% CRM	Non-PDL Generic	OTC
ASPERCREME MAX APPLICATOR LIQ 16 %	Non-PDL Generic	OTC
capsaicin 0.025% cream	Non-PDL Generic	OTC
capsaicin 0.075% cream	Non-PDL Generic	OTC
capsaicin 0.1% cream	Non-PDL Generic	OTC
CAPSAICIN HP 0.1% CREAM	Non-PDL Generic	OTC
CAPZIX 0.1% CREAM	Non-PDL Generic	OTC
COOL 'N HEAT APPLICATOR LIQUID 16 %	Non-PDL Generic	OTC
cvs capsaicin 0.1% cream	Non-PDL Generic	OTC
CVS THERAPEUTIC 1% SHAMPOO	Non-PDL Generic	OTC
CVS THERAPEUTIC SHAMPOO 0.5%	Non-PDL Generic	OTC

Drug	Status	Notes
GNP COOL-HEAT APPLICATOR LIQ 16 %	Non-PDL Generic	OTC
IONIL T SHAMPOO 1 %	Non-PDL Generic	OTC
methyl salicylate liquid nf (rx)	Non-PDL Generic	
methyl salicylate oil nf, synthetic (rx)	Non-PDL Generic	
QC T-PLUS 0.5% THERAP SHAMPOO	Non-PDL Generic	OTC
QUTENZA 8% KIT (1 PATCH) OUTER, 1 PATCH	PDL Non-Preferred Brand	PA
QUTENZA 8% KIT (2 PATCH) OUTER, 2 PATCHES	PDL Non-Preferred Brand	PA
QUTENZA 8% KIT (4 PATCH) OUTER, 4 PATCHES	PDL Non-Preferred Brand	PA
TARSUM PRO SHAMPOO GEL 2 %	Non-PDL Generic	OTC
THERA-GEL 0.5% SHAMPOO	Non-PDL Generic	OTC
T-PLUS 0.5% THERAPEUTIC SHMPOO	Non-PDL Generic	OTC
X-SEB T PLUS SHAMPOO 2 %	Non-PDL Generic	OTC
ZOSTRIX 0.033% CREAM	Non-PDL Generic	OTC
ZOSTRIX HP 0.1% CREAM	Non-PDL Generic	OTC
Keratolytics		
ACNE FOAMING 10% WASH	PDL Preferred Generic	OTC
ACNE MEDICATION 10% GEL	PDL Preferred Generic	OTC
ACNE MEDICATION 5% GEL	PDL Preferred Generic	OTC

Drug	Status	Notes
ACNE TREATMENT 10% GEL	PDL Preferred Generic	OTC
ACNECLEAR GEL 10 %	PDL Preferred Generic	OTC
ADVANCED ACNE 4.4% WASH	PDL Non-Preferred Brand	PA; OTC
BENZEPRO 5.3% EMOLLIENT FOAM	PDL Non-Preferred Generic	PA; OTC
BENZEPRO 6% FOAMING CLOTHS	Non-PDL Generic	
BENZEPRO 7% CREAMY WASH	Non-PDL Generic	
BENZEPRO 9.8% FOAM	PDL Non-Preferred Generic	PA; OTC
benzoyl peroxide 10% gel (otc)	PDL Preferred Generic	OTC
benzoyl peroxide 10% gel aqueous (otc)	PDL Preferred Generic	OTC
benzoyl peroxide 10% gel maximum strength (otc)	PDL Preferred Generic	OTC
benzoyl peroxide 10% gel max-str, aqueous (otc)	PDL Preferred Generic	OTC
benzoyl peroxide 10% wash (otc)	PDL Preferred Generic	OTC
benzoyl peroxide 2.5% gel (otc)	PDL Preferred Generic	OTC
benzoyl peroxide 5% gel (otc)	PDL Preferred Generic	OTC
benzoyl peroxide 5% gel aqueous (otc)	PDL Preferred Generic	OTC

Drug	Status	Notes
benzoyl peroxide 5% gel aqueous base (otc)	PDL Preferred Generic	OTC
benzoyl peroxide 5% wash (otc)	PDL Preferred Generic	OTC
benzoyl peroxide 6% cleanser (otc)	PDL Preferred Generic	OTC
benzoyl peroxide 9.8% foam (rx)	Non-PDL Generic	
BP WASH 10% LIQUID	PDL Preferred Generic	OTC
BP WASH 2.5% LIQUID	PDL Non-Preferred Brand	PA; OTC
BP WASH 5% LIQUID	PDL Preferred Generic	OTC
BPO 4% GEL (OTC)	PDL Preferred Generic	OTC
BPO 6% FOAMING CLOTHS (OTC)	PDL Non-Preferred Generic	PA; OTC
BPO 6% FOAMING CLOTHS INNER (OTC)	PDL Non-Preferred Generic	PA; OTC
BPO 6% FOAMING CLOTHS OUTER (OTC)	PDL Non-Preferred Generic	PA; OTC
BPO 8% GEL (OTC)	PDL Preferred Generic	OTC
BPO 8% GEL (RX)	PDL Preferred Generic	
CALLUS REMOVERS PADS MEDICATED 40 %	Non-PDL Generic	OTC
CALLUS REMOVERS PATCH 40 %	Non-PDL Generic	OTC

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

Drug	Status	Notes
CVS CORN REMOVER 40% PATCH	Non-PDL Generic	OTC
CVS CREAMY ACNE 4% FACE WASH	PDL Non-Preferred Generic	PA; OTC
CVS FOAMING ACNE FACE 10% WASH	PDL Preferred Generic	OTC
CVS PLANTAR 40% WART REMOVER	Non-PDL Generic	OTC
CVS WART REMOVER 17% LIQUID	Non-PDL Generic	OTC
CVS WART REMOVER 40% PATCH	Non-PDL Generic	OTC
CVS WART REMOVER STRIP 40 %	Non-PDL Generic	OTC
DR SCHOLL'S CLEAR AWAY STRIPS 40 %	Non-PDL Generic	OTC
DUOFILM LIQUID W/20 COVER-UP DISCS 17 %	Non-PDL Generic	OTC
DURAGEL CALLUS REMOVERS 40%	Non-PDL Generic	OTC
EQ LIQUID WART REMOVER 17% LIQ	Non-PDL Generic	OTC
EQL CALLUS REMOVER 40% PAD	Non-PDL Generic	OTC
FT CORN REMOVER 40% DISC	Non-PDL Generic	OTC
GEL CALLUS REMOVERS CUSHION MEDICATED 40 %	Non-PDL Generic	OTC
GNP CORN REMOVER 40% PATCH	Non-PDL Generic	OTC
GNP LIQUID WART REMOVER 17% LQ	Non-PDL Generic	OTC
GS LIQUID WART REMOVER 17% LIQ	Non-PDL Generic	OTC
LIQUID CORN-CALLUS REMOVER 17 %	Non-PDL Generic	OTC
LIQUID CORN-CALLUS REMOVER 17 %	Non-PDL Generic	OTC
LIQUID WART REMOVER 17% LIQUID	Non-PDL Generic	OTC

Drug	Status	Notes
LIQUID WART REMOVER 17% LIQUID W/APPLICATOR	Non-PDL Generic	OTC
MEDIPLAST CORN-CALLUS-WART PAD 40 %	Non-PDL Generic	OTC
PANOXYL 10% ACNE FOAMING WASH	PDL Preferred Generic	OTC
PANOXYL 4% ACNE CREAMY WASH	PDL Non-Preferred Generic	PA; OTC
PERSA-GEL 10% 12'S,MAX-STRENGTH	PDL Preferred Generic	OTC
PODOCON-25 LIQUID 25 %	Non-PDL Generic	
podofilox 0.5% gel	Non-PDL Generic	QL (0.5 GM per 1 day)
podofilox 0.5% topical soln	Non-PDL Generic	QL (0.5 ML per 1 day)
pr benzoyl peroxide 7% wash (rx)	Non-PDL Generic	
PR BENZOYL PEROXIDE 7% WASH	Non-PDL Generic	
QC CORN REMOVER 40% PATCH	Non-PDL Generic	OTC
salicylic acid 26% liquid	Non-PDL Generic	
salicylic acid 27.5% liquid w/brush applicator	Non-PDL Generic	
salicylic acid 27.5% liquid wart remover	Non-PDL Generic	
salicylic acid 6% cream	Non-PDL Generic	
salicylic acid 6% cream	Non-PDL Generic	
salicylic acid 6% cream kit	Non-PDL Generic	
salicylic acid 6% gel	Non-PDL Generic	
salicylic acid 6% lotion	Non-PDL Generic	
salicylic acid 6% lotion	Non-PDL Generic	

Drug	Status	Notes
salicylic acid 6% shampoo	Non-PDL Generic	
silver nitrate 10% solution	Non-PDL Generic	
silver nitrate applicator 12" 75-25 %	Non-PDL Generic	
silver nitrate applicator 6" 75-25 %	Non-PDL Generic	
silver nitrate applicator 75-25 %	Non-PDL Generic	
urea 35% foam	Non-PDL Generic	
urea 39% cream	Non-PDL Generic	
urea 40% cream	Non-PDL Generic	
urea 45% cream	Non-PDL Generic	
urea 45% nail gel	Non-PDL Generic	
urea 50% cream	Non-PDL Generic	
UREA 50% NAIL STICK 6-2.4ML APPLICATORS	Non-PDL Generic	
WART REMOVER 17% LIQUID	Non-PDL Generic	OTC
WART REMOVER 17% LIQUID MAXIMUM STRENGTH	Non-PDL Generic	OTC
WART REMOVER 40% PATCH W/20 PADS, MEDICATED	Non-PDL Generic	OTC
Oxidizing Agents		
cvs hydrogen peroxide 3% soln (otc)	Non-PDL Generic	OTC
CVS PEROXIDE SORE MOUTH CLNSER 1.5 %	Non-PDL Generic	OTC
eql hydrogen peroxide 3% soln (otc)	Non-PDL Generic	OTC
ft hydrogen peroxide 3% soln (otc)	Non-PDL Generic	OTC
gnp hydrogen peroxide 3% soln (otc)	Non-PDL Generic	OTC
gs hydrogen peroxide 3% soln (otc)	Non-PDL Generic	OTC

Drug	Status	Notes
hydrogen peroxide 3% solution (otc)	Non-PDL Generic	OTC
hydrogen peroxide 3% solution 20's,packet (otc)	Non-PDL Generic	OTC
hydrogen peroxide 3% solution gargle or rinse (otc)	Non-PDL Generic	OTC
hydrogen peroxide 3% solution usp (otc)	Non-PDL Generic	OTC
PEROXYL DENTAL RINSE 1.5 %	Non-PDL Generic	OTC
pub hydrogen peroxide 3% soln (otc)	Non-PDL Generic	OTC
sm hydrogen peroxide 3% soln (otc)	Non-PDL Generic	OTC
Protectives		
4-N-1 CREAM 1 %	Non-PDL Generic	OTC
4-N-1 NO RINSE WASH CREAM 1 %	Non-PDL Generic	OTC
AQUAPHOR BABY DIAPER RASH 40%	Non-PDL Generic	OTC
benzoin tincture	Non-PDL Generic	OTC
BOUDREAUXS BUTT PASTE BARRIER 1 %	Non-PDL Generic	OTC
CALASOOTHE 0.44%-20.6% CRM PKT INNER 0.44-20.6 %	Non-PDL Brand	OTC
CALASOOTHE 0.44%-20.6% CRM PKT OUTER 0.44-20.6 %	Non-PDL Brand	OTC
CALASOOTHE 0.44%-20.6% OINT INNER 0.44-20.6 %	Non-PDL Brand	OTC
CALASOOTHE 0.44%-20.6% OINT INNER 0.44-20.6 %	Non-PDL Generic	OTC
CALASOOTHE 0.44%-20.6% OINT OUTER 0.44-20.6 %	Non-PDL Brand	OTC
CALASOOTHE 0.44%-20.6% OINT OUTER 0.44-20.6 %	Non-PDL Generic	OTC
CALMOSEPTINE OINTMENT 0.44-20.6 %	Non-PDL Brand	OTC
CALPROTECT 0.44%-20.6% OINT 0.44-20.6 %	Non-PDL Generic	OTC
COOL BOTTOMS DIAPER RASH CREAM 1 %	Non-PDL Generic	OTC

Drug	Status	Notes
CVS DIAPER RASH 40% OINTMENT	Non-PDL Generic	OTC
cvs zinc oxide 20% ointment (otc)	Non-PDL Generic	OTC
DERMASEPTIN OINTMENT 0.5-20.65 %	Non-PDL Generic	OTC
DIAPER RASH 40% OINTMENT	Non-PDL Generic	OTC
DIAPER RASH 40% OINTMENT MAXIMUM STRENGTH	Non-PDL Generic	OTC
DIAPER RASH 40% PASTE	Non-PDL Generic	OTC
DR. SMITH'S DIAPER 10% OINTMNT	Non-PDL Generic	OTC
ENDIT 20% OINTMENT	Non-PDL Generic	OTC
EQL DIAPER RASH 40% OINTMENT	Non-PDL Generic	OTC
gnp zinc oxide 20% ointment (otc)	Non-PDL Generic	OTC
HYDROSEPTINE OINTMENT 0.44-20.6 %	Non-PDL Generic	OTC
menthol-zinc oxide ointment 0.44-20.6 %	Non-PDL Generic	OTC
MOISTURE BARRIER OINTMENT 0.44-20.6 %	Non-PDL Generic	OTC
NEUTRAPHOR CREAM 1 %	Non-PDL Generic	OTC
PERIGUARD OINTMENT	Non-PDL Generic	OTC
PR CREAM KIT	Non-PDL Generic	
PROSHIELD PLUS 1% OINTMENT	Non-PDL Generic	OTC
REMEDY CALAZIME PROTECT PASTE 0.2-20 %, 3.5-0.2-69-16.5 %	Non-PDL Brand	OTC
RISAMINE OINTMENT 0.44-20.6 %	Non-PDL Generic	OTC
tincture of benzoin prep spray	Non-PDL Generic	OTC
TRIPLE PASTE 12.8% OINTMENT	Non-PDL Brand	OTC

Drug	Status	Notes
TRIPLE PASTE 40% OINTMENT	Non-PDL Generic	OTC
zinc oxide 20% ointment (otc)	Non-PDL Generic	OTC
zinc oxide 20% ointment (rx)	Non-PDL Generic	
zinc oxide 20% ointment inner (otc)	Non-PDL Generic	OTC
zinc oxide 20% ointment outer (otc)	Non-PDL Generic	OTC
zinc oxide 40% ointment	Non-PDL Generic	OTC
zinc oxide ointment	Non-PDL Generic	OTC
ZINC-OXYDE PLUS OINTMENT 0.44-20 %	Non-PDL Brand	OTC
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM HC 2.5%-1% LOTION 2.5-1 %	Non-PDL Brand	
hydrocort-pramoxine 2.5-1% crm	Non-PDL Generic	
lidocaine-hc 3-0.5% cream	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		
bexarotene 1% gel	Non-PDL Generic	PA; SP
diclofenac sodium 3% gel	Non-PDL Generic	
fluorouracil 2% topical soln	Non-PDL Generic	
fluorouracil 5% cream	Non-PDL Generic	

Drug	Status	Notes
fluorouracil 5% topical soln	Non-PDL Generic	
PANRETIN 0.1% GEL	Non-PDL Brand	SP; QL (60 GM per 28 days)
VALCHLOR 0.016% GEL	Non-PDL Brand	PA; SP
Topical Local Anesthetics		
ANLIDO 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ASPERCREME LIDOCAINE 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ASPERCREME LIDOCAINE 4% PATCH OUTER	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ASPERFLEX PAIN RELIEF 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ASPERFLEX PAIN RELIEF 4% PATCH INNER	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ASPERFLEX PAIN RELIEF 4% PATCH OUTER	Non-PDL Generic	OTC; QL (30 EA per 30 days)
BLUE-EMU LIDOCAINE 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
CVS HEMORRHOIDAL-ANALGESC OINT 1 %	Non-PDL Generic	OTC
cvs lidocaine pain rlf 4% ptch	Non-PDL Generic	OTC; QL (30 EA per 30 days)
CVS PAIN RELIEF(LIDO) 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
DERMACINRX LIDOCAINE 3% CREAM	Non-PDL Generic	OTC
DERMACINRX LIDOCAN 5% PATCH INNER	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
DERMACINRX LIDOCAN 5% PATCH OUTER	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
dibucaine 1% ointment	Non-PDL Generic	
eq lidocaine pain rlf 4% patch	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ethyl chloride spray coarse spray 100 %	Non-PDL Generic	
ethyl chloride spray fine stream 100 %	Non-PDL Generic	

Drug	Status	Notes
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	
FT PAIN RELIEF(LIDO) 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
gnp lidocaine pain rlf 4% ptch	Non-PDL Generic	OTC; QL (30 EA per 30 days)
GS PAIN RELIEF(LIDO) 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDO KING 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
lidocaine 3% cream (rx)	Non-PDL Generic	
lidocaine 4% patch	Non-PDL Brand	OTC; QL (30 EA per 30 days)
lidocaine 4% patch	Non-PDL Generic	OTC; QL (30 EA per 30 days)
lidocaine 4% patch inner	Non-PDL Generic	OTC; QL (30 EA per 30 days)
lidocaine 4% patch outer	Non-PDL Generic	OTC; QL (30 EA per 30 days)
lidocaine 5% ointment	Non-PDL Generic	QL (240 GM per 30 days)
lidocaine 5% patch	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
lidocaine 5% patch inner	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
lidocaine 5% patch outer	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
lidocaine hcl 4% solution	Non-PDL Generic	
lidocaine pain relief 4% patch	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOCAINE PAIN RELIEF 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
lidocaine pain relief 4% patch inner	Non-PDL Generic	OTC; QL (30 EA per 30 days)

Drug	Status	Notes
lidocaine pain relief 4% patch outer	Non-PDL Generic	OTC; QL (30 EA per 30 days)
lidocaine-prilocaine 2.5%-2.5% cream 2.5-2.5 %	Non-PDL Generic	
lidocaine-prilocaine 2.5%-2.5% cream inner 2.5-2.5 %	Non-PDL Generic	
lidocaine-prilocaine 2.5%-2.5% cream outer 2.5-2.5 %	Non-PDL Generic	
lidocaine-prilocaine 2.5%-2.5% cream outer, p/f 2.5-2.5 %	Non-PDL Generic	
LIDOCAN III 5% PATCH INNER	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
LIDOCAN III 5% PATCH OUTER	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
LIDOCAN IV 5% PATCH INNER	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
LIDOCAN IV 5% PATCH OUTER	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
LIDOCAN V 5% PATCH INNER	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
LIDOCAN V 5% PATCH OUTER	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
LIDOCARE 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOCARE 4% PATCH OUTER	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOCORE 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOFORE 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOGUARD PAIN RELIEF 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDONUMB 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOTRODE 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)

Drug	Status	Notes
LIDOZO 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
NEUROCAINE 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
PAIN RELIEF (LIDO) 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
PAIN RELIEF (LIDO) 4% PATCH INNER	Non-PDL Generic	OTC; QL (30 EA per 30 days)
PAIN RELIEF (LIDO) 4% PATCH OUTER	Non-PDL Generic	OTC; QL (30 EA per 30 days)
PAIN RLF (LIDO) 4% GEL PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
qc lidocaine pain rlf 4% patch	Non-PDL Generic	OTC; QL (30 EA per 30 days)
RE-LIEVED LIDOCAINE 4% PATCH INNER	Non-PDL Generic	OTC; QL (30 EA per 30 days)
RE-LIEVED LIDOCAINE 4% PATCH OUTER	Non-PDL Generic	OTC; QL (30 EA per 30 days)
SALONPAS 4% FLEXPATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
SALONPAS 4% PATCH	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ZTLIDO 1.8% TOPICAL SYSTEM INNER	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
ZTLIDO 1.8% TOPICAL SYSTEM OUTER	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Dermatology - Pigmentation Disorders		
Hypopigmentation Agents		
hydroquinone 4% cream	Non-PDL Generic	
OBAGI ELASTIDERM SKIN 4% CREAM	Non-PDL Generic	
OBAGI NU-DERM BLENDER 4% CREAM	Non-PDL Generic	
OBAGI NU-DERM CLEAR 4% CREAM	Non-PDL Generic	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents,Systemic		
acitretin 10 mg capsule	Non-PDL Generic	

Drug	Status	Notes
acitretin 17.5 mg capsule	Non-PDL Generic	
acitretin 25 mg capsule	Non-PDL Generic	
BIMZELX 160 MG/ML AUTOINJECTOR SUV, P/F	PDL Non-Preferred Brand	PA; SP
BIMZELX 160 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
BIMZELX 320 MG/2 ML AUTOINJECT SUV, P/F	PDL Non-Preferred Brand	PA; SP
BIMZELX 320 MG/2 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
COSENTYX (150 MG/ML) 300 MG DOSE-2 SYRINGES	PDL Non-Preferred Brand	PA; SP
COSENTYX 150 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
COSENTYX 75 MG/0.5 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
COSENTYX SENSOREADY 150 MG/ML PEN	PDL Non-Preferred Brand	PA; SP
COSENTYX SENSOREADY 300 MG DOSE/2 PENS (150 MG/PEN) 150 MG/ML	PDL Non-Preferred Brand	PA; SP
COSENTYX UNOREADY 300 MG/2 ML PEN (1 PEN) SUV,P/F, 1 PEN=300MG	PDL Non-Preferred Brand	PA; SP
ICOTYDE 200 MG TABLET	PDL Non-Preferred Brand	PA; SP
methoxsalen 10 mg softgel	Non-PDL Generic	
SILIQ 210 MG/1.5 ML SYRINGE INNER,P/F,SDV	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
SILIQ 210 MG/1.5 ML SYRINGE OUTER,P/F,SDV	PDL Non-Preferred Brand	PA; SP
SKYRIZI 150 MG/ML PEN SUV, P/F	PDL Non-Preferred Brand	PA; SP
SKYRIZI 150 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
SKYRIZI 55 MG/0.37 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
SOTYKTU 6 MG TABLET	PDL Non-Preferred Brand	PA; SP
SPEVIGO 150 MG/ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
SPEVIGO 150 MG/ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
SPEVIGO 150 MG/ML SYRINGE SUV, P/F, INNER	PDL Non-Preferred Brand	PA; SP
SPEVIGO 150 MG/ML SYRINGE SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP
SPEVIGO 300 MG/2 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
TALTZ 20 MG/0.25 ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
TALTZ 20 MG/0.25 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
TALTZ 40 MG/0.5 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR (2-PACK)	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
TALTZ 80 MG/ML AUTOINJECTOR (3-PACK)	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR P/F,SDV,INNER	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR P/F,SDV,OUTER	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML SYRINGE P/F,SUV,INNER	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML SYRINGE P/F,SUV,OUTER	PDL Non-Preferred Brand	PA; SP
Antipsoriatics Agents		
calcipotriene 0.005% cream	Non-PDL Generic	
calcipotriene 0.005% ointment	Non-PDL Generic	
calcipotriene 0.005% solution	Non-PDL Generic	
calcitriol 3 mcg/g ointment 3 mcg/gram	Non-PDL Generic	
DRITHOCREME HP 1% CREAM	Non-PDL Brand	
PELLIX 0.005% SOLUTION	Non-PDL Generic	
tazarotene 0.05% gel	PDL Non-Preferred Generic	PA; Age (Max 39 Years)
tazarotene 0.1% cream	PDL Non-Preferred Generic	PA
tazarotene 0.1% gel	PDL Non-Preferred Generic	PA; Age (Max 39 Years)
TRILITAS 0.1% GEL	PDL Non-Preferred Generic	PA; Age (Max 39 Years)

Drug	Status	Notes
Il-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH 100 MG/ML PEN	PDL Non-Preferred Brand	PA; SP
OMVOH 100 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
SKYRIZI 180 MG/1.2 ML ON-BODY INNER, SUV, P/F 180 MG/1.2 ML (150 MG/ML)	PDL Non-Preferred Brand	PA; SP
SKYRIZI 180 MG/1.2 ML ON-BODY OUTER, SUV, P/F 180 MG/1.2 ML (150 MG/ML)	PDL Non-Preferred Brand	PA; SP
SKYRIZI 360 MG/2.4 ML ON-BODY INNER, SUV, P/F 360 MG/2.4 ML (150 MG/ML)	PDL Non-Preferred Brand	PA; SP
SKYRIZI 360 MG/2.4 ML ON-BODY OUTER, SUV, P/F 360 MG/2.4 ML (150 MG/ML)	PDL Non-Preferred Brand	PA; SP
TREMFYA 100 MG/ML ONE-PRESS SUV, P/F	PDL Non-Preferred Brand	PA; SP
TREMFYA 100 MG/ML PEN INNER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
TREMFYA 100 MG/ML PEN OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
TREMFYA 100 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
TREMFYA 200 MG/2 ML PEN INNER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
TREMFYA 200 MG/2 ML PEN OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
TREMFYA 200 MG/2 ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
TREMFYA 200 MG/2 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
TREMFYA INDUCTION PACK 200 MG/2 ML X2 PENS (400 MG DOSE)	PDL Non-Preferred Brand	PA; SP
Topical Immunosuppressive Agents		
tacrolimus 0.03% ointment	Non-PDL Generic	Age (Min 2 Years)
tacrolimus 0.1% ointment	Non-PDL Generic	Age (Min 2 Years)
Topical Vit D Analog/Antiinflammatory, Steroidal		
calcipotriene-betamethasone dp 0.005%-0.064% ointment 0.005-0.064 %	Non-PDL Generic	
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
alogliptin-metformin 12.5-1000	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	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET 50-1,000 MG TABLET F/C, BULK PACKAGE	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET 50-500 MG TABLET F/C	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET 50-500 MG TABLET F/C, BULK PACKAGE	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET XR 100-1,000 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JANUMET XR 100-1,000 MG TABLET F/C, BULK	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
JANUMET XR 50-1,000 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JANUMET XR 50-1,000 MG TABLET F/C, BULK	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JANUMET XR 50-500 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JANUMET XR 50-500 MG TABLET F/C, BULK	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JENTADUETO 2.5 MG-1,000 MG TAB	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	PDL Preferred Brand	QL (2 EA per 1 day)
JENTADUETO XR 5 MG-1,000 MG TB	PDL Preferred Brand	QL (1 EA per 1 day)
saxagliptin-metformin er 2.5-1,000 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
saxagliptin-metformin er 5-1,000 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
saxagliptin-metformin er 5-500 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
sitagliptin phosphate-metformin 50 mg-1,000 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
sitagliptin phosphate-metformin 50 mg-500 mg tablet 50-500 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
sitagliptin phosphate-metformin er 100 mg-1,000 mg tablet	Non-PDL Generic	QL (1 EA per 1 day)
sitagliptin phosphate-metformin er 50 mg-1,000 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
sitagliptin phosphate-metformin er 50 mg-500 mg tablet 50-500 mg	Non-PDL Generic	QL (2 EA per 1 day)
sitagliptin-metformin 50 mg-1,000 mg tablet	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
sitagliptin-metformin 50 mg-500 mg tablet 50-500 mg	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
sitagliptin-metformin er 100 mg-1,000 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
sitagliptin-metformin er 50 mg-1,000 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
sitagliptin-metformin er 50 mg-500 mg tablet 50-500 mg	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
ZITUVIMET 50-1,000 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZITUVIMET 50-500 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZITUVIMET XR 100-1,000 MG TAB	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZITUVIMET XR 50-1,000 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZITUVIMET XR 50-500 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
alogliptin-pioglit 12.5-30 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
alogliptin-pioglit 25-15 mg tb	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
alogliptin-pioglit 25-30 mg tb	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
alogliptin-pioglit 25-45 mg tb	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
exenatide 10 mcg dose pen inj 10 mcg/dose(250 mcg/ml) 2.4 ml	PDL Non-Preferred Generic	PA
exenatide 5 mcg dose pen inj 5 mcg/dose (250 mcg/ml) 1.2 ml	PDL Non-Preferred Generic	PA
liraglutide 2-pak 18 mg/3 ml outer, suv 0.6 mg/0.1 ml (18 mg/3 ml)	PDL Non-Preferred Generic	PA
liraglutide 2-pak 18 mg/3 ml suv, outer 0.6 mg/0.1 ml (18 mg/3 ml)	PDL Non-Preferred Generic	PA
liraglutide 3-pak 18 mg/3 ml outer, suv 0.6 mg/0.1 ml (18 mg/3 ml)	PDL Non-Preferred Generic	PA
liraglutide 3-pak 18 mg/3 ml suv, outer 0.6 mg/0.1 ml (18 mg/3 ml)	PDL Non-Preferred Generic	PA
OZEMPIC 0.25-0.5 MG/DOSE (2 MG/3 ML) PEN OUTER, SUV 0.25 MG OR 0.5 MG (2 MG/3 ML)	PDL Preferred Brand	PA
OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN INNER, SUV	PDL Preferred Brand	PA
OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN OUTER, SUV	PDL Preferred Brand	PA
OZEMPIC 1.5 MG TABLET	PDL Preferred Brand	PA

Drug	Status	Notes
OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN INNER, SUV	PDL Preferred Brand	PA
OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN OUTER, SUV	PDL Preferred Brand	PA
OZEMPIC 4 MG TABLET	PDL Preferred Brand	PA
OZEMPIC 9 MG TABLET	PDL Preferred Brand	PA
RYBELSUS 14 MG TABLET	PDL Non-Preferred Brand	PA
RYBELSUS 3 MG TABLET	PDL Non-Preferred Brand	PA
RYBELSUS 7 MG TABLET	PDL Non-Preferred Brand	PA
TRULICITY 0.75 MG/0.5 ML PEN SDV, INNER	PDL Preferred Brand	PA
TRULICITY 0.75 MG/0.5 ML PEN SDV, OUTER	PDL Preferred Brand	PA
TRULICITY 1.5 MG/0.5 ML PEN SDV, INNER	PDL Preferred Brand	PA
TRULICITY 1.5 MG/0.5 ML PEN SDV, OUTER	PDL Preferred Brand	PA
TRULICITY 3 MG/0.5 ML PEN INNER, SUV, P/F	PDL Preferred Brand	PA
TRULICITY 3 MG/0.5 ML PEN OUTER, SUV, P/F	PDL Preferred Brand	PA
TRULICITY 4.5 MG/0.5 ML PEN INNER, SUV, P/F	PDL Preferred Brand	PA

Drug	Status	Notes
TRULICITY 4.5 MG/0.5 ML PEN OUTER, SUV, P/F	PDL Preferred Brand	PA
VICTOZA 2-PAK 18 MG/3 ML PEN 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred Brand	PA
VICTOZA 3-PAK 18 MG/3 ML PEN 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred Brand	PA
Antihyperglycemc-Sod/Gluc Cotransport2(Sglt2)Inhib		
dapagliflozin 10 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dapagliflozin 5 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
FARXIGA 10 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
FARXIGA 10 MG TABLET F/C	PDL Preferred Brand	QL (1 EA per 1 day)
FARXIGA 5 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
FARXIGA 5 MG TABLET F/C	PDL Preferred Brand	QL (1 EA per 1 day)
INPEFA 200 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INPEFA 400 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVOKANA 100 MG TABLET F/C	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
INVOKANA 300 MG TABLET	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)

Drug	Status	Notes
JARDIANCE 10 MG TABLET F/C	PDL Preferred Brand	QL (1 EA per 1 day)
JARDIANCE 25 MG TABLET F/C	PDL Preferred Brand	QL (1 EA per 1 day)
STEGLATRO 15 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
STEGLATRO 5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO 10 MG/0.5 ML PEN INNER, SUV, P/F	PDL Preferred Brand	
MOUNJARO 10 MG/0.5 ML PEN OUTER, SUV, P/F	PDL Preferred Brand	
MOUNJARO 12.5 MG/0.5 ML PEN INNER, SUV, P/F	PDL Preferred Brand	
MOUNJARO 12.5 MG/0.5 ML PEN OUTER, SUV, P/F	PDL Preferred Brand	
MOUNJARO 15 MG/0.5 ML PEN INNER, SUV, P/F	PDL Preferred Brand	
MOUNJARO 15 MG/0.5 ML PEN OUTER, SUV, P/F	PDL Preferred Brand	
MOUNJARO 2.5 MG/0.5 ML PEN INNER, SUV, P/F	PDL Preferred Brand	
MOUNJARO 2.5 MG/0.5 ML PEN OUTER, SUV, P/F	PDL Preferred Brand	
MOUNJARO 5 MG/0.5 ML PEN INNER, SUV, P/F	PDL Preferred Brand	

Drug	Status	Notes
MOUNJARO 5 MG/0.5 ML PEN OUTER, SUV, P/F	PDL Preferred Brand	
MOUNJARO 7.5 MG/0.5 ML PEN INNER, SUV, P/F	PDL Preferred Brand	
MOUNJARO 7.5 MG/0.5 ML PEN OUTER, SUV, P/F	PDL Preferred Brand	
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
acarbose 100 mg tablet	PDL Preferred Generic	
acarbose 25 mg tablet	PDL Preferred Generic	
acarbose 50 mg tablet	PDL Preferred Generic	
miglitol 100 mg tablet	PDL Non-Preferred Generic	PA
miglitol 25 mg tablet	PDL Non-Preferred Generic	PA
miglitol 50 mg tablet	PDL Non-Preferred Generic	PA
Antihyperglycemic, Dpp-4 Inhibitors		
alogliptin 12.5 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
alogliptin 25 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
alogliptin 6.25 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
BRYNOVIN 25 MG/ML SOLUTION	PDL Non-Preferred Brand	PA

Drug	Status	Notes
JANUVIA 100 MG TABLET F/C	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 100 MG TABLET F/C, BULK PACKAGE	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 100 MG TABLET U-D, F/C, INNER	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 100 MG TABLET U-D, F/C, OUTER	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 25 MG TABLET F/C	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 25 MG TABLET U-D,F/C,INNER	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 25 MG TABLET U-D,F/C,OUTER	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 50 MG TABLET F/C	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 50 MG TABLET INNER, F/C	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 50 MG TABLET OUTER, F/C	PDL Preferred Brand	QL (1 EA per 1 day)
saxagliptin hcl 2.5 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
saxagliptin hcl 5 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
sitagliptin 100 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
sitagliptin 25 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
sitagliptin 50 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
sitagliptin phosphate 100 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
sitagliptin phosphate 25 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
sitagliptin phosphate 50 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
TRADJENTA 5 MG TABLET 10X10, U-D	PDL Preferred Brand	QL (1 EA per 1 day)
TRADJENTA 5 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
TRADJENTA 5 MG TABLET F/C	PDL Preferred Brand	QL (1 EA per 1 day)
ZITUVIO 100 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZITUVIO 25 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZITUVIO 50 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
glimepiride 1 mg tablet	Non-PDL Generic	90 DS
glimepiride 2 mg tablet	Non-PDL Generic	90 DS
glimepiride 2 mg tablet u-d, 10x10, inner	Non-PDL Generic	90 DS
glimepiride 2 mg tablet u-d, 10x10, outer	Non-PDL Generic	90 DS
glimepiride 4 mg tablet	Non-PDL Generic	90 DS

Drug	Status	Notes
glimepiride 4 mg tablet u-d, 10x10, inner	Non-PDL Generic	90 DS
glimepiride 4 mg tablet u-d, 10x10, outer	Non-PDL Generic	90 DS
glipizide 10 mg tablet	Non-PDL Generic	90 DS
glipizide 5 mg tablet	Non-PDL Generic	90 DS
glipizide er 10 mg tablet	Non-PDL Generic	90 DS
glipizide er 2.5 mg tablet	Non-PDL Generic	90 DS
glipizide er 5 mg tablet	Non-PDL Generic	90 DS
glyburide 1.25 mg tablet	Non-PDL Generic	90 DS
glyburide 2.5 mg tablet	Non-PDL Generic	90 DS
glyburide 5 mg tablet	Non-PDL Generic	90 DS
nateglinide 120 mg tablet	Non-PDL Generic	
nateglinide 60 mg tablet	Non-PDL Generic	
repaglinide 0.5 mg tablet	Non-PDL Generic	
repaglinide 1 mg tablet	Non-PDL Generic	
repaglinide 1 mg tablet inner	Non-PDL Generic	
repaglinide 1 mg tablet outer	Non-PDL Generic	
repaglinide 2 mg tablet	Non-PDL Generic	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
pioglitazone hcl 15 mg tablet	PDL Preferred Generic	90 DS
pioglitazone hcl 30 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
pioglitazone hcl 45 mg tablet	PDL Preferred Generic	90 DS
Antihyperglycemic, Sglt-2 & Dpp-4 Inhibitor Comb.		
dapagliflozin-saxagliptin 10-5 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
GLYXAMBI 10 MG-5 MG TABLET F/C 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)
STEGLUJAN 15-100 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
STEGLUJAN 5-100 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
metformin hcl 1,000 mg tablet	Non-PDL Generic	90 DS
metformin hcl 1,000 mg tablet 12's, f/c	Non-PDL Generic	90 DS
metformin hcl 1,000 mg tablet f/c	Non-PDL Generic	90 DS
metformin hcl 1,000 mg tablet f/c, inner	Non-PDL Generic	90 DS
metformin hcl 1,000 mg tablet f/c, outer	Non-PDL Generic	90 DS
metformin hcl 1,000 mg tablet f/c,blackberry scent	Non-PDL Generic	90 DS
metformin hcl 500 mg tablet	Non-PDL Generic	90 DS
metformin hcl 500 mg tablet f/c	Non-PDL Generic	90 DS
metformin hcl 500 mg tablet f/c,blackberry scent	Non-PDL Generic	90 DS
metformin hcl 500 mg/5 ml soln	Non-PDL Generic	PA; QL (20 ML per 1 day)

Drug	Status	Notes
metformin hcl 850 mg tablet	Non-PDL Generic	90 DS
metformin hcl 850 mg tablet f/c	Non-PDL Generic	90 DS
metformin hcl 850 mg tablet f/c, inner	Non-PDL Generic	90 DS
metformin hcl 850 mg tablet f/c, outer	Non-PDL Generic	90 DS
metformin hcl 850 mg tablet f/c,blackberry scent	Non-PDL Generic	90 DS
metformin hcl er 500 mg tablet	Non-PDL Generic	90 DS
metformin hcl er 750 mg tablet	Non-PDL Generic	90 DS
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLIQUA 100 UNIT-33 MCG/ML PEN	PDL Non-Preferred Brand	PA; QL (15 ML per 25 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	Non-PDL Generic	
glipizide-metformin 2.5-500 mg	Non-PDL Generic	
glipizide-metformin 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	Non-PDL Generic	90 DS
glyburide-metformin 5-500 mg f/c	Non-PDL Generic	90 DS
glyburid-metformin 1.25-250 mg f/c	Non-PDL Generic	
Antihyperglycemic,Insulin-Response & Release Comb.		
DUETACT 30-2 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
DUETACT 30-4 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
pioglitazone-glimepiride 30-2 30-2 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pioglitazone-glimepiride 30-4 30-4 mg	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Antihyperglycemic-Glucocorticoid Receptor Blocker		
mifepristone 300 mg tablet	Non-PDL Generic	PA; SP
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
dapagliflozin-metformin er 10-1,000 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dapagliflozin-metformin er 10-500 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dapagliflozin-metformin er 5-1,000 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dapagliflozin-metformin er 5-500 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
INVOKAMET 150-1,000 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET 150-500 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET 50-1,000 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET 50-500 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET XR 150-1,000 MG TAB	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
INVOKAMET XR 150-500 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET XR 50-1,000 MG TAB	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET XR 50-500 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SEGLUROMET 2.5-1,000 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SEGLUROMET 2.5-500 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SEGLUROMET 7.5-1,000 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SEGLUROMET 7.5-500 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYNJARDY 12.5-1,000 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
SYNJARDY 12.5-500 MG TABLET F/C	PDL Preferred Brand	QL (2 EA per 1 day)
SYNJARDY 5-1,000 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
SYNJARDY 5-500 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
SYNJARDY XR 10-1,000 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
SYNJARDY XR 12.5-1,000 MG TAB	PDL Preferred Brand	QL (2 EA per 1 day)
SYNJARDY XR 25-1,000 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
SYNJARDY XR 5-1,000 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
XIGDUO XR 10 MG-1,000 MG TAB	PDL Preferred Brand	QL (1 EA per 1 day)
XIGDUO XR 10 MG-500 MG TABLET 10-500 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XIGDUO XR 2.5 MG-1,000 MG TAB	PDL Preferred Brand	QL (2 EA per 1 day)
XIGDUO XR 5 MG-1,000 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
XIGDUO XR 5 MG-500 MG TABLET 5-500 MG	PDL Preferred Brand	QL (1 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
ACTOPLUS MET 15 MG-850 MG TAB 15-850 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
pioglitazone-metformin 15-500 15-500 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
pioglitazone-metformin 15-850 15-850 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR 10-5-1,000 MG TAB	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
TRIJARDY XR 12.5-2.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TRIJARDY XR 25-5-1,000 MG TAB	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
TRIJARDY XR 5-2.5-1,000 MG TAB	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
Blood Sugar Diagnostics		
ACCU-CHEK AVIVA PLUS TEST STRP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ADVOCATE REDI-CODE+ TEST STRIP NO CODING	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ADVOCATE REDI-CODE+ TEST STRIP NO CODING REQUIRED	Non-PDL Brand	OTC; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
AGAMATRIX PRESTO TEST STRIPS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
ASSURE 4 TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ASSURE PRISM MULTI TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ASSURE TITANIUM TEST STRIP	Non-PDL Brand	QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP FOR GDRIVE METER	Non-PDL Brand	OTC; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CAREONE BLOOD GLUCOSE TST STRP NO CODE NEEDED	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
CARESENS N TEST STRIPS NO CODING	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CARESENS S TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CARETOUCH TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CHOICEDM CLARUS TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE PRO TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS AUTO-CODE	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS NO CODING	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE VOICE+ TST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
CONTOUR TEST STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
CVS ADVANCED GLUCOSE TEST STR	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CVS TRUE METRIX GLUC TEST STRP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
DIATRUE PLUS TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASY PLUS II TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASY STEP GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASY TALK GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
EASY TALK PLUS II TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASY TOUCH BLULINK TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASY TOUCH GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASY TRAK GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASY TRAK II TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASYGLUCO TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASYMAX 15 GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASYMAX GLUCOSE TEST STRIPS MEDICAL BENEFIT USE	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ELEMENT COMPACT TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ELEMENT TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EMBRACE EVO TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EMBRACE GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EMBRACE PRO TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EMBRACE TALK TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EMBRACE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EMBRACE WAVE GLUCOSE TEST STRP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EQ BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EVENCARE G2 TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EVENCARE G3 TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EVENCARE GLUCOSE TST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EVENCARE MINI GLUCOSE TEST STR	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
EVENCARE PROVIEW TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EZ SMART TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA G20 GLUCOSE TEST STRIPS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA V10 GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORACARE GD20 TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORACARE GD40 GLUCOSE STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP NFRS NO CODE, NFRS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIP NO CODE	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)

Drug	Status	Notes
FREESTYLE INSULINX TEST STRIPS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
FREESTYLE LITE TEST STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
FREESTYLE LITE TEST STRIP NFRS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
FREESTYLE PREC NEO TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FREESTYLE TEST STRIPS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP 2 VIALS X 25 STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP 4VIALS X 25 STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP NFRS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GHT BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GHT BLOOD GLUCOSE TEST STRIP HRI	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GLUCO NAVII GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GLUCOCARD 01 SENSOR PLUS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GLUCOCARD EXPRESSION TEST STRP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
GLUCOCARD VITAL SENSOR STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GLUCOCARD VITAL TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
GLUCOCOM GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GNP EASY TOUCH GLUC TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GNP TRUE METRIX TEST STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
GNP TRUETRACK GLUCOSE TEST STR	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GS BLOOD GLUCOSE TEST STRIP PREMIUM, NO CODE	Non-PDL Brand	OTC; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
HEALTHPRO GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
HUMANA TRUE METRIX TEST STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
INFINITY TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
KRO PREMIUM BLOOD GLUCOSE TEST NO CODING,PREMIUM	Non-PDL Brand	OTC; QL (200 EA per 30 days)
MICRODOT TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
MICRODOT XTRA TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
MOBI BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
MYGLUCOHEALTH TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
NOVA MAX GLUCOSE TEST STRIP MAIL ORDER ONLY	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ON CALL EXPRESS TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
ONETOUCH ULTRA TEST STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIP MEDICAID CA ONLY	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
OPTIUM EZ TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PHARMACIST CHOICE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PHARMACIST CHOICE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PRECISION POINT OF CARE STR	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIPS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIPS NOT FOR RETAIL SALE	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
PREMIUM BLOOD GLUCOSE TEST STR	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PREMIUM BLOOD GLUCOSE TEST STR 2X50	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PREMIUM BLOOD GLUCOSE TST STRP NO CODING	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PREMIUM V10 GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PRODIGY NO CODING TEST STRIPS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
PRODIGY NO CODING TEST STRIPS 50 STRIPS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
QUINTET AC GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
QUINTET GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
REFUAH PLUS TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RELION CONFIRM-MICRO TEST STRP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RELION MICRO TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RELION PLATINUM TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RELION PREMIER TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RELION TRUE METRIX TEST STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
RELION ULTIMA TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RELION ULTIMA TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
REVEAL TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
REXALL BLOOD GLUCOSE TEST STRP ONE VIAL OF 25	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RIGHTEST GS100 TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RIGHTEST GS300 TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS PREMIUM, NO CODE	Non-PDL Brand	OTC; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS VALUE,NO CODE NEEDED	Non-PDL Brand	OTC; QL (200 EA per 30 days)
SMARTEST TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
SOLUS V2 AUDIBLE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
SURE-TEST EASYPLUS MINI STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
TELCARE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
TEST N'GO GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
TRUE METRIX PRO TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
TRUENESS GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
TRUETEST GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
TRUETRACK GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ULTRATRAK TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
UNISTRIP1 GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
UP & UP BLOOD GLUCOSE TST STRP NO CODING	Non-PDL Brand	OTC; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
Diabetic Supplies		
ACCU-CHEK AVIVA SOLUTION	Non-PDL Brand	OTC
ACCU-CHEK FASTCLIX LANCING DEV	Non-PDL Brand	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	PDL Preferred Brand	OTC
ACCU-CHEK GUIDE MONITOR SYSTEM	PDL Preferred Brand	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL	Non-PDL Brand	OTC
ACCU-CHEK SOFTCLIX LANCET KIT	Non-PDL Brand	OTC
ADJUSTABLE LANCING DEVICE	Non-PDL Brand	OTC

Drug	Status	Notes
advanced lancing device	Non-PDL Brand	OTC
ADVANCED LANCING DEVICE	Non-PDL Brand	OTC
ADVOCATE LANCING DEVICE	Non-PDL Brand	OTC
AGAMATRIX PRESTO SYSTEM KIT	PDL Non-Preferred Brand	PA; OTC
ALTERNATE SITE LANCING DEVICE	Non-PDL Brand	OTC
AQUA LANCE LANCING DEVICE	Non-PDL Brand	OTC
AUTOLET IMPRESS LANCING DEVICE	Non-PDL Brand	OTC
AUTOLET LANCING DEVICE	Non-PDL Brand	OTC
AUTOLET LANCING DEVICE W/COMFORT ZONE TECH	Non-PDL Brand	OTC
AUTOLET LITE LANCING DEVICE	Non-PDL Brand	OTC
CAREONE LANCING DEVICE	Non-PDL Brand	
CARETOUCH LANCING DEVICE	Non-PDL Brand	OTC
CHOSEN LANCING DEVICE	Non-PDL Brand	OTC
CONTOUR NEXT EZ METER	PDL Preferred Brand	OTC
CONTOUR NEXT EZ METER SYSTEM	PDL Preferred Brand	OTC
CONTOUR NEXT GEN METER	PDL Non-Preferred Brand	PA; OTC
CONTOUR NEXT GEN METER KIT	PDL Non-Preferred Brand	PA; OTC
CONTOUR NEXT GLUCOSE METER KIT	PDL Preferred Brand	OTC

Drug	Status	Notes
CONTOUR NEXT METER	PDL Non-Preferred Brand	PA; OTC
CONTOUR NEXT ONE METER	PDL Preferred Brand	OTC
CONTOUR NEXT ONE METER KIT	PDL Preferred Brand	OTC
CONTOUR PLUS BLUE METER	PDL Preferred Brand	OTC
DEXCOM G6 RECEIVER	PDL Preferred Brand	QL (1 EA per 365 days)
DEXCOM G6 SENSOR	PDL Preferred Brand	QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	PDL Preferred Brand	QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR	PDL Preferred Brand	
DEXCOM G7 RECEIVER	PDL Preferred Brand	QL (1 EA per 365 days)
DEXCOM G7 SENSOR	PDL Preferred Brand	
DROPLET GENTEEL LANCING DEVICE	Non-PDL Brand	OTC
DROPLET LANCING DEVICE	Non-PDL Brand	OTC
EASY MINI EJECT LANCING DEVICE	Non-PDL Brand	OTC
EASY TOUCH LANCING DEVICE	Non-PDL Brand	OTC
EMBRACE LANCING DEVICE	Non-PDL Brand	OTC
e-z pull & click lancing dev 5 depth settings	Non-PDL Brand	OTC

Drug	Status	Notes
FONDCIRCLE LANCING DEVICE	Non-PDL Brand	OTC
FORA G20 BLOOD GLUCOSE SYSTEM	PDL Non-Preferred Brand	PA; OTC
FORA LANCING DEVICE	Non-PDL Brand	OTC
FREESTYLE FREEDOM LITE METER	PDL Non-Preferred Brand	PA; OTC
FREESTYLE FREEDOM LITE NFRS	PDL Non-Preferred Brand	PA; OTC
FREESTYLE INSULINX GLUCOSE SYS	PDL Non-Preferred Brand	PA; OTC
FREESTYLE LIBRE 14 DAY SENSOR	PDL Preferred Brand	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 PLUS SENSOR	PDL Preferred Brand	
FREESTYLE LIBRE 2 READER	PDL Preferred Brand	QL (1 EA per 365 days)
FREESTYLE LIBRE 2 SENSOR	PDL Preferred Brand	QL (2 EA per 28 days)
FREESTYLE LIBRE 3 PLUS SENSOR	PDL Preferred Brand	
FREESTYLE LIBRE 3 READER	PDL Preferred Brand	QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	PDL Preferred Brand	
FREESTYLE LITE METER	PDL Non-Preferred Brand	PA; OTC
FREESTYLE LITE METER NFRS	PDL Non-Preferred Brand	PA; OTC

Drug	Status	Notes
FREESTYLE PRECISION NEO METER	Non-PDL Brand	OTC
ge lancing device	Non-PDL Brand	OTC
GLUCOCARD EXPRESSION METER	PDL Non-Preferred Brand	PA; OTC
GLUCOCARD EXPRESSION METER KIT	PDL Non-Preferred Brand	PA; OTC
GLUCOCARD SHINE METER	PDL Non-Preferred Brand	PA; OTC
GLUCOCARD SHINE METER KIT	PDL Non-Preferred Brand	PA; OTC
GLUCOCARD SHINE XL METER	PDL Non-Preferred Brand	PA; OTC
GNP LANCING SYSTEM DEVICE	Non-PDL Brand	OTC
GNP TRUE METRIX AIR GLUC METER	PDL Non-Preferred Brand	PA; OTC
GOJJI LANCING DEVICE	Non-PDL Brand	OTC
GUARDIAN SENSOR 3	Non-PDL Brand	PA
HUMANA TRUE METRIX AIR METER NFRS, HRI	PDL Non-Preferred Brand	PA; OTC
HYPOLANCE AST LANCING KIT	Non-PDL Brand	OTC
INCONTROL LANCING DEVICE	Non-PDL Brand	OTC
invacare lancing device adjustable	Non-PDL Brand	OTC
KRO AUTOLET LANCING DEVICE	Non-PDL Brand	OTC
lancing device	Non-PDL Brand	OTC
LANCING DEVICE	Non-PDL Brand	OTC

Drug	Status	Notes
lancing device adjustable	Non-PDL Brand	OTC
lancing device advanced	Non-PDL Brand	OTC
lancing device hri	Non-PDL Brand	OTC
lancing device w/ ejector	Non-PDL Brand	OTC
lancing device w/5 lancets	Non-PDL Brand	OTC
LANZO LANCING DEVICE	Non-PDL Brand	OTC
MICROLET 2 LANCING DEVICE	Non-PDL Brand	OTC
MICROLET NEXT LANCING DEVICE	Non-PDL Brand	OTC
MINI LANCING DEVICE	Non-PDL Brand	OTC
MOBI BLOOD GLUCOSE LANCING DEV	Non-PDL Brand	OTC
MULTI-LANCET DEVICE 2 KIT	Non-PDL Brand	OTC
NOVA SUREFLEX LANCING DEVICE DEVICE AND LANCETS	Non-PDL Brand	OTC
OMNIPOD 5 DEXG7G6 INTRO(GEN 5)	Non-PDL Brand	PA
OMNIPOD 5 DEXG7G6 PODS (GEN 5)	Non-PDL Brand	PA
OMNIPOD DASH INTRO KIT (GEN 4)	Non-PDL Brand	PA
OMNIPOD DASH PDM KIT (GEN 4)	Non-PDL Brand	PA
OMNIPOD DASH PODS (GEN 4) 5PK	Non-PDL Brand	PA
ON CALL LANCING DEVICE	Non-PDL Brand	OTC
ONETOUCH DELICA PLUS LANC DEV	Non-PDL Brand	OTC
ONETOUCH ULTRA2 GLUCOSE SYST	PDL Non-Preferred Brand	PA; OTC

Drug	Status	Notes
ONETOUCH VERIO FLEX METER	PDL Non-Preferred Brand	PA; OTC
PRECISION XTRA MONITOR	PDL Non-Preferred Brand	PA; OTC
PRODIGY AUTOCODE METER KIT VOICE	PDL Non-Preferred Brand	PA; OTC
PRODIGY LANCING DEVICE	Non-PDL Brand	OTC
PRODIGY POCKET METER KIT BLUE	PDL Non-Preferred Brand	PA; OTC
PRODIGY POCKET METER KIT NO CODING	PDL Non-Preferred Brand	PA; OTC
PRODIGY VOICE METER KIT	PDL Non-Preferred Brand	PA; OTC
PUB ADVANCED LANCING DEVICE	Non-PDL Brand	OTC
PV AUTOLET LANCING DEVICE	Non-PDL Brand	OTC
qc autolet lancing device	Non-PDL Brand	OTC
ra health care lancing device w/ 5 lancets	Non-PDL Brand	OTC
reliamed lancing device adjustable	Non-PDL Brand	OTC
RELIAMED MINI LANCING DEVICE	Non-PDL Brand	OTC
relion lancing device w/10 lancets	Non-PDL Brand	OTC
RELION TRUE METRIX AIR GLU MTR	PDL Non-Preferred Brand	PA; OTC
RIGHTEST GD500 LANCING DEVICE	Non-PDL Brand	OTC
simple diagnstic lancet device e-z pull & click	Non-PDL Brand	OTC
SOLUS V2 LANCING DEVICE	Non-PDL Brand	OTC

Drug	Status	Notes
SURE COMFORT LANCING PEN	Non-PDL Brand	OTC
SUREFLEX LANCING DEVICE	Non-PDL Brand	OTC
SURE-PEN LANCING DEVICE	Non-PDL Brand	OTC
TRUE METRIX AIR GLUCOSE METER HRI	PDL Non-Preferred Brand	PA; OTC
TRUE METRIX AIR GLUCOSE METER SELF MONITORING	PDL Non-Preferred Brand	PA; OTC
TRUE METRIX BLOOD GLUCOSE MTR	PDL Non-Preferred Brand	PA; OTC
TRUE METRIX LEVEL 1 CTRL SOLN 3ML	Non-PDL Brand	OTC
TRUE METRIX LEVEL 1 CTRL SOLN HRI, 3ML	Non-PDL Brand	OTC
TRUE METRIX LEVEL 2 CTRL SOLN 3ML	Non-PDL Brand	OTC
TRUE METRIX LEVEL 2 CTRL SOLN HRI, 3ML	Non-PDL Brand	OTC
TRUE METRIX LEVEL 3 CTRL SOLN 3ML	Non-PDL Brand	OTC
TRUE METRIX LEVEL 3 CTRL SOLN HRI, 3ML	Non-PDL Brand	OTC
TRUEDRAW LANCING DEVICE	Non-PDL Brand	OTC
ULTI-LANCE AUTO-AD DEVICE	Non-PDL Brand	OTC
ULTI-LANCE AUTOMATIC DEVICE	Non-PDL Brand	OTC
UNISTIK-2 3 MM DEVICE	Non-PDL Brand	OTC
VANTAGE LANCING DEVICE	Non-PDL Brand	OTC
VIVAGUARD LANCING DEVICE	Non-PDL Brand	OTC
Hyperglycemics		
BAQSIMI 3 MG SPRAY ONE PACK OUTER 3 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 1 FILL)

Drug	Status	Notes
BAQSIMI 3 MG SPRAY TWO PACK OUTER 3 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 1 FILL)
cvs glucose 4 gram tablet chew (rx)	Non-PDL Generic	
cvs glucose 4 gram tablet chew assorted fruit (rx)	Non-PDL Generic	
cvs glucose 4 gram tablet chew orange, gluten-free (rx)	Non-PDL Generic	
diazoxide 50 mg/ml oral susp	PDL Non-Preferred Generic	PA
GLUCAGON 1 MG EMERGENCY KIT SUV, OUTER	Non-PDL Generic	QL (4 EA per 1 FILL)
GLUCAGON 1 MG EMERGENCY KIT SUV, OUTER	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
glucose 4 gram tablet chew (rx)	Non-PDL Generic	
glucose 4 gram tablet chew assorted fruit (rx)	Non-PDL Generic	
glucose 4 gram tablet chew gluten/f,asst fruit (rx)	Non-PDL Generic	
glucose 4 gram tablet chew gluten/f,trop fruit (rx)	Non-PDL Generic	
glucose 4 gram tablet chew gluten-free, orange (rx)	Non-PDL Generic	
glucose 4 gram tablet chew gluten-free,rasberry (rx)	Non-PDL Generic	
glucose 4 gram tablet chew grape, gluten-free (rx)	Non-PDL Generic	
glucose 4 gram tablet chew n (rx)	Non-PDL Generic	
glucose 4 gram tablet chew n,caffeine free (rx)	Non-PDL Generic	
glucose 4 gram tablet chew n,caffeine/f (rx)	Non-PDL Generic	
glucose 4 gram tablet chew n,raspberry (rx)	Non-PDL Generic	
glucose 4 gram tablet chew n,tropical fruit (rx)	Non-PDL Generic	
glucose 4 gram tablet chew nree (rx)	Non-PDL Generic	

Drug	Status	Notes
GLUCOSE 40% GEL TROPICAL FRUIT (RX)	Non-PDL Generic	
GLUTOSE-15 GEL INNER 40 %	Non-PDL Generic	
GLUTOSE-15 GEL OUTER 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)	Non-PDL Generic	
gnp glucose 4 gram tablet chew 6x10's, orange (rx)	Non-PDL Generic	
gnp glucose 4 gram tablet chew 6x10's, raspberry (rx)	Non-PDL Generic	
gnp glucose 4 gram tablet chew grape (rx)	Non-PDL Generic	
gnp glucose 4 gram tablet chew watermelon (rx)	Non-PDL Generic	
GVOKE 1 MG/0.2 ML KIT OUTER, SUV	PDL Non-Preferred Brand	PA; QL (0.8 ML per 1 FILL)
GVOKE 1 MG/0.2 ML VIAL INNER, SUV	PDL Non-Preferred Brand	PA; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 1PK 0.5 MG/0.1 ML	PDL Non-Preferred Brand	PA; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 1-PK 1 MG/0.2 ML	PDL Non-Preferred Brand	PA; QL (0.8 ML per 1 FILL)
GVOKE HYPOPEN 2PK 0.5 MG/0.1 ML	PDL Non-Preferred Brand	PA; QL (0.4 ML per 1 FILL)
GVOKE HYPOPEN 2-PK 1 MG/0.2 ML	PDL Non-Preferred Brand	PA; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR	PDL Non-Preferred Brand	PA; QL (0.8 ML per 1 FILL)

Drug	Status	Notes
GVOKE PFS 2-PK 1 MG/0.2 ML SYR	PDL Non-Preferred Brand	PA; QL (0.8 ML per 1 FILL)
PROGLYCEM 50 MG/ML ORAL SUSP	PDL Preferred Brand	
pub glucose 4 gram tablet chew assorted fruit (rx)	Non-PDL Generic	
pub glucose 4 gram tablet chew orange (rx)	Non-PDL Generic	
pub glucose 4 gram tablet chew orange, gluten-free (rx)	Non-PDL Generic	
pub glucose 4 gram tablet chew raspberry flavor (rx)	Non-PDL Generic	
pub glucose 4 gram tablet chew raspberry,gluten-f (rx)	Non-PDL Generic	
RELION GLUCOSE GEL 15 GRAM FRUIT PUNCH (RX) 40 %	Non-PDL Generic	
TRUEPLUS GLUCOSE 15 GRAM GEL 15 GRAM/32 ML	Non-PDL Generic	
Insulins		
ADMELOG 100 UNIT/ML VIAL MDV	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
ADMELOG 100 UNIT/ML VIAL MUV	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
ADMELOG SOLOSTAR 100 UNIT/ML INNER, SUV	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
ADMELOG SOLOSTAR 100 UNIT/ML OUTER, SUV	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
AFREZZA ((REGULAR INSULIN) 8 UNIT CARTRIDGE	PDL Non-Preferred Brand	PA
AFREZZA (REGULAR INSULIN) 12 UNIT CARTRIDGE	PDL Non-Preferred Brand	PA
AFREZZA (REGULAR INSULIN) 4 UNIT CARTRIDGE	PDL Non-Preferred Brand	PA

Drug	Status	Notes
AFREZZA (REGULAR INSULIN) 60-4 UNIT/60-8 UNIT/60-12 UNIT 4 UNIT/8 UNIT/ 12 UNIT (60)	PDL Non-Preferred Brand	PA
AFREZZA (REGULAR INSULIN) 90-4 UNIT / 90-8 UNIT 4 UNIT (90)/ 8 UNIT (90)	PDL Non-Preferred Brand	PA
AFREZZA (REGULAR INSULIN) 90-8 UNIT / 90-12 UNIT 8 UNIT (90)/ 12 UNIT (90)	PDL Non-Preferred Brand	PA
APIDRA 100 UNIT/ML VIAL	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
APIDRA SOLOSTAR 100 UNIT/ML INNER, SUV	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
APIDRA SOLOSTAR 100 UNIT/ML OUTER, SUV	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	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
FIASP PENFILL 100 UNIT/ML CART INNER,SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
FIASP PENFILL 100 UNIT/ML CART OUTER,SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
FIASP PUMPCART 100 UNIT/ML SINGLE USE, INNER 100 UNIT/ML (1.6 ML)	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
FIASP PUMPCART 100 UNIT/ML SINGLE USE, OUTER 100 UNIT/ML (1.6 ML)	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)

Drug	Status	Notes
HUMALOG 100 UNIT/ML CARTRIDGE INNER, SINGLE USE	PDL Preferred Brand	QL (30 ML per 28 FILLs)
HUMALOG 100 UNIT/ML CARTRIDGE OUTER, SINGLE USE	PDL Preferred Brand	QL (30 ML per 28 FILLs)
HUMALOG 100 UNIT/ML KWIKPEN INNER, SINGLE USE	PDL Preferred Brand	QL (30 ML per 28 days)
HUMALOG 100 UNIT/ML KWIKPEN OUTER, SINGLE USE	PDL Preferred Brand	QL (30 ML per 28 days)
HUMALOG 100 UNIT/ML VIAL	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 FILLs)
HUMALOG 200 UNIT/ML KWIKPEN OUTER, SINGLE USE 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 FILLs)
HUMALOG JR 100 UNIT/ML KWIKPEN INNER, SUV	PDL Preferred Brand	QL (30 ML per 28 days)
HUMALOG JR 100 UNIT/ML KWIKPEN OUTER, SUV	PDL Preferred Brand	QL (30 ML per 28 days)
HUMALOG MIX 50-50 KWIKPEN INNER, SINGLE USE 100 UNIT/ML (50-50)	PDL Preferred Brand	QL (30 ML per 28 FILLs)
HUMALOG MIX 50-50 KWIKPEN OUTER, SINGLE USE 100 UNIT/ML (50-50)	PDL Preferred Brand	QL (30 ML per 28 FILLs)
HUMALOG MIX 75-25 KWIKPEN INNER, SINGLE USE 100 UNIT/ML (75-25)	PDL Preferred Brand	QL (30 ML per 28 days)
HUMALOG MIX 75-25 KWIKPEN OUTER, SINGLE USE 100 UNIT/ML (75-25)	PDL Preferred Brand	QL (30 ML per 28 days)
HUMALOG MIX 75-25 VIAL 100 UNIT/ML (75-25)	PDL Preferred Brand	QL (40 ML per 28 FILLs)

Drug	Status	Notes
HUMALOG TEMPO PEN 100 UNIT/ML INNER, SUV	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG TEMPO PEN 100 UNIT/ML OUTER, SUV	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
HUMULIN 70/30 KWIKPEN INNER, SINGLE USE 100 UNIT/ML (70-30)	PDL Preferred Brand	OTC; QL (30 ML per 28 FILLs)
HUMULIN 70/30 KWIKPEN OUTER, SINGLE USE 100 UNIT/ML (70-30)	PDL Preferred Brand	OTC; QL (30 ML per 28 FILLs)
HUMULIN 70-30 VIAL 100 UNIT/ML (70-30)	PDL Preferred Brand	OTC; QL (40 ML per 28 FILLs)
HUMULIN N 100 UNIT/ML KWIKPEN INNER, SINGLE USE 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 FILLs)
HUMULIN N 100 UNIT/ML KWIKPEN OUTER, SINGLE USE 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 FILLs)
HUMULIN N 100 UNIT/ML VIAL	PDL Preferred Brand	OTC; QL (40 ML per 28 FILLs)
HUMULIN R 100 UNIT/ML VIAL	PDL Preferred Brand	OTC; QL (40 ML per 28 FILLs)
HUMULIN R 500 UNIT/ML KWIKPEN INNER,SINGLE USE 500 UNIT/ML (3 ML)	PDL Preferred Brand	QL (24 ML per 28 FILLs)
HUMULIN R 500 UNIT/ML KWIKPEN OUTER,SINGLE USE 500 UNIT/ML (3 ML)	PDL Preferred Brand	QL (24 ML per 28 FILLs)
insulin glargine max solo u300 inner, suv 300 unit/ml (3 ml)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)
insulin glargine max solo u300 outer, suv 300 unit/ml (3 ml)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)
insulin glargine solostar u300 inner, suv 300 unit/ml (1.5 ml)	PDL Non-Preferred Brand	PA; QL (13.5 ML per 28 days)

Drug	Status	Notes
insulin glargine solostar u300 outer, suv 300 unit/ml (1.5 ml)	PDL Non-Preferred Brand	PA; QL (13.5 ML per 28 days)
insulin glargine-yfgn u100 pen inner, suv 100 unit/ml (3 ml)	PDL Preferred Brand	QL (30 ML per 28 days)
insulin glargine-yfgn u100 pen outer, suv 100 unit/ml (3 ml)	PDL Preferred Brand	QL (30 ML per 28 days)
insulin glargine-yfgn u100 vl 100 unit/ml	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
insulin lispro 100 unit/ml kwikpen suv, inner	PDL Preferred Brand	QL (30 ML per 28 FILLs)
insulin lispro 100 unit/ml kwikpen suv, outer	PDL Preferred Brand	QL (30 ML per 28 FILLs)
insulin lispro 100 unit/ml vl	PDL Preferred Brand	QL (40 ML per 28 FILLs)
insulin lispro jr 100 unit/ml kwikpen suv, inner	PDL Preferred Brand	QL (30 ML per 28 FILLs)
insulin lispro jr 100 unit/ml kwikpen suv, outer	PDL Preferred Brand	QL (30 ML per 28 FILLs)
insulin lispro mix 75-25 kwkpn suv, inner 100 unit/ml (75-25)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 FILLs)
insulin lispro mix 75-25 kwkpn suv, outer 100 unit/ml (75-25)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 FILLs)
KIRSTY 100 UNIT/ML PEN SUV, P/F, INNER 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
KIRSTY 100 UNIT/ML PEN SUV, P/F, OUTER 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
KIRSTY 100 UNIT/ML VIAL	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)

Drug	Status	Notes
LANTUS 100 UNIT/ML VIAL MUV	PDL Preferred Brand	QL (40 ML per 28 days)
LANTUS SOLOSTAR 100 UNIT/ML INNER,SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LANTUS SOLOSTAR 100 UNIT/ML OUTER,SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LYUMJEV 100 UNIT/ML KWIKPEN INNER, SUV	PDL Non-Preferred Brand	PA; QL (30 ML per 28 FILLs)
LYUMJEV 100 UNIT/ML KWIKPEN OUTER, SUV	PDL Non-Preferred Brand	PA; QL (30 ML per 28 FILLs)
LYUMJEV 100 UNIT/ML VIAL	PDL Non-Preferred Brand	PA; QL (40 ML per 28 FILLs)
LYUMJEV 200 UNIT/ML KWIKPEN INNER, SUV 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 FILLs)
LYUMJEV 200 UNIT/ML KWIKPEN OUTER, SUV 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 FILLs)
LYUMJEV TEMPO PEN 100 UNIT/ML INNER, SUV	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
LYUMJEV TEMPO PEN 100 UNIT/ML OUTER, SUV	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
MERILOG 100 UNIT/ML VIAL	PDL Non-Preferred Brand	PA
MERILOG SOLOSTAR 100 UNIT/ML INNER, SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA
MERILOG SOLOSTAR 100 UNIT/ML OUTER, SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA
NOVOLIN 70-30 100 UNIT/ML VIAL 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; OTC; QL (40 ML per 28 days)

Drug	Status	Notes
NOVOLIN 70-30 FLEXPEN INNER,SUV 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
NOVOLIN 70-30 FLEXPEN OUTER,SUV 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
NOVOLIN N 100 UNIT/ML FLEXPEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
NOVOLIN N 100 UNIT/ML VIAL	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
NOVOLIN R 100 UNIT/ML FLEXPEN SUV, INNER 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
NOVOLIN R 100 UNIT/ML FLEXPEN SUV, OUTER 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
NOVOLIN R 100 UNIT/ML VIAL	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
NOVOLOG 100 UNIT/ML FLEXPEN SINGLE USE 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
NOVOLOG 100 UNIT/ML VIAL MUV	PDL Preferred Brand	QL (40 ML per 28 days)
NOVOLOG MIX 70-30 FLEXPEN SUV 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (30 ML per 28 days)
NOVOLOG MIX 70-30 VIAL MUV 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (40 ML per 28 days)
NOVOLOG PENFILL 100 UNIT/ML	PDL Preferred Brand	QL (30 ML per 28 days)
RELION NOVOLIN 70-30 FLEXPEN INNER,SUV 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
RELION NOVOLIN 70-30 FLEXPEN OUTER,SUV 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)

Drug	Status	Notes
RELION NOVOLIN 70-30 VIAL 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; OTC; QL (40 ML per 28 days)
RELION NOVOLIN N 100 UNIT/ML	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
RELION NOVOLIN N 100 UNIT/ML FLEXPEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
RELION NOVOLIN R 100 UNIT/ML	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
RELION NOVOLIN R 100 UNIT/ML FLEXPEN INNER, SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
RELION NOVOLIN R 100 UNIT/ML FLEXPEN OUTER, SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
RELION NOVOLOG 100 UNIT/ML FLEXPEN INNER,SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
RELION NOVOLOG 100 UNIT/ML FLEXPEN OUTER,SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
RELION NOVOLOG 100 UNIT/ML VL MDV	PDL Preferred Brand	QL (40 ML per 28 days)
RELION NOVOLOG MIX 70-30 FLXPN SUV 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (30 ML per 28 days)
RELION NOVOLOG MIX 70-30 VIAL MDV 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (40 ML per 28 days)
REZVOGLAR 100 UNIT/ML KWIKPEN INNER, SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
REZVOGLAR 100 UNIT/ML KWIKPEN OUTER, SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
SEMGLEE (YFGN) 100 UNIT/ML PEN OUTER, SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)

Drug	Status	Notes
SEMGLEE (YFGN) 100 UNIT/ML VL	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
TOUJEO MAX SOLOSTR 300 UNIT/ML INNER,SUV 300 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 FILLs)
TOUJEO MAX SOLOSTR 300 UNIT/ML OUTER,SUV 300 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 FILLs)
TOUJEO SOLOSTAR 300 UNIT/ML INNER, SUV 300 UNIT/ML (1.5 ML)	PDL Non-Preferred Brand	PA; QL (13.5 ML per 28 FILLs)
TOUJEO SOLOSTAR 300 UNIT/ML OUTER, SUV 300 UNIT/ML (1.5 ML)	PDL Non-Preferred Brand	PA; QL (13.5 ML per 28 FILLs)
TRESIBA 100 UNIT/ML VIAL	PDL Non-Preferred Brand	PA; QL (40 ML per 28 FILLs)
TRESIBA FLEXTOUCH 100 UNIT/ML SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 FILLs)
TRESIBA FLEXTOUCH 200 UNIT/ML SUV 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 FILLs)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
fluocinolone oil 0.01% ear drp	Non-PDL Generic	
Ear Preparations, Misc. Anti-Infectives		
acetic acid 2% ear solution	Non-PDL Generic	
hydrocortisone 1%-acetic acid 2% ear drop 1-2 %	Non-PDL Generic	
Ear Preparations,Antibiotics		
ciprofloxacin 0.2% otic soln	PDL Non-Preferred Generic	PA
CORTISPORIN-TC EAR SUSPENSION 3.3-3-10-0.5 MG/ML	PDL Non-Preferred Brand	PA
neomycin-polymyxin-hc ear soln 3.5-10,000-1 mg/ml-unit/ml-%	PDL Preferred Generic	

Drug	Status	Notes
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	PDL Preferred Generic	90 DS
Ear Preparations,Ear Wax Removers		
CLEARCANAL EARWAX SOFTENER DRP 6.5 %	Non-PDL Generic	OTC
CLINERE EARWAX REMOVAL 6.5% KT	Non-PDL Generic	OTC
CVS EAR DROPS 6.5%	Non-PDL Generic	OTC
CVS EAR WAX REMOVAL 6.5% DROP	Non-PDL Generic	OTC
CVS EAR WAX REMOVAL 6.5% KIT	Non-PDL Generic	OTC
DEBROX 6.5% EAR DROPS	Non-PDL Generic	OTC
EAR DROPS 6.5%	Non-PDL Generic	OTC
EAR WAX REMOVAL 6.5% DROP	Non-PDL Generic	OTC
EAR WAX REMOVAL 6.5% DROPS	Non-PDL Generic	OTC
EAR WAX REMOVAL 6.5% KIT	Non-PDL Generic	OTC
EAR WAX REMOVAL 6.5% KIT INCL. WASHER BULB	Non-PDL Generic	OTC
EQ EAR WAX REMOVAL AID KIT 6.5 %	Non-PDL Generic	OTC
EQ EAR WAX REMOVAL AID KIT W/EAR SYRINGE 6.5 %	Non-PDL Generic	OTC
FT EAR WAX REMOVAL 6.5% DROP	Non-PDL Generic	OTC
FT EAR WAX REMOVAL 6.5% KIT	Non-PDL Generic	OTC

Drug	Status	Notes
GNP EAR DROPS 6.5%	Non-PDL Generic	OTC
GNP EAR WAX REMOVAL 6.5% DROP	Non-PDL Generic	OTC
GNP EAR WAX REMOVAL 6.5% KIT	Non-PDL Generic	OTC
GS EAR WAX REMOVAL 6.5% DROP	Non-PDL Generic	OTC
GS EAR WAX REMOVAL 6.5% KIT	Non-PDL Generic	OTC
Otic Preparations,Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC SUSPENSION 0.2-1 %	PDL Preferred Brand	
ciproflox-dexameth otic susp 0.3-0.1 %	PDL Preferred Generic	
ciproflox-fluocinln 0.3-0.025% 0.3-0.025 % (0.25 ml)	PDL Non-Preferred Generic	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	PDL Preferred Generic	
calcium acetate 667 mg gelcap	PDL Preferred Generic	
calcium acetate 667 mg tablet	PDL Preferred Generic	
FOSRENOL 1,000 MG POWDER PACK INNER	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
FOSRENOL 1,000 MG POWDER PACK OUTER	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)

Drug	Status	Notes
FOSRENOL 1,000 MG TABLET CHEW NON-SALEABLE, INNER	PDL Non-Preferred Brand	PA
FOSRENOL 1,000 MG TABLET CHEW OUTER PK, 9X10 TABS	PDL Non-Preferred Brand	PA
FOSRENOL 500 MG TABLET CHEW NON-SALEABLE, INNER	PDL Non-Preferred Brand	PA
FOSRENOL 500 MG TABLET CHEW OUTER PK, 2X45 TABS	PDL Non-Preferred Brand	PA
FOSRENOL 750 MG POWDER PACKET INNER	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
FOSRENOL 750 MG POWDER PACKET OUTER	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
FOSRENOL 750 MG TABLET CHEW NON-SALEABLE, INNER	PDL Non-Preferred Brand	PA
FOSRENOL 750 MG TABLET CHEW OUTER PK, 6X15 TABS	PDL Non-Preferred Brand	PA
KIONEX 15 GM/60 ML SUSPENSION INNER 15 GRAM/60 ML	Non-PDL Generic	
KIONEX 15 GM/60 ML SUSPENSION OUTER 15 GRAM/60 ML	Non-PDL Generic	
lanthanum carb 1,000 mg tb chw	PDL Non-Preferred Generic	PA
lanthanum carb 1,000 mg tb chw inner	PDL Non-Preferred Generic	PA
lanthanum carb 1,000 mg tb chw outer	PDL Non-Preferred Generic	PA
lanthanum carb 500 mg tab chew inner	PDL Non-Preferred Generic	PA
lanthanum carb 500 mg tab chew outer	PDL Non-Preferred Generic	PA

Drug	Status	Notes
lanthanum carb 750 mg tab chew	PDL Non-Preferred Generic	PA
lanthanum carb 750 mg tab chew inner	PDL Non-Preferred Generic	PA
lanthanum carb 750 mg tab chew outer	PDL Non-Preferred Generic	PA
RENVELA 0.8 GM POWDER PACKET INNER 0.8 GRAM	PDL Non-Preferred Brand	PA
RENVELA 0.8 GM POWDER PACKET OUTER 0.8 GRAM	PDL Non-Preferred Brand	PA
RENVELA 2.4 GM POWDER PACKET INNER 2.4 GRAM	PDL Non-Preferred Brand	PA
RENVELA 2.4 GM POWDER PACKET OUTER 2.4 GRAM	PDL Non-Preferred Brand	PA
RENVELA 800 MG TABLET	PDL Non-Preferred Brand	PA
sevelamer 0.8 gm powder packet 0.8 gram	PDL Preferred Generic	
sevelamer 0.8 gm powder packet inner 0.8 gram	PDL Preferred Generic	
sevelamer 0.8 gm powder packet outer 0.8 gram	PDL Preferred Generic	
sevelamer 2.4 gm powder packet 2.4 gram	PDL Preferred Generic	
sevelamer 2.4 gm powder packet inner 2.4 gram	PDL Preferred Generic	
sevelamer 2.4 gm powder packet outer 2.4 gram	PDL Preferred Generic	

Drug	Status	Notes
sevelamer carbonate 800 mg tab	PDL Preferred Generic	
sevelamer carbonate 800 mg tab inner	PDL Preferred Generic	
sevelamer carbonate 800 mg tab outer	PDL Preferred Generic	
sevelamer hcl 400 mg tablet	PDL Non-Preferred Generic	PA
sevelamer hcl 800 mg tablet	PDL Non-Preferred Generic	PA
sodium polystyrene sulf powder 15 gram	Non-PDL Generic	
sodium polystyrene sulf powder inner 15 gram	Non-PDL Generic	
sodium polystyrene sulf powder outer 15 gram	Non-PDL Generic	
sps 15 gm/60 ml suspension 15 gram/60 ml	Non-PDL Generic	
SPS 15 GM/60 ML SUSPENSION 15-20 GRAM/60 ML	Non-PDL Generic	
sps 15 gm/60 ml suspension inner 15 gram/60 ml	Non-PDL Generic	
sps 15 gm/60 ml suspension outer 15 gram/60 ml	Non-PDL Generic	
VELPHORO 500 MG CHEWABLE TAB	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
XPHOZAH 20 MG TABLET	PDL Non-Preferred Brand	PA; SP; QL (2 EA per 1 day)
XPHOZAH 30 MG TABLET	PDL Non-Preferred Brand	PA; SP; QL (2 EA per 1 day)
Electrolyte Maintenance		
CVS PEDIATRIC ELECTROLYTE POPS 16'S,FREEZER POPS (RX)	Non-PDL Generic	
CVS PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	

Drug	Status	Notes
CVS PEDIATRIC ELECTROLYTE SOLN DYE/FREE, STRAWBERRY (RX)	Non-PDL Generic	
ENFAMIL ENFALYTE SOLUTION RTU,UNFLAVORED (RX)	Non-PDL Brand	
EQL PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
ft electrolyte solution (rx)	Non-PDL Generic	
gnp electrolyte solution (rx)	Non-PDL Generic	
gnp electrolyte solution grape (rx)	Non-PDL Generic	
GNP PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
GNP PEDIATRIC ELECTROLYTE SOLN APPLE, 4X237ML (RX)	Non-PDL Generic	
GS PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
heb pediatric electrolyte soln (rx)	Non-PDL Generic	
HYDRALYTE ELECTROLYTE SOLN	Non-PDL Generic	
KINDERLYTE ELECTROLYTE SOLN	Non-PDL Brand	
KINDERLYTE ELECTROLYTE SOLN FRUIT PUNCH	Non-PDL Brand	
KINDERLYTE ELECTROLYTE SOLN GRAPE	Non-PDL Brand	
KINDERLYTE ELECTROLYTE SOLN LEMON LIME	Non-PDL Brand	
KINDERLYTE ELECTROLYTE SOLN LEMONADE	Non-PDL Brand	
KINDERLYTE ELECTROLYTE SOLN ORANGE	Non-PDL Brand	
KINDERLYTE ELECTROLYTE SOLN STRAWBERRY	Non-PDL Brand	
KINDERLYTE ELECTROLYTE SOLN STRAWBERRY PUNCH	Non-PDL Brand	
ORALYTE SOLUTION	Non-PDL Generic	
ORALYTE SOLUTION GRAPE	Non-PDL Generic	

Drug	Status	Notes
ORALYTE SOLUTION MIXED FRUIT	Non-PDL Generic	
ORALYTE SOLUTION STRAWBERRY	Non-PDL Generic	
ORALYTE SOLUTION UNFLAVORED	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 ADVANC CARE PLUS SOL INNER, BERRY FROST	Non-PDL Brand	
PEDIALYTE ADVANC CARE PLUS SOL INNER,KIWI BERRY MIS	Non-PDL Brand	
PEDIALYTE ADVANC CARE PLUS SOL OUTER, BERRY FROST	Non-PDL Brand	
PEDIALYTE ADVANC CARE PLUS SOL OUTER,KIWI BERRY MIS	Non-PDL Brand	
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	
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 IMMUNE SUPPORT SOLN GRAPE, INNER	Non-PDL Brand	

Drug	Status	Notes
PEDIALYTE IMMUNE SUPPORT SOLN GRAPE, OUTER	Non-PDL Brand	
PEDIALYTE IMMUNE SUPPORT SOLN ICED BERRY, INNER	Non-PDL Brand	
PEDIALYTE IMMUNE SUPPORT SOLN ICED BERRY, OUTER	Non-PDL Brand	
PEDIALYTE SOLUTION (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION INNER, GRAPE (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION INNER, UNFLAVORED (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION OUTER, GRAPE (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION OUTER, UNFLAVORED (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,FRUIT (RX)	Non-PDL Generic	
PEDIATRIC ELECTROLYTE SOLUTION P/F,UNFLAVORED (RX)	Non-PDL Generic	
PEDIATRIC ELECTROLYTE SOLUTION STRAWBERRY,W/ZINC (RX)	Non-PDL Generic	
TRUELYTE ADVANCED HYDRATION	Non-PDL Brand	

Drug	Status	Notes
Potassium Replacement		
EFFER-K 25 MEQ TABLET EFF	Non-PDL Generic	
EFFER-K 25 MEQ TABLET EFF OUTER	Non-PDL Generic	
KLOR-CON M10 TABLET 10 MEQ	Non-PDL Generic	90 DS
KLOR-CON M10 TABLET INNER 10 MEQ	Non-PDL Generic	90 DS
KLOR-CON M10 TABLET OUTER 10 MEQ	Non-PDL Generic	90 DS
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	90 DS
KLOR-CON M20 TABLET INNER 20 MEQ	Non-PDL Generic	90 DS
KLOR-CON M20 TABLET OUTER 20 MEQ	Non-PDL Generic	90 DS
potassium chloride 10% (20 meq/15 ml) oral liquid	Non-PDL Generic	
potassium chloride 10% (20 meq/15 ml) oral liquid cup inner	Non-PDL Generic	
potassium chloride 10% (20 meq/15 ml) oral liquid cup outer	Non-PDL Generic	
potassium chloride 10% (20 meq/15 ml) oral liquid orange	Non-PDL Generic	
potassium chloride 10% (40 meq/30 ml) oral liquid cup inner 20 meq/15 ml	Non-PDL Generic	
potassium chloride 10% (40 meq/30 ml) oral liquid cup outer 20 meq/15 ml	Non-PDL Generic	
potassium chloride 20% (40 meq/15 ml) oral liquid	Non-PDL Generic	
potassium chloride 20% (40 meq/15 ml) oral liquid cup inner	Non-PDL Generic	
potassium chloride 20% (40 meq/15 ml) oral liquid cup outer	Non-PDL Generic	
potassium chloride 20% (40 meq/15 ml) oral liquid orange	Non-PDL Generic	

Drug	Status	Notes
potassium cl 20 meq packet inner	Non-PDL Generic	
potassium cl 20 meq packet outer	Non-PDL Generic	
potassium cl er 10 meq capsule	Non-PDL Generic	90 DS
potassium cl er 10 meq tablet	Non-PDL Generic	90 DS
potassium cl er 10 meq tablet	Non-PDL Generic	90 DS
potassium cl er 10 meq tablet f/c	Non-PDL Generic	90 DS
potassium cl er 10 meq tablet inner	Non-PDL Generic	90 DS
potassium cl er 10 meq tablet outer	Non-PDL Generic	90 DS
potassium cl er 15 meq tablet	Non-PDL Generic	
potassium cl er 20 meq tablet	Non-PDL Generic	
potassium cl er 20 meq tablet	Non-PDL Generic	90 DS
potassium cl er 8 meq capsule	Non-PDL Generic	
potassium cl er 8 meq tablet	Non-PDL Generic	
potassium cl er 8 meq tablet f/c	Non-PDL Generic	
Sodium/Saline Preparations		
bacteriostatic saline vial inner,mdv 0.9 %	Non-PDL Generic	
bacteriostatic saline vial muv, inner 0.9 %	Non-PDL Generic	
bacteriostatic saline vial muv, outer 0.9 %	Non-PDL Generic	
bacteriostatic saline vial outer,mdv 0.9 %	Non-PDL Generic	
ft sodium chloride 1,000 mg tb (rx)	Non-PDL Generic	
NORMAL SALINE FLUSH 1 ML SYR SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 10 ML SYR P/F, SUV, OUTER	Non-PDL Generic	

Drug	Status	Notes
NORMAL SALINE FLUSH 10 ML SYR P/F,SINGLE USE	Non-PDL Generic	
NORMAL SALINE FLUSH 10 ML SYR P/F,SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 10 ML SYR POSIFLUSH, SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 10 ML SYR SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 10 ML SYR SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 2 ML SYR SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 3 ML SYR 30'S,P/F, SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 3 ML SYR SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 5 ML SYR 30'S,P/F, SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 5 ML SYR P/F,SINGLE USE	Non-PDL Generic	
NORMAL SALINE FLUSH 5 ML SYR SUV	Non-PDL Generic	
saline 0.45% soln-excel con single use	Non-PDL Generic	
saline 0.9% flush 10 ml syr suv	Non-PDL Generic	
saline 0.9% flush 10 ml syr suv, inner	Non-PDL Generic	
saline 0.9% flush 10 ml syr suv, outer	Non-PDL Generic	
saline 0.9% flush 5 ml syr suv, inner	Non-PDL Generic	
saline 0.9% flush 5 ml syr suv, outer	Non-PDL Generic	
sodium chloride 0.45% soln inner,single use	Non-PDL Generic	
sodium chloride 0.45% soln outer,single use	Non-PDL Generic	
sodium chloride 0.45% soln single use	Non-PDL Generic	
sodium chloride 0.45% soln single use, inner	Non-PDL Generic	

Drug	Status	Notes
sodium chloride 0.45% soln single use, outer	Non-PDL Generic	
sodium chloride 0.45% soln single-use	Non-PDL Generic	
sodium chloride 0.45% soln single-use, p/f	Non-PDL Generic	
sodium chloride 0.45% soln single-use,inner	Non-PDL Generic	
sodium chloride 0.45% soln single-use,outer	Non-PDL Generic	
sodium chloride 0.45% soln suv	Non-PDL Generic	
sodium chloride 0.45% soln viaflex, single use	Non-PDL Generic	
sodium chloride 0.9% (pwr inj) sdv	Non-PDL Generic	
sodium chloride 0.9% (pwr inj) single-use, p/f	Non-PDL Generic	
sodium chloride 0.9% 1,000 ml inner, suv	Non-PDL Generic	
sodium chloride 0.9% 1,000 ml outer, suv	Non-PDL Generic	
sodium chloride 0.9% 1,000 ml suv	Non-PDL Generic	
sodium chloride 0.9% 1,000 ml suv, p/f	Non-PDL Generic	
sodium chloride 0.9% 10 ml syr suv,p/f	Non-PDL Generic	
sodium chloride 0.9% 100 ml suv	Non-PDL Generic	
sodium chloride 0.9% 250 ml inner, suv	Non-PDL Generic	
sodium chloride 0.9% 250 ml outer, suv	Non-PDL Generic	
sodium chloride 0.9% 250 ml suv	Non-PDL Generic	
sodium chloride 0.9% 50 ml p/f, suv	Non-PDL Generic	
sodium chloride 0.9% 50 ml suv	Non-PDL Generic	
sodium chloride 0.9% 500 ml inner, suv	Non-PDL Generic	

Drug	Status	Notes
sodium chloride 0.9% 500 ml outer, suv	Non-PDL Generic	
sodium chloride 0.9% 500 ml suv	Non-PDL Generic	
sodium chloride 0.9% sol-excel single use	Non-PDL Generic	
sodium chloride 0.9% soln single-use,inner	Non-PDL Generic	
sodium chloride 0.9% soln single-use,outer	Non-PDL Generic	
sodium chloride 0.9% solution inner, single use	Non-PDL Generic	
sodium chloride 0.9% solution inner, single-use	Non-PDL Generic	
sodium chloride 0.9% solution inner,single use,p/f	Non-PDL Generic	
sodium chloride 0.9% solution inner,single-use	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 outer, singe use	Non-PDL Generic	
sodium chloride 0.9% solution outer, single use	Non-PDL Generic	
sodium chloride 0.9% solution outer, single-use	Non-PDL Generic	
sodium chloride 0.9% solution outer,single use,p/f	Non-PDL Generic	
sodium chloride 0.9% solution outer,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, p/f	Non-PDL Generic	
sodium chloride 0.9% solution single use,inner	Non-PDL Generic	

Drug	Status	Notes
sodium chloride 0.9% solution single use,inner,p/f	Non-PDL Generic	
sodium chloride 0.9% solution single use,outer	Non-PDL Generic	
sodium chloride 0.9% solution single-use	Non-PDL Generic	
sodium chloride 0.9% solution suv, p/f, inner	Non-PDL Generic	
sodium chloride 0.9% solution suv, p/f, outer	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% vial inner,p/f, sdv	Non-PDL Generic	
sodium chloride 0.9% vial inner,p/f,sdv	Non-PDL Generic	
sodium chloride 0.9% vial inner,suv,p/f	Non-PDL Generic	
sodium chloride 0.9% vial outer,p/f, sdv	Non-PDL Generic	
sodium chloride 0.9% vial outer,p/f,sdv	Non-PDL Generic	
sodium chloride 0.9% vial outer,suv,p/f	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,sdv,inner	Non-PDL Generic	
sodium chloride 0.9% vial p/f,sdv,outer	Non-PDL Generic	
sodium chloride 0.9% vial suv, inner	Non-PDL Generic	

Drug	Status	Notes
sodium chloride 0.9% vial suv, outer	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 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, single use	Non-PDL Generic	
sodium chloride 0.9%-water bag (cmpd-rx) suv, p/f	Non-PDL Generic	
sodium chloride 1 gm tablet (otc)	Non-PDL Generic	OTC
sodium chloride 1 gm tablet (rx)	Non-PDL Generic	
sodium chloride 1 gm tablet inner (otc)	Non-PDL Generic	OTC
sodium chloride 1 gm tablet outer (otc)	Non-PDL Generic	OTC
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
tadalafil 2.5 mg tablet	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
tadalafil 2.5 mg tablet inner	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
tadalafil 2.5 mg tablet outer	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
tadalafil 5 mg tablet	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
tadalafil 5 mg tablet inner	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
tadalafil 5 mg tablet outer	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
VIAGRA 100 MG TABLET	Non-PDL Brand	SP; QL (1 EA per 5 days)
VIAGRA 100 MG TABLET F/C	Non-PDL Brand	SP; QL (1 EA per 5 days)
VIAGRA 25 MG TABLET	Non-PDL Brand	SP; QL (1 EA per 5 days)

Drug	Status	Notes
VIAGRA 50 MG TABLET	Non-PDL Brand	SP; QL (1 EA per 5 days)
VIAGRA 50 MG TABLET F/C	Non-PDL Brand	SP; QL (1 EA per 5 days)
Fertility Stimulating Preparations,Non-Fsh		
CLOMID 50 MG TABLET OUTER	Non-PDL Brand	SP
clomiphene citrate 50 mg tab	Non-PDL Generic	SP
clomiphene citrate 50 mg tab outer	Non-PDL Generic	SP
MILOPHENE 50 MG TAB	Non-PDL Generic	SP
Follicle Stim./Luteinizing Hormones		
MENOPUR 75 UNIT VIAL OUTER,SUV	Non-PDL Brand	SP
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ 300 UNIT CARTRIDG SUV 300 UNIT/0.36 ML	Non-PDL Brand	SP
FOLLISTIM AQ 600 UNIT CARTRIDG SUV 600 UNIT/0.72 ML	Non-PDL Brand	SP
FOLLISTIM AQ 900 UNIT CARTRIDG SUV 900 UNIT/1.08 ML	Non-PDL Brand	SP
GONAL-F 450 UNITS VIAL	Non-PDL Brand	SP
GONAL-F RFF REDI-JECT 300 UNIT PEN 300 UNIT/0.48 ML	Non-PDL Brand	SP
GONAL-F RFF REDI-JECT 450 UNIT PEN 450 UNIT/0.72 ML	Non-PDL Brand	SP
GONAL-F RFF REDI-JECT 900 UNIT PEN 900 UNIT/1.44 ML	Non-PDL Brand	SP
Human Chorionic Gonadotropin (Hcg)		
chorionic gonad 10,000 unit vl inner, muv	Non-PDL Brand	SP
chorionic gonad 10,000 unit vl outer, muv	Non-PDL Brand	SP
NOVAREL 5,000 UNIT VIAL	Non-PDL Brand	SP
OVIDREL 250 MCG/0.5 ML SYRG	Non-PDL Brand	SP
PREGNYL 10,000 UNIT VIAL INNER, MUV	Non-PDL Brand	SP

Drug	Status	Notes
PREGNYL 10,000 UNIT VIAL OUTER, MUV	Non-PDL Brand	SP
Pregnancy Facilitating/Maintaining Agent,Hormonal		
CRINONE 8% GEL INNER	Non-PDL Brand	SP
CRINONE 8% GEL OUTER	Non-PDL Brand	SP
progesterone 100 mg vag insert	Non-PDL Generic	SP
progesterone 100 mg vag insert inner	Non-PDL Generic	SP
progesterone 100 mg vag insert outer	Non-PDL Generic	SP
Endocrine Disorder - Other		
Antidiuretic And Vasopressor Hormones		
desmopressin 0.01% solution 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 40 mcg/10 ml vial 4 mcg/ml	Non-PDL Generic	
desmopressin 40 mcg/10 ml vial mdv 4 mcg/ml	Non-PDL Generic	
desmopressin 40 mcg/10 ml vial muv 4 mcg/ml	Non-PDL Generic	
desmopressin ac 4 mcg/ml ampul inner, suv, p/f	Non-PDL Generic	
desmopressin ac 4 mcg/ml ampul outer, suv, p/f	Non-PDL Generic	
desmopressin ac 4 mcg/ml ampul p/f, inner, sdv	Non-PDL Generic	
desmopressin ac 4 mcg/ml ampul p/f, outer, sdv	Non-PDL Generic	
desmopressin ac 4 mcg/ml vial suv, inner	Non-PDL Generic	
desmopressin ac 4 mcg/ml vial suv, outer	Non-PDL Generic	
desmopressin ac 4 mcg/ml vial suv, p/f	Non-PDL Generic	
desmopressin ac 4 mcg/ml vial suv, p/f, inner	Non-PDL Generic	

Drug	Status	Notes
desmopressin ac 4 mcg/ml vial suv, p/f, outer	Non-PDL Generic	
desmopressin ac 4 mcg/ml vial suv,inner	Non-PDL Generic	
desmopressin ac 4 mcg/ml vial suv,outer	Non-PDL Generic	
desmopressin acetate 0.1 mg tb	Non-PDL Generic	90 DS
desmopressin acetate 0.2 mg tb	Non-PDL Generic	
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD 30 MG SYRINGE KIT	Non-PDL Brand	PA; SP
ELIGARD 30 MG SYRINGE KIT OUTER,SUV	Non-PDL Brand	PA; SP
ELIGARD 7.5 MG SYRINGE KIT OUTER,SUV 7.5 MG (1 MONTH)	Non-PDL Brand	PA; SP
ELIGARD 7.5 MG SYRINGE KIT SUV 7.5 MG (1 MONTH)	Non-PDL Brand	PA; SP
leuprolide 2wk 14 mg/2.8 ml kt mdv 1 mg/0.2 ml	Non-PDL Generic	PA; SP
leuprolide 2wk 14 mg/2.8 ml kt muv 1 mg/0.2 ml	Non-PDL Generic	PA; SP
leuprolide 2wk 14 mg/2.8 ml kt muv, outer 1 mg/0.2 ml	Non-PDL Generic	PA; SP
leuprolide 2wk 14 mg/2.8 ml kt outer, muv 1 mg/0.2 ml	Non-PDL Generic	PA; SP
leuprolide 2wk 14 mg/2.8 ml kt outer,mdv 1 mg/0.2 ml	Non-PDL Generic	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
BONSITY 560 MCG/2.24 ML PEN 20 MCG/DOSE (560MCG/2.24ML)	PDL Non-Preferred Brand	PA; SP
FORTEO 560 MCG/2.24 ML PEN INJ SUV 20 MCG/DOSE (560MCG/2.24ML)	PDL Preferred Brand	SP
teriparatide 560 mcg/2.24 ml pen 20 mcg/dose (560mcg/2.24ml)	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS 80 MCG DOSE PEN INJECTR INNER, SUV 80 MCG (3,120 MCG/1.56 ML)	PDL Non-Preferred Brand	PA; SP
TYMLOS 80 MCG DOSE PEN INJECTR OUTER, SUV 80 MCG (3,120 MCG/1.56 ML)	PDL Non-Preferred Brand	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D 70 MG-2800 UNIT	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)
FOSAMAX PLUS D 70 MG-5600 UNIT	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)
Bone Resorption Inhibitors		
ACTONEL 150 MG TABLET F/C,ONCE-A-MONTH	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ACTONEL 35 MG TABLET F/C,DOSEPACK	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)
alendronate sod 70 mg/75 ml	PDL Preferred Generic	QL (75 ML per 7 days)
alendronate sodium 10 mg tab	PDL Preferred Generic	
alendronate sodium 35 mg tab	PDL Preferred Generic	90 DS
alendronate sodium 35 mg tab inner	PDL Preferred Generic	90 DS
alendronate sodium 35 mg tab once weekly	PDL Preferred Generic	90 DS
alendronate sodium 35 mg tab outer	PDL Preferred Generic	90 DS

Drug	Status	Notes
alendronate sodium 35 mg tab u-u	PDL Preferred Generic	90 DS
alendronate sodium 70 mg tab	PDL Preferred Generic	90 DS
alendronate sodium 70 mg tab inner	PDL Preferred Generic	90 DS
alendronate sodium 70 mg tab once weekly	PDL Preferred Generic	90 DS
alendronate sodium 70 mg tab outer	PDL Preferred Generic	90 DS
alendronate sodium 70 mg tab u-u	PDL Preferred Generic	90 DS
ATELVIA DR 35 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)
BINOSTO 70 MG EFFERVESCENT TAB INNER	PDL Non-Preferred Brand	PA; QL (4 EA per 28 days)
BINOSTO 70 MG EFFERVESCENT TAB OUTER	PDL Non-Preferred Brand	PA; QL (4 EA per 28 days)
calcitonin-salmon 200 unit spr 200 unit/actuation	PDL Preferred Generic	
calcitonin-salmon 200 unit spr 30 dose bottle 200 unit/actuation	PDL Preferred Generic	
EVISTA 60 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FOSAMAX 70 MG TABLET	PDL Non-Preferred Brand	PA
ibandronate sodium 150 mg tab	PDL Preferred Generic	90 DS

Drug	Status	Notes
ibandronate sodium 150 mg tab inner	PDL Preferred Generic	90 DS
ibandronate sodium 150 mg tab once monthly, u-d	PDL Preferred Generic	90 DS
ibandronate sodium 150 mg tab outer	PDL Preferred Generic	90 DS
raloxifene hcl 60 mg tablet	Preventive	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
raloxifene hcl 60 mg tablet f/c	Preventive	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
risedronate sod dr 35 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sod dr 35 mg tab inner	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sod dr 35 mg tab outer	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
risedronate sodium 150 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
risedronate sodium 150 mg tab f/c, once-a-month	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
risedronate sodium 150 mg tab f/c,once-a-month	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
risedronate sodium 150 mg tab inner	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
risedronate sodium 150 mg tab outer	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
risedronate sodium 30 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

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

Drug	Status	Notes
SOMAVERT 15 MG VIAL P/F, SUV, OUTER	Non-PDL Brand	SP
SOMAVERT 15 MG VIAL SDV	Non-PDL Brand	SP
SOMAVERT 20 MG VIAL OUTER, SUV	Non-PDL Brand	SP
SOMAVERT 20 MG VIAL SDV,OUTER	Non-PDL Brand	SP
SOMAVERT 25 MG VIAL SDV,OUTER	Non-PDL Brand	SP
SOMAVERT 25 MG VIAL SUV, INNER, P/F	Non-PDL Brand	SP
SOMAVERT 25 MG VIAL SUV, OUTER, P/F	Non-PDL Brand	SP
SOMAVERT 30 MG VIAL P/F, SUV, INNER	Non-PDL Brand	SP
SOMAVERT 30 MG VIAL P/F, SUV, OUTER	Non-PDL Brand	SP
SOMAVERT 30 MG VIAL SDV,OUTER	Non-PDL Brand	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV 2 MG VIAL	Non-PDL Brand	PA; SP
EGRIFTA WR 11.6 MG FOUR-VL KIT 4 VL/BOX, SUV, OUTER	Non-PDL Brand	PA; SP
EGRIFTA WR 11.6 MG VIAL INNER, SUV	Non-PDL Brand	PA; 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 INNER, P/F, SUV 0.2 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 0.2 MG OUTER, P/F, SUV 0.2 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
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 W/DILUENT, SUV 12 MG (36 UNIT)	PDL Non-Preferred Brand	PA; SP
HUMATROPE 24 MG CARTRIDGE W/DILUENT, SUV 24 MG (72 UNIT)	PDL Non-Preferred Brand	PA; SP
HUMATROPE 6 MG CARTRIDGE W/DILUENT, SUV 6 MG (18 UNIT)	PDL Non-Preferred Brand	PA; SP
NGENLA PEN 24 MG/1.2 ML INNER, SUV 24 MG/1.2 ML (20 MG/ML)	PDL Non-Preferred Brand	PA; SP
NGENLA PEN 24 MG/1.2 ML OUTER, SUV 24 MG/1.2 ML (20 MG/ML)	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
NGENLA PEN 60 MG/1.2 ML INNER, SUV 60 MG/1.2 ML (50 MG/ML)	PDL Non-Preferred Brand	PA; SP
NGENLA PEN 60 MG/1.2 ML OUTER, SUV 60 MG/1.2 ML (50 MG/ML)	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 5 MG/1.5 5 MG/1.5 ML (3.3 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 INNER, SUV	PDL Non-Preferred Brand	PA; SP
OMNITROPE 5.8 MG VIAL OUTER, SUV	PDL Non-Preferred Brand	PA; SP
SEROSTIM 4 MG VIAL INNER, W/1ML DIL,MDV	PDL Non-Preferred Brand	PA; SP
SEROSTIM 4 MG VIAL OUTER, W/1ML DIL,MDV	PDL Non-Preferred Brand	PA; SP
SEROSTIM 5 MG VIAL INNER, W/1ML DIL,SDV	PDL Non-Preferred Brand	PA; SP
SEROSTIM 5 MG VIAL OUTER, W/1ML DIL,SDV	PDL Non-Preferred Brand	PA; SP
SEROSTIM 6 MG VIAL INNER, W/1ML DIL,SDV	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
SEROSTIM 6 MG VIAL OUTER, W/1ML DIL,SDV	PDL Non-Preferred Brand	PA; SP
SKYTROFA 11 MG CARTRIDGE P/F, SUV, INNER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 11 MG CARTRIDGE P/F, SUV, OUTER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 13.3 MG CARTRIDGE P/F, SUV, INNER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 13.3 MG CARTRIDGE P/F, SUV, OUTER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 3 MG CARTRIDGE P/F, SUV, INNER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 3 MG CARTRIDGE P/F, SUV, OUTER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 3.6 MG CARTRIDGE P/F, SUV, INNER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 3.6 MG CARTRIDGE P/F, SUV, OUTER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 4.3 MG CARTRIDGE P/F, SUV, INNER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 4.3 MG CARTRIDGE P/F, SUV, OUTER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 5.2 MG CARTRIDGE P/F, SUV, INNER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 5.2 MG CARTRIDGE P/F, SUV, OUTER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 6.3 MG CARTRIDGE P/F, SUV, INNER	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
SKYTROFA 6.3 MG CARTRIDGE P/F, SUV, OUTER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 7.6 MG CARTRIDGE P/F, SUV, INNER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 7.6 MG CARTRIDGE P/F, SUV, OUTER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 9.1 MG CARTRIDGE P/F, SUV, INNER	PDL Non-Preferred Brand	PA; SP
SKYTROFA 9.1 MG CARTRIDGE P/F, SUV, OUTER	PDL Non-Preferred Brand	PA; SP
SOGROYA 10 MG/1.5 ML PEN 10 MG/1.5 ML (6.7 MG/ML)	PDL Non-Preferred Brand	PA; SP
SOGROYA 15 MG/1.5 ML PEN 15 MG/1.5 ML (10 MG/ML)	PDL Non-Preferred Brand	PA; SP
SOGROYA 5 MG/1.5 ML PEN 5 MG/1.5 ML (3.3 MG/ML)	PDL Non-Preferred Brand	PA; SP
ZOMACTON 10 MG VIAL	PDL Preferred Brand	PA; SP
ZOMACTON 5 MG VIAL	PDL Preferred Brand	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
doxercalciferol 0.5 mcg cap	Non-PDL Generic	
doxercalciferol 1 mcg capsule	Non-PDL Generic	
doxercalciferol 2.5 mcg cap	Non-PDL Generic	
paricalcitol 1 mcg capsule	Non-PDL Generic	
paricalcitol 2 mcg capsule	Non-PDL Generic	

Drug	Status	Notes
paricalcitol 4 mcg capsule	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
Leptin Hormone Analogs		
MYALEPT 11.3 MG (5 MG/ML) VIAL 5 MG/ML (FINAL CONC.)	Non-PDL Brand	PA; SP
MYALEPT 11.3 MG (5 MG/ML) VIAL OUTER 5 MG/ML (FINAL CONC.)	Non-PDL Brand	PA; SP
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL 2 MG/ML NASAL SPRAY	Non-PDL Brand	PA; SP
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
ganirelix acet 250 mcg/0.5 ml suv	Non-PDL Brand	SP
ORILISSA 150 MG TABLET	Non-PDL Brand	PA
ORILISSA 200 MG TABLET	Non-PDL Brand	PA
Pituitary Suppressive Agents		
cabergoline 0.5 mg tablet	Non-PDL Generic	90 DS
danazol 100 mg capsule	Non-PDL Generic	
danazol 200 mg capsule	Non-PDL Generic	
danazol 50 mg capsule	Non-PDL Generic	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
methimazole 10 mg tablet	Non-PDL Generic	
methimazole 5 mg tablet	Non-PDL Generic	
propylthiouracil 50 mg tablet	Non-PDL Generic	
propylthiouracil 50 mg tablet bulk package	Non-PDL Generic	

Drug	Status	Notes
Iodine Containing Agents		
LUGOL'S STRONG IODINE SOLUTION (RX) 5 %	Non-PDL Generic	
potassium iodide 1 gm/ml sol 1 gram/ml	Non-PDL Generic	
SSKI 1 GM/ML SOLUTION 1 GRAM/ML	Non-PDL Generic	
STRONG IODINE SOLUTION LUGOL'S SOLUTION,USP (RX) 5 %	Non-PDL Generic	
Thyroid Hormones		
ADTHYZA 120 MG TABLET	Non-PDL Brand	
ADTHYZA 15 MG TABLET	Non-PDL Brand	
ADTHYZA 60 MG TABLET	Non-PDL Brand	
AMERITHROID 120 MG TABLET	Non-PDL Generic	
ARMOUR THYROID 120 MG TABLET	Non-PDL Brand	
ARMOUR THYROID 15 MG TABLET	Non-PDL Brand	
ARMOUR THYROID 180 MG TABLET	Non-PDL Brand	
ARMOUR THYROID 240 MG TABLET	Non-PDL Brand	
ARMOUR THYROID 30 MG TABLET	Non-PDL Brand	
ARMOUR THYROID 300 MG TABLET	Non-PDL Brand	
ARMOUR THYROID 60 MG TABLET	Non-PDL Brand	
ARMOUR THYROID 90 MG TABLET	Non-PDL Brand	
EVEXITHROID 120 MG TABLET	Non-PDL Brand	
EVEXITHROID 15 MG TABLET	Non-PDL Brand	
EVEXITHROID 180 MG TABLET	Non-PDL Brand	
EVEXITHROID 30 MG TABLET	Non-PDL Brand	

Drug	Status	Notes
EVEXITHROID 60 MG TABLET	Non-PDL Brand	
levothyroxine 100 mcg tablet	Non-PDL Generic	90 DS
levothyroxine 100 mcg tablet u-d,inner	Non-PDL Generic	90 DS
levothyroxine 100 mcg tablet u-d,outer,10x10	Non-PDL Generic	90 DS
levothyroxine 112 mcg tablet	Non-PDL Generic	90 DS
levothyroxine 112 mcg tablet inner	Non-PDL Generic	90 DS
levothyroxine 112 mcg tablet outer	Non-PDL Generic	90 DS
levothyroxine 125 mcg tablet	Non-PDL Generic	90 DS
levothyroxine 125 mcg tablet u-d,inner	Non-PDL Generic	90 DS
levothyroxine 125 mcg tablet u-d,outer,10x10	Non-PDL Generic	90 DS
levothyroxine 137 mcg tablet	Non-PDL Generic	90 DS
levothyroxine 137 mcg tablet inner	Non-PDL Generic	90 DS
levothyroxine 137 mcg tablet outer	Non-PDL Generic	90 DS
levothyroxine 150 mcg tablet	Non-PDL Generic	90 DS
levothyroxine 150 mcg tablet u-d,10x10,inner	Non-PDL Generic	90 DS
levothyroxine 150 mcg tablet u-d,10x10,outer	Non-PDL Generic	90 DS
levothyroxine 175 mcg tablet	Non-PDL Generic	90 DS
levothyroxine 175 mcg tablet inner	Non-PDL Generic	90 DS
levothyroxine 175 mcg tablet outer	Non-PDL Generic	90 DS
levothyroxine 200 mcg tablet	Non-PDL Generic	90 DS
levothyroxine 25 mcg tablet	Non-PDL Generic	90 DS

Drug	Status	Notes
levothyroxine 25 mcg tablet u-d,10x10,inner	Non-PDL Generic	90 DS
levothyroxine 25 mcg tablet u-d,10x10,outer	Non-PDL Generic	90 DS
levothyroxine 300 mcg tablet	Non-PDL Generic	
levothyroxine 50 mcg tablet	Non-PDL Generic	90 DS
levothyroxine 50 mcg tablet u-d,inner	Non-PDL Generic	90 DS
levothyroxine 50 mcg tablet u-d,outer,10x10	Non-PDL Generic	90 DS
levothyroxine 75 mcg tablet	Non-PDL Generic	90 DS
levothyroxine 75 mcg tablet u-d,inner	Non-PDL Generic	90 DS
levothyroxine 75 mcg tablet u-d,outer,10x10	Non-PDL Generic	90 DS
levothyroxine 88 mcg tablet	Non-PDL Generic	90 DS
levothyroxine 88 mcg tablet inner	Non-PDL Generic	90 DS
levothyroxine 88 mcg tablet outer	Non-PDL Generic	90 DS
LIOMNY 25 MCG TABLET	Non-PDL Generic	
LIOMNY 5 MCG TABLET	Non-PDL Generic	90 DS
LIOMNY 50 MCG TABLET	Non-PDL Generic	
liothyronine sod 25 mcg tab	Non-PDL Generic	
liothyronine sod 5 mcg tab	Non-PDL Generic	90 DS
liothyronine sod 50 mcg tab	Non-PDL Generic	
NIVA THYROID 120 MG TABLET	Non-PDL Brand	
NIVA THYROID 15 MG TABLET	Non-PDL Brand	
NIVA THYROID 30 MG TABLET	Non-PDL Brand	

Drug	Status	Notes
NIVA THYROID 60 MG TABLET	Non-PDL Brand	
NIVA THYROID 90 MG TABLET	Non-PDL Brand	
NP THYROID 120 MG TABLET	Non-PDL Generic	
NP THYROID 15 MG TABLET	Non-PDL Generic	
NP THYROID 30 MG TABLET	Non-PDL Generic	
NP THYROID 60 MG TABLET	Non-PDL Generic	
NP THYROID 90 MG TABLET	Non-PDL Generic	
RENTHYROID 120 MG TABLET	Non-PDL Brand	
RENTHYROID 15 MG TABLET	Non-PDL Brand	
thyroid 120 mg tablet	Non-PDL Generic	
thyroid 15 mg tablet	Non-PDL Generic	
thyroid 30 mg tablet	Non-PDL Generic	
thyroid 60 mg tablet	Non-PDL Generic	
thyroid 90 mg tablet	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	
TOBRADEX EYE OINTMENT 0.3-0.1 %	Non-PDL Brand	
tobramycin-dexameth ophth susp 0.3-0.1 %	Non-PDL Generic	

Drug	Status	Notes
tobramycin-loteprednol 0.3%-0.5% eye drop 0.3-0.5 %	Non-PDL Generic	
Eye Antihistamines		
ADVANCED EYE RELIEF 0.2% DROPS	PDL Preferred Generic	OTC; QL (3 ML per 30 days)
ALAWAY 0.025% EYE DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
azelastine hcl 0.05% drops	PDL Preferred Generic	QL (12 ML per 30 days)
azelastine hcl 0.05% drops sterile	PDL Preferred Generic	QL (12 ML per 30 days)
azelastine hcl 0.05% drops strl	PDL Preferred Generic	QL (12 ML per 30 days)
bepotastine 1.5% eye drop	PDL Non-Preferred Generic	PA; QL (10 ML per 30 days)
BEPREVE 1.5% EYE DROPS	PDL Preferred Brand	QL (10 ML per 30 days)
CHILD'S ALAWAY 0.025% EYE DROP 0.025 % (0.035 %)	PDL Preferred Generic	OTC
CVS ALLERGY 0.025% EYE DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
CVS EYE ITCH RELIEF 0.025% DRP 0.025 % (0.035 %)	PDL Preferred Generic	OTC
cvs olopatadine 0.1% eye drops (otc)	PDL Preferred Generic	OTC
cvs olopatadine 0.2% eye drop (otc)	PDL Preferred Generic	OTC; QL (3 ML per 30 days)
epinastine hcl 0.05% eye drops	PDL Non-Preferred Generic	PA; QL (10 ML per 30 days)

Drug	Status	Notes
EYE ALLERGY ITCH RLF 0.2% DROP	PDL Preferred Generic	OTC; QL (3 ML per 30 days)
EYE ALLERGY ITCH RLF 0.7% DROP	Non-PDL Generic	OTC; QL (2.5 ML per 30 days)
EYE ALLERGY ITCH-RED 0.1% DROP	PDL Preferred Generic	OTC
EYE ITCH RELIEF 0.025% DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
EYE ITCH RELIEF 0.025% DROPS 12 HOUR RELIEF,2X5ML 0.025 % (0.035 %)	PDL Preferred Generic	OTC
EYE ITCH RELIEF 0.025% DROPS 12 HOURS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
EYE ITCH RELIEF 0.025% DROPS UP TO 12HRS, STERILE 0.025 % (0.035 %)	PDL Preferred Generic	OTC
FT EYE ALLERGY ITCH RLF 0.2%	PDL Preferred Generic	OTC; QL (3 ML per 30 days)
FT EYE ALLERGY ITCH-RED 0.1%	PDL Preferred Generic	OTC
gnp olopatadine 0.1% eye drops (otc)	PDL Preferred Generic	OTC
gnp olopatadine 0.2% eye drop (otc)	PDL Preferred Generic	OTC; QL (3 ML per 30 days)
ketotifen 0.025% (0.035%) drop (otc)	PDL Preferred Generic	OTC
olopatadine hcl 0.1% eye drop (otc)	PDL Preferred Generic	OTC
olopatadine hcl 0.1% eye drops (otc)	PDL Preferred Generic	OTC

Drug	Status	Notes
olopatadine hcl 0.1% eye drops (rx)	PDL Preferred Generic	90 DS
olopatadine hcl 0.2% eye drop (otc)	PDL Preferred Generic	OTC; QL (3 ML per 30 days)
olopatadine hcl 0.2% eye drop (rx)	PDL Preferred Generic	90 DS; QL (3 ML per 30 days)
olopatadine hcl 0.7% eye drops	Non-PDL Generic	OTC; QL (2.5 ML per 30 days)
PATADAY ONCE DAILY 0.2% DROPS	Non-PDL Brand	OTC; QL (3 ML per 30 days)
PATADAY ONCE DAILY 0.7% DROPS	Non-PDL Brand	OTC; QL (2.5 ML per 30 days)
PATADAY TWICE DAILY 0.1% DROPS	Non-PDL Brand	OTC
RETAINE ALLERGY 0.2 % EYE DROP	PDL Preferred Generic	OTC; QL (3 ML per 30 days)
WAL-ZYR 0.025% EYE DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
ZADITOR 0.025% (0.035%) DROPS UP TO 12 HRS (OTC)	PDL Non-Preferred Brand	PA; OTC
ZERVIATE 0.24% EYE DROP	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
Eye Antiinflammatory Agents		
ACULAR 0.5% EYE DROPS	PDL Non-Preferred Brand	PA; QL (20 ML per 30 days)
ACULAR LS 0.4% OPHTH SOL	PDL Non-Preferred Brand	PA
ACUVAIL 0.45% OPHTH SOLUTION	PDL Non-Preferred Brand	PA; QL (60 EA per 15 days)
ALREX 0.2% EYE DROPS	PDL Preferred Brand	QL (10 ML per 14 days)

Drug	Status	Notes
bromfenac sodium 0.07% eye drp	PDL Non-Preferred Generic	PA; QL (3 ML per 16 days)
bromfenac sodium 0.09% eye drp	PDL Non-Preferred Generic	PA; QL (3.4 ML per 16 days)
BROMSITE 0.075% EYE DROPS	PDL Non-Preferred Brand	PA; QL (5 ML per 16 days)
clobetasol 0.05% eye drop	Non-PDL Generic	QL (3.5 ML per 14 days)
dexamethasone 0.1% eye drop	Non-PDL Generic	QL (15 ML per 14 days)
DEXTENZA 0.4 MG INSERT OUTER	PDL Non-Preferred Brand	PA
diclofenac 0.1% eye drops	PDL Preferred Generic	QL (10 ML per 14 days)
difluprednate 0.05% eye drop	PDL Non-Preferred Generic	PA; QL (10 ML per 14 days)
DUREZOL 0.05% EYE DROPS	PDL Non-Preferred Brand	PA; QL (10 ML per 14 days)
EYSUVIS 0.25% EYE DROPS	PDL Non-Preferred Brand	PA
FLAREX 0.1% EYE DROPS	Non-PDL Brand	QL (15 ML per 14 days)
fluorometholone 0.1% eye drop	PDL Preferred Generic	QL (10 ML per 14 days)
flurbiprofen 0.03% eye drop	PDL Non-Preferred Generic	PA
FML FORTE 0.25% EYE DROPS	Non-PDL Brand	QL (10 ML per 14 days)
ILEVRO 0.3% OPHTH DROPS	PDL Non-Preferred Brand	PA; QL (3.4 ML per 16 days)

Drug	Status	Notes
INVELTYS 1% EYE DROP	PDL Non-Preferred Brand	PA; QL (5.6 ML per 14 days)
ketorolac 0.4% ophth solution	PDL Preferred Generic	
ketorolac 0.5% ophth solution	PDL Preferred Generic	90 DS; QL (20 ML per 30 days)
LOTEMAX 0.5% EYE OINTMENT	PDL Non-Preferred Brand	PA; QL (7 GM per 14 days)
LOTEMAX 0.5% OPHTHALMIC GEL	PDL Non-Preferred Brand	PA; QL (10 GM per 14 days)
LOTEMAX SM 0.38% OPHTH GEL	Non-PDL Brand	QL (10 GM per 14 days)
loteprednol 0.5% ophthalmc gel	PDL Non-Preferred Generic	PA; QL (10 GM per 14 days)
loteprednol etabonate 0.2% drp	Non-PDL Generic	QL (10 ML per 14 days)
loteprednol etabonate 0.5% drp	PDL Non-Preferred Generic	PA; QL (20 ML per 14 days)
NEVANAC 0.1% EYE DROP	PDL Non-Preferred Brand	PA; QL (9 ML per 16 days)
PRED MILD 0.12% EYE DROPS	Non-PDL Brand	QL (20 ML per 14 days)
prednisolone ac 1% eye drop	PDL Preferred Generic	QL (20 ML per 14 days)
prednisolone sod 1% eye drop	PDL Non-Preferred Generic	PA; QL (20 ML per 30 days)
PROLENSA 0.07% EYE DROPS	PDL Non-Preferred Brand	PA; QL (3 ML per 16 days)
Eye Antivirals		
trifluridine 1% eye drops	Non-PDL Generic	

Drug	Status	Notes
ZIRGAN 0.15% OPHTHALMIC GEL	Non-PDL Brand	
Eye Local Anesthetics		
ALCAINE 0.5% EYE DROPS	Non-PDL Generic	
ALTACAINE 0.5% EYE DROP	Non-PDL Generic	
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	Non-PDL Generic	
tetracaine 0.5% eye drop	Non-PDL Generic	
tetracaine 0.5% steri-unit sol	Non-PDL Generic	
Eye Sulfonamides		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Non-PDL Brand	
sulfacetamide 10% eye drops	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 drop	Non-PDL Generic	
phenylephrine 2.5% eye drop	Non-PDL Generic	
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA 0.03 MG NASAL SPRAY INNER 0.03 MG/SPRAY	PDL Non-Preferred Brand	PA
TYRVAYA 0.03 MG NASAL SPRAY OUTER 0.03 MG/SPRAY	PDL Non-Preferred Brand	PA
Ophthalmic Antibiotics		
AZASITE 1% EYE DROPS	PDL Non-Preferred Brand	PA

Drug	Status	Notes
bacitracin 500 unit/gm ophthalmic ointment sterile 500 unit/gram	PDL Non-Preferred Generic	PA
bacitracin-polymyxin eye oint 500-10,000 unit/gram	Non-PDL Generic	
besifloxacin 0.6% eye drop	Non-PDL Generic	
BESIVANCE 0.6% SUSP	PDL Non-Preferred Brand	PA
CILOXAN 0.3% OINTMENT	PDL Non-Preferred Brand	PA
ciprofloxacin 0.3% eye drop	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	
gatifloxacin 0.5% eye drops	PDL Non-Preferred Generic	PA
gentamicin 0.3% eye drop	Non-PDL Generic	
levofloxacin 0.5% eye drop	Non-PDL Generic	
levofloxacin 1.5% eye drops	Non-PDL Generic	
moxifloxacin 0.5% eye drop (viscous) (twice daily)	PDL Non-Preferred Generic	PA
moxifloxacin 0.5% eye drops	PDL Preferred Generic	
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	
OCUFLOX 0.3% EYE DROPS	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ofloxacin 0.3% eye drops	PDL Preferred Generic	
polymyxin b-tmp eye drops 10,000 unit- 1 mg/ml	Non-PDL Generic	
tobramycin 0.3% eye drop	Non-PDL Generic	
TOBREX 0.3% EYE OINTMENT	Non-PDL Brand	
VIGAMOX 0.5% EYE DROPS	PDL Non-Preferred Brand	PA
Ophthalmic Antifungal Agents		
NATACYN 5% EYE DROPS	PDL Non-Preferred Brand	PA
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA 0.09% SOLUTION	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
cyclosporine 0.05% eye emulsion	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
cyclosporine 0.05% eye emulsion outer	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
RESTASIS 0.05% EYE EMULSION SUV,P/F, 0.4ML VIAL	PDL Preferred Brand	QL (60 EA per 30 days)
RESTASIS 0.05% EYE EMULSION SUV,P/F,0.4ML VIAL	PDL Preferred Brand	QL (60 EA per 30 days)
RESTASIS MULTIDOSE 0.05% EYE P/F	PDL Preferred Brand	QL (5.5 ML per 30 days)
VERKAZIA 0.1% EYE EMULSION	PDL Non-Preferred Brand	PA
VEVYE 0.1% EYE DROP	PDL Non-Preferred Brand	PA

Drug	Status	Notes
XIIDRA 5% EYE DROPS INNER	PDL Preferred Brand	QL (60 EA per 30 days)
XIIDRA 5% EYE DROPS OUTER	PDL Preferred Brand	QL (60 EA per 30 days)
Ophthalmic Mast Cell Stabilizers		
cromolyn 4% eye drops	PDL Preferred Generic	90 DS; QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
ALTACHLORE 5% EYE DROP	Non-PDL Generic	OTC
ALTACHLORE 5% OINTMENT	Non-PDL Generic	OTC
cvs sodium chloride 5% eye drp	Non-PDL Generic	OTC
cvs sodium chloride 5% eye ont	Non-PDL Generic	OTC
MURO-128 2% EYE DROPS	Non-PDL Generic	OTC
MURO-128 5% EYE DROPS	Non-PDL Generic	OTC
MURO-128 5% EYE OINTMENT	Non-PDL Generic	OTC
sodium chloride 5% eye drop	Non-PDL Generic	OTC
sodium chloride 5% eye oint	Non-PDL Generic	OTC
sodium chloride 5% eye oint sterile	Non-PDL Generic	OTC
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
acetazolamide 125 mg tablet	Non-PDL Generic	
acetazolamide 250 mg tablet	Non-PDL Generic	
acetazolamide er 500 mg cap	Non-PDL Generic	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P 0.1% DROPS	PDL Preferred Brand	

Drug	Status	Notes
ALPHAGAN P 0.15% EYE DROPS	PDL Preferred Brand	
apraclonidine hcl 0.5% drops	PDL Non-Preferred Generic	PA
AZOPT 1% EYE DROPS	PDL Non-Preferred Brand	PA
betaxolol hcl 0.5% eye drop	PDL Non-Preferred Generic	PA
BETIMOL 0.5% EYE DROPS	PDL Non-Preferred Brand	PA
BETOPTIC S 0.25% EYE DROP	PDL Non-Preferred Brand	PA
bimatoprost 0.01% eye drops	PDL Non-Preferred Generic	PA; QL (2.5 ML per 25 days)
bimatoprost 0.03% eye drops	PDL Non-Preferred Generic	PA; QL (1 ML per 12 days)
brimonidine 0.2% eye drop	PDL Preferred Generic	90 DS
brimonidine tartrate 0.1% drop	Non-PDL Generic	
brimonidine tartrate 0.15% drp	PDL Non-Preferred Generic	PA
brimonidine-timolol 0.2%-0.5% 0.2-0.5 %	PDL Non-Preferred Generic	PA
brinzolamide 1% eye drops	PDL Non-Preferred Generic	PA
carteolol hcl 1% eye drops	PDL Non-Preferred Generic	PA

Drug	Status	Notes
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 INNER 2-0.5 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
COSOPT PF EYE DROPS OUTER 2-0.5 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
dorzolamide 2% eye drop (cmpd-rx)	Non-PDL Generic	
dorzolamide hcl 2% eye drops	PDL Preferred Generic	90 DS
dorzolamide-timolol 2-0.5%(pf) inner, p/f	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dorzolamide-timolol 2-0.5%(pf) outer, p/f	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dorzolamide-timolol eye drops 22.3-6.8 mg/ml	PDL Preferred Generic	90 DS
IOPIDINE 1% EYE DROP	PDL Non-Preferred Brand	PA
ISTALOL 0.5% EYE DROPS	PDL Non-Preferred Brand	PA
IYUZEH 0.005% EYE DROP INNER	PDL Non-Preferred Brand	PA; QL (2.5 EA per 25 days)
IYUZEH 0.005% EYE DROP OUTER	PDL Non-Preferred Brand	PA; QL (2.5 EA per 25 days)
latanoprost 0.005% eye drops	PDL Preferred Generic	90 DS

Drug	Status	Notes
latanoprost 0.005% eye drops 3's, multi-pack	PDL Preferred Generic	90 DS
levobunolol 0.5% eye drops	PDL Non-Preferred Generic	PA
LUMIGAN 0.01% EYE DROPS	PDL Non-Preferred Brand	PA; QL (2.5 ML per 25 days)
pilocarpine 1% eye drops	PDL Non-Preferred Generic	PA
pilocarpine 2% eye drops	PDL Non-Preferred Generic	PA
pilocarpine 4% eye drops	PDL Non-Preferred Generic	PA
pilocarpine hcl 1.25% eye drop	PDL Non-Preferred Generic	PA; QL (10 ML per 30 days)
RHOPRESSA 0.02% OPHTH SOLUTION	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 DROP 1-0.2 %	PDL Non-Preferred Brand	PA
tafluprost 0.0015% eye drop inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
tafluprost 0.0015% eye drop outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
timolol 0.25% gel-solution	PDL Preferred Generic	
timolol 0.5% eye drop	PDL Non-Preferred Generic	PA

Drug	Status	Notes
timolol 0.5% eye drops	PDL Preferred Generic	
timolol 0.5% gel-solution	PDL Preferred Generic	
timolol 0.5% gfs gel-solution	PDL Preferred Generic	
timolol maleate 0.25% eye drop	PDL Preferred Generic	90 DS
timolol maleate 0.5% eye drop	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
timolol maleate 0.5% eye drop inner	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
timolol maleate 0.5% eye drop outer	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
timolol maleate 0.5% eye drops	PDL Preferred Generic	90 DS
TIMOPTIC 0.25% OCUDOSE DROP	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TIMOPTIC 0.5% OCUDOSE DROP P/F	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TRAVATAN Z 0.004% EYE DROP	PDL Preferred Brand	QL (2.5 ML per 25 days)
travoprost 0.004% eye drop	PDL Non-Preferred Generic	PA; QL (2.5 ML per 25 days)
VIZZ 1.44% EYE DROP INNER	Non-PDL Brand	QL (1 EA per 1 day)
VIZZ 1.44% EYE DROP OUTER	Non-PDL Brand	QL (1 EA per 1 day)
VYZULTA 0.024% OPHTH SOLUTION	PDL Non-Preferred Brand	PA; QL (2.5 ML per 30 days)

Drug	Status	Notes
XALATAN 0.005% EYE DROPS	PDL Non-Preferred Brand	PA
XELPROS 0.005% EYE DROP	PDL Non-Preferred Brand	PA; QL (2.5 ML per 25 days)
ZIOPTAN 0.0015% EYE DROP INNER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZIOPTAN 0.0015% EYE DROP OUTER	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Mydriatics		
atropine 1% eye drop	Non-PDL Generic	
atropine 1% eye drops	Non-PDL Generic	
atropine sulfate 0.01% eye drop (cmpd-rx)	Non-PDL Generic	
atropine sulfate 0.025% eye drop (cmpd-rx)	Non-PDL Generic	
atropine sulfate 0.05% eye drop (cmpd-rx)	Non-PDL Generic	
cyclopentolate 1% eye drop	Non-PDL Generic	90 DS
cyclopentolate 1% eye drops	Non-PDL Generic	90 DS
HOMATROPAIRE 5% EYE DROPS	Non-PDL Generic	
tropicamide 0.5% eye drop	Non-PDL Generic	90 DS
tropicamide 0.5% eye drops	Non-PDL Generic	90 DS
tropicamide 1% eye drop	Non-PDL Generic	90 DS
tropicamide 1% eye drops	Non-PDL Generic	90 DS
Eye - Miscellaneous		
Artificial Tears		
ARTIFICIAL TEARS	Non-PDL Generic	OTC
ARTIFICIAL TEARS DROPS 0.5-0.6 %	Non-PDL Generic	OTC

Drug	Status	Notes
ARTIFICIAL TEARS DROPS P/F, STERILE 0.1-0.3 %	Non-PDL Generic	OTC
ARTIFICIAL TEARS DROPS STERILE, P/F 0.1-0.3 %	Non-PDL Generic	OTC
ARTIFICIAL TEARS DROPS U-D, 32X.6ML 0.1-0.3 %	Non-PDL Generic	OTC
ARTIFICIAL TEARS EYE DROPS	Non-PDL Generic	OTC
ARTIFICIAL TEARS EYE DROPS STRL 0.1-0.3 %	Non-PDL Generic	OTC
ARTIFICIAL TEARS EYE DROPS TWIN PACK 0.1-0.3 %	Non-PDL Generic	OTC
ARTIFICIALS TEARS DROPS	Non-PDL Generic	OTC
carboxymethylcell 0.5% eye drp	Non-PDL Generic	OTC
carboxymethylcell 0.5% eye drp	Non-PDL Generic	OTC
carboxymethylcell 0.5% eye drp inner	Non-PDL Generic	OTC
carboxymethylcell 0.5% eye drp outer	Non-PDL Generic	OTC
CLEAR EYES NATURAL TEARS DROP 0.5-0.6 %	Non-PDL Generic	OTC
CVS LUBRICANT 0.5% EYE DROPS	Non-PDL Generic	OTC
CVS LUBRICANT EYE 0.4%-0.3% P/F 0.4-0.3 %	Non-PDL Generic	OTC
CVS LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	OTC
CVS NATURAL TEARS DROP 0.1-0.3 %	Non-PDL Generic	OTC
EQ GENTLE 0.3% EYE DROPS	Non-PDL Generic	OTC
EQ LUBRICANT EYE DROPS STERILE 0.4-0.3 %	Non-PDL Generic	OTC
EQ RESTORE PLUS 0.5% EYE DROP	Non-PDL Generic	OTC
EYES ALIVE LUB 0.5% EYE DROPS	Non-PDL Generic	OTC
FT LUBRICANT 0.4-0.3% EYE DROP	Non-PDL Generic	OTC

Drug	Status	Notes
FT LUBRICANT 0.5% EYE DROP	Non-PDL Generic	OTC
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 %	Non-PDL Brand	OTC
GNP ARTIFICIAL TEARS DROPS 0.5-0.6 %	Non-PDL Generic	OTC
GNP LUBRICANT 0.4-0.3% EYE DRP	Non-PDL Generic	OTC
GNP LUBRICANT 0.5% EYE DROP	Non-PDL Generic	OTC
GS ARTIFICIAL TEARS EYE DROPS 0.5-0.6 %	Non-PDL Generic	OTC
GS LUBRICAT PLUS 0.5% EYE DRPS	Non-PDL Generic	OTC
GS ULTRA LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT 0.4-0.3% EYE DROP	Non-PDL Generic	OTC
LUBRICANT 0.5% EYE DROP	Non-PDL Generic	OTC
LUBRICANT 0.5% EYE DROP	Non-PDL Generic	OTC
LUBRICANT 0.5% EYE DROP 2X15ML, STERILE	Non-PDL Generic	OTC
LUBRICANT 0.5% EYE DROP STRL	Non-PDL Generic	OTC
LUBRICANT 0.5% EYE DROPS	Non-PDL Generic	OTC
LUBRICANT 0.5% EYE DROPS P/F, STERILE	Non-PDL Generic	OTC
LUBRICANT 0.5-0.9% EYE DROPS	Non-PDL Generic	OTC
LUBRICANT EYE 0.4%-0.3% DROP 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT EYE 0.4%-0.3% DROP P/F 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT EYE 0.4%-0.3% DROP P/F, ULTRA 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT EYE DROPS P/F, STERILE 0.5 %	Non-PDL Generic	OTC

Drug	Status	Notes
LUBRICANT EYE DROPS STERILE 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT EYE DROPS STRL 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT EYE DROPS STRL,P/F 0.5 %	Non-PDL Generic	OTC
LUBRICATING EYE DROP 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICATING TEARS 0.5% EYE DRP	Non-PDL Generic	OTC
MIEBO 100% EYE DROP	PDL Non-Preferred Brand	PA
polyvinyl alcohol 1.4% eyedrop	Non-PDL Generic	OTC
PUB ARTIFICIAL TEARS 0.5-0.6 %	Non-PDL Generic	OTC
PURE & GENTLE EYE DROPS LUBRICANT 0.3 %	Non-PDL Generic	OTC
QC ARTIFICIAL TEARS DROPS 0.5-0.6 %	Non-PDL Generic	OTC
REFRESH CELLUVISC 1% EYE GEL	Non-PDL Brand	OTC
REFRESH LIQUIGEL 1% EYE DROP	Non-PDL Brand	OTC
REFRESH PLUS 0.5% EYE DROPS 30X0.4ML	Non-PDL Brand	OTC
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D	Non-PDL Brand	OTC
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML	Non-PDL Brand	OTC
REFRESH TEARS 0.5% EYE DROP	Non-PDL Brand	OTC
RETAINE CMC 0.5 % EYE DROP	Non-PDL Generic	OTC
STYE 0.5%-0.6% EYE DROPS 0.5-0.6 %	Non-PDL Generic	OTC
ULTRA FRESH 0.5% EYE DROP	Non-PDL Generic	OTC
ULTRA LUBRICANT 0.4-0.3% DROP	Non-PDL Generic	OTC
ULTRA LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	OTC

Drug	Status	Notes
VISTA TEARS 0.4-0.3% EYE DROP	Non-PDL Generic	OTC
Eye Diagnostic Agents		
BIOGLO 1 MG OPHTHALMIC STRIP OUTER	Non-PDL Generic	SP
BIOGLO 1 MG OPHTHALMIC STRIP STERILE	Non-PDL Generic	SP
fluorescein 1 mg ophth strip outer	Non-PDL Generic	SP
GLOSTRIPS 1 MG OPHTH STRIP OUTER	Non-PDL Generic	SP
GREEN GLO 1.5 MG STRIPS INNER	Non-PDL Generic	SP
GREEN GLO 1.5 MG STRIPS OUTER	Non-PDL Generic	SP
Eye Irrigations		
EYE WASH STERILE SOLUTION	Non-PDL Generic	OTC
Eye Preparations, Miscellaneous (Otc)		
CVS LUBRICANT EYE OINTMENT 94-3 %	Non-PDL Generic	OTC
CVS NIGHTTIME DRY-EYE RELIEF 57.3-42.5 %	Non-PDL Generic	OTC
EQ RESTORE PM EYE OINTMENT 57.3-42.5 %	Non-PDL Generic	OTC
FOR STY RELIEF EYE OINTMENT	Non-PDL Generic	OTC
GENTEAL TEARS SEVERE 3-94% OIN 94-3 %	Non-PDL Brand	OTC
LUBRICANT EYE OINTMENT 57.3-42.5 %	Non-PDL Generic	OTC
LUBRICANT EYE OINTMENT STERILE 57.3-42.5 %	Non-PDL Generic	OTC
LUBRIFRESH PM EYE 15-83% OINT 83-15 %	Non-PDL Generic	OTC
NIGHTTIME LUBRICANT EYE OINT 57.3-42.5 %	Non-PDL Generic	OTC
REFRESH P.M. OINTMENT 57.3-42.5 %	Non-PDL Brand	OTC
RETAINE PM EYE OINTMENT 80-20 %	Non-PDL Generic	OTC
SOOTHE NIGHT TIME LUB EYE OINT 80-20 %	Non-PDL Generic	OTC

Drug	Status	Notes
ULTRA FRESH PM OINTMENT	Non-PDL Generic	OTC
Ophthalmic Cystine Depleting Agents		
CYSTADROPS 0.37% EYE DROPS	Non-PDL Brand	PA; SP
CYSTARAN 0.44% EYE DROPS	Non-PDL Brand	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN 2 GM GRANULE PACKET INNER 2 GRAM	Non-PDL Brand	PA; SP
XURIDEN 2 GM GRANULE PACKET OUTER 2 GRAM	Non-PDL Brand	PA; SP
Gout And Related Diseases		
Colchicine		
colchicine 0.6 mg capsule	Non-PDL Generic	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
allopurinol 100 mg tablet	Non-PDL Generic	90 DS
allopurinol 100 mg tablet u-d, 10x10, inner	Non-PDL Generic	90 DS
allopurinol 100 mg tablet u-d, outer	Non-PDL Generic	90 DS
allopurinol 300 mg tablet	Non-PDL Generic	90 DS
allopurinol 300 mg tablet u-d, 10x10, inner	Non-PDL Generic	90 DS
allopurinol 300 mg tablet u-d, outer	Non-PDL Generic	90 DS
febuxostat 40 mg tablet	Non-PDL Generic	
febuxostat 80 mg tablet	Non-PDL Generic	
Uricosuric Agents		
probenecid 500 mg tablet	Non-PDL Generic	
probenecid 500 mg tablet f/c	Non-PDL Generic	
probenecid 500 mg tablet film coated	Non-PDL Generic	

Drug	Status	Notes
probenecid-colchicine tablet 500-0.5 mg	Non-PDL Generic	
Hematological Disorders		
Anticoagulants,Coumarin Type		
JANTOVEN 1 MG TABLET	PDL Preferred Generic	90 DS
JANTOVEN 10 MG TABLET	PDL Preferred Generic	90 DS
JANTOVEN 2 MG TABLET	PDL Preferred Generic	90 DS
JANTOVEN 2.5 MG TABLET	PDL Preferred Generic	90 DS
JANTOVEN 3 MG TABLET	PDL Preferred Generic	90 DS
JANTOVEN 4 MG TABLET	PDL Preferred Generic	90 DS
JANTOVEN 5 MG TABLET	PDL Preferred Generic	90 DS
JANTOVEN 6 MG TABLET	PDL Preferred Generic	90 DS
JANTOVEN 7.5 MG TABLET	PDL Preferred Generic	90 DS
warfarin sodium 1 mg tablet	PDL Preferred Generic	90 DS
warfarin sodium 10 mg tablet	PDL Preferred Generic	90 DS
warfarin sodium 2 mg tablet	PDL Preferred Generic	90 DS
warfarin sodium 2.5 mg tablet 10x10,u-d,outer	PDL Preferred Generic	90 DS

Drug	Status	Notes
warfarin sodium 2.5 mg tablet	PDL Preferred Generic	90 DS
warfarin sodium 2.5 mg tablet inner	PDL Preferred Generic	90 DS
warfarin sodium 3 mg tablet	PDL Preferred Generic	90 DS
warfarin sodium 4 mg tablet	PDL Preferred Generic	90 DS
warfarin sodium 5 mg tablet	PDL Preferred Generic	90 DS
warfarin sodium 6 mg tablet	PDL Preferred Generic	90 DS
warfarin sodium 7.5 mg tablet	PDL Preferred Generic	90 DS
Antifibrinolytic Agents		
aminocaproic acid 0.25 gram/ml 250 mg/ml (25 %)	Non-PDL Generic	
aminocaproic acid 1,000 mg tab	Non-PDL Generic	
aminocaproic acid 500 mg tab	Non-PDL Generic	
tranexamic acid 650 mg tablet	Non-PDL Generic	
tranexamic acid 650 mg tablet f/c	Non-PDL Generic	
Antihemophilic Factors		
ADVATE 1,201-1,800 UNIT VIAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ADVATE 1,801-2,400 UNIT VIAL PRICE/UNIT,SUV,OUTER	PDL Preferred Brand	SP
ADVATE 2,401-3,600 UNIT VIAL PRICE/UNIT, SUV	PDL Preferred Brand	SP

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

Drug	Status	Notes
AFSTYLA 2,500 UNIT RANGE VIAL	PDL Preferred Brand	SP
AFSTYLA 250 UNIT VIAL 250 (+/-) UNIT RANGE	PDL Preferred Brand	SP
AFSTYLA 3,000 UNIT VIAL	PDL Preferred Brand	SP
AFSTYLA 500 UNIT VIAL 500 (+/-) UNIT RANGE	PDL Preferred Brand	SP
ALPHANATE 1,000-400 UNIT VIAL INNER,SUV,P/F	PDL Preferred Brand	SP
ALPHANATE 1,000-400 UNIT VIAL PRICE/UNIT,SUV,P/F	PDL Preferred Brand	SP
ALPHANATE 1,500-600 UNIT VIAL INNER,SUV,P/F	PDL Preferred Brand	SP
ALPHANATE 1,500-600 UNIT VIAL PRICE/UNIT,SUV,P/F	PDL Preferred Brand	SP
ALPHANATE 2,000-800 UNIT VIAL INNER,SUV,P/F	PDL Preferred Brand	SP
ALPHANATE 2,000-800 UNIT VIAL PRICE/UNIT,SUV,P/F	PDL Preferred Brand	SP
ALPHANATE 250-100 UNIT VIAL INNER,SUV,P/F 250 (100 VWF) UNIT/5 ML	PDL Preferred Brand	SP
ALPHANATE 250-100 UNIT VIAL PRICE/UNIT,SUV,P/F 250 (100 VWF) UNIT/5 ML	PDL Preferred Brand	SP
ALPHANATE 500-200 UNIT VIAL INNER,SUV,P/F 500 (200 VWF) UNIT/5 ML	PDL Preferred Brand	SP
ALPHANATE 500-200 UNIT VIAL PRICE/UNIT,SUV,P/F 500 (200 VWF) UNIT/5 ML	PDL Preferred Brand	SP

Drug	Status	Notes
ALTUVIIIO 1,000 UNIT VIAL	Non-PDL Brand	SP
ALTUVIIIO 2,000 UNIT VIAL	Non-PDL Brand	SP
ALTUVIIIO 250 UNIT VIAL 250 (+/-) UNIT	Non-PDL Brand	SP
ALTUVIIIO 3,000 UNIT VIAL	Non-PDL Brand	SP
ALTUVIIIO 4,000 UNIT VIAL 4000 (+/-) UNIT	Non-PDL Brand	SP
ALTUVIIIO 500 UNIT VIAL 500 (+/-) UNIT	Non-PDL Brand	SP
ELOCTATE 1,000 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ELOCTATE 1,500 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ELOCTATE 1,500 UNIT NOMINAL PRICE/UNIT,SUV	PDL Preferred Brand	SP
ELOCTATE 2,000 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ELOCTATE 250 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ELOCTATE 3,000 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ELOCTATE 3,000 UNIT NOMINAL PRICE/UNIT,SUV	PDL Preferred Brand	SP
ELOCTATE 4,000 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ELOCTATE 5,000 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ELOCTATE 500 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP

Drug	Status	Notes
ELOCTATE 6,000 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ELOCTATE 750 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ESPEROCT 1,000 UNIT VIAL	PDL Preferred Brand	SP
ESPEROCT 1,500 UNIT VIAL	PDL Preferred Brand	SP
ESPEROCT 2,000 UNIT VIAL	PDL Preferred Brand	SP
ESPEROCT 3,000 UNIT VIAL	PDL Preferred Brand	SP
ESPEROCT 4,000 UNIT VIAL	PDL Preferred Brand	SP
ESPEROCT 500 UNIT VIAL 500 (+/-) UNIT	PDL Preferred Brand	SP
FEIBA 1,000 UNIT (NOMINAL) SUV, P/F, PRICE/UNIT 700-1,300 UNIT	PDL Preferred Brand	SP
FEIBA 2,500 UNIT (NOMINAL) SUV, P/F, PRICE/UNIT 1,750-3,250 UNIT	PDL Preferred Brand	SP
FEIBA 500 UNIT (NOMINAL) SUV, P/F, PRICE/UNIT 350-650 UNIT	PDL Preferred Brand	SP
HEMOFIL M 1,000 UNIT NOMINAL SUV, P/F, INNER 801-1,500 UNIT	PDL Preferred Brand	SP
HEMOFIL M 1,000 UNIT NOMINAL SUV, P/F, PRICE/UNIT 801-1,500 UNIT	PDL Preferred Brand	SP
HEMOFIL M 1,700 UNIT NOMINAL SUV,P/F,OUTER,P/U	PDL Preferred Brand	SP

Drug	Status	Notes
HEMOFIL M 250 UNIT NOMINAL SUV, P/F, PRICE/UNIT 220-400 UNIT	PDL Preferred Brand	SP
HEMOFIL M 500 UNIT NOMINAL SUV, P/F, INNER 401-800 UNIT	PDL Preferred Brand	SP
HEMOFIL M 500 UNIT NOMINAL SUV, P/F, PRICE/UNIT 401-800 UNIT	PDL Preferred Brand	SP
HUMATE-P 1,200 UNIT VWF:RCO PRICE/ONE,SDV	PDL Preferred Brand	SP
HUMATE-P 2,400 UNIT VWF:RCO PRICE/ONE,SDV	PDL Preferred Brand	SP
HUMATE-P 600 UNIT VWF:RCO PRICE/ONE,SDV 250-600 UNIT	PDL Preferred Brand	SP
JIVI 1,000 UNIT VIAL	PDL Preferred Brand	SP
JIVI 2,000 UNIT VIAL	PDL Preferred Brand	SP
JIVI 3,000 UNIT VIAL	PDL Preferred Brand	SP
JIVI 4,000 UNIT VIAL P/F,SUV,PRICE/UT	PDL Preferred Brand	SP
JIVI 500 UNIT VIAL 500 (+/-) UNIT	PDL Preferred Brand	SP
KOATE 250 UNIT VIAL PRICE/UNIT, SUV 250 (+/-) UNIT	PDL Preferred Brand	SP
KOATE 500 UNIT VIAL PRICE/UNIT, SUV 500 (+/-) UNIT	PDL Preferred Brand	SP
KOVALTRY 1,000 UNIT KIT	PDL Preferred Brand	SP

Drug	Status	Notes
KOVALTRY 1,000 UNIT VIAL	PDL Preferred Brand	SP
KOVALTRY 2,000 UNIT KIT	PDL Preferred Brand	SP
KOVALTRY 2,000 UNIT VIAL	PDL Preferred Brand	SP
KOVALTRY 250 UNIT KIT 250 (+/-) UNIT	PDL Preferred Brand	SP
KOVALTRY 250 UNIT VIAL 250 (+/-) UNIT	PDL Preferred Brand	SP
KOVALTRY 3,000 UNIT KIT	PDL Preferred Brand	SP
KOVALTRY 3,000 UNIT VIAL	PDL Preferred Brand	SP
KOVALTRY 500 UNIT KIT 500 (+/-) UNIT	PDL Preferred Brand	SP
KOVALTRY 500 UNIT VIAL 500 (+/-) UNIT	PDL Preferred Brand	SP
NOVOEIGHT 1,000 UNIT VIAL	PDL Preferred Brand	SP
NOVOEIGHT 1,500 UNIT VIAL	PDL Preferred Brand	SP
NOVOEIGHT 2,000 UNIT VIAL	PDL Preferred Brand	SP
NOVOEIGHT 250 UNIT VIAL 250 (+/-) UNIT	PDL Preferred Brand	SP
NOVOEIGHT 3,000 UNIT VIAL	PDL Preferred Brand	SP

Drug	Status	Notes
NOVOEIGHT 500 UNIT VIAL 500 (+/-) UNIT	PDL Preferred Brand	SP
NOVOSEVEN RT 1 MG VIAL 1 MG (1,000 MCG)	PDL Preferred Brand	SP
NOVOSEVEN RT 2 MG VIAL 2 MG (2,000 MCG)	PDL Preferred Brand	SP
NOVOSEVEN RT 5 MG VIAL 5 MG (5,000 MCG)	PDL Preferred Brand	SP
NOVOSEVEN RT 8 MG VIAL 8 MG (8,000 MCG)	PDL Preferred Brand	SP
NUWIQ 1,000 UNIT VIAL 1000 UNIT	PDL Preferred Brand	SP
NUWIQ 1,000 UNIT VIAL PACK 1000 UNIT	PDL Preferred Brand	SP
NUWIQ 1,500 UNIT VIAL	PDL Preferred Brand	SP
NUWIQ 1,500 UNIT VIAL PACK	PDL Preferred Brand	SP
NUWIQ 2,000 UNIT VIAL	PDL Preferred Brand	SP
NUWIQ 2,000 UNIT VIAL PACK	PDL Preferred Brand	SP
NUWIQ 2,500 UNIT VIAL PACK SUV, PRICE/UNIT	PDL Preferred Brand	SP
NUWIQ 2,500 UNIT VIAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
NUWIQ 250 UNIT VIAL	PDL Preferred Brand	SP

Drug	Status	Notes
NUWIQ 250 UNIT VIAL PACK	PDL Preferred Brand	SP
NUWIQ 3,000 UNIT VIAL	PDL Preferred Brand	SP
NUWIQ 3,000 UNIT VIAL PACK	PDL Preferred Brand	SP
NUWIQ 4,000 UNIT VIAL	PDL Preferred Brand	SP
NUWIQ 4,000 UNIT VIAL PACK	PDL Preferred Brand	SP
NUWIQ 500 UNIT VIAL	PDL Preferred Brand	SP
NUWIQ 500 UNIT VIAL PACK	PDL Preferred Brand	SP
OBIZUR 500 UNIT VIAL PRICE/UNIT, SUV 500 (+/-) UNIT RANGE	PDL Preferred Brand	SP
RECOMBINATE 1,241-1,800 UNIT V PRICE/ONE UNIT, SUV	PDL Preferred Brand	SP
RECOMBINATE 1,801-2,400 UNIT V PRICE/ONE UNIT, SUV	PDL Preferred Brand	SP
RECOMBINATE 220-400 UNIT VIAL SUV, OUTER 250 (+/-) UNIT	PDL Preferred Brand	SP
RECOMBINATE 401-800 UNIT VIAL SUV, OUTER 500 (+/-) UNIT	PDL Preferred Brand	SP
RECOMBINATE 801-1,240 UNIT VL SUV, OUTER	PDL Preferred Brand	SP
SEVENFACT 1 MG VIAL INNER,SUV 1 MG (1,000 MCG)	PDL Preferred Brand	SP

Drug	Status	Notes
SEVENFACT 1 MG VIAL OUTER,SUV, PRICE/MCG 1 MG (1,000 MCG)	PDL Preferred Brand	SP
SEVENFACT 2 MG VIAL OUTER,SUV,PRICE/MCG 2 MG (2,000 MCG)	PDL Preferred Brand	SP
SEVENFACT 5 MG VIAL INNER,SUV 5 MG (5,000 MCG)	PDL Preferred Brand	SP
SEVENFACT 5 MG VIAL OUTER,SUV, PRICE/MCG 5 MG (5,000 MCG)	PDL Preferred Brand	SP
WILATE 1,000-1,000 UNIT VIAL PRICE/UNIT,SUV	PDL Preferred Brand	SP
WILATE 500-500 UNIT VIAL PRICE/UNIT,SUV	PDL Preferred Brand	SP
XYNTHA 1,000 UNIT KIT	PDL Preferred Brand	SP
XYNTHA 2,000 UNIT KIT	PDL Preferred Brand	SP
XYNTHA 250 UNIT KIT 250 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA 500 UNIT KIT 500 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 1,000 UNIT KIT PRICE/UNIT,SUV	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 2,000 UNIT KIT PRICE/UNIT,SUV	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 250 UNIT KIT PRICE/UNIT,SUV 250 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 3,000 UNIT KIT PRICE/UNIT,SUV	PDL Preferred Brand	SP

Drug	Status	Notes
XYNTHA SOLOFUSE 500 UNIT KIT PRICE/UNIT,SUV 500 (+/-) UNIT	PDL Preferred Brand	SP
Blood Factors,Miscellaneous		
VONVENDI 1,300 UNIT VIAL	PDL Preferred Brand	SP
VONVENDI 650 UNIT VIAL 650 (+/-) UNIT RANGE	PDL Preferred Brand	SP
Citrates As Anticoagulants		
anticoag sodium citrate 4% sol 4 gram /100 ml (4 %)	Non-PDL Generic	
sodium citrate 4% soln 4 gram /100 ml (4 %)	Non-PDL Generic	
Direct Factor Xa Inhibitors		
ELIQUIS 0.5 MG PKT(1X0.5 MG TB)	PDL Preferred Brand	QL (32 EA per 1 day)
ELIQUIS 1.5 MG PKT(3X0.5 MG TB) 1.5 MG (0.5 MG X 3)	PDL Preferred Brand	QL (32 EA per 1 day)
ELIQUIS 2 MG PKT(4X 0.5 MG TB) 2 MG (0.5 MG X 4)	PDL Preferred Brand	QL (32 EA per 1 day)
ELIQUIS 2.5 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
ELIQUIS 5 MG TABLET	PDL Preferred Brand	QL (74 EA per 30 days)
ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG PACK 5 MG (74 TABS)	PDL Preferred Brand	QL (74 EA per 30 days)
ELIQUIS SPRINKLE 0.15 MG CAP	PDL Preferred Brand	QL (4 EA per 1 day)
rivaroxaban 1 mg/ml suspension	PDL Non-Preferred Generic	PA; QL (20 ML per 1 day)
rivaroxaban 2.5 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
rivaroxaban 2.5 mg tablet inner	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
rivaroxaban 2.5 mg tablet outer	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
SAVAYSA 15 MG TABLET	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
SAVAYSA 30 MG TABLET	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
SAVAYSA 60 MG TABLET	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
XARELTO 1 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA; QL (20 ML per 1 day)
XARELTO 10 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 10 MG TABLET F/C	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 10 MG TABLET INNER	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 10 MG TABLET OUTER	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 15 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
XARELTO 15 MG TABLET INNER	PDL Preferred Brand	QL (2 EA per 1 day)
XARELTO 15 MG TABLET OUTER	PDL Preferred Brand	QL (2 EA per 1 day)
XARELTO 2.5 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
XARELTO 2.5 MG TABLET INNER	PDL Preferred Brand	QL (2 EA per 1 day)
XARELTO 2.5 MG TABLET OUTER	PDL Preferred Brand	QL (2 EA per 1 day)
XARELTO 20 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 20 MG TABLET INNER	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 20 MG TABLET OUTER	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO DVT-PE TREATMENT 30-DAY STARTER 15-20 MG PACK 15 MG (42)- 20 MG (9)	PDL Preferred Brand	QL (51 EA per 30 days)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE 1,000 UNIT VIAL INNER,SUV,P/F	PDL Preferred Brand	SP
PROFILNINE 1,000 UNIT VIAL PRICE/UNIT,SDV,P/F	PDL Preferred Brand	SP
PROFILNINE 1,000 UNIT VIAL PRICE/UNIT,SUV,P/F	PDL Preferred Brand	SP
PROFILNINE 1,500 UNIT VIAL INNER,SUV,P/F	PDL Preferred Brand	SP
PROFILNINE 1,500 UNIT VIAL PRICE/UNIT,SDV,P/F	PDL Preferred Brand	SP
PROFILNINE 1,500 UNIT VIAL PRICE/UNIT,SUV,P/F	PDL Preferred Brand	SP
PROFILNINE 500 UNIT VIAL INNER,SUV,P/F 500 (+/-) UNIT	PDL Preferred Brand	SP
PROFILNINE 500 UNIT VIAL PRICE/UNIT,SDV,P/F 500 (+/-) UNIT	PDL Preferred Brand	SP

Drug	Status	Notes
PROFILNINE 500 UNIT VIAL PRICE/UNIT,SUV,P/F 500 (+/-) UNIT	PDL Preferred Brand	SP
Factor Ix Preparations		
ALPHANINE SD 1,000 UNIT VIAL INNER,SUV,P/F	PDL Preferred Brand	SP
ALPHANINE SD 1,000 UNIT VIAL PRICE/UNIT,SUV,P/F	PDL Preferred Brand	SP
ALPHANINE SD 1,500 UNIT VIAL INNER,SUV,P/F	PDL Preferred Brand	SP
ALPHANINE SD 1,500 UNIT VIAL PRICE/UNIT,SDV,P/F	PDL Preferred Brand	SP
ALPHANINE SD 1,500 UNIT VIAL PRICE/UNIT,SUV,P/F	PDL Preferred Brand	SP
ALPHANINE SD 500 UNIT VIAL INNER,SUV,P/F 500 (+/-) UNIT	PDL Preferred Brand	SP
ALPHANINE SD 500 UNIT VIAL PRICE/UNIT,SDV,P/F 500 (+/-) UNIT	PDL Preferred Brand	SP
ALPHANINE SD 500 UNIT VIAL PRICE/UNIT,SUV,P/F 500 (+/-) UNIT	PDL Preferred Brand	SP
ALPROLIX 1,000 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ALPROLIX 2,000 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ALPROLIX 250 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ALPROLIX 3,000 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
ALPROLIX 4,000 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP

Drug	Status	Notes
ALPROLIX 500 UNIT NOMINAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
BENEFIX 1,000 UNIT RANGE SUV,OUTER,PRICE/UNIT	PDL Preferred Brand	SP
BENEFIX 2,000 UNIT RANGE PRICE/ONE UNIT, SUV	PDL Preferred Brand	SP
BENEFIX 250 UNIT RANGE PRICE/ONE UNIT, SUV	PDL Preferred Brand	SP
BENEFIX 3,000 UNIT RANGE	PDL Preferred Brand	SP
BENEFIX 500 UNIT RANGE PRICE/ONE UNIT, SUV	PDL Preferred Brand	SP
IDELVION 1,000 UNIT RANGE VIAL	PDL Preferred Brand	SP
IDELVION 2,000 UNIT RANGE VIAL	PDL Preferred Brand	SP
IDELVION 250 UNIT RANGE VIAL 250 (+/-) UNIT	PDL Preferred Brand	SP
IDELVION 3,500 UNIT RANGE VIAL	PDL Preferred Brand	SP
IDELVION 500 UNIT RANGE VIAL 500 (+/-) UNIT	PDL Preferred Brand	SP
IXINITY 1,000 UNIT RANGE PRICE/UNIT, P/F, SUV	PDL Preferred Brand	SP
IXINITY 1,500 UNIT RANGE PRICE/UNIT, P/F, SUV	PDL Preferred Brand	SP
IXINITY 3,000 UNIT RANGE PRICE/UNIT, P/F, SUV	PDL Preferred Brand	SP

Drug	Status	Notes
IXINITY 500 UNIT RANGE PRICE/UNIT, P/F, SUV	PDL Preferred Brand	SP
REBINYN 1,000 UNIT VIAL INNER, SUV, P/F	PDL Preferred Brand	SP
REBINYN 1,000 UNIT VIAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
REBINYN 2,000 UNIT VIAL INNER, SUV, P/F	PDL Preferred Brand	SP
REBINYN 2,000 UNIT VIAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
REBINYN 3,000 UNIT VIAL INNER, SUV, P/F	PDL Preferred Brand	SP
REBINYN 3,000 UNIT VIAL PRICE/UNIT, SUV	PDL Preferred Brand	SP
REBINYN 500 UNIT VIAL INNER, SUV, P/F 500 (+/-) UNIT	PDL Preferred Brand	SP
REBINYN 500 UNIT VIAL PRICE/UNIT, SUV 500 (+/-) UNIT	PDL Preferred Brand	SP
RIXUBIS 1,000 UNIT NOMINAL PRICE/UNIT,OUTER,SUV	PDL Preferred Brand	SP
RIXUBIS 2,000 UNIT NOMINAL PRICE/UNIT,OUTER,SUV	PDL Preferred Brand	SP
RIXUBIS 250 UNIT NOMINAL PRICE/UNIT,OUTER,SUV	PDL Preferred Brand	SP
RIXUBIS 3,000 UNIT NOMINAL PRICE/UNIT,OUTER,SUV	PDL Preferred Brand	SP
RIXUBIS 500 UNIT NOMINAL PRICE/UNIT,OUTER,SUV	PDL Preferred Brand	SP

Drug	Status	Notes
Factor X Preparations		
COAGADEX 250 UNIT VIAL 250 (+/-) UNIT RANGE	PDL Preferred Brand	SP
COAGADEX 500 UNIT VIAL 500 (+/-) UNIT RANGE	PDL Preferred Brand	SP
Factor Xiii Preparations		
CORIFACT KIT 1,000-1,600 UNIT	PDL Preferred Brand	SP
TRETTEN 2,500 UNIT VIAL	PDL Preferred Brand	SP
Hematinics,Other		
ARANESP 10 MCG/0.4 ML SYRINGE P/F, INNER, SUV	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 10 MCG/0.4 ML SYRINGE P/F, OUTER, SUV	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, INNER	PDL Preferred Brand	SP; QL (2 ML per 28 days)
ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, OUTER	PDL Preferred Brand	SP; QL (2 ML per 28 days)
ARANESP 100 MCG/ML VIAL P/F, 4'S, SDV	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 100 MCG/ML VIAL P/F, SDV	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, INNER	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, OUTER	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 200 MCG/0.4 ML SYRINGE P/F, SDV	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)

Drug	Status	Notes
ARANESP 200 MCG/ML VIAL P/F, SDV	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 200 MCG/ML VIAL SUV, P/F	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,INNER	PDL Preferred Brand	SP; QL (1.68 ML per 28 days)
ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,OUTER	PDL Preferred Brand	SP; QL (1.68 ML per 28 days)
ARANESP 25 MCG/ML VIAL P/F,SDV,INNER	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 25 MCG/ML VIAL P/F,SDV,OUTER	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 300 MCG/0.6 ML SYRINGE	PDL Preferred Brand	SP; QL (2.4 ML per 28 days)
ARANESP 40 MCG/0.4 ML SYRINGE P/F, INNER, SDV	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 40 MCG/0.4 ML SYRINGE P/F,SDV,OUTER	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 40 MCG/ML VIAL P/F,SDV,INNER	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 40 MCG/ML VIAL P/F,SDV,OUTER	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	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV,INNER	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)

Drug	Status	Notes
ARANESP 60 MCG/ML VIAL P/F,SDV,INNER	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 60 MCG/ML VIAL P/F,SDV,OUTER	PDL Preferred Brand	SP; QL (4 ML per 28 days)
EPOGEN 10,000 UNIT/ML VIAL SUV, P/F, INNER	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 10,000 UNIT/ML VIAL SUV, P/F, OUTER	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 2,000 UNITS/ML VIAL INNER, SUV, P/F	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 2,000 UNITS/ML VIAL OUTER, SUV, P/F	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 20,000 UNIT/2 ML VIAL MUV, INNER	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 20,000 UNIT/2 ML VIAL MUV, OUTER	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 20,000 UNITS/ML VIAL INNER, MUV	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 20,000 UNITS/ML VIAL OUTER, MUV	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 3,000 UNITS/ML VIAL SUV, P/F, INNER	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 3,000 UNITS/ML VIAL SUV, P/F, OUTER	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 4,000 UNIT/ML VIAL SUV, P/F, INNER	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 4,000 UNIT/ML VIAL SUV, P/F, OUTER	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)

Drug	Status	Notes
MIRCERA 100 MCG/0.3 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
MIRCERA 120 MCG/0.3 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
MIRCERA 150 MCG/0.3 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
MIRCERA 200 MCG/0.3 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
MIRCERA 30 MCG/0.3 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
MIRCERA 50 MCG/0.3 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
MIRCERA 75 MCG/0.3 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
PROCRIT 10,000 UNIT/ML VIAL SUV, P/F, INNER	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 10,000 UNIT/ML VIAL SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 2,000 UNITS/ML VIAL SDV, P/F, INNER	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 2,000 UNITS/ML VIAL SDV,P/F, OUTER	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 20,000 UNIT/2 ML VIAL 4'S, MDV, OUTER	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 20,000 UNIT/2 ML VIAL MDV, INNER	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT 20,000 UNITS/ML VIAL 4'S,MDV, OUTER	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)

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

Drug	Status	Notes
RETACRIT 2,000 UNIT/ML VIAL SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP
RETACRIT 20,000 UNIT/2 ML VIAL INNER, MUV	PDL Preferred Brand	PA; SP
RETACRIT 20,000 UNIT/2 ML VIAL MUV, INNER	PDL Non-Preferred Brand	PA; SP
RETACRIT 20,000 UNIT/2 ML VIAL MUV, OUTER	PDL Non-Preferred Brand	PA; SP
RETACRIT 20,000 UNIT/2 ML VIAL OUTER, MUV	PDL Preferred Brand	PA; SP
RETACRIT 20,000 UNIT/ML VIAL INNER, MUV	PDL Preferred Brand	PA; SP
RETACRIT 20,000 UNIT/ML VIAL MUV,INNER	PDL Non-Preferred Brand	PA; SP
RETACRIT 20,000 UNIT/ML VIAL MUV,OUTER	PDL Non-Preferred Brand	PA; SP
RETACRIT 20,000 UNIT/ML VIAL OUTER, MUV	PDL Preferred Brand	PA; SP
RETACRIT 3,000 UNIT/ML VIAL P/F, INNER, SDV	PDL Preferred Brand	PA; SP
RETACRIT 3,000 UNIT/ML VIAL P/F, OUTER, SDV	PDL Preferred Brand	PA; SP
RETACRIT 3,000 UNIT/ML VIAL SUV, P/F, INNER	PDL Non-Preferred Brand	PA; SP
RETACRIT 3,000 UNIT/ML VIAL SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP
RETACRIT 4,000 UNIT/ML VIAL P/F, INNER, SDV	PDL Preferred Brand	PA; SP

Drug	Status	Notes
RETACRIT 4,000 UNIT/ML VIAL P/F, OUTER, SDV	PDL Preferred Brand	PA; SP
RETACRIT 4,000 UNIT/ML VIAL SUV, P/F, INNER	PDL Non-Preferred Brand	PA; SP
RETACRIT 4,000 UNIT/ML VIAL SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP
RETACRIT 40,000 UNIT/ML VIAL P/F, INNER, SDV	PDL Preferred Brand	PA; SP
RETACRIT 40,000 UNIT/ML VIAL P/F, OUTER, SDV	PDL Preferred Brand	PA; SP
Hemophilia Treatment Agents,Non-Factor Replacement		
ALHEMO 150 MG/1.5 ML PEN 150 MG/1.5 ML (100 MG/ML)	Non-PDL Brand	PA; SP
ALHEMO 300 MG/3 ML PEN 300 MG/3 ML (100 MG/ML)	Non-PDL Brand	PA; SP
ALHEMO 60 MG/1.5 ML PEN 60 MG/1.5 ML (40 MG/ML)	Non-PDL Brand	PA; SP
HEMLIBRA 105 MG/0.7 ML VIAL	Non-PDL Brand	PA; SP
HEMLIBRA 12 MG/0.4 ML VIAL	Non-PDL Brand	PA; SP
HEMLIBRA 150 MG/ML VIAL	Non-PDL Brand	PA; SP
HEMLIBRA 30 MG/ML VIAL	Non-PDL Brand	PA; SP
HEMLIBRA 300 MG/2 ML VIAL 300 MG/2 ML (150 MG/ML)	Non-PDL Brand	PA; SP
HEMLIBRA 60 MG/0.4 ML VIAL	Non-PDL Brand	PA; SP
HYMPAVZI 150 MG/ML PEN	Non-PDL Brand	PA; SP
HYMPAVZI 75 MG/0.5 ML PEN	Non-PDL Brand	PA; SP
QFITLIA 20 MG/0.2 ML VIAL	Non-PDL Brand	PA; SP
QFITLIA 50 MG/0.5 ML PEN	Non-PDL Brand	PA; SP

Drug	Status	Notes
Hemorrheologic Agents		
pentoxifylline er 400 mg tab	Non-PDL Generic	
pentoxifylline er 400 mg tab f/c	Non-PDL Generic	
pentoxifylline er 400 mg tab outer	Non-PDL Generic	
pentoxifylline er 400 mg tab u-d,10x10,f/c	Non-PDL Generic	
Heparin And Related Preparations		
ARIXTRA 10 MG/0.8 ML SYRINGE P/F, INNER,SUV	PDL Non-Preferred Brand	PA; QL (24 ML per 30 days)
ARIXTRA 10 MG/0.8 ML SYRINGE P/F, OUTER,SUV	PDL Non-Preferred Brand	PA; QL (24 ML per 30 days)
ARIXTRA 2.5 MG/0.5 ML SYRINGE P/F, INNER,SUV	PDL Non-Preferred Brand	PA; QL (15 ML per 30 days)
ARIXTRA 2.5 MG/0.5 ML SYRINGE P/F, OUTER,SUV	PDL Non-Preferred Brand	PA; QL (15 ML per 30 days)
ARIXTRA 5 MG/0.4 ML SYRINGE P/F,INNER,SUV	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
ARIXTRA 5 MG/0.4 ML SYRINGE P/F,OUTER,SUV	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE P/F,INNER,SUV	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
ARIXTRA 7.5 MG/0.6 ML SYRINGE P/F,OUTER,SUV	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
enoxaparin 100 mg/ml syringe auto dev, sdv	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe inner, suv, p/f	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe inner,p/f,suv	PDL Preferred Generic	

Drug	Status	Notes
enoxaparin 100 mg/ml syringe outer, suv, p/f	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe outer,p/f,suv	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe p/f, inner, suv	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe p/f, outer, suv	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe suv, p/f	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe suv, p/f, inner	PDL Preferred Generic	
enoxaparin 100 mg/ml syringe suv, p/f, outer	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr auto dev, sdv	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr inner, suv, p/f	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr inner,p/f,suv	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr inner,suv	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr outer, suv, p/f	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr outer,p/f,suv	PDL Preferred Generic	
enoxaparin 120 mg/0.8 ml syr outer,suv	PDL Preferred Generic	

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

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

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

Drug	Status	Notes
enoxaparin 60 mg/0.6 ml syr inner,p/f,suv	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr inner,suv	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr outer, p/f, suv	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr outer, suv, p/f	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr outer,p/f,suv	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr outer,suv	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr p/f, inner, suv	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr p/f, outer, suv	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr suv, p/f	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr suv, p/f, inner	PDL Preferred Generic	
enoxaparin 60 mg/0.6 ml syr suv, p/f, outer	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr auto dev, sdv	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr inner, suv, p/f	PDL Preferred Generic	
enoxaparin 80 mg/0.8 ml syr inner,p/f,suv	PDL Preferred Generic	

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

Drug	Status	Notes
fondaparinux 10 mg/0.8 ml syr sdv, p/f, outer	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr sdv,outer	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr suv, p/f, inner	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 10 mg/0.8 ml syr suv, p/f, outer	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr inner, p/f, sdv	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr outer, p/f, sdv	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr p/f, suv, outer	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr p/f,suv,outer	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr sdv, outer	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr sdv, p/f, outer	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr suv, p/f, inner	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 2.5 mg/0.5 ml syr suv, p/f, outer	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr inner, p/f, sdv	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
fondaparinux 5 mg/0.4 ml syr outer, p/f, sdv	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)

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

Drug	Status	Notes
fondaparinux 7.5 mg/0.6 ml syr suv, p/f, outer	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
FRAGMIN 10,000 UNIT/4 ML VIAL INNER, SUV 2,500 ANTI-XA UNIT/ML	PDL Preferred Brand	QL (8 ML per 1 day)
FRAGMIN 10,000 UNIT/4 ML VIAL OUTER, SUV 2,500 ANTI-XA UNIT/ML	PDL Preferred Brand	QL (8 ML per 1 day)
FRAGMIN 10,000 UNIT/ML SYRINGE P/F, INNER, SDV	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
FRAGMIN 10,000 UNIT/ML SYRINGE P/F, OUTER, SDV	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SYR P/F, INNER, SDV	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SYR P/F, OUTER, SDV	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SYR P/F, INNER, SDV	PDL Non-Preferred Brand	PA; QL (36 ML per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SYR P/F, OUTER, SDV	PDL Non-Preferred Brand	PA; QL (36 ML per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML P/F, INNER, SDV	PDL Non-Preferred Brand	PA; QL (43.2 ML per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML P/F, OUTER, SDV	PDL Non-Preferred Brand	PA; QL (43.2 ML per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SYR P/F, INNER, SDV	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SYR P/F, OUTER, SDV	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SYR P/F, INNER, SDV	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)

Drug	Status	Notes
FRAGMIN 5,000 UNIT/0.2 ML SYR P/F, OUTER, SDV	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SYR P/F, INNER, SDV	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SYR P/F, OUTER, SDV	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
FRAGMIN 95,000 UNIT/3.8 ML VL 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 single use	Non-PDL Generic	
heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag inner,single-use	Non-PDL Generic	
heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag outer,single-use	Non-PDL Generic	
heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag p/f, suv, outer	Non-PDL Generic	
heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag single use	Non-PDL Generic	
heparin flush 1,000 units/10 ml (100 units/ml) syringe 100 unit/ml	Non-PDL Generic	
heparin flush 10 units/10 ml (1 unit/ml) syringe suv	Non-PDL Generic	
heparin flush 10 units/ml syringe suv 10 unit/ml	Non-PDL Generic	
heparin flush 100 units/10 ml (10 units/ml) syringe suv 10 unit/ml	Non-PDL Generic	
heparin flush 2 units/2 ml (1 unit/ml) syringe suv	Non-PDL Generic	
heparin flush 20 units/2 ml (10 units/ml) syringe suv 10 unit/ml	Non-PDL Generic	
heparin flush 200 units/2 ml (100 units/ml) syringe 100 unit/ml	Non-PDL Generic	
heparin flush 3 units/3 ml (1 unit/ml) syringe suv	Non-PDL Generic	
HEPARIN FLUSH 30 UNITS/3 ML (10 UNITS/ML) SYRINGE P/F,SINGLE USE 10 UNIT/ML	Non-PDL Generic	
heparin flush 30 units/3 ml (10 units/ml) syringe suv 10 unit/ml	Non-PDL Generic	

Drug	Status	Notes
heparin flush 300 units/3 ml (100 units/ml) syringe 100 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 300 UNITS/3 ML (100 UNITS/ML) SYRINGE P/F,SINGLE USE 100 UNIT/ML	Non-PDL Generic	
heparin flush 5 units/5 ml (1 unit/ml) syringe suv	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE P/F, SUV 10 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE P/F,SINGLE USE 10 UNIT/ML	Non-PDL Generic	
heparin flush 50 units/5 ml (10 units/ml) syringe suv 10 unit/ml	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE SUV 10 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 LUER-LOCK, SUV 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE P/F, SINGLE USE 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE P/F, SUV 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE SUV 100 UNIT/ML	Non-PDL Generic	
heparin iv flush 1 unit/ml syr suv	Non-PDL Generic	
heparin iv flush 100 units/ml 100 unit/ml	Non-PDL Generic	
heparin sod 1,000 unit/ml vial inner, muv	Non-PDL Generic	
heparin sod 1,000 unit/ml vial outer, muv	Non-PDL Generic	
heparin sod 10,000 unit/ml vl inner, muv	Non-PDL Generic	
heparin sod 10,000 unit/ml vl outer, muv	Non-PDL Generic	
heparin sod 5,000 unit/ml syrg inner, suv	Non-PDL Generic	

Drug	Status	Notes
heparin sod 5,000 unit/ml syrg inner, suv, p/f	Non-PDL Generic	
heparin sod 5,000 unit/ml syrg outer, suv	Non-PDL Generic	
heparin sod 5,000 unit/ml syrg outer, suv, p/f	Non-PDL Generic	
heparin sod 5,000 unit/ml syrg suv, p/f, inner	Non-PDL Generic	
heparin sod 5,000 unit/ml syrg suv, p/f, outer	Non-PDL Generic	
heparin sod 5,000 unit/ml vial inner, muv	Non-PDL Generic	
heparin sod 5,000 unit/ml vial outer, muv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial 25's,mdv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial inner, mdv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial inner, muv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial inner, suv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial inner,muv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial inner,suv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial outer, mdv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial outer, muv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial outer, suv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial outer,muv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial outer,suv	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial sdv,inner	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial sdv,outer	Non-PDL Generic	
heparin sodium 1,000 unit/ml vial suv, inner	Non-PDL Generic	

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

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

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

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

Drug	Status	Notes
heparin sodium 50,000 unit/5 ml (10,000 unit/ml) vial muv, inner	Non-PDL Generic	
heparin sodium 50,000 unit/5 ml (10,000 unit/ml) vial muv, outer	Non-PDL Generic	
LOVENOX 100 MG/ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 100 MG/ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 100 MG/ML SYRINGE OUTER,SUV	PDL Non-Preferred Brand	PA
LOVENOX 120 MG/0.8 ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 120 MG/0.8 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 150 MG/ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 150 MG/ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE INNER, SUV	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE OUTER, SUV	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 300 MG/3 ML VIAL MDV	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
LOVENOX 300 MG/3 ML VIAL MULTI USE VIAL	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)

Drug	Status	Notes
LOVENOX 40 MG/0.4 ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 40 MG/0.4 ML SYRINGE OUTER, SUV	PDL Non-Preferred Brand	PA
LOVENOX 40 MG/0.4 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 60 MG/0.6 ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 60 MG/0.6 ML SYRINGE OUTER, SUV	PDL Non-Preferred Brand	PA
LOVENOX 60 MG/0.6 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 80 MG/0.8 ML SYRINGE INNER, SUV, P/F	PDL Non-Preferred Brand	PA
LOVENOX 80 MG/0.8 ML SYRINGE OUTER, SUV	PDL Non-Preferred Brand	PA
LOVENOX 80 MG/0.8 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA
Human Monoclonal Antibody Complement(C5) Inhibitor		
TAVNEOS 10 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
Leukocyte (Wbc) Stimulants		
LEUKINE 250 MCG VIAL INNER, SUV, P/F	Non-PDL Brand	PA; SP
LEUKINE 250 MCG VIAL OUTER, SUV, P/F	Non-PDL Brand	PA; SP
NEULASTA ONPRO 6 MG/0.6 ML KIT	Non-PDL Brand	PA; SP
NIVESTYM 300 MCG/0.5 ML SYRING P/F, SUV, INNER	Non-PDL Brand	PA; SP
NIVESTYM 300 MCG/0.5 ML SYRING P/F, SUV, OUTER	Non-PDL Brand	PA; SP

Drug	Status	Notes
NIVESTYM 300 MCG/ML VIAL P/F, SUV, INNER	Non-PDL Brand	PA; SP
NIVESTYM 300 MCG/ML VIAL P/F, SUV, OUTER	Non-PDL Brand	PA; SP
NIVESTYM 480 MCG/0.8 ML SYRING P/F, SUV, INNER	Non-PDL Brand	PA; SP
NIVESTYM 480 MCG/0.8 ML SYRING P/F, SUV, OUTER	Non-PDL Brand	PA; SP
NIVESTYM 480 MCG/1.6 ML VIAL P/F, SUV, INNER	Non-PDL Brand	PA; SP
NIVESTYM 480 MCG/1.6 ML VIAL P/F, SUV, OUTER	Non-PDL Brand	PA; SP
NYVEPRIA 6 MG/0.6 ML SYRINGE	Non-PDL Brand	PA; SP
Platelet Aggregation Inhibitors		
ADULT LOW DOSE ASA EC 81 MG TB	Preventive	OTC
aspirin 81 mg chewable tablet 3x36,low dose,cherry	Preventive	OTC
aspirin 81 mg chewable tablet 3x36,low dose,orange	Preventive	OTC
aspirin 81 mg chewable tablet	Preventive	OTC
aspirin 81 mg chewable tablet adult low dose	Preventive	OTC
aspirin 81 mg chewable tablet child low dose	Preventive	OTC
aspirin 81 mg chewable tablet gluten-free, orange	Preventive	OTC
aspirin 81 mg chewable tablet low dose	Preventive	OTC
aspirin 81 mg chewable tablet low dose, cherry	Preventive	OTC
aspirin 81 mg chewable tablet low dose, orange	Preventive	OTC
aspirin 81 mg chewable tablet tab chew,cherry	Preventive	OTC
aspirin 81 mg chewable tablet tab chew,orange	Preventive	OTC
aspirin ec 81 mg tablet 2x120,low dose	Preventive	OTC
aspirin ec 81 mg tablet	Preventive	OTC
aspirin ec 81 mg tablet adult low dose	Preventive	OTC
aspirin ec 81 mg tablet adult low strength	Preventive	OTC
aspirin ec 81 mg tablet adult, low strength	Preventive	OTC
aspirin ec 81 mg tablet d/f, low dose	Preventive	OTC
aspirin ec 81 mg tablet low dose	Preventive	OTC
aspirin ec 81 mg tablet low dose, coated	Preventive	OTC

Drug	Status	Notes
aspirin ec 81 mg tablet low strength	Preventive	OTC
aspirin ec 81 mg tablet safety coated	Preventive	OTC
ASPIRIN REGIMEN 81 MG EC TAB	Preventive	OTC
aspirin-dipyridam er 25-200 mg	PDL Non-Preferred Generic	PA
BAYER LOW DOSE EC 81 MG TAB	Preventive	OTC
BRILINTA 60 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRILINTA 90 MG TABLET F/C	PDL Non-Preferred Brand	PA
BRILINTA 90 MG TABLET F/C, U-D	PDL Non-Preferred Brand	PA
CHILD ASPIRIN 81 MG CHEW TAB 3X36, VALUE PACK	Preventive	OTC
CHILD ASPIRIN 81 MG CHEW TAB TAB CHEW,CHILDREN'S	Preventive	OTC
CHILD ASPIRIN 81 MG TAB CHEW	Preventive	OTC
cilostazol 100 mg tablet	Non-PDL Generic	90 DS
cilostazol 50 mg tablet	Non-PDL Generic	90 DS
clopidogrel 300 mg tablet	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 300 mg tablet f/c	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 300 mg tablet f/c, u-d,5x6,outer	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 300 mg tablet f/c,u-d,inner	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 300 mg tablet outer	PDL Preferred Generic	QL (4 EA per 30 days)
clopidogrel 75 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
clopidogrel 75 mg tablet f/c	PDL Preferred Generic	90 DS
clopidogrel 75 mg tablet f/c, inner	PDL Preferred Generic	90 DS
clopidogrel 75 mg tablet f/c, outer	PDL Preferred Generic	90 DS
clopidogrel 75 mg tablet inner	PDL Preferred Generic	90 DS
clopidogrel 75 mg tablet outer	PDL Preferred Generic	90 DS
cvs aspirin 81 mg chewable tab	Preventive	OTC
cvs aspirin 81 mg chewable tab inner	Preventive	OTC
cvs aspirin 81 mg chewable tab outer	Preventive	OTC
cvs aspirin ec 81 mg tablet	Preventive	OTC
dipyridamole 25 mg tablet	PDL Preferred Generic	
dipyridamole 25 mg tablet f/c	PDL Preferred Generic	
dipyridamole 50 mg tablet	PDL Preferred Generic	
dipyridamole 50 mg tablet f/c	PDL Preferred Generic	
dipyridamole 75 mg tablet	PDL Preferred Generic	
dipyridamole 75 mg tablet f/c	PDL Preferred Generic	
EFFIENT 10 MG TABLET	PDL Non-Preferred Brand	PA
EFFIENT 10 MG TABLET F/C, U-D, INNER	PDL Non-Preferred Brand	PA

Drug	Status	Notes
EFFIENT 5 MG TABLET	PDL Non-Preferred Brand	PA
EFFIENT 5 MG TABLET F/C, U-D, INNER	PDL Non-Preferred Brand	PA
eq aspirin 81 mg chewable tab	Preventive	OTC
eq aspirin 81 mg chewable tab low dose	Preventive	OTC
eq aspirin ec 81 mg tablet	Preventive	OTC
eq aspirin ec 81 mg tablet adult low dose	Preventive	OTC
eq aspirin ec 81 mg tablet low dose	Preventive	OTC
eql aspirin 81 mg chewable tab	Preventive	OTC
eql aspirin ec 81 mg tablet	Preventive	OTC
ft aspirin 81 mg chewable tab	Preventive	OTC
ft aspirin ec 81 mg tablet	Preventive	OTC
gnp aspirin 81 mg chewable tab	Preventive	OTC
gnp aspirin ec 81 mg tablet	Preventive	OTC
gnp aspirin ec 81 mg tablet low dose sfty coated	Preventive	OTC
gs aspirin 81 mg chewable tab	Preventive	OTC
gs aspirin ec 81 mg tablet	Preventive	OTC
kro aspirin 81 mg chewable tab low dose, orange	Preventive	OTC
PLAVIX 75 MG TABLET	PDL Non-Preferred Brand	PA
prasugrel 10 mg tablet	PDL Preferred Generic	
prasugrel 5 mg tablet	PDL Preferred Generic	
pub aspirin 81 mg chewable tab low strength	Preventive	OTC
qc aspirin 81 mg chewable tab	Preventive	OTC
qc aspirin ec 81 mg tablet	Preventive	OTC
sm aspirin 81 mg chewable tab	Preventive	OTC
SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S	Preventive	OTC
ST. JOSEPH ASPIRIN 81 MG CHEW	Preventive	OTC
ST. JOSEPH ASPIRIN EC 81 MG TB	Preventive	OTC

Drug	Status	Notes
ticagrelor 60 mg tablet	PDL Preferred Generic	QL (2 EA per 1 day)
ticagrelor 90 mg tablet	PDL Preferred Generic	
ticagrelor 90 mg tablet inner	PDL Preferred Generic	
ticagrelor 90 mg tablet outer	PDL Preferred Generic	
Platelet Reducing Agents		
anagrelide hcl 0.5 mg capsule	Non-PDL Generic	
anagrelide hcl 1 mg capsule	Non-PDL Generic	
Sickle Cell Anemia Agents		
DROXIA 200 MG CAPSULE	PDL Preferred Brand	
DROXIA 300 MG CAPSULE	PDL Preferred Brand	
DROXIA 400 MG CAPSULE	PDL Preferred Brand	
ENDARI 5 GRAM POWDER PACKET INNER	PDL Preferred Brand	SP
ENDARI 5 GRAM POWDER PACKET OUTER	PDL Preferred Brand	SP
l-glutamine 5 gram powder pkt inner	PDL Non-Preferred Generic	PA; SP
l-glutamine 5 gram powder pkt outer	PDL Non-Preferred Generic	PA; SP
SIKLOS 1,000 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
SIKLOS 100 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XROMI 100 MG/ML SOLUTION INNER	PDL Non-Preferred Brand	PA
XROMI 100 MG/ML SOLUTION OUTER	PDL Non-Preferred Brand	PA
Thrombin Inhibitors,Selective,Direct, & Reversible		
dabigatran etexilate 150 mg cp	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dabigatran etexilate 150 mg cp inner	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dabigatran etexilate 150 mg cp outer	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dabigatran etexilate 75 mg cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dabigatran etexilate 75 mg cap inner	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
dabigatran etexilate 75 mg cap outer	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
PRADAXA 110 MG CAPSULE	PDL Preferred Brand	QL (2 EA per 1 day)
PRADAXA 110 MG PELLET PACK	PDL Non-Preferred Brand	PA
PRADAXA 150 MG CAPSULE	PDL Preferred Brand	QL (2 EA per 1 day)
PRADAXA 150 MG PELLET PACK	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PRADAXA 20 MG PELLET PACK	PDL Non-Preferred Brand	PA
PRADAXA 30 MG PELLET PACK	PDL Non-Preferred Brand	PA
PRADAXA 40 MG PELLET PACK	PDL Non-Preferred Brand	PA
PRADAXA 50 MG PELLET PACK	PDL Non-Preferred Brand	PA
PRADAXA 75 MG CAPSULE	PDL Preferred Brand	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists		
eltrombopag 12.5 mg susp pkt outer	Non-PDL Generic	PA; SP
eltrombopag 12.5 mg tablet	Non-PDL Generic	PA; SP
eltrombopag 25 mg susp packet outer	Non-PDL Generic	PA; SP
eltrombopag 25 mg tablet	Non-PDL Generic	PA; SP
eltrombopag 50 mg tablet	Non-PDL Generic	PA; SP
eltrombopag 75 mg tablet	Non-PDL Generic	PA; SP
Topical Hemostatics		
THROMBIN-JMI 20,000 UNIT VIAL OUTER, P/F	Non-PDL Generic	
THROMBIN-JMI 20,000 UNITS PUMP DILUENT, P/F	Non-PDL Generic	
THROMBIN-JMI 20,000 UNITS SYR	Non-PDL Generic	
THROMBIN-JMI 5,000 UNIT EPISTAXIS	Non-PDL Generic	
THROMBIN-JMI 5,000 UNITS SYR	Non-PDL Generic	
THROMBIN-JMI 5,000 UNITS VIAL P/F, OUTER	Non-PDL Generic	

Drug	Status	Notes
Vitamin K Preparations		
phytonadione 1 mg/0.5 ml syr inner, suv, p/f	Non-PDL Generic	
phytonadione 1 mg/0.5 ml syr outer, suv, p/f	Non-PDL Generic	
phytonadione 1 mg/0.5 ml syr p/f,sdv	Non-PDL Generic	
phytonadione 1 mg/0.5 ml syr suv, p/f	Non-PDL Generic	
phytonadione 1 mg/0.5 ml syr suv, p/f, inner	Non-PDL Generic	
phytonadione 1 mg/0.5 ml syr suv, p/f, outer	Non-PDL Generic	
phytonadione 10 mg/ml ampul inner, suv	Non-PDL Generic	
phytonadione 10 mg/ml ampul outer, suv	Non-PDL Generic	
phytonadione 10 mg/ml ampul suv,inner	Non-PDL Generic	
phytonadione 10 mg/ml ampul suv,outer	Non-PDL Generic	
phytonadione 5 mg tablet	Non-PDL Generic	
VITAMIN K-1 1 MG/0.5 ML AMPUL SUV, INNER	Non-PDL Generic	
VITAMIN K-1 1 MG/0.5 ML AMPUL SUV, OUTER	Non-PDL Generic	
VITAMIN K-1 10 MG/ML AMPUL SUV, INNER	Non-PDL Generic	
VITAMIN K-1 10 MG/ML AMPUL SUV, OUTER	Non-PDL Generic	
Hormonal Deficiency		
Androgenic Agents		
ANDROGEL 1.62% GEL PUMP 20.25 MG/1.25 GRAM (1.62 %)	PDL Non-Preferred Brand	PA; QL (5 GM per 1 day)
METHITEST 10 MG TABLET	Non-PDL Brand	PA
methyltestosterone 10 mg cap	Non-PDL Generic	PA
TESTIM 1% (50 MG) GEL OUTER 50 MG/5 GRAM (1 %)	PDL Preferred Brand	PA; QL (10 GM per 1 day)

Drug	Status	Notes
testosteron enan 1,000 mg/5 ml mdv 200 mg/ml	Non-PDL Generic	PA; QL (5 ML per 28 days)
testosterone 1% (25 mg/2.5 g) pk 1 % (25 mg/2.5gram)	PDL Non-Preferred Generic	PA; QL (5 GM per 1 day)
testosterone 1% (25 mg/2.5 g) pk inner 1 % (25 mg/2.5gram)	PDL Non-Preferred Generic	PA; QL (5 GM per 1 day)
testosterone 1% (25 mg/2.5 g) pk outer 1 % (25 mg/2.5gram)	PDL Non-Preferred Generic	PA; QL (5 GM per 1 day)
testosterone 1% (50 mg/5 g) pk inner 1 % (50 mg/5 gram)	PDL Non-Preferred Generic	PA; QL (10 GM per 1 day)
testosterone 1% (50 mg/5 g) pk outer 1 % (50 mg/5 gram)	PDL Non-Preferred Generic	PA; QL (10 GM per 1 day)
testosterone 1.62% (2.5 g) pkt inner 1.62 % (40.5 mg/2.5 gram)	PDL Non-Preferred Generic	PA; QL (5 GM per 1 day)
testosterone 1.62% (2.5 g) pkt outer 1.62 % (40.5 mg/2.5 gram)	PDL Non-Preferred Generic	PA; QL (5 GM per 1 day)
testosterone 1.62% gel pump 20.25 mg/1.25 gram (1.62 %)	PDL Preferred Generic	PA; QL (5 GM per 1 day)
testosterone 1.62%(1.25 g) pkt inner 1.62 % (20.25 mg/1.25 gram)	PDL Non-Preferred Generic	PA; QL (1.25 GM per 1 day)
testosterone 1.62%(1.25 g) pkt outer 1.62 % (20.25 mg/1.25 gram)	PDL Non-Preferred Generic	PA; QL (1.25 GM per 1 day)
testosterone 10 mg gel pump 10 mg/0.5 gram /actuation	PDL Non-Preferred Generic	PA; QL (4 GM per 1 day)
testosterone 12.5 mg/1.25 gram 12.5 mg/ 1.25 gram (1 %)	PDL Non-Preferred Generic	PA; QL (10 GM per 1 day)
testosterone 12.5 mg/1.25 gram inner 12.5 mg/ 1.25 gram (1 %)	PDL Non-Preferred Generic	PA; QL (10 GM per 1 day)

Drug	Status	Notes
testosterone 12.5 mg/1.25 gram inner 12.5 mg/ 1.25 gram (1 %)	PDL Preferred Generic	QL (10 GM per 1 day)
testosterone 12.5 mg/1.25 gram outer 12.5 mg/ 1.25 gram (1 %)	PDL Non-Preferred Generic	PA; QL (10 GM per 1 day)
testosterone 12.5 mg/1.25 gram outer 12.5 mg/ 1.25 gram (1 %)	PDL Preferred Generic	QL (10 GM per 1 day)
testosterone 30 mg/1.5 ml pump 30 mg/actuation (1.5 ml)	PDL Non-Preferred Generic	PA; QL (6 ML per 1 day)
testosterone 50 mg/5 gram gel inner 50 mg/5 gram (1 %)	PDL Non-Preferred Generic	PA; QL (10 GM per 1 day)
testosterone 50 mg/5 gram gel inner 50 mg/5 gram (1 %)	PDL Preferred Generic	QL (10 GM per 1 day)
testosterone 50 mg/5 gram gel outer 50 mg/5 gram (1 %)	PDL Non-Preferred Generic	PA; QL (10 GM per 1 day)
testosterone 50 mg/5 gram gel outer 50 mg/5 gram (1 %)	PDL Preferred Generic	QL (10 GM per 1 day)
testosterone 50 mg/5 gram pkt inner 1 % (50 mg/5 gram)	PDL Preferred Generic	QL (10 GM per 1 day)
testosterone 50 mg/5 gram pkt outer 1 % (50 mg/5 gram)	PDL Preferred Generic	QL (10 GM per 1 day)
testosterone cyp 1,000 mg/10 ml mdv 100 mg/ml	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone cyp 1,000 mg/10 ml muv 100 mg/ml	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone cyp 2,000 mg/10 ml mdv 200 mg/ml	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone cyp 2,000 mg/10 ml muv 200 mg/ml	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone cyp 2,000 mg/10 ml muv, inner, in oil 200 mg/ml	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone cyp 2,000 mg/10 ml muv, outer, in oil 200 mg/ml	Non-PDL Generic	PA; QL (10 ML per 28 days)

Drug	Status	Notes
testosterone cyp 200 mg/ml sdv	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone cyp 200 mg/ml suv	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone cyp 200 mg/ml suv, in oil	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone cypionate 1,000 mg/5 ml vial (cmpd-rx) muv 200 mg/ml	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone cypionate 500 mg/2.5 ml vial (cmpd-rx) muv 200 mg/ml	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone cypionate 6,000 mg/30 ml vial (cmpd-rx) muv 200 mg/ml	Non-PDL Generic	PA; QL (10 ML per 28 days)
testosterone enanthate 1,000 mg/5 ml (cmpd-rx) muv 200 mg/ml	Non-PDL Generic	PA; QL (5 ML per 28 days)
VOGELXO 12.5 MG/1.25 GRAM PUMP INNER 12.5 MG/ 1.25 GRAM (1 %)	PDL Non-Preferred Brand	PA; QL (10 GM per 1 day)
VOGELXO 12.5 MG/1.25 GRAM PUMP OUTER 12.5 MG/ 1.25 GRAM (1 %)	PDL Non-Preferred Brand	PA; QL (10 GM per 1 day)
VOGELXO 50 MG/5 GRAM GEL INNER 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA; QL (10 GM per 1 day)
VOGELXO 50 MG/5 GRAM GEL OUTER 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA; QL (10 GM per 1 day)
VOGELXO 50 MG/5 GRAM GEL PACKT INNER 1 % (50 MG/5 GRAM)	PDL Non-Preferred Brand	PA; QL (10 GM per 1 day)
VOGELXO 50 MG/5 GRAM GEL PACKT OUTER 1 % (50 MG/5 GRAM)	PDL Non-Preferred Brand	PA; QL (10 GM per 1 day)
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE 0.45-20 MG TABLET	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	Non-PDL Generic	

Drug	Status	Notes
EEMT HS 0.625-1.25 MG TABLET	Non-PDL Generic	
ESTRATEST H.S. TABLET 0.625-1.25 MG	Non-PDL Brand	
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		
ABIGALE 1 MG-0.5 MG TABLET INNER 1-0.5 MG	Non-PDL Generic	
ABIGALE 1 MG-0.5 MG TABLET OUTER 1-0.5 MG	Non-PDL Generic	
ABIGALE LO 0.5-0.1 MG TABLET INNER	Non-PDL Generic	
ABIGALE LO 0.5-0.1 MG TABLET OUTER	Non-PDL Generic	
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 OUTER 0.05-0.25 MG/24 HR	Non-PDL Brand	QL (2 EA per 7 days)
conjugated estrogen 0.625 mg tb	Non-PDL Generic	
conjugated estrogens 0.3 mg tb	Non-PDL Generic	
conjugated estrogens 0.45 mg tb	Non-PDL Generic	
conjugated estrogens 0.9 mg tb	Non-PDL Generic	
conjugated estrogens 1.25 mg tb	Non-PDL Generic	
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)

Drug	Status	Notes
DOTTI 0.0375 MG PATCH OUTER 0.0375 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
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(1/wk) inner 0.025 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.025 mg patch(1/wk) outer 0.025 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.025 mg patch(2/wk) inner 0.025 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.025 mg patch(2/wk) outer 0.025 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.0375 mg patch(1/wk) inner 0.0375 mg/24 hr	Non-PDL Generic	90 DS; QL (1 EA per 7 days)
estradiol 0.0375 mg patch(1/wk) outer 0.0375 mg/24 hr	Non-PDL Generic	90 DS; QL (1 EA per 7 days)
estradiol 0.0375 mg patch(2/wk) inner 0.0375 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.0375 mg patch(2/wk) outer 0.0375 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.05 mg patch (1/wk) inner 0.05 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.05 mg patch (1/wk) outer 0.05 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.05 mg patch (2/wk) inner 0.05 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.05 mg patch (2/wk) outer 0.05 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.06 mg patch (1/wk) inner 0.06 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.06 mg patch (1/wk) outer 0.06 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)

Drug	Status	Notes
estradiol 0.075 mg patch(1/wk) inner 0.075 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.075 mg patch(1/wk) outer 0.075 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.075 mg patch(2/wk) inner 0.075 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.075 mg patch(2/wk) outer 0.075 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.1 mg patch (1/wk) inner 0.1 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.1 mg patch (1/wk) outer 0.1 mg/24 hr	Non-PDL Generic	QL (1 EA per 7 days)
estradiol 0.1 mg patch (2/wk) inner 0.1 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.1 mg patch (2/wk) outer 0.1 mg/24 hr	Non-PDL Generic	QL (2 EA per 7 days)
estradiol 0.5 mg tablet	Non-PDL Generic	90 DS
estradiol 1 mg tablet	Non-PDL Generic	90 DS
estradiol 2 mg tablet	Non-PDL Generic	90 DS
estradiol-noreth 0.5-0.1 mg tb coated	Non-PDL Generic	
estradiol-noreth 0.5-0.1 mg tb inner	Non-PDL Generic	
estradiol-noreth 0.5-0.1 mg tb outer	Non-PDL Generic	
estradiol-noreth 1-0.5 mg tab f/c	Non-PDL Generic	
estradiol-noreth 1-0.5 mg tab inner	Non-PDL Generic	
estradiol-noreth 1-0.5 mg tab outer	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 INNER 0.5-2.5 MG-MCG	Non-PDL Generic	
FYAVOLV 0.5 MG-2.5 MCG TABLET 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	

Drug	Status	Notes
FYAVOLV 1 MG-5 MCG TABLET INNER 1-5 MG-MCG	Non-PDL Generic	
FYAVOLV 1 MG-5 MCG TABLET 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	
LYLLANA 0.025 MG PATCH INNER 0.025 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
LYLLANA 0.025 MG PATCH OUTER 0.025 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
LYLLANA 0.0375 MG PATCH INNER 0.0375 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
LYLLANA 0.0375 MG PATCH OUTER 0.0375 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
LYLLANA 0.05 MG PATCH INNER 0.05 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
LYLLANA 0.05 MG PATCH OUTER 0.05 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
LYLLANA 0.075 MG PATCH INNER 0.075 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
LYLLANA 0.075 MG PATCH OUTER 0.075 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
LYLLANA 0.1 MG PATCH INNER 0.1 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
LYLLANA 0.1 MG PATCH OUTER 0.1 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
MIMVEY 1-0.5 MG TABLET F/C	Non-PDL Generic	
MIMVEY 1-0.5 MG TABLET F/C, 5X28	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	

Drug	Status	Notes
norethin-eth estrad 1 mg-5 mcg outer 1-5 mg-mcg	Non-PDL Generic	
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	Non-PDL Brand	
PREMPRO 0.625-2.5 MG TABLET	Non-PDL Brand	
PREMPRO 0.625-5 MG TABLET	Non-PDL Brand	
Menopausal Symptoms Suppressant - Ssris		
paroxetine mesylate 7.5 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Progestational Agents		
GALLIFREY 5 MG TABLET	Non-PDL Generic	
medroxyprogesterone 10 mg tab	Non-PDL Generic	90 DS
medroxyprogesterone 2.5 mg tab	Non-PDL Generic	90 DS
medroxyprogesterone 5 mg tab	Non-PDL Generic	90 DS
norethindrone 5 mg tablet	Non-PDL Generic	
progesterone 100 mg capsule	Non-PDL Generic	90 DS
progesterone 200 mg capsule	Non-PDL Generic	90 DS
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 50 mg/ml	Non-PDL Generic	
progesterone 500 mg/10 ml vial muv 50 mg/ml	Non-PDL Generic	
Immunization		
Antisera		
GAMMAGARD LIQUID 10% VIAL INNER,P/F, SUV	Non-PDL Brand	PA; SP

Drug	Status	Notes
GAMMAGARD LIQUID 10% VIAL OUTER,P/F, SUV	Non-PDL Brand	PA; SP
GAMMAGARD LIQUID ERC 10G/100 ML INNER, SUV, P/F 10 %	Non-PDL Brand	PA; SP
GAMMAGARD LIQUID ERC 10G/100 ML OUTER, SUV, P/F 10 %	Non-PDL Brand	PA; SP
GAMMAGARD LIQUID ERC 5 G/50 ML INNER, SUV, P/F 10 %	Non-PDL Brand	PA; SP
GAMMAGARD LIQUID ERC 5 G/50 ML OUTER, SUV, P/F 10 %	Non-PDL Brand	PA; SP
HIZENTRA 1 GRAM/5 ML SYRINGE INNER, SUV, P/F 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 1 GRAM/5 ML SYRINGE OUTER, SUV, P/F 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 1 GRAM/5 ML VIAL P/F, INNER, SUV 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 1 GRAM/5 ML VIAL P/F. OUTER, SUV 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 10 GRAM/50 ML SYRINGE INNER, SUV, P/F 10 GRAM/50 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 10 GRAM/50 ML SYRINGE OUTER, SUV, P/F 10 GRAM/50 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 10 GRAM/50 ML VIAL P/F, INNER, SUV 10 GRAM/50 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 10 GRAM/50 ML VIAL P/F, OUTER, SUV 10 GRAM/50 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 2 GRAM/10 ML SYRINGE INNER, SUV, P/F 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 2 GRAM/10 ML SYRINGE OUTER, SUV, P/F 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 2 GRAM/10 ML VIAL P/F, INNER, SUV 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 2 GRAM/10 ML VIAL P/F, OUTER, SUV 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 4 GRAM/20 ML SYRINGE INNER, SUV, P/F 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 4 GRAM/20 ML SYRINGE OUTER, SUV, P/F 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 4 GRAM/20 ML VIAL P/F, INNER, SUV 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
HIZENTRA 4 GRAM/20 ML VIAL P/F, OUTER, SUV 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP

Drug	Status	Notes
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
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
XEMBIFY 20% (1 G/5 ML) VIAL INNER, SUV, P/F 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
XEMBIFY 20% (1 G/5 ML) VIAL OUTER, SUV, P/F 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
XEMBIFY 20% (10 G/50 ML) VIAL INNER, SUV, P/F 10 GRAM/50 ML (20 %)	Non-PDL Brand	PA; SP
XEMBIFY 20% (10 G/50 ML) VIAL OUTER, SUV, P/F 10 GRAM/50 ML (20 %)	Non-PDL Brand	PA; SP
XEMBIFY 20% (2 G/10 ML) VIAL INNER, SUV, P/F 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
XEMBIFY 20% (2 G/10 ML) VIAL OUTER, SUV, P/F 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
XEMBIFY 20% (4 G/20 ML) VIAL INNER, SUV, P/F 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
XEMBIFY 20% (4 G/20 ML) VIAL OUTER, SUV, P/F 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
Covid-19 Vaccines		
COMIRNATY 2026-27 (12Y UP) 0.3 ML SYRINGE INNER, SUV, P/F 30 MCG/0.3 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2026-27 (12Y UP) 0.3 ML SYRINGE OUTER, SUV, P/F 30 MCG/0.3 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2026-27 (5-11Y) 0.3 ML VIAL INNER, SUV, P/F 10 MCG/0.3 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2026-27 (5-11Y) 0.3 ML VIAL OUTER, SUV, P/F 10 MCG/0.3 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2026-2027 (12YR UP) 0.2 ML SYRINGE SUV, P/F, INNER 10 MCG/0.2 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
MNEXSPIKE 2026-2027 (12YR UP) 0.2 ML SYRINGE SUV, P/F, OUTER 10 MCG/0.2 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2026-27 0.5 ML SYRINGE INNER, SUV, P/F 5 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2026-27 0.5 ML SYRINGE OUTER, SUV, P/F 5 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-27 (12YR UP) 0.5 ML SYRINGE SUV, P/F, INNER 50 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-27 (12YR UP) 0.5 ML SYRINGE SUV, P/F, OUTER 50 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-27 (6MO-11YR) 0.25 ML SYRINGE SUV, P/F, INNER 25 MCG/0.25 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2026-27 (6MO-11YR) 0.25 ML SYRINGE SUV, P/F, OUTER 25 MCG/0.25 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOL VIAL MDV,INNER 40-8-32 UNIT/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
IPOL VIAL MDV,OUTER 40-8-32 UNIT/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE P/F, INNER 2 ML	Non-PDL Brand	
ROTATEQ VACCINE P/F, OUTER 2 ML	Non-PDL Brand	
Gram Negative Cocci Vaccines		
BEXSERO PREFILLED SYRINGE INNER, SDV 50-50-50-25 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BEXSERO PREFILLED SYRINGE OUTER, SDV 50-50-50-25 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI VIAL INNER, SUV, P/F 10 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
MENQUADFI VIAL OUTER, SUV, P/F 10 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO 1 VIAL-A-C-Y-W-135-DIP INNER, SUV, P/F 10-5 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO 1 VIAL-A-C-Y-W-135-DIP OUTER, SUV, P/F 10-5 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W KIT (2 VIALS) P/F,OUTER,SUV 10-5 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA KIT OUTER 5-120 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA KIT OUTER, SUV 5-120 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENMENVY MEN A-B-C-W-Y KIT 0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA 120 MCG/0.5 ML VACCIN INNER,SUV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA 120 MCG/0.5 ML VACCIN OUTER,SUV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Positive Cocci Vaccines		
CAPVAXIVE 0.5 ML SYRINGE OUTER, SUV, P/F	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX 23 SYRINGE INNER,SUV 25 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX 23 SYRINGE OUTER,SUV 25 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 SYRINGE SUV, P/F, OUTER 0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE 0.5 ML SYRINGE SUV, P/F, OUTER	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
Influenza Virus Vaccines		
FLUAD 2026-2027 SYRINGE SUV, P/F, INNER 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUAD 2026-2027 SYRINGE SUV, P/F, OUTER 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2026-2027 SYRINGE INNER, SUV, P/F 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUARIX 2026-2027 SYRINGE OUTER, SUV, P/F 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2026-2027 SYRINGE SUV, P/F, INNER 135 MCG (45 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUBLOK 2026-2027 SYRINGE SUV, P/F, OUTER 135 MCG (45 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2026-2027 SYRINGE SUV, P/F, INNER 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUCELVAX 2026-2027 SYRINGE SUV, P/F, OUTER 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2026-2027 SYRINGE INNER, SUV, P/F 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLULAVAL 2026-2027 SYRINGE OUTER, SUV, P/F 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST 2026-2027 NASAL SPRAY OUTER 10EXP6.5-7.5 FF UNIT/0.2 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUMIST HOME 2026-2027 NASAL 10EXP6.5-7.5 FF UNIT/0.2 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 SYRINGE SUV, P/F, INNER 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 SYRINGE SUV, P/F, OUTER 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
FLUZONE 2026-2027 VIAL MUV, INNER 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE 2026-2027 VIAL MUV, OUTER 45 MCG (15 MCG X 3)/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2026-27 SYR SUV, P/F, INNER 180 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
FLUZONE HIGH-DOSE 2026-27 SYR SUV, P/F, OUTER 180 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Vaccine/Toxoid Preparations,Combinations		
ADACEL TDAP SYRINGE INNER, SDV,P/F 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL TDAP SYRINGE OUTER,SDV,P/F 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL TDAP VIAL P/F, INNER, SUV 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL TDAP VIAL P/F, OUTER, SUV 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP VACCINE SYRINGE INNER, SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
BOOSTRIX TDAP VACCINE SYRINGE TIP-LOK,OUTER,SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II VACCINE VIAL INNER, SUV, P/F 1,000-12,500 TCID50/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II VACCINE VIAL OUTER, SUV, P/F 1,000-12,500 TCID50/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX VIAL INNER, SUV, P/F 10EXP3.4-4.2- 3.3CCID50/0.5ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX VIAL OUTER, SUV, P/F 10EXP3.4-4.2- 3.3CCID50/0.5ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
TENIVAC SYRINGE P/F, INNER, SUV 5-2 LF UNIT/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC SYRINGE P/F, OUTER, SUV 5-2 LF UNIT/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC VIAL P/F, INNER, SUV 5 LF UNIT- 2 LF UNIT/0.5ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC VIAL P/F, OUTER, SUV 5 LF UNIT- 2 LF UNIT/0.5ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSVO ACT-O-VIAL INNER, SUV, P/F 120 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE; Age (Min 19 Years)
ABRYSVO ACT-O-VIAL OUTER, SUV, P/F 120 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE; Age (Min 19 Years)
AREXVY VIAL KIT 120 MCG/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE; Age (Min 60 Years)
ENGERIX-B 20 MCG/ML SYRN TIP-LOK, OUTER, SDV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B 20 MCG/ML SYRN TIP-LOK,INNER,SDV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B 20 MCG/ML VIAL ADULT,P/F,OUTER,SDV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGERIX-B 20 MCG/ML VIAL P/F,INNER,SDV,ADULT	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 SYRINGE P/F,INNER,SUV 0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 SYRINGE P/F,OUTER,SUV 0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 VIAL P/F, INNER, SDV 0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
GARDASIL 9 VIAL P/F, OUTER, SDV 0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX 1,440 UNIT/ML SYRINGE P/F,TIPLOK,INNER,SDV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX 1,440 UNIT/ML SYRINGE P/F,TIPLOK,OUTER,SDV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B 20 MCG/0.5 ML SYRNG SUV, P/F, INNER	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B 20 MCG/0.5 ML SYRNG SUV, P/F, OUTER	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA 50 MCG/0.5 ML SYRINGE OUTER, SUV, P/F	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB 10 MCG/ML SYR P/F,INNER,SUV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB 10 MCG/ML SYR P/F,OUTER,SUV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB 10 MCG/ML VIAL INNER, SUV, P/F	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB 10 MCG/ML VIAL OUTER, SUV, P/F	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB 40 MCG/ML VIAL INNER,P/F,SUV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB 40 MCG/ML VIAL OUTER,P/F,SUV	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX 50 MCG/0.5 ML SYRINGE SUV, P/F, INNER	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX 50 MCG/0.5 ML SYRINGE SUV, P/F, OUTER	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
TWINRIX VACCINE SYRINGE BIVALE,P/F,OUTER,SDV 720 ELISA UNIT-20 MCG/ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX VACCINE SYRINGE INNER, SDV 720 ELISA UNIT- 20 MCG/ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA 50 UNITS/ML SYRINGE P/F,INNER,SUV 50 UNIT/ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA 50 UNITS/ML SYRINGE P/F,OUTER,SUV 50 UNIT/ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA 50 UNITS/ML VIAL INNER,SDV,ADULT 50 UNIT/ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA 50 UNITS/ML VIAL OUTER,SDV,ADULT 50 UNIT/ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA 50 UNITS/ML VIAL SDV,ADULT,OUTER 50 UNIT/ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX VACCINE VIAL SDV, INNER 1,350 UNIT/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX VACCINE WITH DILUENT SDV, OUTER 1,350 UNIT/0.5 ML	Preventive	$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE 100 MCG/0.5 ML VIAL P/F, INNER, SUV	Non-PDL Brand	PA; SP
ACTIMMUNE 100 MCG/0.5 ML VIAL P/F, OUTER, SUV	Non-PDL Brand	PA; SP
ALFERON N 5 MILLION UNITS VIAL 5 MILLION UNIT/ML	Non-PDL Brand	
imiquimod 5% cream packet 12x0.25gm packet	Non-PDL Generic	
imiquimod 5% cream packet inner	Non-PDL Generic	
imiquimod 5% cream packet inner, single use	Non-PDL Generic	
imiquimod 5% cream packet outer	Non-PDL Generic	

Drug	Status	Notes
imiquimod 5% cream packet outer, single use	Non-PDL Generic	
imiquimod 5% cream packet outer,0.25gx24pkt	Non-PDL Generic	
Immunosuppressives		
ASTAGRAF XL 0.5 MG CAPSULE	PDL Non-Preferred Brand	PA
ASTAGRAF XL 1 MG CAPSULE	PDL Non-Preferred Brand	PA
ASTAGRAF XL 5 MG CAPSULE	PDL Non-Preferred Brand	PA
azathioprine 100 mg tablet	PDL Preferred Generic	
azathioprine 50 mg tablet	PDL Preferred Generic	
azathioprine 50 mg tablet inner	PDL Preferred Generic	
azathioprine 50 mg tablet outer	PDL Preferred Generic	
azathioprine 75 mg tablet	PDL Preferred Generic	
CELLCEPT 200 MG/ML ORAL SUSP	PDL Preferred Brand	
CELLCEPT 250 MG CAPSULE	PDL Non-Preferred Brand	PA
CELLCEPT 500 MG TABLET F/C	PDL Non-Preferred Brand	PA
cyclosporine 100 mg capsule	PDL Preferred Generic	

Drug	Status	Notes
cyclosporine 25 mg capsule	PDL Preferred Generic	
cyclosporine 25 mg capsule inner	PDL Preferred Generic	
cyclosporine 25 mg capsule outer	PDL Preferred Generic	
cyclosporine modified 100 mg	PDL Preferred Generic	
cyclosporine modified 100 mg inner	PDL Preferred Generic	
cyclosporine modified 100 mg outer	PDL Preferred Generic	
cyclosporine modified 100 mg/ml	PDL Preferred Generic	
cyclosporine modified 25 mg	PDL Preferred Generic	
cyclosporine modified 25 mg inner	PDL Preferred Generic	
cyclosporine modified 25 mg outer	PDL Preferred Generic	
cyclosporine modified 50 mg	PDL Preferred Generic	
cyclosporine modified 50 mg inner	PDL Preferred Generic	
cyclosporine modified 50 mg outer	PDL Preferred Generic	
ENVARSUS XR 0.75 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ENVARSUS XR 1 MG TABLET	PDL Non-Preferred Brand	PA
ENVARSUS XR 4 MG TABLET	PDL Non-Preferred Brand	PA
everolimus 0.25 mg tablet	PDL Non-Preferred Generic	PA
everolimus 0.25 mg tablet inner	PDL Non-Preferred Generic	PA
everolimus 0.25 mg tablet outer	PDL Non-Preferred Generic	PA
everolimus 0.5 mg tablet	PDL Non-Preferred Generic	PA
everolimus 0.5 mg tablet inner	PDL Non-Preferred Generic	PA
everolimus 0.5 mg tablet outer	PDL Non-Preferred Generic	PA
everolimus 0.75 mg tablet	PDL Non-Preferred Generic	PA
everolimus 0.75 mg tablet inner	PDL Non-Preferred Generic	PA
everolimus 0.75 mg tablet outer	PDL Non-Preferred Generic	PA
everolimus 1 mg tablet	PDL Non-Preferred Generic	PA
everolimus 1 mg tablet inner	PDL Non-Preferred Generic	PA
everolimus 1 mg tablet outer	PDL Non-Preferred Generic	PA

Drug	Status	Notes
GENGRAF 100 MG CAPSULE	PDL Non-Preferred Generic	PA
GENGRAF 25 MG CAPSULE	PDL Non-Preferred Generic	PA
IMURAN 50 MG TABLET	PDL Non-Preferred Brand	PA
mycophenolate 200 mg/ml susp	PDL Non-Preferred Generic	PA
mycophenolate 250 mg capsule	PDL Preferred Generic	
mycophenolate 500 mg tablet	PDL Preferred Generic	
mycophenolate 500 mg tablet f/c	PDL Preferred Generic	
mycophenolic acid dr 180 mg tb	PDL Non-Preferred Generic	PA
mycophenolic acid dr 180 mg tb f/c	PDL Non-Preferred Generic	PA
mycophenolic acid dr 180 mg tb inner	PDL Non-Preferred Generic	PA
mycophenolic acid dr 180 mg tb outer	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb enteric coated	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb enteric coated,inner	PDL Non-Preferred Generic	PA

Drug	Status	Notes
mycophenolic acid dr 360 mg tb enteric coated,outer	PDL Non-Preferred Generic	PA
mycophenolic acid dr 360 mg tb f/c	PDL Non-Preferred Generic	PA
MYFORTIC 180 MG TABLET	PDL Non-Preferred Brand	PA
MYFORTIC 360 MG TABLET	PDL Non-Preferred Brand	PA
MYHIBBIN 200 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA
NEORAL 100 MG GELATIN CAPSULE INNER, U-D	PDL Non-Preferred Brand	PA
NEORAL 100 MG GELATIN CAPSULE OUTER, U-D	PDL Non-Preferred Brand	PA
NEORAL 100 MG/ML SOLUTION	PDL Non-Preferred Brand	PA
NEORAL 25 MG GELATIN CAPSULE INNER, U-D	PDL Non-Preferred Brand	PA
NEORAL 25 MG GELATIN CAPSULE OUTER, U-D	PDL Non-Preferred Brand	PA
PROGRAF 0.2 MG GRANULE PACKET	Non-PDL Brand	
PROGRAF 0.5 MG CAPSULE	PDL Non-Preferred Brand	PA
PROGRAF 1 MG CAPSULE	PDL Non-Preferred Brand	PA
PROGRAF 1 MG GRANULE PACKET	Non-PDL Brand	
PROGRAF 5 MG CAPSULE	PDL Non-Preferred Brand	PA

Drug	Status	Notes
SANDIMMUNE 100 MG CAPSULE U-D, SANDOPAK,OUTER	PDL Non-Preferred Brand	PA
SANDIMMUNE 100 MG CAPSULE U-D,INNER	PDL Non-Preferred Brand	PA
SANDIMMUNE 25 MG CAPSULE U-D, SANDOPAK,OUTER	PDL Non-Preferred Brand	PA
SANDIMMUNE 25 MG CAPSULE U-D,INNER	PDL Non-Preferred Brand	PA
sirolimus 0.5 mg tablet	PDL Preferred Generic	
sirolimus 0.5 mg tablet f/c, inner	PDL Preferred Generic	
sirolimus 0.5 mg tablet f/c, outer	PDL Preferred Generic	
sirolimus 1 mg tablet	PDL Preferred Generic	
sirolimus 1 mg tablet inner	PDL Preferred Generic	
sirolimus 1 mg tablet outer	PDL Preferred Generic	
sirolimus 1 mg/ml solution	PDL Preferred Generic	
sirolimus 1 mg/ml solution inner	PDL Preferred Generic	
sirolimus 1 mg/ml solution outer	PDL Preferred Generic	
sirolimus 2 mg tablet	PDL Preferred Generic	

Drug	Status	Notes
tacrolimus 0.5 mg capsule (immediate release)	PDL Preferred Generic	90 DS
tacrolimus 0.5 mg capsule (immediate release) 10x10, outer	PDL Preferred Generic	90 DS
tacrolimus 0.5 mg capsule (immediate release) inner	PDL Preferred Generic	90 DS
tacrolimus 0.5 mg capsule (immediate release) u-d, 10x10, inner	PDL Preferred Generic	90 DS
tacrolimus 0.5 mg capsule (immediate release) u-d, 10x10, outer	PDL Preferred Generic	90 DS
tacrolimus 1 mg capsule (immediate release)	PDL Preferred Generic	
tacrolimus 1 mg capsule (immediate release) 10x10, outer	PDL Preferred Generic	
tacrolimus 1 mg capsule (immediate release) inner	PDL Preferred Generic	
tacrolimus 1 mg capsule (immediate release) u-d, 10x10, inner	PDL Preferred Generic	
tacrolimus 1 mg capsule (immediate release) u-d, 10x10, outer	PDL Preferred Generic	
tacrolimus 5 mg capsule (immediate release) 10x10, outer	PDL Preferred Generic	
tacrolimus 5 mg capsule (immediate release)	PDL Preferred Generic	
tacrolimus 5 mg capsule (immediate release) inner	PDL Preferred Generic	
tacrolimus 5 mg capsule (immediate release) u-d, 10x10, inner	PDL Preferred Generic	

Drug	Status	Notes
tacrolimus 5 mg capsule (immediate release) u-d, 10x10, outer	PDL Preferred Generic	
tacrolimus xl 0.5 mg capsule inner	Non-PDL Generic	
tacrolimus xl 0.5 mg capsule outer	Non-PDL Generic	
tacrolimus xl 1 mg capsule inner	Non-PDL Generic	
tacrolimus xl 1 mg capsule outer	Non-PDL Generic	
tacrolimus xl 5 mg capsule inner	Non-PDL Generic	
tacrolimus xl 5 mg capsule outer	Non-PDL Generic	
ZORTRESS 0.25 MG TABLET 6X10, U-D, INNER	PDL Non-Preferred Brand	PA
ZORTRESS 0.25 MG TABLET 6X10, U-D, OUTER	PDL Non-Preferred Brand	PA
ZORTRESS 0.5 MG TABLET 6X10, U-D, INNER	PDL Non-Preferred Brand	PA
ZORTRESS 0.5 MG TABLET 6X10, U-D, OUTER	PDL Non-Preferred Brand	PA
ZORTRESS 0.75 MG TABLET 6X10, U-D, INNER	PDL Non-Preferred Brand	PA
ZORTRESS 0.75 MG TABLET 6X10, U-D, OUTER	PDL Non-Preferred Brand	PA
ZORTRESS 1 MG TABLET INNER	PDL Non-Preferred Brand	PA
ZORTRESS 1 MG TABLET OUTER	PDL Non-Preferred Brand	PA
Rho Kinase Inhibitor		
REZUROCK 200 MG TABLET	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
sulfamethoxazole-tmp ds tablet 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	
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 250 mg/5 ml susp	PDL Preferred Generic	
cefadroxil 500 mg capsule (rx)	PDL Preferred Generic	
cefadroxil 500 mg/5 ml susp	PDL Preferred Generic	
cephalexin 125 mg/5 ml susp	PDL Preferred Generic	
cephalexin 250 mg capsule	PDL Preferred Generic	
cephalexin 250 mg capsule inner	PDL Preferred Generic	
cephalexin 250 mg capsule outer	PDL Preferred Generic	
cephalexin 250 mg tablet	PDL Non-Preferred Generic	PA

Drug	Status	Notes
cephalexin 250 mg/5 ml susp	PDL Preferred Generic	
cephalexin 500 mg capsule	PDL Preferred Generic	
cephalexin 500 mg capsule inner	PDL Preferred Generic	
cephalexin 500 mg capsule outer	PDL Preferred Generic	
cephalexin 500 mg tablet	PDL Non-Preferred Generic	PA
cephalexin 750 mg capsule	PDL Preferred Generic	
Cephalosporins - 2Nd Generation		
cefaclor 125 mg/5 ml susp	PDL Preferred Generic	
cefaclor 250 mg capsule	PDL Preferred Generic	
cefaclor 250 mg/5 ml susp	PDL Preferred Generic	
cefaclor 375 mg/5 ml suspen	PDL Preferred Generic	
cefaclor 500 mg capsule	PDL Preferred Generic	
cefaclor er 500 mg tablet film coated	PDL Non-Preferred Generic	PA
cefprozil 125 mg/5 ml susp	PDL Preferred Generic	
cefprozil 250 mg tablet	PDL Preferred Generic	

Drug	Status	Notes
cefprozil 250 mg tablet f/c	PDL Preferred Generic	
cefprozil 250 mg/5 ml susp	PDL Preferred Generic	
cefprozil 500 mg tablet	PDL Preferred Generic	
cefuroxime axetil 250 mg tab	PDL Preferred Generic	
cefuroxime axetil 250 mg tab f/c	PDL Preferred Generic	
cefuroxime axetil 250 mg tab inner	PDL Preferred Generic	
cefuroxime axetil 250 mg tab outer	PDL Preferred Generic	
cefuroxime axetil 500 mg tab f/c	PDL Preferred Generic	
cefuroxime axetil 500 mg tab inner	PDL Preferred Generic	
cefuroxime axetil 500 mg tab outer	PDL Preferred Generic	
Cephalosporins - 3Rd Generation		
cefdinir 125 mg/5 ml susp	PDL Preferred Generic	
cefdinir 250 mg/5 ml susp	PDL Preferred Generic	
cefdinir 300 mg capsule	PDL Preferred Generic	
cefdinir 300 mg capsule inner	PDL Preferred Generic	

Drug	Status	Notes
cefdinir 300 mg capsule outer	PDL Preferred Generic	
cefixime 100 mg/5 ml susp	PDL Non-Preferred Generic	PA
cefixime 200 mg/5 ml susp	PDL Non-Preferred Generic	PA
cefixime 400 mg capsule	PDL Preferred Generic	
cefixime 400 mg tablet	PDL Non-Preferred Generic	PA
cefpodoxime 100 mg tablet	PDL Preferred Generic	
cefpodoxime 100 mg/5 ml susp	PDL Non-Preferred Generic	PA
cefpodoxime 200 mg tablet	PDL Preferred Generic	
cefpodoxime 50 mg/5 ml susp	PDL Non-Preferred Generic	PA
SUPRAX 200 MG/5 ML SUSPENSION	PDL Non-Preferred Brand	PA
SUPRAX 500 MG/5 ML SUSPENSION	PDL Non-Preferred Brand	PA
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	PDL Non-Preferred Brand	PA
Chemotherapeutics, Antibacterial, Misc.		
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 mand 1 gm tablet 1 gram	Non-PDL Generic	

Drug	Status	Notes
methenamine mand 500 mg tablet 0.5 gram	Non-PDL Generic	
PRIMSOL 50 MG/5 ML ORAL SOLN	Non-PDL Brand	
trimethoprim 100 mg tablet	Non-PDL Generic	
URETRON D-S TABLET 81.6-10.8-40.8 MG	Non-PDL Brand	
URIBEL TABLET 81.6-0.12-10.8 MG	Non-PDL Brand	
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	
Macrolides		
azithromycin 1 gm pwd packet inner 1 gram	PDL Preferred Generic	
azithromycin 1 gm pwd packet outer 1 gram	PDL Preferred Generic	
azithromycin 100 mg/5 ml susp	PDL Preferred Generic	
azithromycin 200 mg/5 ml susp	PDL Preferred Generic	
azithromycin 250 mg tablet	PDL Preferred Generic	
azithromycin 250 mg tablet 3's	PDL Preferred Generic	
azithromycin 250 mg tablet inner	PDL Preferred Generic	
azithromycin 250 mg tablet outer	PDL Preferred Generic	
azithromycin 250 mg tablet u-d	PDL Preferred Generic	

Drug	Status	Notes
azithromycin 500 mg tablet 3's	PDL Preferred Generic	
azithromycin 500 mg tablet 3's, f/c	PDL Preferred Generic	
azithromycin 500 mg tablet	PDL Preferred Generic	
azithromycin 500 mg tablet f/c	PDL Preferred Generic	
azithromycin 500 mg tablet inner	PDL Preferred Generic	
azithromycin 500 mg tablet outer	PDL Preferred Generic	
azithromycin 600 mg tablet	PDL Preferred Generic	
azithromycin 600 mg tablet f/c	PDL Preferred Generic	
clarithromycin 125 mg/5 ml sus	PDL Non-Preferred Generic	PA
clarithromycin 250 mg tablet	PDL Preferred Generic	
clarithromycin 250 mg tablet f/c	PDL Preferred Generic	
clarithromycin 250 mg/5 ml sus	PDL Non-Preferred Generic	PA
clarithromycin 500 mg tablet	PDL Preferred Generic	
clarithromycin 500 mg tablet f/c	PDL Preferred Generic	

Drug	Status	Notes
clarithromycin 500 mg tablet f/c, inner	PDL Preferred Generic	
clarithromycin 500 mg tablet f/c, outer	PDL Preferred Generic	
clarithromycin er 500 mg tab	PDL Non-Preferred Generic	PA
clarithromycin er 500 mg tab f/c	PDL Non-Preferred Generic	PA
DIFICID 40 MG/ML SUSPENSION OUTER	Non-PDL Brand	QL (10 ML per 1 day)
E.E.S. 200 MG/5 ML SUSPENSION	PDL Non-Preferred Brand	PA
E.E.S. 200 MG/5 ML SUSPENSION GRANULES	PDL Non-Preferred Brand	PA
E.E.S. 200 MG/5 ML SUSPENSION GRANULES, CHERRY	PDL Non-Preferred Brand	PA
E.E.S. 400 MG TABLET	PDL Non-Preferred Generic	PA
ERYPED 200 MG/5 ML SUSPENSION	PDL Non-Preferred Brand	PA
ERYPED 400 MG/5 ML SUSPENSION	PDL Non-Preferred Brand	PA
ERY-TAB DR 250 MG TABLET	PDL Preferred Generic	
ERY-TAB DR 333 MG TABLET	PDL Non-Preferred Brand	PA
ERY-TAB DR 500 MG TABLET	PDL Preferred Generic	

Drug	Status	Notes
ERYTHROCIN 250 MG TABLET	PDL Non-Preferred Generic	PA
erythromycin 200 mg/5 ml susp	PDL Non-Preferred Generic	PA
erythromycin 250 mg tablet	PDL Preferred Generic	
erythromycin 400 mg/5 ml susp	PDL Non-Preferred Generic	PA
erythromycin 500 mg tablet	PDL Preferred Generic	
erythromycin dr 250 mg cap	PDL Non-Preferred Generic	PA
erythromycin dr 250 mg tablet	PDL Preferred Generic	
erythromycin dr 333 mg tablet	PDL Preferred Generic	
erythromycin dr 500 mg tablet	PDL Preferred Generic	
erythromycin es 400 mg tab	PDL Non-Preferred Generic	PA
fidaxomicin 200 mg tablet	Non-PDL Generic	QL (20 EA per 10 days)
ZITHROMAX 200 MG/5 ML SUSP	PDL Non-Preferred Brand	PA
ZITHROMAX 250 MG TABLET	PDL Non-Preferred Brand	PA
ZITHROMAX 250 MG Z-PAK TABLET 3'S	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ZITHROMAX 500 MG TABLET F/C	PDL Non-Preferred Brand	PA
ZITHROMAX TRI-PAK 500 MG TAB F/C, TRI-PAK, 3X3	PDL Non-Preferred Brand	PA
Nitrofuran Derivatives		
nitrofurantoin 25 mg/5 ml susp	Non-PDL Generic	PA
nitrofurantoin mcr 100 mg cap	Non-PDL Generic	
nitrofurantoin mcr 25 mg cap	Non-PDL Generic	
nitrofurantoin mcr 50 mg cap	Non-PDL Generic	
nitrofurantoin mono-mcr 100 mg	Non-PDL Generic	
Oxazolidinones		
linezolid 100 mg/5 ml susp	Non-PDL Generic	
linezolid 600 mg tablet	Non-PDL Generic	
linezolid 600 mg tablet f/c	Non-PDL Generic	
linezolid 600 mg tablet inner	Non-PDL Generic	
linezolid 600 mg tablet outer	Non-PDL Generic	
SIVEXTRO 200 MG TABLET	Non-PDL Brand	PA
SIVEXTRO 200 MG TABLET INNER	Non-PDL Brand	PA
SIVEXTRO 200 MG TABLET OUTER	Non-PDL Brand	PA
Penicillins		
amox-clav 200-28.5 mg tab chew	PDL Non-Preferred Generic	PA
amox-clav 200-28.5 mg/5 ml sus	PDL Preferred Generic	

Drug	Status	Notes
amox-clav 250-125 mg tablet	PDL Preferred Generic	
amox-clav 250-125 mg tablet f/c	PDL Preferred Generic	
amox-clav 250-62.5 mg/5 ml sus	PDL Preferred Generic	
amox-clav 400-57 mg tab chew	PDL Non-Preferred Generic	PA
amox-clav 400-57 mg/5 ml susp	PDL Preferred Generic	
amox-clav 500-125 mg tablet	PDL Preferred Generic	
amox-clav 500-125 mg tablet f/c	PDL Preferred Generic	
amox-clav 500-125 mg tablet inner	PDL Preferred Generic	
amox-clav 500-125 mg tablet outer	PDL Preferred Generic	
amox-clav 600-42.9 mg/5 ml sus	PDL Preferred Generic	
amox-clav 875-125 mg tablet	PDL Preferred Generic	
amox-clav 875-125 mg tablet f/c	PDL Preferred Generic	
amox-clav 875-125 mg tablet inner	PDL Preferred Generic	
amox-clav 875-125 mg tablet outer	PDL Preferred Generic	

Drug	Status	Notes
amox-clav er 1,000-62.5 mg tab	PDL Non-Preferred Generic	PA
amox-clav er 1,000-62.5 mg tab f/c, 10 day pack	PDL Non-Preferred Generic	PA
amox-clav er 1,000-62.5 mg tab f/c, 7 day pack	PDL Non-Preferred Generic	PA
amoxicillin 125 mg tab chew	Non-PDL Generic	
amoxicillin 125 mg/5 ml susp	Non-PDL Generic	
amoxicillin 200 mg/5 ml susp	Non-PDL Generic	
amoxicillin 250 mg capsule	Non-PDL Generic	
amoxicillin 250 mg capsule inner	Non-PDL Generic	
amoxicillin 250 mg capsule outer	Non-PDL Generic	
amoxicillin 250 mg tab chew	Non-PDL Generic	
amoxicillin 250 mg/5 ml susp	Non-PDL Generic	
amoxicillin 400 mg/5 ml susp	Non-PDL Generic	
amoxicillin 500 mg capsule	Non-PDL Generic	
amoxicillin 500 mg capsule inner	Non-PDL Generic	
amoxicillin 500 mg capsule outer	Non-PDL Generic	
amoxicillin 500 mg tablet	Non-PDL Generic	
amoxicillin 500 mg tablet f/c	Non-PDL Generic	
amoxicillin 875 mg tablet	Non-PDL Generic	
amoxicillin 875 mg tablet f/c	Non-PDL Generic	
ampicillin 500 mg capsule	Non-PDL Generic	

Drug	Status	Notes
AUGMENTIN 125-31.25 MG/5 ML	PDL Non-Preferred Brand	PA; QL (150 ML per 30 days)
AUGMENTIN ES-600 SUSPENSION 600-42.9 MG/5 ML	PDL Non-Preferred Brand	PA
dicloxacillin 250 mg capsule	Non-PDL Generic	
dicloxacillin 500 mg capsule	Non-PDL Generic	
penicillin vk 125 mg/5 ml soln	Non-PDL Generic	
penicillin vk 250 mg tablet	Non-PDL Generic	
penicillin vk 250 mg tablet f/c	Non-PDL Generic	
penicillin vk 250 mg/5 ml soln	Non-PDL Generic	
penicillin vk 500 mg tablet	Non-PDL Generic	
penicillin vk 500 mg tablet f/c	Non-PDL Generic	
Quinolones		
BAXDELA 450 MG TABLET	PDL Non-Preferred Brand	PA
BAXDELA 450 MG TABLET INNER	PDL Non-Preferred Brand	PA
BAXDELA 450 MG TABLET OUTER	PDL Non-Preferred Brand	PA
CIPRO 10% SUSPENSION 500 MG/5 ML	PDL Non-Preferred Brand	PA
CIPRO 250 MG TABLET F/C	PDL Non-Preferred Brand	PA
CIPRO 5% SUSPENSION 250 MG/5 ML	PDL Non-Preferred Brand	PA

Drug	Status	Notes
CIPRO 500 MG TABLET F/C	PDL Non-Preferred Brand	PA
ciprofloxacin 250 mg/5 ml susp	PDL Non-Preferred Generic	PA
ciprofloxacin 500 mg/5 ml susp	PDL Non-Preferred Generic	PA
ciprofloxacin hcl 100 mg tab	PDL Preferred Generic	
ciprofloxacin hcl 250 mg tab	PDL Preferred Generic	
ciprofloxacin hcl 250 mg tab f/c	PDL Preferred Generic	
ciprofloxacin hcl 500 mg tab	PDL Preferred Generic	
ciprofloxacin hcl 500 mg tab f/c	PDL Preferred Generic	
ciprofloxacin hcl 500 mg tab u-d,inner,f/c,10x10	PDL Preferred Generic	
ciprofloxacin hcl 500 mg tab u-d,outer,f/c,10x10	PDL Preferred Generic	
ciprofloxacin hcl 750 mg tab	PDL Preferred Generic	
ciprofloxacin hcl 750 mg tab f/c	PDL Preferred Generic	
levofloxacin 25 mg/ml solution 250 mg/10 ml	PDL Preferred Generic	
levofloxacin 250 mg tablet	PDL Preferred Generic	

Drug	Status	Notes
levofloxacin 250 mg tablet f/c	PDL Preferred Generic	
levofloxacin 500 mg tablet	PDL Preferred Generic	
levofloxacin 500 mg tablet f/c	PDL Preferred Generic	
levofloxacin 750 mg tablet	PDL Preferred Generic	
levofloxacin 750 mg tablet f/c	PDL Preferred Generic	
moxifloxacin hcl 400 mg tablet	PDL Non-Preferred Generic	PA
moxifloxacin hcl 400 mg tablet f/c	PDL Non-Preferred Generic	PA
moxifloxacin hcl 400 mg tablet f/c, inner	PDL Non-Preferred Generic	PA
moxifloxacin hcl 400 mg tablet f/c, outer	PDL Non-Preferred Generic	PA
ofloxacin 400 mg tablet	PDL Non-Preferred Generic	PA
Tetracyclines		
demeclocycline 150 mg tablet	Non-PDL Generic	
demeclocycline 150 mg tablet f/c	Non-PDL Generic	
demeclocycline 300 mg tablet	Non-PDL Generic	
demeclocycline 300 mg tablet f/c	Non-PDL Generic	
doxycycline 25 mg/5 ml susp	Non-PDL Generic	
doxycycline hyclate 100 mg cap	Non-PDL Generic	

Drug	Status	Notes
doxycycline hyclate 100 mg tab	Non-PDL Generic	
doxycycline hyclate 100 mg tab coated, inner	Non-PDL Generic	
doxycycline hyclate 100 mg tab coated, outer	Non-PDL Generic	
doxycycline hyclate 100 mg tab f/c	Non-PDL Generic	
doxycycline hyclate 50 mg cap	Non-PDL Generic	
doxycycline mono 100 mg cap	Non-PDL Generic	
doxycycline mono 100 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline mono 100 mg tablet f/c	Non-PDL Generic	QL (2 EA per 1 day)
doxycycline mono 150 mg tablet	Non-PDL Generic	
doxycycline mono 50 mg cap	Non-PDL Generic	
doxycycline mono 50 mg tablet	Non-PDL Generic	
doxycycline mono 75 mg tablet	Non-PDL Generic	
minocycline 100 mg capsule	Non-PDL Generic	
minocycline 50 mg capsule	Non-PDL Generic	
minocycline 75 mg capsule	Non-PDL Generic	
minocycline hcl 100 mg tablet	Non-PDL Generic	
minocycline hcl 50 mg tablet	Non-PDL Generic	
minocycline hcl 75 mg tablet	Non-PDL Generic	
MONDOXYNE NL 100 MG CAPSULE	Non-PDL Generic	
MORGIDOX 50 MG CAPSULE	Non-PDL Brand	
tetracycline 250 mg capsule	Non-PDL Generic	

Drug	Status	Notes
tetracycline 500 mg capsule	Non-PDL Generic	
Infectious Disease - Fungal		
Antifungal Agents		
ANCOBON 250 MG CAPSULE	PDL Non-Preferred Brand	PA
ANCOBON 500 MG CAPSULE	PDL Non-Preferred Brand	PA
clotrimazole 10 mg lozenge	Non-PDL Generic	
clotrimazole 10 mg troche	Non-PDL Generic	
CRESEMBA 186 MG CAPSULE OUTER	PDL Non-Preferred Brand	PA
DIFLUCAN 40 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA
fluconazole 10 mg/ml susp	PDL Preferred Generic	
fluconazole 100 mg tablet	PDL Preferred Generic	
fluconazole 100 mg tablet inner	PDL Preferred Generic	
fluconazole 100 mg tablet outer	PDL Preferred Generic	
fluconazole 150 mg tablet	PDL Preferred Generic	
fluconazole 150 mg tablet inner	PDL Preferred Generic	
fluconazole 150 mg tablet outer	PDL Preferred Generic	

Drug	Status	Notes
fluconazole 200 mg tablet	PDL Preferred Generic	
fluconazole 200 mg tablet inner	PDL Preferred Generic	
fluconazole 200 mg tablet outer	PDL Preferred Generic	
fluconazole 40 mg/ml susp	PDL Preferred Generic	
fluconazole 50 mg tablet	PDL Preferred Generic	
flucytosine 250 mg capsule	PDL Non-Preferred Generic	PA
flucytosine 500 mg capsule	PDL Non-Preferred Generic	PA
itraconazole 10 mg/ml solution	PDL Non-Preferred Generic	PA
itraconazole 100 mg capsule	PDL Non-Preferred Generic	PA
ketoconazole 200 mg tablet	PDL Non-Preferred Generic	PA
ORAVIG 50 MG BUCCAL TABLET	PDL Non-Preferred Brand	PA
posaconazole 200 mg/5 ml susp 200 mg/5 ml (40 mg/ml)	PDL Non-Preferred Generic	PA
posaconazole dr 100 mg tablet	PDL Non-Preferred Generic	PA
SPORANOX 100 MG CAPSULE	PDL Non-Preferred Brand	PA

Drug	Status	Notes
terbinafine hcl 250 mg tablet	PDL Preferred Generic	
TOLSURA 65 MG CAPSULE	PDL Non-Preferred Brand	PA
VFEND 40 MG/ML SUSPENSION 200 MG/5 ML (40 MG/ML)	PDL Non-Preferred Brand	PA
VIVJOA 150 MG CAPSULE	PDL Non-Preferred Brand	PA
voriconazole 200 mg tablet	PDL Preferred Generic	
voriconazole 200 mg tablet f/c	PDL Preferred Generic	
voriconazole 200 mg tablet inner	PDL Preferred Generic	
voriconazole 200 mg tablet outer	PDL Preferred Generic	
voriconazole 40 mg/ml susp 200 mg/5 ml (40 mg/ml)	PDL Non-Preferred Generic	PA
voriconazole 50 mg tablet	PDL Preferred Generic	
voriconazole 50 mg tablet f/c	PDL Preferred Generic	
voriconazole 50 mg tablet inner	PDL Preferred Generic	
voriconazole 50 mg tablet outer	PDL Preferred Generic	
Antifungal Antibiotics		
griseofulvin 125 mg/5 ml susp	PDL Non-Preferred Generic	PA

Drug	Status	Notes
griseofulvin micro 500 mg tab	PDL Non-Preferred Generic	PA
griseofulvin ultra 125 mg tab	PDL Non-Preferred Generic	PA
griseofulvin ultra 250 mg tab	PDL Non-Preferred Generic	PA
nystatin 100,000 unit/ml susp	PDL Preferred Generic	
nystatin 500,000 unit oral tab	PDL Non-Preferred Generic	PA
nystatin 500,000 unit oral tab oral	PDL Non-Preferred Generic	PA
Infectious Disease - Miscellaneous		
Aminoglycosides		
ARIKAYCE 590 MG/8.4 ML VIAL	PDL Non-Preferred Brand	PA; SP
BETHKIS 300 MG/4 ML AMPULE P/F	PDL Preferred Brand	SP
BETHKIS 300 MG/4 ML AMPULE P/F, INNER	PDL Preferred Brand	SP
BETHKIS 300 MG/4 ML AMPULE P/F, OUTER	PDL Preferred Brand	SP
KITABIS PAK 300 MG/5 ML	PDL Preferred Brand	SP
neomycin 500 mg tablet	Non-PDL Generic	
TOBI 300 MG/5 ML SOLUTION INNER	PDL Non-Preferred Brand	PA; SP
TOBI 300 MG/5 ML SOLUTION OUTER	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
TOBI PODHALER 28 MG INHALE CAP 1 DAY,W/DEVICE	PDL Non-Preferred Brand	PA; SP
TOBI PODHALER 28 MG INHALE CAP INNER	PDL Non-Preferred Brand	PA; SP
TOBI PODHALER 28 MG INHALE CAP OUTER	PDL Non-Preferred Brand	PA; SP
tobramycin 300 mg/4 ml ampule	PDL Non-Preferred Generic	PA; SP
tobramycin 300 mg/4 ml ampule inner	PDL Non-Preferred Generic	PA; SP
tobramycin 300 mg/4 ml ampule outer	PDL Non-Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule inner	PDL Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule outer	PDL Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule p/f	PDL Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule p/f, single use	PDL Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule single use,p/f,inner	PDL Preferred Generic	PA; SP
tobramycin 300 mg/5 ml ampule single use,p/f,outer	PDL Preferred Generic	PA; SP
tobramycin pak 300 mg/5 ml	PDL Non-Preferred Generic	PA; SP
Antibacterial Agents,Miscellaneous		
glycine 1.5% irrigation	Non-PDL Generic	

Drug	Status	Notes
Antileprotics		
dapsone 100 mg tablet	Non-PDL Generic	
dapsone 25 mg tablet	Non-PDL Generic	
THALOMID 100 MG CAPSULE	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
THALOMID 50 MG CAPSULE	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
Anti-Mycobacterium Agents		
ethambutol hcl 100 mg tablet	Non-PDL Generic	
ethambutol hcl 400 mg tablet	Non-PDL Generic	
ethambutol hcl 400 mg tablet f/c	Non-PDL Generic	
ethambutol hcl 400 mg tablet u-d, 10x10, inner	Non-PDL Generic	
ethambutol hcl 400 mg tablet u-d, 10x10, outer	Non-PDL Generic	
isoniazid 100 mg tablet	Non-PDL Generic	
isoniazid 300 mg tablet	Non-PDL Generic	
isoniazid 300 mg tablet u-d, 10x10, inner	Non-PDL Generic	
isoniazid 300 mg tablet u-d,10x10,outer	Non-PDL Generic	
isoniazid 50 mg/5 ml solution	Non-PDL Generic	
pyrazinamide 500 mg tablet	Non-PDL Generic	
rifabutin 150 mg capsule	Non-PDL Generic	
Antitubercular Antibiotics		
cycloserine 250 mg capsule	Non-PDL Generic	
cycloserine 250 mg capsule inner	Non-PDL Generic	
cycloserine 250 mg capsule outer	Non-PDL Generic	
pretomanid 200 mg tablet	Non-PDL Brand	QL (1 EA per 1 day)

Drug	Status	Notes
rifampin 150 mg capsule	Non-PDL Generic	
rifampin 300 mg capsule	Non-PDL Generic	
SIRTURO 100 MG TABLET	Non-PDL Brand	PA; SP
Lincosamides		
clindamycin (pedi) 75 mg/5 ml	Non-PDL Generic	
CLINDAMYCIN (PEDI) 75 MG/5 ML	Non-PDL Generic	
clindamycin hcl 150 mg capsule 10x10,u-d,inner	Non-PDL Generic	
clindamycin hcl 150 mg capsule 10x10,u-d,outer	Non-PDL Generic	
clindamycin hcl 150 mg capsule	Non-PDL Generic	
clindamycin hcl 150 mg capsule u-d,10x10	Non-PDL Generic	
clindamycin hcl 300 mg capsule 10x10,u-d,inner	Non-PDL Generic	
clindamycin hcl 300 mg capsule 10x10,u-d,outer	Non-PDL Generic	
clindamycin hcl 300 mg capsule	Non-PDL Generic	
clindamycin hcl 300 mg capsule outer	Non-PDL Generic	
clindamycin hcl 75 mg capsule	Non-PDL Generic	
Vancomycin And Derivatives		
vancomycin 25 mg/ml oral soln	Non-PDL Generic	QL (300 ML per 1 FILL)
vancomycin 25 mg/ml oral soln outer	Non-PDL Generic	QL (300 ML per 1 FILL)
vancomycin 250 mg/5 ml oral sol 50 mg/ml	Non-PDL Generic	QL (600 ML per 1 FILL)
vancomycin 50 mg/ml oral soln	Non-PDL Generic	QL (600 ML per 1 FILL)
vancomycin 50 mg/ml oral soln outer	Non-PDL Generic	QL (600 ML per 1 FILL)
vancomycin hcl 125 mg capsule	Non-PDL Generic	QL (77 EA per 28 FILLs)

Drug	Status	Notes
vancomycin hcl 125 mg capsule inner	Non-PDL Generic	QL (77 EA per 28 FILLs)
vancomycin hcl 125 mg capsule outer	Non-PDL Generic	QL (77 EA per 28 FILLs)
vancomycin hcl 250 mg capsule	Non-PDL Generic	QL (112 EA per 1 FILL)
vancomycin hcl 250 mg capsule inner	Non-PDL Generic	QL (112 EA per 1 FILL)
vancomycin hcl 250 mg capsule outer	Non-PDL Generic	QL (112 EA per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
tinidazole 250 mg tablet	Non-PDL Generic	
tinidazole 500 mg tablet	Non-PDL Generic	
Anaerobic Antiprotozoal-Antibacterial Agents		
metronidazole 250 mg tablet	Non-PDL Generic	
metronidazole 250 mg tablet f/c	Non-PDL Generic	
metronidazole 250 mg tablet outer	Non-PDL Generic	
metronidazole 375 mg capsule	Non-PDL Generic	
metronidazole 500 mg tablet	Non-PDL Generic	
metronidazole 500 mg tablet f/c	Non-PDL Generic	
metronidazole 500 mg tablet outer	Non-PDL Generic	
Anthelmintics		
albendazole 200 mg tablet	Non-PDL Generic	
CVS PINWORM TREATMENT 50 MG/ML	Non-PDL Generic	OTC
EMVERM 100 MG TABLET CHEW	Non-PDL Brand	PA
FT PINWORM TREATMENT 50 MG/ML	Non-PDL Generic	OTC

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

Drug	Status	Notes
hydroxychloroquine 200 mg tab u-d,10x10,outer	Non-PDL Generic	QL (100 EA per 30 days)
KRINTAFEL 150 MG TABLET	Non-PDL Brand	QL (2 EA per 1 FILL)
mefloquine hcl 250 mg tablet	Non-PDL Generic	
mefloquine hcl 250 mg tablet inner	Non-PDL Generic	
mefloquine hcl 250 mg tablet outer	Non-PDL Generic	
primaquine 26.3 mg tablet 26.3 mg (15 mg base)	Non-PDL Brand	
pyrimethamine 25 mg tablet	Non-PDL Generic	PA; SP
quinine sulfate 324 mg capsule	Non-PDL Generic	
Antiprotozoal Drugs,Miscellaneous		
atovaquone 750 mg/5 ml susp	Non-PDL Generic	
atovaquone 750 mg/5 ml susp cup outer	Non-PDL Generic	
atovaquone 750 mg/5 ml susp inner	Non-PDL Generic	
atovaquone 750 mg/5 ml susp outer	Non-PDL Generic	
atovaquone 750 mg/5 ml suspension cup inner	Non-PDL Generic	
atovaquone 750 mg/5 ml suspension cup outer	Non-PDL Generic	
IMPAVIDO 50 MG CAPSULE	Non-PDL Brand	PA; SP
NEBUPENT 300 MG INHAL POWDER	Non-PDL Brand	
pentamidine 300 mg inhal powdr	Non-PDL Generic	
pentamidine 300 mg inhal powdr inner	Non-PDL Generic	
pentamidine 300 mg inhal powdr outer	Non-PDL Generic	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA 300 MG TABLET	Non-PDL Brand	PA; SP

Drug	Status	Notes
SUNLENCA 463.5 MG/1.5 ML VIAL OUTER, SUV 309 MG/ML	Non-PDL Brand	PA; SP
SUNLENCA 5- 300 MG TABLET	Non-PDL Brand	PA; SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA 50-25 MG TABLET	Non-PDL Brand	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO 50-300 MG TABLET	Non-PDL Brand	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA 800-150-200-10 MG TAB	Non-PDL Brand	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID 150-100 MG DOSE PACK (MODERATE RENAL DOSE) INNER 150 MG (10)- 100 MG (10)	PDL Preferred Brand	Age (Min 12 Years)
PAXLOVID 150-100 MG DOSE PACK (MODERATE RENAL DOSE) OUTER 150 MG (10)- 100 MG (10)	PDL Preferred Brand	Age (Min 12 Years)
PAXLOVID 300/150-100 MG DOSE PACK (SEVERE RENAL DOSE) 150 MG (6)- 100 MG (5)	PDL Preferred Brand	Age (Min 12 Years)
PAXLOVID 300-100 MG DOSE PACK INNER 300 MG (150 MG X 2)-100 MG	PDL Preferred Brand	QL (30 EA per 28 days); Age (Min 12 Years)
PAXLOVID 300-100 MG DOSE PACK OUTER 300 MG (150 MG X 2)-100 MG	PDL Preferred Brand	QL (30 EA per 28 days); Age (Min 12 Years)
XOCOVA 125 MG TABLET	Non-PDL Brand	QL (7 EA per 28 days); Age (Min 12 Years)
Antiviral Nucleotide Analogs		
LAGEVRIO 200 MG CAP (EUA)	Non-PDL Generic	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
acyclovir 200 mg capsule	PDL Preferred Generic	90 DS

Drug	Status	Notes
acyclovir 200 mg/5 ml susp	PDL Preferred Generic	
acyclovir 400 mg tablet	PDL Preferred Generic	90 DS
acyclovir 800 mg tablet	PDL Preferred Generic	90 DS
famciclovir 125 mg tablet	PDL Non-Preferred Generic	PA
famciclovir 125 mg tablet f/c	PDL Non-Preferred Generic	PA
famciclovir 250 mg tablet	PDL Non-Preferred Generic	PA
famciclovir 250 mg tablet f/c	PDL Non-Preferred Generic	PA
famciclovir 500 mg tablet	PDL Non-Preferred Generic	PA
famciclovir 500 mg tablet f/c	PDL Non-Preferred Generic	PA
famciclovir 500 mg tablet f/c,inner	PDL Non-Preferred Generic	PA
famciclovir 500 mg tablet f/c,outer	PDL Non-Preferred Generic	PA
oseltamivir 6 mg/ml suspension	PDL Preferred Generic	
oseltamivir phos 30 mg capsule	PDL Preferred Generic	
oseltamivir phos 45 mg capsule	PDL Preferred Generic	

Drug	Status	Notes
oseltamivir phos 75 mg capsule	PDL Preferred Generic	
oseltamivir phos 75 mg capsule outer	PDL Preferred Generic	
RELENZA 5 MG DISKHALER 5 MG/ACTUATION	PDL Preferred Brand	QL (40 EA per 180 FILLs)
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	
TAMIFLU 45 MG CAPSULE	PDL Non-Preferred Brand	PA
TAMIFLU 6 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA
TAMIFLU 75 MG CAPSULE	PDL Non-Preferred Brand	PA
TEMBEXA 10 MG/ML SUSPENSION	Non-PDL Brand	
TEMBEXA 100 MG TABLET	Non-PDL Brand	
valacyclovir hcl 1 gram tablet	PDL Preferred Generic	90 DS
valacyclovir hcl 1 gram tablet f/c	PDL Preferred Generic	90 DS
valacyclovir hcl 1 gram tablet f/c, inner	PDL Preferred Generic	90 DS
valacyclovir hcl 1 gram tablet f/c, outer	PDL Preferred Generic	90 DS
valacyclovir hcl 500 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
valacyclovir hcl 500 mg tablet f/c	PDL Preferred Generic	90 DS
valacyclovir hcl 500 mg tablet u/d,inner,f/c	PDL Preferred Generic	90 DS
valacyclovir hcl 500 mg tablet u-d,outer,5x6,f/c	PDL Preferred Generic	90 DS
valganciclovir 450 mg tablet	Non-PDL Generic	
valganciclovir 450 mg tablet f/c	Non-PDL Generic	
valganciclovir 450 mg tablet f/c, inner	Non-PDL Generic	
valganciclovir 450 mg tablet f/c, outer	Non-PDL Generic	
VALTREX 1 GRAM CAPLET CAPLET,F/C	PDL Non-Preferred Brand	PA
VALTREX 1 GRAM CAPLET F/C,CAPLET	PDL Non-Preferred Brand	PA
VALTREX 500 MG CAPLET CAPLET, F/C	PDL Non-Preferred Brand	PA
VALTREX 500 MG CAPLET CAPLET,F/C	PDL Non-Preferred Brand	PA
XOFLUZA 40 MG TABLET	PDL Non-Preferred Brand	PA; QL (4 EA per 180 days)
XOFLUZA 80 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS 250 MG CAPSULE	Non-PDL Brand	QL (4 EA per 1 day)
darunavir 600 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
darunavir 800 mg tablet	Non-PDL Generic	QL (1 EA per 1 day)

Drug	Status	Notes
PREZCOBIX 675 MG-150 MG TABLET 675-150 MG	Non-PDL Brand	QL (1 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	Non-PDL Brand	QL (400 ML per 30 days)
PREZISTA 150 MG TABLET	Non-PDL Brand	QL (8 EA per 1 day)
PREZISTA 75 MG TABLET	Non-PDL Brand	QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO 300-300 MG TABLET	Non-PDL Brand	QL (1 EA per 1 day)
DESCOVY 120-15 MG TABLET	Non-PDL Brand	QL (1 EA per 1 day)
DESCOVY 200-25 MG TABLET	Preventive	$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
emtricitabine-tenofovir disoproxil fumarate 100-150 mg tab	Non-PDL Generic	QL (1 EA per 1 day)
emtricitabine-tenofovir disoproxil fumarate 133-200 mg tab	Non-PDL Generic	QL (1 EA per 1 day)
emtricitabine-tenofovir disoproxil fumarate 167-250 mg tab	Non-PDL Generic	QL (1 EA per 1 day)
emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab	Preventive	$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
abacavir-lamivudine 600-300 mg	Non-PDL Generic	QL (1 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.		
maraviroc 150 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
maraviroc 300 mg tablet	Non-PDL Generic	QL (4 EA per 1 day)

Drug	Status	Notes
SELZENTRY 20 MG/ML ORAL SOLN OUTER	Non-PDL Brand	QL (31 ML per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ER 600 MG TABLET	Non-PDL Brand	PA
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT 25 MG TABLET	Non-PDL Brand	QL (1 EA per 1 day)
EDURANT PED 2.5 MG TAB FOR SUSP INNER	Non-PDL Brand	QL (180 EA per 30 days)
EDURANT PED 2.5 MG TAB FOR SUSP OUTER	Non-PDL Brand	QL (180 EA per 30 days)
efavirenz 600 mg tablet	Non-PDL Generic	
etravirine 100 mg tablet	Non-PDL Generic	QL (4 EA per 1 day)
etravirine 200 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
INTELENCE 25 MG TABLET	Non-PDL Brand	QL (4 EA per 1 day)
nevirapine 200 mg tablet	Non-PDL Generic	90 DS; QL (2 EA per 1 day)
nevirapine 50 mg/5 ml susp	Non-PDL Generic	QL (1200 ML per 30 days)
nevirapine er 400 mg tablet	Non-PDL Generic	QL (1 EA per 1 day)
PIFELTRO 100 MG TABLET	Non-PDL Brand	QL (2 EA per 1 day)
rilpivirine 25 mg tablet	Non-PDL Generic	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
abacavir 20 mg/ml solution	Non-PDL Generic	QL (960 ML per 30 days)
abacavir 300 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet coated	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet f/c	Non-PDL Generic	QL (2 EA per 1 day)

Drug	Status	Notes
abacavir 300 mg tablet f/c,u-d,5x10,outer	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet f/c,u-d,inner	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet u-d, 3x10,inner,f/c	Non-PDL Generic	QL (2 EA per 1 day)
abacavir 300 mg tablet u-d, 3x10,outer,f/c	Non-PDL Generic	QL (2 EA per 1 day)
emtricitabine 200 mg capsule	Preventive	$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
EMTRIVA 10 MG/ML SOLUTION	Non-PDL Brand	QL (850 ML per 30 days)
lamivudine 10 mg/ml oral soln	Non-PDL Generic	QL (960 ML per 30 days)
lamivudine 150 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
lamivudine 150 mg tablet f/c	Non-PDL Generic	QL (2 EA per 1 day)
lamivudine 300 mg tablet	Non-PDL Generic	QL (1 EA per 1 day)
lamivudine 300 mg tablet f/c	Non-PDL Generic	QL (1 EA per 1 day)
zidovudine 100 mg capsule usp	Non-PDL Generic	QL (6 EA per 1 day)
zidovudine 300 mg tablet f/c	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	Preventive	$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VIREAD 150 MG TABLET	Non-PDL Brand	QL (1 EA per 1 day)
VIREAD 200 MG TABLET	Non-PDL Brand	QL (1 EA per 1 day)
VIREAD 250 MG TABLET	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)

Drug	Status	Notes
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
lopinavir-ritonavr 100-25 mg tb	Non-PDL Generic	QL (10 EA per 1 day)
lopinavir-ritonavr 200-50 mg tb	Non-PDL Generic	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors		
atazanavir sulfate 150 mg cap	Non-PDL Generic	QL (2 EA per 1 day)
atazanavir sulfate 200 mg cap	Non-PDL Generic	QL (2 EA per 1 day)
atazanavir sulfate 300 mg cap	Non-PDL Generic	QL (1 EA per 1 day)
EVOTAZ 300 MG-150 MG TABLET 300-150 MG	Non-PDL Brand	QL (1 EA per 1 day)
fosamprenavir 700 mg tablet	Non-PDL Generic	QL (4 EA per 1 day)
NORVIR 100 MG POWDER PACKET	Non-PDL Brand	QL (12 EA per 1 day)
REYATAZ 50 MG POWDER PACKET	Non-PDL Brand	QL (5 EA per 1 day)
ritonavir 100 mg tablet	Non-PDL Generic	QL (12 EA per 1 day)
VIRACEPT 250 MG TABLET	Non-PDL Brand	
VIRACEPT 625 MG TABLET	Non-PDL Brand	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
APRETUDE ER 600 MG/3 ML VIAL INNER, SUV 600 MG/3 ML (200 MG/ML)	Preventive	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
APRETUDE ER 600 MG/3 ML VIAL OUTER, SUV 600 MG/3 ML (200 MG/ML)	Preventive	$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS 100 MG POWDER PACKET INNER	Non-PDL Brand	QL (2 EA per 1 day)
ISENTRESS 100 MG POWDER PACKET OUTER	Non-PDL Brand	QL (2 EA per 1 day)

Drug	Status	Notes
ISENTRESS 100 MG TABLET CHEW	Non-PDL Brand	QL (6 EA per 1 day)
ISENTRESS 25 MG TABLET CHEW	Non-PDL Brand	QL (24 EA per 1 day)
ISENTRESS 400 MG TABLET	Non-PDL Brand	QL (2 EA per 1 day)
ISENTRESS HD 600 MG TABLET	Non-PDL Brand	QL (2 EA per 1 day)
TIVICAY 50 MG TABLET	Non-PDL Brand	QL (2 EA per 1 day)
TIVICAY PD 5 MG TAB FOR SUSP	Non-PDL Brand	QL (6 EA per 1 day)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
DELSTRIGO 100-300-300 MG TAB	Non-PDL Brand	QL (1 EA per 1 day)
efavirenz-emtricitabine-tenofov disop fum 600-200-300 mg tab	Non-PDL Generic	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir disop fum 400-300-300 mg tab	Non-PDL Generic	QL (1 EA per 1 day)
efavirenz-lamivudine-tenofovir disop fum 600-300-300 mg tab	Non-PDL Generic	QL (1 EA per 1 day)
emtricitabine-rilpivirine-tenofovir dis fum 200-25-300 mg tb	Non-PDL Brand	QL (1 EA per 1 day)
ODEFSEY TABLET 200-25-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY 30-120-15 MG TABLET	Non-PDL Brand	QL (1 EA per 1 day)
BIKTARVY 50-200-25 MG TABLET	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	Non-PDL Brand	QL (1 EA per 1 day)
TRIUMEQ PD 60-5-30 MG TAB SUSP INNER	Non-PDL Brand	QL (6 EA per 1 day)
TRIUMEQ PD 60-5-30 MG TAB SUSP OUTER	Non-PDL Brand	QL (6 EA per 1 day)

Drug	Status	Notes
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI 400-100-100 MG TABLET	PDL Non-Preferred Brand	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		
EPCLUSA 150-37.5 MG PELLET PKT INNER	PDL Non-Preferred Brand	PA; SP
EPCLUSA 150-37.5 MG PELLET PKT OUTER	PDL Non-Preferred Brand	PA; SP
EPCLUSA 200 MG-50 MG TABLET 200-50 MG	PDL Non-Preferred Brand	PA; SP
EPCLUSA 200-50 MG PELLET PACK INNER	PDL Non-Preferred Brand	PA; SP
EPCLUSA 200-50 MG PELLET PACK OUTER	PDL Non-Preferred Brand	PA; SP
EPCLUSA 400 MG-100 MG TABLET 400-100 MG	PDL Non-Preferred Brand	PA; SP
HARVONI 33.75-150 MG PELLET PK OUTER	PDL Non-Preferred Brand	PA; SP
HARVONI 45-200 MG PELLET PACKT OUTER	PDL Non-Preferred Brand	PA; SP
HARVONI 45-200 MG TABLET	PDL Non-Preferred Brand	PA; SP
HARVONI 90-400 MG TABLET	PDL Non-Preferred Brand	PA; SP
ledipasvir-sofosbuvir 90-400 mg	PDL Non-Preferred Generic	PA; SP
sofosbuvir-velpatasvir 400-100 400-100 mg	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI 150 MG PELLET PACKET OUTER	PDL Non-Preferred Brand	PA; SP
SOVALDI 200 MG PELLET PACKET OUTER	PDL Non-Preferred Brand	PA; SP
SOVALDI 200 MG TABLET	PDL Non-Preferred Brand	PA; SP
SOVALDI 400 MG TABLET	PDL Non-Preferred Brand	PA; SP
Hepatitis B Treatment Agents		
adefovir dipivoxil 10 mg tab	PDL Non-Preferred Generic	PA; SP; QL (1 EA per 1 day)
BARACLUDE 0.05 MG/ML SOLUTION	PDL Preferred Brand	SP; QL (630 ML per 30 days)
BARACLUDE 0.5 MG TABLET F/C	PDL Non-Preferred Brand	PA; SP; QL (1 EA per 1 day)
BARACLUDE 1 MG TABLET	PDL Non-Preferred Brand	PA; SP; QL (1 EA per 1 day)
entecavir 0.5 mg tablet	PDL Preferred Generic	SP; QL (1 EA per 1 day)
entecavir 0.5 mg tablet f/c	PDL Preferred Generic	SP; QL (1 EA per 1 day)
entecavir 1 mg tablet	PDL Preferred Generic	SP; QL (1 EA per 1 day)
lamivudine hbv 100 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
VEMLIDY 25 MG TABLET	PDL Non-Preferred Brand	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
Hepatitis C Treatment Agents		
PEGASYS 180 MCG/0.5 ML SYRINGE SUV, P/F, INNER	PDL Preferred Brand	SP
PEGASYS 180 MCG/0.5 ML SYRINGE SUV, P/F, OUTER	PDL Preferred Brand	SP
PEGASYS 180 MCG/ML VIAL SUV, P/F	PDL Preferred Brand	PA; SP
ribavirin 200 mg capsule	PDL Preferred Generic	
ribavirin 200 mg tablet f/c	PDL Preferred Generic	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET 100-40 MG TABLET	PDL Preferred Brand	SP
MAVYRET 50-20 MG PELLET PACKET	PDL Preferred Brand	SP
ZEPATIER 50-100 MG TABLET INNER	PDL Non-Preferred Brand	PA; SP
ZEPATIER 50-100 MG TABLET OUTER	PDL Non-Preferred Brand	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
penicillamine 250 mg tablet	Non-PDL Generic	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
RASUVO 10 MG/0.2 ML AUTOINJ P/F,INNER, SUV	Non-PDL Brand	QL (0.8 ML per 28 days)
RASUVO 10 MG/0.2 ML AUTOINJ P/F,OUTER, SUV	Non-PDL Brand	QL (0.8 ML per 28 days)
RASUVO 12.5 MG/0.25 ML AUTOINJ P/F, INNER, SUV	Non-PDL Brand	QL (1 ML per 28 days)
RASUVO 12.5 MG/0.25 ML AUTOINJ P/F, OUTER, SUV	Non-PDL Brand	QL (1 ML per 28 days)

Drug	Status	Notes
RASUVO 15 MG/0.3 ML AUTOINJ P/F,INNER,SUV	Non-PDL Brand	QL (1.2 ML per 28 days)
RASUVO 15 MG/0.3 ML AUTOINJ P/F,OUTER,SUV	Non-PDL Brand	QL (1.2 ML per 28 days)
RASUVO 17.5 MG/0.35 ML AUTOINJ P/F,INNER,SUV	Non-PDL Brand	QL (1.4 ML per 28 days)
RASUVO 17.5 MG/0.35 ML AUTOINJ P/F,OUTER,SUV	Non-PDL Brand	QL (1.4 ML per 28 days)
RASUVO 20 MG/0.4 ML AUTOINJ P/F,INNER,SUV	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO 20 MG/0.4 ML AUTOINJ P/F,OUTER,SUV	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO 22.5 MG/0.45 ML AUTOINJ P/F,INNER,SUV	Non-PDL Brand	QL (1.8 ML per 28 days)
RASUVO 22.5 MG/0.45 ML AUTOINJ P/F,OUTER, SUV	Non-PDL Brand	QL (1.8 ML per 28 days)
RASUVO 25 MG/0.5 ML AUTOINJ P/F,INNER,SUV	Non-PDL Brand	QL (2 ML per 28 days)
RASUVO 25 MG/0.5 ML AUTOINJ P/F,OUTER,SUV	Non-PDL Brand	QL (2 ML per 28 days)
RASUVO 30 MG/0.6 ML AUTOINJ P/F,INNER,SUV	Non-PDL Brand	QL (2.4 ML per 28 days)
RASUVO 30 MG/0.6 ML AUTOINJ P/F,OUTER,SUV	Non-PDL Brand	QL (2.4 ML per 28 days)
RASUVO 7.5 MG/0.15 ML AUTOINJ P/F,INNER,SUV	Non-PDL Brand	QL (0.6 ML per 28 days)
RASUVO 7.5 MG/0.15 ML AUTOINJ P/F,OUTER,SUV	Non-PDL Brand	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST 220 MG VIAL	PDL Non-Preferred Brand	PA; SP
KINERET 100 MG/0.67 ML SYRINGE P/F, INNER, SUV	PDL Non-Preferred Brand	PA; SP
KINERET 100 MG/0.67 ML SYRINGE P/F, OUTER, SUV	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
ABRILADA(CF) 20 MG/0.4 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
ABRILADA(CF) 40 MG/0.8 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
ABRILADA(CF) PEN 40 MG/0.8 ML (2 PACK) 2 PEN/BOX, SUV, P/F	PDL Non-Preferred Brand	PA; SP
ABRILADA(CF) PEN 40 MG/0.8 ML SUV, P/F	PDL Non-Preferred Brand	PA; SP
adalimumab-aacf(cf) 40 mg/0.8 ml syringe (2 pack)	PDL Non-Preferred Brand	PA; SP
adalimumab-aacf(cf) pen 40 mg/0.8 ml (2 pack)	PDL Non-Preferred Brand	PA; SP
ADALIMUMAB-AACF(CF) PEN CROHN'S-UC-HS 40 MG/0.8 ML (6 PACK)	PDL Non-Preferred Brand	PA; SP
ADALIMUMAB-AACF(CF) PEN PSORIASIS-UV 40 MG/0.8 ML (4 PACK)	PDL Non-Preferred Brand	PA; SP
adalimumab-aaty(cf) 20 mg/0.2 ml syringe	PDL Non-Preferred Brand	PA; SP
adalimumab-aaty(cf) 40 mg/0.4 ml autoinjector	PDL Non-Preferred Brand	PA; SP
adalimumab-aaty(cf) 40 mg/0.4 ml syringe	PDL Non-Preferred Brand	PA; SP
adalimumab-aaty(cf) 80 mg/0.8 ml autoinjector	PDL Non-Preferred Brand	PA; SP
ADALIMUMAB-AATY(CF) AUTOINJ CROHN'S-UC-HS START 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
adalimumab-adaz(cf) 10 mg/0.1 ml syringe outer, suv, p/f	PDL Non-Preferred Brand	PA; SP
adalimumab-adaz(cf) 40 mg/0.4 ml syringe	PDL Non-Preferred Brand	PA; SP
adalimumab-adaz(cf) pen 40 mg/0.4 ml	PDL Non-Preferred Brand	PA; SP
adalimumab-adaz(cf) pen 80 mg/0.8 ml outer, p/f, suv	PDL Non-Preferred Brand	PA; SP
adalimumab-adbm(cf) 10 mg/0.2 ml syringe	PDL Preferred Brand	PA; SP; Boehringer Preferred
adalimumab-adbm(cf) 20 mg/0.4 ml syringe	PDL Preferred Brand	PA; SP; Boehringer Preferred
adalimumab-adbm(cf) 40 mg/0.4 ml syringe	PDL Non-Preferred Brand	PA; SP
adalimumab-adbm(cf) 40 mg/0.4 ml syringe	PDL Preferred Brand	PA; SP; Boehringer Preferred
adalimumab-adbm(cf) 40 mg/0.8 ml syringe	PDL Non-Preferred Brand	PA; SP
adalimumab-adbm(cf) 40 mg/0.8 ml syringe	PDL Preferred Brand	PA; SP; Boehringer Preferred
adalimumab-adbm(cf) pen 40 mg/0.4 ml	PDL Non-Preferred Brand	PA; SP
adalimumab-adbm(cf) pen 40 mg/0.4 ml	PDL Preferred Brand	PA; SP; Boehringer Preferred
adalimumab-adbm(cf) pen 40 mg/0.8 ml	PDL Non-Preferred Brand	PA; SP
adalimumab-adbm(cf) pen 40 mg/0.8 ml	PDL Preferred Brand	PA; SP; Boehringer Preferred

Drug	Status	Notes
adalimumab-fkjp(cf) 20 mg/0.4 ml syringe suv, p/f	PDL Non-Preferred Brand	PA; SP
adalimumab-fkjp(cf) 40 mg/0.8 ml syringe suv, p/f	PDL Non-Preferred Brand	PA; SP
adalimumab-fkjp(cf) pen 40 mg/0.8 ml suv, p/f	PDL Non-Preferred Brand	PA; SP
adalimumab-ryvk(cf) 40 mg/0.4 ml autoinjector suv	PDL Non-Preferred Generic	PA; SP
adalimumab-ryvk(cf) 40 mg/0.4 ml autoinjector suv, p/f, outer	PDL Non-Preferred Brand	PA; SP
adalimumab-ryvk(cf) 40 mg/0.4 ml autoinjector suv, p/f, outer	PDL Non-Preferred Generic	PA; SP
adalimumab-ryvk(cf) 40 mg/0.4 ml syringe	PDL Non-Preferred Generic	PA; SP
adalimumab-ryvk(cf) 80 mg/0.8 ml autoinjector suv, p/f, outer	PDL Non-Preferred Brand	PA; SP
adalimumab-ryvk(cf) 80 mg/0.8 ml autoinjector suv, p/f, outer	PDL Non-Preferred Generic	PA; SP
AMJEVITA(CF) 10 MG/0.2 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 20 MG/0.2 ML SYRING	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 40 MG/0.4 ML AUTOINJECTOR SUV, P/F	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 40 MG/0.4 ML AUTOINJECTOR SUV, P/F, INNER	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 40 MG/0.4 ML AUTOINJECTOR SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
AMJEVITA(CF) 40 MG/0.4 ML SYRING SUV, P/F	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 40 MG/0.4 ML SYRING SUV, P/F, INNER	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 40 MG/0.4 ML SYRING SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 40 MG/0.8 ML AUTOINJECTOR SUV, P/F	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 40 MG/0.8 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 80 MG/0.8 ML AUTOINJECTOR SUV, P/F	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 80 MG/0.8 ML AUTOINJECTOR SUV, P/F, INNER	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) 80 MG/0.8 ML AUTOINJECTOR SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP
CDV HUMIRA(CF) 10 MG/0.1 ML SYR	PDL Non-Preferred Brand	PA; SP
CDV HUMIRA(CF) 20 MG/0.2 ML SYR	PDL Non-Preferred Brand	PA; SP
CDV HUMIRA(CF) 40 MG/0.4 ML SYR	PDL Non-Preferred Brand	PA; SP
CDV HUMIRA(CF) PEN 40 MG/0.4 ML SUV, P/F	PDL Non-Preferred Brand	PA; SP
CDV HUMIRA(CF) PEN 80 MG/0.8 ML SUV, P/F	PDL Non-Preferred Brand	PA; SP
CDV HYRIMOZ(CF) 20 MG/0.2 ML SYR	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
CDV HYRIMOZ(CF) 40 MG/0.4 ML SYR INNER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
CDV HYRIMOZ(CF) 40 MG/0.4 ML SYR OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
CDV HYRIMOZ(CF) PEN 40 MG/0.4 ML INNER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
CDV HYRIMOZ(CF) PEN 40 MG/0.4 ML OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
CDV HYRIMOZ(CF) PEN 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
CDV HYRIMOZ(CF) PEN CROHNS-ULCER COLITIS START 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
CDV HYRIMOZ(CF) PEN PSORIASIS START 80 MG/0.8 ML-40 MG/0.4ML 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	PDL Non-Preferred Brand	PA; SP
CIMZIA 200 MG/ML SYRINGE KIT	PDL Non-Preferred Brand	PA; SP
CIMZIA 2X200 MG VIAL KIT 2X200MG VIAL,SUV,P/F 400 MG (200 MG X 2 VIALS)	PDL Non-Preferred Brand	PA; SP
CIMZIA 2X200 MG/ML SYRINGE KIT 2X200MG SYR/BOX, SUV 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
CYLTEZO(CF) 10 MG/0.2 ML SYRINGE	PDL Preferred Brand	PA; SP
CYLTEZO(CF) 20 MG/0.4 ML SYRINGE	PDL Preferred Brand	PA; SP
CYLTEZO(CF) 40 MG/0.4 ML SYRNG	PDL Preferred Brand	PA; SP

Drug	Status	Notes
CYLTEZO(CF) 40 MG/0.8 ML SYRINGE	PDL Preferred Brand	PA; SP
CYLTEZO(CF) PEN 40 MG/0.4 ML	PDL Preferred Brand	PA; SP
CYLTEZO(CF) PEN 40 MG/0.8 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 25 MG/0.5 ML VIAL INNER, P/F, SUV	PDL Preferred Brand	PA; SP
ENBREL 25 MG/0.5 ML VIAL OUTER, P/F, SUV	PDL Preferred Brand	PA; SP
ENBREL 50 MG/ML MINI CARTRIDGE INNER, P/F, SUV 50 MG/ML (1 ML)	PDL Preferred Brand	PA; SP
ENBREL 50 MG/ML MINI CARTRIDGE OUTER, P/F, SUV 50 MG/ML (1 ML)	PDL 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 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
HADLIMA 40 MG/0.8 ML SYRINGE INNER, P/F, SUV	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
HADLIMA 40 MG/0.8 ML SYRINGE OUTER, P/F, SUV	PDL Non-Preferred Brand	PA; SP
HADLIMA PUSHTOUCH 40 MG/0.8 ML INNER, P/F, SUV	PDL Non-Preferred Brand	PA; SP
HADLIMA PUSHTOUCH 40 MG/0.8 ML OUTER, P/F, SUV	PDL Non-Preferred Brand	PA; SP
HADLIMA(CF) 40 MG/0.4 ML SYRINGE INNER, P/F, SUV	PDL Non-Preferred Brand	PA; SP
HADLIMA(CF) 40 MG/0.4 ML SYRINGE OUTER, P/F, SUV	PDL Non-Preferred Brand	PA; SP
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML INNER, P/F, SUV	PDL Non-Preferred Brand	PA; SP
HADLIMA(CF) PUSHTOUCH 40 MG/0.4 ML OUTER, P/F, SUV	PDL Non-Preferred Brand	PA; SP
HULIO(CF) 20 MG/0.4 ML SYRINGE SUV, P/F	PDL Non-Preferred Brand	PA; SP
HULIO(CF) 40 MG/0.8 ML SYRINGE SUV, P/F	PDL Non-Preferred Brand	PA; SP
HULIO(CF) PEN 40 MG/0.8 ML SUV, P/F	PDL Non-Preferred Brand	PA; SP
HUMIRA 40 MG/0.8 ML SYRINGE P/F, SUV	PDL Non-Preferred Brand	PA; SP
HUMIRA PEN 40 MG/0.8 ML P/F, SUV	PDL Non-Preferred Brand	PA; SP
HUMIRA(CF) 10 MG/0.1 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
HUMIRA(CF) 20 MG/0.2 ML SYRINGE	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
HUMIRA(CF) 40 MG/0.4 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
HUMIRA(CF) PEN 40 MG/0.4 ML SUV, P/F	PDL Non-Preferred Brand	PA; SP
HUMIRA(CF) PEN 80 MG/0.8 ML SUV, P/F	PDL Non-Preferred Brand	PA; SP
HUMIRA(CF) PEN CROHN'S-UC-HS STARTER 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
HYRIMOZ(CF) 10 MG/0.1 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
HYRIMOZ(CF) 20 MG/0.2 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
HYRIMOZ(CF) 40 MG/0.4 ML SYRINGE P/F, SUV	PDL Non-Preferred Brand	PA; SP
HYRIMOZ(CF) PEDIATRIC CROHNS START 80 MG/0.8 ML-40 MG/0.4 ML 80 MG/0.8 ML- 40 MG/0.4 ML	PDL Non-Preferred Brand	PA; SP
HYRIMOZ(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
HYRIMOZ(CF) PEN 40 MG/0.4 ML P/F, SUV	PDL Non-Preferred Brand	PA; SP
HYRIMOZ(CF) PEN 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
HYRIMOZ(CF) PEN CROHNS-ULCERATIVE COLITIS START 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
HYRIMOZ(CF) PEN PSORIASIS STARTER 80 MG/0.8 ML-40 MG/0.4 ML 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	PDL Non-Preferred Brand	PA; SP
SIMLANDI(CF) 20 MG/0.2 ML SYRINGE SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
SIMLANDI(CF) 40 MG/0.4 ML AUTOINJECTOR SUV, OUTER	PDL Non-Preferred Brand	PA; SP
SIMLANDI(CF) 40 MG/0.4 ML SYRINGE OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
SIMLANDI(CF) 80 MG/0.8 ML AUTOINJECTOR OUTER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
SIMPONI 100 MG/ML PEN INJECTOR	PDL Non-Preferred Brand	PA; SP
SIMPONI 100 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
SIMPONI 50 MG/0.5 ML PEN INJEC	PDL Non-Preferred Brand	PA; SP
SIMPONI 50 MG/0.5 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
YUFLYMA(CF) 20 MG/0.2 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
YUFLYMA(CF) 40 MG/0.4 ML AUTOINJECTOR	PDL Non-Preferred Brand	PA; SP
YUFLYMA(CF) 40 MG/0.4 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
YUFLYMA(CF) 80 MG/0.8 ML AUTOINJECTOR	PDL Non-Preferred Brand	PA; SP
YUFLYMA(CF) AUTOINJECTOR CROHN'S-UC-HS STARTER 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
YUSIMRY(CF) 40 MG/0.8 ML PEN SUV, P/F, INNER	PDL Non-Preferred Brand	PA; SP
YUSIMRY(CF) 40 MG/0.8 ML PEN SUV, P/F, OUTER	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
ZYMFENTRA 120 MG/ML PEN KIT	PDL Non-Preferred Brand	PA; SP
ZYMFENTRA 120 MG/ML SYRINGE KIT	PDL Non-Preferred Brand	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
leflunomide 10 mg tablet	Non-PDL Generic	
leflunomide 20 mg tablet	Non-PDL Generic	
Anti-Inflammatory,Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA 10-20 MG STARTER 28 DAY 10 MG (4)- 20 MG (51)	PDL Preferred Brand	PA; SP
OTEZLA 10-20-30 MG START 28 DAY 10 MG (4)-20 MG (4)-30 MG (47)	PDL Preferred Brand	PA; SP
OTEZLA 20 MG TABLET	PDL Preferred Brand	PA; SP
OTEZLA 30 MG TABLET	PDL Preferred Brand	PA; SP
OTEZLA XR 75 MG TABLET	PDL Non-Preferred Brand	PA; SP
OTEZLA XR INITIATION PK 28 DAY 10-20-30-75 MG	PDL Non-Preferred Brand	PA; SP
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA 125 MG/ML SYRINGE SUV, P/F	PDL Non-Preferred Brand	PA; SP
ORENCIA 50 MG/0.4 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
ORENCIA 87.5 MG/0.7 ML SYRINGE	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
ORENCIA CLICKJECT 125 MG/ML SUV, P/F	PDL Non-Preferred Brand	PA; SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR 30 MG/3 ML SYRINGE OUTER, P/F, SUV	PDL Non-Preferred Brand	PA; SP
icatibant 30 mg/3 ml syringe outer, suv, p/f	PDL Preferred Generic	PA; SP
icatibant 30 mg/3 ml syringe suv, p/f	PDL Preferred Generic	PA; SP
icatibant 30 mg/3 ml syringe suv, p/f, inner	PDL Preferred Generic	PA; SP
icatibant 30 mg/3 ml syringe suv, p/f, outer	PDL Preferred Generic	PA; SP
icatibant 30 mg/3 ml syringe suv, p/f,outer	PDL Preferred Generic	PA; SP
SAJAZIR 30 MG/3 ML SYRINGE	Non-PDL Generic	PA; SP
C1 Esterase Inhibitors		
BERINERT 500 UNIT KIT 500 UNIT (10 ML)	PDL Preferred Brand	PA; SP
CINRYZE 500 UNIT VIAL INNER, SUV, P/F 500 UNIT (5 ML)	PDL Preferred Brand	PA; SP
CINRYZE 500 UNIT VIAL-DILUENT OUTER, SUV, P/F 500 UNIT (5 ML)	PDL Preferred Brand	PA; SP
HAEGARDA 2,000 UNIT VIAL	PDL Non-Preferred Brand	PA; SP
HAEGARDA 3,000 UNIT VIAL	PDL Non-Preferred Brand	PA; SP
RUCONEST 2,100 UNIT VIAL P/F, SUV, INNER	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
RUCONEST 2,100 UNIT VIAL P/F, SUV, OUTER	PDL Non-Preferred Brand	PA; SP
Glucocorticoids		
budesonide dr 3 mg capsule	PDL Non-Preferred Generic	PA
budesonide ec 3 mg capsule	PDL Non-Preferred Generic	PA
budesonide er 9 mg tablet	PDL Non-Preferred Generic	PA
cortisone 25 mg tablet	Non-PDL Generic	
dexamethasone 0.5 mg tablet	Non-PDL Generic	90 DS
dexamethasone 0.5 mg tablet u-d, 10x10, blister	Non-PDL Generic	90 DS
dexamethasone 0.5 mg/5 ml elx	Non-PDL Generic	
dexamethasone 0.5 mg/5 ml liq	Non-PDL Generic	
dexamethasone 0.75 mg tablet	Non-PDL Generic	
dexamethasone 1 mg tablet	Non-PDL Generic	90 DS
dexamethasone 1.5 mg tablet	Non-PDL Generic	
dexamethasone 2 mg tablet	Non-PDL Generic	
dexamethasone 4 mg tablet	Non-PDL Generic	90 DS
dexamethasone 4 mg tablet inner	Non-PDL Generic	90 DS
dexamethasone 4 mg tablet outer	Non-PDL Generic	90 DS
dexamethasone 6 day 1.5 mg tab 1.5 mg (21 tabs)	Non-PDL Generic	
dexamethasone 6 mg tablet	Non-PDL Generic	
dexamethasone 6 mg tablet u-d, 10x10, blister	Non-PDL Generic	

Drug	Status	Notes
hydrocortisone 10 mg tablet	Non-PDL Generic	
hydrocortisone 20 mg tablet	Non-PDL Generic	
hydrocortisone 20 mg tablet inner	Non-PDL Generic	
hydrocortisone 20 mg tablet outer	Non-PDL Generic	
hydrocortisone 5 mg tablet	Non-PDL Generic	
MEDROL 2 MG TABLET	Non-PDL Brand	
methylprednisolone 16 mg tab	Non-PDL Generic	
methylprednisolone 32 mg tab	Non-PDL Generic	
methylprednisolone 4 mg dosepk	Non-PDL Generic	
methylprednisolone 4 mg dosepk dosepack	Non-PDL Generic	
methylprednisolone 4 mg dosepk dosepak	Non-PDL Generic	
methylprednisolone 4 mg tablet	Non-PDL Generic	
methylprednisolone 4 mg tablet inner	Non-PDL Generic	
methylprednisolone 4 mg tablet outer	Non-PDL Generic	
methylprednisolone 8 mg tablet	Non-PDL Generic	
prednisolone 10 mg/5 ml soln	Non-PDL Generic	
prednisolone 15 mg/5 ml soln	Non-PDL Generic	90 DS
prednisolone 15 mg/5 ml soln 15 mg/5 ml (3 mg/ml)	Non-PDL Generic	90 DS
prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)	Non-PDL Generic	90 DS
prednisolone 15 mg/5 ml solution cup inner 15 mg/5 ml (3 mg/ml)	Non-PDL Generic	90 DS
prednisolone 15 mg/5 ml solution cup outer 15 mg/5 ml (3 mg/ml)	Non-PDL Generic	90 DS

Drug	Status	Notes
prednisolone 15 mg/5 ml syrup	Non-PDL Generic	90 DS
prednisolone 5 mg/5 ml soln 5 mg base/5 ml (6.7 mg/5 ml)	Non-PDL Generic	
prednisolone odt 10 mg tablet inner	Non-PDL Generic	
prednisolone odt 10 mg tablet outer	Non-PDL Generic	
prednisolone odt 15 mg tablet inner	Non-PDL Generic	
prednisolone odt 15 mg tablet outer	Non-PDL Generic	
prednisolone odt 30 mg tablet inner	Non-PDL Generic	
prednisolone odt 30 mg tablet outer	Non-PDL Generic	
prednisolone sod ph 25 mg/5 ml 25 mg/5 ml (5 mg/ml)	Non-PDL Generic	
prednisone 1 mg tablet	Non-PDL Generic	90 DS
prednisone 1 mg tablet u-d, 10x10, blister	Non-PDL Generic	90 DS
prednisone 10 mg tab dose pack	Non-PDL Generic	
prednisone 10 mg tab dose pack dose pack	Non-PDL Generic	
prednisone 10 mg tablet	Non-PDL Generic	90 DS
prednisone 2.5 mg tablet	Non-PDL Generic	90 DS
prednisone 20 mg tablet	Non-PDL Generic	90 DS
prednisone 20 mg tablet inner	Non-PDL Generic	90 DS
prednisone 20 mg tablet outer	Non-PDL Generic	90 DS
prednisone 5 mg tab dose pack	Non-PDL Generic	
prednisone 5 mg tab dose pack dose-pack	Non-PDL Generic	
prednisone 5 mg tablet	Non-PDL Generic	90 DS

Drug	Status	Notes
prednisone 5 mg tablet inner	Non-PDL Generic	90 DS
prednisone 5 mg tablet outer	Non-PDL Generic	90 DS
prednisone 5 mg/5 ml solution	Non-PDL Generic	
prednisone 50 mg tablet	Non-PDL Generic	90 DS
prednisone 50 mg tablet u-d, 10x10	Non-PDL Generic	90 DS
PREDNISONE INTENSOL 5 MG/ML	Non-PDL Brand	
TAPERDEX 6 DAY 1.5 MG TABLET 1.5 MG (21 TABS)	Non-PDL Generic	
Gold Salts		
auranofin 3 mg capsule	Non-PDL Generic	
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA 162 MG/0.9 ML SYRINGE P/F, SUV	PDL Non-Preferred Brand	PA; SP
ACTEMRA ACTPEN 162 MG/0.9 ML	PDL Non-Preferred Brand	PA; SP
ENSPRYNG 120 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
KEVZARA 150 MG/1.14 ML PEN INJ	PDL Non-Preferred Brand	PA; SP
KEVZARA 200 MG/1.14 ML PEN INJ	PDL Non-Preferred Brand	PA; SP
KEVZARA 200 MG/1.14 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
TYENNE 162 MG/0.9 ML AUTOINJCT	PDL Preferred Brand	PA; SP
TYENNE 162 MG/0.9 ML SYRINGE	PDL Preferred Brand	PA; SP

Drug	Status	Notes
Janus Kinase (Jak) Inhibitors		
OLUMIANT 1 MG TABLET	PDL Non-Preferred Brand	PA; SP
OLUMIANT 2 MG TABLET	PDL Non-Preferred Brand	PA; SP
OLUMIANT 4 MG TABLET	PDL Non-Preferred Brand	PA; SP
RINVOQ ER 15 MG TABLET	PDL Non-Preferred Brand	PA; SP
RINVOQ ER 30 MG TABLET	PDL Non-Preferred Brand	PA; SP
RINVOQ ER 45 MG TABLET	PDL Non-Preferred Brand	PA; SP
RINVOQ LQ 1 MG/ML SOLUTION	PDL Non-Preferred Brand	PA; SP
tofacitinib 1 mg/ml solution	PDL Preferred Generic	PA; SP
tofacitinib 1 mg/ml solution inner	PDL Preferred Generic	PA; SP
tofacitinib 1 mg/ml solution outer	PDL Preferred Generic	PA; SP
tofacitinib 10 mg tablet	PDL Preferred Generic	PA; SP
tofacitinib 5 mg tablet	PDL Preferred Generic	PA; SP
tofacitinib er 11 mg tablet	PDL Preferred Generic	PA; SP
tofacitinib er 22 mg tablet	PDL Preferred Generic	PA; SP

Drug	Status	Notes
XELJANZ 1 MG/ML SOLUTION INNER	PDL Non-Preferred Brand	PA; SP
XELJANZ 1 MG/ML SOLUTION OUTER	PDL Non-Preferred Brand	PA; SP
XELJANZ 10 MG TABLET	PDL Non-Preferred Brand	PA; SP
XELJANZ 5 MG TABLET	PDL Non-Preferred Brand	PA; SP
XELJANZ XR 11 MG TABLET	PDL Non-Preferred Brand	PA; SP
XELJANZ XR 22 MG TABLET	PDL Non-Preferred Brand	PA; SP
Mineralocorticoids		
fludrocortisone 0.1 mg tablet	Non-PDL Generic	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
IMULDOSA 130 MG/26 ML VIAL	PDL Non-Preferred Brand	PA; SP
IMULDOSA 45 MG/0.5 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
IMULDOSA 90 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
OTULFI 45 MG/0.5 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
OTULFI 45 MG/0.5 ML VIAL	PDL Non-Preferred Brand	PA; SP
OTULFI 90 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
PYZCHIVA 45 MG/0.5 ML VIAL	PDL Non-Preferred Brand	PA; SP
SELARSDI 45 MG/0.5 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
SELARSDI 45 MG/0.5 ML VIAL	PDL Non-Preferred Brand	PA; SP
SELARSDI 90 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
STARJEMZA 130 MG/26 ML VIAL	PDL Non-Preferred Brand	PA; SP
STARJEMZA 45 MG/0.5 ML SYRINGE	PDL Preferred Brand	PA; SP
STARJEMZA 45 MG/0.5 ML VIAL	PDL Preferred Brand	PA; SP
STARJEMZA 90 MG/ML SYRINGE	PDL Preferred Brand	PA; SP
STELARA 45 MG/0.5 ML SYRINGE SUV, P/F	PDL Non-Preferred Brand	PA; SP
STELARA 45 MG/0.5 ML VIAL SDV, P/F	PDL Non-Preferred Brand	PA; SP
STELARA 90 MG/ML SYRINGE SUV, P/F	PDL Non-Preferred Brand	PA; SP
STEQEYMA 45 MG/0.5 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
STEQEYMA 90 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
ustekinumab 45 mg/0.5 ml syringe	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
ustekinumab 45 mg/0.5 ml vial	PDL Non-Preferred Brand	PA; SP
ustekinumab 90 mg/ml syringe	PDL Non-Preferred Brand	PA; SP
ustekinumab-aauz 45 mg/0.5 ml syringe	PDL Non-Preferred Brand	PA; SP
ustekinumab-aauz 90 mg/ml syringe	PDL Non-Preferred Brand	PA; SP
ustekinumab-aekn 45 mg/0.5 ml syringe	PDL Non-Preferred Brand	PA; SP
ustekinumab-aekn 90 mg/ml syr	PDL Non-Preferred Brand	PA; SP
ustekinumab-ttwe 45 mg/0.5 ml syringe	PDL Non-Preferred Brand	PA; SP
ustekinumab-ttwe 90 mg/ml syr	PDL Non-Preferred Brand	PA; SP
WEZLANA 45 MG/0.5 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
WEZLANA 45 MG/0.5 ML VIAL	PDL Non-Preferred Brand	PA; SP
WEZLANA 90 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
YESINTEK 45 MG/0.5 ML SYRINGE	PDL Non-Preferred Brand	PA; SP
YESINTEK 45 MG/0.5 ML VIAL	PDL Non-Preferred Brand	PA; SP
YESINTEK 90 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
Nsaid & Histamine H2 Receptor Antagonist Comb.		
ibuprofen-famotidin 800-26.6 mg	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
naproxen-esomepraz dr 375-20 mg	PDL Non-Preferred Generic	PA
naproxen-esomepraz dr 500-20 mg	PDL Non-Preferred Generic	PA
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
ARTHROTEC 50 MG-200 MCG TAB F/C 50-200 MG-MCG	PDL Non-Preferred Brand	PA
ARTHROTEC 75 MG-200 MCG TAB F/C 75-200 MG-MCG	PDL Non-Preferred Brand	PA
diclofenac-misoprostol dr 50-0.2 mg tablet 50-200 mg-mcg	PDL Non-Preferred Generic	PA
diclofenac-misoprostol dr 75-0.2 mg tablet 75-200 mg-mcg	PDL Non-Preferred Generic	PA
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
CELEBREX 100 MG CAPSULE	PDL Non-Preferred Brand	PA
CELEBREX 200 MG CAPSULE	PDL Non-Preferred Brand	PA
CELEBREX 400 MG CAPSULE	PDL Non-Preferred Brand	PA
CELEBREX 50 MG CAPSULE	PDL Non-Preferred Brand	PA
celecoxib 100 mg capsule	PDL Preferred Generic	90 DS

Drug	Status	Notes
celecoxib 200 mg capsule	PDL Preferred Generic	90 DS
celecoxib 400 mg capsule	PDL Preferred Generic	
celecoxib 50 mg capsule	PDL Preferred Generic	
VYSCOXA 10 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA; QL (40 ML per 1 day)
Nsaids, Cyclooxygenase Inhibitor-Type		
ADDAPRIN 200 MG TABLET	Non-PDL Generic	OTC
ADDAPRIN 200 MG TABLET INNER	Non-PDL Generic	OTC
ADDAPRIN 200 MG TABLET OUTER	Non-PDL Generic	OTC
ADVIL 200 MG CAPLET CAPLET	Non-PDL Brand	OTC
ADVIL 200 MG TABLET	Non-PDL Brand	OTC
ADVIL 200 MG TABLET COATED	Non-PDL Brand	OTC
ADVIL 200 MG TABLET COATED, POCKET PACK	Non-PDL Brand	OTC
ADVIL JR STR 100 MG TAB CHEW	Non-PDL Brand	OTC
ALEVE 220 MG CAPLET 12 HOURS, CAPLET	PDL Preferred Generic	OTC
ALEVE 220 MG CAPLET	Non-PDL Brand	OTC
ALEVE 220 MG CAPLET	PDL Preferred Generic	OTC
ALEVE 220 MG CAPLET ARTHRITIS CAP	PDL Preferred Generic	OTC
ALEVE 220 MG GELCAP	Non-PDL Brand	OTC

Drug	Status	Notes
ALEVE 220 MG GELCAP ARTHRITIS CAP	PDL Preferred Generic	OTC
ALEVE 220 MG TABLET	Non-PDL Brand	OTC
ALEVE 220 MG TABLET ALL DAY STRONG,12 HR	PDL Preferred Generic	OTC
ALEVE 220 MG TABLET ARTHRITIS CAP	PDL Preferred Generic	OTC
ALL DAY PAIN RELIEF 220 MG TAB	PDL Preferred Generic	OTC
ALL DAY PAIN RELIEF 220 MG TAB 8-12 HOUR RELIEF	PDL Preferred Generic	OTC
ALL DAY PAIN RELIEF 220 MG TAB GLUTEN-FREE, 12HR	PDL Preferred Generic	OTC
ALL DAY PAIN RLF 220 MG CAPLET	PDL Preferred Generic	OTC
ALL DAY PAIN RLF 220 MG CAPLET CAPLET	PDL Preferred Generic	OTC
ALL DAY RELIEF 220 MG CAPLET	PDL Preferred Generic	OTC
ALL DAY RELIEF 220 MG CAPLET CAPLET, GLUTEN-FREE	PDL Preferred Generic	OTC
ALL DAY RELIEF 220 MG TABLET	PDL Preferred Generic	OTC
ALL DAY RELIEF 220 MG TABLET GLUTEN-FREE	PDL Preferred Generic	OTC
CHILD IBUPROFEN 100 MG/5 ML CUP INNER	Non-PDL Generic	OTC
CHILD IBUPROFEN 100 MG/5 ML CUP INNER, D/F	Non-PDL Generic	OTC

Drug	Status	Notes
CHILD IBUPROFEN 100 MG/5 ML CUP OUTER	Non-PDL Generic	OTC
CHILD IBUPROFEN 100 MG/5 ML CUP OUTER, D/F	Non-PDL Generic	OTC
CHILD IBUPROFEN 100 MG/5 ML SYRG INNER	Non-PDL Generic	OTC
CHILD IBUPROFEN 100 MG/5 ML SYRG OUTER	Non-PDL Generic	OTC
CHILD IBUPROFEN 200 MG/10 ML CUP INNER 100 MG/5 ML	Non-PDL Generic	OTC
CHILD IBUPROFEN 200 MG/10 ML CUP OUTER 100 MG/5 ML	Non-PDL Generic	OTC
CHILD MOTRIN 100 MG CHEW TAB	Non-PDL Brand	OTC
CHILDREN IBUPROFEN 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML BERRY	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML BERRY FLAVOR	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML BUBBLEGUM	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML CHILDREN,DYE/F	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML CHILDREN'S	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML D/F	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML D/F, BERRY	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML DYE/FREE	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN/F, BERRY	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN/F, GRAPE	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN/F,BUBBLE	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN-FREE	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML GRAPE	Non-PDL Generic	OTC

Drug	Status	Notes
CHILDREN'S ADVIL 100 MG/5 ML (OTC)	Non-PDL Brand	OTC
CHILDREN'S ADVIL 100 MG/5 ML D/F,BERRY (OTC)	Non-PDL Brand	OTC
CHILDREN'S ADVIL 100 MG/5 ML D/F,WHITE GRAPE (OTC)	Non-PDL Brand	OTC
CHILDREN'S MOTRIN 100 MG/5 ML	Non-PDL Brand	OTC
COXANTO 300 MG CAPSULE	PDL Non-Preferred Brand	PA
CVS CHLD IBUPROFEN 100 MG/5 ML	Non-PDL Generic	OTC
cvs ibuprofen 100 mg chew tab	Non-PDL Generic	OTC
cvs ibuprofen 200 mg caplet	Non-PDL Generic	OTC
cvs ibuprofen 200 mg caplet caplet	Non-PDL Generic	OTC
cvs ibuprofen 200 mg tablet	Non-PDL Generic	OTC
cvs ibuprofen 200 mg tablet coated	Non-PDL Generic	OTC
CVS IBUPROFEN JR STR 100 MG TB	Non-PDL Generic	OTC
CVS INF IBUPROFEN 50 MG/1.25 ML	Non-PDL Generic	OTC
cvs naproxen sod 220 mg caplet	PDL Preferred Generic	OTC
cvs naproxen sod 220 mg tablet	PDL Preferred Generic	OTC
cvs naproxen sodium 220 mg cap	PDL Preferred Generic	OTC
diclofenac pot 25 mg tablet	PDL Preferred Generic	QL (8 EA per 1 day)
diclofenac pot 50 mg tablet	PDL Preferred Generic	

Drug	Status	Notes
diclofenac pot 50 mg tablet f/c	PDL Preferred Generic	
diclofenac potassium 25 mg cap	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
diclofenac sod dr 25 mg tab	PDL Preferred Generic	
diclofenac sod dr 50 mg tab	PDL Preferred Generic	90 DS
diclofenac sod dr 75 mg tab	PDL Preferred Generic	90 DS
diclofenac sod ec 25 mg tab	PDL Preferred Generic	
diclofenac sod ec 50 mg tab	PDL Preferred Generic	90 DS
diclofenac sod ec 75 mg tab	PDL Preferred Generic	90 DS
diclofenac sod er 100 mg tab	PDL Preferred Generic	
diclofenac sod er 100 mg tab f/c	PDL Preferred Generic	
EQ CHILD IBUPROFEN 100 MG/5 ML	Non-PDL Generic	OTC
EQ CHILD IBUPROFEN 100 MG/5 ML BERRY	Non-PDL Generic	OTC
eq ibuprofen 200 mg caplet	Non-PDL Generic	OTC
eq ibuprofen 200 mg caplet caplet	Non-PDL Generic	OTC
eq ibuprofen 200 mg caplet coated caplet	Non-PDL Generic	OTC
eq ibuprofen 200 mg tablet	Non-PDL Generic	OTC

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

Drug	Status	Notes
etodolac 400 mg tablet	PDL Preferred Generic	
etodolac 400 mg tablet f/c	PDL Preferred Generic	
etodolac 500 mg tablet	PDL Preferred Generic	
etodolac 500 mg tablet f/c	PDL Preferred Generic	
etodolac er 400 mg tablet	PDL Non-Preferred Generic	PA
etodolac er 400 mg tablet f/c	PDL Non-Preferred Generic	PA
etodolac er 500 mg tablet	PDL Non-Preferred Generic	PA
etodolac er 500 mg tablet f/c	PDL Non-Preferred Generic	PA
etodolac er 600 mg tablet	PDL Non-Preferred Generic	PA
etodolac er 600 mg tablet f/c	PDL Non-Preferred Generic	PA
fenoprofen 200 mg capsule	PDL Non-Preferred Generic	PA
fenoprofen 300 mg capsule	PDL Non-Preferred Generic	PA
fenoprofen 400 mg capsule	PDL Non-Preferred Generic	PA
fenoprofen 600 mg tablet	PDL Non-Preferred Generic	PA

Drug	Status	Notes
FLANAX 220 MG TABLET	PDL Preferred Generic	OTC
flurbiprofen 100 mg tablet	PDL Preferred Generic	
FT ALL DAY PAIN 220 MG CAPLET	PDL Preferred Generic	OTC
FT CHILD IBUPROFEN 100 MG/5 ML	Non-PDL Generic	OTC
ft ibuprofen 200 mg caplet	Non-PDL Generic	OTC
ft ibuprofen 200 mg tablet	Non-PDL Generic	OTC
FT IBUPROFEN IB 100 MG CHEW TB	Non-PDL Generic	OTC
FT INF IBUPROFEN 50 MG/1.25 ML	Non-PDL Generic	OTC
ft naproxen sodium 220 mg cap	PDL Preferred Generic	OTC
FT PAIN RELIEF 200 MG TABLET	Non-PDL Generic	OTC
GNP CHLD IBUPROFEN 100 MG/5 ML	Non-PDL Generic	OTC
gnp ibuprofen 100 mg chew tab	Non-PDL Generic	OTC
gnp ibuprofen 200 mg caplet caplet	Non-PDL Generic	OTC
gnp ibuprofen 200 mg caplet coated caplet	Non-PDL Generic	OTC
gnp ibuprofen 200 mg tablet	Non-PDL Generic	OTC
gnp ibuprofen 200 mg tablet coated	Non-PDL Generic	OTC
GNP INF IBUPROFEN 50 MG/1.25 ML D/F,NON-STAINING	Non-PDL Generic	OTC
gnp naproxen sod 220 mg caplet	PDL Preferred Generic	OTC

Drug	Status	Notes
gnp naproxen sod 220 mg tablet	PDL Preferred Generic	OTC
gnp naproxen sodium 220 mg cap	PDL Preferred Generic	OTC
GS CHILD IBUPROFEN 100 MG/5 ML	Non-PDL Generic	OTC
gs ibuprofen 100 mg chew tab	Non-PDL Generic	OTC
gs ibuprofen 200 mg caplet	Non-PDL Generic	OTC
gs ibuprofen 200 mg tablet	Non-PDL Generic	OTC
GS INF IBUPROFEN 50 MG/1.25 ML	Non-PDL Generic	OTC
gs naproxen sod 220 mg caplet	PDL Preferred Generic	OTC
gs naproxen sod 220 mg tablet	PDL Preferred Generic	OTC
IBU 400 MG TABLET	PDL Preferred Generic	90 DS
IBU 600 MG TABLET	PDL Preferred Generic	90 DS
IBU 800 MG TABLET	PDL Preferred Generic	90 DS
IBU-200 200 MG TABLET	Non-PDL Generic	OTC
ibuprofen 100 mg/5 ml susp (otc)	Non-PDL Generic	OTC
ibuprofen 100 mg/5 ml susp (rx)	Non-PDL Generic	
ibuprofen 100 mg/5 ml susp children's (otc)	Non-PDL Generic	OTC
ibuprofen 200 mg caplet	Non-PDL Generic	OTC
ibuprofen 200 mg caplet caplet	Non-PDL Generic	OTC

Drug	Status	Notes
ibuprofen 200 mg caplet caplet, coated	Non-PDL Generic	OTC
ibuprofen 200 mg caplet coated caplet	Non-PDL Generic	OTC
ibuprofen 200 mg caplet f/c, caplet	Non-PDL Generic	OTC
ibuprofen 200 mg caplet f/c,caplet	Non-PDL Generic	OTC
ibuprofen 200 mg tablet 125's	Non-PDL Generic	OTC
ibuprofen 200 mg tablet	Non-PDL Generic	OTC
ibuprofen 200 mg tablet 250's	Non-PDL Generic	OTC
ibuprofen 200 mg tablet 50's	Non-PDL Generic	OTC
ibuprofen 200 mg tablet coated	Non-PDL Generic	OTC
ibuprofen 200 mg tablet coated caplet	Non-PDL Generic	OTC
ibuprofen 200 mg tablet dye-free	Non-PDL Generic	OTC
ibuprofen 200 mg tablet f/c	Non-PDL Generic	OTC
ibuprofen 200 mg tablet f/c, d/f, color/f	Non-PDL Generic	OTC
ibuprofen 200 mg tablet f/c,d/f	Non-PDL Generic	OTC
ibuprofen 200 mg tablet u-d	Non-PDL Generic	OTC
ibuprofen 300 mg tablet	PDL Non-Preferred Generic	PA
ibuprofen 400 mg tablet	PDL Preferred Generic	90 DS
ibuprofen 400 mg tablet f/c	PDL Preferred Generic	90 DS
ibuprofen 400 mg tablet f/c, inner	PDL Preferred Generic	90 DS

Drug	Status	Notes
ibuprofen 400 mg tablet f/c, outer	PDL Preferred Generic	90 DS
ibuprofen 600 mg tablet	PDL Preferred Generic	90 DS
ibuprofen 600 mg tablet f/c	PDL Preferred Generic	90 DS
ibuprofen 800 mg tablet	PDL Preferred Generic	90 DS
ibuprofen 800 mg tablet f/c	PDL Preferred Generic	90 DS
IBUPROFEN JR STR 100 MG TB CHW	Non-PDL Generic	OTC
IBUPROFEN JR STR 100 MG TB CHW GLUTEN-FREE	Non-PDL Generic	OTC
IBUPROFEN JR STR 100 MG TB CHW JR STR,GRAPE,TB CHEW	Non-PDL Generic	OTC
IBUPROFEN JR STR 100 MG TB CHW TAB CHEW,ORANGE	Non-PDL Generic	OTC
indomethacin 100 mg suppository (cmpd-rx)	PDL Non-Preferred Generic	PA
indomethacin 25 mg capsule	PDL Preferred Generic	
indomethacin 25 mg/5 ml susp	PDL Non-Preferred Generic	PA
indomethacin 50 mg capsule	PDL Preferred Generic	90 DS
indomethacin 50 mg suppository	PDL Non-Preferred Generic	PA
indomethacin 50 mg suppository inner	PDL Non-Preferred Generic	PA

Drug	Status	Notes
indomethacin 50 mg suppository outer	PDL Non-Preferred Generic	PA
indomethacin er 75 mg capsule	PDL Preferred Generic	90 DS
indomethacin er 75 mg capsule inner	PDL Preferred Generic	90 DS
indomethacin er 75 mg capsule outer	PDL Preferred Generic	90 DS
INFANT IBUPROFEN 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML BERRY	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML BERRY,INFANT	Non-PDL Generic	OTC
infant ibuprofen 50 mg/1.25 ml d/f	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML D/F,BERRY	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML D/F,BERRY,INFANT	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML D/F,NON-STAINING	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML GLUTEN/F, BERRY	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML GLUTEN-FREE	Non-PDL Generic	OTC
INFANTS' ADVIL 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT'S MOTRIN 50 MG/1.25 ML BERRY FLAVOR	Non-PDL Generic	OTC
INFANTS' MOTRIN 50 MG/1.25 ML D/F, BERRY FLAVOR	Non-PDL Brand	OTC
I-PRIN 200 MG TABLET U-D, 100'S	Non-PDL Generic	OTC
I-PRIN 200 MG TABLET U-D, 250'S	Non-PDL Generic	OTC
I-PRIN 200 MG TABLET U-D, 2X12	Non-PDL Generic	OTC

Drug	Status	Notes
I-PRIN 200 MG TABLET U-D,3'S,F/C	Non-PDL Generic	OTC
ketoprofen 25 mg capsule	PDL Non-Preferred Generic	PA
ketoprofen 50 mg capsule	PDL Non-Preferred Generic	PA
ketoprofen 75 mg capsule	PDL Non-Preferred Generic	PA
ketoprofen er 200 mg capsule	PDL Non-Preferred Generic	PA
ketorolac 10 mg tablet	PDL Preferred Generic	QL (20 EA per 5 FILLs)
ketorolac 10 mg tablet f/c	PDL Preferred Generic	QL (20 EA per 5 FILLs)
ketorolac 15 mg/ml syringe suv	Non-PDL Generic	
ketorolac 15 mg/ml vial inner, suv	Non-PDL Generic	
ketorolac 15 mg/ml vial inner, suv, p/f	Non-PDL Generic	
ketorolac 15 mg/ml vial outer, suv	Non-PDL Generic	
ketorolac 15 mg/ml vial outer, suv, p/f	Non-PDL Generic	
ketorolac 15 mg/ml vial p/f, suv, inner	Non-PDL Generic	
ketorolac 15 mg/ml vial p/f, suv, outer	Non-PDL Generic	
ketorolac 15 mg/ml vial sdv,10's	Non-PDL Generic	
ketorolac 15 mg/ml vial sdv,25's,p/f,outer	Non-PDL Generic	
ketorolac 15 mg/ml vial sdv,p/f,inner	Non-PDL Generic	
ketorolac 15 mg/ml vial suv	Non-PDL Generic	

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

Drug	Status	Notes
ketorolac 60 mg/2 ml vial inner, suv, p/f	Non-PDL Generic	
ketorolac 60 mg/2 ml vial outer, suv	Non-PDL Generic	
ketorolac 60 mg/2 ml vial outer, suv, p/f	Non-PDL Generic	
ketorolac 60 mg/2 ml vial p/f, suv, inner	Non-PDL Generic	
ketorolac 60 mg/2 ml vial p/f, suv, outer	Non-PDL Generic	
ketorolac 60 mg/2 ml vial sdv,10's	Non-PDL Generic	
ketorolac 60 mg/2 ml vial suv, inner	Non-PDL Generic	
ketorolac 60 mg/2 ml vial suv, outer	Non-PDL Generic	
ketorolac 60 mg/2 ml vial suv, p/f	Non-PDL Generic	
ketorolac 60 mg/2 ml vial suv,inner	Non-PDL Generic	
KRO CHLD IBUPROFEN 100 MG/5 ML GLUTEN-F, BERRY	Non-PDL Generic	OTC
KRO CHLD IBUPROFEN 100 MG/5 ML GLUTEN-F, GRAPE	Non-PDL Generic	OTC
KRO CHLD IBUPROFEN 100 MG/5 ML GLUTEN-FREE	Non-PDL Generic	OTC
LOFENA 25 MG TABLET	PDL Preferred Generic	QL (8 EA per 1 day)
LURBIRO 100 MG TABLET	PDL Preferred Generic	
meclofenamate 100 mg capsule	PDL Non-Preferred Generic	PA
meclofenamate 50 mg capsule	PDL Non-Preferred Generic	PA
MEDIPROXEN 220 MG TABLET INNER, F/C	PDL Preferred Generic	OTC

Drug	Status	Notes
MEDIPROXEN 220 MG TABLET OUTER, F/C	PDL Preferred Generic	OTC
MEDIPROXEN 220 MG TABLET U-D, 50'S	PDL Preferred Generic	OTC
mefenamic acid 250 mg capsule	PDL Non-Preferred Generic	PA
meloxicam 10 mg capsule	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
meloxicam 15 mg tablet	PDL Preferred Generic	90 DS
meloxicam 5 mg capsule	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
meloxicam 7.5 mg tablet	PDL Preferred Generic	90 DS
meloxicam 7.5 mg/5 ml susp	PDL Non-Preferred Brand	PA
MOTRIN IB 200 MG CAPLET	Non-PDL Brand	OTC
MOTRIN IB 200 MG CAPLET 50'S, COATED CAPLET	Non-PDL Brand	OTC
MOTRIN IB 200 MG CAPLET CAPLET	Non-PDL Brand	OTC
nabumetone 500 mg tablet	PDL Preferred Generic	90 DS
nabumetone 500 mg tablet f/c	PDL Preferred Generic	90 DS
nabumetone 750 mg tablet	PDL Preferred Generic	
nabumetone 750 mg tablet f/c	PDL Preferred Generic	

Drug	Status	Notes
NALFON 400 MG CAPSULE	PDL Non-Preferred Brand	PA
NALFON 600 MG TABLET	PDL Non-Preferred Brand	PA
NAPRELAN CR 375 MG TABLET	PDL Non-Preferred Brand	PA
NAPRELAN CR 500 MG TABLET	PDL Non-Preferred Brand	PA
NAPRELAN CR 750 MG TABLET	PDL Non-Preferred Brand	PA
naproxen 125 mg/5 ml suspen	PDL Non-Preferred Generic	PA
naproxen 250 mg tablet (rx)	PDL Preferred Generic	90 DS
naproxen 375 mg tablet (rx)	PDL Preferred Generic	90 DS
naproxen 500 mg tablet	PDL Preferred Generic	90 DS
naproxen dr 375 mg tablet	PDL Preferred Generic	
naproxen dr 500 mg tablet	PDL Preferred Generic	
naproxen sod cr 375 mg tablet	PDL Non-Preferred Generic	PA
naproxen sod cr 500 mg tablet	PDL Non-Preferred Generic	PA
naproxen sod er 375 mg tablet	PDL Non-Preferred Generic	PA

Drug	Status	Notes
naproxen sod er 500 mg tablet	PDL Non-Preferred Generic	PA
naproxen sod er 750 mg tablet	PDL Non-Preferred Generic	PA
naproxen sodium 220 mg caplet	PDL Preferred Generic	OTC
naproxen sodium 220 mg caplet caplet	PDL Preferred Generic	OTC
naproxen sodium 220 mg capsule	PDL Preferred Generic	OTC
naproxen sodium 220 mg capsule liquidgel	PDL Preferred Generic	OTC
naproxen sodium 220 mg capsule liquidgels	PDL Preferred Generic	OTC
naproxen sodium 220 mg tablet	PDL Preferred Generic	OTC
naproxen sodium 275 mg tab	PDL Preferred Generic	
naproxen sodium 275 mg tab f/c	PDL Preferred Generic	
naproxen sodium 550 mg tab	PDL Preferred Generic	
naproxen sodium 550 mg tab f/c	PDL Preferred Generic	
ORUDIS 75 MG CAPSULE	PDL Non-Preferred Generic	PA
oxaprozin 300 mg capsule	PDL Non-Preferred Generic	PA

Drug	Status	Notes
oxaprozin 600 mg caplet caplet, f/c	PDL Non-Preferred Generic	PA
oxaprozin 600 mg tablet	PDL Non-Preferred Generic	PA
oxaprozin 600 mg tablet f/c	PDL Non-Preferred Generic	PA
piroxicam 10 mg capsule	PDL Preferred Generic	
piroxicam 20 mg capsule	PDL Preferred Generic	
PUB ALL DAY RELIEF 220 MG TAB	PDL Preferred Generic	OTC
PUB ALL DAY RLF 220 MG CAPLET CAPLET	PDL Preferred Generic	OTC
PUB CHILDREN'S PROFEN IB SUSP BERRY FLAVOR 100 MG/5 ML	Non-PDL Generic	OTC
PUB CHILDREN'S PROFENIB SUSP BUBBLE GUM FLAVOR 100 MG/5 ML	Non-PDL Generic	OTC
pub ibuprofen 200 mg tablet	Non-PDL Generic	OTC
PUB IBUPROFEN JR 100 MG CHEW	Non-PDL Generic	OTC
PUB INF PROFENIB 50 MG/1.25 ML	Non-PDL Generic	OTC
pub naproxen sod 220 mg tablet	PDL Preferred Generic	OTC
QC CHILD IBUPROFEN 100 MG/5 ML	Non-PDL Generic	OTC
qc ibuprofen 200 mg caplet	Non-PDL Generic	OTC
qc ibuprofen 200 mg tablet	Non-PDL Generic	OTC
qc ibuprofen 200 mg tablet coated	Non-PDL Generic	OTC

Drug	Status	Notes
QC INF IBUPROFEN 50 MG/1.25 ML	Non-PDL Generic	OTC
qc naproxen sod 220 mg caplet	PDL Preferred Generic	OTC
qc naproxen sod 220 mg tablet	PDL Preferred Generic	OTC
RELAFEN DS 1,000 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day); Age (Min 18 Years)
SM CHILD IBUPROFEN 100 MG/5 ML	Non-PDL Generic	OTC
sulindac 150 mg tablet	PDL Preferred Generic	90 DS
sulindac 200 mg tablet	PDL Preferred Generic	
tolmetin sodium 200 mg tablet	PDL Non-Preferred Generic	PA
tolmetin sodium 400 mg cap	PDL Non-Preferred Generic	PA
tolmetin sodium 600 mg tab	PDL Non-Preferred Generic	PA
WAL-PROFEN 200 MG CAPLET F/C, CAPLET	Non-PDL Generic	OTC
WAL-PROFEN 200 MG CAPLET F/C,CAPLET	Non-PDL Generic	OTC
WAL-PROFEN 200 MG TABLET F/C	Non-PDL Generic	OTC
WAL-PROFEN 200 MG TABLET F/C,TWIN PACK BONUS	Non-PDL Generic	OTC
WAL-PROXEN 220 MG CAPLET	PDL Preferred Generic	OTC
WAL-PROXEN 220 MG TABLET	PDL Preferred Generic	OTC

Drug	Status	Notes
ZORVOLEX 35 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
ZYBIC 7.5 MG/5 ML SUSPENSION	PDL Non-Preferred Brand	PA
Plasma Kallikrein Inhibitors		
DAWNZERA 80 MG/0.8 ML PEN	PDL Non-Preferred Brand	PA; SP; QL (0.8 ML per 28 days)
EKTERLY 300 MG TABLET INNER	PDL Non-Preferred Brand	PA; SP; QL (4 EA per 1 day)
EKTERLY 300 MG TABLET OUTER	PDL Non-Preferred Brand	PA; SP; QL (4 EA per 1 day)
ORLADEYO 108 MG PELLET PACKET	PDL Non-Preferred Brand	PA; SP
ORLADEYO 110 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
ORLADEYO 132 MG PELLET PACKET	PDL Non-Preferred Brand	PA; SP
ORLADEYO 150 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
ORLADEYO 72 MG PELLET PACKET	PDL Non-Preferred Brand	PA; SP
ORLADEYO 96 MG PELLET PACKET	PDL Non-Preferred Brand	PA; SP
TAKHZYRO 150 MG/ML SYRINGE	PDL Non-Preferred Brand	PA; SP
TAKHZYRO 300 MG/2 ML SYRINGE 300 MG/2 ML (150 MG/ML)	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
Local Anesthesia		
Local Anesthetics		
GLYDO 2% JELLY SYRINGE	Non-PDL Generic	
lidocaine 2% viscous soln	Non-PDL Generic	
lidocaine 2% viscous solution 15 ml cup inner	Non-PDL Generic	
lidocaine 2% viscous solution 15 ml cup outer	Non-PDL Generic	
lidocaine hcl 2% jel urojet ac uro-jet ac, p/f, suv	Non-PDL Generic	
lidocaine hcl 2% jelly	Non-PDL Generic	
lidocaine hcl 2% jelly uro-jet uro-jet, p/f, suv	Non-PDL Generic	
lidocaine hcl 2% jelly uro-jet uro-jet,p/f, suv	Non-PDL Generic	
lidocaine hcl 2% jelly uro-jet uro-jet,single use	Non-PDL Generic	
lidocaine hcl 4% solution 4 % (40 mg/ml)	Non-PDL Generic	
lidocaine hcl 4% solution inner 4 % (40 mg/ml)	Non-PDL Generic	
lidocaine hcl 4% solution outer 4 % (40 mg/ml)	Non-PDL Generic	
Lower Gastrointestinal Disorders - Bowel Inflammat		
Bowel Antiinflamatory Agents		
sulfadiazine 500 mg tablet	Non-PDL Generic	
Chronic Inflam. Colon Dx, 5-A-Salicylat,Rectal Tx		
CANASA 1,000 MG SUPPOSITORY OUTER	PDL Non-Preferred Brand	PA
mesalamine 1,000 mg supp	PDL Preferred Generic	
mesalamine 1,000 mg supp inner	PDL Preferred Generic	

Drug	Status	Notes
mesalamine 1,000 mg supp outer	PDL Preferred Generic	
mesalamine 4 gm/60 ml enema 7x60ml, outer 4 gram/60 ml	PDL Non-Preferred Generic	PA
mesalamine 4 gm/60 ml enema inner 4 gram/60 ml	PDL Non-Preferred Generic	PA
mesalamine 4 gm/60 ml enema outer 4 gram/60 ml	PDL Non-Preferred Generic	PA
mesalamine 4 gm/60 ml kit 28x60ml plus wipes 4 gram/60 ml	PDL Non-Preferred Generic	PA
mesalamine 4 gm/60 ml kit 4 gram/60 ml	PDL Non-Preferred Generic	PA
mesalamine 4 gm/60 ml kit 7x60ml 4 gram/60 ml	PDL Non-Preferred Generic	PA
mesalamine 4 gm/60 ml kit 7x60ml plus wipes 4 gram/60 ml	PDL Non-Preferred Generic	PA
ROWASA 4 GM/60 ML ENEMA KIT OUTER 4 GRAM/60 ML	PDL Preferred Brand	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat		
AZULFIDINE 500 MG TABLET	PDL Non-Preferred Brand	PA
AZULFIDINE ENTAB 500 MG	PDL Non-Preferred Brand	PA
balsalazide disodium 750 mg cp	PDL Preferred Generic	
DIPENTUM 250 MG CAPSULE	PDL Non-Preferred Brand	PA

Drug	Status	Notes
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	PDL Non-Preferred Generic	PA
mesalamine dr 1.2 gm tablet 1.2 gram	PDL Preferred Generic	
mesalamine dr 400 mg capsule	PDL Non-Preferred Generic	PA
mesalamine er 0.375 gram cap	PDL Non-Preferred Generic	PA
mesalamine er 250 mg capsule	PDL Non-Preferred Generic	PA
mesalamine er 500 mg capsule	PDL Non-Preferred Generic	PA
PENTASA 250 MG CAPSULE	PDL Preferred Brand	
PENTASA 500 MG CAPSULE	PDL Preferred Brand	
sulfasalazine 500 mg tablet	PDL Preferred Generic	
sulfasalazine dr 500 mg tab	PDL Preferred Generic	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth		
ANALPRAM HC 2.5%-1% CREAM 2.5-1 %	Non-PDL Brand	

Drug	Status	Notes
ANALPRAM HC 2.5%-1% CRM SINGLE OUTER 2.5-1 % (4G)	Non-PDL Generic	
hydrocort-pramoxine 1%-1% crm 1-1 %	Non-PDL Generic	
hydrocort-pramoxine 2.5-1% crm	Non-PDL Generic	
hydrocort-pramoxine 2.5-1% crm singles 12x4gm tube 2.5-1 % (4g)	Non-PDL Generic	
hydrocort-pramoxine 2.5-1% crm singles 30x4gm tube 2.5-1 % (4g)	Non-PDL Generic	
lidocaine-hc 2.8-0.55% gel	Non-PDL Generic	
lidocaine-hc 3-0.5% cream inner	Non-PDL Generic	
lidocaine-hc 3-0.5% cream kit 20 tubes/app,wipes	Non-PDL Generic	
lidocaine-hc 3-0.5% cream kit	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-hc 3-2.5% gel kit 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	OTC
CVS HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	OTC
EQL HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	OTC
FT HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	OTC
FT HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	OTC
GNP HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	OTC

Drug	Status	Notes
GNP HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	OTC
GS HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	OTC
GS HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	OTC
HEMORRHOIDAL COOLING GEL 0.25-50 %	Non-PDL Generic	OTC
HEMORRHOIDAL COOLING GEL COOLING RELIEF 0.25-50 %	Non-PDL Generic	OTC
HEMORRHOIDAL OINTMENT	Non-PDL Generic	OTC
HEMORRHOIDAL OINTMENT	Non-PDL Generic	OTC
HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	OTC
HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	OTC
PREPARATION H 0.25% SUPPOSITRY	Non-PDL Generic	OTC
PUB HEMORRHOIDAL OINTMENT	Non-PDL Generic	OTC
PUB HEMORRHOIDAL SUPPOSITORIES 0.25-3 %	Non-PDL Generic	OTC
Hemorrhoidals, Local Rectal Anesthetics		
dibucaine 1% ointment	Non-PDL Generic	
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists		
VIBERZI 100 MG TABLET	PDL Non-Preferred Brand	PA
VIBERZI 75 MG TABLET	PDL Non-Preferred Brand	PA
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO 108 MG/0.68 ML PEN SUV, INNER	PDL Non-Preferred Brand	PA; SP
ENTYVIO 108 MG/0.68 ML PEN SUV, OUTER	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
LINZESS 145 MCG CAPSULE	PDL Preferred Brand	QL (1 EA per 1 day)
LINZESS 290 MCG CAPSULE	PDL Preferred Brand	QL (1 EA per 1 day)
LINZESS 72 MCG CAPSULE	PDL Preferred Brand	QL (1 EA per 1 day)
Rectal Preparations		
ANUCORT-HC 25 MG SUPPOSITORY	Non-PDL Generic	
ANUCORT-HC 25 MG SUPPOSITORY INNER	Non-PDL Generic	
ANUCORT-HC 25 MG SUPPOSITORY OUTER	Non-PDL Generic	
hydrocortisone ac 25 mg supp	Non-PDL Generic	
hydrocortisone ac 25 mg supp outer	Non-PDL Generic	
hydrocortisone ac 30 mg supp	Non-PDL Generic	
Rectal/Lower Bowel Prep.,Glucocort. (Non-Hemorr)		
budesonide 2 mg rectal foam inner 2 mg/actuation	PDL Non-Preferred Generic	PA
budesonide 2 mg rectal foam outer 2 mg/actuation	PDL Non-Preferred Generic	PA
hydrocortisone 100 mg/60 ml inner	Non-PDL Generic	
hydrocortisone 100 mg/60 ml outer	Non-PDL Generic	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU 200 MG TAB FOR SUSP	Non-PDL Brand	PA; SP
carglumic acid 200 mg tab susp	Non-PDL Generic	PA; SP

Drug	Status	Notes
ENULOSE 10 GM/15 ML SOLUTION 10 GRAM/15 ML	Non-PDL Generic	90 DS
GENERLAC 10 GM/15 ML SOLUTION 10 GRAM/15 ML	Non-PDL Generic	90 DS
glycerol phenylbutyrate 1.1 gram/ml	Non-PDL Generic	PA; SP
lactulose 10 gm/15 ml solution 10 gram/15 ml	Non-PDL Generic	90 DS
sodium phenylbutyrate 500 mg tb	Non-PDL Generic	PA; SP
sodium phenylbutyrate powder 0.94 gram/gram	Non-PDL Generic	PA; SP
Antidiarrheals		
ANTI-DIARRHEAL 2 MG CAPLET	Non-PDL Generic	OTC
ANTI-DIARRHEAL 2 MG CAPLET CAPLET	Non-PDL Generic	OTC
ANTI-DIARRHEAL 2 MG SOFTGEL	Non-PDL Generic	OTC
ANTI-DIARRHEAL 2 MG SOFTGEL SOFTGEL	Non-PDL Generic	OTC
ANTI-DIARRHEAL 2 MG TABLET	Non-PDL Generic	OTC
bismuth 262 mg tablet chew	Non-PDL Generic	OTC
BISMUTH 262 MG TABLET CHEW	Non-PDL Generic	OTC
CVS ANTI-DIARRHEAL 2 MG CAPLET	Non-PDL Generic	OTC
CVS ANTI-DIARRHEAL 2 MG CAPLET CAPLET	Non-PDL Generic	OTC
CVS ANTI-DIARRHEAL 2 MG SFTGEL	Non-PDL Generic	OTC
CVS ANTI-DIARRHEAL SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
CVS STOMACH RELF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	OTC
CVS STOMACH RELIEF MAX STR LIQ 525 MG/15 ML	Non-PDL Generic	OTC
CVS STOMACH RLF 262 MG CAPLET	Non-PDL Generic	OTC
CVS STOMACH RLF 262 MG CHEW TB	Non-PDL Generic	OTC

Drug	Status	Notes
DIAMODE 2 MG CAPLET	Non-PDL Generic	OTC
DIAMODE 2 MG CAPLET OUTER	Non-PDL Generic	OTC
DIARRHEA RELIEF 262 MG/15 ML VANILLA	Non-PDL Generic	OTC
DIARRHEA RELIEF 262 MG/15 ML VANILLA FLAVOR	Non-PDL Generic	OTC
DIARRHEA RELIEF SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
DIGESTIVE RELIEF CAPLET 262 MG	Non-PDL Generic	OTC
DIOTAME 262 MG TABLET CHEW OUTER	Non-PDL Generic	OTC
diphenoxylate-atropine 2.5-0.025 mg tablet	Non-PDL Generic	
diphenoxylate-atropine 2.5-0.025 mg/5 ml liquid	Non-PDL Generic	
EQ ANTI-DIARRHEAL 2 MG CAPLET	Non-PDL Generic	OTC
EQ ANTI-DIARRHEAL 2 MG CAPLET CAPLET	Non-PDL Generic	OTC
EQ ANTI-DIARRHEAL 2 MG SFTGEL	Non-PDL Generic	OTC
EQ STOMACH RELIEF 262 MG/15 ML	Non-PDL Generic	OTC
EQ STOMACH RELIEF 262 MG/15 ML REGULAR STRENGTH	Non-PDL Generic	OTC
EQ STOMACH RLF 262 MG CHEW TAB	Non-PDL Generic	OTC
EQL STOMACH RLF 262 MG/15 ML	Non-PDL Generic	OTC
EQL STOMACH RLF 525 MG/15 ML	Non-PDL Generic	OTC
FT ANTI-DIARRHEAL 2 MG CAPLET	Non-PDL Generic	OTC
FT ANTI-DIARRHEAL 2 MG SOFTGEL	Non-PDL Generic	OTC
FT STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	OTC
FT STOMACH RLF 262 MG CAPLET	Non-PDL Generic	OTC

Drug	Status	Notes
FT STOMACH RLF 262 MG CHEW TAB	Non-PDL Generic	OTC
GNP ANTI-DIARRHEAL 2 MG CAPLET CAPLET	Non-PDL Generic	OTC
GNP ANTI-DIARRHEAL 2 MG TABLET	Non-PDL Generic	OTC
GNP K-PEC SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
GNP PINK BISMUTH 262 MG TB CHW	Non-PDL Generic	OTC
GNP PINK BISMUTH 525 MG/15 ML	Non-PDL Generic	OTC
GNP PINK BISMUTH CAPLET 262 MG	Non-PDL Generic	OTC
GNP STOMACH RLF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	OTC
GS ANTI-DIARRHEAL 2 MG CAPLET	Non-PDL Generic	OTC
GS STOMACH RLF 262 MG CHEW TAB	Non-PDL Generic	OTC
IMODIUM A-D 2 MG SOFTGEL	Non-PDL Generic	OTC
KAOPECTATE 262 MG SOFT CHEW	Non-PDL Generic	OTC
KAOPECTATE 262 MG/15 ML SUSP	Non-PDL Generic	OTC
KAOPECTATE MAX 525 MG/15 ML SUSP	Non-PDL Generic	OTC
K-PEC SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
loperamide 2 mg caplet caplet	Non-PDL Generic	OTC
loperamide 2 mg capsule (rx)	Non-PDL Generic	
loperamide 2 mg capsule u-d, 10x10, inner (rx)	Non-PDL Generic	
loperamide 2 mg capsule u-d,10x10,outer (rx)	Non-PDL Generic	
loperamide 2 mg tablet	Non-PDL Generic	OTC
opium tincture 10 mg/ml 10 mg/ml (morphine)	Non-PDL Generic	

Drug	Status	Notes
PEPTO-BISMOL 262 MG CHEW TAB	Non-PDL Brand	OTC
PEPTO-BISMOL 262 MG CHEW TAB INSTACOOL	Non-PDL Brand	OTC
PEPTO-BISMOL 525 MG/30 ML SUSP 262 MG/15 ML	Non-PDL Brand	OTC
PEPTO-BISMOL 525 MG/30 ML SUSP CHERRY 262 MG/15 ML	Non-PDL Brand	OTC
PEPTO-BISMOL MAX STR SUSP MAX-STR, CHERRY 525 MG/15 ML	Non-PDL Brand	OTC
PEPTO-BISMOL MAX STR SUSP MAX-STRENGTH 525 MG/15 ML	Non-PDL Brand	OTC
PEPTO-BISMOL SUSPENSION TWIN PACK 262 MG/15 ML	Non-PDL Brand	OTC
PEPTO-BISMOL TO-GO 262 MG CHEW 2X12, CHERRY FLAVOR	Non-PDL Brand	OTC
PEPTO-BISMOL TO-GO 262 MG CHEW 2X12,CHERRY FLAVOR	Non-PDL Brand	OTC
PEPTO-BISMOL TO-GO 262 MG CHEW CHERRY FLAVOR	Non-PDL Brand	OTC
PINK BISMUTH 262 MG TAB CHEW	Non-PDL Generic	OTC
PINK BISMUTH CAPLET 262 MG	Non-PDL Generic	OTC
PUB PINK BISMUTH MAX STR LIQ 525 MG/15 ML	Non-PDL Generic	OTC
PUB STOMACH RLF 262 MG CHEW TB CHEWABLE	Non-PDL Generic	OTC
PUB STOMACH RLF 262 MG/15 ML ORIGINAL FORMULA	Non-PDL Generic	OTC
QC ANTI-DIARRHEAL 2 MG CAPLET	Non-PDL Generic	OTC
QC ANTI-DIARRHEAL 2 MG SOFTGEL	Non-PDL Generic	OTC
QC PINK BISMUTH 262 MG CAPLET	Non-PDL Generic	OTC
QC STOMACH RELIEF 525 MG/15 ML	Non-PDL Generic	OTC
QC STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	OTC
QC STOMACH RLF 262 MG CAPLET	Non-PDL Generic	OTC

Drug	Status	Notes
QC STOMACH RLF 262 MG CHEW TAB	Non-PDL Generic	OTC
SOOTHE 262 MG CAPLET CAPLET	Non-PDL Generic	OTC
SOOTHE 262 MG CHEWABLE TABLET	Non-PDL Generic	OTC
SOOTHE 262 MG/15 ML SUSPENSION	Non-PDL Generic	OTC
SOOTHE 262 MG/15 ML SUSPENSION CHERRY	Non-PDL Generic	OTC
SOOTHE 262 MG/15 ML SUSPENSION ORIGINAL	Non-PDL Generic	OTC
SOOTHE 525 MG/30 ML SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
SOOTHE REGULAR STRENGTH SUSP 262 MG/15 ML	Non-PDL Generic	OTC
SOOTHE SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
STOMACH RELIEF 262 MG CAPLET	Non-PDL Generic	OTC
STOMACH RELIEF 262 MG CHEW TAB	Non-PDL Generic	OTC
STOMACH RELIEF 525 MG/15 ML	Non-PDL Generic	OTC
STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	OTC
STOMACH RELIEF MAX STR LIQUID MAX-STRENGTH 525 MG/15 ML	Non-PDL Generic	OTC
STOMACH RLF 262 MG/15 ML SUSP ORIGINAL STRENGTH	Non-PDL Generic	OTC
STOMACH RLF 525 MG/30 ML SUSP 262 MG/15 ML	Non-PDL Generic	OTC
ULTRA A-D 2 MG CAPLET	Non-PDL Generic	OTC
Bile Salts		
ursodiol 250 mg tablet	Non-PDL Generic	
ursodiol 250 mg tablet f/c	Non-PDL Generic	
ursodiol 300 mg capsule	Non-PDL Generic	90 DS
ursodiol 300 mg capsule inner	Non-PDL Generic	90 DS

Drug	Status	Notes
ursodiol 300 mg capsule outer	Non-PDL Generic	90 DS
ursodiol 500 mg tablet	Non-PDL Generic	
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA 50 MG TABLET	PDL Non-Preferred Brand	PA
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
alosetron hcl 0.5 mg tablet	PDL Non-Preferred Generic	PA
alosetron hcl 1 mg tablet	PDL Non-Preferred Generic	PA
LOTRONEX 0.5 MG TABLET	PDL Non-Preferred Brand	PA
LOTRONEX 1 MG TABLET	PDL Non-Preferred Brand	PA
Laxatives And Cathartics		
AMITIZA 8 MCG CAPSULE	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
bisacodyl ec 5 mg tablet	Non-PDL Generic	OTC
bisacodyl ec 5 mg tablet usp	Non-PDL Generic	OTC
castor oil 100 %	Non-PDL Generic	OTC
castor oil stimulant laxative 100 %	Non-PDL Generic	OTC
castor oil usp (rx)	Non-PDL Generic	
castor oil usp 100 %	Non-PDL Generic	OTC
CITROMA SOLUTION	Non-PDL Generic	OTC
CITRUCEL 500 MG CAPLET	Non-PDL Brand	OTC

Drug	Status	Notes
CITRUCEL POWDER	Non-PDL Brand	OTC
CITRUCEL POWDER S-F	Non-PDL Brand	OTC
CITRUCEL POWDER S-F ORANGE	Non-PDL Brand	OTC
CLEARLAX POWDER 14 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
CLEARLAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
CLEARLAX POWDER 7 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
CLEARLAX POWDER PACKET 17 GRAM	Non-PDL Generic	OTC
CLENPIQ 175 ML SOLUTION INNER 10 MG-3.5 GRAM- 12 GRAM/175 ML	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
CLENPIQ 175 ML SOLUTION OUTER 10 MG-3.5 GRAM- 12 GRAM/175 ML	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
COLACE 100 MG CAPSULE	Non-PDL Brand	OTC
COLACE CLEAR 50 MG SOFTGEL	Non-PDL Brand	OTC
CONSTULOSE 10 GM/15 ML SOLN 10 GRAM/15 ML	Non-PDL Generic	90 DS
cvs bisacodyl ec 5 mg tablet	Non-PDL Generic	OTC
cvs castor oil 100 %	Non-PDL Generic	OTC
CVS C-LAX LAXATIVE EC 5 MG TAB	Non-PDL Generic	OTC
CVS DAILY FIBER 0.52 GRAM CAP	Non-PDL Generic	OTC
CVS FIBER 0.52 G CAPSULE 0.52 GRAM	Non-PDL Generic	OTC

Drug	Status	Notes
CVS FIBER LAXATIVE 625 MG CPLT CAPLET	Non-PDL Generic	OTC
CVS FIBER THERAPY 500 MG CAPLT	Non-PDL Generic	OTC
CVS FIBER THERAPY CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
CVS GENTLE LAXATIVE EC 5 MG TB	Non-PDL Generic	OTC
CVS GENTLE LAXATIVE EC 5 MG TB COMFORT COATED	Non-PDL Generic	OTC
cvs magnesium citrate solution	Non-PDL Generic	OTC
CVS MILK OF MAGNESIA SUSP 400 MG/5 ML	Non-PDL Generic	OTC
cvs mineral oil	Non-PDL Generic	OTC
CVS NATURAL DAILY FIBER POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
CVS NATURAL DAILY FIBER POWDER 3.4 GRAM/7 GRAM	Non-PDL Generic	OTC
CVS PURELAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
CVS PURELAX POWDER PACKET 17 GRAM	Non-PDL Generic	OTC
CVS SENNA 8.6 MG TABLET (OTC)	Non-PDL Generic	OTC
CVS SENNA LAXATIVE 8.6 MG TAB	Non-PDL Generic	OTC
CVS SENNA PLUS TABLET 8.6-50 MG	Non-PDL Generic	OTC
CVS STOOL SOFTENER 100 MG SFGL	Non-PDL Generic	OTC
CVS STOOL SOFTENER 250 MG SFGL	Non-PDL Generic	OTC
CVS STOOL SOFTENER 50 MG SOFTGEL	Non-PDL Generic	OTC
CVS STOOL SOFTENER-STIM LAX TB 8.6-50 MG	Non-PDL Generic	OTC
CVS WOMEN'S GENTLE LAX EC 5 MG	Non-PDL Generic	OTC
DAILY FIBER CAPSULE 0.4 GRAM	Non-PDL Generic	

Drug	Status	Notes
docusate sod 100 mg/10 ml cup inner 50 mg/5 ml	Non-PDL Generic	OTC
docusate sod 100 mg/10 ml cup outer 50 mg/5 ml	Non-PDL Generic	OTC
docusate sod 60 mg/15 ml syrp	Non-PDL Generic	OTC
docusate sodium 100 mg capsule	Non-PDL Generic	OTC
docusate sodium 100 mg softgel	Non-PDL Generic	OTC
docusate sodium 100 mg softgel inner, softgel	Non-PDL Generic	OTC
docusate sodium 100 mg softgel outer, softgel	Non-PDL Generic	OTC
docusate sodium 100 mg softgel softgel	Non-PDL Generic	OTC
docusate sodium 100 mg softgel u-d, softgel	Non-PDL Generic	OTC
docusate sodium 100 mg softgel u-d,softgel	Non-PDL Generic	OTC
docusate sodium 250 mg capsule u-d,softgel	Non-PDL Generic	OTC
docusate sodium 250 mg softgel	Non-PDL Generic	OTC
docusate sodium 250 mg softgel softgel	Non-PDL Generic	OTC
docusate sodium 250 mg softgel u-d, softgel	Non-PDL Generic	OTC
docusate sodium 50 mg/5 ml cup inner	Non-PDL Generic	OTC
docusate sodium 50 mg/5 ml cup outer	Non-PDL Generic	OTC
docusate sodium 50 mg/5 ml liq	Non-PDL Generic	OTC
docusate sodium-sennosides tab 8.6-50 mg	Non-PDL Generic	OTC
DOCUZEN 8.6-50 MG TABLET	Non-PDL Generic	OTC
DULCOLAX 1,200 MG/15 ML LIQUID 400 MG/5 ML	Non-PDL Generic	OTC
DULCOLAX EC 5 MG TABLET	Non-PDL Brand	OTC

Drug	Status	Notes
DULCOLAX SS 100 MG LIQUID GEL	Non-PDL Generic	OTC
DULCOLAX SS 100 MG SOFTGEL	Non-PDL Generic	OTC
EQ CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
EQ CLEARLAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
EQ DAILY FIBER 0.52 GRAM CAP	Non-PDL Generic	OTC
EQ DAILY FIBER LAXATIVE POWDER 3.4 GRAM/12 GRAM	Non-PDL Generic	OTC
EQ FIBER THERAPY 0.52 GRAM CAP	Non-PDL Generic	OTC
EQ FIBER THERAPY 625 MG CAPLET	Non-PDL Generic	OTC
EQ FIBER THERAPY CAPLET 500 MG	Non-PDL Generic	OTC
EQ FIBER THERAPY POWDER	Non-PDL Generic	OTC
EQ GENTLE LAXATIVE DR 5 MG TAB COMFORT COATED	Non-PDL Generic	OTC
eq magnesium citrate solution	Non-PDL Generic	OTC
eq magnesium citrate solution cherry	Non-PDL Generic	OTC
EQ MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
eq mineral oil odorless	Non-PDL Generic	OTC
EQ NATURAL FIBER LAXATIVE POWD SMOOTH TEXTURE	Non-PDL Generic	OTC
EQ NATURAL LAXATIVE 8.6 MG TAB	Non-PDL Generic	OTC
EQ SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	OTC
EQ STOOL SOFTENER 100 MG SFTGL	Non-PDL Generic	OTC
EQ STOOL SOFTENER 100 MG SFTGL SOFTGEL	Non-PDL Generic	OTC
EQ STOOL SOFTENER-STIM LAX TAB 8.6-50 MG	Non-PDL Generic	OTC

Drug	Status	Notes
EQ VEGETABLE LAXATIVE 8.6 MG TB	Non-PDL Generic	OTC
EQ WOMEN'S LAXATIVE 5 MG TAB	Non-PDL Generic	OTC
eql castor oil 100 %	Non-PDL Generic	OTC
EQL CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
EQL FIBER THERAPY POWDER 3.4 GRAM/7 GRAM	Non-PDL Generic	OTC
EQL GENTLE LAXATIVE EC 5 MG TB	Non-PDL Generic	OTC
eql mineral oil	Non-PDL Generic	OTC
EQL STOOL SOFTENER 100 MG SFGL	Non-PDL Generic	OTC
FIBER 625 MG CAPLET	Non-PDL Generic	OTC
FIBER LAX 625 MG CAPLET	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG CAPLET	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG CAPLET CAPLET	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG CAPLET INNER	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG CAPLET OUTER	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG TABLET INNER	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG TABLET OUTER	Non-PDL Generic	OTC
FIBER TABS 625 MG	Non-PDL Generic	OTC
FIBER THERAPY 500 MG CAPLET CAPLET	Non-PDL Generic	OTC
FIBER THERAPY CAPLET CAPLET 500 MG	Non-PDL Generic	OTC
FIBER THERAPY POWDER (OTC) 3.4 GRAM/12 GRAM	Non-PDL Generic	OTC
FIBER THERAPY POWDER 2 GRAM/19 GRAM	Non-PDL Generic	OTC

Drug	Status	Notes
FIBER THERAPY POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
FIBERCON 625 MG CAPLET	Non-PDL Brand	OTC
FIBER-LAX 625 MG CAPLET	Non-PDL Generic	OTC
FLEET BISACODYL EC 5 MG TAB	Non-PDL Generic	OTC
FLEET DOCUSATE 100 MG SOFTGEL	Non-PDL Generic	OTC
ft castor oil 100 %	Non-PDL Generic	OTC
ft castor oil usp 100 %	Non-PDL Generic	OTC
FT CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
FT FIBER LAXATIVE 625 MG CPLT	Non-PDL Generic	OTC
FT LAXATIVE EC 5 MG TABLET	Non-PDL Generic	OTC
ft magnesium citrate solution	Non-PDL Generic	OTC
FT MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
ft mineral oil	Non-PDL Generic	OTC
FT SENNA LAXATIVE 8.6 MG TAB	Non-PDL Generic	OTC
FT SENNA-S 8.6-50 MG TABLET	Non-PDL Generic	OTC
FT SENNA-S 8.6-50 MG TABLET INNER	Non-PDL Generic	OTC
FT SENNA-S 8.6-50 MG TABLET OUTER	Non-PDL Generic	OTC
FT STOOL SOFTENER 100 MG SFTGL	Non-PDL Generic	OTC
FT STOOL SOFTENER 250 MG SFTGL	Non-PDL Generic	OTC
FT STOOL SOFTENER-STIM LAX TAB 8.6-50 MG	Non-PDL Generic	OTC
GAVILAX 8.5 GRAM POWDER PACKET	Non-PDL Generic	OTC

Drug	Status	Notes
GAVILYTE-C SOLUTION 240-22.72-6.72 - 5.84 GRAM	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G SOLUTION 236-22.74-6.74 - 5.86 GRAM	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N SOLUTION 420 GRAM	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GENTLE LAXATIVE 1,200 MG/15 ML 400 MG/5 ML	Non-PDL Generic	OTC
GENTLE LAXATIVE 5 MG TABLET	Non-PDL Generic	OTC
GENTLE LAXATIVE EC 5 MG TABLET	Non-PDL Generic	OTC
GENTLE LAXATIVE EC 5 MG TABLET EASY TO SWALLOW,N	Non-PDL Generic	OTC
GENTLELAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
GERI-KOT 8.6 MG TABLET	Non-PDL Generic	OTC
GERI-MUCIL POWDER 3.4 GRAM/7 GRAM	Non-PDL Generic	OTC
gnp castor oil 100 %	Non-PDL Generic	OTC
gnp castor oil usp 100 %	Non-PDL Generic	OTC
GNP CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
GNP CLEARLAX POWDER PACKET 17 GRAM	Non-PDL Generic	OTC
GNP FIBER TABS 625 MG	Non-PDL Generic	OTC
GNP FIBER THERAPY 500 MG CAPLT CAPLET	Non-PDL Generic	OTC
GNP GENTLE LAXATIVE EC 5 MG TB	Non-PDL Generic	OTC

Drug	Status	Notes
gnp magnesium citrate solution	Non-PDL Generic	OTC
GNP MILK OF MAGNESIA SUSP 400 MG/5 ML	Non-PDL Generic	OTC
GNP MILK OF MAGNESIA SUSP REGULAR 400 MG/5 ML	Non-PDL Generic	OTC
gnp mineral oil	Non-PDL Generic	OTC
GNP NATURAL FIBER LAXATIVE CAP 0.52 GRAM	Non-PDL Generic	OTC
GNP NATURAL FIBER POWDER SMOOTH TEXTURE	Non-PDL Generic	OTC
GNP NATURAL FIBER POWDER SMOOTH TEXTURE	Non-PDL Generic	OTC
GNP SENNA LAX 8.6 MG TABLET	Non-PDL Generic	OTC
GNP SENNA PLUS 8.6-50 MG TAB	Non-PDL Generic	OTC
GNP STOOL SOFTENER 100 MG SFGL	Non-PDL Generic	OTC
GNP STOOL SOFTENER 250 MG SFGL	Non-PDL Generic	OTC
GNP STOOL SOFTENER 50 MG/5 ML	Non-PDL Generic	OTC
GNP STOOL SOFTENER 60 MG/15 ML	Non-PDL Generic	OTC
GNP STOOL SOFTENER-STIM LAX TB 8.6-50 MG	Non-PDL Generic	OTC
gs bisacodyl ec 5 mg tablet	Non-PDL Generic	OTC
GS CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
GS FIBER LAXATIVE 625 MG CPLT	Non-PDL Generic	OTC
GS MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
gs mineral oil	Non-PDL Generic	OTC
GS SENNA LAXATIVE 8.6 MG TAB	Non-PDL Generic	OTC
GS STIMULANT LAXATIVE PLUS TAB 8.6-50 MG	Non-PDL Generic	OTC

Drug	Status	Notes
GS STOOL SOFTENER 100 MG SFTGL	Non-PDL Generic	OTC
HEALTHYLAX POWDER PACKET 14X17GM, INNER 17 GRAM	Non-PDL Generic	OTC
HEALTHYLAX POWDER PACKET 14X17GM, OUTER 17 GRAM	Non-PDL Generic	OTC
HEALTHYLAX POWDER PACKET INNER 17 GRAM	Non-PDL Generic	OTC
HEALTHYLAX POWDER PACKET OUTER 17 GRAM	Non-PDL Generic	OTC
HV MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
HYDROCIL INSTANT POWDER	Non-PDL Generic	OTC
INSTALAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
KRISTALOSE 10 GM PACKET OUTER 10 GRAM	Non-PDL Brand	
KRO GENTLELAX 17 GRAM POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
lactulose 10 gm/15 ml solution 10 gram/15 ml	Non-PDL Generic	90 DS
lactulose 10 gm/15 ml solution cup inner 10 gram/15 ml	Non-PDL Generic	
lactulose 10 gm/15 ml solution cup outer 10 gram/15 ml	Non-PDL Generic	
lactulose 20 gm packet 20 gram	Non-PDL Generic	QL (2 EA per 1 day)
lactulose 20 gm packet inner 20 gram	Non-PDL Generic	QL (2 EA per 1 day)
lactulose 20 gm packet outer 20 gram	Non-PDL Generic	QL (2 EA per 1 day)
lactulose 20 gm/30 ml solution cup inner 10 gram/15 ml	Non-PDL Generic	
lactulose 20 gm/30 ml solution cup outer 10 gram/15 ml	Non-PDL Generic	
LAX STOOL SOFTENER-SENNA TAB 8.6-50 MG	Non-PDL Generic	OTC
LAXA BASIC 100 MG SOFTGEL	Non-PDL Generic	OTC
LAXACIN TABLET 8.6-50 MG	Non-PDL Generic	OTC

Drug	Status	Notes
LAXACLEAR POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
LAXATIVE 5 MG TABLET	Non-PDL Generic	OTC
LAXATIVE EC 5 MG TABLET	Non-PDL Generic	OTC
lubiprostone 24 mcg capsule	PDL Preferred Generic	QL (2 EA per 1 day)
lubiprostone 8 mcg capsule	PDL Preferred Generic	QL (2 EA per 1 day)
magnesium citrate solution	Non-PDL Generic	OTC
magnesium citrate solution cherry	Non-PDL Generic	OTC
magnesium citrate solution grape	Non-PDL Generic	OTC
magnesium citrate solution lemon	Non-PDL Generic	OTC
magnesium citrate solution saline laxative	Non-PDL Generic	OTC
METAMUCIL POWDER ORANGE FLAVOR 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
MILK OF MAGNESIA CONCENTRATED 2,400 MG/10 ML CUP INNER	Non-PDL Generic	OTC
MILK OF MAGNESIA CONCENTRATED 2,400 MG/10 ML CUP OUTER	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSP 2,400 MG/30 ML CUP INNER 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSP 2,400 MG/30 ML CUP OUTER 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION 100'S, U-D 400 MG/5 ML	Non-PDL Generic	OTC
milk of magnesia suspension 400 mg/5 ml	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION CHERRY 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION GLUTEN-FREE,CHERRY 400 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
MILK OF MAGNESIA SUSPENSION GLUTEN-FREE,MINT 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION LOW SODIUM,ORIGL 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION MINT 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION MINT,LOW SODIUM 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION ORIGINAL 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION REGULAR 400 MG/5 ML	Non-PDL Generic	OTC
mineral oil	Non-PDL Generic	OTC
mineral oil 30 ml cup	Non-PDL Generic	OTC
MINERAL OIL, HEAVY (OTC)	Non-PDL Generic	OTC
MINERAL OIL, HEAVY USP, HEAVY (RX)	Non-PDL Generic	
MIX-IN LAXATIVE POWDER PACKET 17 GRAM	Non-PDL Generic	OTC
NATURAL FIBER LAXATIVE CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
NATURAL FIBER POWDER SMOOTH TEXTURE	Non-PDL Generic	OTC
NATURAL FIBER POWDER SMOOTH TEXTURE	Non-PDL Generic	OTC
ONELAX DOCUSATE SOD 50 MG/5 ML	Non-PDL Generic	OTC
ONELAX MAGNESIUM CITRATE SOLN INNER	Non-PDL Generic	OTC
ONELAX MAGNESIUM CITRATE SOLN OUTER	Non-PDL Generic	OTC
ONELAX SENNA 8.8 MG/5 ML SYRUP	Non-PDL Generic	OTC
peg 3350-electrolyte solution 420 gram	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)

Drug	Status	Notes
peg 3350-electrolyte solution lemon 420 gram	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg-3350 and electrolytes soln 236-22.74-6.74 -5.86 gram	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
peg3350-sod sul-nacl-kcl-ascb-c 100-7.5-2.691-1.015-5.9-4.7g 100-7.5-2.691 gram	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
PHILLIPS' LAX LIQUI-GELS 100 MG	Non-PDL Generic	OTC
PHILLIPS' MILK OF MAGNESIA 400 MG/5 ML	Non-PDL Brand	OTC
PLENVU POWDER PACKETS 140-9-5.2 GRAM	Preventive	$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.
polyethylene glycol 3350 powd (otc) 17 gram	Non-PDL Generic	OTC
polyethylene glycol 3350 powd (otc) 17 gram/dose	Non-PDL Generic	OTC
polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose	Non-PDL Generic	OTC
polyethylene glycol 3350 powd 17 grams pkt,inner (otc)	Non-PDL Generic	OTC
polyethylene glycol 3350 powd 17 grams pkts,outer (otc)	Non-PDL Generic	OTC
polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose	Non-PDL Generic	OTC
polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose	Non-PDL Generic	OTC
polyethylene glycol 3350 powd inner (otc) 17 gram	Non-PDL Generic	OTC
polyethylene glycol 3350 powd outer (otc) 17 gram	Non-PDL Generic	OTC
POWDERLAX 17 G POWDER PACKET 17 GRAM	Non-PDL Generic	OTC

Drug	Status	Notes
POWDERLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
PROLAXA 250 MG SOFTGEL	Non-PDL Generic	OTC
psyllium fiber 0.52 g capsule 0.52 gram	Non-PDL Generic	OTC
psyllium fiber capsule 0.4 gram	Non-PDL Generic	
pub docusate sodium 100 mg cap	Non-PDL Generic	OTC
PUB FIBER 625 MG CAPLET	Non-PDL Generic	OTC
PUB FIBER CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
PUB LAXATIVE EC 5 MG TABLET	Non-PDL Generic	OTC
PUB MILK OF MAGNESIA SUSP CHERRY 400 MG/5 ML	Non-PDL Generic	OTC
PUB MILK OF MAGNESIA SUSP MINT 400 MG/5 ML	Non-PDL Generic	OTC
PUB MILK OF MAGNESIA SUSP ORIGINAL 400 MG/5 ML	Non-PDL Generic	OTC
QC FIBER 625 MG CAPLET	Non-PDL Generic	OTC
QC GENTLE LAXATIVE EC 5 MG TAB	Non-PDL Generic	OTC
QC LAXATIVE 8.6 MG TABLET	Non-PDL Generic	OTC
QC LAXATIVE EC 5 MG TABLET	Non-PDL Generic	OTC
QC LAXATIVE PEG 3350 POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
qc psyllium fiber powder 3 gram/7 gram	Non-PDL Generic	
REGULOID CAPSULE 0.4 GRAM	Non-PDL Generic	
SENAKLEAR 8.6 MG TABLET	Non-PDL Generic	OTC
SENEXON-S 50-8.6 MG TABLET 8.6-50 MG	Non-PDL Generic	OTC
senna 26.4 mg/15 ml syrup cup inner 8.8 mg/5 ml	Non-PDL Generic	OTC

Drug	Status	Notes
senna 26.4 mg/15 ml syrup cup outer 8.8 mg/5 ml	Non-PDL Generic	OTC
SENNA 8.6 MG TABLET (OTC)	Non-PDL Generic	OTC
SENNA 8.6 MG TABLET (RX)	Non-PDL Generic	
SENNA 8.8 MG/5 ML LIQUID	Non-PDL Generic	OTC
senna 8.8 mg/5 ml syrup	Non-PDL Generic	OTC
SENNA 8.8 MG/5 ML SYRUP	Non-PDL Generic	OTC
senna 8.8 mg/5 ml syrup cup inner	Non-PDL Generic	OTC
senna 8.8 mg/5 ml syrup cup outer	Non-PDL Generic	OTC
SENNA LAXATIVE 8.6 MG TABLET	Non-PDL Generic	OTC
SENNA PLUS 8.6-50 MG TABLET	Non-PDL Generic	OTC
SENNA PLUS TABLET 8.6-50 MG	Non-PDL Generic	OTC
SENNA PLUS TABLET U-D, 10X10 8.6-50 MG	Non-PDL Generic	OTC
SENNA-LAX 8.6 MG TABLET	Non-PDL Generic	OTC
SENNA-S 8.6-50 MG TABLET	Non-PDL Generic	OTC
SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	OTC
SENNA-TIME 8.6 MG TABLET (OTC)	Non-PDL Generic	OTC
SENNA-TIME S TABLET 8.6-50 MG	Non-PDL Generic	OTC
sennosides 8.6 mg tablet	Non-PDL Generic	OTC
sennosides-docusate sodium tab 8.6-50 mg	Non-PDL Generic	OTC
SENOKOT-S TABLET 8.6-50 MG	Non-PDL Generic	OTC
SMOOTHLAX POWDER 14 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC

Drug	Status	Notes
SMOOTHLAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
SMOOTHLAX POWDER 50 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
SMOOTHLAX POWDER PACKET 10 DAILY DOSES 17 GRAM	Non-PDL Generic	OTC
SMOOTHLAX POWDER PACKET 10 ONCE-DAILY DOSES 17 GRAM	Non-PDL Generic	OTC
SMOOTHLAX POWDER PACKET 17 GRAM	Non-PDL Generic	OTC
sod sul-potass sul-mag sul sol 17.5-3.13-1.6 gram	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
sod sul-potass sul-mag sul sol 2-6oz+mix cont,outer 17.5-3.13-1.6 gram	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
sod sul-potass sul-mag sul sol inner 17.5-3.13-1.6 gram	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
sod sul-potass sul-mag sul sol outer 17.5-3.13-1.6 gram	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
STIMULANT LAXATIVE PLUS TABLET 8.6-50 MG	Non-PDL Generic	OTC
STOOL SOFTENER 100 MG CAPSULE	Non-PDL Generic	OTC
STOOL SOFTENER 100 MG CAPSULE ORIGINAL	Non-PDL Generic	OTC
STOOL SOFTENER 100 MG SOFTGEL	Non-PDL Generic	OTC
STOOL SOFTENER 100 MG SOFTGEL SOFTGEL	Non-PDL Generic	OTC
STOOL SOFTENER 100 MG SOFTGEL SOFTGEL, ORIGINAL	Non-PDL Generic	OTC

Drug	Status	Notes
STOOL SOFTENER 250 MG SOFTGEL	Non-PDL Generic	OTC
STOOL SOFTENER 50 MG/5 ML LIQ	Non-PDL Generic	OTC
STOOL SOFTENER 60 MG/15 ML SYR	Non-PDL Generic	OTC
STOOL SOFTENER-LAXATIVE TABLET 8.6-50 MG	Non-PDL Generic	OTC
STOOL SOFTENER-LAXATIVE TABLET PLUS LAXATIVE 8.6-50 MG	Non-PDL Generic	OTC
STOOL SOFTENER-STIM LAX TABLET 8.6-50 MG	Non-PDL Generic	OTC
SUFLAVE POWDER OUTER 178.7-7.3-0.5 GRAM	Preventive	$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (2 EA per 1 FILL)
SUTAB 1.479-0.225-0.188 GM TAB INNER 1.479-0.188- 0.225 GRAM	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
SUTAB 1.479-0.225-0.188 GM TAB OUTER 1.479-0.188- 0.225 GRAM	Preventive	$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
SW CLEARLAX POWDER 14 DAY 17 GRAM/DOSE	Non-PDL Generic	OTC
SW CLEARLAX POWDER 30 DAY 17 GRAM/DOSE	Non-PDL Generic	OTC
VEGETABLE LAX-STOOL SOFTNR TAB 8.6-50 MG	Non-PDL Generic	OTC
WAL-MUCIL 0.52 G CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
WAL-MUCIL 100% NATURAL FIBER 180 DOSES,ORANGE 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
WAL-MUCIL NTRL FIBER LAX POWD 3.4 GRAM/12 GRAM	Non-PDL Generic	OTC
WOMANS LAXATIVE TABLET 5 MG	Non-PDL Generic	OTC
WOMEN'S GENTLE LAX EC 5 MG TAB	Non-PDL Generic	OTC
WOMEN'S LAXATIVE 5 MG TABLET	Non-PDL Generic	OTC

Drug	Status	Notes
Laxatives, Local/Rectal		
bisacodyl 10 mg suppository	Non-PDL Generic	OTC
child glycerin suppository	Non-PDL Generic	OTC
CHILD PROCTOZONE-G 1.2 GM SUPP OUTER	Non-PDL Generic	OTC
CVS ENEMA DISPOSABLE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
CVS ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
CVS GENTLE LAXATIVE 10 MG SUPP	Non-PDL Generic	OTC
cvs glycerin 2 gm adult suppos	Non-PDL Generic	OTC
cvs glycerin suppository	Non-PDL Generic	OTC
cvs glycerin suppository child size	Non-PDL Generic	OTC
DULCOLAX 10 MG SUPPOSITORY	Non-PDL Brand	OTC
ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
ENEMA READY TO USE INNER 19-7 GRAM/118 ML	Non-PDL Generic	OTC
ENEMA READY TO USE OUTER 19-7 GRAM/118 ML	Non-PDL Generic	OTC
ENEMA READY-TO-USE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
ENEMA READY-TO-USE 3X133ML 19-7 GRAM/118 ML	Non-PDL Generic	OTC
FLEET ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	OTC
FLEET ENEMA 2X133ML, TWIN PACK 19-7 GRAM/118 ML	Non-PDL Generic	OTC
FLEET ENEMA 4X133ML 19-7 GRAM/118 ML	Non-PDL Generic	OTC
FLEET GLYCERIN 2 GM ADULT SUPP	Non-PDL Generic	OTC
FLEET MINERAL OIL ENEMA	Non-PDL Brand	OTC

Drug	Status	Notes
FLEET PEDIA-LAX ENEMA 9.5-3.5 GRAM/59 ML	Non-PDL Generic	OTC
FT ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
FT ENEMA READY TO USE TWIN PAK 19-7 GRAM/118 ML	Non-PDL Generic	OTC
FT GENTLE LAXATIVE 10 MG SUPP	Non-PDL Generic	OTC
FT READY TO USE MIN OIL ENEMA	Non-PDL Generic	OTC
GENTLE LAXATIVE 10 MG SUPPOSIT	Non-PDL Generic	OTC
GENTLE LAXATIVE 10 MG SUPPOSIT INNER	Non-PDL Generic	OTC
GENTLE LAXATIVE 10 MG SUPPOSIT OUTER	Non-PDL Generic	OTC
glycerin adult suppository	Non-PDL Generic	OTC
glycerin pediatric suppository infants & children	Non-PDL Generic	OTC
glycerin suppository	Non-PDL Generic	OTC
glycerin suppository child size	Non-PDL Generic	OTC
glycerin suppository infant & children	Non-PDL Generic	OTC
GNP GENTLE LAXATIVE 10 MG SUPP	Non-PDL Generic	OTC
gnp glycerin suppository	Non-PDL Generic	OTC
gnp glycerin suppository child size	Non-PDL Generic	OTC
infant & child glycerin suppos infant & children	Non-PDL Generic	OTC
LAXATIVE 10 MG SUPPOSITORY	Non-PDL Generic	OTC
MAGIC BULLET 10 MG SUPPOS	Non-PDL Generic	OTC
mineral oil enema	Non-PDL Generic	OTC
ONELAX 10 MG SUPPOSITORY	Non-PDL Generic	OTC

Drug	Status	Notes
PEDIATRIC ENEMA 9.5-3.5 GRAM/59 ML	Non-PDL Generic	OTC
PROCTOZONE-B 10 MG SUPPOSITORY INNER	Non-PDL Generic	OTC
PROCTOZONE-B 10 MG SUPPOSITORY OUTER	Non-PDL Generic	OTC
PROCTOZONE-GMAX 2 GM SUPPOSIT INNER	Non-PDL Generic	OTC
PROCTOZONE-GMAX 2 GM SUPPOSIT OUTER	Non-PDL Generic	OTC
PURE AND GENTLE SALINE ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	OTC
QC ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
QC ENEMA READY TO USE TWIN PAK 19-7 GRAM/118 ML	Non-PDL Generic	OTC
qc glycerin 2 gm adult suppos	Non-PDL Generic	OTC
READY TO USE MINERAL OIL ENEMA	Non-PDL Generic	OTC
SM ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
SM READY TO USE MIN OIL ENEMA	Non-PDL Generic	OTC
Narcotic Antagonists, Peripherally-Acting		
MOVANTIK 12.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MOVANTIK 25 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SYMPROIC 0.2 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 5 MG 30-VIAL KIT OUTER, SUV, P/F	Non-PDL Brand	PA; SP
GATTEX 5 MG ONE-VIAL KIT OUTER, SUV, P/F	Non-PDL Brand	PA; SP
GATTEX 5 MG VIAL INNER, SUV, P/F	Non-PDL Brand	PA; SP

Drug	Status	Notes
GATTEX 5 MG VIAL INNER, SUV, P/F	Non-PDL Brand	PA; SP
Medical Supplies		
Bandages And Related Supplies		
gnp elastic bandage 4"	Non-PDL Generic	OTC
Diabetic Supplies		
UNISTIK 3 DUAL 18G LANCET 18 GAUGE	Non-PDL Brand	OTC
Durable Medical Equipment,Misc		
ADULT AEROSOL MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
ADULT DISPOSABLE MOUTHPIECE	Non-PDL Brand	SP; QL (1 EA per 365 days)
AERONEB GO NEB HANDSET & CABLE	Non-PDL Brand	SP; QL (1 EA per 365 days)
AERONEB GO NEBULIZER HANDSET	Non-PDL Brand	SP; QL (1 EA per 365 days)
AIR FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
AIR TUBE WITH AIR PLUGS	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
AIRS ADULT AEROSOL MASK	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 1000 KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 1000 PFT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 3000 KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 3000 PFT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 4000 KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 4000 PFT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 4000 PFT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 5000 KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 5000 PFT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)

Drug	Status	Notes
ALL FLOW 6000 PFT FILTER YELLOW	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 6000 PFT FILTER YELLOW,MOUTHPIECE	Non-PDL Brand	SP; QL (1 EA per 365 days)
BUBBLES THE FISH II PEDI MASK (OTC)	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
CLEVER CHOICE NEB KIT-ADULT	Non-PDL Brand	SP; QL (1 EA per 365 days)
CLEVER CHOICE NEB KIT-CHILD	Non-PDL Brand	SP; QL (1 EA per 365 days)
EASY AIR FILTER	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
EASY NEB FILTER	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
EXPIRATORY MOUTHPIECE	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
EZ TWIST TUBING-AEROECLIPSE XL	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
FILTERS REPLACEMENT	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
INNOSPIRE REPLACEMENT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
INSP. ELITE REPLACEMENT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
MICRO ELITE REPLACEMENT FILTER	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
MINI ELITE FILTER REPLACEMENT	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
NOSE CLIP	Non-PDL Brand	SP; QL (1 EA per 365 days)
PARI BABY CONVERSION KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
PARI BABY CONVERSION KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
PARI BABY CONVERSION KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
PARI BUBBLES PEDI AEROSOL MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
PARI SMARTMASK BABY WITH ELBOW	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
PARI TREK S PORTABLE PWR KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)

Drug	Status	Notes
PEDIATRIC AEROSOL MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
PILLOW MASK, PEDIATRIC	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
PILLOW MASK-CHILD	Non-PDL Brand	SP; QL (1 EA per 365 days)
PRONEB ULTRA FILTER SET	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
REUSABLE NEBULIZER KIT MODEL-C900	Non-PDL Brand	SP; QL (1 EA per 365 days)
RUBBER MOUTHPIECE	Non-PDL Brand	SP; QL (1 EA per 365 days)
SAMI THE SEAL PEDIATRIC MASK	Non-PDL Brand	SP; QL (1 EA per 365 days)
SAMI THE SEAL REPLACEMT FILTER	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SIDESTREAM ADULT FACE MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SIDESTREAM DISPOSABLE MASK (OTC)	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SIDESTREAM PLUS ADULT MASK (RX)	Non-PDL Brand	SP; QL (1 EA per 365 days)
SILICONE MASK-ADULT	Non-PDL Brand	SP; QL (1 EA per 365 days)
SILICONE MASK-ADULT BREATHRITE CHAMBER	Non-PDL Brand	SP; QL (1 EA per 365 days)
SILICONE MASK-PEDIATRIC FOR BREATHRITE CHAMB	Non-PDL Brand	SP; QL (1 EA per 365 days)
SOOTHENEB NBL100 ADULT MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SOOTHENEB NBL100 CHILD MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SOOTHENEB NBL100 MED CUP	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SOOTHENEB NBL100 MESH CAP	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
WING TIP TUBING	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET DRUM	Non-PDL Brand	OTC
ACCU-CHEK SAFE-T-PRO PLUS 23G 23 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
ACCU-CHEK SOFTCLIX LANCETS	Non-PDL Brand	OTC
ACTI-LANCE LITE 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
ACTI-LANCE SPECIAL 17G LANCETS 17 GAUGE	Non-PDL Brand	OTC
ACTI-LANCE SPECIAL 17G LANCETS STERILE, SINGLE-USE 17 GAUGE	Non-PDL Brand	OTC
ACTI-LANCE SPECIAL 17G LANCETS STERILE,SINGLE-USE 17 GAUGE	Non-PDL Brand	OTC
ACTI-LANCE UNIVERS 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
ADVANCED TRAVEL 28G LANCETS SINGLE-USE,STERILE 28 GAUGE	Non-PDL Brand	OTC
ADVANTAGE SAFETY 28G LANCET INNER 28 GAUGE	Non-PDL Brand	OTC
ADVANTAGE SAFETY 28G LANCET OUTER 28 GAUGE	Non-PDL Brand	OTC
ADVOCATE 26G LANCETS STERILE 26 GAUGE	Non-PDL Brand	OTC
ADVOCATE 30G LANCETS PULL TOP 30 GAUGE	Non-PDL Brand	OTC
ADVOCATE 30G LANCETS TWIST TOP 30 GAUGE	Non-PDL Brand	OTC
ADVOCATE SAFETY 21G LANCET 21 GAUGE	Non-PDL Brand	OTC
ADVOCATE SAFETY 23G LANCET 23 GAUGE	Non-PDL Brand	OTC
ADVOCATE SAFETY 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
AGAMATRIX ULTRA-THIN 33G LANCT 33 GAUGE	Non-PDL Brand	OTC
ALTERNATE SITE 26G LANCETS RECAPPABLE 26 GAUGE	Non-PDL Brand	OTC
assure comfort 28g lancets 28 gauge	Non-PDL Brand	OTC
assure comfort 30g lancets 30 gauge	Non-PDL Brand	OTC
ASSURE LANCE 25G LANCETS 25 GAUGE	Non-PDL Brand	OTC
ASSURE LANCE 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
ASSURE LANCE 28G SAFETY LANCET 28 GAUGE	Non-PDL Brand	OTC
ASSURE LANCE PLUS 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
ASSURE LANCE PLUS 25G LANCETS 25 GAUGE	Non-PDL Brand	OTC
ASSURE LANCE PLUS 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
BD MICROTAINER 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
BD MICROTAINER 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
BD MICROTAINER LANCETS 1.5 X 2 MM	Non-PDL Brand	OTC
BLULINK BG SYSTEM REFILL 32 GAUGE	Non-PDL Brand	OTC; QL (200 EA per 30 days)
BULLSEYE MINI SAFETY 21G 21 GAUGE	Non-PDL Brand	OTC
BULLSEYE MINI SAFETY 25G LANCT 25 GAUGE	Non-PDL Brand	OTC
BULLSEYE MINI SAFETY 28G LANCT 28 GAUGE	Non-PDL Brand	OTC
BUTTERFLY TOUCH 30-36G LANCET 30 GAUGE	Non-PDL Brand	OTC
CAREONE ULTRA THIN LANCET	Non-PDL Brand	
CARESENS 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
CARETOUCH 26G SAFETY LANCETS 26 GAUGE	Non-PDL Brand	OTC
CARETOUCH 28G SAFETY LANCETS 28 GAUGE	Non-PDL Brand	OTC
CARETOUCH TWIST 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
CARETOUCH TWIST 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
CARETOUCH TWIST 33G LANCET 33 GAUGE	Non-PDL Brand	OTC
CHOSEN 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
CHOSEN SAFETY 28G LANCET 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
CLEVER CHEK ULTRA THIN 30G 30 GAUGE	Non-PDL Brand	OTC
COAGUCHEK LANCETS	Non-PDL Brand	OTC
COMFORT EZ PRESSURE ACTIVT 28G 28 GAUGE	Non-PDL Brand	OTC
COMFORT EZ SAFETY 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
COMFORT EZ SAFETY 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
COMFORT TOUCH ULT THIN 31G LAN 31 GAUGE	Non-PDL Brand	OTC
COMFORTTOUCH PLUS SAF 30G LANC 30 GAUGE	Non-PDL Brand	OTC
cvs thin 26g lancets 26 gauge	Non-PDL Brand	OTC
DROPLET 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
DROPLET MEDLANCE 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
DROPSAFE ACTI-LANCE 17G LANCET 17 GAUGE	Non-PDL Brand	OTC
DROPSAFE ACTI-LANCE 23G LANCET 23 GAUGE	Non-PDL Brand	OTC
DROPSAFE ACTI-LANCE 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
DROPSAFE ERGOLANCE 21G LANCET 21 GAUGE	Non-PDL Brand	OTC
DROPSAFE ERGOLANCE 25G LANCET 25 GAUGE	Non-PDL Brand	OTC
DROPSAFE ERGOLANCE 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
DROPSAFE HAEMOLANCE 18G LANCET 18 GAUGE	Non-PDL Brand	OTC
DROPSAFE HAEMOLANCE 21G LANCET 21 GAUGE	Non-PDL Brand	OTC
DROPSAFE HAEMOLANCE 25G LANCET 25 GAUGE	Non-PDL Brand	OTC
DROPSAFE HAEMOLANCE 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
DROPSAFE HAEMOLANCE PLUS BLADE 1.5 X 1.2 MM, 1.5 X 1.6 MM	Non-PDL Brand	OTC

Drug	Status	Notes
DROPSAFE MEDISAFE 23G LANCET 23 GAUGE	Non-PDL Brand	OTC
DROPSAFE MEDISAFE 29G LANCET 29 GAUGE	Non-PDL Brand	OTC
DROPSAFE MEDLANCE 21G LANCET 21 GAUGE	Non-PDL Brand	OTC
DROPSAFE MEDLANCE 25G LANCET 25 GAUGE	Non-PDL Brand	OTC
DROPSAFE MEDLANCE 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
DROPSAFE MEDLANCE PLUS BLADE 0.8 X 2 MM	Non-PDL Brand	OTC
EASY COMFORT 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
EASY COMFORT 30G LANCETS 30G,TWIST TOP,STRL 30 GAUGE	Non-PDL Brand	OTC
EASY COMFORT 30G LANCETS THIN TOP, SINGLE USE 30 GAUGE	Non-PDL Brand	OTC
EASY TOUCH SAFETY 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
EASY TOUCH SAFETY 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
EASY TOUCH SAFETY 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
EASY TOUCH SAFETY 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
EASY TOUCH SAFETY 30G LANCETS STRL 30 GAUGE	Non-PDL Brand	OTC
EASY TOUCH SAFETY 32G LANCETS 32 GAUGE	Non-PDL Brand	OTC
EASY TOUCH TWIST 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
EASY TOUCH TWIST 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
EASY TOUCH TWIST 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
EASY TOUCH TWIST 32G LANCETS 32 GAUGE	Non-PDL Brand	OTC
EASY TOUCH TWIST 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
EASY TWIST & CAP 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
EASY-COMFORT 30G SAFETY LANCET 30 GAUGE	Non-PDL Brand	OTC
EASY-COMFORT 30G TWIST LANCET 30 GAUGE	Non-PDL Brand	OTC
EMBRACE 21G SAFETY LANCET 21 GAUGE	Non-PDL Brand	OTC
EMBRACE 28G SAFETY LANCET 28 GAUGE	Non-PDL Brand	OTC
EMBRACE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
EZ SMART 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
FINGERSTIX LANCETS	Non-PDL Brand	OTC
FONDCIRCLE 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
fora 30g lancets twist off,single use 30 gauge	Non-PDL Brand	OTC
FORACARE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
FREESTYLE 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
GLUCOCOM 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
GLUCOCOM 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
GLUCOCOM 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
gnp sterile 30g lancet 30 gauge	Non-PDL Brand	OTC
gnp sterile 33g lancet 33 gauge	Non-PDL Brand	OTC
GOJJI LANCETS 30G 30 GAUGE	Non-PDL Brand	OTC
HEB MICRO THIN 33G LANCETS SINGLE-USE,STERILE 33 GAUGE	Non-PDL Brand	OTC
INCONTROL SUPER THIN 30G LANCT 30 GAUGE	Non-PDL Brand	OTC
INCONTROL ULTRA THIN 28G LANCT 28 GAUGE	Non-PDL Brand	OTC
INJECT EASE 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
INJECT EASE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
INVACARE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
lancets 26g 1.2, 1.8, 2.4mm,blue	Non-PDL Brand	OTC
lancets 26g x 1.8mm yellow	Non-PDL Brand	OTC
lancets 28g lancets 28 gauge	Non-PDL Brand	OTC
lancets 28g x 1.8mm purple	Non-PDL Brand	OTC
lancets 30g 30 gauge	Non-PDL Brand	OTC
lancets 30g twist top,single use 30 gauge	Non-PDL Brand	OTC
lancets 33g 33 gauge	Non-PDL Brand	OTC
lancets ultra fine 28g 28 gauge	Non-PDL Brand	OTC
MEDLANCE PLUS 21G LANCETS UNIVERSAL 21 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS 21G LANCETS UNIVERSAL, 1.8MM 21 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS 30G LANCETS SUPERLITE 30 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS 30G LANCETS SUPERLITE, 1.2MM 30 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS EXTRA 21G LANCET 2.4MM 21 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS LITE 25G LANCETS 1.5MM 25 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS LITE 25G LANCETS 25G 25 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Non-PDL Brand	OTC
MEIJER UNIVERSAL 1 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
MICRO THIN 33G LANCETS FOR WALGREENS 33 GAUGE	Non-PDL Brand	OTC
MICRO THIN 33G LANCETS STERILE 33 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
MICRO THIN 33G LANCETS TRUE PLUS, WALGREENS 33 GAUGE	Non-PDL Brand	OTC
MICROLET LANCETS	Non-PDL Brand	OTC
MICROLET NEXT 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
MOBI BLOOD GLUCOSE 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
MOBILE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
MONOLET 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
MONOLET THIN 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
MYGLUCOHEALTH 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
NOVA SAFETY 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
NOVA SAFETY 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
NOVA SUREFLEX THIN LANCETS	Non-PDL Brand	OTC
ON CALL 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
ONETOUCH DELICA PLUS 30G LANCT 30 GAUGE	Non-PDL Brand	OTC
ONETOUCH DELICA PLUS 33G LANCT 33 GAUGE	Non-PDL Brand	OTC
ONETOUCH DELICA SAF 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
ONETOUCH ULTRASOFT2 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
ON-THE-GO 30G LANCETS GENTLE, 1.5MM 30 GAUGE	Non-PDL Brand	OTC
PC SUPER THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
PERFECT POINT 28G SAFETY LANCT 28 GAUGE	Non-PDL Brand	OTC
PERFECT POINT 30G SAFETY LANCT 30 GAUGE	Non-PDL Brand	OTC
PHARMACIST CHOICE 28G LANCETS ULTRA THIN	Non-PDL Brand	OTC

Drug	Status	Notes
pharmacist choice 30g lancets ultra thin 30 gauge	Non-PDL Brand	OTC
pharmacist choice 33g lancets 33 gauge	Non-PDL Brand	OTC
PIP 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
PIP 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
PRESSURE ACTIVATED 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
PRESSURE ACTIVATED 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
PRO COMFORT 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
PRO COMFORT 30G SAFETY LANCET 30 GAUGE	Non-PDL Brand	OTC
PRO COMFORT 31G LANCET 31 GAUGE	Non-PDL Brand	OTC
PRODIGY PRESSURE ACTIVATED 28G 28 GAUGE	Non-PDL Brand	OTC
PRODIGY SAFETY 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
PRODIGY TWIST TOP 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
PUB MICRO THIN 33G LANCET 33 GAUGE	Non-PDL Brand	OTC
PURE COMFORT 30G SAFETY LANCET 30 GAUGE	Non-PDL Brand	OTC
PURE COMFORT 30G SAFETY LANCET 30 GAUGE	Non-PDL Brand	OTC
PURE COMFORT 30G TWIST LANCET 30 GAUGE	Non-PDL Brand	OTC
PUSH BUTTON SAFETY 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
PV UNILET MICRO THIN 33G LANCT 33 GAUGE	Non-PDL Brand	OTC
PV UNILET SUPER THIN 30G LANCT 30 GAUGE	Non-PDL Brand	OTC
QC UNILET SUPER THIN 30G LANCT 30 GAUGE	Non-PDL Brand	OTC
QC UNILET ULTRA THIN 28G LANCT 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
RELIAMED 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
RELIAMED 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
RELIAMED SAFETY SEAL 28G LANCT 28 GAUGE	Non-PDL Brand	OTC
RELIAMED SAFETY SEAL 30G LANCT 30 GAUGE	Non-PDL Brand	OTC
RELION MICRO THIN 33G LANCET 33 GAUGE	Non-PDL Brand	OTC
RELION THIN 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
RELION ULTRA THIN 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
RELION ULTRA THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
RIGHTEST GL300 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
SAFETY 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
SAFETY 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
SAFETY SEAL 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
SAFETY SEAL 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
SAFETY-LET 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
saps twist top 30g lancet 30 gauge	Non-PDL Brand	OTC
saps twist top 30g lancets 30 gauge	Non-PDL Brand	OTC
SENSILANCE 21G SAFETY LANCET INNER 21 GAUGE	Non-PDL Brand	OTC
SENSILANCE 21G SAFETY LANCET OUTER 21 GAUGE	Non-PDL Brand	OTC
SENSILANCE 26G SAFETY LANCET INNER 26 GAUGE	Non-PDL Brand	OTC
SENSILANCE 26G SAFETY LANCET OUTER 26 GAUGE	Non-PDL Brand	OTC
SENSILANCE 28G SAFETY LANCET INNER 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
SENSILANCE 28G SAFETY LANCET OUTER 28 GAUGE	Non-PDL Brand	OTC
SINGLE-LET LANCETS	Non-PDL Brand	OTC
SMARTEST LANCET	Non-PDL Brand	OTC
SOLUS V2 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
SOLUS V2 30G TWIST LANCETS 30 GAUGE	Non-PDL Brand	OTC
STERILANCE TL TWIST 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
STERILANCE TL TWIST 32G LANCET 32 GAUGE	Non-PDL Brand	OTC
sterile 33g lancet 33 gauge	Non-PDL Brand	OTC
SUPER THIN 28G LANCETS 28G, COMFORT ASSURED 28 GAUGE	Non-PDL Brand	OTC
SUPER THIN 28G LANCETS STERILE 28 GAUGE	Non-PDL Brand	OTC
SUPER THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
SUPER THIN 30G LANCETS RECAPPABLE 30 GAUGE	Non-PDL Brand	OTC
SURE COMFORT 18G LANCETS 18 GAUGE	Non-PDL Brand	OTC
SURE COMFORT 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
SURE COMFORT 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
SURE COMFORT 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
SURE COMFORT 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
SURE-LANCE 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
SURE-LANCE FLAT LANCETS	Non-PDL Brand	OTC
SURE-LANCE THIN 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
SURE-LANCE ULTRA THIN 30G 30 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
SURE-TOUCH LANCET	Non-PDL Brand	OTC
SWI TWIST TOP 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
TECHLITE 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
TECHLITE 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
TECHLITE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
TELCARE ULTRA THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
THIN LANCETS 28G 28 GAUGE	Non-PDL Brand	OTC
TRUE COMFORT 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
TRUE COMFORT 30G SAFETY LANCET 30 GAUGE	Non-PDL Brand	OTC
TRUE COMFORT 30G TWIST LANCET 30 GAUGE	Non-PDL Brand	OTC
TRUEPLUS 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
TRUEPLUS SAFETY 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
TRUEPLUS SUPER THIN 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
TRUEPLUS ULTRA THIN 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
twist lancets 28g	Non-PDL Brand	OTC
TWIST LANCETS 30G 30 GAUGE	Non-PDL Brand	OTC
TWIST LANCETS 32G 32 GAUGE	Non-PDL Brand	OTC
TWIST TOP 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
ULTILET 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
ULTILET 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
ULTILET 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
ULTILET BASIC 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
ULTILET CLASSIC 26G LANCETS	Non-PDL Brand	OTC
ULTILET CLASSIC 28G LANCETS	Non-PDL Brand	OTC
ULTILET CLASSIC 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
ULTILET CLASSIC 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
ULTILET SAFETY 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
ULTRA THIN 28G LANCETS 28G, STRL 28 GAUGE	Non-PDL Brand	OTC
ULTRA THIN 28G LANCETS RECAPPABLE 28 GAUGE	Non-PDL Brand	OTC
ULTRA THIN 28G LANCETS ULTRA THIN 28 GAUGE	Non-PDL Brand	OTC
ULTRA THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
ULTRA THIN 30G LANCETS STERILE 30 GAUGE	Non-PDL Brand	OTC
ULTRA THIN 31G LANCET 31 GAUGE	Non-PDL Brand	OTC
ULTRA THIN 31G LANCETS 31 GAUGE	Non-PDL Brand	OTC
ULTRA-CARE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
ULTRALANCE 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
ULTRALANCE 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
ULTRA-THIN II 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
ULTRA-THIN II 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
UNILET COMFORTOUCH 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
UNILET COMFORTOUCH LANCET	Non-PDL Brand	OTC
UNILET GP LANCET	Non-PDL Brand	OTC

Drug	Status	Notes
UNILET GP LANCET SUPERLITE	Non-PDL Brand	OTC
UNILET MICRO THIN 33G LANCET 33 GAUGE	Non-PDL Brand	OTC
UNILET MICRO THIN 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
UNILET SUPER THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
UNILET SUPER THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
UNILET SUPER THIN 30G LANCETS SINGLE-USE,STERILE 30 GAUGE	Non-PDL Brand	OTC
UNILET SUPER THIN 30G LANCETS SUPER THIN 30 GAUGE	Non-PDL Brand	OTC
UNILET ULTRA THIN 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
UNILET ULTRA THIN 28G LANCETS 28G,ULTRA THIN,STRL 28 GAUGE	Non-PDL Brand	OTC
UNILET ULTRA THIN 28G LANCETS SINGLE-USE,STERILE 28 GAUGE	Non-PDL Brand	OTC
UNILET ULTRA THIN 28G LANCETS UNIVERSAL FIT 28 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 COMFORT 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 COMFORT 28G LANCET 28 GAUGE	Non-PDL Brand	SP; OTC
UNISTIK 3 EXTRA 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 GENTLE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 GENTLE ON-THE-GO 30G 30 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 NORMAL 23G LANCET 23 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 NORMAL 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
UNISTIK COMFORT 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
UNISTIK CZT COMFORT 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
UNISTIK CZT NORMAL 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
UNISTIK EXTRA 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
UNISTIK NORMAL 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
UNISTIK PRO 21G LANCET 21 GAUGE	Non-PDL Brand	OTC
UNISTIK PRO 25G LANCET 25 GAUGE	Non-PDL Brand	OTC
UNISTIK PRO 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
UNISTIK SAFETY 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
UNISTIK SAFETY 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
UNISTIK TOUCH 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
UNISTIK TOUCH 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
UNISTIK TOUCH 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
UNISTIK TOUCH 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
VERIFINE SAFETY 21G LANCT MINI 21 GAUGE	Non-PDL Brand	OTC
VERIFINE SAFETY 23G LANCT MINI 23 GAUGE	Non-PDL Brand	OTC
VERIFINE SAFETY 28G LANCT MINI 28 GAUGE	Non-PDL Brand	OTC
VERIFINE SAFETY 30G LANCT MINI 30 GAUGE	Non-PDL Brand	OTC
VERIFINE UNIVERSAL 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
VERIFINE UNIVERSAL 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
VERIFINE UNIVERSAL 33G LANCET 33 GAUGE	Non-PDL Brand	OTC
VIVAGUARD 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
VIVAGUARD SAFETY 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
Syringes And Accessories		
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
ADVOCATE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ADVOCATE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ADVOCATE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ADVOCATE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
aq insulin syr 0.5 ml 30g 8mm (rx) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
aq insulin syr 1 ml 31g 8mm (rx) 1 ml 31 gauge x 5/16	Non-PDL Brand	
aq insulin syrin 1 ml 29g 12mm (rx) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
BD 3 ML SYRINGE 18GX1-1/2" 3 ML 18 X 1 1/2"	Non-PDL Brand	OTC
BD 3 ML SYRINGE 20GX1-1/2" 3 ML 20 GAUGE X 1 1/2"	Non-PDL Brand	OTC
BD 3 ML SYRINGE 25GX1" 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC
BD 3 ML SYRINGE 25GX1-1/2" 3 ML 25 X 1 1/2 "	Non-PDL Brand	OTC
BD 3 ML SYRINGE WITH NEEDLE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 23 GAUGE X 1 1/2"	Non-PDL Brand	OTC
BD 3 ML SYRINGE WITH NEEDLE LUER-LOK TIP 3 ML 21 GAUGE X 1", 3 ML 23 X 1"	Non-PDL Brand	OTC
BD 3 ML SYRINGE WITH NEEDLE LUER-LOK TIP, IV 3 ML 21 GAUGE X 1"	Non-PDL Brand	OTC
BD 3 ML SYRINGE WITH NEEDLE LUER-LOK TIP, SQ, IM 3 ML 23 X 1"	Non-PDL Brand	OTC
BD ECLIPSE 30GX1/2" SYRINGE 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
BD ECLIPSE LUER-LOK SYR 3 ML 3 ML 23 X 1", 3 ML 25 X 5/8"	Non-PDL Brand	OTC
BD LUER-LOK SYR 3 ML 25GX5/8" 3 ML 25 X 5/8"	Non-PDL Brand	OTC
BD SAFETGLD INS 0.3 ML 29G 13MM 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
BD SAFETYGLD INS 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
BD SAFETYGLD INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
BD SAFETYGLD INS 1 ML 29G 13MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
BD SAFETYGLID INS 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
BD SAFETYGLIDE 3 ML SYRINGE 3 ML 23 X 1"	Non-PDL Brand	OTC
BD SAFETYGLIDE SYRINGE 27GX5/8 1 ML 27 GAUGE X 5/8"	Non-PDL Brand	OTC
BD SAFTYGLD INS 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
BD SAFTYGLD INS 0.5 ML 29G 13MM 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
BD SAFTYGLD INS 0.5 ML 6MMX31G 0.5 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
BD SYRINGE WITH CANNULA 17 X 3 ML	Non-PDL Brand	OTC
BD SYRINGE-SAFETY GLIDE 3 ML 25 X 5/8"	Non-PDL Brand	OTC
BD-TWINPAK 10 ML DUAL CANNULA 10 ML 20 GAUGE AND 17 GAUGE	Non-PDL Brand	OTC
ca ins syr 0.3 ml 30gx5/16" short 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
ca ins syr 0.3 ml 31gx5/16" short 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
ca ins syr 0.5 ml 30gx5/16" short (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
ca ins syr 0.5 ml 31gx5/16" short (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
ca insulin syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
ca insulin syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
ca insulin syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
ca insulin syr 1 ml 30gx5/16" short (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	OTC
ca insulin syr 1 ml 31gx5/16" short (otc) 1 ml 31 gauge x 5/16	Non-PDL Brand	OTC
careone syr 0.3 ml 30gx1/2" regular, hri 0.3 ml 30 gauge x 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
careone syr 0.5 ml 30gx1/2" regular, hri (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
careone syr 1 ml 30gx1/2" regular, hri (otc) 1 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 20G 1.5" 3 ML 20 GAUGE X 1 1/2"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 21G 1" 3 ML 21 GAUGE X 1"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 21G 1.5" 3 ML 21 GAUGE X 1 1/2"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 22G 1" (OTC) 3 ML 22 GAUGE X 1"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 22G 1" (RX) 3 ML 22 GAUGE X 1"	Non-PDL Brand	
CAREPOINT LL SYR 3 ML 22G 38MM 3 ML 22 X 1 1/2"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 23G 1" 3 ML 23 X 1"	Non-PDL Brand	
CAREPOINT LL SYR 3 ML 23G 1.5" 3 ML 23 GAUGE X 1 1/2"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 25G 1" 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 25G 5/8" 3 ML 25 X 5/8"	Non-PDL Brand	OTC
CARETOUCH LL SYR 3 ML 22G 1" 3 ML 22 GAUGE X 1"	Non-PDL Brand	OTC
CARETOUCH LL SYR 3 ML 22G 1.5" 3 ML 22 X 1 1/2"	Non-PDL Brand	OTC
CARETOUCH LL SYR 3 ML 23G 1" 3 ML 23 X 1"	Non-PDL Brand	OTC
CARETOUCH LL SYR 3 ML 23G 1.5" 3 ML 23 GAUGE X 1 1/2"	Non-PDL Brand	OTC
CARETOUCH LL SYR 3 ML 25G 1" 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC
CARETOUCH LL SYR 3 ML 25G 1.5" 3 ML 25 X 1 1/2 "	Non-PDL Brand	OTC
CARETOUCH LL SYR 3 ML 25G 5/8" 3 ML 25 X 5/8"	Non-PDL Brand	OTC
CARETOUCH SYR 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
CARETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
CARETOUCH SYR 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
CARETOUCH SYR 1 ML 28GX5/16" 1 ML 28 X 5/16"	Non-PDL Brand	OTC
CARETOUCH SYR 1 ML 29GX5/16" 1 ML 29 GAUGE X 5/16	Non-PDL Brand	OTC
CARETOUCH SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
CARETOUCH SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
COMFORT EZ 0.3 ML 31G 15/64" 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
COMFORT EZ 0.5 ML 31G 15/64" 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
COMFORT EZ INS 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
COMFORT EZ INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
COMFORT EZ INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
COMFORT EZ INS 1 ML 31G 15/64" 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
COMFORT EZ INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
COMFORT EZ INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
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	OTC
COMFORT EZ SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
COMFORT EZ SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
COMFORT EZ SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
COMFORT EZ SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
COMFORT EZ SYR 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	OTC
COMFORT EZ SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
COMFORT EZ SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
COMFORT EZ SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
COMFORT EZ SYR 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
DROPLET 0.3 ML 29G 12.7MM(1/2) INNER 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET 0.3 ML 29G 12.7MM(1/2) OUTER 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET 0.3 ML 30G 12.7MM(1/2) INNER 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET 0.3 ML 30G 12.7MM(1/2) OUTER 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET 0.5 ML 29GX12.5MM(1/2) 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET 0.5 ML 30GX12.5MM(1/2) 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS 0.3 ML 29GX12.5MM 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS 0.3 ML 30G 8MM(1/2) INNER 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS 0.3 ML 30G 8MM(1/2) OUTER 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS 0.3 ML 30GX12.5MM 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS 0.3 ML 31G 6MM(1/2) INNER 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS 0.3 ML 31G 6MM(1/2) OUTER 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS 0.3 ML 31G 8MM(1/2) INNER 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS 0.3 ML 31G 8MM(1/2) OUTER 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS 0.5 ML 29G 12.7MM INNER 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS 0.5 ML 29G 12.7MM OUTER 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS 0.5 ML 30G 12.7MM INNER 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS 0.5 ML 30G 12.7MM OUTER 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS 0.5 ML 30GX6MM(1/2) 0.5ML 30 GAUGE X 15/64"	Non-PDL Brand	OTC

Drug	Status	Notes
DROPLET INS 0.5 ML 30GX8MM(1/2) 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS 0.5 ML 31GX6MM(1/2) 0.5 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS 0.5 ML 31GX8MM(1/2) 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS SYR 0.3 ML 30GX6MM 0.3 ML 30 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS SYR 0.3 ML 30GX8MM 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS SYR 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS SYR 0.3 ML 31GX8MM 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS SYR 0.5 ML 30G 8MM INNER 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS SYR 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS SYR 0.5 ML 31G 6MM INNER 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS SYR 0.5 ML 31G 6MM OUTER 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS SYR 0.5 ML 31G 8MM INNER 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS SYR 0.5 ML 31G 8MM OUTER 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 29G 12.7MM INNER 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 29G 12.7MM OUTER 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 30G 12.5MM 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 30G 12.7MM INNER 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 30G 12.7MM OUTER 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 30G 6MM 1 ML 30 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 30G 8MM INNER 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC

Drug	Status	Notes
DROPLET INS SYR 1 ML 30G 8MM OUTER 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 30GX8MM 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 31G 6MM INNER 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 31G 6MM OUTER 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 31G 8MM INNER 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 31G 8MM OUTER 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
DROPSAFE INS SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	
DROPSAFE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	
DROPSAFE INS SYR 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	Non-PDL Brand	
DROPSAFE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	
DROPSAFE INSUL SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	
DROPSAFE INSUL SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16"	Non-PDL Brand	
DROPSAFE INSULN 1 ML 29G 12.5MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	
EASY COMFORT 0.3 ML 31G 1/2" 0.3 ML 31 X 1/2"	Non-PDL Brand	OTC
EASY COMFORT 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY COMFORT 0.5 ML 32GX5/16" 1/2 ML 32 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
EASY COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
EASY COMFORT 1 ML 32GX5/16" 1 ML 32 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY COMFORT INSULIN 1 ML SYR 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
EASY COMFORT SYR 0.5 ML 29G 8MM 1/2 ML 29 X5/16 "	Non-PDL Brand	OTC
EASY COMFORT SYR 1 ML 29G 8MM 1 ML 29 GAUGE X 5/16	Non-PDL Brand	OTC
EASY COMFORT SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY COMFORT SYR 1 ML 32G 8MM 1 ML 32 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY GLIDE INS 0.3 ML 31GX6MM 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
EASY GLIDE INS 0.5 ML 31GX6MM 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
EASY GLIDE INS 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
EASY TOUCH 0.3 ML SYR 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH 0.5 ML SYR 27GX1/2" 1/2 ML 27 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH 0.5 ML SYR 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH 0.5 ML SYR 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH 0.5 ML SYR 30GX5/16 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY TOUCH 1 ML SYR 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INS 0.5 ML 30G 8MM 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY TOUCH INS 1 ML 27G 1/2" 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INS 1 ML 27G 12.7MM 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INS 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
EASY TOUCH INS 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INS 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INS 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INS SYR 1 ML 30G 8MM 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
EASY TOUCH INSULIN 1 ML 29GX1/2 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INSULIN 1 ML 30GX1/2 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
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	OTC
EASY TOUCH INSULIN SYR 0.5 ML 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
EASY TOUCH INSULN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INSULN 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY TOUCH INSULN 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY TOUCH INSULN 1 ML 31GX5/16 1 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY TOUCH LUER LOK INSUL 1 ML	Non-PDL Brand	OTC
EASY TOUCH SYR 0.5 ML 27G 12.7MM 1/2 ML 27 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH SYR 0.5 ML 28G 12.7MM 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH SYR 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH SYR 1 ML 27G 16MM 1 ML 27 GAUGE X 5/8"	Non-PDL Brand	OTC

Drug	Status	Notes
EASY TOUCH SYR 3 ML 22GX1-1/2" 3 ML 22 X 1 1/2"	Non-PDL Brand	OTC
EASY TOUCH SYR 3 ML 25GX5/8" 3 ML 25 X 5/8"	Non-PDL Brand	OTC
EASY TOUCH SYRINGE 3 ML 20GX1" 3 ML 20 GAUGE X 1"	Non-PDL Brand	OTC
EASY TOUCH SYRINGE 3 ML 21GX1" 3 ML 21 GAUGE X 1"	Non-PDL Brand	OTC
EASY TOUCH SYRINGE 3 ML 22GX1" 3 ML 22 GAUGE X 1"	Non-PDL Brand	OTC
EASY TOUCH SYRINGE 3 ML 23GX1" 3 ML 23 X 1"	Non-PDL Brand	OTC
EASY TOUCH SYRINGE 3 ML 25GX1" 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC
EASY TOUCH UNI-SLIP SYR 1 ML	Non-PDL Brand	OTC
EASY-TOUCH INS 1 ML 31GX5/16" EASY-TOUCH 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
EXEL 3 ML SYRN 27G X 1 1/4" 3 ML 27 GAUGE X 1 1/4"	Non-PDL Brand	OTC
exel ins syr u100 1 ml 28gx1/2 (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	OTC
EXEL SYRINGE 20GX1" 3 ML 3 ML 20 GAUGE X 1"	Non-PDL Brand	OTC
exel syringe 20gx1-1/2" 3 ml 3 ml 20 gauge x 1 1/2"	Non-PDL Brand	OTC
EXEL SYRINGE 21GX1" 3 ML 3 ML 21 GAUGE X 1"	Non-PDL Brand	OTC
EXEL SYRINGE 21GX1-1/2" 3 ML 3 ML 21 GAUGE X 1 1/2"	Non-PDL Brand	OTC
EXEL SYRINGE 22GX1" 3 ML 3 ML 22 GAUGE X 1"	Non-PDL Brand	OTC
exel syringe 22gx1-1/2" 3 ml 3 ml 22 x 1 1/2"	Non-PDL Brand	OTC
EXEL SYRINGE 22GX3/4" 3 ML 3 ML 22 GAUGE X 3/4"	Non-PDL Brand	OTC
EXEL SYRINGE 23GX1" 3 ML 3 ML 23 X 1"	Non-PDL Brand	OTC
EXEL SYRINGE 23GX1-1/2" 3 ML 3 ML 23 GAUGE X 1 1/2"	Non-PDL Brand	OTC
EXEL SYRINGE 25GX1" 3 ML 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC

Drug	Status	Notes
EXEL SYRINGE 25GX5/8" 3 ML 3 ML 25 X 5/8"	Non-PDL Brand	OTC
EXEL U100 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
exel u100 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
EXEL U100 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
exel u100 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
EXEL U100 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
EXEL U100 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
exel u100 ins syr 1 ml 29gx1/2 (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
gnp ins syringe 1 ml 28g 1/2" (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	OTC
gnp insul syr 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
gnp insul syr 0.5 ml 31gx5/16" (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
gnp insulin syr 1 ml 31gx5/16" (otc) 1 ml 31 gauge x 5/16	Non-PDL Brand	OTC
GNP ULT C 0.3 ML 29GX1/2" (1/2) 1/2 UNIT 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
GNP ULT CMFRT 0.5 ML 29GX1/2" 1/2 ML 29	Non-PDL Brand	OTC
GNP ULTR CMFRT 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE	Non-PDL Brand	OTC
GNP ULTR CMFRT 0.5 ML 30GX5/16 1/2 ML 30 GAUGE	Non-PDL Brand	OTC
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 30 GAUGE X 7/16"	Non-PDL Brand	OTC
GNP ULTRA COMFORT 3/10 ML SYR 0.3 ML 30	Non-PDL Brand	OTC
HEALTHWISE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
HEALTHWISE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
HEALTHWISE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
HEALTHWISE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
HEALTHWISE INS 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
HEALTHWISE INS 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
insulin 1 ml syringe 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 7/16"	Non-PDL Brand	OTC
insulin 1/2 ml syringe 1/2 ml 29 , 1/2 ml 30 gauge	Non-PDL Brand	OTC
insulin 3/10 ml syringe 0.3 ml 29 gauge, 0.3 ml 30	Non-PDL Brand	OTC
insulin syr 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
insulin syr 0.3 ml 31gx1/4(1/2) 0.3 ml 31 gauge x 1/4"	Non-PDL Brand	OTC
insulin syr 0.5 ml 28g 12.7mm (otc) 1/2 ml 28 gauge x 1/2"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 30gx1/2" 0.3 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 30gx1/2" short needle 0.3 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 30gx5/16" hri 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 30gx5/16" short 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 30gx5/16" short needle 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 31gx5/16" hri 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 31gx5/16" short 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 31gx5/16" short needle 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.3 ml 31gx5/16" short needle,thin ii 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
insulin syrin 0.5 ml 28g 1/2" outer (rx) 1/2 ml 28 gauge x 1/2"	Non-PDL Brand	
insulin syrin 0.5 ml 28gx1/2" (otc) 1/2 ml 28 gauge x 1/2"	Non-PDL Brand	OTC
insulin syrin 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
insulin syrin 0.5 ml 30g 1/2" (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
insulin syrin 0.5 ml 30g 5/16" (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.5 ml 30g 5/16" inner (rx) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 30g 5/16" outer (rx) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 30gx1/2" (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
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" short needle (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
insulin syrin 0.5 ml 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
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	OTC
insulin syrin 0.5 ml 30gx5/16" short (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.5 ml 30gx5/16" short needle (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.5 ml 31g 5/16" inner (rx) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 31g 5/16" outer (rx) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	
insulin syrin 0.5 ml 31gx5/16" (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.5 ml 31gx5/16" hri (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.5 ml 31gx5/16" short (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
insulin syrin 0.5 ml 31gx5/16" short needle (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
insulin syrin 0.5 ml 31gx5/16" short needle,thin ii (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
INSULIN SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
insulin syring 0.5 ml 27g 1/2" 1/2 ml 27 gauge x 1/2"	Non-PDL Brand	
insulin syring 0.5 ml 27g 13mm 1/2 ml 27 gauge x 1/2"	Non-PDL Brand	
insulin syring 0.5 ml 28g 1/2" inner (rx) 1/2 ml 28 gauge x 1/2"	Non-PDL Brand	
insulin syring 0.5 ml 29g 1/2" inner (rx) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
insulin syring 0.5 ml 29g 1/2" outer (rx) 0.5 ml 29 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	OTC
INSULIN SYRINGE 0.3 ML 0.3 ML 29 GAUGE	Non-PDL Brand	OTC
insulin syringe 0.3 ml 31gx1/4 0.3 ml 31 gauge x 1/4"	Non-PDL Brand	OTC
insulin syringe 0.3 ml short 0.3 ml 30	Non-PDL Brand	OTC
INSULIN SYRINGE 0.5 ML 1/2 ML 29	Non-PDL Brand	OTC
insulin syringe 0.5 ml 31g 6mm(only for 500 unit/ml insulin) 1/2 ml 31 gauge x 15/64"	Non-PDL Brand	
insulin syringe 0.5 ml 31gx1/4 1/2 ml 31 gauge x 1/4"	Non-PDL Brand	OTC
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	Non-PDL Brand	OTC
insulin syringe 1 ml 27g 1/2" inner 1 ml 27 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 27g 1/2" outer 1 ml 27 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 27g 13mm inner 1 ml 27 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 27g 16mm 1 ml 27 gauge x 5/8"	Non-PDL Brand	OTC
insulin syringe 1 ml 27gx1/2" outer 1 ml 27 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 28g 1/2" inner (rx) 1 ml 28 gauge x 1/2"	Non-PDL Brand	

Drug	Status	Notes
insulin syringe 1 ml 28g 1/2" outer (rx) 1 ml 28 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 28g 12.7mm (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	OTC
insulin syringe 1 ml 28g 13mm inner (rx) 1 ml 28 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 28g 13mm outer (rx) 1 ml 28 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 28gx1/2" (otc) 1 ml 28 gauge x 1/2"	Non-PDL Brand	OTC
insulin syringe 1 ml 29g 1/2" inner (rx) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 29g 1/2" outer (rx) 1 ml 29 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
insulin syringe 1 ml 30g 1/2" (otc) 1 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
insulin syringe 1 ml 30g 1/2" inner (rx) 1 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 30g 1/2" outer (rx) 1 ml 30 gauge x 1/2"	Non-PDL Brand	
insulin syringe 1 ml 30g 5/16" (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	OTC
insulin syringe 1 ml 30gx1/2" (otc) 1 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
insulin syringe 1 ml 30gx1/2" (rx) 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	OTC
insulin syringe 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	OTC
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	OTC
insulin syringe 1 ml 30gx5/16" short (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	OTC
insulin syringe 1 ml 30gx5/16" short needle (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	OTC
insulin syringe 1 ml 31g 5/16" inner (rx) 1 ml 31 gauge x 5/16	Non-PDL Brand	

Drug	Status	Notes
insulin syringe 1 ml 31g 5/16" outer (rx) 1 ml 31 gauge x 5/16	Non-PDL Brand	
insulin syringe 1 ml 31gx1/4" 1 ml 31 gauge x 1/4"	Non-PDL Brand	OTC
insulin syringe 1 ml 31gx5/16" (otc) 1 ml 31 gauge x 5/16	Non-PDL Brand	OTC
insulin syringe 1 ml 31gx5/16" hri (otc) 1 ml 31 gauge x 5/16	Non-PDL Brand	OTC
insulin syringe 1 ml 31gx5/16" short (otc) 1 ml 31 gauge x 5/16	Non-PDL Brand	OTC
insulin syringe 1 ml 31gx5/16" short needle (otc) 1 ml 31 gauge x 5/16	Non-PDL Brand	OTC
insulin syringe 1 ml 31gx5/16" short needle,thin ii (otc) 1 ml 31 gauge x 5/16	Non-PDL Brand	OTC
insulin syringe 1 ml short 1 ml 30 gauge x 7/16"	Non-PDL Brand	OTC
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 GAUGE 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	OTC
MAXI-COMFORT INS 0.5 ML 28G 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
MAXICOMFORT INS 1 ML 27GX1/2" 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	OTC
MAXI-COMFORT INS 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
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	OTC
MONOJECT 1 ML SYRN 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT 1 ML SYRN 28GX1/2" 28GX1/2" (OTC) 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
MONOJECT 1 ML SYRN 28GX1/2" SOFTPACK (RX) 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT 3 ML SYRINGE 21GX1" LUER-LOCK, SOFTPACK 3 ML 21 GAUGE X 1"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRINGE 23GX1" LUER-LOCK, SOFTPACK 3 ML 23 X 1"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRINGE 25GX1" 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 21GX1" LUER LOCK 3 ML 21 GAUGE X 1"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 21GX11/2" LUER LOCK 3 ML 21 GAUGE X 1 1/2"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 21GX1-1/2" LUER-LOCK, SOFTPACK 3 ML 21 GAUGE X 1 1/2"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 22GX11/2" LUER LOCK 3 ML 22 X 1 1/2"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 22GX1-1/2" LUER-LOCK, SOFTPACK 3 ML 22 X 1 1/2"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 23GX1" LUER LOCK 3 ML 23 X 1"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 25GX1" 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 25GX1.25" LUER-LOCK, SOFTPACK 3 ML 25 X 1 1/4"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 25GX5/8" LUER LOCK 3 ML 25 X 5/8"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 25GX5/8" LUER-LOCK, SOFTPACK 3 ML 25 X 5/8"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 27GX1.25" LUER LOCK,SOFTPACK 3 ML 27 GAUGE X 1 1/4"	Non-PDL Brand	OTC
MONOJECT 3 ML SYRN 27GX11/4" LUER LOCK 3 ML 27 GAUGE X 1 1/4"	Non-PDL Brand	OTC
MONOJECT INSUL SYR U100 (OTC) 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT INSUL SYR U100 .5ML,29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT INSUL SYR U100 0.5 ML (OTC) 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT INSUL SYR U100 0.5 ML CONVERTS TO 29G (OTC) 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT INSUL SYR U100 1 ML 3'S, 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT INSUL SYR U100 1 ML W/O NEEDLE (OTC)	Non-PDL Brand	OTC
MONOJECT INSULIN SYR 0.3 ML (OTC) 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
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	OTC
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	OTC
MONOJECT INSULIN SYR U-100 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	
MONOJECT INSULIN SYR U-100 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT INSULIN SYRN 3/10 ML 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT SYRINGE 0.3 ML 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
MONOJECT SYRINGE 0.5 ML 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
MONOJECT SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
MONOJECT SYRINGE 1 ML SOFTPK, REG LUER TIP (RX)	Non-PDL Brand	
MONOJECT SYRINGE 3 ML 20GX1 3 ML 20 GAUGE X 1"	Non-PDL Brand	OTC
MONOJECT SYRINGE 3 ML 22G 1" (RX) 3 ML 22 GAUGE X 1"	Non-PDL Brand	
MONOJECT SYRN 3 ML 20GX1-1/2" 3 ML 20 GAUGE X 1 1/2"	Non-PDL Brand	OTC
MONOJECT SYRN 3 ML 20GX3/4" 3 ML 20 X 3/4"	Non-PDL Brand	OTC
MONOJECT SYRNG 20GX1" 3 ML 3 ML 20 GAUGE X 1"	Non-PDL Brand	OTC

Drug	Status	Notes
PRO COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
PRO COMFORT 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
PRO COMFORT 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
PRO COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PRO COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PRO COMFORT 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
PRO COMFORT 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
PRO COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
PRO COMFORT 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
PRO COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
PRODIGY INS SYR 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
PRODIGY SYRNG 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PRODIGY SYRNGE 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
pub ins syrin 0.3 ml 30gx1/2" regular needle 0.3 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
pub ins syringe 1 ml 30gx1/2" regular needle (otc) 1 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
pub insul syr 0.3 ml 31gx5/16" short needle 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
pub insul syr 0.5 ml 30gx1/2" regular needle (otc) 0.5 ml 30 gauge x 1/2"	Non-PDL Brand	OTC
pub insul syr 0.5 ml 31gx5/16" short needle (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
pub insulin syr 1 ml 31gx5/16" short needle (otc) 1 ml 31 gauge x 5/16	Non-PDL Brand	OTC
relion ins syr 0.3 ml 31gx6mm 0.3 ml 31 gauge x 15/64"	Non-PDL Brand	OTC
RELION INS SYR 0.5 ML 29GX1/2" 29GX1/2,INNER 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
RELION INS SYR 0.5 ML 29GX1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
relion ins syr 0.5 ml 31gx6mm 1/2 ml 31 gauge x 15/64"	Non-PDL Brand	OTC
relion ins syr 1 ml 31gx15/64" 1 ml 31 gauge x 15/64"	Non-PDL Brand	OTC
relion ins syr 1 ml 31gx5/16" inner (otc) 1 ml 31 gauge x 5/16	Non-PDL Brand	OTC
relion ins syr 1 ml 31gx5/16" outer,10x10 (otc) 1 ml 31 gauge x 5/16	Non-PDL Brand	OTC
relion syring 0.3 ml 31gx5/16" inner 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
relion syring 0.3 ml 31gx5/16" outer,10x10 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
relion syring 0.5 ml 31gx5/16" inner (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
relion syring 0.5 ml 31gx5/16" outer,10x10 (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SAFESNAP INS SYR UNITS-100 0.3 ML 30GX5/16",10X10 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SAFESNAP INS SYR UNITS-100 0.5 ML 29GX1/2",10X10 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SAFESNAP INS SYR UNITS-100 0.5 ML 30GX5/16",10X10 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
SAFESNAP INS SYR UNITS-100 1 ML 28GX1/2",10X10 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SAFESNAP INS SYR UNITS-100 1 ML 29GX1/2",10X10 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SECURESAFE SYR 0.5 ML 29G 1/2" INNER 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
SECURESAFE SYR 0.5 ML 29G 1/2" OUTER 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SECURESAFE SYRNG 1 ML 29G 1/2" INNER 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SECURESAFE SYRNG 1 ML 29G 1/2" OUTER 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SURE COMFORT 0.3 ML SYRINGE SHORT NDL 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
SURE COMFORT 0.5 ML SYRINGE 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
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	OTC
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	OTC
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	OTC
SURE COMFORT 3/10 ML SYRINGE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
SURE COMFORT INS 0.3 ML 31GX1/4 0.3 ML 31 GAUGE X 1/4"	Non-PDL Brand	OTC
SURE COMFORT INS 0.5 ML 31GX1/4 1/2 ML 31 GAUGE X 1/4"	Non-PDL Brand	OTC
SURE COMFORT INS 1 ML 31GX1/4" 1 ML 31 GAUGE X 1/4"	Non-PDL Brand	OTC
SURE-JECT INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
SURE-JECT INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
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	OTC
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	OTC
SURE-JECT INSU SYR U100 1 ML 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
SURE-JECT INSUL SYR U100 1 ML 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
SURE-JECT INSULIN SYRINGE 1 ML 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
syringe with needle 3 ml 23g 1" outer 3 ml 23 x 1"	Non-PDL Brand	
TECHLITE 0.3 ML 31GX6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
TECHLITE 0.3 ML 31GX8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TECHLITE 0.5 ML 30GX12MM (1/2) 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
TECHLITE 0.5 ML 31GX6MM (1/2) 0.5 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
TECHLITE 0.5 ML 31GX8MM (1/2) 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TECHLITE INS SYR 1 ML 30GX12MM 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
TECHLITE INS SYR 1 ML 31GX6MM 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
TECHLITE INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
terumo ins syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
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	OTC
terumo ins syringe u100-1 ml 1 ml 30 gauge x 3/8"	Non-PDL Brand	OTC
TERUMO INS SYRINGE U100-1/2 ML 1/2 ML 30 X 3/8"	Non-PDL Brand	OTC
TERUMO INS SYRINGE U100-1/3 ML 0.3 ML 30 X 3/8"	Non-PDL Brand	OTC
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	OTC
TERUMO SYRINGE 3 ML 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Non-PDL Brand	OTC
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	OTC

Drug	Status	Notes
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	OTC
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	OTC
TRUE CMFRT PRO 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE CMFRT PRO 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE CMFRT PRO 0.5 ML 32G 5/16" 1/2 ML 32 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE COMFORT 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
TRUE COMFORT 0.5 ML 30G 5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE COMFORT 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
TRUE COMFORT PRO 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
TRUE COMFORT PRO 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
TRUE COMFORT PRO 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
TRUE COMFORT PRO 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE COMFORT SFTY 1 ML 30G 1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
TRUE COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
TRUE COMFRT SFTY 1 ML 30G 5/16" 1 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE COMFRT SFTY 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE COMFRT SFTY 1 ML 32G 5/16" 1 ML 32 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC

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

Drug	Status	Notes
ulticare ins syr 1 ml 29gx1/2" 29gx1/2" (otc) 1 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
ULTICARE INS SYR 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTICARE LDS SYR 3 ML 22GX1.5" 3 ML 22 X 1 1/2"	Non-PDL Brand	OTC
ulticare safety 0.5 ml 29gx1/2 (rx) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
ulticare syr 0.3 ml 30gx5/16" 30gx5/16" 0.3 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
ulticare syr 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
ULTICARE SYR 0.3 ML 31GX5/16" SHORT 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTICARE SYR 0.3 ML 31GX5/16" SHORT NDL 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ulticare syr 0.5 ml 29gx1/2" 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
ulticare syr 0.5 ml 30gx5/16" 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"	Non-PDL Brand	OTC
ulticare syr 0.5 ml 31gx5/16" 31gx5/16" (otc) 0.5 ml 31 gauge x 5/16"	Non-PDL Brand	OTC
ULTICARE SYR 0.5 ML 31GX5/16" SHORT 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTICARE SYR 0.5 ML 31GX5/16" SHORT NDL 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ulticare syr 1 ml 30gx5/16" 30gx5/16" (otc) 1 ml 30 gauge x 5/16	Non-PDL Brand	OTC
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
ulticare syrin 0.3 ml 29gx1/2" 29gx1/2" 0.3 ml 29 gauge x 1/2"	Non-PDL Brand	OTC
ulticare syrin 0.5 ml 28gx1/2" 28gx1/2" (otc) 1/2 ml 28 gauge x 1/2"	Non-PDL Brand	OTC
ULTICARE SYRINGE 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTIGUARD SAFE 1 ML 30G 12.7MM 1 ML 30 X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
ULTIGUARD SAFE0.3 ML 30G 12.7MM 0.3 ML 30 X 1/2"	Non-PDL Brand	OTC
ULTIGUARD SAFE0.5 ML 30G 12.7MM 1/2 ML 30 X 1/2"	Non-PDL Brand	OTC
ULTIGUARD SAFEPACK 1 ML 31G 8MM 1 ML 31 X 5/16"	Non-PDL Brand	OTC
ULTIGUARD SAFEPK 0.3 ML 31G 8MM 0.3 ML 31 X 5/16"	Non-PDL Brand	OTC
ULTIGUARD SAFEPK 0.5 ML 31G 8MM 1/2 ML 31 X 5/16"	Non-PDL Brand	OTC
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	OTC
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	OTC
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	OTC
ULTRA COMFORT 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA COMFORT 0.3 ML SYRINGE 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA COMFORT 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA COMFORT 0.5 ML 28GX1/2" CONVERTS TO 29G 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA COMFORT 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA COMFORT 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA COMFORT 0.5 ML SYRINGE 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA COMFORT 0.5 ML SYRINGE 1/2 ML 28 GAUGE	Non-PDL Brand	OTC
ULTRA COMFORT 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA COMFORT 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC

Drug	Status	Notes
ULTRA COMFORT 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
ULTRA COMFORT 1 ML SYRINGE 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA FLO 0.3 ML 30G 1/2" (1/2) 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA FLO 0.3 ML 30G 5/16"(1/2) 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA FLO 0.3 ML 31G 5/16"(1/2) 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA FLO SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA FLO SYR 0.3 ML 30G 5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA FLO SYR 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA FLO SYR 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRACARE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRACARE INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRACARE INS 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRACARE INS 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRACARE INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRACARE INS 1 ML 30G X 5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
ULTRACARE INS 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRACARE INS 1 ML 31G X 5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
ULTRA-FINE 0.3 ML 30G 12.7MM 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA-FINE 0.3 ML 31G 6MM (1/2) 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
ULTRA-FINE 0.3 ML 31G 8MM (1/2) 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA-FINE 0.5 ML 30G 12.7MM 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
ULTRAFINE INS 0.5 ML 29G 12.7MM 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA-FINE INS 0.5 ML 31G 6MM 0.5 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
ULTRA-FINE INS SYR 1 ML 31G 6MM 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
ULTRA-FINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
ULTRA-FINE SYR 0.3 ML 31G 6MM 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
ULTRA-FINE SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA-FINE SYR 0.5 ML 31G 6MM 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
ULTRA-FINE SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA-FINE SYR 1 ML 30G 12.7MM 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA-THIN II 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
ULTRA-THIN II INS 0.3 ML 30G 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA-THIN II INS 0.3 ML 31G 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA-THIN II INS 0.5 ML 29G 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA-THIN II INS 0.5 ML 30G 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA-THIN II INS 0.5 ML 31G 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA-THIN II INS SYR 1 ML 29G 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA-THIN II INS SYR 1 ML 30G 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
VANISHPOINT 0.5 ML 30GX1/2" SY INNER 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
VANISHPOINT 20GX1" 3 ML SYRING 3 ML 20 GAUGE X 1"	Non-PDL Brand	OTC
VANISHPOINT 21GX1.5" 3 ML SYR 3 ML 21 GAUGE X 1 1/2"	Non-PDL Brand	OTC
VANISHPOINT 22GX1" 3 ML SYRINGE 3 ML 22 GAUGE X 1"	Non-PDL Brand	OTC

Drug	Status	Notes
VANISHPOINT 23GX1" 3 ML SYRING 3 ML 23 X 1"	Non-PDL Brand	OTC
VANISHPOINT 23GX1-1/2 2 ML SYR 3 ML 23 GAUGE X 1 1/2"	Non-PDL Brand	OTC
VANISHPOINT 23GX1-1/2 3 ML SYR 3 ML 23 GAUGE X 1 1/2"	Non-PDL Brand	OTC
VANISHPOINT 25GX1" 3 ML SYRING 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC
VANISHPOINT 25GX5/8" 3 ML SYR 3 ML 25 X 5/8"	Non-PDL Brand	OTC
VANISHPOINT 3 ML 21GX1" SYRING 3 ML 21 GAUGE X 1"	Non-PDL Brand	OTC
VANISHPOINT 3 ML 22GX1.5" SYRG 3 ML 22 X 1 1/2"	Non-PDL Brand	OTC
VANISHPOINT INS 0.5 ML 30G 8MM INNER 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
VANISHPOINT INS 0.5 ML 30G 8MM OUTER 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
VANISHPOINT INS 1 ML 30GX3/16" 1 ML 30 GAUGE X 3/16"	Non-PDL Brand	OTC
VANISHPOINT U-100 29X1/2 SYR 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
VERIFINE IN SYR 0.5 ML 29G 12MM 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
VERIFINE INS SYR 0.3 ML 31G 8MM 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
VERIFINE INS SYR 0.5 ML 31G 8MM 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
VERIFINE INS SYR 1 ML 29G 1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
VERIFINE INS SYR 1 ML 29G 12MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
VERIFINE INS SYR 1 ML 31G 8MM 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
VERIFINE SYRING 0.5 ML 29G 1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
VERIFINE SYRING 1 ML 31G 5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
VERIFINE SYRNG 0.3 ML 31G 5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
VERIFINE SYRNG 0.5 ML 31G 5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
Miscellaneous Agents		
Anaphylaxis Therapy Agents		
AUVI-Q 0.1 MG AUTO-INJECTOR 0.1 MG/0.1 ML	PDL Non-Preferred Brand	PA; QL (2 EA per 365 days)
AUVI-Q 0.15 MG AUTO-INJECTOR 0.15 MG/0.15 ML	PDL Non-Preferred Brand	PA; QL (2 EA per 365 days)
AUVI-Q 0.3 MG AUTO-INJECTOR 0.3 MG/0.3 ML	PDL Non-Preferred Brand	PA; QL (2 EA per 365 days)
epinephrine 0.15 mg auto-injct inner, suv 0.15 mg/0.15 ml, 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/0.15 ml, 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 0.3 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)

Drug	Status	Notes
EPIPEN 0.3 MG AUTO-INJECTOR INNER,SUV 0.3 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
EPIPEN 2-PAK 0.3 MG AUTO-INJCT OUTER,SUV 0.3 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
EPIPEN JR 0.15 MG AUTO-INJECTR INNER,SUV 0.15 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK 0.15 MG INJCTR OUTER,SUV 0.15 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
NEFFY 1 MG/0.1 ML NASAL SPRAY 1 MG/SPRAY (0.1 ML)	PDL Non-Preferred Brand	PA; QL (4 EA per 1 FILL)
NEFFY 2 MG/0.1 ML NASAL SPRAY 2 MG/SPRAY (0.1 ML)	PDL Non-Preferred Brand	PA; QL (4 EA per 1 FILL)
Parasympathetic Agents		
bethanechol 10 mg tablet	Non-PDL Generic	
bethanechol 10 mg tablet u-d, 10x10, inner	Non-PDL Generic	
bethanechol 10 mg tablet u-d, 10x10, outer	Non-PDL Generic	
bethanechol 25 mg tablet	Non-PDL Generic	
bethanechol 25 mg tablet u-d, 10x10, inner	Non-PDL Generic	
bethanechol 25 mg tablet u-d, 10x10, outer	Non-PDL Generic	
bethanechol 5 mg tablet	Non-PDL Generic	
bethanechol 50 mg tablet	Non-PDL Generic	
pilocarpine hcl 5 mg tablet	Non-PDL Generic	
pilocarpine hcl 5 mg tablet f/c	Non-PDL Generic	
pilocarpine hcl 7.5 mg tablet	Non-PDL Generic	

Drug	Status	Notes
Pku Treatment Agents - Phenylalanine Ammonia Lyase		
PALYNZIQ 10 MG/0.5 ML SYRINGE P/F, SUV, INNER	Non-PDL Brand	PA; SP
PALYNZIQ 10 MG/0.5 ML SYRINGE P/F, SUV, OUTER	Non-PDL Brand	PA; SP
PALYNZIQ 2.5 MG/0.5 ML SYRINGE P/F, SUV, INNER	Non-PDL Brand	PA; SP
PALYNZIQ 2.5 MG/0.5 ML SYRINGE P/F, SUV, OUTER	Non-PDL Brand	PA; SP
PALYNZIQ 20 MG/ML SYRINGE P/F, SUV, INNER	Non-PDL Brand	PA; SP
PALYNZIQ 20 MG/ML SYRINGE P/F, SUV, OUTER	Non-PDL Brand	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR 100 MG POWDER PACKET INNER	Non-PDL Generic	PA; SP
JAVYGTOR 100 MG POWDER PACKET OUTER	Non-PDL Generic	PA; SP
JAVYGTOR 100 MG TABLET	Non-PDL Generic	PA; SP
JAVYGTOR 500 MG POWDER PACKET INNER	Non-PDL Generic	PA; SP
JAVYGTOR 500 MG POWDER PACKET OUTER	Non-PDL Generic	PA; SP
sapropterin 100 mg powder pkt inner	Non-PDL Generic	PA; SP
sapropterin 100 mg powder pkt outer	Non-PDL Generic	PA; SP
sapropterin 100 mg tablet	Non-PDL Generic	PA; SP
sapropterin 500 mg powder pkt inner	Non-PDL Generic	PA; SP
sapropterin 500 mg powder pkt outer	Non-PDL Generic	PA; SP
ZELVYSIA 100 MG POWDER PACKET INNER	Non-PDL Generic	PA; SP
ZELVYSIA 100 MG POWDER PACKET OUTER	Non-PDL Generic	PA; SP
ZELVYSIA 500 MG POWDER PACKET INNER	Non-PDL Generic	PA; SP

Drug	Status	Notes
ZELVYSIA 500 MG POWDER PACKET OUTER	Non-PDL Generic	PA; SP
Neoplastic Disease		
Alkylating Agents		
cyclophosphamide 25 mg capsule	Non-PDL Generic	SP
cyclophosphamide 50 mg capsule	Non-PDL Generic	SP
cyclophosphamide 50 mg tablet inner	Non-PDL Generic	SP
cyclophosphamide 50 mg tablet outer	Non-PDL Generic	SP
HYDREA 500 MG CAPSULE	Non-PDL Brand	
hydroxyurea 500 mg capsule	Non-PDL Generic	90 DS
hydroxyurea 500 mg capsule u-d,10x10,inner	Non-PDL Generic	90 DS
hydroxyurea 500 mg capsule u-d,10x10,outer	Non-PDL Generic	90 DS
LEUKERAN 2 MG TABLET	Non-PDL Brand	SP
lomustine 10 mg capsule	Non-PDL Generic	PA; SP
lomustine 100 mg capsule	Non-PDL Generic	PA; SP
lomustine 40 mg capsule	Non-PDL Generic	PA; SP
MYLERAN 2 MG TABLET	Non-PDL Brand	SP
temozolomide 100 mg capsule	Non-PDL Generic	PA; SP
temozolomide 100 mg capsule outer	Non-PDL Generic	PA; SP
temozolomide 140 mg capsule	Non-PDL Generic	PA; SP
temozolomide 140 mg capsule outer	Non-PDL Generic	PA; SP
temozolomide 180 mg capsule	Non-PDL Generic	PA; SP
temozolomide 180 mg capsule outer	Non-PDL Generic	PA; SP

Drug	Status	Notes
temozolomide 20 mg capsule	Non-PDL Generic	PA; SP
temozolomide 20 mg capsule outer	Non-PDL Generic	PA; SP
temozolomide 250 mg capsule	Non-PDL Generic	PA; SP
temozolomide 250 mg capsule outer	Non-PDL Generic	PA; SP
temozolomide 5 mg capsule	Non-PDL Generic	PA; SP
temozolomide 5 mg capsule outer	Non-PDL Generic	PA; SP
Antiandrogenic Agents		
abiraterone acetate 250 mg tab	Non-PDL Generic	PA; SP
abiraterone acetate 500 mg tab	Non-PDL Generic	PA; SP
ABIRTEGA 250 MG TABLET	Non-PDL Generic	PA; SP
bicalutamide 50 mg tablet	Non-PDL Generic	
bicalutamide 50 mg tablet f/c	Non-PDL Generic	
ERLEADA 240 MG TABLET	Non-PDL Brand	PA; SP
ERLEADA 60 MG TABLET	Non-PDL Brand	PA; SP
nilutamide 150 mg tablet	Non-PDL Generic	SP
NUBEQA 300 MG TABLET	Non-PDL Brand	PA; SP
XTANDI 40 MG CAPSULE	Non-PDL Brand	PA; SP
XTANDI 40 MG TABLET	Non-PDL Brand	PA; SP
XTANDI 80 MG TABLET	Non-PDL Brand	PA; SP
Antimetabolites		
capecitabine 150 mg tablet	Non-PDL Generic	PA; SP
capecitabine 500 mg tablet	Non-PDL Generic	PA; SP

Drug	Status	Notes
capecitabine 500 mg tablet f/c	Non-PDL Generic	PA; SP
INQOVI 35 MG-100 MG TABLET 35-100 MG	Non-PDL Brand	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 20 mg/ml suspen	Non-PDL Generic	SP
mercaptopurine 20 mg/ml suspen inner	Non-PDL Generic	SP
mercaptopurine 20 mg/ml suspen outer	Non-PDL Generic	SP
mercaptopurine 50 mg tablet	Non-PDL Generic	
methotrexate 1 gm vial p/f,suv 1 gram	Non-PDL Generic	
methotrexate 1 gm vial suv, p/f 1 gram	Non-PDL Generic	
methotrexate 1 gram/40 ml vial (cmpd-rx) suv, p/f 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, 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 suv, p/f 25 mg/ml	Non-PDL Generic	
methotrexate 2.5 mg tablet	Non-PDL Generic	
methotrexate 2.5 mg tablet u-d, 2x10, inner	Non-PDL Generic	
methotrexate 2.5 mg tablet u-d,10x10,blisters	Non-PDL Generic	
methotrexate 2.5 mg tablet u-d,2x10,outer	Non-PDL Generic	
methotrexate 250 mg/10 ml vial 25 mg/ml	Non-PDL Generic	
methotrexate 250 mg/10 ml vial p/f, sdv 25 mg/ml	Non-PDL Generic	

Drug	Status	Notes
methotrexate 50 mg/2 ml vial inner, muv 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial inner, p/f, sdv 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial outer, muv 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial outer, p/f, sdv 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial p/f, sdv 25 mg/ml	Non-PDL Generic	
methotrexate 50 mg/2 ml vial p/f, suv 25 mg/ml	Non-PDL Generic	
ONUREG 200 MG TABLET	Non-PDL Brand	PA; SP
ONUREG 300 MG TABLET	Non-PDL Brand	PA; SP
TABLOID 40 MG TABLET	Non-PDL Brand	SP
TREXALL 10 MG TABLET	Non-PDL Brand	
TREXALL 15 MG TABLET	Non-PDL Brand	
TREXALL 5 MG TABLET	Non-PDL Brand	
TREXALL 7.5 MG TABLET	Non-PDL Brand	
Antineoplastic Aromatase Inhibitors		
anastrozole 1 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
anastrozole 1 mg tablet coated	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
anastrozole 1 mg tablet f/c	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
exemestane 25 mg tablet	Preventive	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
exemestane 25 mg tablet f/c	Preventive	$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
letrozole 2.5 mg tablet	Non-PDL Generic	90 DS

Drug	Status	Notes
letrozole 2.5 mg tablet f/c	Non-PDL Generic	90 DS
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI 75 MG CAPSULE INNER	Non-PDL Brand	PA; SP
BRAFTOVI 75 MG CAPSULE OUTER	Non-PDL Brand	PA; SP
TAFINLAR 10 MG TABLET FOR SUSP	Non-PDL Brand	PA; SP
TAFINLAR 50 MG CAPSULE	Non-PDL Brand	PA; SP
TAFINLAR 75 MG CAPSULE	Non-PDL Brand	PA; SP
ZELBORAF 240 MG TABLET	Non-PDL Brand	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO 100 MG TABLET	Non-PDL Brand	PA; SP
DAURISMO 25 MG TABLET	Non-PDL Brand	PA; SP
ERIVEDGE 150 MG CAPSULE	Non-PDL Brand	PA; SP
ODOMZO 200 MG CAPSULE	Non-PDL Brand	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI 10 MG TABLET	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
JAKAFI 15 MG TABLET	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
JAKAFI 20 MG TABLET	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
JAKAFI 25 MG TABLET	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
JAKAFI 5 MG TABLET	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
JAKAFI XR 11 MG TABLET	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
JAKAFI XR 22 MG TABLET	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
JAKAFI XR 33 MG TABLET	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
JAKAFI XR 44 MG TABLET	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
JAKAFI XR 55 MG TABLET	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
Antineoplastic - Kras Protein Inhibitor		
KRAZATI 200 MG TABLET	Non-PDL Brand	PA; SP
LUMAKRAS 120 MG TABLET INNER	Non-PDL Brand	PA; SP
LUMAKRAS 120 MG TABLET OUTER	Non-PDL Brand	PA; SP
LUMAKRAS 240 MG TABLET	Non-PDL Brand	PA; SP
LUMAKRAS 320 MG TABLET	Non-PDL Brand	PA; SP
RASONQUE 100 MG TABLET	Non-PDL Brand	PA; SP
RASONQUE 150 MG TABLET	Non-PDL Brand	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC 20 MG TABLET	Non-PDL Brand	PA; SP; QL (63 EA per 28 days)
GOMEKLI 1 MG CAPSULE	Non-PDL Brand	PA; SP
GOMEKLI 1 MG TABLET FOR SUSP	Non-PDL Brand	PA; SP
GOMEKLI 2 MG CAPSULE	Non-PDL Brand	PA; SP
KOSELUGO 10 MG CAPSULE	Non-PDL Brand	PA; SP
KOSELUGO 25 MG CAPSULE	Non-PDL Brand	PA; SP
KOSELUGO 5 MG SPRINKLE CAPSULE	Non-PDL Brand	PA; SP
KOSELUGO 7.5 MG SPRINKLE CAP	Non-PDL Brand	PA; SP
MEKINIST 0.05 MG/ML SOLUTION	Non-PDL Brand	PA; SP
MEKINIST 0.5 MG TABLET	Non-PDL Brand	PA; SP
MEKINIST 2 MG TABLET	Non-PDL Brand	PA; SP

Drug	Status	Notes
MEKTOVI 15 MG TABLET	Non-PDL Brand	PA; SP; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR 10 MG TABLET INNER, U-D, 4X7	Non-PDL Brand	PA; SP
AFINITOR 10 MG TABLET OUTER, U-D,4X7	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 3 MG TABLET INNER	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 3 MG TABLET OUTER	Non-PDL Brand	PA; SP
everolimus 10 mg tablet	Non-PDL Generic	PA; SP
everolimus 10 mg tablet inner	Non-PDL Generic	PA; SP
everolimus 10 mg tablet outer	Non-PDL Generic	PA; SP
everolimus 2 mg tab for susp	Non-PDL Generic	PA; SP
everolimus 2 mg tab for susp inner	Non-PDL Generic	PA; SP
everolimus 2 mg tab for susp outer	Non-PDL Generic	PA; SP
everolimus 2.5 mg tablet	Non-PDL Generic	PA; SP
everolimus 2.5 mg tablet inner	Non-PDL Generic	PA; SP
everolimus 2.5 mg tablet outer	Non-PDL Generic	PA; SP
everolimus 3 mg tab for susp	Non-PDL Generic	PA; SP
everolimus 3 mg tab for susp inner	Non-PDL Generic	PA; SP
everolimus 3 mg tab for susp outer	Non-PDL Generic	PA; SP
everolimus 5 mg tab for susp	Non-PDL Generic	PA; SP
everolimus 5 mg tab for susp inner	Non-PDL Generic	PA; SP
everolimus 5 mg tab for susp outer	Non-PDL Generic	PA; SP
everolimus 5 mg tablet	Non-PDL Generic	PA; SP

Drug	Status	Notes
everolimus 5 mg tablet inner	Non-PDL Generic	PA; SP
everolimus 5 mg tablet outer	Non-PDL Generic	PA; SP
everolimus 7.5 mg tablet	Non-PDL Generic	PA; SP
everolimus 7.5 mg tablet inner	Non-PDL Generic	PA; SP
everolimus 7.5 mg tablet outer	Non-PDL Generic	PA; SP
TORPENZ 10 MG TABLET	Non-PDL Generic	PA; SP
TORPENZ 10 MG TABLET INNER	Non-PDL Generic	PA; SP
TORPENZ 10 MG TABLET OUTER	Non-PDL Generic	PA; SP
TORPENZ 2.5 MG TABLET	Non-PDL Generic	PA; SP
TORPENZ 2.5 MG TABLET INNER	Non-PDL Generic	PA; SP
TORPENZ 2.5 MG TABLET OUTER	Non-PDL Generic	PA; SP
TORPENZ 5 MG TABLET	Non-PDL Generic	PA; SP
TORPENZ 5 MG TABLET INNER	Non-PDL Generic	PA; SP
TORPENZ 5 MG TABLET OUTER	Non-PDL Generic	PA; SP
TORPENZ 7.5 MG TABLET	Non-PDL Generic	PA; SP
TORPENZ 7.5 MG TABLET INNER	Non-PDL Generic	PA; SP
TORPENZ 7.5 MG TABLET OUTER	Non-PDL Generic	PA; SP
YULITHIRA 10 MG TABLET	Non-PDL Generic	PA; SP
YULITHIRA 2.5 MG TABLET	Non-PDL Generic	PA; SP
YULITHIRA 5 MG TABLET	Non-PDL Generic	PA; SP
YULITHIRA 7.5 MG TABLET	Non-PDL Generic	PA; SP

Drug	Status	Notes
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN 0.25 MG CAPSULE	Non-PDL Brand	SP
HYCAMTIN 1 MG CAPSULE	Non-PDL Brand	SP
Antineoplastic Immunomodulator Agents		
lenalidomide 10 mg capsule	Non-PDL Generic	PA; SP
lenalidomide 15 mg capsule	Non-PDL Generic	PA; SP
lenalidomide 2.5 mg capsule	Non-PDL Generic	PA; SP
lenalidomide 20 mg capsule	Non-PDL Generic	PA; SP
lenalidomide 25 mg capsule	Non-PDL Generic	PA; SP
lenalidomide 5 mg capsule	Non-PDL Generic	PA; SP
pomalidomide 1 mg capsule	Non-PDL Generic	PA; SP
pomalidomide 2 mg capsule	Non-PDL Generic	PA; SP
pomalidomide 3 mg capsule	Non-PDL Generic	PA; SP
pomalidomide 4 mg capsule	Non-PDL Generic	PA; SP
POMALYST 1 MG CAPSULE	Non-PDL Brand	PA; SP
POMALYST 2 MG CAPSULE	Non-PDL Brand	PA; SP
POMALYST 3 MG CAPSULE	Non-PDL Brand	PA; SP
POMALYST 4 MG CAPSULE	Non-PDL Brand	PA; SP
ZENBEXUS 0.75 MG CAPSULE	Non-PDL Brand	PA; SP
ZENBEXUS 1 MG CAPSULE	Non-PDL Brand	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON 2 X 120 MG KIT SUV,OUTER	Non-PDL Brand	SP; QL (2 EA per 365 days)

Drug	Status	Notes
FIRMAGON 80 MG KIT	Non-PDL Brand	SP; QL (1 EA per 30 days)
ORGOVYX 120 MG TABLET	Non-PDL Brand	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA 150 MG CAPSULE	Non-PDL Brand	PA; SP
AUGTYRO 160 MG CAPSULE	Non-PDL Brand	PA; SP
AUGTYRO 40 MG CAPSULE	Non-PDL Brand	PA; SP
AYVAKIT 100 MG TABLET	Non-PDL Brand	PA; SP
AYVAKIT 200 MG TABLET	Non-PDL Brand	PA; SP
AYVAKIT 25 MG TABLET	Non-PDL Brand	PA; SP
AYVAKIT 300 MG TABLET	Non-PDL Brand	PA; SP
AYVAKIT 50 MG TABLET	Non-PDL Brand	PA; SP
BALVERSA 3 MG TABLET	Non-PDL Brand	PA; SP
BALVERSA 4 MG TABLET	Non-PDL Brand	PA; SP
BALVERSA 5 MG TABLET	Non-PDL Brand	PA; SP
BOSULIF 100 MG CAPSULE	Non-PDL Brand	PA; SP
BOSULIF 50 MG CAPSULE	Non-PDL Brand	PA; SP
bosutinib 100 mg tablet	Non-PDL Generic	PA; SP
bosutinib 400 mg tablet	Non-PDL Generic	PA; SP
bosutinib 500 mg tablet	Non-PDL Generic	PA; SP
BRUKINSA 160 MG TABLET	Non-PDL Brand	PA; SP
CABOMETYX 20 MG TABLET	Non-PDL Brand	PA; SP
CABOMETYX 40 MG TABLET	Non-PDL Brand	PA; SP

Drug	Status	Notes
CABOMETYX 60 MG TABLET	Non-PDL Brand	PA; SP
CALQUENCE 100 MG TABLET	Non-PDL Brand	PA; SP
CAPRELSA 100 MG TABLET	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
CAPRELSA 300 MG TABLET	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
COMETRIQ 100 MG DAILY-DOSE PK 100 MG/DAY(80 MG X1-20 MG X1)	Non-PDL Brand	PA; SP; QL (112 EA per 28 days)
COMETRIQ 140 MG DAILY-DOSE PK 140 MG/DAY(80 MG X1-20 MG X3)	Non-PDL Brand	PA; SP; QL (112 EA per 28 days)
COMETRIQ 60 MG DAILY-DOSE PACK 60 MG/DAY (20 MG X 3/DAY)	Non-PDL Brand	PA; SP; QL (112 EA per 28 days)
DANZITEN 71 MG TABLET OUTER	Non-PDL Brand	PA; SP
DANZITEN 95 MG TABLET OUTER	Non-PDL Brand	PA; SP
dasatinib 100 mg tablet	Non-PDL Generic	PA; SP
dasatinib 140 mg tablet	Non-PDL Generic	PA; SP
dasatinib 20 mg tablet	Non-PDL Generic	PA; SP
dasatinib 50 mg tablet	Non-PDL Generic	PA; SP
dasatinib 70 mg tablet	Non-PDL Generic	PA; SP
dasatinib 80 mg tablet	Non-PDL Generic	PA; SP
ENSACOVE 100 MG CAPSULE	Non-PDL Brand	PA; SP
ENSACOVE 25 MG CAPSULE	Non-PDL Brand	PA; SP
erlotinib hcl 100 mg tablet	Non-PDL Generic	PA; SP
erlotinib hcl 150 mg tablet	Non-PDL Generic	PA; SP
erlotinib hcl 25 mg tablet	Non-PDL Generic	PA; SP
FOTIVDA 0.89 MG CAPSULE	Non-PDL Brand	PA; SP

Drug	Status	Notes
FOTIVDA 1.34 MG CAPSULE	Non-PDL Brand	PA; SP
FRUZAQLA 1 MG CAPSULE	Non-PDL Brand	PA; SP
FRUZAQLA 5 MG CAPSULE	Non-PDL Brand	PA; SP
GAVRETO 100 MG CAPSULE	Non-PDL Brand	PA; SP
gefitinib 250 mg tablet	Non-PDL Generic	PA; SP
GILOTRIF 20 MG TABLET	Non-PDL Brand	PA; SP
GILOTRIF 30 MG TABLET	Non-PDL Brand	PA; SP
GILOTRIF 40 MG TABLET	Non-PDL Brand	PA; SP
IBRANCE 100 MG CAPSULE	Non-PDL Brand	PA; SP
IBRANCE 100 MG TABLET INNER	Non-PDL Brand	PA; SP
IBRANCE 100 MG TABLET OUTER	Non-PDL Brand	PA; SP
IBRANCE 125 MG CAPSULE	Non-PDL Brand	PA; SP
IBRANCE 125 MG TABLET INNER	Non-PDL Brand	PA; SP
IBRANCE 125 MG TABLET OUTER	Non-PDL Brand	PA; SP
IBRANCE 75 MG CAPSULE	Non-PDL Brand	PA; SP
IBRANCE 75 MG TABLET INNER	Non-PDL Brand	PA; SP
IBRANCE 75 MG TABLET OUTER	Non-PDL Brand	PA; SP
IBTROZI 200 MG CAPSULE INNER	Non-PDL Brand	PA; SP
IBTROZI 200 MG CAPSULE OUTER	Non-PDL Brand	PA; SP
ICLUSIG 10 MG TABLET	Non-PDL Brand	PA; SP
ICLUSIG 15 MG TABLET	Non-PDL Brand	PA; SP

Drug	Status	Notes
ICLUSIG 30 MG TABLET	Non-PDL Brand	PA; SP
ICLUSIG 45 MG TABLET	Non-PDL Brand	PA; SP
imatinib mesylate 100 mg tab	Non-PDL Generic	PA; SP
imatinib mesylate 100 mg tab f/c	Non-PDL Generic	PA; SP
imatinib mesylate 100 mg tab inner	Non-PDL Generic	PA; SP
imatinib mesylate 100 mg tab outer	Non-PDL Generic	PA; SP
imatinib mesylate 400 mg tab	Non-PDL Generic	PA; SP
imatinib mesylate 400 mg tab f/c	Non-PDL Generic	PA; SP
imatinib mesylate 400 mg tab inner	Non-PDL Generic	PA; SP
imatinib mesylate 400 mg tab outer	Non-PDL Generic	PA; SP
IMBRUVICA 140 MG CAPSULE	Non-PDL Brand	PA; SP
IMBRUVICA 140 MG TABLET	Non-PDL Brand	PA; SP
IMBRUVICA 280 MG TABLET	Non-PDL Brand	PA; SP
IMBRUVICA 420 MG TABLET	Non-PDL Brand	PA; SP
IMBRUVICA 70 MG CAPSULE	Non-PDL Brand	PA; SP
IMBRUVICA 70 MG/ML SUSPENSION	Non-PDL Brand	PA; SP
INLYTA 1 MG TABLET	Non-PDL Brand	PA; SP
INLYTA 5 MG TABLET	Non-PDL Brand	PA; SP
INREBIC 100 MG CAPSULE	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
ITOVEBI 3 MG TABLET	Non-PDL Brand	PA; SP
ITOVEBI 9 MG TABLET	Non-PDL Brand	PA; SP

Drug	Status	Notes
IWILFIN 192 MG TABLET	Non-PDL Brand	PA; SP
JAYPIRCA 100 MG TABLET	Non-PDL Brand	PA; SP
JAYPIRCA 50 MG TABLET	Non-PDL Brand	PA; SP
JIDEYTRO 100 MG TABLET	Non-PDL Brand	PA; SP
JIDEYTRO 25 MG TABLET	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
lapatinib 250 mg tablet	Non-PDL Generic	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

Drug	Status	Notes
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	Non-PDL Brand	PA; SP
LENVIMA 4 MG CAPSULE OUTER	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	Non-PDL Brand	PA; SP
LORBRENA 25 MG TABLET	Non-PDL Brand	PA; SP
LYNPARZA 100 MG TABLET	Non-PDL Brand	PA; SP
LYNPARZA 150 MG TABLET	Non-PDL Brand	PA; SP
LYTGOBI 12 MG DOSE (3X 4 MG TB) 12 MG/DAY (4 MG X 3)	Non-PDL Brand	PA; SP
LYTGOBI 16 MG DOSE (4X 4 MG TB) 16 MG/DAY (4 MG X 4)	Non-PDL Brand	PA; SP
LYTGOBI 20 MG DOSE (5X 4 MG TB) 20 MG/DAY (4 MG X 5)	Non-PDL Brand	PA; SP
NERLYNX 40 MG TABLET	Non-PDL Brand	PA; SP
nilotinib hcl 150 mg capsule	Non-PDL Generic	PA; SP
nilotinib hcl 150 mg capsule inner	Non-PDL Generic	PA; SP
nilotinib hcl 150 mg capsule outer	Non-PDL Generic	PA; SP
nilotinib hcl 200 mg capsule	Non-PDL Generic	PA; SP
nilotinib hcl 200 mg capsule inner	Non-PDL Generic	PA; SP
nilotinib hcl 200 mg capsule outer	Non-PDL Generic	PA; SP
nilotinib hcl 50 mg capsule	Non-PDL Generic	PA; SP

Drug	Status	Notes
NINLARO 2.3 MG CAPSULE INNER	Non-PDL Brand	PA; SP
NINLARO 2.3 MG CAPSULE OUTER	Non-PDL Brand	PA; SP
NINLARO 3 MG CAPSULE INNER	Non-PDL Brand	PA; SP
NINLARO 3 MG CAPSULE OUTER	Non-PDL Brand	PA; SP
NINLARO 4 MG CAPSULE INNER	Non-PDL Brand	PA; SP
NINLARO 4 MG CAPSULE OUTER	Non-PDL Brand	PA; SP
OJJAARA 100 MG TABLET	Non-PDL Brand	PA; SP
OJJAARA 150 MG TABLET	Non-PDL Brand	PA; SP
OJJAARA 200 MG TABLET	Non-PDL Brand	PA; SP
pazopanib hcl 200 mg tablet	Non-PDL Generic	PA; SP
pazopanib hcl 400 mg tablet	Non-PDL Generic	PA; SP
PEMAZYRE 13.5 MG TABLET	Non-PDL Brand	PA; SP
PEMAZYRE 4.5 MG TABLET	Non-PDL Brand	PA; SP
PEMAZYRE 9 MG TABLET	Non-PDL Brand	PA; SP
PIQRAY 200 MG DAILY DOSE PACK INNER 200 MG/DAY (200 MG X 1)	Non-PDL Brand	PA; SP
PIQRAY 200 MG DAILY DOSE PACK OUTER 200 MG/DAY (200 MG X 1)	Non-PDL Brand	PA; SP
PIQRAY 250 MG DAILY DOSE PACK INNER 250 MG/DAY (200 MG X1-50 MG X1)	Non-PDL Brand	PA; SP
PIQRAY 250 MG DAILY DOSE PACK OUTER 250 MG/DAY (200 MG X1-50 MG X1)	Non-PDL Brand	PA; SP
PIQRAY 300 MG DAILY DOSE PACK INNER 300 MG/DAY (150 MG X 2)	Non-PDL Brand	PA; SP
PIQRAY 300 MG DAILY DOSE PACK OUTER 300 MG/DAY (150 MG X 2)	Non-PDL Brand	PA; SP

Drug	Status	Notes
QINLOCK 50 MG TABLET	Non-PDL Brand	PA; SP
RETEVMO 120 MG TABLET	Non-PDL Brand	PA; SP
RETEVMO 160 MG TABLET	Non-PDL Brand	PA; SP
RETEVMO 40 MG TABLET	Non-PDL Brand	PA; SP
RETEVMO 80 MG TABLET	Non-PDL Brand	PA; SP
ROZLYTREK 100 MG CAPSULE	Non-PDL Brand	PA; SP
ROZLYTREK 200 MG CAPSULE	Non-PDL Brand	PA; SP
ROZLYTREK 50 MG PELLET PACKET INNER	Non-PDL Brand	PA; SP
ROZLYTREK 50 MG PELLET PACKET OUTER	Non-PDL Brand	PA; SP
RYDAPT 25 MG CAPSULE INNER	Non-PDL Brand	PA; SP
RYDAPT 25 MG CAPSULE OUTER	Non-PDL Brand	PA; SP
SCEMBLIX 100 MG TABLET	Non-PDL Brand	PA; SP
SCEMBLIX 20 MG TABLET	Non-PDL Brand	PA; SP
SCEMBLIX 40 MG TABLET	Non-PDL Brand	PA; SP
sorafenib 200 mg tablet	Non-PDL Generic	PA; SP
STIVARGA 40 MG TABLET 1X28, INNER	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
STIVARGA 40 MG TABLET 3X28, OUTER	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
STIVARGA 40 MG TABLET INNER	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
STIVARGA 40 MG TABLET OUTER	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
sunitinib malate 12.5 mg cap	Non-PDL Generic	PA; SP
sunitinib malate 25 mg capsule	Non-PDL Generic	PA; SP

Drug	Status	Notes
sunitinib malate 37.5 mg cap	Non-PDL Generic	PA; SP
sunitinib malate 50 mg capsule	Non-PDL Generic	PA; SP
TABRECTA 150 MG TABLET	Non-PDL Brand	PA; SP
TABRECTA 200 MG TABLET	Non-PDL Brand	PA; SP
TAGRISSO 40 MG TABLET	Non-PDL Brand	PA; SP
TAGRISSO 80 MG TABLET	Non-PDL Brand	PA; SP
TALZENNA 0.1 MG SOFTGEL	Non-PDL Brand	PA; SP
TALZENNA 0.25 MG SOFTGEL	Non-PDL Brand	PA; SP
TALZENNA 0.35 MG SOFTGEL	Non-PDL Brand	PA; SP
TALZENNA 0.5 MG SOFTGEL	Non-PDL Brand	PA; SP
TALZENNA 0.75 MG SOFTGEL	Non-PDL Brand	PA; SP
TALZENNA 1 MG SOFTGEL	Non-PDL Brand	PA; SP
TEPMETKO 225 MG TABLET	Non-PDL Brand	PA; SP
TRUQAP 160 MG TABLET	Non-PDL Brand	PA; SP
TRUQAP 200 MG TABLET	Non-PDL Brand	PA; SP
TUKYSA 150 MG TABLET	Non-PDL Brand	PA; SP
TUKYSA 50 MG TABLET	Non-PDL Brand	PA; SP
TURALIO 125 MG CAPSULE	Non-PDL Brand	PA; SP
VANFLYTA 17.7 MG TABLET	Non-PDL Brand	PA; SP
VANFLYTA 26.5 MG TABLET	Non-PDL Brand	PA; SP
VERZENIO 100 MG TABLET	Non-PDL Brand	PA; SP

Drug	Status	Notes
VERZENIO 150 MG TABLET	Non-PDL Brand	PA; SP
VERZENIO 200 MG TABLET	Non-PDL Brand	PA; SP
VERZENIO 50 MG TABLET	Non-PDL Brand	PA; SP
VITRAKVI 100 MG CAPSULE	Non-PDL Brand	PA; SP
VITRAKVI 20 MG/ML SOLUTION	Non-PDL Brand	PA; SP
VITRAKVI 20 MG/ML SOLUTION INNER	Non-PDL Brand	PA; SP
VITRAKVI 20 MG/ML SOLUTION OUTER	Non-PDL Brand	PA; SP
VITRAKVI 25 MG CAPSULE	Non-PDL Brand	PA; SP
VONJO 100 MG CAPSULE	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
XALKORI 150 MG PELLET	Non-PDL Brand	PA; SP
XALKORI 20 MG PELLET	Non-PDL Brand	PA; SP
XALKORI 200 MG CAPSULE	Non-PDL Brand	PA; SP
XALKORI 250 MG CAPSULE	Non-PDL Brand	PA; SP
XALKORI 50 MG PELLET	Non-PDL Brand	PA; SP
XOSPATA 40 MG TABLET	Non-PDL Brand	PA; SP
ZEJULA 100 MG TABLET	Non-PDL Brand	PA; SP
ZEJULA 200 MG TABLET	Non-PDL Brand	PA; SP
ZEJULA 300 MG TABLET	Non-PDL Brand	PA; SP
ZYDELIG 100 MG TABLET	Non-PDL Brand	PA; SP
ZYDELIG 150 MG TABLET	Non-PDL Brand	PA; SP
ZYKADIA 150 MG TABLET	Non-PDL Brand	PA; SP

Drug	Status	Notes
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA 100 MG CAPSULE	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
BEQALZI 1 MG TABLET	Non-PDL Brand	PA; SP
BEQALZI 20 MG TABLET	Non-PDL Brand	PA; SP
BEQALZI 5 MG TABLET	Non-PDL Brand	PA; SP
BEQALZI 80 MG TABLET	Non-PDL Brand	PA; SP
BEQALZI STARTER PACK 1-5-20-80 MG	Non-PDL Brand	PA; SP
VENCLEXTA 10 MG TAB (10 MG X 2)	Non-PDL Brand	PA; SP
VENCLEXTA 10 MG TABLET	Non-PDL Brand	PA; SP
VENCLEXTA 100 MG TABLET	Non-PDL Brand	PA; SP
VENCLEXTA 50 MG TABLET	Non-PDL Brand	PA; SP
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG	Non-PDL Brand	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA 100-500 MG TABLET	Non-PDL Brand	PA; SP
AKEEGA 50-500 MG TABLET	Non-PDL Brand	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG 40 MG TABLET	Non-PDL Brand	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
REZLIDHIA 150 MG CAPSULE	Non-PDL Brand	PA; SP
TIBSOVO 250 MG TABLET	Non-PDL Brand	PA; SP

Drug	Status	Notes
VORANIGO 10 MG TABLET	Non-PDL Brand	PA; SP
VORANIGO 40 MG TABLET	Non-PDL Brand	PA; SP
Antineoplastics,Miscellaneous		
etoposide 50 mg capsule inner	Non-PDL Generic	
etoposide 50 mg capsule outer	Non-PDL Generic	
LYSODREN 500 MG TABLET	Non-PDL Brand	SP
MATULANE 50 MG CAPSULE	Non-PDL Brand	SP
tretinoin 10 mg capsule	Non-PDL Generic	SP
tretinoin 10 mg capsule 3x10, outer	Non-PDL Generic	SP
tretinoin 10 mg capsule inner	Non-PDL Generic	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO 100 MG ONCE WEEKLY DOSE INNER 100 MG/WEEK (50 MG X 2)	Non-PDL Brand	PA; SP
XPOVIO 100 MG ONCE WEEKLY DOSE OUTER 100 MG/WEEK (50 MG X 2)	Non-PDL Brand	PA; SP
XPOVIO 40 MG ONCE WEEKLY DOSE INNER 40 MG/WEEK (10 MG X 4)	Non-PDL Brand	PA; SP
XPOVIO 40 MG ONCE WEEKLY DOSE OUTER 40 MG/WEEK (10 MG X 4)	Non-PDL Brand	PA; SP
XPOVIO 40 MG TWICE WEEKLY DOSE INNER 40MG TWICE WEEK (40 MG X 2)	Non-PDL Brand	PA; SP
XPOVIO 40 MG TWICE WEEKLY DOSE OUTER 40MG TWICE WEEK (40 MG X 2)	Non-PDL Brand	PA; SP
XPOVIO 60 MG ONCE WEEKLY DOSE INNER 60 MG/WEEK (60 MG X 1)	Non-PDL Brand	PA; SP
XPOVIO 60 MG ONCE WEEKLY DOSE OUTER 60 MG/WEEK (60 MG X 1)	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

Drug	Status	Notes
XPOVIO 80 MG ONCE WEEKLY DOSE INNER 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	Non-PDL Brand	PA; SP
XPOVIO 80 MG ONCE WEEKLY DOSE OUTER 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1)	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		
lederle leucovorin 5 mg tablet	Non-PDL Generic	
leucovorin calcium 10 mg tab	Non-PDL Generic	
leucovorin calcium 15 mg tab	Non-PDL Generic	
leucovorin calcium 25 mg tab	Non-PDL Generic	
leucovorin calcium 5 mg tab	Non-PDL Generic	
VISTOGARD 10 GRAM PACKET OUTER	Non-PDL Brand	SP; QL (24 EA per 14 days)
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	SP
Selective Estrogen Receptor Modulators (Serm)		
INLURIYO 200 MG TABLET	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
ORSERDU 345 MG TABLET	Non-PDL Brand	PA; SP
ORSERDU 86 MG TABLET	Non-PDL Brand	PA; SP
SOLTAMOX 20 MG/10 ML SOLN	Non-PDL Brand	

Drug	Status	Notes
tamoxifen 10 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
tamoxifen 10 mg tablet 15.2mg tamoxifen cit	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
tamoxifen 20 mg tablet	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
tamoxifen 20 mg tablet 30.4mg tamoxifen cit	Preventive	90 DS; $0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
toremifene citrate 60 mg tab	Non-PDL Generic	SP
Selective Retinoid X Receptor Agonists (Rxr)		
bexarotene 75 mg capsule	Non-PDL Generic	PA; SP
Steroid Antineoplastics		
megestrol 20 mg tablet	PDL Preferred Generic	90 DS
megestrol 40 mg tablet	PDL Preferred Generic	90 DS
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AUBAGIO 14 MG TABLET	PDL Non-Preferred Brand	PA; SP
AUBAGIO 7 MG TABLET	PDL Non-Preferred Brand	PA; SP
AVONEX 30 MCG/0.5 ML SYRINGE	PDL Preferred Brand	SP
AVONEX 30 MCG/0.5 ML SYRINGE KIT (4 PACK) 4 SYR/BOX, SUV,OUTER	PDL Preferred Brand	SP; QL (1 EA per 28 days)
AVONEX PEN 30 MCG/0.5 ML	PDL Preferred Brand	SP

Drug	Status	Notes
AVONEX PEN 30 MCG/0.5 ML KIT (4 PACK) 4 PEN/BOX, SUV,OUTER	PDL Preferred Brand	SP; QL (1 EA per 28 days)
BAFIERTAM DR 95 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
BETASERON 0.3 MG KIT INNER, SUV, P/F	PDL Preferred Brand	PA; SP; QL (15 EA per 30 days)
BETASERON 0.3 MG KIT OUTER, SUV, P/F	PDL Preferred Brand	SP; QL (15 EA per 30 days)
cladribine 10 mg x 10 tab pk	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 10 tab pk outer	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 4 tablet pk	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 4 tablet pk outer	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 5 tablet pk	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 5 tablet pk outer	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 6 tablet pk	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 6 tablet pk outer	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 7 tablet pk	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 7 tablet pk outer	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
cladribine 10 mg x 8 tablet pk	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 8 tablet pk outer	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 9 tablet pk	PDL Non-Preferred Generic	PA; SP
cladribine 10 mg x 9 tablet pk outer	PDL Non-Preferred Generic	PA; SP
COPAXONE 20 MG/ML SYRINGE	PDL Preferred Brand	SP; QL (30 ML per 30 days)
COPAXONE 40 MG/ML SYRINGE SUV	PDL Non-Preferred Brand	PA; SP
dimethyl fumarate 30d start pk 120 mg (14)-240 mg (46)	PDL Non-Preferred Generic	PA; SP
dimethyl fumarate dr 120 mg cp	PDL Preferred Generic	PA; SP
dimethyl fumarate dr 240 mg cp	PDL Preferred Generic	PA; SP
fingolimod 0.5 mg capsule	PDL Preferred Generic	PA; SP
GILENYA 0.25 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
GILENYA 0.5 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
glatiramer 20 mg/ml syringe inner, suv, p/f	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
glatiramer 20 mg/ml syringe inner,suv	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)

Drug	Status	Notes
glatiramer 20 mg/ml syringe outer, suv, p/f	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
glatiramer 20 mg/ml syringe outer,suv	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
glatiramer 20 mg/ml syringe suv, inner	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
glatiramer 20 mg/ml syringe suv, outer	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
glatiramer 40 mg/ml syringe inner, suv, p/f	PDL Non-Preferred Generic	PA; SP
glatiramer 40 mg/ml syringe inner,sdv	PDL Non-Preferred Generic	PA; SP
glatiramer 40 mg/ml syringe outer, suv, p/f	PDL Non-Preferred Generic	PA; SP
glatiramer 40 mg/ml syringe outer,sdv	PDL Non-Preferred Generic	PA; SP
glatiramer 40 mg/ml syringe suv, inner	PDL Non-Preferred Generic	PA; SP
glatiramer 40 mg/ml syringe suv, outer	PDL Non-Preferred Generic	PA; SP
GLATOPA 20 MG/ML SYRINGE INNER, SUV	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
GLATOPA 20 MG/ML SYRINGE OUTER, SUV	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
GLATOPA 40 MG/ML SYRINGE INNER,SUV	PDL Non-Preferred Generic	PA; SP
GLATOPA 40 MG/ML SYRINGE OUTER,SUV	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
KESIMPTA 20 MG/0.4 ML PEN SUV, P/F	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 10 TABLET PK	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 4 TABLET PK	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 5 TABLET PK	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 6 TABLET PK	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 7 TABLET PK	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 8 TABLET PK	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 9 TABLET PK	PDL Non-Preferred Brand	PA; SP
MAYZENT 0.25 MG STARTER PK(FOR 1 MG MAINTENANCE DOSE)(7 TAB) 0.25 MG (7 TABS)	PDL Non-Preferred Brand	PA; SP
MAYZENT 0.25 MG STARTER PK(FOR 2MG MAINTENANCE DOSE)(12 TAB) 0.25 MG (12 TABS)	PDL Non-Preferred Brand	PA; SP
MAYZENT 0.25 MG TABLET	PDL Non-Preferred Brand	PA; SP
MAYZENT 1 MG TABLET	PDL Non-Preferred Brand	PA; SP
MAYZENT 2 MG TABLET	PDL Non-Preferred Brand	PA; SP
PLEGRIDY 125 MCG/0.5 ML PEN P/F, INNER, SDV	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
PLEGRIDY 125 MCG/0.5 ML PEN P/F,OUTER,SDV	PDL Non-Preferred Brand	PA; SP
PLEGRIDY 125 MCG/0.5 ML SYRING INNER, SUV, P/F	PDL Non-Preferred Brand	PA; SP
PLEGRIDY 125 MCG/0.5 ML SYRING OUTER, SUV, P/F	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
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3)	PDL Non-Preferred Brand	PA; SP
PONVORY 20 MG TABLET	PDL Non-Preferred Brand	PA; SP
REBIF 22 MCG/0.5 ML SYRINGE P/F, INNER, SUV	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF 22 MCG/0.5 ML SYRINGE P/F, OUTER, SUV	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF 44 MCG/0.5 ML SYRINGE P/F, INNER, SUV	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF 44 MCG/0.5 ML SYRINGE P/F, OUTER, SUV	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML P/F, INNER, SUV	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML P/F, OUTERM, SUV	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE 44 MCG/0.5 ML P/F, INNER, SUV	PDL Preferred Brand	SP; QL (6 ML per 28 days)

Drug	Status	Notes
REBIF REBIDOSE 44 MCG/0.5 ML P/F, OUTER, SUV	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
TASCENSO ODT 0.25 MG TABLET	PDL Non-Preferred Brand	PA; SP
TASCENSO ODT 0.5 MG TABLET	PDL Non-Preferred Brand	PA; SP
TECFIDERA DR 120 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
TECFIDERA DR 240 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
TECFIDERA STARTER PACK 120 MG (14)-240 MG (46)	PDL Non-Preferred Brand	PA; SP
teriflunomide 14 mg tablet	PDL Preferred Generic	PA; SP
teriflunomide 7 mg tablet	PDL Preferred Generic	PA; SP
VUMERITY DR 231 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
AMPYRA ER 10 MG TABLET	PDL Non-Preferred Brand	PA; SP
dalfampridine er 10 mg tablet	PDL Preferred Generic	PA; SP

Drug	Status	Notes
Amyotrophic Lateral Sclerosis Agents		
riluzole 50 mg tablet	Non-PDL Generic	
riluzole 50 mg tablet f/c	Non-PDL Generic	
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
milnacipran hcl 100 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
milnacipran hcl 12.5 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
milnacipran hcl 25 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
milnacipran hcl 50 mg tablet	Non-PDL Generic	QL (2 EA per 1 day)
milnacipran hcl titration pack 12.5 mg (5)-25 mg(8)-50 mg(42)	Non-PDL Generic	QL (2 EA per 1 day)
SAVELLA 100 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
SAVELLA 12.5 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
SAVELLA 25 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
SAVELLA 50 MG TABLET	PDL Preferred Brand	QL (2 EA per 1 day)
SAVELLA TITRATION PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	PDL Preferred Brand	QL (2 EA per 1 day)
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA 124 MG CAPSULE	Non-PDL Brand	PA; SP
MIPLYFFA 47 MG CAPSULE	Non-PDL Brand	PA; SP
MIPLYFFA 62 MG CAPSULE	Non-PDL Brand	PA; SP
MIPLYFFA 93 MG CAPSULE	Non-PDL Brand	PA; SP

Drug	Status	Notes
Movement Disorders(Drug Therapy)		
HORIZANT ER 300 MG TABLET	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
HORIZANT ER 600 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
tetrabenazine 12.5 mg tablet	Non-PDL Generic	PA; SP
tetrabenazine 25 mg tablet	Non-PDL Generic	PA; SP
Neuropathic Agents		
LYRICA CR 165 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
LYRICA CR 330 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
LYRICA CR 82.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
pregabalin er 165 mg tablet	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
pregabalin er 330 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
pregabalin er 82.5 mg tablet	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
Postherpetic Neuralgia Agents		
GRALISE ER 300 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
GRALISE ER 450 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
GRALISE ER 600 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
GRALISE ER 750 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
GRALISE ER 900 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
VELSIPITY 2 MG TABLET	PDL Non-Preferred Brand	PA; SP
ZEPOSIA 0.92 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
ZEPOSIA STARTER KIT (28-DAY) 0.23 MG-0.46 MG -0.92 MG (21)	PDL Non-Preferred Brand	PA; SP
ZEPOSIA STARTER PACK (7-DAY) 0.23 MG (4)- 0.46 MG (3)	PDL Non-Preferred Brand	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
chlorhexidine 0.12% rinse	Non-PDL Generic	
chlorhexidine 0.12% rinse 15 ml cup inner	Non-PDL Generic	
chlorhexidine 0.12% rinse 15 ml cup outer	Non-PDL Generic	
ORALONE 0.1% PASTE	Non-PDL Generic	
PERIOGARD 0.12% ORAL RINSE	Non-PDL Generic	
triamcinolone 0.1% paste	Non-PDL Generic	
Nose Preparations, Miscellaneous (Rx)		
ipratropium 0.03% spray 21 mcg (0.03 %)	PDL Preferred Generic	90 DS
ipratropium 0.06% spray 42 mcg (0.06 %)	PDL Preferred Generic	
Periodontal Collagenase Inhibitors		
doxycycline hyclate 20 mg tab	Non-PDL Generic	
doxycycline hyclate 20 mg tab f/c	Non-PDL Generic	

Drug	Status	Notes
Other Drugs		
Abortifacient,Progesterone Receptor Antagonist-Typ		
mifepristone 200 mg tablet	Non-PDL Generic	
mifepristone 200 mg tablet inner	Non-PDL Generic	
mifepristone 200 mg tablet outer	Non-PDL Generic	
Antidotes,Miscellaneous		
ACTIDOSE-AQUA 50 GM/240 ML LIQ 50 GRAM/240 ML	Non-PDL Generic	OTC
Antioxidant Agents		
cvs lutein 20 mg softgel (rx)	Non-PDL Generic	
eql lutein 20 mg softgel softgel (rx)	Non-PDL Generic	
EYE HEALTH AREDS 2 SOFTGEL 250-90-40-1 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 p/f,yeast/f (rx)	Non-PDL Generic	
lutein 20 mg softgel (rx)	Non-PDL Generic	
lutein 20 mg softgel p/f, no lactose (rx)	Non-PDL Generic	
lutein 20 mg softgel p/f,yeast/f (rx)	Non-PDL Generic	
lutein 20 mg softgel sftgl,p/f,glu/f (rx)	Non-PDL Generic	
lutein 20 mg softgel softgel (rx)	Non-PDL Generic	
lutein 20 mg softgel softgel, p/f (rx)	Non-PDL Generic	
lutein 40 mg softgel	Non-PDL Generic	
lutein 6 mg softgel softgel (rx)	Non-PDL Generic	
lutein 6 mg softgel softgel,n,p/f (rx)	Non-PDL Generic	
lutein 6,000 mcg capsule (rx) 6 mg	Non-PDL Generic	

Drug	Status	Notes
natural lutein 20 mg softgel p/f,gluten free (rx)	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 250-90-40-1 MG	Non-PDL Generic	
SUPER ANTIOXIDANT SOFTGEL SFTGL,N,P/F	Non-PDL Generic	
sv lutein 20 mg softgel softgel, p/f (rx)	Non-PDL Generic	
sv lutein 6 mg softgel softgel, p/f (rx)	Non-PDL Generic	
Antipsychotics, Muscarinic Agonist/Antagonist Comb		
COBENFY 100 MG-20 MG CAPSULE 100-20 MG	PDL Non-Preferred Brand	PA
COBENFY 100 MG-20 MG CAPSULE INNER 100-20 MG	PDL Non-Preferred Brand	PA
COBENFY 100 MG-20 MG CAPSULE OUTER 100-20 MG	PDL Non-Preferred Brand	PA
COBENFY 125 MG-30 MG CAPSULE 125-30 MG	PDL Non-Preferred Brand	PA
COBENFY 125 MG-30 MG CAPSULE INNER 125-30 MG	PDL Non-Preferred Brand	PA
COBENFY 125 MG-30 MG CAPSULE OUTER 125-30 MG	PDL Non-Preferred Brand	PA
COBENFY 50 MG-20 MG CAPSULE 50-20 MG	PDL Non-Preferred Brand	PA
COBENFY 50 MG-20 MG CAPSULE INNER 50-20 MG	PDL Non-Preferred Brand	PA
COBENFY 50 MG-20 MG CAPSULE OUTER 50-20 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
COBENFY STARTER PACK 50 MG-20 MG /100 MG-20 MG	PDL Non-Preferred Brand	PA
Antiretroviral - Capsid Inhibitors (Prep)		
YEZTUGO 300 MG TABLET	Non-PDL Brand	PA; SP
YEZTUGO 463.5 MG/1.5 ML VIAL OUTER, SUV, P/F 309 MG/ML	Non-PDL Brand	PA; SP
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
megestrol 400 mg/10 ml susp cup outer 400 mg/10 ml (10 ml)	PDL Preferred Generic	
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	
Azapirones		
EXXUA ER 18.2 MG TAB (TITRATN) 18.2 MG (32 TABS)	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EXXUA ER 18.2 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EXXUA ER 36.3 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EXXUA ER 54.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EXXUA ER 72.6 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Blood Testing Preparations,In-Vitro		
PRECISION XTR B-KETONE STRIP BETA-KETONE	Non-PDL Brand	SP; OTC; QL (200 EA per 30 days)
Bulk Chemicals		
glutaraldehyde 25% aq solution aqueous (rx)	Non-PDL Generic	PA
Condoms		
AIMSCO LATEX CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY

Drug	Status	Notes
DUREX AVANTI REAL FEEL CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
DUREX EXTRA SENSITIVE CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
DUREX TROPICAL CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
FANTASY CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
FC2 FEMALE CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
KIMONO MAXX CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN AQUA LUBE	Preventive	OTC; IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
KIMONO MICROTHIN LARGE CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
KIMONO TEXTURED CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
KIMONO THIN LUBRICATED CONDOMS	Preventive	OTC; IF QL=60 THEN $0 COPAY
TROJAN BARESKIN PACK CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
TROJAN ULTRA RIBBED CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUE COVER CONDOM INNER	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUE COVER CONDOM OUTER	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX CONDOM	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX CONDOM 12'S, LUBRICATED	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX CONDOM 12'S, RESERVOIR TIP	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX CONDOM 12'S, W/NONOXYNOL-9	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX CONDOM 12'S, W-NONOXYNOL-9	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX CONDOM 12'S,EXTRA STRENGTH	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX CONDOM 12'S,LUBRICATED	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX CONDOM 12'S,W/NONOXYNOL-9	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX CONDOM 12'S,W-NONOXYNOL-9	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX LATEX CONDOM 12'S	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX LATEX CONDOM 48'S	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA CONDOM 12'S	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA CONDOM 12'S,NON-LUBRICATED	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA CONDOM 12'S,W/SPERMICIDE	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA CONDOM 48'S	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA CONDOM 48'S,NON-LUBRICATED	Preventive	OTC; IF QL=60 THEN $0 COPAY
TRUSTEX-RIA CONDOM 48'S,W/SPERMICIDE	Preventive	OTC; IF QL=60 THEN $0 COPAY

Drug	Status	Notes
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	Non-PDL Generic	
NAC 600 MG CAPSULE	Non-PDL Generic	
n-acetyl-l-cysteine 600 mg cap	Non-PDL Generic	
Drugs To Treat Hereditary Tyrosinemia		
nitisinone 10 mg capsule	Non-PDL Generic	PA; SP
nitisinone 2 mg capsule	Non-PDL Generic	PA; SP
nitisinone 20 mg capsule	Non-PDL Generic	PA; SP
nitisinone 5 mg capsule	Non-PDL Generic	PA; SP
NITYR 10 MG TABLET	Non-PDL Brand	PA; SP
NITYR 2 MG TABLET	Non-PDL Brand	PA; SP
NITYR 5 MG TABLET	Non-PDL Brand	PA; SP
ORFADIN 4 MG/ML SUSPENSION	Non-PDL Brand	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA 84 MG CAPSULE	Non-PDL Brand	PA; SP
miglustat 100 mg capsule	Non-PDL Generic	PA; SP
miglustat 100 mg capsule inner	Non-PDL Generic	PA; SP
miglustat 100 mg capsule outer	Non-PDL Generic	PA; SP
YARGESA 100 MG CAPSULE	Non-PDL Generic	PA; SP

Drug	Status	Notes
Factor Xii Inhibitors		
ANDEMBRY 200 MG/1.2 ML AUTOINJ INNER, SUV	PDL Non-Preferred Brand	PA; SP
ANDEMBRY 200 MG/1.2 ML AUTOINJ OUTER, SUV	PDL Non-Preferred Brand	PA; SP
Gastrointestinal Radiopaque Diagnostics		
diatrizoate meglum-sod 66%-10% inner 66-10 %	Non-PDL Generic	SP
diatrizoate meglum-sod 66%-10% outer 66-10 %	Non-PDL Generic	SP
MD-GASTROVIEW 66%-10% SOLN 12'S 66-10 %	Non-PDL Generic	SP
MD-GASTROVIEW 66%-10% SOLN 25'S 66-10 %	Non-PDL Generic	SP
General Inhalation Agents		
NEBUSAL 3% VIAL	Non-PDL Generic	
sodium chloride 0.9% inhal vl (rx)	Non-PDL Generic	90 DS
sodium chloride 0.9% inhal vl 100's, u-d, suv, p/f (rx)	Non-PDL Generic	90 DS
sodium chloride 0.9% inhal vl 50's, u-d, suv, p/f (rx)	Non-PDL Generic	90 DS
sodium chloride 0.9% inhal vl p/f, suv (rx)	Non-PDL Generic	90 DS
sodium chloride 0.9% inhal vl suv,p/f (rx)	Non-PDL Generic	90 DS
sodium chloride 0.9% inhal vl u-d, suv, p/f (rx)	Non-PDL Generic	90 DS
sodium chloride 10% vial 50's, u-d, suv, p/f	Non-PDL Generic	
sodium chloride 3% vial	Non-PDL Generic	
sodium chloride 3% vial p/f	Non-PDL Generic	
sodium chloride 7% vial 60's, suv, p/f	Non-PDL Generic	
sodium chloride 7% vial 60's, suv, p/f, u-d	Non-PDL Generic	
sodium chloride 7% vial	Non-PDL Generic	

Drug	Status	Notes
Metabolic Deficiency Agents		
AQNEURSA 1 GRAM GRANULE PACKET	Non-PDL Brand	PA; SP
betaine 1 gram/scoop powder	Non-PDL Generic	PA; SP
CYSTADANE 1 GRAM/SCOOP POWDER	Non-PDL Brand	PA; SP
levocarnitine 1 g/10 ml soln 100 mg/ml	Non-PDL Generic	
levocarnitine 330 mg tablet (rx)	Non-PDL Generic	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ 18 MG/0.45 ML VIAL INNER, P/F, SUV	Non-PDL Brand	PA; SP
STRENSIQ 18 MG/0.45 ML VIAL OUTER, P/F, SUV	Non-PDL Brand	PA; SP
STRENSIQ 28 MG/0.7 ML VIAL INNER, P/F, SUV	Non-PDL Brand	PA; SP
STRENSIQ 28 MG/0.7 ML VIAL OUTER, P/F, SUV	Non-PDL Brand	PA; SP
STRENSIQ 40 MG/ML VIAL INNER, P/F, SUV	Non-PDL Brand	PA; SP
STRENSIQ 40 MG/ML VIAL OUTER, P/F, SUV	Non-PDL Brand	PA; SP
STRENSIQ 80 MG/0.8 ML VIAL INNER, P/F, SUV	Non-PDL Brand	PA; SP
STRENSIQ 80 MG/0.8 ML VIAL OUTER, P/F, SUV	Non-PDL Brand	PA; SP
Metallic Poison,Agents To Treat		
deferasirox 125 mg tb for susp	Non-PDL Generic	PA; SP
deferasirox 250 mg tb for susp	Non-PDL Generic	PA; SP
deferasirox 500 mg tb for susp	Non-PDL Generic	PA; SP
deferiprone 1,000 mg tb(3x/dy)	Non-PDL Generic	PA; SP
deferiprone 500 mg tablet	Non-PDL Generic	PA; SP
deferoxamine 2 gram vial suv	Non-PDL Generic	PA

Drug	Status	Notes
deferoxamine 2 gram vial suv, inner	Non-PDL Generic	PA
deferoxamine 2 gram vial suv, outer	Non-PDL Generic	PA
deferoxamine 2 gram vial suv,inner	Non-PDL Generic	PA
deferoxamine 2 gram vial suv,outer	Non-PDL Generic	PA
deferoxamine 500 mg vial suv	Non-PDL Generic	PA
deferoxamine 500 mg vial suv, inner	Non-PDL Generic	PA
deferoxamine 500 mg vial suv, outer	Non-PDL Generic	PA
deferoxamine 500 mg vial suv,inner	Non-PDL Generic	PA
deferoxamine 500 mg vial suv,outer	Non-PDL Generic	PA
FERRIPROX 100 MG/ML SOLUTION	Non-PDL Brand	PA; SP
Needles/Needleless Devices		
1ST TIER UNIFINE PENTP 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	OTC
1ST TIER UNIFINE PNTIP 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
1ST TIER UNIFINE PNTIP 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	OTC
1ST TIER UNIFINE PNTIP 8MM 31G STRL, SINGLE USE 31 GAUGE X 5/16"	Non-PDL Brand	OTC
1ST TIER UNIFINE PNTIP 8MM 31G STRL,SINGLE-USE,SHRT 31 GAUGE X 5/16"	Non-PDL Brand	OTC
1ST TIER UNIFINE PNTP 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC
1ST TIER UNIFINE PNTP 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
1ST TIER UNIFINE PNTP 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC
1ST TIER UNIFINE PNTP 31GX3/16 31 GAUGE X 3/16"	Non-PDL Brand	OTC
1ST TIER UNIFINE PNTP 31GX5/16 31 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ADVOCATE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ADVOCATE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	Non-PDL Brand	OTC
ADVOCATE PEN NEEDLES 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	OTC
ADVOCATE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
AQINJECT PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
AQINJECT PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ASSURE ID DUO PRO NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
ASSURE ID PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ASSURE ID PRO PEN NDL 30G 5MM 30 GAUGE X 3/16"	Non-PDL Brand	OTC
AUTOKEEPER SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	Non-PDL Brand	OTC
AUTOKEEPER SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	Non-PDL Brand	OTC
AUTOSHIELD DUO PEN NDL 30G 5MM 30 GAUGE X 3/16"	Non-PDL Brand	OTC
CAREFINE PEN NEEDLE 12.7MM 29G HRI 29 GAUGE X 1/2"	Non-PDL Brand	OTC
CAREFINE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
CAREFINE PEN NEEDLE 5MM 32G 32 GAUGE X 3/16"	Non-PDL Brand	OTC
CAREFINE PEN NEEDLE 6MM 31G HRI 31 GAUGE X 1/4"	Non-PDL Brand	OTC
CAREFINE PEN NEEDLE 8MM 30G HRI 30 GAUGE X 5/16"	Non-PDL Brand	OTC
CAREFINE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	Non-PDL Brand	OTC
CAREFINE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
CAREONE UNIFINE PENTP 29GX1/2" ORIGINAL, 12MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC

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

Drug	Status	Notes
COMFORT EZ PEN NEEDLES 5MM 32G MINI 32 GAUGE X 3/16"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES 5MM 32G SINGLE USE,MINI,HRI 32 GAUGE X 3/16"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES 5MM 33G 33 GAUGE X 3/16"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES 6MM 33G 33 GAUGE X 1/4"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT 31 GAUGE X 5/16"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES 8MM 31G SHORT 31 GAUGE X 5/16"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES 8MM 32G 32 GAUGE X 5/16"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES 8MM 33G 33 GAUGE X 5/16"	Non-PDL Brand	OTC
COMFORT EZ PLS PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
COMFORT EZ PRO PEN NDL 30G 8MM 30 GAUGE X 5/16"	Non-PDL Brand	OTC
COMFORT EZ PRO PEN NDL 31G 4MM 31 GAUGE X 5/32"	Non-PDL Brand	OTC
COMFORT EZ PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
comfort point pen ndl 29gx1/2" 12mm 29 gauge x 1/2"	Non-PDL Brand	OTC
comfort point pen ndl 31gx1/3" 31 gauge x 1/3"	Non-PDL Brand	OTC
comfort point pen ndl 31gx1/4" 6mm 31 gauge x 1/4"	Non-PDL Brand	OTC
comfort point pen ndl 31gx1/6" 31 gauge x 1/6"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 31G 4MM 31 GAUGE X 5/32"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC

Drug	Status	Notes
COMFORT TOUCH PEN NDL 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 32G 5MM 32 GAUGE X 3/16"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 32G 8MM 32 GAUGE X 5/16"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 33G 4MM 33 GAUGE X 5/32"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 33G 5MM 33 GAUGE X 3/16"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	Non-PDL Brand	OTC
DROPLET MICRON 34G 3.5MM 34 GAUGE X 9/64"	Non-PDL Brand	OTC
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 29G 10MM 29 GAUGE X 3/8"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 32G 5MM 32 GAUGE X 3/16"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 32G 8MM 32 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
DROPSAFE PEN NEEDLE 31G 4MM 31 GAUGE X 5/32"	Non-PDL Brand	OTC
DROPSAFE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
DROPSAFE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC
EASY CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
EASY CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
EASY CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY COMFORT PEN NDL 29G 4MM 29 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY COMFORT PEN NDL 29G 5MM 29 GAUGE X 3/16"	Non-PDL Brand	OTC
EASY COMFORT PEN NDL 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC
EASY COMFORT PEN NDL 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
EASY COMFORT PEN NDL 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	Non-PDL Brand	OTC
EASY COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	Non-PDL Brand	OTC
EASY GLIDE PEN NEEDLE 4MM 33G 33 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY TOUCH PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH PEN NEEDLE 30GX5/16 30 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY TOUCH PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC

Drug	Status	Notes
EASY TOUCH PEN NEEDLE 31GX3/16 31 GAUGE X 3/16"	Non-PDL Brand	OTC
EASY TOUCH PEN NEEDLE 31GX5/16 31 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY TOUCH PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	OTC
EASY TOUCH PEN NEEDLE 32GX3/16 32 GAUGE X 3/16"	Non-PDL Brand	OTC
EASY TOUCH PEN NEEDLE 32GX5/32 32 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY TOUCH SAF PEN NDL 29G 5MM 29 GAUGE X 3/16"	Non-PDL Brand	OTC
EASY TOUCH SAF PEN NDL 29G 8MM 29 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY TOUCH SAF PEN NDL 30G 5MM 30 GAUGE X 3/16"	Non-PDL Brand	OTC
EASY TOUCH SAF PEN NDL 30G 8MM 30 GAUGE X 5/16"	Non-PDL Brand	OTC
EASYTOUCH SAF PEN NDL 30G 6MM 30 GAUGE X 1/4"	Non-PDL Brand	OTC
EMBRACE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
EMBRACE PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	Non-PDL Brand	OTC
EMBRACE PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	Non-PDL Brand	OTC
EMBRACE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
EMBRACE PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
EMBRACE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
EMBRACE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
gnp pen needle 31g 5mm 31 gauge x 3/16"	Non-PDL Brand	OTC
gnp pen needle 31g 8mm 31 gauge x 5/16"	Non-PDL Brand	OTC
gnp pen needle 32g 4mm 32 gauge x 5/32"	Non-PDL Brand	OTC
gnp pen needle 32g 6mm 32 gauge x 1/4"	Non-PDL Brand	OTC

Drug	Status	Notes
GNP SIMPLI PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
GNP ULTICARE PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
GNP ULTICARE PEN NDL 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
GNP ULTICARE PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
GNP ULTICARE PEN NDL 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
GNP ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
GNP ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
GNP ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
GNP ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
gs pen needle 31g x 5/16" 31 gauge x 5/16"	Non-PDL Brand	OTC
gs pen needle 31g x 5mm 31 gauge x 3/16"	Non-PDL Brand	OTC
gs pen needle 31g x 6mm 31 gauge x 1/4"	Non-PDL Brand	OTC
gs pen needle 31g x 8mm 31 gauge x 5/16"	Non-PDL Brand	OTC
gs pen needle 32g x 4mm 32 gauge x 5/32"	Non-PDL Brand	OTC
gs pen needle 32g x 6mm 32 gauge x 1/4"	Non-PDL Brand	OTC
HEALTHWISE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
HEALTHWISE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
HEALTHWISE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
HEB UNIFINE PNTP PLUS 31GX3/16 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
HM ULTICARE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
HM ULTICARE PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	OTC

Drug	Status	Notes
HM ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	OTC
HM ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
INCONTROL PEN NEEDLE 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC
INCONTROL PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
INCONTROL PEN NEEDLE 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	OTC
INCONTROL PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	OTC
INCONTROL PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
INCONTROL ULTICARE NDL 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
INCONTROL ULTICARE NDL 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
INCONTROL ULTICARE NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 32G 6MM (RX) 32 GAUGE X 1/4"	Non-PDL Brand	
INSUPEN PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
kro pen needle 4mm x 32g 32 gauge x 5/32"	Non-PDL Brand	OTC
kro pen needle 4mm x 33g 33 gauge x 5/32"	Non-PDL Brand	OTC
kro pen needle 5mm x 31g 31 gauge x 3/16"	Non-PDL Brand	OTC

Drug	Status	Notes
kro pen needle 6mm x 31g 31 gauge x 1/4"	Non-PDL Brand	OTC
kro pen needle 8mm x 31g 31 gauge x 5/16"	Non-PDL Brand	OTC
MAXICOMFORT II PEN NDL 31GX6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
MAXICOMFORT PEN NDL 29G X 5MM 29 GAUGE X 3/16"	Non-PDL Brand	OTC
MAXICOMFORT PEN NDL 29G X 8MM 29 GAUGE X 5/16"	Non-PDL Brand	OTC
mini pen needle 32g 4mm 32 gauge x 5/32"	Non-PDL Brand	OTC
mini pen needle 32g 5mm 32 gauge x 3/16"	Non-PDL Brand	OTC
mini pen needle 32g 6mm 32 gauge x 1/4"	Non-PDL Brand	OTC
mini pen needle 32g 8mm 32 gauge x 5/16"	Non-PDL Brand	OTC
mini pen needle 33g 4mm 33 gauge x 5/32"	Non-PDL Brand	OTC
mini pen needle 33g 5mm 33 gauge x 3/16"	Non-PDL Brand	OTC
mini pen needle 33g 6mm 33 gauge x 1/4"	Non-PDL Brand	OTC
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	Non-PDL Brand	OTC
NANO 2 GEN PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
NANO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	Non-PDL Brand	OTC
NOVOFINE PLUS PEN NDL 32GX1/6" 32 GAUGE X 1/6"	Non-PDL Brand	OTC
PC UNIFINE PENTIPS 12MM NEEDLE ORIGINAL 29 GAUGE X 1/2"	Non-PDL Brand	OTC
PC UNIFINE PENTIPS 6MM NEEDLE ULTRA SHORT 31 GAUGE X 1/4"	Non-PDL Brand	OTC
PC UNIFINE PENTIPS 8MM NEEDLE SHORT 31 GAUGE X 5/16"	Non-PDL Brand	OTC
pen needle 29g 12mm 29 gauge x 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
pen needle 30g 5mm inner 30 gauge x 3/16"	Non-PDL Brand	OTC
pen needle 30g 5mm outer 30 gauge x 3/16"	Non-PDL Brand	OTC
pen needle 30g 8mm inner 30 gauge x 5/16"	Non-PDL Brand	OTC
pen needle 30g 8mm outer 30 gauge x 5/16"	Non-PDL Brand	OTC
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	Non-PDL Brand	
pen needle 31g 5mm 31 gauge x 3/16"	Non-PDL Brand	OTC
pen needle 31g 5mm inner 31 gauge x 3/16"	Non-PDL Brand	OTC
pen needle 31g 5mm outer 31 gauge x 3/16"	Non-PDL Brand	OTC
pen needle 31g 6mm 31 gauge x 1/4"	Non-PDL Brand	OTC
pen needle 31g 8mm 31 gauge x 5/16"	Non-PDL Brand	OTC
pen needle 31g 8mm inner 31 gauge x 5/16"	Non-PDL Brand	OTC
pen needle 31g 8mm outer 31 gauge x 5/16"	Non-PDL Brand	OTC
pen needle 31g x 1/4" 31 gauge x 1/4"	Non-PDL Brand	OTC
pen needle 31g x 1/4" 6mm 31 gauge x 1/4"	Non-PDL Brand	OTC
pen needle 31g x 1/4" hri 31 gauge x 1/4"	Non-PDL Brand	OTC
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	OTC
pen needle 31g x 3/16" hri 31 gauge x 3/16"	Non-PDL Brand	OTC
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	OTC
pen needle 31g x 5/16" 8mm 31 gauge x 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
pen needle 31g x 5/16" hri 31 gauge x 5/16"	Non-PDL Brand	OTC
pen needle 32g 4mm 32 gauge x 5/32"	Non-PDL Brand	OTC
pen needle 32g 4mm inner 32 gauge x 5/32"	Non-PDL Brand	OTC
pen needle 32g 4mm outer 32 gauge x 5/32"	Non-PDL Brand	OTC
pen needle 32g x 5/32" 32 gauge x 5/32"	Non-PDL Brand	OTC
pen needle 32g x 5/32" 4mm 32 gauge x 5/32"	Non-PDL Brand	OTC
pen needle 32g x 5/32" hri 32 gauge x 5/32"	Non-PDL Brand	OTC
pen needle 33g 4mm 33 gauge x 5/32"	Non-PDL Brand	OTC
pen needles 12mm 29g 29gx12mm, strl 29 gauge x 1/2"	Non-PDL Brand	OTC
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	Non-PDL Brand	OTC
PEN NEEDLES 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PEN NEEDLES 5MM 31G 31GX5MM,STRL,MINI (OTC) 31 GAUGE X 3/16"	Non-PDL Brand	OTC
pen needles 6mm 31g 31gx6mm, strl 31 gauge x 1/4"	Non-PDL Brand	OTC
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 29G 1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 31G 1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 31G 3/16" MINI, 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 31G 5/16" SHORT, 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
PENTIPS PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 32G 1/4" 32 GAUGE X 1/4"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 32G 5/32" 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PIP PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
PIP PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PREVENT PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC
PREVENT PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PRO COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	Non-PDL Brand	OTC
PRO COMFORT PEN NDL 32G X 1/4" 32 GAUGE X 1/4"	Non-PDL Brand	OTC
PRO COMFORT PEN NDL 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PRO COMFORT PEN NDL 5MM 32G 32 GAUGE X 3/16"	Non-PDL Brand	OTC
PUB UNIFINE PNTP PLUS 31GX3/16 MINI, 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
PURE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
PURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC

Drug	Status	Notes
PURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PURE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	Non-PDL Brand	OTC
PURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
PURE COMFORT PEN NDL 32G 8MM 32 GAUGE X 5/16"	Non-PDL Brand	OTC
PV UNIFINE PENTIP PLUS 31GX5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
PV UNIFINE PENTIP PLUS 31GX6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
PV UNIFINE PENTIP PLUS 31GX8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PV UNIFINE PENTIP PLUS 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PV UNIFINE PENTIP PLUS 33GX4MM 33 GAUGE X 5/32"	Non-PDL Brand	OTC
QC UNIFINE PENTIPS 32GX5/32" STERILE 32 GAUGE X 5/32"	Non-PDL Brand	OTC
QC UNIFINE PENTIPS 4MM 32G STERILE 32 GAUGE X 5/32"	Non-PDL Brand	OTC
raya sure pen needle 29g 12mm 29 gauge x 15/32"	Non-PDL Brand	OTC
raya sure pen needle 31g 4mm 31 gauge x 5/32"	Non-PDL Brand	OTC
raya sure pen needle 31g 5mm 31 gauge x 13/64"	Non-PDL Brand	OTC
raya sure pen needle 31g 6mm 31 gauge x 15/64"	Non-PDL Brand	OTC
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	Non-PDL Brand	OTC
relion pen needle 29gx1/2" 29 gauge x 1/2"	Non-PDL Brand	OTC
RELION PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
relion pen needle 31g 6mm 31 gauge x 15/64"	Non-PDL Brand	OTC
relion pen needle 31gx1/4" 31 gauge x 1/4"	Non-PDL Brand	OTC

Drug	Status	Notes
relion pen needle 31gx5/16" 31 gauge x 5/16"	Non-PDL Brand	OTC
RELION PEN NEEDLE 31GX5/16" SHORT (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	OTC
relion pen needle 31gx5/16" short 31 gauge x 5/16"	Non-PDL Brand	OTC
relion pen needle 32gx5/32" 32 gauge x 5/32"	Non-PDL Brand	OTC
safety pen needle 31g 4mm 31 gauge x 5/32"	Non-PDL Brand	OTC
safety pen needle 31g 5mm 31 gauge x 3/16"	Non-PDL Brand	OTC
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	Non-PDL Brand	OTC
SECURESAFE PEN NDL 30GX5/16" INNER 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SECURESAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SECURESAFE PEN NEEDLE 31G 5MM INNER 31 GAUGE X 3/16"	Non-PDL Brand	OTC
SECURESAFE PEN NEEDLE 31G 5MM OUTER 31 GAUGE X 3/16"	Non-PDL Brand	OTC
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	Non-PDL Brand	OTC
SKY SAFETY PEN NEEDLE 30G 8MM 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SURE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
SURE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
SURE COMFORT 30G PEN NEEDLE 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SURE COMFORT PEN NDL 29GX1/2" 12.7MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SURE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
SURE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
SURE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
SURE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC

Drug	Status	Notes
SURE-FINE PEN NEEDLES 12.7MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SURE-FINE PEN NEEDLES 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
SURE-FINE PEN NEEDLES 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TECHLITE PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
TECHLITE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
TECHLITE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TECHLITE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	OTC
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TECHLITE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TOPFINE INSULN PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	
TRUE CMFT SFTY PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
TRUE CMFT SFTY PEN NDL 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
TRUE CMFT SFTY PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 31GX5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 31GX6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 32G 5MM 32 GAUGE X 3/16"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC

Drug	Status	Notes
TRUE COMFORT PEN NDL 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 33G 4MM 33 GAUGE X 5/32"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 33G 5MM 33 GAUGE X 3/16"	Non-PDL Brand	OTC
TRUE COMFORT PEN NDL 33G 6MM 33 GAUGE X 1/4"	Non-PDL Brand	OTC
TRUE-CMFRT PRO PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
TRUE-CMFRT PRO PEN NDL 31G 6MM 31 GAUGE X 15/64"	Non-PDL Brand	OTC
TRUE-CMFRT PRO PEN NDL 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUE-CMFRT PRO PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TRUEPLUS PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
TRUEPLUS PEN NEEDLE 31G X 1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC
TRUEPLUS PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
TRUEPLUS PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUEPLUS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTICARE PEN NDL 12.7 MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLE 8 MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLE 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLES 4MM 32G MICRO 32 GAUGE X 5/32"	Non-PDL Brand	OTC

Drug	Status	Notes
ULTICARE PEN NEEDLES 4MM 32G MICRO, 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLES 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLES 6MM 32G 32 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLES 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTICARE SAFE PEN NDL 30G 8MM 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTICARE SAFE PEN NDL 5MM 30G 30 GAUGE X 3/16"	Non-PDL Brand	OTC
ULTIGUARD SAFEPACK 29G 12.7MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTIGUARD SAFEPACK 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
ULTIGUARD SAFEPACK 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTIGUARD SAFEPACK 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTIGUARD SAFEPACK 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTIGUARD SAFEPACK 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTILET PEN NEEDLE 29 GAUGE	Non-PDL Brand	OTC
ULTILET PEN NEEDLE 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTRA COMFORT PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTRA FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
ULTRA FLO PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA FLO PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTRA FLO PEN NEEDLE 33G 4MM 33 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTRA FLO PEN NEEDLES 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA THIN PEN NDL 32G X 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC

Drug	Status	Notes
ULTRACARE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTRACARE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
ULTRACARE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRACARE PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTRACARE PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	Non-PDL Brand	OTC
ULTRACARE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTRACARE PEN NEEDLE 33GX5/32" 33 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTRA-FINE PEN NDL 29G 12.7MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA-FINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
ULTRA-FINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA-FINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTRA-THIN II PEN NDL 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTRA-THIN II PEN NDL 31GX5/16 31 GAUGE X 5/16"	Non-PDL Brand	OTC
UNIFINE OTC PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
UNIFINE OTC PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE PENTIPS 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC
UNIFINE PENTIPS 12MM 29G 29GX12MM, STRL 29 GAUGE X 1/2"	Non-PDL Brand	OTC
UNIFINE PENTIPS 12MM 29G 29GX12MM,STRL,ORIGNL 29 GAUGE X 1/2"	Non-PDL Brand	OTC
UNIFINE PENTIPS 29G 12MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
UNIFINE PENTIPS 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC

Drug	Status	Notes
UNIFINE PENTIPS 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS 31GX3/16" 31GX5MM, STERILE 31 GAUGE X 3/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS 31GX3/16" 31GX5MM,STRL,MINI 31 GAUGE X 3/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE PENTIPS 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
UNIFINE PENTIPS 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	OTC
UNIFINE PENTIPS 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE PENTIPS 32GX5/32" 32GX4MM, STRL, NANO 32 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE PENTIPS 32GX5/32" STERILE, SINGLE USE 32 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE PENTIPS 33GX5/32" 33 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE PENTIPS 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	OTC
UNIFINE PENTIPS 6MM 31G 31GX6MM, STRL 31 GAUGE X 1/4"	Non-PDL Brand	OTC
UNIFINE PENTIPS 6MM 31G 31GX6MM, STRL, MINI 31 GAUGE X 1/4"	Non-PDL Brand	OTC
UNIFINE PENTIPS 6MM 31G 31GX6MM,MINI,STRL 31 GAUGE X 1/4"	Non-PDL Brand	OTC
UNIFINE PENTIPS 6MM 31G 31GX6MM,STRL,MINI 31 GAUGE X 1/4"	Non-PDL Brand	OTC
UNIFINE PENTIPS 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS 8MM 31G 31GX8MM, SHORT, STRL 31 GAUGE X 5/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS 8MM 31G 31GX8MM, STRL 31 GAUGE X 5/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS 8MM 31G 31GX8MM,SHORT,STRL 31 GAUGE X 5/16"	Non-PDL Brand	OTC

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

Drug	Status	Notes
UNIFINE SAFECONTROL 30G 5MM 30 GAUGE X 3/16"	Non-PDL Brand	OTC
UNIFINE SAFECONTROL 30G 8MM 30 GAUGE X 5/16"	Non-PDL Brand	OTC
UNIFINE SAFECONTROL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
UNIFINE SAFECONTROL 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
UNIFINE SAFECONTROL 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
UNIFINE SAFECONTROL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE ULTR PEN NDL 34G 3.5MM 34 GAUGE X 9/64"	Non-PDL Brand	OTC
UNIFINE ULTRA PEN NDL 29G 12MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
UNIFINE ULTRA PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
UNIFINE ULTRA PEN NDL 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
UNIFINE ULTRA PEN NDL 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
UNIFINE ULTRA PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE ULTRA PEN NDL 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
VERIFINE PEN NEEDLE 29G 12MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
VERIFINE PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
VERIFINE PEN NEEDLE 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
VERIFINE PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
VERIFINE PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
VERIFINE PLUS PEN NDL 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
VERIFINE PLUS PEN NDL 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
VERIFINE PLUS PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC

Drug	Status	Notes
VERIFINE PLUS PEN NDL 32G 4MM-SHARPS CONTAINER 32 GAUGE X 5/32"	Non-PDL Brand	OTC
WM UNIFINE PENTIP PLUS 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
WM UNIFINE PENTIP PLUS 5MM 31G W/ SAFETY CLICK 31 GAUGE X 3/16"	Non-PDL Brand	OTC
WM UNIFINE PENTIP PLUS 6MM 31G W/ SAFETY CLICK 31 GAUGE X 1/4"	Non-PDL Brand	OTC
WM UNIFINE PENTIP PLUS 8MM 31G W/ SAFETY CLICK 31 GAUGE X 5/16"	Non-PDL Brand	OTC
YOURX ULTICARE PEN NDL 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
YOURX ULTICARE PEN NDL 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	OTC
YOURX ULTICARE PEN NDL 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
Nose Preparations, Miscellaneous (Otc)		
ALTAMIST 0.65% NOSE SPRAY	Non-PDL Generic	OTC
AYR SALINE 0.65% NOSE DROPS	Non-PDL Generic	OTC
AYR SALINE 0.65% NOSE SPRAY	Non-PDL Generic	OTC
BABY AYR SALINE 0.65% DROPS	Non-PDL Generic	OTC
CHILD SALINE 0.65% NASAL SPRAY	Non-PDL Generic	OTC
CVS SALINE 0.65% NASAL SPRAY	Non-PDL Generic	OTC
DEEP SEA 0.65% NOSE SPRAY	Non-PDL Generic	OTC
EQ NASAL 0.65% SPRAY	Non-PDL Generic	OTC
EQL SALINE 0.65% NASAL SPRAY	Non-PDL Generic	OTC
FT SALINE 0.65% NASAL SPRAY	Non-PDL Generic	OTC
GNP NASAL MOIST 0.65% SPRAY	Non-PDL Generic	OTC
GNP SALINE 0.65% NOSE SPRAY	Non-PDL Generic	OTC
GS NASAL MOIST 0.65% SPRAY	Non-PDL Generic	OTC

Drug	Status	Notes
LITTLE REMEDIES 0.65% SPRAY FOR NOSES	Non-PDL Brand	OTC
LITTLE REMEDIES SALINE SPRAY 0.65 %	Non-PDL Generic	OTC
NASAL MOISTURIZING 0.65% SPRAY	Non-PDL Generic	OTC
PUB SALINE 0.65% NASAL SPRAY	Non-PDL Generic	OTC
SALINE 0.65% NASAL SPRAY	Non-PDL Generic	OTC
SALINE 0.65% NASAL SPRAY INFANT,CHILD	Non-PDL Generic	OTC
SALINE 0.65% NASAL SPRAY MOISTURIZING	Non-PDL Generic	OTC
SALINE 0.65% NOSE SPRAY	Non-PDL Generic	OTC
SALINE MIST 0.65% NOSE SPRY	Non-PDL Generic	OTC
TRUE NASAL MOISTURIZING SPRAY 0.65 %	Non-PDL Generic	OTC
ULTRA SALINE 0.65% NASAL SPRAY	Non-PDL Generic	OTC
Ophthalmic Trpm8 Agonists		
TRYPTYR 0.003% EYE DROP	PDL Non-Preferred Brand	PA
Somatostatic Agents		
octreotide 1,000 mcg/5 ml vial mdv 200 mcg/ml	Non-PDL Generic	SP
octreotide 1,000 mcg/5 ml vial muv 200 mcg/ml	Non-PDL Generic	SP
octreotide 5,000 mcg/5 ml vial 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 100 mcg/ml amp 10's, sdv	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 inner, p/f, sdv	Non-PDL Generic	SP

Drug	Status	Notes
octreotide acet 100 mcg/ml vl inner, suv, p/f	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl outer, p/f, sdv	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl outer, suv, p/f	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl p/f, sdv	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl sdv, outer	Non-PDL Generic	SP
octreotide acet 100 mcg/ml vl suv, p/f	Non-PDL Generic	SP
octreotide acet 50 mcg/ml amp 10's, sdv	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 inner, p/f, sdv	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial inner, p/f, suv	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial inner, suv, p/f	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial outer, p/f, sdv	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial outer, p/f, suv	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial outer, suv, p/f	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial p/f, sdv	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial sdv	Non-PDL Generic	SP
octreotide acet 50 mcg/ml vial suv, p/f	Non-PDL Generic	SP
octreotide acet 500 mcg/ml amp 10's, sdv	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

Drug	Status	Notes
octreotide acet 500 mcg/ml vl inner, p/f, sdv	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl inner, p/f, suv	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl inner, suv, p/f	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl outer, p/f, sdv	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl outer, p/f, suv	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl outer, suv, p/f	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl p/f, sdv	Non-PDL Generic	SP
octreotide acet 500 mcg/ml vl suv, p/f	Non-PDL Generic	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 OUTER, SUV 0.6 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
Urine Acetone Test Aids		
CVS KETONE CARE TEST STRIP	Non-PDL Brand	SP; OTC
KETONE TEST STRIP	Non-PDL Brand	SP; OTC
KETOSTIX REAGENT STRIP	Non-PDL Brand	SP; OTC
RELION KETONE TEST STRIP	Non-PDL Brand	SP; OTC
TRUEPLUS KETONE TEST STRIP	Non-PDL Brand	SP; OTC
Vehicles		
SYRSPEND SF LIQUID (RX)	Non-PDL Brand	
SYRSPEND SF LIQUID GRAPE (RX)	Non-PDL Brand	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
pirfenidone 267 mg capsule	Non-PDL Generic	PA; SP

Drug	Status	Notes
pirfenidone 267 mg tablet	Non-PDL Generic	PA; SP
pirfenidone 267 mg tablet inner	Non-PDL Generic	PA; SP
pirfenidone 267 mg tablet outer	Non-PDL Generic	PA; SP
pirfenidone 534 mg tablet	Non-PDL Generic	PA; SP
pirfenidone 801 mg tablet	Non-PDL Generic	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO 13.4 MG GRANULES PKT	Non-PDL Brand	PA; SP
KALYDECO 150 MG TABLET	Non-PDL Brand	PA; SP
KALYDECO 25 MG GRANULES PACKET	Non-PDL Brand	PA; SP
KALYDECO 5.8 MG GRANULES PKT	Non-PDL Brand	PA; SP
KALYDECO 50 MG GRANULES PACKET	Non-PDL Brand	PA; SP
KALYDECO 75 MG GRANULES PACKET	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	Non-PDL Brand	PA; SP
ORKAMBI 150-188 MG GRANULE PKT	Non-PDL Brand	PA; SP
ORKAMBI 200 MG-125 MG TABLET 200-125 MG	Non-PDL Brand	PA; SP
ORKAMBI 75-94 MG GRANULE PKT	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

Drug	Status	Notes
TRIKAFTA 100-50-75 MG/75 MG PKT 100-50-75MG (D) /75 MG (N)	Non-PDL Brand	PA; SP
TRIKAFTA 50-25-37.5 MG/75 MG 50-25-37.5 MG (D)/75 MG (N)	Non-PDL Brand	PA; SP
TRIKAFTA 80-40-60 MG/59.5 MG PKT 80-40-60 MG (D) /59.5 MG (N)	Non-PDL Brand	PA; SP
Mucolytics		
acetylcysteine 10% vial (not for injection) 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial (not for injection) inner 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial (not for injection) inner, p/f 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial (not for injection) outer 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial (not for injection) outer, p/f 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial (not for injection) p/f, inner 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 10% vial (not for injection) p/f, outer 100 mg/ml (10 %)	Non-PDL Generic	
acetylcysteine 20% vial (not for injection) 200 mg/ml (20 %)	Non-PDL Generic	
acetylcysteine 20% vial (not for injection) inner 200 mg/ml (20 %)	Non-PDL Generic	
acetylcysteine 20% vial (not for injection) outer 200 mg/ml (20 %)	Non-PDL Generic	
PULMOZYME 1 MG/ML AMPUL 30'S, OUTER	Non-PDL Brand	PA; SP
PULMOZYME 1 MG/ML AMPUL INNER	Non-PDL Brand	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
nintedanib esylate 100 mg cap	Non-PDL Generic	PA; SP
nintedanib esylate 150 mg cap	Non-PDL Generic	PA; SP
OFEV 100 MG CAPSULE	Non-PDL Brand	PA; SP
OFEV 150 MG CAPSULE	Non-PDL Brand	PA; SP

Drug	Status	Notes
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
butalbital-acetaminophen 50-325 mg tab	Non-PDL Generic	
TENCON 50-325 MG TABLET	Non-PDL Generic	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
butalbital-aspirin-caffeine 50-325-40 mg capsule	Non-PDL Generic	
butalbital-aspirin-caffeine 50-325-40 mg tablet	Non-PDL Generic	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
butalbital-acetaminophen-caffeine 50-300-40 mg capsule	Non-PDL Generic	
butalbital-acetaminophen-caffeine 50-325-40 mg capsule	Non-PDL Generic	
butalbital-acetaminophen-caffeine 50-325-40 mg tablet	Non-PDL Generic	
butalbital-acetaminophen-caffeine 50-325-40 mg/15 ml soln	Non-PDL Generic	
FIORICET 50-300-40 MG CAPSULE	Non-PDL Generic	
Analgesic/Antipyretics, Salicylates		
aspirin-acetaminophen-caffeine tablet 250-250-65 mg	Non-PDL Generic	OTC
buffered aspirin 325 mg tb	Non-PDL Generic	OTC
BUFFERIN 325 MG TABLET COATED	Non-PDL Generic	OTC
CVS HEADACHE 250-250-65 MG GLTB	Non-PDL Generic	OTC
CVS HEADACHE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	OTC
CVS MIGRAINE 250-250-65 MG CPT	Non-PDL Generic	OTC
diflunisal 500 mg tablet	PDL Non-Preferred Generic	PA

Drug	Status	Notes
diflunisal 500 mg tablet f/c	PDL Non-Preferred Generic	PA
DOLOBID 250 MG TABLET	PDL Preferred Generic	
DOLOBID 375 MG TABLET	PDL Preferred Generic	
EQ HEADACHE 250-250-65 MG CPLT	Non-PDL Generic	OTC
EQL MIGRAINE FORMULA CAPLET 250-250-65 MG	Non-PDL Generic	OTC
EXCEDRIN MIGRAINE CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	OTC
EXCEDRIN MIGRAINE GELTAB GELTAB 250-250-65 MG	Non-PDL Generic	OTC
EXTRAPRIN 250-250-65 MG CAPLET	Non-PDL Generic	OTC
FT MIGRAINE 250-250-65 MG CPLT	Non-PDL Generic	OTC
GNP HEADACHE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	OTC
GNP MIGRAINE 250-250-65 MG CPT COATED	Non-PDL Generic	OTC
GNP MIGRAINE FORMULA CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	OTC
GS MIGRAINE 250-250-65 MG CPLT	Non-PDL Generic	OTC
HEADACHE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	OTC
HEADACHE RELIEF CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	OTC
HEADACHE RELIEF CAPLET CAPLET,EX STR 250-250-65 MG	Non-PDL Generic	OTC
HEADACHE RELIEF GELCAP GEL CAP, EX-STRENGTH 250-250-65 MG	Non-PDL Generic	OTC
HEADACHE RELIEF TABLET EX-STRENGTH 250-250-65 MG	Non-PDL Generic	OTC
HEADACHE RLF 250-250-65 MG CPLT	Non-PDL Generic	OTC
MIGRAINE 250-250-65 MG CPLT	Non-PDL Generic	OTC

Drug	Status	Notes
MIGRAINE 250-250-65 MG CPLT COATED	Non-PDL Generic	OTC
MIGRAINE 250-250-65 MG CPLT COATED, CAPLET	Non-PDL Generic	OTC
MIGRAINE 250-250-65 MG GELTAB	Non-PDL Generic	OTC
MIGRAINE FORMULA CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	OTC
MIGRAINE FORMULA CAPLET CAPLET,GLUTEN-FREE 250-250-65 MG	Non-PDL Generic	OTC
PAIN RELIEVER PLS 250-250-65 MG	Non-PDL Generic	OTC
PAIN RELIEVR 250-250-65 MG CPLT	Non-PDL Generic	OTC
PAIN-OFF TABLET OUTER, F/C 250-250-65 MG	Non-PDL Generic	OTC
PUB MIGRAINE 250-250-65 MG CPT CAPLET, COATED	Non-PDL Generic	OTC
salsalate 500 mg tablet	Non-PDL Generic	
salsalate 500 mg tablet f/c	Non-PDL Generic	
salsalate 750 mg tablet	Non-PDL Generic	
salsalate 750 mg tablet f/c	Non-PDL Generic	
TRI-BUFFERED ASPIRIN 325 MG TB COATED TABLET	Non-PDL Generic	OTC
VANQUISH 250-250-65 MG CAPLET	Non-PDL Generic	OTC
Analgesic/Antipyretics,Non-Salicylate		
8 HOUR ACETAMINOPHEN ER 650 MG	Non-PDL Generic	OTC
8HR ARTHRITIS PAIN ER 650 MG	Non-PDL Generic	OTC
8HR MUSCLE ACHE-PAIN ER 650 MG	Non-PDL Generic	OTC
acetaminophen 120 mg suppos	Non-PDL Generic	OTC
acetaminophen 120 mg suppos inner	Non-PDL Generic	OTC
acetaminophen 120 mg suppos outer	Non-PDL Generic	OTC

Drug	Status	Notes
acetaminophen 160 mg rapid tab	Non-PDL Generic	OTC
acetaminophen 160 mg/5 ml liq	Non-PDL Generic	OTC
acetaminophen 160 mg/5 ml soln	Non-PDL Generic	OTC
acetaminophen 160 mg/5 ml solution cup inner 160 mg/5 ml (5 ml)	Non-PDL Generic	OTC
acetaminophen 160 mg/5 ml solution cup outer 160 mg/5 ml (5 ml)	Non-PDL Generic	OTC
acetaminophen 160 mg/5 ml susp children's	Non-PDL Generic	OTC
acetaminophen 160 mg/5 ml suspension cup inner 160 mg/5 ml (5 ml)	Non-PDL Generic	OTC
acetaminophen 160 mg/5 ml suspension cup outer 160 mg/5 ml (5 ml)	Non-PDL Generic	OTC
acetaminophen 325 mg gelcap	Non-PDL Generic	OTC
acetaminophen 325 mg tablet	Non-PDL Generic	OTC
acetaminophen 325 mg tablet inner, f/c	Non-PDL Generic	OTC
acetaminophen 325 mg tablet outer, f/c	Non-PDL Generic	OTC
acetaminophen 325 mg tablet regular strength	Non-PDL Generic	OTC
acetaminophen 325 mg tablet u-d	Non-PDL Generic	OTC
acetaminophen 325 mg tablet u-d,10x10,asa-free	Non-PDL Generic	OTC
acetaminophen 325 mg/10.15 ml cup inner	Non-PDL Generic	OTC
acetaminophen 325 mg/10.15 ml cup inner	Non-PDL Generic	OTC
acetaminophen 325 mg/10.15 ml cup outer	Non-PDL Generic	OTC
acetaminophen 325 mg/10.15 ml cup outer	Non-PDL Generic	OTC
acetaminophen 500 mg caplet	Non-PDL Generic	OTC
acetaminophen 500 mg caplet caplet	Non-PDL Generic	OTC

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

Drug	Status	Notes
acetaminophen 500 mg tablet u-d	Non-PDL Generic	OTC
acetaminophen 650 mg suppos	Non-PDL Generic	OTC
acetaminophen 650 mg suppos outer	Non-PDL Generic	OTC
acetaminophen 650 mg/20.3 ml cup inner	Non-PDL Generic	OTC
acetaminophen 650 mg/20.3 ml cup outer	Non-PDL Generic	OTC
acetaminophen 80 mg rapid tab children's	Non-PDL Generic	OTC
acetaminophen er 650 mg caplet	Non-PDL Generic	OTC
acetaminophen er 650 mg tablet	Non-PDL Generic	OTC
AMINOFEN 325 MG TABLET	Non-PDL Generic	OTC
APHEN 325 MG TABLET	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT 8 HOUR TEMP RELIEF	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT 8 HR,GLUTEN-F,CAPLET	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET, 8 HOUR	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET,8 HOUR	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG GELTB GELTAB	Non-PDL Generic	OTC
BETATEMP 160 MG/5 ML SUSP	Non-PDL Generic	OTC
CHILD ACETAMINOPHEN 160 MG	Non-PDL Generic	OTC
CHILD ACETAMINOPHEN 80 MG CHEW	Non-PDL Generic	OTC
CHILD FEVER REDUCER 120 MG SUP	Non-PDL Generic	OTC

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

Drug	Status	Notes
CHILD PAIN-FEVER 160 MG/5 ML GLUTEN-F, GRAPE	Non-PDL Generic	OTC
CHILD TYLENOL 160 MG TAB CHEW	Non-PDL Generic	OTC
CHILDREN'S MAPAP 80 MG TAB CHW	Non-PDL Generic	OTC
CHILDREN'S TYLENOL 160 MG/5 ML	Non-PDL Brand	OTC
CHILD'S EASY-MELTS 80 MG TAB BUBBLEGUM	Non-PDL Generic	OTC
CHILD'S EASY-MELTS 80 MG TAB GRAPE	Non-PDL Generic	OTC
CHILD'S MAPAP 160 MG TAB CHEW	Non-PDL Generic	OTC
CHILD'S PAIN RELIEVER SUSP CHILDREN'S 160 MG/5 ML	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML CUP INNER 160 MG/5 ML (5 ML)	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML CUP OUTER 160 MG/5 ML (5 ML)	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML GLUTEN/F, GRAPE	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML GLUTEN-FREE	Non-PDL Generic	OTC
CVS 8HR ARTHRIT PAIN ER 650 MG	Non-PDL Generic	OTC
CVS 8HR MUSCLE ACHES ER 650 MG	Non-PDL Generic	OTC
cvs acetaminophen 325 mg gelcap	Non-PDL Generic	OTC
cvs acetaminophen 325 mg tab	Non-PDL Generic	OTC
cvs acetaminophen 500 mg cplt	Non-PDL Generic	OTC
cvs acetaminophen 500 mg gelcp	Non-PDL Generic	OTC
cvs acetaminophen 500 mg tab	Non-PDL Generic	OTC

Drug	Status	Notes
CVS ARTHRIT PAIN RLF ER 650 MG	Non-PDL Generic	OTC
CVS CHILD FEVER RED 120 MG SUP	Non-PDL Generic	OTC
CVS CHILD PAIN RELIEF 160 MG	Non-PDL Generic	OTC
CVS CHILD PAIN RLF 160 MG/5 ML CHILDREN'S	Non-PDL Generic	OTC
CVS CHILD PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
CVS INFANT PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
CVS PAIN RELIEF 500 MG CAPLET	Non-PDL Generic	OTC
CVS PAIN RELIEF 500 MG TABLET	Non-PDL Generic	OTC
CVS PAIN RELIEVER 500 MG CPLT CAPLET, EX-STRENGTH	Non-PDL Generic	OTC
ED-APAP 160 MG/5 ML LIQUID	Non-PDL Generic	OTC
EQ 8HR ARTHRITIS PAIN ER 650 MG	Non-PDL Generic	OTC
EQ ACETAMINOPHEN 500 MG CAPLET	Non-PDL Generic	OTC
EQ ACETAMINOPHEN 500 MG CAPLET CAPLET,EX-STR	Non-PDL Generic	OTC
EQ ACETAMINOPHEN 500 MG CAPLET CAPLET,EXTRA STR	Non-PDL Generic	OTC
eq acetaminophen 500 mg caplet cplt,gluten-f,ex-str	Non-PDL Generic	OTC
EQ ACETAMINOPHEN 500 MG CAPLET EX-STR,CAPLET	Non-PDL Generic	OTC
eq acetaminophen 500 mg gelcap	Non-PDL Generic	OTC
eq acetaminophen 500 mg gelcap gelcap, ex-strength	Non-PDL Generic	OTC
eq acetaminophen 500 mg gelcap gelcap,ex-strength	Non-PDL Generic	OTC
eq acetaminophen 500 mg tablet extra strength	Non-PDL Generic	OTC
EQ ARTHRITIS PAIN ER 650 MG	Non-PDL Generic	OTC

Drug	Status	Notes
EQ ARTHRITIS PAIN ER 650 MG 8 HOURS, CAPLET	Non-PDL Generic	OTC
EQ ARTHRITIS PAIN ER 650 MG 8 HR, CAPLET	Non-PDL Generic	OTC
EQ CHLD ACETAMINOPHEN 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
EQ CHLD PAIN-FEVER 160 MG/5 ML	Non-PDL Generic	OTC
EQ INFANT PAIN-FEVER 160 MG/5 ASA-F,IBU-F 160 MG/5 ML	Non-PDL Generic	OTC
EQ INFANT PAIN-FEVER 160 MG/5 D/F,GLUTEN-FREE 160 MG/5 ML	Non-PDL Generic	OTC
EQ INFANT PAIN-FEVER 160 MG/5 GLUTEN-F, GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
EQ PAIN RELIEVER 325 MG TABLET	Non-PDL Generic	OTC
EQ PAIN RELIEVER 500 MG CAPLET	Non-PDL Generic	OTC
EQ PAIN RELIEVER 500 MG GELCAP	Non-PDL Generic	OTC
eql acetaminophen 325 mg tab	Non-PDL Generic	OTC
eql acetaminophen 500 mg cplt	Non-PDL Generic	OTC
eql acetaminophen 500 mg gelcp	Non-PDL Generic	OTC
eql acetaminophen 500 mg tab	Non-PDL Generic	OTC
FEVERALL 120 MG SUPPOSITORY CHILDRENS, OUTER	Non-PDL Generic	OTC
FEVERALL 120 MG SUPPOSITORY CHILDREN'S, OUTER	Non-PDL Generic	OTC
FEVERALL 325 MG SUPPOSITORY JUNIOR STR, OUTER	Non-PDL Generic	OTC
FEVERALL 650 MG SUPPOSITORY ADULT, OUTER	Non-PDL Generic	OTC
FEVERALL 80 MG SUPPOSITORY INFANT'S, INNER	Non-PDL Brand	OTC
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER	Non-PDL Brand	OTC
FT 8 HOUR PAIN RLF ER 650 MG	Non-PDL Generic	OTC

Drug	Status	Notes
FT CHILD ACETAMINOPHEN 160 MG	Non-PDL Generic	OTC
FT CHILD PAIN-FEVER 160 MG/5 ML	Non-PDL Generic	OTC
FT INFANT PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
FT PAIN RELIEF 325 MG TABLET	Non-PDL Generic	OTC
FT PAIN RELIEF 325 MG TABLET INNER	Non-PDL Generic	OTC
FT PAIN RELIEF 325 MG TABLET OUTER	Non-PDL Generic	OTC
FT PAIN RELIEF 500 MG CAPLET	Non-PDL Generic	OTC
FT PAIN RELIEF 500 MG GELCAP	Non-PDL Generic	OTC
FT PAIN RELIEF 500 MG TABLET	Non-PDL Generic	OTC
FT PAIN RELIEVER 500 MG CAPLET	Non-PDL Generic	OTC
GNP 8 HOUR PAIN RELIEF 650 MG	Non-PDL Generic	OTC
GNP 8 HOUR PAIN RLF ER 650 MG	Non-PDL Generic	OTC
GNP 8HR ACETAMINOPHEN ER 650 MG	Non-PDL Generic	OTC
GNP 8HR ARTHRIT PAIN ER 650 MG	Non-PDL Generic	OTC
gnp acetaminophen 325 mg gelcp	Non-PDL Generic	OTC
GNP CHILD PAIN RELIEF 160 MG	Non-PDL Generic	OTC
GNP CHILD PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
GNP CHILD PAIN-FEVER 160 MG/5 AS, IBU/F 160 MG/5 ML	Non-PDL Generic	OTC
GNP CHILD PAIN-FEVER 160 MG/5 GLUTEN/F,CHERRY 160 MG/5 ML	Non-PDL Generic	OTC
GNP CHILD PAIN-FEVER 160 MG/5 GLUTEN-F, GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
GNP CHLD'S EASY-MELTS 80 MG TB BUBBLEGUM	Non-PDL Generic	OTC

Drug	Status	Notes
GNP CHLD'S EASY-MELTS 80 MG TB GRAPE	Non-PDL Generic	OTC
GNP INFANT PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
GNP INFANT PAIN-FEVER 160 MG/5 W/SYRINGE, GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
GNP PAIN RELIEF 325 MG TABLET	Non-PDL Generic	OTC
GNP PAIN RELIEF 500 MG CAPLET	Non-PDL Generic	OTC
GNP PAIN RELIEF 500 MG CAPLET	Non-PDL Generic	OTC
GNP PAIN RELIEF 500 MG CAPLET EXTRA STR, CAPLET	Non-PDL Generic	OTC
GNP PAIN RELIEF 500 MG GELCAP	Non-PDL Generic	OTC
GNP PAIN RELIEVER 325 MG TAB REGULAR STRENGTH	Non-PDL Generic	OTC
GNP PAIN RELIEVER 500 MG TAB EXTRA STRENGTH	Non-PDL Generic	OTC
GS ARTHRITIS PAIN ER 650 MG	Non-PDL Generic	OTC
GS CHILD FEVER-PAIN 160 MG/5 ML	Non-PDL Generic	OTC
GS CHILD PAIN-FEVER 160 MG/5 ML	Non-PDL Generic	OTC
GS INFANT PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
GS PAIN RELIEF 325 MG TABLET	Non-PDL Generic	OTC
GS PAIN RELIEF 500 MG CAPLET	Non-PDL Generic	OTC
GS PAIN RELIEF 500 MG GELCAP	Non-PDL Generic	OTC
INF ACETAMINOPHEN 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML AS,W/SYRINGE	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML BUBBLE GUM,W/SYR	Non-PDL Generic	OTC

Drug	Status	Notes
INFANT PAIN-FEVER 160 MG/5 ML CHERRY,GLUTEN-F	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML D/F, W/SYRINGE	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML D/F,CHERRY,W/SYR	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML D/F,GLUTEN-F,CHERRY	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML D/F,GLUTEN-F,GRAPE	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML GLUTEN-F,GRAPE	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML GRAPE	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML GRAPE,GLUTEN-F	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, GRAPE	Non-PDL Generic	OTC
INFANTS PAIN-FEVER 160 MG/5 ML DYE-FREE, CHERRY	Non-PDL Generic	OTC
INFANTS PAIN-FEVER 160 MG/5 ML GRAPE,W/SYRINGE	Non-PDL Generic	OTC
INFANTS' TYLENOL 160 MG/5 ML	Non-PDL Brand	OTC
JR PAIN-FEVER 160 MG RAPID TAB JUNIOR,BUBBLEGUM	Non-PDL Generic	OTC
JUNIOR PAIN RELIEVER 160 MG JR,GRAPE,MELTAWAYS	Non-PDL Generic	OTC
LITTLE REMEDIES FEVER 160 MG/5 BERRY, GLUTEN FREE 160 MG/5 ML	Non-PDL Generic	OTC
LITTLE REMEDIES FEVER 160 MG/5 BERRY, GLUTEN-F 160 MG/5 ML	Non-PDL Generic	OTC
LITTLE REMEDIES FEVER 160 MG/5 GRAPE, GLUTEN-F 160 MG/5 ML	Non-PDL Generic	OTC
MAPAP 500 MG CAPSULE	Non-PDL Generic	OTC
MAXRELIEF JR 160 MG/5 ML LIQ	Non-PDL Generic	OTC
MAXRELIEF JR 160 MG/5 ML SUSP	Non-PDL Generic	OTC
M-PAP 160 MG/5 ML LIQUID	Non-PDL Generic	OTC

Drug	Status	Notes
NON-ASPIRIN 160 MG/5 ML SUSP CHILDREN'S	Non-PDL Generic	OTC
NON-ASPIRIN 325 MG TABLET 125'S	Non-PDL Generic	OTC
NON-ASPIRIN 325 MG TABLET 250'S, U-D	Non-PDL Generic	OTC
NON-ASPIRIN 325 MG TABLET	Non-PDL Generic	OTC
NON-ASPIRIN 325 MG TABLET 50'S, U-D	Non-PDL Generic	OTC
NON-ASPIRIN 500 MG CAPLET	Non-PDL Generic	OTC
NON-ASPIRIN 500 MG TABLET 125'S	Non-PDL Generic	OTC
NON-ASPIRIN 500 MG TABLET 250'S	Non-PDL Generic	OTC
NON-ASPIRIN 500 MG TABLET	Non-PDL Generic	OTC
NON-ASPIRIN 500 MG TABLET 50'S, U-D	Non-PDL Generic	OTC
NON-ASPIRIN 80 MG TAB CHEW CHILDREN'S	Non-PDL Generic	OTC
NORTEMP 160 MG/5 ML SUSP	Non-PDL Generic	OTC
NORTEMP 80 MG/0.8 ML DROP	Non-PDL Generic	OTC
PAIN RELIEF 160 MG/5 ML LIQUID	Non-PDL Generic	OTC
PAIN RELIEF 325 MG TABLET	Non-PDL Generic	OTC
PAIN RELIEF 325 MG TABLET REG-STRENGTH	Non-PDL Generic	OTC
PAIN RELIEF 500 MG CAPLET	Non-PDL Generic	OTC
PAIN RELIEF 500 MG CAPLET CAPLET,EX-STRENGTH	Non-PDL Generic	OTC
PAIN RELIEF 500 MG GELCAP EXTRA STRENGTH	Non-PDL Generic	OTC
PAIN RELIEF 500 MG GELCAP GELCAP,EX-STR	Non-PDL Generic	OTC
PAIN RELIEF 500 MG TABLET EX-STRENGTH	Non-PDL Generic	OTC

Drug	Status	Notes
PAIN RELIEF 500 MG TABLET EXTRA STRENGTH	Non-PDL Generic	OTC
PAIN RELIEF 500 MG TABLET EXTRA STRENGTH	Non-PDL Generic	OTC
PAIN RELIEF ER 650 MG CAPLET CAPLET,8 HOUR	Non-PDL Generic	OTC
PAIN RELIEVER 325 MG TABLET	Non-PDL Generic	OTC
PAIN RELIEVER 325 MG TABLET REG-STR	Non-PDL Generic	OTC
PAIN RELIEVER 325 MG TABLET REGULAR STRENGTH	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG CAPLET	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG CAPLET CAPLET, EX-STRENGTH	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG CAPLET CAPLET,EX	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG CAPLET CAPLET,EX-STR	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG CAPLET EX-STRENGTH, CAPLET	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG GELCAP EX-STR,GELCAP	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG GELCAP GELCAP,EX-STR	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG GELCAP XTR STR, GELCAP	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG GELCAP XTRA-STRENGTH,GELCAP	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG TABLET	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG TABLET EX-STR	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH	Non-PDL Generic	OTC
PAIN RELIEVER ER 650 MG CAPLET 8 HOUR, CAPLET	Non-PDL Generic	OTC
PHARBETOL 325 MG TABLET REG STRENGTH, BULK	Non-PDL Generic	OTC
PHARBETOL 325 MG TABLET REGULAR STRENGTH	Non-PDL Generic	OTC

Drug	Status	Notes
PHARBETOL 500 MG CAPLET EXTRA-STR, CAPLET	Non-PDL Generic	OTC
PHARBETOL 500 MG TABLET EXTRA STRENGTH	Non-PDL Generic	OTC
PUB ARTHRITIS PAIN ER 650 MG CAPLET	Non-PDL Generic	OTC
PUB CHILD PAIN RLF 160 MG/5 ML CHERRY FLAVOR	Non-PDL Generic	OTC
PUB PAIN RELIEF 500 MG CAPLET CAPLET, EX-STRENGTH	Non-PDL Generic	OTC
PUB PAIN RELIEF 500 MG CAPLET EX-STRENGTH, CAPLET	Non-PDL Generic	OTC
PUB PAIN RELIEF 500 MG GELTAB EX-STRENGTH, GELTAB	Non-PDL Generic	OTC
PUB PAIN RELIEF 500 MG TABLET EX-STRENGTH, EASY TB	Non-PDL Generic	OTC
QC 8 HOUR PAIN RLF ER 650 MG	Non-PDL Generic	OTC
QC 8HR ARTHRIT PAIN ER 650 MG	Non-PDL Generic	OTC
QC CHILD NON-ASPIRIN 160 MG CHW	Non-PDL Generic	OTC
QC CHILD PAIN RLF 160 MG/5 ML	Non-PDL Generic	OTC
QC NON-ASPIRIN 500 MG CAPLET CAPLET,EX-STRENGTH	Non-PDL Generic	OTC
QC PAIN RELIEF 325 MG TABLET	Non-PDL Generic	OTC
QC PAIN RELIEF 500 MG CAPLET	Non-PDL Generic	OTC
QC PAIN RELIEF 500 MG GELCAP	Non-PDL Generic	OTC
QC PAIN RELIEF 500 MG TABLET	Non-PDL Generic	OTC
SHAKE THAT ACHE 500 MG CAPLET	Non-PDL Generic	OTC
Analgesics, Narcotic Agonist And Nsaid Combination		
hydrocodone-ibuprofen 10-200 10-200 mg	Non-PDL Generic	
hydrocodone-ibuprofen 5-200 mg	Non-PDL Generic	

Drug	Status	Notes
hydrocodone-ibuprofen 7.5-200 7.5-200 mg	Non-PDL Generic	
Analgesics,Narcotics		
BELBUCA 150 MCG FILM INNER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 150 MCG FILM OUTER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 300 MCG FILM INNER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 300 MCG FILM OUTER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 450 MCG FILM INNER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 450 MCG FILM OUTER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 600 MCG FILM INNER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 600 MCG FILM OUTER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 75 MCG FILM INNER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 75 MCG FILM OUTER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 750 MCG FILM INNER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 750 MCG FILM OUTER	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 900 MCG FILM INNER	PDL Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
BELBUCA 900 MCG FILM OUTER	PDL Preferred Brand	QL (2 EA per 1 day)
belladonna-opium 16.2-30 supp outer 16.2-30 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 ,inner	Non-PDL Generic	
buprenorphine 0.3 mg/ml crpjct sdv ,outer	Non-PDL Generic	
buprenorphine 0.3 mg/ml vial inner, sdv	Non-PDL Generic	
buprenorphine 0.3 mg/ml vial inner, suv	Non-PDL Generic	
buprenorphine 0.3 mg/ml vial outer, sdv	Non-PDL Generic	
buprenorphine 0.3 mg/ml vial outer, suv	Non-PDL Generic	
buprenorphine 10 mcg/hr patch 10 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 10 mcg/hr patch inner 10 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 10 mcg/hr patch outer 10 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 15 mcg/hr patch 15 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 15 mcg/hr patch inner 15 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 15 mcg/hr patch outer 15 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 20 mcg/hr patch 20 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 20 mcg/hr patch inner 20 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)

Drug	Status	Notes
buprenorphine 20 mcg/hr patch outer 20 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 5 mcg/hr patch 5 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 5 mcg/hr patch inner 5 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 5 mcg/hr patch outer 5 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 7.5 mcg/hr patch 7.5 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 7.5 mcg/hr patch inner 7.5 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
buprenorphine 7.5 mcg/hr patch outer 7.5 mcg/hour	PDL Preferred Generic	QL (4 EA per 28 days)
butorphanol 1 mg/ml vial 10's,sdv	Non-PDL Generic	
butorphanol 1 mg/ml vial p/f, suv, inner	Non-PDL Generic	
butorphanol 1 mg/ml vial p/f, suv, outer	Non-PDL Generic	
butorphanol 10 mg/ml spray	Non-PDL Generic	
butorphanol 2 mg/ml vial 10's,sdv	Non-PDL Generic	
butorphanol 2 mg/ml vial p/f, suv, inner	Non-PDL Generic	
butorphanol 2 mg/ml vial p/f, suv, outer	Non-PDL Generic	
butorphanol 4 mg/2 ml vial p/f, suv, inner 2 mg/ml	Non-PDL Generic	
butorphanol 4 mg/2 ml vial p/f, suv, outer 2 mg/ml	Non-PDL Generic	
codeine sulfate 15 mg tablet	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
codeine sulfate 30 mg tablet	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
codeine sulfate 60 mg tablet	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
CONZIP 100 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day); Age (Min 12 Years)
CONZIP 200 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day); Age (Min 12 Years)
CONZIP 300 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day); Age (Min 12 Years)
fentanyl 100 mcg/hr patch	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 100 mcg/hr patch inner	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 100 mcg/hr patch non- saleable, inner	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 100 mcg/hr patch outer	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 12 mcg/hr patch	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 12 mcg/hr patch inner	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 12 mcg/hr patch outer	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
fentanyl 25 mcg/hr patch	PDL Preferred Generic	QL (1 EA per 3 days)
fentanyl 25 mcg/hr patch inner	PDL Preferred Generic	QL (1 EA per 3 days)
fentanyl 25 mcg/hr patch outer	PDL Preferred Generic	QL (1 EA per 3 days)

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

Drug	Status	Notes
hydrocodone er 10 mg capsule	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
hydrocodone er 100 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydrocodone er 120 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydrocodone er 15 mg capsule	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
hydrocodone er 20 mg capsule	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
hydrocodone er 20 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydrocodone er 30 mg capsule	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
hydrocodone er 30 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydrocodone er 40 mg capsule	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
hydrocodone er 40 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydrocodone er 50 mg capsule	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
hydrocodone er 60 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydrocodone er 80 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydromorphone 1 mg/ml solution	Non-PDL Generic	
hydromorphone 2 mg tablet	Non-PDL Generic	

Drug	Status	Notes
hydromorphone 2 mg tablet u-d	Non-PDL Generic	
hydromorphone 3 mg suppos	Non-PDL Generic	
hydromorphone 4 mg tablet	Non-PDL Generic	
hydromorphone 4 mg tablet u-d	Non-PDL Generic	
hydromorphone 5 mg/5 ml soln 1 mg/ml	Non-PDL Generic	
hydromorphone 8 mg tablet	Non-PDL Generic	
hydromorphone hcl er 12 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydromorphone hcl er 16 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
hydromorphone hcl er 32 mg tab	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
hydromorphone hcl er 8 mg tab	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
HYSINGLA ER 100 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 20 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 30 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 40 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 60 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 80 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
levorphanol 2 mg tablet	Non-PDL Generic	
meperidine 100 mg/ml vial inner, sdv	Non-PDL Generic	
meperidine 100 mg/ml vial sdv,25's,outer	Non-PDL Generic	
meperidine 25 mg/ml vial inner, sdv	Non-PDL Generic	
meperidine 50 mg/ml vial 25's,sdv,p/f,outer	Non-PDL Generic	
meperidine 50 mg/ml vial sdv,p/f,inner	Non-PDL Generic	
methadone 10 mg/5 ml solution	Non-PDL Generic	QL (20 ML per 1 day)
methadone 5 mg/5 ml soln cup inner	Non-PDL Generic	QL (40 ML per 1 day)
methadone 5 mg/5 ml soln cup outer	Non-PDL Generic	QL (40 ML per 1 day)
methadone 5 mg/5 ml solution	Non-PDL Generic	QL (40 ML per 1 day)
methadone hcl 10 mg tablet	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
methadone hcl 10 mg tablet 10x10, outer	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
methadone hcl 10 mg tablet inner	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
methadone hcl 5 mg tablet 10x10, outer	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
methadone hcl 5 mg tablet	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
methadone hcl 5 mg tablet inner	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
morphine 10 mg/0.7 ml auto-inj	Non-PDL Generic	
morphine sulf 10 mg suppos	Non-PDL Generic	

Drug	Status	Notes
morphine sulf 10 mg/5 ml soln 10 mg/5 ml (2 mg/ml)	Non-PDL Generic	
morphine sulf 10 mg/5 ml soln dosing cup 10 mg/5 ml (2 mg/ml)	Non-PDL Generic	
morphine sulf 10 mg/5 ml solution cup inner 10 mg/5 ml (2 mg/ml)	Non-PDL Generic	
morphine sulf 10 mg/5 ml solution cup outer 10 mg/5 ml (2 mg/ml)	Non-PDL Generic	
morphine sulf 100 mg/5 ml conc 100 mg/5 ml (20 mg/ml)	Non-PDL Generic	PA
morphine sulf 100 mg/5 ml conc added color 100 mg/5 ml (20 mg/ml)	Non-PDL Generic	PA
morphine sulf 20 mg suppos	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 dosing cup 20 mg/5 ml (4 mg/ml)	Non-PDL Generic	
morphine sulf 30 mg suppos	Non-PDL Generic	
morphine sulf 5 mg suppos	Non-PDL Generic	
morphine sulf er 100 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 100 mg tablet 10x10, outer	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 100 mg tablet f/c	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 100 mg tablet inner	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 15 mg tablet 10x10, outer	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 15 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 15 mg tablet f/c	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
morphine sulf er 15 mg tablet inner	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 15 mg tablet outer	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 200 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 30 mg tablet 10x10, outer	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 30 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 30 mg tablet f/c	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 30 mg tablet inner	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 60 mg tablet 10x10, outer	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 60 mg tablet	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 60 mg tablet f/c	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulf er 60 mg tablet inner	PDL Preferred Generic	QL (3 EA per 1 day)
morphine sulfate er 10 mg cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 100 mg cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 120 mg cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
morphine sulfate er 20 mg cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 30 mg cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 30 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine sulfate er 45 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine sulfate er 50 mg cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 60 mg cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 60 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine sulfate er 75 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine sulfate er 80 mg cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
morphine sulfate er 90 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
morphine sulfate ir 15 mg tab	Non-PDL Brand	
morphine sulfate ir 15 mg tab	Non-PDL Generic	
morphine sulfate ir 30 mg tab	Non-PDL Brand	
morphine sulfate ir 30 mg tab	Non-PDL Generic	
morphine sulfate ir 30 mg tab u-d 4x25, blister	Non-PDL Brand	
MS CONTIN ER 15 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)

Drug	Status	Notes
MS CONTIN ER 30 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
MS CONTIN ER 60 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
nalbuphine 10 mg/ml ampul inner, suv	Non-PDL Generic	
nalbuphine 10 mg/ml ampul outer, suv	Non-PDL Generic	
nalbuphine 10 mg/ml ampul suv,inner	Non-PDL Generic	
nalbuphine 10 mg/ml ampul suv,outer	Non-PDL Generic	
nalbuphine 100 mg/10 ml vial muv, inner 10 mg/ml	Non-PDL Generic	
nalbuphine 100 mg/10 ml vial muv, outer 10 mg/ml	Non-PDL Generic	
nalbuphine 20 mg/ml ampul inner, suv	Non-PDL Generic	
nalbuphine 20 mg/ml ampul outer, suv	Non-PDL Generic	
nalbuphine 20 mg/ml ampul suv, inner	Non-PDL Generic	
nalbuphine 20 mg/ml ampul suv, outer	Non-PDL Generic	
nalbuphine 200 mg/10 ml vial inner, muv 20 mg/ml	Non-PDL Generic	
nalbuphine 200 mg/10 ml vial muv, inner 20 mg/ml	Non-PDL Generic	
nalbuphine 200 mg/10 ml vial muv, outer 20 mg/ml	Non-PDL Generic	
nalbuphine 200 mg/10 ml vial outer, muv 20 mg/ml	Non-PDL Generic	
oxycodone hcl (ir) 10 mg tab	Non-PDL Generic	
oxycodone hcl (ir) 10 mg tab outer	Non-PDL Generic	
oxycodone hcl (ir) 15 mg tab	Non-PDL Generic	
oxycodone hcl (ir) 15 mg tab inner	Non-PDL Generic	

Drug	Status	Notes
oxycodone hcl (ir) 15 mg tab outer	Non-PDL Generic	
oxycodone hcl (ir) 15 mg tab u-d, 10x10, inner	Non-PDL Generic	
oxycodone hcl (ir) 15 mg tab u-d, 10x10, outer	Non-PDL Generic	
oxycodone hcl (ir) 20 mg tab	Non-PDL Generic	
oxycodone hcl (ir) 30 mg tab	Non-PDL Generic	
oxycodone hcl (ir) 30 mg tab inner	Non-PDL Generic	
oxycodone hcl (ir) 30 mg tab outer	Non-PDL Generic	
oxycodone hcl (ir) 30 mg tab u-d, 10x10, inner	Non-PDL Generic	
oxycodone hcl (ir) 30 mg tab u-d, 10x10, outer	Non-PDL Generic	
oxycodone hcl (ir) 5 mg cap	Non-PDL Generic	
oxycodone hcl (ir) 5 mg tablet 10x10, outer	Non-PDL Generic	
oxycodone hcl (ir) 5 mg tablet	Non-PDL Generic	
oxycodone hcl (ir) 5 mg tablet inner	Non-PDL Generic	
oxycodone hcl (ir) 5 mg tablet u-d, 10x10, inner	Non-PDL Generic	
oxycodone hcl (ir) 5 mg tablet u-d, 10x10, outer	Non-PDL Generic	
oxycodone hcl 100 mg/5 ml conc 20 mg/ml	Non-PDL Generic	PA
oxycodone hcl 5 mg/5 ml soln	Non-PDL Generic	
oxycodone hcl 5 mg/5 ml soln w/calibrated cup	Non-PDL Generic	
oxycodone hcl 5 mg/5 ml solution cup inner	Non-PDL Generic	
oxycodone hcl 5 mg/5 ml solution cup outer	Non-PDL Generic	
oxycodone hcl er 20 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

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

Drug	Status	Notes
OXYCONTIN ER 80 MG TABLET 2X10, U-D	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
OXYCONTIN ER 80 MG TABLET REFORMULATED	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
oxymorphone hcl 10 mg tablet	Non-PDL Generic	
oxymorphone hcl 5 mg tablet	Non-PDL Generic	
oxymorphone hcl er 10 mg tab	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxymorphone hcl er 15 mg tab	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxymorphone hcl er 20 mg tab	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxymorphone hcl er 30 mg tab	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
oxymorphone hcl er 40 mg tab	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
oxymorphone hcl er 5 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
oxymorphone hcl er 7.5 mg tab	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	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol er 200 mg tablet coated	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol er 300 mg tablet coated	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
tramadol hcl 50 mg tablet	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol hcl 50 mg tablet f/c	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 100 mg capsule	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 100 mg tablet	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 100 mg tablet coated	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 200 mg capsule	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 200 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 300 mg capsule	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)
tramadol hcl er 300 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)
XYVONA 2 MG TABLET	Non-PDL Generic	
Antimigraine Preparations		
AIMOVIG 140 MG/ML AUTOINJECTOR	PDL Preferred Brand	PA; QL (1 ML per 30 days)
AIMOVIG 70 MG/ML AUTOINJECTOR	PDL Preferred Brand	PA; QL (1 ML per 30 days)
AJOVY 225 MG/1.5 ML AUTOINJECT SUV, P/F	PDL Preferred Brand	PA; QL (1.5 ML per 30 days)
AJOVY 225 MG/1.5 ML AUTOINJECTOR (3 PACK) SUV, P/F	PDL Preferred Brand	PA; QL (1.5 ML per 30 days)
AJOVY 225 MG/1.5 ML SYRINGE P/F, SUV	PDL Preferred Brand	PA; QL (1.5 ML per 30 days)

Drug	Status	Notes
almotriptan malate 12.5 mg tab f/c, outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 12.5 mg tab f/c,inner	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 12.5 mg tab inner	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 12.5 mg tab inner, f/c	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 12.5 mg tab outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 12.5 mg tab outer, f/c	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 6.25 mg tab f/c, inner	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 6.25 mg tab f/c, outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 6.25 mg tab inner	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 6.25 mg tab inner, f/c	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 6.25 mg tab outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
almotriptan malate 6.25 mg tab outer, f/c	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
BREKIYA 1 MG/ML AUTOINJECTOR SUV, P/F, INNER	PDL Non-Preferred Brand	PA
BREKIYA 1 MG/ML AUTOINJECTOR SUV, P/F, OUTER	PDL Non-Preferred Brand	PA

Drug	Status	Notes
dihydroergotamine 1 mg/ml amp inner, sdv	Non-PDL Generic	QL (15 ML per 14 days)
dihydroergotamine 1 mg/ml amp outer, sdv	Non-PDL Generic	QL (15 ML per 14 days)
dihydroergotamine 1 mg/ml amp outer, suv	Non-PDL Generic	QL (15 ML per 14 days)
dihydroergotamine 1 mg/ml amp suv,outer	Non-PDL Generic	QL (15 ML per 14 days)
dihydroergotamine 4 mg/ml spry inner 0.5 mg/pump act. (4 mg/ml)	Non-PDL Generic	QL (8 ML per 28 days)
dihydroergotamine 4 mg/ml spry outer 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	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
eletriptan hbr 20 mg tablet inner	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
eletriptan hbr 20 mg tablet outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
eletriptan hbr 40 mg tablet	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
eletriptan hbr 40 mg tablet inner	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
eletriptan hbr 40 mg tablet outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
ELYXYB 120 MG/4.8 ML SOLUTION 120 MG/4.8 ML (25 MG/ML)	PDL Non-Preferred Brand	PA
EMGALITY 120 MG/ML PEN P/F, SUV, INNER	PDL Preferred Brand	PA; QL (1 ML per 30 days)
EMGALITY 120 MG/ML PEN P/F, SUV, OUTER	PDL Preferred Brand	PA; QL (1 ML per 30 days)

Drug	Status	Notes
EMGALITY 120 MG/ML SYRINGE P/F, SUV, INNER	PDL Preferred Brand	PA; QL (1 ML per 30 days)
EMGALITY 120 MG/ML SYRINGE P/F, SUV, OUTER	PDL Preferred Brand	PA; QL (1 ML per 30 days)
ergotamine-caffeine 1-100 mg tb	Non-PDL Generic	QL (10 EA per 7 days)
frovatriptan succ 2.5 mg tab	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
frovatriptan succ 2.5 mg tab outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
IMITREX 100 MG TABLET 100MG SUMATRIPTAN BS	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
IMITREX 25 MG TABLET 25MG SUMATRIPTAN BSE	PDL Non-Preferred Brand	PA; QL (3 EA per 5 days)
IMITREX 4 MG/0.5 ML CARTRIDGES	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
IMITREX 4 MG/0.5 ML PEN INJECT	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
IMITREX 50 MG TABLET 50MG SUMATRIPTAN BSE	PDL Non-Preferred Brand	PA; QL (3 EA per 5 days)
IMITREX 6 MG/0.5 ML CARTRIDGES 2 STAT DOSE SYR,SDV	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
IMITREX 6 MG/0.5 ML PEN INJECT 2 STAT DOSE SYR,SDV	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
MAXALT 10 MG TABLET INNER	PDL Non-Preferred Brand	PA; QL (27 EA per 30 days)
MAXALT 10 MG TABLET OUTER	PDL Non-Preferred Brand	PA; QL (27 EA per 30 days)

Drug	Status	Notes
MAXALT MLT 10 MG TABLET INNER	PDL Non-Preferred Brand	PA; QL (27 EA per 30 days)
MAXALT MLT 10 MG TABLET OUTER	PDL Non-Preferred Brand	PA; QL (27 EA per 30 days)
naratriptan hcl 1 mg tablet	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
naratriptan hcl 2.5 mg tablet	PDL Non-Preferred Generic	PA; 90 DS; QL (18 EA per 30 FILLs)
naratriptan hcl 2.5 mg tablet outer	PDL Non-Preferred Generic	PA; 90 DS; QL (18 EA per 30 FILLs)
NURTEC ODT 75 MG TABLET	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
QULIPTA 10 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
QULIPTA 30 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
QULIPTA 60 MG TABLET	PDL Preferred Brand	QL (1 EA per 1 day)
RELPAX 20 MG TABLET INNER	PDL Preferred Brand	QL (18 EA per 30 days)
RELPAX 20 MG TABLET OUTER	PDL Preferred Brand	QL (18 EA per 30 days)
RELPAX 40 MG TABLET INNER	PDL Preferred Brand	QL (18 EA per 30 days)
RELPAX 40 MG TABLET OUTER	PDL Preferred Brand	QL (18 EA per 30 days)
REYVOW 100 MG TABLET	PDL Non-Preferred Brand	PA; QL (8 EA per 30 days)

Drug	Status	Notes
REYVOW 50 MG TABLET	PDL Non-Preferred Brand	PA; QL (8 EA per 30 days)
rizatriptan 10 mg odt	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
rizatriptan 10 mg odt inner	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
rizatriptan 10 mg odt outer	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
rizatriptan 10 mg tablet	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
rizatriptan 10 mg tablet 4x3, outer	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
rizatriptan 10 mg tablet inner	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
rizatriptan 10 mg tablet outer	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
rizatriptan 5 mg odt	PDL Preferred Generic	QL (27 EA per 30 FILLs)
rizatriptan 5 mg odt inner	PDL Preferred Generic	QL (27 EA per 30 FILLs)
rizatriptan 5 mg odt outer	PDL Preferred Generic	QL (27 EA per 30 FILLs)
rizatriptan 5 mg tablet 4x3, outer	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
rizatriptan 5 mg tablet	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
rizatriptan 5 mg tablet inner	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)

Drug	Status	Notes
rizatriptan 5 mg tablet outer	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
sumatriptan 20 mg nasal spray 20 mg/actuation	PDL Preferred Generic	QL (18 EA per 30 FILLs)
sumatriptan 20 mg nasal spray inner 20 mg/actuation	PDL Preferred Generic	QL (18 EA per 30 FILLs)
sumatriptan 20 mg nasal spray outer 20 mg/actuation	PDL Preferred Generic	QL (18 EA per 30 FILLs)
sumatriptan 5 mg nasal spray 5 mg/actuation	PDL Preferred Generic	QL (36 EA per 30 FILLs)
sumatriptan 5 mg nasal spray inner 5 mg/actuation	PDL Preferred Generic	QL (36 EA per 30 FILLs)
sumatriptan 5 mg nasal spray outer 5 mg/actuation	PDL Preferred Generic	QL (36 EA per 30 FILLs)
sumatriptan 6 mg/0.5 ml autoinj inner, suv	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml autoinj inner, suv, p/f	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml autoinj inner,suv	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml autoinj outer, suv	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml autoinj outer, suv, p/f	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml autoinj outer,suv	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml autoinj sdv, inner	PDL Preferred Generic	QL (18 ML per 30 FILLs)

Drug	Status	Notes
sumatriptan 6 mg/0.5 ml autoinj sdv, outer	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml autoinj suv, p/f	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml vial inner, suv	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml vial inner,sdv	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml vial outer, suv	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml vial outer,sdv	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml vial sdv	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml vial suv, inner	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan 6 mg/0.5 ml vial suv, outer	PDL Preferred Generic	QL (18 ML per 30 FILLs)
sumatriptan succ 100 mg tablet	PDL Preferred Generic	90 DS; QL (18 EA per 30 FILLs)
sumatriptan succ 100 mg tablet f/c	PDL Preferred Generic	90 DS; QL (18 EA per 30 FILLs)
sumatriptan succ 100 mg tablet inner	PDL Preferred Generic	90 DS; QL (18 EA per 30 FILLs)
sumatriptan succ 100 mg tablet outer	PDL Preferred Generic	90 DS; QL (18 EA per 30 FILLs)
sumatriptan succ 100 mg tablet u-d	PDL Preferred Generic	90 DS; QL (18 EA per 30 FILLs)

Drug	Status	Notes
sumatriptan succ 25 mg tablet	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
sumatriptan succ 25 mg tablet f/c	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
sumatriptan succ 25 mg tablet inner	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
sumatriptan succ 25 mg tablet outer	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
sumatriptan succ 25 mg tablet u-d	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
sumatriptan succ 50 mg tablet	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
sumatriptan succ 50 mg tablet f/c	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
sumatriptan succ 50 mg tablet inner	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
sumatriptan succ 50 mg tablet outer	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
sumatriptan succ 50 mg tablet u-d	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
sumatriptan-naproxen 85-500 mg	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
SYMBRAVO 20-10 MG TABLET 10-20 MG	PDL Non-Preferred Brand	PA; QL (9 EA per 30 days)
TOSYMRA 10 MG NASAL SPRAY INNER 10 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (24 EA per 30 days)
TOSYMRA 10 MG NASAL SPRAY OUTER 10 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (24 EA per 30 days)

Drug	Status	Notes
TREXIMET 85-500 MG TABLET	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
UBRELVY 100 MG TABLET INNER	PDL Preferred Brand	PA; QL (16 EA per 30 days)
UBRELVY 100 MG TABLET OUTER	PDL Preferred Brand	PA; QL (16 EA per 30 days)
UBRELVY 50 MG TABLET INNER	PDL Preferred Brand	PA; QL (16 EA per 30 days)
UBRELVY 50 MG TABLET OUTER	PDL Preferred Brand	PA; QL (16 EA per 30 days)
ZAVZPRET 10 MG NASAL SPRAY INNER 10 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (8 EA per 30 days)
ZAVZPRET 10 MG NASAL SPRAY OUTER 10 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (8 EA per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUV, INNER	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUV, OUTER	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
zolmitriptan 2.5 mg odt 1x6, outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
zolmitriptan 2.5 mg odt	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
zolmitriptan 2.5 mg odt inner	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
zolmitriptan 2.5 mg odt outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
zolmitriptan 2.5 mg tablet	PDL Preferred Generic	QL (18 EA per 30 FILLs)

Drug	Status	Notes
zolmitriptan 2.5 mg tablet f/c	PDL Preferred Generic	QL (18 EA per 30 FILLs)
zolmitriptan 2.5 mg tablet f/c, inner	PDL Preferred Generic	QL (18 EA per 30 FILLs)
zolmitriptan 2.5 mg tablet f/c, outer	PDL Preferred Generic	QL (18 EA per 30 FILLs)
zolmitriptan 2.5 mg tablet inner	PDL Preferred Generic	QL (18 EA per 30 FILLs)
zolmitriptan 2.5 mg tablet outer	PDL Preferred Generic	QL (18 EA per 30 FILLs)
zolmitriptan 2.5mg nasal spray	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
zolmitriptan 5 mg nasal spray	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
zolmitriptan 5 mg nasal spray inner	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
zolmitriptan 5 mg nasal spray outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
zolmitriptan 5 mg odt 1x3, outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
zolmitriptan 5 mg odt	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
zolmitriptan 5 mg odt inner	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
zolmitriptan 5 mg odt outer	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
zolmitriptan 5 mg tablet	PDL Preferred Generic	QL (18 EA per 30 FILLs)

Drug	Status	Notes
zolmitriptan 5 mg tablet f/c	PDL Preferred Generic	QL (18 EA per 30 FILLs)
zolmitriptan 5 mg tablet f/c, inner	PDL Preferred Generic	QL (18 EA per 30 FILLs)
zolmitriptan 5 mg tablet f/c, outer	PDL Preferred Generic	QL (18 EA per 30 FILLs)
zolmitriptan 5 mg tablet inner	PDL Preferred Generic	QL (18 EA per 30 FILLs)
zolmitriptan 5 mg tablet outer	PDL Preferred Generic	QL (18 EA per 30 FILLs)
ZOMIG 2.5 MG NASAL SPRAY	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
ZOMIG 2.5 MG TABLET	PDL Preferred Generic	QL (18 EA per 30 FILLs)
ZOMIG 5 MG NASAL SPRAY	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
ZOMIG 5 MG TABLET	PDL Preferred Generic	QL (18 EA per 30 FILLs)
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
butalbital-acetaminophen-caffeine-codeine 50-300-40-30 mg cp	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
butalbital-acetaminophen-caffeine-codeine 50-325-40-30 mg cp	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)
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)

Drug	Status	Notes
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 #4 tablet 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 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 120-12 mg/5 ml cup outer 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 cup inner 300 mg-30 mg /12.5 ml	Non-PDL Generic	Age (Min 12 Years)
acetaminophen-codeine 300-30 mg/12.5 ml cup outer 300 mg-30 mg /12.5 ml	Non-PDL Generic	Age (Min 12 Years)
ENDOCET 10-325 MG TABLET	Non-PDL Generic	QL (12 EA per 1 day)
ENDOCET 2.5-325 MG TABLET	Non-PDL Generic	QL (12 EA per 1 day)
ENDOCET 5-325 MG TABLET	Non-PDL Generic	QL (12 EA per 1 day)
ENDOCET 7.5-325 MG TABLET	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 10 mg-300 mg/15 ml solution 10-300 mg/15 ml	Non-PDL Generic	QL (200 ML per 1 day)
hydrocodone-acetaminophen 10-325 mg tablet	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 10-325 mg tablet inner	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 10-325 mg tablet outer	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 2.5-325 mg tablet	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 5-325 mg tablet	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 5-325 mg tablet inner	Non-PDL Generic	QL (12 EA per 1 day)

Drug	Status	Notes
hydrocodone-acetaminophen 5-325 mg tablet outer	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 7.5-325 mg tablet	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 7.5-325 mg tablet inner	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 7.5-325 mg tablet outer	Non-PDL Generic	QL (12 EA per 1 day)
hydrocodone-acetaminophen 7.5-325 mg/15 ml solution	Non-PDL Generic	QL (184 ML per 1 day)
oxycodone-acetaminophen 10-325 mg tab	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 10-325 mg tab 10x10, outer	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 10-325 mg tab inner	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 10-325 mg tab outer	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 10-325 mg tablet	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 2.5-325 mg tablet	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 5-325 mg tab 10x10, outer	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 5-325 mg tab	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 5-325 mg tab inner	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 5-325 mg tablet	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 7.5-325 mg tablet 10x10, outer	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 7.5-325 mg tablet	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 7.5-325 mg tablet inner	Non-PDL Generic	QL (12 EA per 1 day)
oxycodone-acetaminophen 7.5-325 mg tablet outer	Non-PDL Generic	QL (12 EA per 1 day)
PERCOCET 10-325 MG TABLET	Non-PDL Generic	QL (12 EA per 1 day)
PERCOCET 5-325 MG TABLET	Non-PDL Generic	QL (12 EA per 1 day)

Drug	Status	Notes
PERCOCET 7.5-325 MG TABLET	Non-PDL Generic	QL (12 EA per 1 day)
tramadol-acetaminophen 37.5-325 mg tab	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
tramadol-acetaminophen 37.5-325 mg tab f/c	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
buprenorphine 2 mg tablet sl	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
buprenorphine 8 mg tablet sl	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
buprenorphine-naloxone 12-3 mg sl film inner	PDL Non-Preferred Generic	PA
buprenorphine-naloxone 12-3 mg sl film outer	PDL Non-Preferred Generic	PA
buprenorphine-naloxone 2-0.5 mg sl film inner	PDL Non-Preferred Generic	PA
buprenorphine-naloxone 2-0.5 mg sl film outer	PDL Non-Preferred Generic	PA
buprenorphine-naloxone 2-0.5 mg sl tablet	PDL Preferred Generic	QL (3 EA per 1 day)
buprenorphine-naloxone 4-1 mg sl film inner	PDL Non-Preferred Generic	PA
buprenorphine-naloxone 4-1 mg sl film outer	PDL Non-Preferred Generic	PA
buprenorphine-naloxone 8-2 mg sl film inner	PDL Non-Preferred Generic	PA
buprenorphine-naloxone 8-2 mg sl film outer	PDL Non-Preferred Generic	PA
buprenorphine-naloxone 8-2 mg sl tablet	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
SUBOXONE 12 MG-3 MG SL FILM INNER 12-3 MG	PDL Preferred Brand	
SUBOXONE 12 MG-3 MG SL FILM OUTER 12-3 MG	PDL Preferred Brand	
SUBOXONE 2 MG-0.5 MG SL FILM INNER, NON-SALEABLE 2-0.5 MG	PDL Preferred Brand	
SUBOXONE 2 MG-0.5 MG SL FILM OUTER 2-0.5 MG	PDL Preferred Brand	
SUBOXONE 4 MG-1 MG SL FILM INNER 4-1 MG	PDL Preferred Brand	
SUBOXONE 4 MG-1 MG SL FILM OUTER 4-1 MG	PDL Preferred Brand	
SUBOXONE 8 MG-2 MG SL FILM INNER 8-2 MG	PDL Preferred Brand	
SUBOXONE 8 MG-2 MG SL FILM OUTER 8-2 MG	PDL Preferred Brand	
ZUBSOLV 0.7-0.18 MG TABLET SL	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 1.4-0.36 MG TABLET SL	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 11.4-2.9 MG TABLET SL	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 2.9-0.71 MG TABLET SL	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 5.7-1.4 MG TABLET SL	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 8.6-2.1 MG TABLET SL	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
benztropine mes 0.5 mg tab	Non-PDL Generic	90 DS
benztropine mes 1 mg tablet	Non-PDL Generic	90 DS
benztropine mes 2 mg tablet	Non-PDL Generic	90 DS
trihexyphenidyl 2 mg tablet	Non-PDL Generic	90 DS
trihexyphenidyl 2 mg/5 ml soln 0.4 mg/ml	Non-PDL Generic	
trihexyphenidyl 5 mg tablet	Non-PDL Generic	90 DS
Antiparkinsonism Drugs,Other		
amantadine 100 mg capsule	Non-PDL Generic	90 DS
amantadine 100 mg tablet	Non-PDL Generic	
amantadine 100 mg/10 ml solution cup inner 50 mg/5 ml	Non-PDL Generic	90 DS
amantadine 100 mg/10 ml solution cup outer 50 mg/5 ml	Non-PDL Generic	90 DS
amantadine 50 mg/5 ml solution	Non-PDL Generic	90 DS
amantadine 50 mg/5 ml solution d/f	Non-PDL Generic	90 DS
APOKYN 30 MG/3 ML CARTRIDGE INNER, SUV 10 MG/ML	PDL Preferred Brand	SP
APOKYN 30 MG/3 ML CARTRIDGE OUTER, SUV 10 MG/ML	PDL Preferred Brand	SP
apomorphine 30 mg/3 ml cartrdg inner, suv 10 mg/ml	PDL Non-Preferred Generic	PA; SP
apomorphine 30 mg/3 ml cartrdg outer, suv 10 mg/ml	PDL Non-Preferred Generic	PA; SP
bromocriptine 2.5 mg tablet	Non-PDL Generic	
bromocriptine 5 mg capsule	Non-PDL Generic	

Drug	Status	Notes
carbidopa-levo 10-100 mg odt	PDL Preferred Generic	
carbidopa-levo 25-100 mg odt	PDL Preferred Generic	
carbidopa-levo 25-250 mg odt	PDL Preferred Generic	
carbidopa-levo er 23.75-95 cap 23.75-95 mg	PDL Preferred Generic	QL (10 EA per 1 day)
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 36.25-145 cp 36.25-145 mg	PDL Preferred Generic	QL (10 EA per 1 day)
carbidopa-levo er 48.75-195 cp 48.75-195 mg	PDL Preferred Generic	QL (10 EA per 1 day)
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 61.25-245 cp 61.25-245 mg	PDL Preferred Generic	QL (10 EA per 1 day)
carbidopa-levodopa 10-100 tab 10-100 mg	PDL Preferred Generic	90 DS

Drug	Status	Notes
carbidopa-levodopa 25-100 tab 25-100 mg	PDL Preferred Generic	90 DS
carbidopa-levodopa 25-250 tab 25-250 mg	PDL Preferred Generic	90 DS
carbidopa-levodopa-entacapone 12.5-50-200 mg tab	PDL Preferred Generic	
carbidopa-levodopa-entacapone 18.75-75-200 mg tab	PDL Preferred Generic	
carbidopa-levodopa-entacapone 25-100-200 mg tab	PDL Preferred Generic	
carbidopa-levodopa-entacapone 31.25-125-200 mg tab	PDL Preferred Generic	
carbidopa-levodopa-entacapone 37.5-150-200 mg tab	PDL Preferred Generic	
carbidopa-levodopa-entacapone 50-200-200 mg tab	PDL Preferred Generic	
CREXONT ER 35 MG-140 MG CAP 35-140 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
CREXONT ER 52.5 MG-210 MG CAP 52.5-210 MG	PDL Non-Preferred Brand	PA; QL (10 EA per 1 day)
CREXONT ER 70 MG-280 MG CAP 70-280 MG	PDL Non-Preferred Brand	PA; QL (7 EA per 1 day)
CREXONT ER 87.5 MG-350 MG CAP 87.5-350 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
DHIVY 25-100 MG TABLET	PDL Non-Preferred Brand	PA
entacapone 200 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
entacapone 200 mg tablet f/c	PDL Preferred Generic	90 DS
GOCOVRI ER 137 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
GOCOVRI ER 68.5 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
INBRIJA 42 MG INHALATION CAP	PDL Non-Preferred Brand	PA; SP
MIRAPEX ER 1.5 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 2.25 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 3 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 3.75 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEUPRO 1 MG/24 HR PATCH 1 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEUPRO 2 MG/24 HR PATCH 2 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEUPRO 3 MG/24 HR PATCH 3 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEUPRO 4 MG/24 HR PATCH 4 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEUPRO 6 MG/24 HR PATCH 6 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEUPRO 8 MG/24 HR PATCH 8 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
NOURIANZ 20 MG TABLET	PDL Non-Preferred Brand	PA; SP
NOURIANZ 40 MG TABLET	PDL Non-Preferred Brand	PA; SP
ONAPGO 98 MG/20 ML CARTRIDGE 4.9 MG/ ML	PDL Non-Preferred Brand	PA; SP
ONGENTYS 25 MG CAPSULE	PDL Non-Preferred Brand	PA
ONGENTYS 50 MG CAPSULE	PDL Non-Preferred Brand	PA
pramipexole 0.125 mg tablet	PDL Preferred Generic	90 DS
pramipexole 0.25 mg tablet	PDL Preferred Generic	90 DS
pramipexole 0.5 mg tablet	PDL Preferred Generic	90 DS
pramipexole 0.75 mg tablet	PDL Preferred Generic	90 DS
pramipexole 1 mg tablet	PDL Preferred Generic	90 DS
pramipexole 1.5 mg tablet	PDL Preferred Generic	90 DS
pramipexole er 0.375 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pramipexole er 0.75 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pramipexole er 1.5 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
pramipexole er 2.25 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pramipexole er 3 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pramipexole er 3.75 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
pramipexole er 4.5 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
rasagiline mesylate 0.5 mg tab	Non-PDL Generic	QL (1 EA per 1 day)
rasagiline mesylate 1 mg tab	Non-PDL Generic	
ropinirole hcl 0.25 mg tablet	PDL Preferred Generic	90 DS
ropinirole hcl 0.25 mg tablet f/c	PDL Preferred Generic	90 DS
ropinirole hcl 0.5 mg tablet	PDL Preferred Generic	90 DS
ropinirole hcl 0.5 mg tablet f/c	PDL Preferred Generic	90 DS
ropinirole hcl 1 mg tablet	PDL Preferred Generic	90 DS
ropinirole hcl 1 mg tablet f/c	PDL Preferred Generic	90 DS
ropinirole hcl 2 mg tablet	PDL Preferred Generic	90 DS
ropinirole hcl 2 mg tablet f/c	PDL Preferred Generic	90 DS
ropinirole hcl 3 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
ropinirole hcl 3 mg tablet f/c	PDL Preferred Generic	90 DS
ropinirole hcl 4 mg tablet	PDL Preferred Generic	90 DS
ropinirole hcl 4 mg tablet f/c	PDL Preferred Generic	90 DS
ropinirole hcl 5 mg tablet	PDL Preferred Generic	
ropinirole hcl 5 mg tablet f/c	PDL Preferred Generic	
ropinirole hcl er 12 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ropinirole hcl er 2 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ropinirole hcl er 4 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ropinirole hcl er 6 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ropinirole hcl er 8 mg tablet	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)

Drug	Status	Notes
selegiline hcl 5 mg capsule	Non-PDL Generic	
selegiline hcl 5 mg tablet	Non-PDL Generic	
SINEMET 10-100 MG TABLET	PDL Non-Preferred Brand	PA
SINEMET 25-100 MG TABLET	PDL Non-Preferred Brand	PA
TASMAR 100 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
tolcapone 100 mg tablet	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
VYALEV 120 MG-2,400 MG/10 ML VL 12-240 MG/ML	PDL Non-Preferred Brand	PA; SP
XADAGO 100 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XADAGO 50 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Decarboxylase Inhibitors		
carbidopa 25 mg tablet	Non-PDL Generic	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
clobazam 10 mg tablet	PDL Preferred Generic	QL (2 EA per 1 day)
clobazam 2.5 mg/ml suspension	PDL Preferred Generic	QL (480 ML per 30 days)
clobazam 20 mg tablet	PDL Preferred Generic	QL (2 EA per 1 day)
clonazepam 0.125 mg dis tab 10x6, outer	Non-PDL Generic	
clonazepam 0.125 mg dis tab inner	Non-PDL Generic	

Drug	Status	Notes
clonazepam 0.125 mg odt	Non-PDL Generic	
clonazepam 0.125 mg odt inner	Non-PDL Generic	
clonazepam 0.125 mg odt outer	Non-PDL Generic	
clonazepam 0.25 mg odt	Non-PDL Generic	
clonazepam 0.25 mg odt 10x6, outer	Non-PDL Generic	
clonazepam 0.25 mg odt inner	Non-PDL Generic	
clonazepam 0.25 mg odt outer	Non-PDL Generic	
clonazepam 0.5 mg dis tablet 10x6, outer	Non-PDL Generic	
clonazepam 0.5 mg dis tablet inner	Non-PDL Generic	
clonazepam 0.5 mg odt	Non-PDL Generic	
clonazepam 0.5 mg odt inner	Non-PDL Generic	
clonazepam 0.5 mg odt outer	Non-PDL Generic	
clonazepam 0.5 mg tablet	Non-PDL Generic	
clonazepam 1 mg dis tablet 10x6, outer	Non-PDL Generic	
clonazepam 1 mg dis tablet inner	Non-PDL Generic	
clonazepam 1 mg odt	Non-PDL Generic	
clonazepam 1 mg odt inner	Non-PDL Generic	
clonazepam 1 mg odt outer	Non-PDL Generic	
clonazepam 1 mg tablet	Non-PDL Generic	
clonazepam 2 mg odt 10x6, outer	Non-PDL Generic	
clonazepam 2 mg odt	Non-PDL Generic	

Drug	Status	Notes
clonazepam 2 mg odt inner	Non-PDL Generic	
clonazepam 2 mg odt outer	Non-PDL Generic	
clonazepam 2 mg tablet	Non-PDL Generic	
diazepam 10 mg rectal gel (2pk) 5-7.5-10 mg	PDL Preferred Generic	
diazepam 10 mg rectal gel (2pk) outer 5-7.5-10 mg	PDL Preferred Generic	
diazepam 10 mg rectal gel syrg inner 5-7.5-10 mg	PDL Preferred Generic	
diazepam 2.5 mg rectal gel(2pk)	PDL Preferred Generic	
diazepam 2.5 mg rectal gel(2pk) outer	PDL Preferred Generic	
diazepam 20 mg rectal gel (2pk) 12.5-15-17.5-20 mg	PDL Preferred Generic	
diazepam 20 mg rectal gel (2pk) outer 12.5-15-17.5-20 mg	PDL Preferred Generic	
diazepam 20 mg rectal gel syrg inner 12.5-15-17.5-20 mg	PDL Preferred Generic	
NAYZILAM 5 MG NASAL SPRAY INNER 5 MG/SPRAY (0.1 ML)	PDL Preferred Brand	QL (10 EA per 30 days)
NAYZILAM 5 MG NASAL SPRAY OUTER 5 MG/SPRAY (0.1 ML)	PDL Preferred Brand	QL (10 EA per 30 days)
ONFI 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ONFI 2.5 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA; QL (480 ML per 30 days)

Drug	Status	Notes
ONFI 20 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYMPAZAN 10 MG FILM INNER	PDL Non-Preferred Brand	PA
SYMPAZAN 10 MG FILM OUTER	PDL Non-Preferred Brand	PA
SYMPAZAN 20 MG FILM INNER	PDL Non-Preferred Brand	PA
SYMPAZAN 20 MG FILM OUTER	PDL Non-Preferred Brand	PA
SYMPAZAN 5 MG FILM INNER	PDL Non-Preferred Brand	PA
SYMPAZAN 5 MG FILM OUTER	PDL Non-Preferred Brand	PA
VALTOCO 10 MG NASAL SPRAY 10 MG/SPRAY (0.1 ML)	PDL Preferred Brand	QL (10 EA per 30 days)
VALTOCO 15 MG NASAL SPRAY 15 MG/2 SPRAY (7.5/0.1ML X 2)	PDL Preferred Brand	QL (10 EA per 30 days)
VALTOCO 20 MG NASAL SPRAY 20 MG/2 SPRAY (10MG/0.1ML X2)	PDL Preferred Brand	QL (10 EA per 30 days)
VALTOCO 5 MG NASAL SPRAY 5 MG/SPRAY (0.1 ML)	PDL Preferred Brand	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX 100 MG/ML SOLN PACK OUTER	PDL Non-Preferred Brand	PA; SP
EPIDIOLEX 100 MG/ML SOLUTION INNER	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
Anticonvulsants		
APTIOM 200 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTIOM 400 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTIOM 600 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
APTIOM 800 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BANZEL 200 MG TABLET	PDL Non-Preferred Brand	PA; QL (16 EA per 1 day)
BANZEL 40 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA; QL (80 ML per 1 day)
BANZEL 400 MG TABLET	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
brivaracetam 10 mg tablet	PDL Preferred Generic	QL (2 EA per 1 day)
brivaracetam 100 mg tablet	PDL Preferred Generic	QL (2 EA per 1 day)
brivaracetam 100 mg tablet inner	PDL Preferred Generic	QL (2 EA per 1 day)
brivaracetam 100 mg tablet outer	PDL Preferred Generic	QL (2 EA per 1 day)
brivaracetam 25 mg tablet	PDL Preferred Generic	QL (2 EA per 1 day)
brivaracetam 25 mg tablet inner	PDL Preferred Generic	QL (2 EA per 1 day)
brivaracetam 25 mg tablet outer	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
brivaracetam 50 mg tablet	PDL Preferred Generic	QL (2 EA per 1 day)
brivaracetam 50 mg tablet inner	PDL Preferred Generic	QL (2 EA per 1 day)
brivaracetam 50 mg tablet outer	PDL Preferred Generic	QL (2 EA per 1 day)
brivaracetam 75 mg tablet	PDL Preferred Generic	QL (2 EA per 1 day)
BRIVIACT 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 10 MG/ML ORAL SOLN	PDL Non-Preferred Brand	PA; QL (600 ML per 30 days)
BRIVIACT 100 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 25 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 50 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 75 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
carbamazepine 100 mg tab chew	PDL Preferred Generic	
carbamazepine 100 mg tab chew 10x10	PDL Preferred Generic	
carbamazepine 100 mg/5 ml susp	PDL Preferred Generic	
carbamazepine 200 mg tab chew	PDL Preferred Generic	

Drug	Status	Notes
carbamazepine 200 mg tablet	PDL Preferred Generic	90 DS
carbamazepine 200 mg tablet u-d,10x10	PDL Preferred Generic	90 DS
carbamazepine er 100 mg cap	PDL Non-Preferred Generic	PA
carbamazepine er 100 mg tablet	PDL Preferred Generic	
carbamazepine er 200 mg cap	PDL Non-Preferred Generic	PA
carbamazepine er 200 mg tablet	PDL Preferred Generic	
carbamazepine er 300 mg cap	PDL Non-Preferred Generic	PA
carbamazepine er 400 mg tablet	PDL Preferred Generic	
CARBATROL ER 100 MG CAPSULE	PDL Preferred Brand	
CARBATROL ER 200 MG CAPSULE	PDL Preferred Brand	
CARBATROL ER 300 MG CAPSULE	PDL Preferred Brand	
CELONTIN 300 MG CAPSULE	PDL Preferred Brand	
DEPAKOTE DR 125 MG SPRINKLE CP	PDL Non-Preferred Brand	PA
DEPAKOTE DR 125 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
DEPAKOTE DR 250 MG TABLET	PDL Non-Preferred Brand	PA
DEPAKOTE DR 500 MG TABLET	PDL Non-Preferred Brand	PA
DEPAKOTE ER 250 MG TABLET	PDL Non-Preferred Brand	PA
DEPAKOTE ER 500 MG TABLET	PDL Non-Preferred Brand	PA
DIACOMIT 250 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
DIACOMIT 250 MG POWDER PACKET	PDL Non-Preferred Brand	PA; SP
DIACOMIT 500 MG CAPSULE	PDL Non-Preferred Brand	PA; SP
DIACOMIT 500 MG POWDER PACKET	PDL Non-Preferred Brand	PA; SP
DILANTIN 100 MG CAPSULE	PDL Preferred Brand	
DILANTIN 125 MG/5 ML SUSP	PDL Non-Preferred Brand	PA
DILANTIN 30 MG CAPSULE	PDL Preferred Brand	
DILANTIN 50 MG INFATAB INFATAB	PDL Non-Preferred Brand	PA
divalproex dr 125 mg cap sprnk	PDL Preferred Generic	
divalproex sod dr 125 mg tab	PDL Preferred Generic	90 DS

Drug	Status	Notes
divalproex sod dr 125 mg tab coated	PDL Preferred Generic	90 DS
divalproex sod dr 125 mg tab enteric-coated	PDL Preferred Generic	90 DS
divalproex sod dr 250 mg tab	PDL Preferred Generic	90 DS
divalproex sod dr 250 mg tab coated	PDL Preferred Generic	90 DS
divalproex sod dr 250 mg tab enteric-coated	PDL Preferred Generic	90 DS
divalproex sod dr 500 mg tab	PDL Preferred Generic	90 DS
divalproex sod dr 500 mg tab coated	PDL Preferred Generic	90 DS
divalproex sod dr 500 mg tab enteric-coated	PDL Preferred Generic	90 DS
divalproex sod er 250 mg tab	PDL Preferred Generic	90 DS
divalproex sod er 250 mg tab coated	PDL Preferred Generic	90 DS
divalproex sod er 250 mg tab f/c	PDL Preferred Generic	90 DS
divalproex sod er 250 mg tab f/c, once-daily	PDL Preferred Generic	90 DS
divalproex sod er 250 mg tab once daily	PDL Preferred Generic	90 DS
divalproex sod er 250 mg tab once-daily	PDL Preferred Generic	90 DS

Drug	Status	Notes
divalproex sod er 250 mg tab u-d,f/c,10x8,inner	PDL Preferred Generic	90 DS
divalproex sod er 250 mg tab u-d,f/c,10x8,outer	PDL Preferred Generic	90 DS
divalproex sod er 500 mg tab	PDL Preferred Generic	
divalproex sod er 500 mg tab coated	PDL Preferred Generic	
divalproex sod er 500 mg tab f/c	PDL Preferred Generic	
divalproex sod er 500 mg tab f/c, once daily	PDL Preferred Generic	
divalproex sod er 500 mg tab once daily	PDL Preferred Generic	
divalproex sod er 500 mg tab u-d,f/c,8x10,inner	PDL Preferred Generic	
divalproex sod er 500 mg tab u-d,f/c,8x10,outer	PDL Preferred Generic	
ELEPSIA XR 1,000 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR 1,500 MG TABLET	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day); Age (Min 12 Years)
EPRONTIA 25 MG/ML SOLUTION	PDL Non-Preferred Brand	PA
eslicarbazepine 200 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
eslicarbazepine 400 mg tablet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
eslicarbazepine 600 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
eslicarbazepine 800 mg tablet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
ethosuximide 250 mg capsule	PDL Preferred Generic	
ethosuximide 250 mg/5 ml soln	PDL Preferred Generic	
felbamate 400 mg tablet	PDL Preferred Generic	
felbamate 600 mg tablet	PDL Preferred Generic	
felbamate 600 mg/5 ml susp	PDL Preferred Generic	
FELBATOL 400 MG TABLET	PDL Non-Preferred Brand	PA
FELBATOL 600 MG TABLET	PDL Non-Preferred Brand	PA
FINTEPLA 2.2 MG/ML SOLUTION	PDL Non-Preferred Brand	PA; SP
FYCOMPA 0.5 MG/ML ORAL SUSP	PDL Non-Preferred Brand	PA; QL (680 ML per 28 days)
FYCOMPA 10 MG TABLET	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
FYCOMPA 12 MG TABLET	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
FYCOMPA 2 MG TABLET	PDL Non-Preferred Brand	PA; QL (120 EA per 30 days)

Drug	Status	Notes
FYCOMPA 4 MG TABLET	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
FYCOMPA 6 MG TABLET	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
FYCOMPA 8 MG TABLET	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
gabapentin 100 mg capsule	PDL Preferred Generic	
gabapentin 200 mg capsule	PDL Preferred Generic	PA
gabapentin 250 mg/5 ml soln	PDL Preferred Generic	QL (72 ML per 1 day)
gabapentin 250 mg/5 ml solution cup inner 250 mg/5 ml (5 ml)	PDL Preferred Generic	QL (72 ML per 1 day)
gabapentin 250 mg/5 ml solution cup outer 250 mg/5 ml (5 ml)	PDL Preferred Generic	QL (72 ML per 1 day)
gabapentin 300 mg capsule	PDL Preferred Generic	
gabapentin 300 mg/6 ml solution cup inner 300 mg/6 ml (6 ml)	PDL Preferred Generic	QL (72 ML per 1 day)
gabapentin 300 mg/6 ml solution cup outer 300 mg/6 ml (6 ml)	PDL Preferred Generic	QL (72 ML per 1 day)
gabapentin 400 mg capsule	PDL Preferred Generic	
gabapentin 600 mg tablet	PDL Preferred Generic	
gabapentin 600 mg tablet f/c	PDL Preferred Generic	

Drug	Status	Notes
gabapentin 800 mg tablet	PDL Preferred Generic	
gabapentin 800 mg tablet f/c	PDL Preferred Generic	
KEPPRA 1,000 MG TABLET	PDL Non-Preferred Brand	PA
KEPPRA 100 MG/ML ORAL SOLN	PDL Non-Preferred Brand	PA
KEPPRA 250 MG TABLET	PDL Non-Preferred Brand	PA
KEPPRA 500 MG TABLET	PDL Non-Preferred Brand	PA
KEPPRA 750 MG TABLET	PDL Non-Preferred Brand	PA
KEPPRA XR 500 MG TABLET	PDL Non-Preferred Brand	PA
KEPPRA XR 750 MG TABLET	PDL Non-Preferred Brand	PA
lacosamide 10 mg/ml solution	PDL Preferred Generic	
lacosamide 100 mg tablet	PDL Preferred Generic	
lacosamide 100 mg tablet inner	PDL Preferred Generic	
lacosamide 100 mg tablet outer	PDL Preferred Generic	
lacosamide 100 mg/10 ml cup inner 10 mg/ml	PDL Preferred Generic	

Drug	Status	Notes
lacosamide 100 mg/10 ml cup outer 10 mg/ml	PDL Preferred Generic	
lacosamide 150 mg tablet	PDL Preferred Generic	
lacosamide 150 mg/15 ml cup inner 10 mg/ml	PDL Preferred Generic	
lacosamide 150 mg/15 ml cup outer 10 mg/ml	PDL Preferred Generic	
lacosamide 200 mg tablet	PDL Preferred Generic	
lacosamide 200 mg/20 ml cup inner 10 mg/ml	PDL Preferred Generic	
lacosamide 200 mg/20 ml cup outer 10 mg/ml	PDL Preferred Generic	
lacosamide 50 mg tablet	PDL Preferred Generic	
lacosamide 50 mg tablet inner	PDL Preferred Generic	
lacosamide 50 mg tablet outer	PDL Preferred Generic	
lacosamide 50 mg/5 ml cup inner 10 mg/ml	PDL Preferred Generic	
lacosamide 50 mg/5 ml cup outer 10 mg/ml	PDL Preferred Generic	
LAMICTAL 100 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL 150 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
LAMICTAL 200 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL 25 MG DISPER TABLET	PDL Non-Preferred Brand	PA
LAMICTAL 25 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL 5 MG DISPER TABLET	PDL Non-Preferred Brand	PA
LAMICTAL ODT 100 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL ODT 200 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL ODT 25 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL ODT 50 MG TABLET	PDL Non-Preferred Brand	PA
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

Drug	Status	Notes
LAMICTAL XR 100 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL XR 200 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL XR 25 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL XR 250 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL XR 300 MG TABLET	PDL Non-Preferred Brand	PA
LAMICTAL XR 50 MG TABLET	PDL Non-Preferred Brand	PA
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	PDL Preferred Generic	90 DS
lamotrigine 150 mg tablet	PDL Preferred Generic	90 DS
lamotrigine 200 mg tablet	PDL Preferred Generic	90 DS
lamotrigine 25 mg disper tab	PDL Preferred Generic	
lamotrigine 25 mg disper tab chew dispersible tab	PDL Preferred Generic	

Drug	Status	Notes
lamotrigine 25 mg tablet	PDL Preferred Generic	90 DS
lamotrigine 5 mg disper tablet	PDL Preferred Generic	
lamotrigine 5 mg disper tablet chew dispersible tab	PDL Preferred Generic	
lamotrigine er 100 mg tablet	PDL Preferred Generic	
lamotrigine er 100 mg tablet enteric-coated	PDL Preferred Generic	
lamotrigine er 100 mg tablet f/c	PDL Preferred Generic	
lamotrigine er 200 mg tablet	PDL Preferred Generic	
lamotrigine er 200 mg tablet enteric-coated	PDL Preferred Generic	
lamotrigine er 200 mg tablet f/c	PDL Preferred Generic	
lamotrigine er 25 mg tablet	PDL Preferred Generic	
lamotrigine er 25 mg tablet enteric-coated	PDL Preferred Generic	
lamotrigine er 25 mg tablet f/c	PDL Preferred Generic	
lamotrigine er 250 mg tablet	PDL Preferred Generic	
lamotrigine er 300 mg tablet	PDL Preferred Generic	

Drug	Status	Notes
lamotrigine er 300 mg tablet enteric-coated	PDL Preferred Generic	
lamotrigine er 300 mg tablet f/c	PDL Preferred Generic	
lamotrigine er 50 mg tablet	PDL Preferred Generic	
lamotrigine er 50 mg tablet enteric-coated	PDL Preferred Generic	
lamotrigine er 50 mg tablet f/c	PDL Preferred Generic	
lamotrigine odt 100 mg tablet	PDL Non-Preferred Generic	PA
lamotrigine odt 100 mg tablet outer	PDL Non-Preferred Generic	PA
lamotrigine odt 200 mg tablet	PDL Non-Preferred Generic	PA
lamotrigine odt 200 mg tablet inner	PDL Non-Preferred Generic	PA
lamotrigine odt 200 mg tablet outer	PDL Non-Preferred Generic	PA
lamotrigine odt 25 mg tablet	PDL Non-Preferred Generic	PA
lamotrigine odt 25 mg tablet outer	PDL Non-Preferred Generic	PA
lamotrigine odt 50 mg tablet	PDL Non-Preferred Generic	PA
lamotrigine odt kit (blue) 25 mg (21) -50 mg (7)	PDL Non-Preferred Generic	PA

Drug	Status	Notes
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
lamotrigine tab start kit-blue 25 mg (35)	PDL Non-Preferred Generic	PA
lamotrigine tab start kt-green 25 mg (84) - 100 mg (14)	PDL Non-Preferred Generic	PA
lamotrigine tab start kt-orang 25 mg (42) - 100 mg (7)	PDL Non-Preferred Generic	PA
levetiracetam 1,000 mg tablet	PDL Preferred Generic	
levetiracetam 1,000 mg tablet f/c	PDL Preferred Generic	
levetiracetam 1,000 mg/10 ml solution cup inner 100 mg/ml	PDL Preferred Generic	
levetiracetam 1,000 mg/10 ml solution cup outer 100 mg/ml	PDL Preferred Generic	
levetiracetam 100 mg/ml soln	PDL Preferred Generic	
levetiracetam 100 mg/ml soln grape	PDL Preferred Generic	
levetiracetam 250 mg tablet	PDL Preferred Generic	90 DS
levetiracetam 250 mg tablet f/c	PDL Preferred Generic	90 DS
levetiracetam 250 mg tablet f/c, inner	PDL Preferred Generic	90 DS

Drug	Status	Notes
levetiracetam 250 mg tablet f/c, outer	PDL Preferred Generic	90 DS
levetiracetam 250 mg tablet for susp outer	PDL Non-Preferred Generic	PA
levetiracetam 500 mg tablet	PDL Preferred Generic	90 DS
levetiracetam 500 mg tablet f/c	PDL Preferred Generic	90 DS
levetiracetam 500 mg tablet for susp inner	PDL Non-Preferred Generic	PA
levetiracetam 500 mg tablet for susp outer	PDL Non-Preferred Generic	PA
levetiracetam 500 mg tablet u-d,10x10,f/c,inner	PDL Preferred Generic	90 DS
levetiracetam 500 mg tablet u-d,10x10,f/c,outer	PDL Preferred Generic	90 DS
levetiracetam 750 mg tablet	PDL Preferred Generic	
levetiracetam 750 mg tablet f/c	PDL Preferred Generic	
levetiracetam 750 mg tablet f/c, inner	PDL Preferred Generic	
levetiracetam 750 mg tablet f/c, outer	PDL Preferred Generic	
levetiracetam er 500 mg tablet	PDL Preferred Generic	
levetiracetam er 500 mg tablet coated	PDL Preferred Generic	

Drug	Status	Notes
levetiracetam er 500 mg tablet f/c	PDL Preferred Generic	
levetiracetam er 750 mg tablet	PDL Preferred Generic	
levetiracetam er 750 mg tablet coated	PDL Preferred Generic	
levetiracetam er 750 mg tablet f/c	PDL Preferred Generic	
LYRICA 100 MG CAPSULE	PDL Non-Preferred Brand	PA
LYRICA 100 MG CAPSULE U-D, 10X10	PDL Non-Preferred Brand	PA
LYRICA 150 MG CAPSULE	PDL Non-Preferred Brand	PA
LYRICA 20 MG/ML ORAL SOLUTION	PDL Non-Preferred Brand	PA; QL (30 ML per 1 day)
LYRICA 200 MG CAPSULE	PDL Non-Preferred Brand	PA
LYRICA 225 MG CAPSULE	PDL Non-Preferred Brand	PA
LYRICA 25 MG CAPSULE	PDL Non-Preferred Brand	PA
LYRICA 300 MG CAPSULE	PDL Non-Preferred Brand	PA
LYRICA 50 MG CAPSULE	PDL Non-Preferred Brand	PA
LYRICA 75 MG CAPSULE	PDL Non-Preferred Brand	PA

Drug	Status	Notes
LYRICA 75 MG CAPSULE U-D, 10X10	PDL Non-Preferred Brand	PA
methsuximide 300 mg capsule	PDL Non-Preferred Generic	PA
MOTPOLY XR 100 MG CAPSULE	PDL Non-Preferred Brand	PA
MOTPOLY XR 150 MG CAPSULE	PDL Non-Preferred Brand	PA
MOTPOLY XR 200 MG CAPSULE	PDL Non-Preferred Brand	PA
NEURONTIN 100 MG CAPSULE	PDL Non-Preferred Brand	PA
NEURONTIN 250 MG/5 ML SOLUTION	PDL Non-Preferred Brand	PA; QL (72 ML per 1 day)
NEURONTIN 300 MG CAPSULE	PDL Non-Preferred Brand	PA
NEURONTIN 300 MG CAPSULE U-D, 5 2X5 BLISTERS	PDL Non-Preferred Brand	PA
NEURONTIN 400 MG CAPSULE	PDL Non-Preferred Brand	PA
NEURONTIN 600 MG TABLET	PDL Non-Preferred Brand	PA
NEURONTIN 600 MG TABLET F/C, SCORED	PDL Non-Preferred Brand	PA
NEURONTIN 800 MG TABLET	PDL Non-Preferred Brand	PA
oxcarbazepine 150 mg tablet	PDL Preferred Generic	90 DS

Drug	Status	Notes
oxcarbazepine 150 mg tablet f/c	PDL Preferred Generic	90 DS
oxcarbazepine 300 mg tablet	PDL Preferred Generic	
oxcarbazepine 300 mg tablet f/c	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 syringe/btl adapter 300 mg/5 ml (60 mg/ml)	PDL Preferred Generic	
oxcarbazepine 300 mg/5 ml suspension cup inner 300 mg/5 ml (60 mg/ml)	PDL Preferred Generic	
oxcarbazepine 300 mg/5 ml suspension cup outer 300 mg/5 ml (60 mg/ml)	PDL Preferred Generic	
oxcarbazepine 600 mg tablet	PDL Preferred Generic	
oxcarbazepine 600 mg tablet f/c	PDL Preferred Generic	
oxcarbazepine er 150 mg tablet	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
oxcarbazepine er 300 mg tablet	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
oxcarbazepine er 600 mg tablet	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
OXTELLAR XR 150 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
OXTELLAR XR 300 MG TABLET	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)

Drug	Status	Notes
OXTELLAR XR 600 MG TABLET	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
perampanel 10 mg tablet	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
perampanel 12 mg tablet	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
perampanel 2 mg tablet	PDL Non-Preferred Generic	PA; QL (120 EA per 30 days)
perampanel 4 mg tablet	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
perampanel 6 mg tablet	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
perampanel 8 mg tablet	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
PHENYTEK 200 MG CAPSULE	PDL Preferred Brand	
PHENYTEK 200 MG CAPSULE	PDL Preferred Generic	
PHENYTEK 300 MG CAPSULE	PDL Preferred Brand	
PHENYTEK 300 MG CAPSULE	PDL Preferred Generic	
phenytoin 125 mg/5 ml susp	PDL Preferred Generic	
phenytoin 50 mg infatab chew	PDL Preferred Generic	
phenytoin 50 mg tablet chew	PDL Preferred Generic	

Drug	Status	Notes
phenytoin 50 mg tablet chew inner	PDL Preferred Generic	
phenytoin 50 mg tablet chew outer	PDL Preferred Generic	
phenytoin sod ext 100 mg cap	Non-PDL Generic	90 DS
phenytoin sod ext 200 mg cap	PDL Preferred Generic	
phenytoin sod ext 300 mg cap	PDL Preferred Generic	
pregabalin 100 mg capsule	PDL Preferred Generic	
pregabalin 100 mg capsule inner	PDL Preferred Generic	
pregabalin 100 mg capsule outer	PDL Preferred Generic	
pregabalin 150 mg capsule	PDL Preferred Generic	
pregabalin 150 mg capsule inner	PDL Preferred Generic	
pregabalin 150 mg capsule outer	PDL Preferred Generic	
pregabalin 20 mg/ml solution	PDL Non-Preferred Generic	PA; QL (30 ML per 1 day)
pregabalin 200 mg capsule	PDL Preferred Generic	
pregabalin 225 mg capsule	PDL Preferred Generic	

Drug	Status	Notes
pregabalin 25 mg capsule	PDL Preferred Generic	
pregabalin 300 mg capsule	PDL Preferred Generic	
pregabalin 50 mg capsule	PDL Preferred Generic	
pregabalin 50 mg capsule inner	PDL Preferred Generic	
pregabalin 50 mg capsule outer	PDL Preferred Generic	
pregabalin 75 mg capsule	PDL Preferred Generic	
pregabalin 75 mg capsule inner	PDL Preferred Generic	
pregabalin 75 mg capsule outer	PDL Preferred Generic	
primidone 250 mg tablet	PDL Preferred Generic	
primidone 50 mg tablet	PDL Preferred Generic	
RELGAABI 300 MG CAPSULE	PDL Preferred Generic	
RELGAABI 400 MG CAPSULE	PDL Preferred Generic	
ROWEEPRA 500 MG TABLET	PDL Preferred Brand	
rufinamide 200 mg tablet	PDL Non-Preferred Generic	PA; QL (16 EA per 1 day)

Drug	Status	Notes
rufinamide 40 mg/ml suspension	PDL Non-Preferred Generic	PA; QL (80 ML per 1 day)
rufinamide 400 mg tablet	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
SABRIL 500 MG POWDER PACKET	PDL Non-Preferred Brand	PA; SP
SABRIL 500 MG TABLET	PDL Non-Preferred Brand	PA; SP
SPRITAM 1,000 MG TABLET INNER	PDL Non-Preferred Brand	PA
SPRITAM 1,000 MG TABLET OUTER	PDL Non-Preferred Brand	PA
SPRITAM 250 MG TABLET INNER	PDL Non-Preferred Brand	PA
SPRITAM 250 MG TABLET OUTER	PDL Non-Preferred Brand	PA
SPRITAM 500 MG TABLET INNER	PDL Non-Preferred Brand	PA
SPRITAM 500 MG TABLET OUTER	PDL Non-Preferred Brand	PA
SPRITAM 750 MG TABLET INNER	PDL Non-Preferred Brand	PA
SPRITAM 750 MG TABLET OUTER	PDL Non-Preferred Brand	PA
SUBVENITE 10 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA
SUBVENITE 100 MG TABLET	PDL Preferred Generic	90 DS

Drug	Status	Notes
SUBVENITE 150 MG TABLET	PDL Preferred Generic	90 DS
SUBVENITE 200 MG TABLET	PDL Preferred Generic	90 DS
SUBVENITE 25 MG TABLET	PDL Preferred Generic	90 DS
SUBVENITE TAB START KIT (BLUE) 25 MG (35)	PDL Non-Preferred Generic	PA
SUBVENITE TAB START KIT(GREEN) 25 MG (84) -100 MG (14)	PDL Non-Preferred Generic	PA
SUBVENITE TAB START KT(ORANGE) 25 MG (42) -100 MG (7)	PDL Non-Preferred Generic	PA
TEGRETOL 100 MG/5 ML SUSP	PDL Non-Preferred Brand	PA
TEGRETOL 200 MG TABLET	PDL Non-Preferred Brand	PA
TEGRETOL XR 100 MG TABLET	PDL Non-Preferred Brand	PA
TEGRETOL XR 200 MG TABLET	PDL Non-Preferred Brand	PA
TEGRETOL XR 400 MG TABLET	PDL Non-Preferred Brand	PA
tiagabine hcl 12 mg tablet	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
tiagabine hcl 16 mg tablet	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
tiagabine hcl 2 mg tablet	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)

Drug	Status	Notes
tiagabine hcl 4 mg tablet	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
TOPAMAX 100 MG TABLET COATED	PDL Non-Preferred Brand	PA
TOPAMAX 15 MG SPRINKLE CAP	PDL Non-Preferred Brand	PA
TOPAMAX 200 MG TABLET	PDL Non-Preferred Brand	PA
TOPAMAX 25 MG SPRINKLE CAP	PDL Non-Preferred Brand	PA
TOPAMAX 25 MG TABLET COATED	PDL Non-Preferred Brand	PA
TOPAMAX 50 MG TABLET	PDL Non-Preferred Brand	PA
topiramate 100 mg tablet	PDL Preferred Generic	90 DS
topiramate 100 mg tablet f/c	PDL Preferred Generic	90 DS
topiramate 100 mg tablet f/c,10x10,u-d,inner	PDL Preferred Generic	90 DS
topiramate 100 mg tablet f/c,10x10,u-d,outer	PDL Preferred Generic	90 DS
topiramate 15 mg sprinkle cap	PDL Preferred Generic	
topiramate 200 mg tablet	PDL Preferred Generic	90 DS
topiramate 200 mg tablet f/c	PDL Preferred Generic	90 DS

Drug	Status	Notes
topiramate 200 mg tablet f/c,3x10,u-d,inner	PDL Preferred Generic	90 DS
topiramate 200 mg tablet f/c,3x10,u-d,outer	PDL Preferred Generic	90 DS
topiramate 25 mg sprinkle cap	PDL Preferred Generic	
topiramate 25 mg tablet	PDL Preferred Generic	90 DS
topiramate 25 mg tablet f/c	PDL Preferred Generic	90 DS
topiramate 25 mg tablet f/c,10x10,u-d,outer	PDL Preferred Generic	90 DS
topiramate 25 mg tablet inner	PDL Preferred Generic	90 DS
topiramate 25 mg/ml solution	PDL Non-Preferred Generic	PA
topiramate 50 mg sprinkle cap	PDL Preferred Generic	
topiramate 50 mg tablet	PDL Preferred Generic	90 DS
topiramate 50 mg tablet f/c	PDL Preferred Generic	90 DS
topiramate er 100 mg capsule	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
topiramate er 100 mg sprink cap	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
topiramate er 150 mg sprink cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
topiramate er 200 mg capsule	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
topiramate er 200 mg sprink cap	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
topiramate er 25 mg capsule	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
topiramate er 25 mg sprinkl cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
topiramate er 50 mg capsule	PDL Non-Preferred Generic	PA; QL (7 EA per 1 day)
topiramate er 50 mg sprinkl cap	PDL Non-Preferred Generic	PA; QL (7 EA per 1 day)
TRILEPTAL 150 MG TABLET F/C	PDL Non-Preferred Brand	PA
TRILEPTAL 300 MG TABLET F/C	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	PDL Non-Preferred Brand	PA
TROKENDI XR 100 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
TROKENDI XR 200 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TROKENDI XR 25 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
TROKENDI XR 50 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (7 EA per 1 day)

Drug	Status	Notes
valproic acid 250 mg capsule	PDL Preferred Generic	
valproic acid 250 mg/5 ml soln	PDL Preferred Generic	90 DS
vigabatrin 500 mg powder packt	PDL Non-Preferred Generic	PA; SP
vigabatrin 500 mg powder packt inner	PDL Non-Preferred Generic	PA; SP
vigabatrin 500 mg powder packt outer	PDL Non-Preferred Generic	PA; SP
vigabatrin 500 mg tablet	PDL Non-Preferred Generic	PA; SP
VIGADRONE 500 MG POWDER PACKET INNER	PDL Non-Preferred Generic	PA; SP
VIGADRONE 500 MG POWDER PACKET OUTER	PDL Non-Preferred Generic	PA; SP
VIGADRONE 500 MG TABLET	PDL Non-Preferred Generic	PA; SP
VIMPAT 10 MG/ML SOLUTION	PDL Non-Preferred Brand	PA
VIMPAT 100 MG TABLET F/C	PDL Non-Preferred Brand	PA
VIMPAT 100 MG TABLET F/C, U-D, 6X10	PDL Non-Preferred Brand	PA
VIMPAT 150 MG TABLET F/C	PDL Non-Preferred Brand	PA
VIMPAT 150 MG TABLET F/C, U-D, 6X10	PDL Non-Preferred Brand	PA

Drug	Status	Notes
VIMPAT 200 MG TABLET F/C	PDL Non-Preferred Brand	PA
VIMPAT 200 MG TABLET F/C, U-D, 6X10	PDL Non-Preferred Brand	PA
VIMPAT 50 MG TABLET F/C	PDL Non-Preferred Brand	PA
VIMPAT 50 MG TABLET F/C, U-D, 6X10	PDL Non-Preferred Brand	PA
XCOPRI 100 MG TABLET	PDL Non-Preferred Brand	PA
XCOPRI 12.5-25 MG TITRATION PK 12.5 MG (14)- 25 MG (14)	PDL Non-Preferred Brand	PA
XCOPRI 150 MG TABLET	PDL Non-Preferred Brand	PA
XCOPRI 150-200 MG TITRATION PK 150 MG (14)- 200 MG (14)	PDL Non-Preferred Brand	PA
XCOPRI 200 MG TABLET	PDL Non-Preferred Brand	PA
XCOPRI 350 MG DAILY DOSE PACK 350 MG/DAY (200 MG X1-150MG X1)	PDL Non-Preferred Brand	PA
XCOPRI 50 MG TABLET	PDL Non-Preferred Brand	PA
XCOPRI 50-100 MG TITRATION PAK 50 MG (14)- 100 MG (14)	PDL Non-Preferred Brand	PA
ZARONTIN 250 MG CAPSULE	PDL Non-Preferred Brand	PA
ZARONTIN 250 MG/5 ML SOLUTION	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ZONISADE 100 MG/5 ML ORAL SUSP	PDL Non-Preferred Brand	PA
zonisamide 100 mg capsule	PDL Preferred Generic	90 DS
zonisamide 25 mg capsule	PDL Preferred Generic	90 DS
zonisamide 50 mg capsule	PDL Preferred Generic	90 DS
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY 50 MG/ML SUSPENSION	PDL Non-Preferred Brand	PA; SP
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
KEVEYIS 50 MG TABLET	Non-PDL Brand	PA; SP
Skeletal Muscle Relaxants		
baclofen 10 mg tablet	Non-PDL Generic	90 DS
baclofen 10 mg tablet outer	Non-PDL Generic	90 DS
baclofen 20 mg tablet	Non-PDL Generic	90 DS
baclofen 20 mg tablet outer	Non-PDL Generic	90 DS
baclofen 5 mg tablet	Non-PDL Generic	
baclofen 5 mg tablet outer	Non-PDL Generic	
carisoprodl-aspirin 200-325 mg	Non-PDL Generic	
carisoprodol 250 mg tablet	Non-PDL Generic	
carisoprodol 350 mg tablet	Non-PDL Generic	
chlorzoxazone 500 mg tablet	Non-PDL Generic	

Drug	Status	Notes
cyclobenzaprine 10 mg tablet	Non-PDL Generic	
cyclobenzaprine 10 mg tablet f/c	Non-PDL Generic	
cyclobenzaprine 5 mg tablet	Non-PDL Generic	
cyclobenzaprine 5 mg tablet f/c	Non-PDL Generic	
cyclobenzaprine er 15 mg cap	Non-PDL Generic	QL (1 EA per 1 day)
cyclobenzaprine er 30 mg cap	Non-PDL Generic	QL (1 EA per 1 day)
dantrolene sodium 100 mg cap	Non-PDL Generic	
dantrolene sodium 25 mg cap	Non-PDL Generic	
dantrolene sodium 25 mg cap u-d,3x10,inner	Non-PDL Generic	
dantrolene sodium 25 mg cap u-d,3x10,outer	Non-PDL Generic	
dantrolene sodium 50 mg cap	Non-PDL Generic	
methocarbamol 500 mg tablet	Non-PDL Generic	
methocarbamol 750 mg tablet	Non-PDL Generic	
orphenadrine er 100 mg tablet	Non-PDL Generic	
tizanidine hcl 2 mg tablet	Non-PDL Generic	
tizanidine hcl 4 mg tablet	Non-PDL Generic	
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
cvs nicotine 14 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 14 mg/24hr patch step 2 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
cvs nicotine 2 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 2 mg chewing gum mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 2 mg lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 2 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 21 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 4 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 4 mg chewing gum mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 4 mg lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 4 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 4 mg mini lozenge mini,mint,quit tube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
cvs nicotine 7 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
eq nicotine 14 mg/24hr patch clear, step 2 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg chewing gum coated, cool mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg chewing gum coated, fruit wave	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg chewing gum coated,cinnamon rush	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg chewing gum uncoated, mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg chewing gum uncoated, original	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg lozenge cherry	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg lozenge inner	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg lozenge mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
eq nicotine 2 mg lozenge outer	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 2 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 21 mg/24hr patch 21+7, clear (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 21 mg/24hr patch clear, step 1 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg chewing gum coated, cool mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg chewing gum coated, fruit wave	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg chewing gum coated,cinnamon rush	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg chewing gum cool mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg chewing gum uncoated, mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg chewing gum uncoated, original	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
eq nicotine 4 mg lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg lozenge cherry	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg lozenge mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg lozenge mint flavor	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg lozenge outer	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 4 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
eq nicotine 7 mg/24hr patch clear, step 3 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine 14 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine 2 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine 2 mg lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine 2 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
ft nicotine 21 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine 4 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine 4 mg lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine 4 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
ft nicotine 7 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine 2 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine 2 mg lozenge outer	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine 2 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine 2 mg mini lozenge mini,mint,3 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine 2 mg mini lozenge outer	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine 21 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
gnp nicotine 4 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine 4 mg lozenge outer	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gnp nicotine 4 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gs nicotine 2 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gs nicotine 2 mg chewing gum original	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gs nicotine 2 mg lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gs nicotine 2 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gs nicotine 4 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gs nicotine 4 mg lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
gs nicotine 4 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
kro nicotine 2 mg chewing gum original	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
kro nicotine 2 mg lozenge 3 quittube, mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
kro nicotine 4 mg chewing gum coated, fruit wave	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
kro nicotine 4 mg lozenge 3 quittube, mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 14 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 14 mg/24hr patch clear, step 2 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 14 mg/24hr patch clear, step 2, outer (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 14 mg/24hr patch outer (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 14 mg/24hr patch step 2 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum bonus 20 pieces	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum bonus 20 pieces,mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
nicotine 2 mg chewing gum bonus 30 pieces,mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum coated	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum coated fruit	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum coated gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum coated, cinnamon	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum coated, cool mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum coated, fruit	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum coated, mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum coated, outer	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum coated,mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum cool mint/coated	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
nicotine 2 mg chewing gum fruit wave, coated	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum original	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum outer	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum refill	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg chewing gum starter kit w/cd	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge 4 quittube, mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge cherry	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge cherry, quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge cherry,3quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
nicotine 2 mg lozenge cinnamon	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge cinnamon, 3 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge cinnamon,quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge inner	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge mint,3 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge mint,4 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge mint,7 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg lozenge outer	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg mini lozenge inner	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
nicotine 2 mg mini lozenge mini,mint,3 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 2 mg mini lozenge outer	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 21 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 21 mg/24hr patch clear, step 1 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 21 mg/24hr patch outer (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 21 mg/24hr patch outer, clear, step 1 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 21 mg/24hr patch step 1 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 21 mg/24hr patch step 1, 1 week kit (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum bonus 20 pieces	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum bonus 20 pieces,mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
nicotine 4 mg chewing gum coated	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum coated cinnamon	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum coated fruit	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum coated mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum coated, cinnamon	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum coated, cool mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum coated, fruit	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum coated, fruit wave	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum coated, mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum coated,cinnamon	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum cool mint/coated	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
nicotine 4 mg chewing gum fruit wave/coated	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum mint	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum original	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum original refill	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum original starter kit	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum outer	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum refill. outer	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum starter kit w/cd	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg chewing gum starter kit, outer	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge 3 quittube, cherry	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge 3 quittube, mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
nicotine 4 mg lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge 4 quittube, cherry	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge 4 quittube, mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge cherry	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge cherry,3quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge cinnamon	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge cinnamon, 3 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge inner	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge mint, 3 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge mint, 4 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
nicotine 4 mg lozenge mint,3 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge mint,4 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge mint,7 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg lozenge outer	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg mini lozenge	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg mini lozenge inner	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg mini lozenge mini,mint 3 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg mini lozenge mini,mint,3 quittube	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 4 mg mini lozenge outer	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 7 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 7 mg/24hr patch 2 week kit (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
nicotine 7 mg/24hr patch clear, step 3 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 7 mg/24hr patch outer (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 7 mg/24hr patch outer, clear, step 3 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine 7 mg/24hr patch step 3 (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
nicotine transdermal system step 1,2,3 21-14-7 mg/24 hr	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
NICOTROL NS 10 MG/ML SPRAY	Preventive	$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, 18 YEARS OF AGE OR OLDER, AND TRIAL OF NICOTINE TRANSDERMAL PATCH; QL (10 ML per 2 days)
PUB STOP SMOKING AID 2 MG LOZG	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
PUB STOP SMOKING AID 4 MG LOZG	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 MG CHEWING GUM	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 MG LOZENGE	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
QUIT 2 MG LOZENGE INNER	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 MG LOZENGE OUTER	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 MG CHEWING GUM	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 MG LOZENGE	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 MG LOZENGE INNER	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 MG LOZENGE OUTER	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
sm nicotine 14 mg/24hr patch (otc)	Preventive	OTC; $0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
sw nicotine 2 mg chewing gum cool mint flavor	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
sw nicotine 2 mg chewing gum fruit flavor	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
sw nicotine 2 mg lozenge 3 quit tube x24,mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
sw nicotine 4 mg chewing gum cool mint flavor	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
sw nicotine 4 mg chewing gum fruit flavor	Preventive	OTC; $0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
sw nicotine 4 mg lozenge 3 quit tube x24,mint	Preventive	OTC; $0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
varenicline 0.5 mg tablet	Preventive	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline 1 mg cont month bx	Preventive	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline 1 mg tablet	Preventive	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline starting month box 0.5 mg (11)- 1 mg (42)	Preventive	$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline starting month box inner 0.5 mg (11)- 1 mg (42)	Preventive	$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
varenicline starting month box outer 0.5 mg (11)- 1 mg (42)	Preventive	$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other		
bupropion hcl sr 150 mg tablet	Preventive	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
bupropion hcl sr 150 mg tablet f/c	Preventive	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
bupropion hcl sr 150 mg tablet f/c, starter kit	Preventive	$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Antiflatulents		
BICARSIM FORTE 125 MG TABLET	Non-PDL Generic	OTC
CVS ANTI-GAS 180 MG SOFTGEL ULTRA STR, SOFTGEL	Non-PDL Generic	OTC
CVS GAS RELF(SIMETH) 80 MG CHW	Non-PDL Generic	OTC
CVS GAS RELIEF 125 MG CHEW TAB	Non-PDL Generic	OTC
CVS GAS RELIEF 125 MG CHEW TAB EXTRA STRENGTH	Non-PDL Generic	OTC
CVS GAS RELIEF 125 MG SOFTGEL	Non-PDL Generic	OTC
CVS GAS RELIEF 125 MG SOFTGEL	Non-PDL Generic	OTC
CVS INFT GAS RLF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	OTC
EQ GAS RELIEF 125 MG CHEW TAB	Non-PDL Generic	OTC
EQ GAS RELIEF 125 MG SOFTGEL	Non-PDL Generic	OTC
EQ GAS RELIEF 125 MG SOFTGEL SOFTGEL, EX-STRENGTH	Non-PDL Generic	OTC
EQ GAS RELIEF 125 MG SOFTGEL SOFTGEL,EX-STRENGTH	Non-PDL Generic	OTC
EQ INF GAS RELIEF 20 MG/0.3 ML D/F 40 MG/0.6 ML	Non-PDL Generic	OTC
EQL GAS RELIEF 125 MG SOFTGEL	Non-PDL Generic	OTC
EQL GAS RELIEF 125 MG SOFTGEL SOFTGEL	Non-PDL Generic	OTC
FT GAS RELIEF 125 MG CHEW TAB	Non-PDL Generic	OTC
FT GAS RELIEF 125 MG SOFTGEL	Non-PDL Generic	OTC
FT GAS RELIEF 180 MG SOFTGEL	Non-PDL Generic	OTC

Drug	Status	Notes
FT GAS RELIEF(SIMETH) 80 MG CHW	Non-PDL Generic	OTC
FT INFT GAS RLF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	OTC
GAS RELIEF (SIMETH) 80 MG CHEW	Non-PDL Generic	OTC
GAS RELIEF 125 MG CHEW TABLET	Non-PDL Generic	OTC
GAS RELIEF 125 MG CHEW TABLET EX-STR, CHERRY CREME	Non-PDL Generic	OTC
GAS RELIEF 125 MG CHEW TABLET EXTRA STR,CHERRY CRM	Non-PDL Generic	OTC
GAS RELIEF 125 MG CHEW TABLET EXTRA STRENGTH	Non-PDL Generic	OTC
GAS RELIEF 125 MG SOFTGEL	Non-PDL Generic	OTC
GAS RELIEF 125 MG SOFTGEL	Non-PDL Generic	OTC
GAS RELIEF 125 MG SOFTGEL SOFTGEL	Non-PDL Generic	OTC
GAS RELIEF 125 MG SOFTGEL SOFTGEL,EX-STRENGTH	Non-PDL Generic	OTC
GAS RELIEF 180 MG SOFTGEL ULT-STR,SOFTGEL	Non-PDL Generic	OTC
GAS RELIEF DROPS 20 MG/0.3 ML INFANTS,DYE FREE 40 MG/0.6 ML	Non-PDL Generic	OTC
GAS-X EX-STR 125 MG TAB CHEW	Non-PDL Brand	OTC
GAS-X EX-STR 125 MG TAB CHEW CHERRY CREME	Non-PDL Brand	OTC
GAS-X EX-STR 125 MG TAB CHEW EXTRA STRENGTH	Non-PDL Brand	OTC
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL 125 MG	Non-PDL Brand	OTC
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL 125 MG	Non-PDL Generic	OTC
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL, EX-STRENGTH 125 MG	Non-PDL Brand	OTC
GAS-X EXTRA STRENGTH SOFTGEL SOFTGEL, EX-STRENGTH 125 MG	Non-PDL Generic	OTC
GAS-X ULTRA STRENGTH SOFTGEL 180 MG	Non-PDL Generic	OTC

Drug	Status	Notes
GNP ANTI-GAS 180 MG SOFTGEL	Non-PDL Generic	OTC
GNP GAS RELIEF 125 MG CHEW TAB	Non-PDL Generic	OTC
GNP GAS RELIEF 125 MG CHEW TAB EXTRA STR,CHERRY CRM	Non-PDL Generic	OTC
GNP GAS RELIEF 125 MG SOFTGEL	Non-PDL Generic	OTC
GNP GAS RLF(SIMETH) 80 MG CHEW	Non-PDL Generic	OTC
GS GAS RELIEF 180 MG SOFTGEL	Non-PDL Generic	OTC
INFANT GAS RLF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	OTC
INFANTS' GAS RLF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	OTC
INFANT'S GAS RLF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	OTC
INFANTS' GAS RLF 20 MG/0.3 ML INFANT 40 MG/0.6 ML	Non-PDL Generic	OTC
INFANTS' SIMETHICONE DROPS 40 MG/0.6 ML	Non-PDL Generic	OTC
LITTLE REMEDIES GAS RELIEF DRP 40 MG/0.6 ML	Non-PDL Generic	OTC
LITTLE REMEDIES GAS RELIEF DRP 40 MG/0.6 ML	Non-PDL Generic	OTC
PHAZYME 180 MG SOFTGEL	Non-PDL Brand	OTC
PUB GAS RELIEF 125 MG SOFTGEL SOFTGEL, EX-STR	Non-PDL Generic	OTC
PUB GAS RELIEF 180 MG SOFTGEL ULTRA STR, SOFTGEL	Non-PDL Generic	OTC
PUB INFANTS' GAS RELIEF DROPS 20MG/0.3ML, DYE FREE 40 MG/0.6 ML	Non-PDL Generic	OTC
QC GAS RELIEF 125 MG TAB CHEW EXTRA STRENGTH	Non-PDL Generic	OTC
simethicone 125 mg softgel	Non-PDL Generic	OTC
simethicone 125 mg tab chew	Non-PDL Generic	OTC
simethicone 125 mg tab chew extra strength	Non-PDL Generic	OTC

Drug	Status	Notes
simethicone 180 mg softgel	Non-PDL Generic	OTC
simethicone 180 mg softgel softgel	Non-PDL Generic	OTC
simethicone 80 mg tab chew	Non-PDL Generic	OTC
simethicone 80 mg tab chew anti gas	Non-PDL Generic	OTC
simethicone 80 mg tab chew inner	Non-PDL Generic	OTC
simethicone 80 mg tab chew outer	Non-PDL Generic	OTC
TEENY TUMMY INF GAS 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	OTC
Gastric Enzymes		
CVS DAIRY RELF 3,000 UNIT CPLT (RX)	Non-PDL Generic	
CVS DAIRY RLF 4,500 UNIT CPLT (RX)	Non-PDL Generic	
CVS DAIRY RLF 9,000 UNIT CHEW (RX)	Non-PDL Generic	
CVS DAIRY RLF 9,000 UNIT CPLT (RX)	Non-PDL Generic	
CVS DAIRY RLF 9,000 UNIT CPLT CAPLET, FAST ACTING (RX)	Non-PDL Generic	
DAIRY AID 3,000 UNIT CAPLET	Non-PDL Generic	
DAIRY DIGESTIVE 3,000 UNIT TAB (RX)	Non-PDL Generic	
DAIRY DIGESTIVE AID 9,000 UNIT CAPLET (RX)	Non-PDL Generic	
DAIRY RELIEF 3,000 UNIT CAPLET (RX)	Non-PDL Generic	
DAIRY RELIEF 9,000 UNIT CAPLET (RX)	Non-PDL Generic	
DAIRY RLF 9,000 UNIT TAB CHEW FAST ACTING, VANILLA (RX)	Non-PDL Generic	
EQ DAIRY DIGESTIVE 9,000 UNIT (RX)	Non-PDL Generic	
EQ DAIRY DIGESTIVE 9,000 UNIT CAPLET, FAST ACTING (RX)	Non-PDL Generic	
EQL DAIRY RELIEF 9,000 UNIT (RX)	Non-PDL Generic	

Drug	Status	Notes
GNP DAIRY RELF 3,000 UNIT CPLT (RX)	Non-PDL Generic	
GNP DAIRY RLF 9,000 UNIT CHEW FAST ACTING, VANILLA (RX)	Non-PDL Generic	
LACTAID FAST ACT 9,000 UNIT (RX)	Non-PDL Brand	
lactase 3,000 unit caplet inner (rx)	Non-PDL Generic	
lactase 3,000 unit caplet outer (rx)	Non-PDL Generic	
lactase 3,000 unit tablet (rx)	Non-PDL Generic	
lactase 4,500 unit tablet	Non-PDL Generic	
lactase 9,000 unit caplet inner	Non-PDL Generic	
lactase 9,000 unit caplet outer	Non-PDL Generic	
lactase 9,000 unit tablet	Non-PDL Generic	
LACTOSE FAST ACTING 9,000 UNIT	Non-PDL Generic	
LACTOSE FAST ACTING 9,000 UNIT CHEW TABLET	Non-PDL Generic	
LACTOSE FAST ACTING 9,000 UNIT CHEW TABLET, VANILLA	Non-PDL Generic	
LACTOSE FAST ACTING RLF 9,000	Non-PDL Generic	
PUB DAIRY DIGESTIVE 9,000 UNIT CAPLET, FAST ACTING (RX)	Non-PDL Generic	
SUCRAID 17,000 UNIT/2 ML SOLN 8,500 UNIT/ML	Non-PDL Brand	PA; SP
Pancreatic Enzymes		
CREON DR 12,000 UNIT CAPSULE	PDL Preferred Brand	
CREON DR 24,000 UNIT CAPSULE	PDL Preferred Brand	
CREON DR 3,000 UNIT CAPSULE	PDL Preferred Brand	

Drug	Status	Notes
CREON DR 36,000 UNIT CAPSULE	PDL Preferred Brand	
CREON DR 6,000 UNIT CAPSULE	PDL Preferred Brand	
PERTZYE DR 16,000 UNIT CAPSULE	PDL Non-Preferred Brand	PA
PERTZYE DR 24,000 UNIT CAPSULE	PDL Non-Preferred Brand	PA
PERTZYE DR 4,000 UNIT CAPSULE	PDL Non-Preferred Brand	PA
PERTZYE DR 8,000 UNIT CAPSULE	PDL Non-Preferred Brand	PA
VIOKACE 10,440-39,150 UNIT TAB	PDL Non-Preferred Brand	PA
VIOKACE 20,880-78,300 UNITS TB	PDL Non-Preferred Brand	PA
ZENPEP DR 10,000 UNIT CAPSULE	PDL Preferred Brand	
ZENPEP DR 15,000 UNIT CAPSULE	PDL Preferred Brand	
ZENPEP DR 20,000 UNIT CAPSULE	PDL Preferred Brand	
ZENPEP DR 25,000 UNIT CAPSULE	PDL Preferred Brand	
ZENPEP DR 3,000 UNIT CAPSULE	PDL Preferred Brand	
ZENPEP DR 40,000 UNIT CAPSULE	PDL Preferred Brand	

Drug	Status	Notes
ZENPEP DR 5,000 UNIT CAPSULE	PDL Preferred Brand	
ZENPEP DR 60,000 UNIT CAPSULE	Non-PDL Brand	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		
dicyclomine 10 mg capsule	Non-PDL Generic	90 DS
dicyclomine 10 mg/5 ml soln	Non-PDL Generic	
dicyclomine 20 mg tablet	Non-PDL Generic	
Belladonna Alkaloids		
DONNATAL TABLET 16.2-0.1037 -0.0194 MG	Non-PDL Brand	QL (8 EA per 1 day)
ED-SPAZ 0.125 MG ODT	Non-PDL Generic	
hyoscyamine 0.125 mg odt	Non-PDL Generic	
hyoscyamine 0.125 mg tab sl	Non-PDL Generic	
hyoscyamine 0.125 mg/5 ml elix	Non-PDL Generic	
hyoscyamine 0.125 mg/ml drop	Non-PDL Generic	
hyoscyamine er 0.375 mg tab	Non-PDL Generic	
hyoscyamine sr 0.375 mg tab	Non-PDL Generic	
hyoscyamine sulf 0.125 mg tab	Non-PDL Generic	
HYOSYNE 0.125 MG/ML DROP	Non-PDL Generic	
HYOSYNE 125 MCG/5 ML ELIXIR 0.125 MG/5 ML	Non-PDL Generic	
methscopolamine brom 2.5 mg tb	Non-PDL Generic	
methscopolamine brom 5 mg tab	Non-PDL Generic	
OSCIMIN 0.125 MG TABLET	Non-PDL Generic	

Drug	Status	Notes
OSCIMIN SL 0.125 MG TABLET	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)
Upper Gastrointestinal Disorders - Ulcer Disease		
Antacids		
ADV ANTACID-ANTIGAS LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ALCALAK TABLET CHEWABLE U-D, 100'S 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ALCALAK TABLET CHEWABLE U-D, 12'S 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ALCALAK TABLET CHEWABLE U-D, 250'S 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ALCALAK TABLET CHEWABLE U-D, 50'S 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ALCALAK TABLET CHEWABLE U-D,3'S,F/C 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ALKA-SELTZER HEARTBURN CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
ALKUMS X-STRENGTH 750 MG CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
ALMACONE-2 LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ANTACID 420 MG TABLET CHEWABLE 2X125 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ANTACID 420 MG TABLET CHEWABLE 2X250 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ANTACID 420 MG TABLET CHEWABLE 2X50 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
ANTACID 500 MG CHEW TABLET ASSORTED FRUIT 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
ANTACID 500 MG CHEW TABLET ASST FRUIT FLAVORED 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC

Drug	Status	Notes
ANTACID 500 MG CHEW TABLET PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
ANTACID 500 MG CHEWABLE TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
ANTACID 750 MG CHEWABLE TABLET 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID ANTI-GAS LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ANTACID ANTI-GAS MAX STR LIQ 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ANTACID CALCIUM 500 MG CHW TAB 215 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
ANTACID EX STR 750 MG CHEW TAB ASSORTED BERRIES 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID EX-STR 750 MG TAB CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID EX-STR 750 MG TAB CHEW EX-STR, ASSTD FRUIT 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID EX-STR 750 MG TAB CHEW EX-STR, PEPPERMINT 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID LIQUID REG STR, MINT 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID LIQUID REG STR,MINT 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID LIQUID REGULAR STR, MINT 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID M LIQUID N 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID PLUS ANTI-GAS LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ANTACID PLUS ANTI-GAS LIQUID REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID PLUS ANTI-GAS RELF LIQ MINT,REG-STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID PLUS ANTI-GAS RELF LIQ REGULAR STR,ORIGINAL 200-200-20 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
ANTACID PLUS ANTI-GAS SUSP CHERRY,MAX-STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ANTACID ULTRA STR 1,000 MG CHW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
ANTACID ULTRA STR 1,000 MG CHW ASSORTED BERRIES 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
ANTACID ULTRA STR 1,000 MG CHW ASSORTED FRUIT 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
ANTACID ULTRA STR TAB CHEWABLE 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
ANTACID ULTRA STRENGTH SOFTCHW 470 MG CALCIUM (1,177 MG)	Non-PDL Generic	OTC
ANTACID ULTRA TABLET CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
ANTACID XTRA STRENGTH CHEW TAB 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID XTRA STRENGTH CHEW TAB ASSORTED FRUIT 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID XTRA STRENGTH CHEW TAB EXTRA STRENGTH 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID XTRA STRENGTH CHEW TAB TROPICAL FRUIT 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID XTRA STRENGTH CHEW TAB WINTERGREEN 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID-ANTIGAS SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	OTC
CALCIUM ANTACID 1,000 MG TAB ULTRA STR,TAB CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
CALCIUM ANTACID 500 MG CHW TAB ASSORTED FLAVORS 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
CALCIUM ANTACID 500 MG CHW TAB ASSORTED FRUIT 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
CALCIUM ANTACID 500 MG CHW TAB GLUTEN-F, PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC

Drug	Status	Notes
CALCIUM ANTACID 500 MG CHW TAB REG STR, PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
CALCIUM ANTACID 750 MG CHEW TAB 300 MG (750 MG)	Non-PDL Generic	OTC
CALCIUM ANTACID 750 MG TB CHEW 320 MG CALCIUM (750 MG)	Non-PDL Generic	OTC
CALCIUM ANTACID 750 MG TB CHEW EX-STR, BERRIES 320 MG CALCIUM (750 MG)	Non-PDL Generic	OTC
CALCIUM ANTACID 750 MG TB CHEW EX-STR, FRUIT 320 MG CALCIUM (750 MG)	Non-PDL Generic	OTC
calcium carb 500 mg tab chew 200 mg calcium (500 mg)	Non-PDL Generic	OTC
calcium carb 500 mg tab chew assorted flavors 200 mg calcium (500 mg)	Non-PDL Generic	OTC
calcium carb 500 mg tab chew original 200 mg calcium (500 mg)	Non-PDL Generic	OTC
CAL-GEST 500 MG TABLET CHEW 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
CHILD SOOTHE 400 MG TAB CHEW 160 MG CALCIUM (400 MG)	Non-PDL Generic	OTC
CHILDREN PEPTO 400 MG TAB CHEW BUBBLE GUM, N 160 MG CALCIUM (400 MG)	Non-PDL Generic	OTC
COMFORT GEL EX-STRENGTH LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	OTC
COMFORT GEL EXTRA STR SUSP EXTRA STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	OTC
COMFORT GEL MAX STR SUSP MAX-STR 400-400-40 MG/5 ML	Non-PDL Generic	OTC
COMFORT GEL MAX STR SUSP MAX-STR, ORIGINAL 400-400-40 MG/5 ML	Non-PDL Generic	OTC
COMFORT GEL SUSPENSION REGULAR STR, CHERRY 200-200-20 MG/5 ML	Non-PDL Generic	OTC
CVS ANTACID 750 MG CHEW TABLET 300 MG (750 MG)	Non-PDL Generic	OTC
CVS ANTACID EX-STR 750 MG CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
CVS ANTACID PLUS ANTI-GAS LIQ 400-400-40 MG/5 ML	Non-PDL Generic	OTC
CVS ANTACID PLUS ANTI-GAS LIQ MAXIMUM STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
CVS ANTACID ULTRA STR SOFTCHEW 470 MG CALCIUM (1,177 MG)	Non-PDL Generic	OTC
CVS ANTACID ULTRA STR TAB CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
CVS ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
CVS ANTACID-ANTIGAS MAX STR LQ 400-400-40 MG/5 ML	Non-PDL Generic	OTC
CVS CHILD ANTACID 400 MG/5 ML	Non-PDL Generic	OTC
CVS FLAVOR CHEW ANTACID 750 MG 300 MG (750 MG)	Non-PDL Generic	OTC
CVS KIDS ANTACID 750 MG CHEW BERRY BLAST, EX-STR 300 MG (750 MG)	Non-PDL Generic	OTC
CVS SMOOTH ANTACID 750 MG CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
EQ ANTACID 500 MG CHEW TABLET REG STR, GLUTEN-FREE 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
EQ ANTACID EX-STR 750 MG CHEW EX-STR, GLUTEN-FREE 300 MG (750 MG)	Non-PDL Generic	OTC
EQ ANTACID EX-STR 750 MG CHEW EX-STR, WINTERGREEN 300 MG (750 MG)	Non-PDL Generic	OTC
EQ ANTACID EXTRA STR CHEW TAB BERRIES, GLUTEN-FREE 300 MG (750 MG)	Non-PDL Generic	OTC
EQ ANTACID EXTRA STR CHEW TAB EX STR, GLUTEN-FREE 300 MG (750 MG)	Non-PDL Generic	OTC
EQ ANTACID LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
EQ ANTACID LIQUID REG STR,ORIGINAL 200-200-20 MG/5 ML	Non-PDL Generic	OTC
EQ ANTACID ULTRA STR TAB CHEW ASST FRUIT,GLUTEN-F 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
EQ ANTACID ULTRA STR TAB CHEW ULTRA STR, GLUTEN-F 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
EQ ANTACID-ANTIGAS MAX STR 400-400-40 MG/5 ML	Non-PDL Generic	OTC
EQ LIQUID ANTACID SUSP MAXIMUM STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
FT ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
FT ANTACID EX-STR 750 MG CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
FT ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
FT ANTACID-ANTIGAS MAX STR 400-400-40 MG/5 ML	Non-PDL Generic	OTC
GERI-LANTA LIQUID 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Non-PDL Generic	OTC
GERI-MOX ANTACID-ANTIGAS MAX 400-400-40 MG/5 ML	Non-PDL Generic	OTC
GERI-MOX ANTACID-ANTIGAS SUSP 200-200-20 MG/5 ML	Non-PDL Generic	OTC
GNP ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
GNP ANTACID ANTI-GAS LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	OTC
GNP ANTACID EX-STR 750 MG CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
GNP ANTACID EX-STR 750 MG CHEW EX-STR 300 MG (750 MG)	Non-PDL Generic	OTC
GNP ANTACID LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
GNP ANTACID ULTRA TAB CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
GNP ANTACID XTRA STR CHEW TAB EXTRA STRENGTH 300 MG (750 MG)	Non-PDL Generic	OTC
GNP ANTACID-ANTIGAS SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	OTC
GS ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
GS ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
GS ANTACID EX-STR 750 MG CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
GS ANTACID PLUS GAS RELIEF LIQ 200-200-20 MG/5 ML	Non-PDL Generic	OTC
GS ANTACID ULTRA 1,000 MG CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
GS ANTACID ULTRA STR SOFTCHEW 470 MG CALCIUM (1,177 MG)	Non-PDL Generic	OTC

Drug	Status	Notes
GS ANTACID-GAS RELIEF LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	OTC
MAALOX ADVANCED SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	OTC
MAALOX MAXIMUM STRENGTH SUSP MINT, MAX STRENGTH 400-400-40 MG/5 ML	Non-PDL Brand	OTC
MAG-AL PLUS SUSPENS 30 ML CUP 100'S,U-D,10X10 200-200-20 MG/5 ML	Non-PDL Generic	OTC
MAG-AL PLUS SUSPENS 30 ML CUP INNER 200-200-20 MG/5 ML	Non-PDL Generic	OTC
MAG-AL PLUS SUSPENS 30 ML CUP OUTER 200-200-20 MG/5 ML	Non-PDL Generic	OTC
MAG-AL PLUS XS SUSP 30 ML CUP 100'S,U-D,10X10 400-400-40 MG/5 ML	Non-PDL Generic	OTC
MAG-AL PLUS XS SUSP 30 ML CUP INNER 400-400-40 MG/5 ML	Non-PDL Generic	OTC
MAG-AL PLUS XS SUSP 30 ML CUP OUTER 400-400-40 MG/5 ML	Non-PDL Generic	OTC
magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)	Non-PDL Generic	OTC
magnesium oxide 400 mg tablet gluten free (otc) 400 mg (241.3 mg magnesium)	Non-PDL Generic	OTC
magnesium oxide 400 mg tablet gluten-free (otc) 400 mg (241.3 mg magnesium)	Non-PDL Generic	OTC
magnesium oxide 400 mg tablet inner (otc) 400 mg (241.3 mg magnesium)	Non-PDL Generic	OTC
magnesium oxide 400 mg tablet outer (otc) 400 mg (241.3 mg magnesium)	Non-PDL Generic	OTC
MINTOX MAXIMUM STRENGTH SUSP MAX STR, LEMON CREME 400-400-40 MG/5 ML	Non-PDL Generic	OTC
MYLANTA MAXIMUM STRENGTH LIQ 400-400-40 MG/5 ML	Non-PDL Generic	OTC
PUB ANTACID 500 MG CHEW TABLET REGULAR STRENGTH 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
PUB ANTACID-ANTI GAS SUSP MAX-STRENGTH, CHERRY 400-400-40 MG/5 ML	Non-PDL Generic	OTC
PUB CALCIUM ANTACID 750 MG ASSORTED BERRIES 320 MG CALCIUM (750 MG)	Non-PDL Generic	OTC

Drug	Status	Notes
PUB CALCIUM ANTACID 750 MG EX-STR, FRUIT 320 MG CALCIUM (750 MG)	Non-PDL Generic	OTC
pub calcium carb 1,000 mg tab 400 mg calcium (1,000 mg)	Non-PDL Generic	OTC
QC ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
QC ANTACID EX-STR 750 MG CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
QC ANTACID ULTRA 1,000 MG CHEW 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
QC ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
QC ANTACID-ANTIGAS MAX STR LIQ 400-400-40 MG/5 ML	Non-PDL Generic	OTC
QC CALCIUM ANTACID 1,000 MG TB CHEWABLE, ULTRA STR 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
SMOOTH ANTACID 750 MG CHEW TAB 300 MG (750 MG)	Non-PDL Generic	OTC
sodium bicarb 10 grain tablet 650 mg	Non-PDL Generic	OTC
sodium bicarb 650 mg tablet 10 gr	Non-PDL Generic	OTC
sodium bicarb 650 mg tablet	Non-PDL Generic	OTC
sodium bicarb 650 mg tablet inner	Non-PDL Generic	OTC
sodium bicarb 650 mg tablet outer	Non-PDL Generic	OTC
TUM-EASE ANTACID 500 MG CHW TAB 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
TUMS 750 MG CHEWY BITES 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS 750 MG TABLET CHEWABLE 320 MG CALCIUM (750 MG)	Non-PDL Brand	OTC
TUMS E-X TABLET CHEWABLE ASSORTED FRUIT 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS E-X TABLET CHEWABLE ASSORTED FRUIT 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS E-X TABLET CHEWABLE E-X 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS E-X TABLET CHEWABLE E-X 300 MG (750 MG)	Non-PDL Brand	OTC

Drug	Status	Notes
TUMS E-X TABLET CHEWABLE E-X, SINGLE ROLL 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS E-X TABLET CHEWABLE ORANGE CREAM 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS EXTRA STR 750 MG TAB CHEW 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS EXTRA STR 750 MG TAB CHEW E-X,3-ROLL 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS FRESHERS ANTACID CHEW TAB GLUTEN-F, COOL MINT 200 MG CALCIUM (500 MG)	Non-PDL Brand	OTC
TUMS FRESHERS ANTACID CHEW TAB GLUTEN-F, SPEARMINT 200 MG CALCIUM (500 MG)	Non-PDL Brand	OTC
TUMS KIDS 300 MG (750) CHEWTAB CHERRY BLAST 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS SMOOTHIES 750 MG CHEW TAB 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS SMOOTHIES 750 MG CHEW TAB ASSTD TROPICAL FRUIT 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS SMOOTHIES 750 MG CHEW TAB BERRY FUSION, EX-STR 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS SMOOTHIES 750 MG CHEW TAB PEPPERMINT, EX-STR 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS TABLET CHEWABLE 200 MG CALCIUM (500 MG)	Non-PDL Brand	OTC
TUMS TABLET CHEWABLE 3-ROLL, PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Brand	OTC
TUMS TABLET CHEWABLE PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Brand	OTC
TUMS ULTRA 1,000 MG CHEW TAB 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA 1,000 MG CHEW TAB ASSORTED BERRIES 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA 1,000 MG CHEW TAB ASSORTED FRUIT 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA 1,000 MG CHEW TAB MAX STR, PEPPERMINT 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC

Drug	Status	Notes
TUMS ULTRA 1,000 MG CHEW TAB MAXIMUM STRENGTH 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA 1,000 MG CHEW TAB TROP FRUIT,GLUTEN-F 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA STR CHEWY DELIGHTS 470 MG CALCIUM (1,177 MG)	Non-PDL Generic	OTC
TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR 300 MG (750 MG)	Non-PDL Brand	OTC
Anticholinergics,Quaternary Ammonium		
chlordiazepoxide-clidinium cap 5-2.5 mg	Non-PDL Generic	
glycopyrrolate 1 mg tablet	Non-PDL Generic	90 DS
glycopyrrolate 2 mg tablet	Non-PDL Generic	90 DS
Anti-Ulcer Preparations		
misoprostol 100 mcg tablet	Non-PDL Generic	
misoprostol 200 mcg tablet	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	
sucralfate 1 gm/10 ml suspension cup inner 100 mg/ml	Non-PDL Generic	
sucralfate 1 gm/10 ml suspension cup outer 100 mg/ml	Non-PDL Generic	
Anti-Ulcer-H.Pylori Agents		
lansoprazol-amoxicil-clarithro inner 500-500-30 mg	Non-PDL Generic	QL (112 EA per 10 FILLs)
lansoprazol-amoxicil-clarithro outer 500-500-30 mg	Non-PDL Generic	QL (112 EA per 10 FILLs)
Histamine H2-Receptor Inhibitors		
ACID CONTROLLER 10 MG TABLET	Non-PDL Generic	OTC

Drug	Status	Notes
ACID CONTROLLER 20 MG TABLET	Non-PDL Generic	OTC
ACID CONTROLLER 20 MG TABLET INNER	Non-PDL Generic	OTC
ACID CONTROLLER 20 MG TABLET MAXIMUM STRENGTH	Non-PDL Generic	OTC
ACID CONTROLLER 20 MG TABLET OUTER	Non-PDL Generic	OTC
ACID REDUCER 10 MG TABLET	Non-PDL Generic	OTC
ACID REDUCER 10 MG TABLET ORIGINAL STRENGTH	Non-PDL Generic	OTC
ACID REDUCER 20 MG TABLET	Non-PDL Generic	OTC
ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH	Non-PDL Generic	OTC
ACID REDUCER 20 MG TABLET MAX-STR	Non-PDL Generic	OTC
ACID-PEP 20 MG TABLET	Non-PDL Generic	OTC
cimetidine 200 mg tablet (otc)	Non-PDL Generic	OTC
cimetidine 200 mg tablet (rx)	Non-PDL Generic	
cimetidine 300 mg tablet	Non-PDL Generic	
cimetidine 300 mg/5 ml soln	Non-PDL Generic	
cimetidine 400 mg tablet	Non-PDL Generic	
cimetidine 800 mg tablet	Non-PDL Generic	
cimetidine 800 mg tablet f/c	Non-PDL Generic	
CVS ACID CONTROLLER 10 MG TAB	Non-PDL Generic	OTC
CVS ACID CONTROLLER 20 MG TAB	Non-PDL Generic	OTC
CVS ACID CONTROLLER 20 MG TAB MAXIMUM STRENGTH	Non-PDL Generic	OTC
CVS HEARTBURN RELIEF 200 MG TB	Non-PDL Generic	OTC

Drug	Status	Notes
EQ ACID REDUCER 200 MG TABLET	Non-PDL Generic	OTC
eq famotidine 10 mg tablet	Non-PDL Generic	OTC
eq famotidine 20 mg tablet (otc)	Non-PDL Generic	OTC
EQL HEARTBURN PREVEN 20 MG TAB	Non-PDL Generic	OTC
famotidine 10 mg tablet	Non-PDL Generic	OTC
famotidine 20 mg tablet (otc)	Non-PDL Generic	OTC
famotidine 20 mg tablet (rx)	Non-PDL Generic	90 DS
famotidine 20 mg tablet 12's (rx)	Non-PDL Generic	90 DS
famotidine 20 mg tablet f/c (rx)	Non-PDL Generic	90 DS
famotidine 40 mg tablet	Non-PDL Generic	90 DS
famotidine 40 mg tablet f/c	Non-PDL Generic	90 DS
famotidine 40 mg/5 ml susp 40 mg/5 ml (8 mg/ml)	Non-PDL Generic	
FT ACID REDUCER 10 MG TABLET	Non-PDL Generic	OTC
FT ACID REDUCER 20 MG TABLET	Non-PDL Generic	OTC
GNP ACID REDUCER 10 MG TABLET	Non-PDL Generic	OTC
GNP ACID REDUCER 20 MG TABLET	Non-PDL Generic	OTC
GNP ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH	Non-PDL Generic	OTC
GNP ACID REDUCER 20 MG TABLET MAX-STR	Non-PDL Generic	OTC
GS ACID REDUCER 10 MG TABLET	Non-PDL Generic	OTC
GS ACID REDUCER 20 MG TABLET	Non-PDL Generic	OTC
HEARTBURN RELIEF 10 MG TABLET	Non-PDL Generic	OTC

Drug	Status	Notes
HEARTBURN RELIEF 20 MG TABLET	Non-PDL Generic	OTC
HEARTBURN RELIEF 200 MG TABLET	Non-PDL Generic	OTC
nizatidine 150 mg capsule	Non-PDL Generic	
nizatidine 150 mg capsule gelatin	Non-PDL Generic	
nizatidine 300 mg capsule	Non-PDL Generic	
PUB ACID REDUCER 10 MG TABLET ORIGINAL STRENGTH	Non-PDL Generic	OTC
pub famotidine 20 mg tablet (otc)	Non-PDL Generic	OTC
pub famotidine 20 mg tablet max strength (otc)	Non-PDL Generic	OTC
qc famotidine 10 mg tablet	Non-PDL Generic	OTC
qc famotidine 20 mg tablet (otc)	Non-PDL Generic	OTC
ranitidine 150 mg tablet (rx)	Non-PDL Generic	90 DS
ZANTAC-360(FAMOTIDINE) 20 MG TB	Non-PDL Generic	OTC
Intestinal Motility Stimulants		
GIMOTI 15 MG NASAL SPRAY 15 MG/SPRAY	PDL Non-Preferred Brand	PA; SP
metoclopramide 10 mg tablet	Non-PDL Generic	90 DS
metoclopramide 10 mg tablet inner	Non-PDL Generic	90 DS
metoclopramide 10 mg tablet outer	Non-PDL Generic	90 DS
metoclopramide 5 mg tablet	Non-PDL Generic	90 DS
metoclopramide 5 mg tablet inner	Non-PDL Generic	90 DS
metoclopramide 5 mg tablet outer	Non-PDL Generic	90 DS
metoclopramide 5 mg/5 ml soln	Non-PDL Generic	

Drug	Status	Notes
MOTEGRITY 1 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MOTEGRITY 2 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
prucalopride 1 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
prucalopride 2 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
Proton-Pump Inhibitors		
ACID REDUCER DR 20 MG CAP	PDL Preferred Generic	OTC
cvs esomeprazole mag 20 mg cap (otc)	PDL Preferred Generic	OTC
cvs esomeprazole mag 20 mg cap inner (otc)	PDL Preferred Generic	OTC
cvs esomeprazole mag 20 mg cap outer (otc)	PDL Preferred Generic	OTC
cvs lansoprazole dr 15 mg cap (otc)	Non-PDL Generic	OTC
cvs lansoprazole dr 15 mg odt (otc)	Non-PDL Generic	OTC
cvs omeprazole dr 20 mg tablet	PDL Preferred Generic	OTC
cvs omeprazole mag dr 20 mg cp	PDL Preferred Generic	OTC
cvs omeprazole-bicarb 20-1,100 (otc) 20-1.1 mg-gram	PDL Non-Preferred Generic	PA; OTC
DEXILANT DR 30 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
DEXILANT DR 60 MG CAPSULE	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
dexlansoprazole dr 30 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
dexlansoprazole dr 60 mg cap	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
eq lansoprazole dr 15 mg cap (otc)	Non-PDL Generic	OTC
eq lansoprazole dr 15 mg cap inner (otc)	Non-PDL Generic	OTC
eq lansoprazole dr 15 mg cap outer (otc)	Non-PDL Generic	OTC
eq omeprazole dr 20 mg tablet	PDL Preferred Generic	OTC
eq omeprazole dr 20 mg tablet 2x14 day course	PDL Preferred Generic	OTC
eq omeprazole mag dr 20.6 mg 14-day course 20 mg	PDL Preferred Generic	OTC
eq omeprazole mag dr 20.6 mg three 14-day course 20 mg	PDL Preferred Generic	OTC
eq omeprazole mag dr 20.6 mg two 14-days course 20 mg	PDL Preferred Generic	OTC
eql lansoprazole dr 15 mg cap (otc)	Non-PDL Generic	OTC
eql omeprazole dr 20 mg tablet	PDL Preferred Generic	OTC
esomeprazole dr 10 mg packet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole dr 2.5 mg packet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
esomeprazole dr 20 mg packet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole dr 20 mg packet inner	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole dr 20 mg packet outer	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole dr 40 mg packet	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
esomeprazole dr 40 mg packet inner	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
esomeprazole dr 40 mg packet outer	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
esomeprazole dr 5 mg packet	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
esomeprazole mag dr 20 mg cap (otc)	PDL Preferred Generic	OTC
esomeprazole mag dr 20 mg cap (rx)	PDL Preferred Generic	90 DS
esomeprazole mag dr 20 mg cap inner (otc)	PDL Preferred Generic	OTC
esomeprazole mag dr 20 mg cap outer (otc)	PDL Preferred Generic	OTC
esomeprazole mag dr 40 mg cap	PDL Preferred Generic	90 DS
FT ACID REDUCER DR 20 MG CAP	PDL Non-Preferred Brand	PA; OTC
ft omeprazole dr 20 mg tablet	PDL Preferred Generic	OTC

Drug	Status	Notes
ft omeprazole dr 20 mg tablet outer	PDL Preferred Generic	OTC
gnp esomeprazole mag dr 20 mg (otc)	PDL Preferred Generic	OTC
gnp lansoprazole dr 15 mg cap (otc)	Non-PDL Generic	OTC
gnp omeprazole dr 20 mg tablet 1x14 day course	PDL Preferred Generic	OTC
gnp omeprazole dr 20 mg tablet	PDL Preferred Generic	OTC
gnp omeprazole dr 20 mg tablet delayed release	PDL Preferred Generic	OTC
gnp omeprazole mag dr 20 mg cp	PDL Preferred Generic	OTC
gs esomeprazole mag dr 20 mg (otc)	PDL Preferred Generic	OTC
gs lansoprazole dr 15 mg cap (otc)	Non-PDL Generic	OTC
gs lansoprazole dr 15 mg odt (otc)	Non-PDL Generic	OTC
gs omeprazole dr 20 mg tablet 14 day course	PDL Preferred Generic	OTC
gs omeprazole dr 20 mg tablet	PDL Preferred Generic	OTC
gs omeprazole-bicarb 20-1,100 (otc) 20-1.1 mg-gram	PDL Non-Preferred Generic	PA; OTC
KONVOMEP 2-84 MG/ML ORAL SUSP INNER	PDL Non-Preferred Brand	PA
KONVOMEP 2-84 MG/ML ORAL SUSP OUTER	PDL Non-Preferred Brand	PA

Drug	Status	Notes
lansoprazole dr 15 mg capsule (otc)	Non-PDL Generic	OTC
lansoprazole dr 15 mg capsule (rx)	PDL Preferred Generic	
lansoprazole dr 15 mg capsule 1x14 day course,n (otc)	Non-PDL Generic	OTC
lansoprazole dr 15 mg capsule 2x14 day course,n (otc)	Non-PDL Generic	OTC
lansoprazole dr 15 mg capsule 3x14 day course,n (otc)	Non-PDL Generic	OTC
lansoprazole dr 15 mg capsule inner (otc)	Non-PDL Generic	OTC
lansoprazole dr 15 mg capsule inner (rx)	PDL Preferred Generic	
lansoprazole dr 15 mg capsule outer (otc)	Non-PDL Generic	OTC
lansoprazole dr 15 mg capsule outer (rx)	PDL Preferred Generic	
lansoprazole dr 15 mg capsule sodium & gluten free (otc)	Non-PDL Generic	OTC
lansoprazole dr 15 mg odt (otc)	Non-PDL Generic	OTC
lansoprazole dr 15 mg odt inner (rx)	PDL Non-Preferred Generic	PA
lansoprazole dr 15 mg odt outer (rx)	PDL Non-Preferred Generic	PA
lansoprazole dr 30 mg capsule	PDL Preferred Generic	90 DS
lansoprazole dr 30 mg capsule u-d,8x10,inner	PDL Preferred Generic	90 DS
lansoprazole dr 30 mg capsule u-d,8x10,outer	PDL Preferred Generic	90 DS
lansoprazole dr 30 mg odt inner	PDL Non-Preferred Generic	PA

Drug	Status	Notes
lansoprazole dr 30 mg odt outer	PDL Non-Preferred Generic	PA
NEXIUM 24HR 20 MG CAPSULE	PDL Non-Preferred Brand	PA; OTC
NEXIUM DR 10 MG PACKET	PDL Preferred Brand	QL (1 EA per 1 day)
NEXIUM DR 2.5 MG PACKET	PDL Preferred Brand	QL (1 EA per 1 day)
NEXIUM DR 20 MG CAPSULE DELAYED-RELEASE	PDL Non-Preferred Brand	PA
NEXIUM DR 20 MG PACKET	PDL Preferred Brand	QL (1 EA per 1 day)
NEXIUM DR 40 MG CAPSULE DELAYED-RELEASE	PDL Non-Preferred Brand	PA
NEXIUM DR 40 MG PACKET	PDL Preferred Brand	QL (2 EA per 1 day)
NEXIUM DR 5 MG PACKET	PDL Preferred Brand	QL (1 EA per 1 day)
omeprazole dr 10 mg capsule	PDL Preferred Generic	90 DS
omeprazole dr 20 mg capsule	PDL Preferred Generic	90 DS
omeprazole dr 20 mg tablet 14 day course	PDL Preferred Generic	OTC
omeprazole dr 20 mg tablet 1x14 day course	PDL Preferred Generic	OTC
omeprazole dr 20 mg tablet	PDL Preferred Generic	OTC

Drug	Status	Notes
omeprazole dr 20 mg tablet 2x14 day course	PDL Preferred Generic	OTC
omeprazole dr 20 mg tablet 3x14 day course	PDL Preferred Generic	OTC
omeprazole dr 20 mg tablet outer	PDL Preferred Generic	OTC
omeprazole dr 40 mg capsule	PDL Preferred Generic	90 DS
omeprazole mag dr 20 mg cap	PDL Preferred Generic	OTC
omeprazole mag dr 20 mg tablet outer	PDL Preferred Generic	OTC
omeprazole mag dr 20.6 mg cap 14-day course 20 mg	PDL Preferred Generic	OTC
omeprazole mag dr 20.6 mg cap 20 mg	PDL Preferred Generic	OTC
omeprazole mag dr 20.6 mg cap one 14-day course 20 mg	PDL Preferred Generic	OTC
omeprazole mag dr 20.6 mg cap three 14-day course 20 mg	PDL Preferred Generic	OTC
omeprazole mag dr 20.6 mg cap two 14-day course 20 mg	PDL Preferred Generic	OTC
omeprazole-bicarb 20-1,100 cap (otc) 20-1.1 mg-gram	PDL Non-Preferred Generic	PA; OTC
omeprazole-bicarb 20-1,100 cap (rx) 20-1.1 mg-gram	PDL Non-Preferred Generic	PA
omeprazole-bicarb 20-1,680 pkt inner	PDL Non-Preferred Generic	PA

Drug	Status	Notes
omeprazole-bicarb 20-1,680 pkt outer	PDL Non-Preferred Generic	PA
omeprazole-bicarb 40-1,100 cap 40-1.1 mg-gram	PDL Non-Preferred Generic	PA
omeprazole-bicarb 40-1,680 pkt inner	PDL Non-Preferred Generic	PA
omeprazole-bicarb 40-1,680 pkt outer	PDL Non-Preferred Generic	PA
pantoprazole dr 40 mg susp pkt	PDL Non-Preferred Generic	PA
pantoprazole dr 40 mg susp pkt inner	PDL Non-Preferred Generic	PA
pantoprazole dr 40 mg susp pkt outer	PDL Non-Preferred Generic	PA
pantoprazole sod dr 20 mg tab	PDL Preferred Generic	90 DS
pantoprazole sod dr 20 mg tab f/c	PDL Preferred Generic	90 DS
pantoprazole sod dr 20 mg tab inner	PDL Preferred Generic	90 DS
pantoprazole sod dr 20 mg tab outer	PDL Preferred Generic	90 DS
pantoprazole sod dr 40 mg tab	PDL Preferred Generic	90 DS
pantoprazole sod dr 40 mg tab enteric-coated	PDL Preferred Generic	90 DS
pantoprazole sod dr 40 mg tab f/c	PDL Preferred Generic	90 DS

Drug	Status	Notes
pantoprazole sod dr 40 mg tab inner	PDL Preferred Generic	90 DS
pantoprazole sod dr 40 mg tab outer	PDL Preferred Generic	90 DS
pantoprazole sod dr 40 mg tab u-d,10x10	PDL Preferred Generic	90 DS
pantoprazole sod dr 40 mg tab u-d,inner,f/c,10x10	PDL Preferred Generic	90 DS
pantoprazole sod dr 40 mg tab u-d,outer,f/c,10x10	PDL Preferred Generic	90 DS
PREVACID 24HR DR 15 MG CAPSULE	Non-PDL Generic	OTC
PREVACID DR 30 MG CAPSULE	PDL Non-Preferred Brand	PA
PREVACID DR 30 MG SOLUTAB OUTER	PDL Non-Preferred Brand	PA
PRILOSEC DR 10 MG SUSPENSION	PDL Non-Preferred Brand	PA
PRILOSEC DR 2.5 MG SUSPENSION	PDL Non-Preferred Brand	PA
PROTONIX 40 MG SUSPENSION INNER	PDL Non-Preferred Brand	PA
PROTONIX 40 MG SUSPENSION OUTER	PDL Non-Preferred Brand	PA
PROTONIX DR 20 MG TABLET	PDL Non-Preferred Brand	PA
PROTONIX DR 40 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
pub omeprazole dr 20 mg tablet	PDL Preferred Generic	OTC
qc lansoprazole dr 15 mg cap (otc)	Non-PDL Generic	OTC
rabeprazole sod dr 20 mg tab	PDL Non-Preferred Generic	PA
sw omeprazole dr 20 mg tablet 1x14 day course	PDL Preferred Generic	OTC
sw omeprazole dr 20 mg tablet 2x14 day course	PDL Preferred Generic	OTC
sw omeprazole dr 20 mg tablet 3x14 day course	PDL Preferred Generic	OTC
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
alfuzosin hcl er 10 mg tablet	PDL Preferred Generic	90 DS
alfuzosin hcl er 10 mg tablet fⅼc	PDL Preferred Generic	90 DS
AVODART 0.5 MG SOFTGEL	PDL Non-Preferred Brand	PA
dutasteride 0.5 mg capsule	PDL Preferred Generic	90 DS
finasteride 5 mg tablet	PDL Preferred Generic	90 DS
finasteride 5 mg tablet fⅼc	PDL Preferred Generic	90 DS
PROSCAR 5 MG TABLET	PDL Non-Preferred Brand	PA

Drug	Status	Notes
silodosin 4 mg capsule	PDL Non-Preferred Generic	PA
silodosin 8 mg capsule	PDL Non-Preferred Generic	PA
tamsulosin hcl 0.4 mg capsule	PDL Preferred Generic	90 DS
tamsulosin hcl 0.4 mg capsule inner	PDL Preferred Generic	90 DS
tamsulosin hcl 0.4 mg capsule outer	PDL Preferred Generic	90 DS
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI 5-5 MG CAPSULE	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	PDL Non-Preferred Brand	PA
Cystine-Depleting Agents, Nephropathic Cystinosis		
PROCYSBI DR 25 MG CAPSULE	Non-PDL Brand	PA; SP
PROCYSBI DR 300 MG GRANULE PKT	Non-PDL Brand	PA; SP
PROCYSBI DR 75 MG CAPSULE	Non-PDL Brand	PA; SP
PROCYSBI DR 75 MG GRANULE PKT	Non-PDL Brand	PA; SP
Kidney Stone Agents		
tiopronin 100 mg tablet	Non-PDL Generic	SP
tiopronin dr 100 mg tablet	Non-PDL Generic	SP

Drug	Status	Notes
tiopronin dr 300 mg tablet	Non-PDL Generic	SP
VENXXIVA DR 100 MG TABLET	Non-PDL Generic	SP
VENXXIVA DR 300 MG TABLET	Non-PDL Generic	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA 75 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
mirabegron er 25 mg tablet	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
mirabegron er 50 mg tablet	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
mirabegron er 8 mg/ml susp	PDL Non-Preferred Generic	PA
MYRBETRIQ ER 25 MG TABLET F/C	PDL Preferred Brand	QL (30 EA per 30 days)
MYRBETRIQ ER 50 MG TABLET F/C	PDL Preferred Brand	QL (30 EA per 30 days)
MYRBETRIQ ER 8 MG/ML SUSP	PDL Preferred Brand	
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE 15 MG TABLET	Non-PDL Brand	PA; SP
JYNARQUE 30 MG TABLET	Non-PDL Brand	PA; SP
tolvaptan 15 mg-15 mg tablet inner 15 mg (am)/ 15 mg (pm)	Non-PDL Generic	PA; SP
tolvaptan 15 mg-15 mg tablet outer 15 mg (am)/ 15 mg (pm)	Non-PDL Generic	PA; SP
tolvaptan 30 mg-15 mg tablet inner 30 mg (am)/ 15 mg (pm)	Non-PDL Generic	PA; SP
tolvaptan 30 mg-15 mg tablet outer 30 mg (am)/ 15 mg (pm)	Non-PDL Generic	PA; SP

Drug	Status	Notes
tolvaptan 45 mg-15 mg tablet inner 45 mg (am)/ 15 mg (pm)	Non-PDL Generic	PA; SP
tolvaptan 45 mg-15 mg tablet outer 45 mg (am)/ 15 mg (pm)	Non-PDL Generic	PA; SP
tolvaptan 60 mg-30 mg tablet inner 60 mg (am)/ 30 mg (pm)	Non-PDL Generic	PA; SP
tolvaptan 60 mg-30 mg tablet outer 60 mg (am)/ 30 mg (pm)	Non-PDL Generic	PA; SP
tolvaptan 90 mg-30 mg tablet inner 90 mg (am)/ 30 mg (pm)	Non-PDL Generic	PA; SP
tolvaptan 90 mg-30 mg tablet outer 90 mg (am)/ 30 mg (pm)	Non-PDL Generic	PA; SP
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 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	Non-PDL Generic	
potassium citrate er 5 meq tab 5 meq (540 mg)	Non-PDL Generic	
sod citrate-citric acid soln (rx) 500-334 mg/5 ml	Non-PDL Generic	
sod citrate-citric acid solution 1.5-1 gm/15 ml cup inner (rx) 500-334 mg/5 ml	Non-PDL Generic	
sod citrate-citric acid solution 1.5-1 gm/15 ml cup outer (rx) 500-334 mg/5 ml	Non-PDL Generic	
sod citrate-citric acid solution 3-2 gm/30 ml cup inner (rx) 500-334 mg/5 ml	Non-PDL Generic	
sod citrate-citric acid solution 3-2 gm/30 ml cup outer (rx) 500-334 mg/5 ml	Non-PDL Generic	

Drug	Status	Notes
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML	Non-PDL Generic	
Urinary Tract Analgesic Agents		
ELMIRON 100 MG CAPSULE	Non-PDL Brand	PA
Urinary Tract Antispasmodic, M(3) Selective Antag.		
darifenacin er 15 mg tablet	PDL Non-Preferred Generic	PA
darifenacin er 7.5 mg tablet	PDL Non-Preferred Generic	PA
solifenacin 10 mg tablet	PDL Preferred Generic	90 DS
solifenacin 5 mg tablet	PDL Preferred Generic	90 DS
VESICARE 10 MG TABLET	PDL Non-Preferred Brand	PA
VESICARE 5 MG TABLET	PDL Non-Preferred Brand	PA
Urinary Tract Antispasmodic/Antiincontinence Agent		
fesoterodine er 4 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
fesoterodine er 8 mg tablet	PDL Preferred Generic	QL (1 EA per 1 day)
flavoxate hcl 100 mg tablet	PDL Non-Preferred Generic	PA
flavoxate hcl 100 mg tablet f/c	PDL Non-Preferred Generic	PA
oxybutynin 2.5 mg tablet	PDL Preferred Generic	

Drug	Status	Notes
oxybutynin 5 mg tablet	PDL Preferred Generic	90 DS
oxybutynin 5 mg tablet inner	PDL Preferred Generic	90 DS
oxybutynin 5 mg tablet outer	PDL Preferred Generic	90 DS
oxybutynin 5 mg/5 ml solution	PDL Preferred Generic	90 DS
oxybutynin 5 mg/5 ml syrup	PDL Preferred Generic	90 DS
oxybutynin cl er 10 mg tablet	PDL Preferred Generic	90 DS
oxybutynin cl er 10 mg tablet coated	PDL Preferred Generic	90 DS
oxybutynin cl er 10 mg tablet inner	PDL Preferred Generic	90 DS
oxybutynin cl er 10 mg tablet outer	PDL Preferred Generic	90 DS
oxybutynin cl er 15 mg tablet	PDL Preferred Generic	90 DS
oxybutynin cl er 15 mg tablet coated	PDL Preferred Generic	90 DS
oxybutynin cl er 5 mg tablet	PDL Preferred Generic	90 DS
oxybutynin cl er 5 mg tablet coated	PDL Preferred Generic	90 DS
OXYTROL 3.9 MG/24HR PATCH INNER 3.9 MG/24 HR	PDL Preferred Brand	

Drug	Status	Notes
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,OUTER 3.9 MG/24 HOUR	Non-PDL Brand	OTC
OXYTROL FOR WOMEN 3.9 MG/24HR 32-DAY SUPPLY,OUTER 3.9 MG/24 HOUR	Non-PDL Brand	OTC
OXYTROL FOR WOMEN 3.9 MG/24HR INNER 3.9 MG/24 HOUR	Non-PDL Brand	OTC
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER 3.9 MG/24 HOUR	Non-PDL Brand	OTC
tolterodine tart er 2 mg cap	PDL Preferred Generic	
tolterodine tart er 4 mg cap	PDL Preferred Generic	
tolterodine tartrate 1 mg tab	PDL Preferred Generic	
tolterodine tartrate 1 mg tab f/c	PDL Preferred Generic	
tolterodine tartrate 2 mg tab	PDL Preferred Generic	
tolterodine tartrate 2 mg tab f/c	PDL Preferred Generic	
tolterodine tartrate 2 mg tab f/c,outer	PDL Preferred Generic	
TOVIAZ ER 4 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
TOVIAZ ER 8 MG TABLET	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
trospium chloride 20 mg tablet	PDL Non-Preferred Generic	PA

Drug	Status	Notes
trospium chloride er 60 mg cap	PDL Non-Preferred Generic	PA
Vaginal Disorders		
Vaginal Antibiotics		
clindamycin 2% vaginal cream	Non-PDL Generic	
metronidazole vaginal 0.75% gl 0.75 % (37.5mg/5 gram)	Non-PDL Generic	
Vaginal Antifungals		
3-DAY VAGINAL CREAM 2 %	Non-PDL Generic	OTC
clotrimazole 1% vaginal cream	Non-PDL Generic	OTC
CLOTRIMAZOLE-3 2% CREAM	Non-PDL Generic	OTC
CLOTRIMAZOLE-3 2% CREAM	Non-PDL Generic	OTC
CLOTRIMAZOLE-7 VAGINAL CREAM 1 %	Non-PDL Generic	OTC
CVS CLOTRIMAZOLE-3 2% CREAM	Non-PDL Generic	OTC
cvs miconazole 1 combo pack	Non-PDL Generic	OTC
cvs miconazole 1 combo pack sftgl insert/9gm crm	Non-PDL Generic	OTC
CVS MICONAZOLE 3 COMBO PACK 3 SUPP W/9GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
CVS MICONAZOLE 3 COMBO PACK 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Generic	OTC
CVS MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	OTC
eq miconazole 1 combo pack sftgl insert/9gm crm	Non-PDL Generic	OTC
eq miconazole 2% vaginal cream w/7 disp applicators	Non-PDL Generic	OTC
EQ MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	OTC
ft clotrimazole 1% vag cream	Non-PDL Generic	OTC
FT CLOTRIMAZOLE-3 2% CREAM	Non-PDL Generic	OTC

Drug	Status	Notes
ft miconazole 1 combo pack	Non-PDL Generic	OTC
FT MICONAZOLE 3 COMBO PACK 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
ft miconazole 7 cream 2 %	Non-PDL Generic	OTC
GNP CLOTRIMAZOLE-3 2% CREAM	Non-PDL Generic	OTC
gnp miconazole 1 combo pack	Non-PDL Generic	OTC
GNP MICONAZOLE 3 COMBO PACK 3 SUPP W/9GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
GNP MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	OTC
GS MICONAZOLE 3 COMBO PACK 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
GS MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	OTC
GYNAZOLE 1 2% CREAM	Non-PDL Brand	
GYNE-LOTRIMIN 3 DAY 2% CRM	Non-PDL Brand	OTC
GYNE-LOTRIMIN-7 1% CREAM	Non-PDL Brand	OTC
KRO MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	Non-PDL Generic	OTC
miconazole 1 combination pack	Non-PDL Generic	OTC
miconazole 1 combination pack sftgl insert/9gm crm	Non-PDL Generic	OTC
miconazole 2% vaginal cream	Non-PDL Generic	OTC
MICONAZOLE 3 200 MG VAG SUPP	Non-PDL Generic	
MICONAZOLE 3 4% CREAM 200 MG/5 GRAM (4 %)	Non-PDL Generic	OTC
MICONAZOLE 3 COMBO PACK 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
miconazole 3 combo pack 3 pref-applic,9gm cr 4 % (200 mg)- 2 % (9 gram)	Non-PDL Generic	OTC
MICONAZOLE 3 COMBO PACK 3 SUPP W/9GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC

Drug	Status	Notes
miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)	Non-PDL Generic	OTC
miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)	Non-PDL Generic	OTC
MICONAZOLE 3 KIT 3PREF APP W/CRM+3WIP 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Generic	OTC
miconazole 3-day combo pack 200 mg- 2 % (9 gram)	Non-PDL Generic	OTC
miconazole 7 cream 2 %	Non-PDL Generic	OTC
MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	OTC
MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	Non-PDL Generic	OTC
miconazole-7 cream 2 %	Non-PDL Generic	OTC
MONISTAT 1 COMBINATION PACK	Non-PDL Brand	OTC
MONISTAT 1 COMBINATION PACK OVULE INSERT/9GM CRM	Non-PDL Brand	OTC
MONISTAT 3 COMBO PACK 200 MG- 2 % (9 GRAM)	Non-PDL Brand	OTC
MONISTAT 3 COMBO PACK 3 OVULE + 9 GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Brand	OTC
MONISTAT 3 COMBO PACK 3 SUPP, 9 GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Brand	OTC
MONISTAT 3 COMBO PACK 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Brand	OTC
MONISTAT 7 2% CREAM	Non-PDL Generic	OTC
MONISTAT 7 2% CREAM 7 APPLICATORS	Non-PDL Generic	OTC
MONISTAT 7 2% CREAM COMBO PACK	Non-PDL Generic	OTC
PUB MICONAZOLE3DAY COMBO PACK 3 SUPP W/9 GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
qc clotrimazole 1% vag cream	Non-PDL Generic	OTC
qc miconazole 7 cream 2 %	Non-PDL Generic	OTC

Drug	Status	Notes
SM 3-DAY VAGINAL CREAM 2 %	Non-PDL Generic	OTC
sm miconazole 2% vaginal cream	Non-PDL Generic	OTC
sm miconazole 2% vaginal cream w/disp applicators	Non-PDL Generic	OTC
terconazole 0.4% cream	Non-PDL Generic	
terconazole 0.8% cream	Non-PDL Generic	
terconazole 0.8% cream 3-day therapy	Non-PDL Generic	
terconazole 80 mg suppository inner	Non-PDL Generic	
terconazole 80 mg suppository outer	Non-PDL Generic	
terconazole 80 mg suppository w/applicator	Non-PDL Generic	
Vaginal Estrogen Preparations		
estradiol 0.01% cream 0.01 % (0.1 mg/gram)	Non-PDL Generic	
estradiol 10 mcg vaginal insrt	Non-PDL Generic	
estradiol 10 mcg vaginal insrt inner	Non-PDL Generic	
estradiol 10 mcg vaginal insrt outer	Non-PDL Generic	
PREMARIN VAGINAL CREAM-APPL VAGINAL 0.625 MG/GRAM	Non-PDL Brand	
YUVAFEM 10 MCG VAGINAL INSERT	Non-PDL Generic	
YUVAFEM 10 MCG VAGINAL INSERT OUTER	Non-PDL Generic	
Vitamin And/Or Mineral Deficiency		
Antioxidant Multivitamin Combinations		
CVS EYE HEALTH AND LUTEIN TAB 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
EQ VISION FORMULA TABLET P/F, GLUTEN-FREE 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
EQL EYE HEALTH PLUS LUTEIN TAB 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	

Drug	Status	Notes
EYE HEALTH PLUS LUTEIN TABLET 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
EYE MULTIVITAMIN TABLET 2,148 MCG-113 MG-45 MG-17.4MG	Non-PDL Generic	
GNP HEALTHY EYES SUPERVISION 4,296 MCG-226 MG-90 MG	Non-PDL Generic	
GNP HEALTHY EYES TABLET ADVANCED ANTIOXIDANT (RX) 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
HEALTHY EYES SUPERVISION SFTGL 4,296 MCG-226 MG-90 MG	Non-PDL Generic	
HEALTHY EYES TABLET (RX) 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
HEALTHY EYES TABLET ADVANCED ANTIOXIDANT (RX) 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
PRESERVISION AREDS SOFTGEL (RX) 4,296 MCG-226 MG-90 MG	Non-PDL Brand	
VISION FORMULA WITH LUTEIN TAB 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
Calcium Replacement		
CAL-CITRATE PLUS VITAMIN D TAB 250 MG-2.5 MCG (100 UNIT)	Non-PDL Generic	
calcium 1,000 mg-d3 20 mcg tab	Non-PDL Generic	
CALCIUM 250-D TABLET OYSTER SHELL (RX) 250 MG-3.125 MCG (125 UNIT)	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 oyster shell,p/f (rx) 500 mg calcium (1,250 mg)	Non-PDL Generic	
calcium 500 mg-vit d3 10 mcg tab (rx) 500 mg-10 mcg (400 unit)	Non-PDL Generic	
calcium 500 mg-vit d3 15 mcg tab 500 mg-15 mcg (600 unit)	Non-PDL Generic	
calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)	Non-PDL Generic	
calcium 500 mg-vit d3 600 unit 500 mg-15 mcg (600 unit)	Non-PDL Generic	
calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit)	Non-PDL Generic	

Drug	Status	Notes
calcium 500-vit d3 125 caplet 500 mg-3.125 mcg (125 unit)	Non-PDL Generic	
CALCIUM 500-VIT D3 200 CAPLET CAPLT,P/F,NO LACTOSE (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
CALCIUM 500-VIT D3 200 CAPLET GLUTEN-FREE,P/F (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
CALCIUM 500-VIT D3 200 TABLET (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
CALCIUM 500-VIT D3 200 TABLET 10X10, U-D (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
CALCIUM 500-VIT D3 200 TABLET LACTOSE FREE, P/F (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
CALCIUM 500-VIT D3 200 TABLET P/F,N (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
CALCIUM 500-VIT D3 400 CHEW TB 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET (RX) 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET P/F (RX) 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET P/F,GLUTEN-F (RX) 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET P/F,GLUTEN-FREE (RX) 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
CALCIUM 500-VIT D3 400 TABLET P/F,N,NO LACTOSE (RX) 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
calcium 500-vit d3 600 caplet 500 mg-15 mcg (600 unit)	Non-PDL Generic	
calcium 500-vit d3 600 tablet 500 mg-15 mcg (600 unit)	Non-PDL Generic	
calcium 600 mg plus vit d tab (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	

Drug	Status	Notes
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,p/f (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	
CALCIUM 600 MG TABLET P/F (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
CALCIUM 600 MG TABLET P/F, N (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
calcium 600 mg-d3 20 mcg cplt (rx) 600 mg-20 mcg (800 unit)	Non-PDL Generic	
calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	Non-PDL Generic	
calcium 600 mg-d3 400 unit sfgl 600 mg-10 mcg (400 unit)	Non-PDL Generic	
calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
calcium 600 mg-vit d3 5 mcg tb (rx) 600 mg-5 mcg (200 unit)	Non-PDL Generic	
calcium 600+d plus minerals tb p/f, n (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
CALCIUM 600+D SOFTGEL 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
calcium 600-d3 20 mcg(800 unit) (rx) 600 mg-20 mcg (800 unit)	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-5 mcg (200 unit)	Non-PDL Generic	
CALCIUM 600-VIT D3 200 TABLET (RX) 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
CALCIUM 600-VIT D3 200 TABLET CAPLET, NO LACTOSE (RX) 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
CALCIUM 600-VIT D3 200 TABLET LACTOSE FREE, P/F (RX) 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	

Drug	Status	Notes
CALCIUM 600-VIT D3 200 TABLET LACTOSE FREE,P/F (RX) 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
calcium 600-vit d3 200 tablet p/f (rx) 600 mg-5 mcg (200 unit)	Non-PDL Generic	
CALCIUM 600-VIT D3 200 TABLET P/F,D/F,LACTOSE-FREE (RX) 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
calcium 600-vit d3 200 tablet p/f,high potency (rx) 600 mg-5 mcg (200 unit)	Non-PDL Generic	
calcium 600-vit d3 400 caplet (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
calcium 600-vit d3 400 caplet caplet (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
calcium 600-vit d3 400 tablet gluten-free (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET HIGH POTENCY (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
calcium 600-vit d3 400 tablet inner (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET NEW FORMULA (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
calcium 600-vit d3 400 tablet outer (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
calcium 600-vit d3 400 tablet p/f (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET P/F, N (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
calcium 600-vit d3 400 tablet p/f, no yeast (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET P/F,LACTOSE-FREE (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
calcium 600-vit d3 500 softgel rapid release, sftgl (rx) 600 mg-12.5 mcg (500 unit)	Non-PDL Generic	

Drug	Status	Notes
CALCIUM 600-VIT D3 500 SOFTGEL SOFTGEL (RX) 600 MG-12.5 MCG (500 UNIT)	Non-PDL Generic	
calcium 600-vit d3 800 tablet (rx) 600 mg-20 mcg (800 unit)	Non-PDL Generic	
calcium 600-vit d3 800 tablet coated, gluten-free (rx) 600 mg-20 mcg (800 unit)	Non-PDL Generic	
calcium 600-vit d3 800 tablet gluten-free (rx) 600 mg-20 mcg (800 unit)	Non-PDL Generic	
calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit)	Non-PDL Generic	
calcium 600-vit d3 800 tablet p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)	Non-PDL Generic	
calcium 600-vit d3-min chew tb 600 mg-400 unit -40 mg-7.5 mg	Non-PDL Generic	
calcium carb 1,250 mg/5 ml sus n (otc) 500 mg/5 ml (1,250 mg/5 ml)	Non-PDL Generic	OTC
calcium cit 200 mg-d3 6.25 mcg (rx) 200 mg-6.25 mcg (250 unit)	Non-PDL Generic	
calcium cit 200-vit d3 250 tab (rx) 200 mg-6.25 mcg (250 unit)	Non-PDL Generic	
calcium cit 250 mg-d3 200 unit (rx) 250 mg-5 mcg (200 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 250 cpt (rx) 315 mg-6.25 mcg (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,p/f (rx) 315 mg-5 mcg (200 unit)	Non-PDL Generic	
calcium citrate - vit d caplet p/f, caplet (rx) 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-6.25 mcg (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	

Drug	Status	Notes
calcium citrate 200 mg tablet coated, p/f (rx) 200 mg (950 mg)	Non-PDL Generic	
calcium citrate 200 mg tablet p/f (rx) 200 mg (950 mg)	Non-PDL Generic	
calcium citrate-vit d3 caplet caplet (rx) 315 mg-6.25 mcg (250 unit)	Non-PDL Generic	
calcium citrate-vit d3 caplet p/f (rx) 315 mg-6.25 mcg (250 unit)	Non-PDL Generic	
calcium citrate-vit d3 tablet (rx) 315 mg-6.25 mcg (250 unit)	Non-PDL Generic	
calcium citrate-vit d3 tablet coated, petites (rx) 200 mg-6.25 mcg (250 unit)	Non-PDL Generic	
calcium citrate-vit d3 tablet inner (rx) 315 mg-6.25 mcg (250 unit)	Non-PDL Generic	
calcium citrate-vit d3 tablet outer (rx) 315 mg-6.25 mcg (250 unit)	Non-PDL Generic	
calcium citrate-vit d3 tablet p/f,gluten-free (rx) 315 mg-6.25 mcg (250 unit)	Non-PDL Generic	
calcium citrate-vit d3 tablet petites (rx) 200 mg-6.25 mcg (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-20 MCG (800 UNIT)	Non-PDL Brand	
CALTRATE 600-D3 20 MCG CHEW 600 MG-20 MCG (800 UNIT)	Non-PDL Brand	
CITRACAL + D MAXIMUM CAPLET (RX) 315 MG-6.25 MCG (250 UNIT)	Non-PDL Generic	
cvs cal cit 200 mg-d3 6.25 mcg (rx) 200 mg-6.25 mcg (250 unit)	Non-PDL Generic	
cvs calcium 500-vit d3 125 tab 500 mg-3.125 mcg (125 unit)	Non-PDL Generic	
cvs calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	
cvs calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	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 p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)	Non-PDL Generic	

Drug	Status	Notes
EQ CALCIUM 500-VIT D3 400 TAB OYSTER SHELL (RX) 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
eql calcium 600-vit d3 800 tab (rx) 600 mg-20 mcg (800 unit)	Non-PDL Generic	
eql calcium citrate-vit d3 cpt (rx) 315 mg-6.25 mcg (250 unit)	Non-PDL Generic	
ft calcium 1,000 mg-d3 20 mcg tab	Non-PDL Generic	
ft calcium 500 mg-d3 5 mcg tab (rx) 500 mg-5 mcg (200 unit)	Non-PDL Generic	
ft calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)	Non-PDL Generic	
ft calcium 600 mg-vit d3 5 mcg 600 mg-5 mcg (200 unit)	Non-PDL Generic	
ft calcium cit 200-d3 6.25 tab (rx) 200 mg-6.25 mcg (250 unit)	Non-PDL Generic	
ft calcium cit 315-d3 6.25 tab (rx) 315 mg-6.25 mcg (250 unit)	Non-PDL Generic	
gnp calcium 500-vit d3 600 tab 500 mg-15 mcg (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 p/f,gluten-free (rx) 600 mg-20 mcg (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 cit 200-d3 6.25 tb (rx) 200 mg-6.25 mcg (250 unit)	Non-PDL Generic	
gnp calcium citrate-vit d3 tab (rx) 315 mg-6.25 mcg (250 unit)	Non-PDL Generic	
LIQUID CALCIUM 600-VIT D3 SFGL SOFTGEL,P/F,GLUTEN-F (RX) 600 MG-12.5 MCG (500 UNIT)	Non-PDL Generic	
LIQUID CALCIUM WITH VITAMIN D SOFTGEL, P/F (RX) 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
ONEVITE CALCIUM 500 MG-D3 5 MCG 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
ONEVITE CALCIUM 600 MG TABLET 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	

Drug	Status	Notes
ONEVITE CALCIUM 600 MG-D3 10 MCG 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
ONEVITE CALCIUM 600 MG-D3 5 MCG 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
OYSCO 500-VIT D3 200 TABLET 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
oyster shell 250 mg-d3 3.12 mcg 250 mg-3.125 mcg (125 unit)	Non-PDL Generic	
OYSTER SHELL 250-VIT D3 125 TB (RX) 250 MG-3.125 MCG (125 UNIT)	Non-PDL Generic	
OYSTER SHELL 500 MG-VIT D3 5 MCG (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
OYSTER SHELL 500 MG-VIT D3 5 MCG INNER (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
OYSTER SHELL 500 MG-VIT D3 5 MCG OUTER (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
OYSTER SHELL 500-VIT D3 200 TB (RX) 500 MG-5 MCG (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 OYSTER SHELL (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 P/F (RX) 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
OYSTER SHELL CALCIUM-VIT D TAB P/F,GLUTEN-FREE (RX) 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
OYSTER SHELL-D 250 MG TABLET U-D, 10X10 (RX) 250 MG-3.125 MCG (125 UNIT)	Non-PDL Generic	
PARVA-CAL 500 TABLET 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	

Drug	Status	Notes
sv calc 600 mg-d3 12.5 mcg sfgl (rx) 600 mg-12.5 mcg (500 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 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)	Non-PDL Generic	
sv calcium citrate-vit d3 tab p/f,gluten-free (rx) 315 mg-6.25 mcg (250 unit)	Non-PDL Generic	
TRUE OYSTER CALCIUM 500 MG TAB (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
ultra calc 600 mg-vit d3 10 mcg (rx) 600 mg-10 mcg (400 unit)	Non-PDL Generic	
Fluoride Preparations		
DENTA 5000 PLUS CREAM 1.1 %	Non-PDL Generic	
DENTA 5000 PLUS SENSITIV PASTE 1.1-5 %	Non-PDL Generic	
DENTAGEL 1.1% GEL	Non-PDL Generic	
fluoride 0.25 mg tablet chew (rx) 0.25 mg(0.55 mg sod. fluoride)	Preventive	90 DS; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride 0.5 mg tablet chew (rx) 0.5 mg (1.1 mg sodium fluorid)	Preventive	90 DS; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride 0.5 mg tablet chew grape flavor (rx) 0.5 mg (1.1 mg sodium fluorid)	Preventive	90 DS; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride 1 mg tablet chewable (rx) 1 mg (2.2 mg sod. fluoride)	Preventive	90 DS; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
fluoride 1 mg tablet chewable orange flavor (rx) 1 mg (2.2 mg sod. fluoride)	Preventive	90 DS; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX SENSITIV RLF PASTE 1.1-5 %	Non-PDL Brand	
FLUORIMAX 5000 1.1% TOOTHPASTE 1.1-5 %	Non-PDL Brand	
GEL-KAM 0.4% DENTAL GEL	Non-PDL Generic	OTC
PREVIDENT 0.2% RINSE	Non-PDL Brand	
PREVIDENT 1.1% GEL	Non-PDL Brand	
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 %	Non-PDL Brand	
PREVIDENT 5000 PLUS CREAM 1.1 %	Non-PDL Brand	

Drug	Status	Notes
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	Non-PDL Generic	
SF 5000 PLUS CREAM 1.1 %	Non-PDL Generic	
sod fluoride enam prot 5000ppm 1.1-5 %	Non-PDL Generic	
sodium fluoride 0.2% rinse	Non-PDL Generic	
sodium fluoride 0.25 (0.55) mg (rx) 0.25 mg(0.55 mg sod. fluoride)	Preventive	90 DS; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
sodium fluoride 0.5 mg(1.1 mg) (rx) 0.5 mg (1.1 mg sodium fluorid)	Preventive	90 DS; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml	Preventive	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
sodium fluoride 0.5 mg/ml drop d/f,gluten-free (rx) 0.5 mg (1.1 mg sod.fluorid)/ml	Preventive	$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
sodium fluoride 1 mg (2.2 mg) (rx) 1 mg (2.2 mg sod. fluoride)	Preventive	90 DS; $0 COPAY IF AGE 6 MONTHS TO 6 YEARS
sodium fluoride 1.1% cream	Non-PDL Generic	
sodium fluoride 1.1% gel	Non-PDL Generic	
sodium fluoride 1.1%-potassium nitrate 5% sensitive paste 1.1-5 %	Non-PDL Generic	
SODIUM FLUORIDE 5000 DRY MOUTH 1.1 %	Non-PDL Generic	
SODIUM FLUORIDE 5000 PLUS CRM 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)	Preventive	
folic acid 0.4 mg tablet (rx) 400 mcg	Preventive	
folic acid 0.8 mg tablet (rx) 800 mcg	Preventive	

Drug	Status	Notes
folic acid 1 mg tablet (rx)	Non-PDL Generic	
folic acid 1,000 mcg tablet (rx) 1 mg	Non-PDL Generic	
folic acid 1,000 mcg tablet inner (rx) 1 mg	Non-PDL Generic	
folic acid 1,000 mcg tablet outer (rx) 1 mg	Non-PDL Generic	
folic acid 1,000 mcg tablet p/f (rx) 1 mg	Non-PDL Generic	
folic acid 400 mcg tablet (rx)	Preventive	
folic acid 400 mcg tablet gluten-free (rx)	Preventive	
folic acid 400 mcg tablet p/f (rx)	Preventive	
folic acid 400 mcg tablet p/f, lactose free (rx)	Preventive	
folic acid 400 mcg tablet p/f,gluten-free (rx)	Preventive	
folic acid 5 mg/ml vial mdv	Non-PDL Generic	
folic acid 50 mg/10 ml vial muv 5 mg/ml	Non-PDL Generic	
folic acid 800 mcg tablet (rx)	Preventive	
folic acid 800 mcg tablet maximum strength (rx)	Preventive	
folic acid 800 mcg tablet pure,gluten-free (rx)	Preventive	
ft folic acid 400 mcg tablet (rx)	Preventive	
ft folic acid 800 mcg tablet (rx)	Preventive	
gnp folic acid 400 mcg tablet (rx)	Preventive	
PUREVITA FOLIC ACID 400 MCG TB	Preventive	
sv folic acid 800 mcg tablet (rx)	Preventive	
true folic acid 1,600 mcg dfe tb (rx) 1 mg	Non-PDL Generic	
true folic acid 667 mcg dfe tb (rx) 400 mcg	Preventive	
ZINGIBER TABLET 1.2 MG-40 MG- 124.1 MG-100 MG	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	
CVS SPECTRAVITE ADULT TAB CHEW 500-250 MCG	Non-PDL Generic	

Drug	Status	Notes
MILLTRIUM SENIOR MULTIVIT TAB	Non-PDL Generic	
PUB MULTIVITAMIN 50 PLUS TAB	Non-PDL Generic	
THERATRUM COMPLETE 50 PLUS TAB	Non-PDL Generic	
VISION PLUS LUTEIN VITAMIN TAB	Non-PDL Generic	
Iron Replacement		
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 P/F,LACTOSE/FREE (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
CVS SLOW RELEASE IRON 45 MG TB (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 IRON 65 MG TABLET (RX) 325 MG (65 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	
FER-IN-SOL 15 MG/ML DROPS 15 MG IRON (75 MG)/ML	Non-PDL Brand	
FEROSUL 325 MG TABLET (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 OUTER, U-D 150 MG IRON	Non-PDL Generic	

Drug	Status	Notes
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 tablet 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	Non-PDL Generic	
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 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 300 mg/5 ml cup 100's, u-d 300 mg (60 mg iron)/5 ml	Non-PDL Generic	
ferrous sulfate 300 mg/5 ml cup 300 mg (60 mg iron)/5 ml	Non-PDL Generic	
ferrous sulfate 300 mg/5 ml cup inner 300 mg (60 mg iron)/5 ml	Non-PDL Generic	
ferrous sulfate 300 mg/5 ml cup outer 300 mg (60 mg iron)/5 ml	Non-PDL Generic	

Drug	Status	Notes
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 (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	
ft iron 45 mg tablet 142 mg (45 mg iron)	Non-PDL Generic	
ft iron 65 mg tablet (rx) 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	
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	
infant iron 15 mg/ml drop (rx) 15 mg iron (75 mg)/ml	Non-PDL Generic	
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 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 gluten-free (rx) 325 mg (65 mg iron)	Non-PDL Generic	

Drug	Status	Notes
iron 65 mg tablet p/f (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 CHEWS 15 MG TABLET CHEW	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	
ONEVITE FERROUS SULF 325 MG TB 325 MG (65 MG IRON)	Non-PDL Generic	
PEDIA IRON 15 MG/ML DROP 15 MG IRON (75 MG)/ML	Non-PDL Generic	
PEDIATRIC FE-VITE 15 MG/ML DRP 15 MG IRON (75 MG)/ML	Non-PDL Generic	
pharm chc ped iron 15 mg/ml drp (rx) 15 mg iron (75 mg)/ml	Non-PDL Generic	
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	
SLOW RELEASE IRON 160 MG TAB P/F,GLUTEN-FREE (RX) 160 MG (50 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON 45 MG TABLET (RX) 140 MG (45 MG IRON), 142 MG (45 MG IRON), 143 MG (45 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON 45 MG TABLET 144 MG (45 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON 45 MG TABLET GLUTEN-FREE (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON TABLET 168 MG (50 MG IRON)	Non-PDL Generic	
sv iron 65 mg tablet (rx) 325 mg (65 mg iron)	Non-PDL Generic	
SV IRON 65 MG TABLET P/F, D/F (RX) 325 MG (65 MG IRON)	Non-PDL Generic	

Drug	Status	Notes
SV SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
true ferrous sulf ec 324 mg tb 324 mg (65 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 magnesium	Non-PDL Generic	
ft magnesium 250 mg tablet (rx) 250 mg magnesium	Non-PDL Generic	
ft magnesium oxide 400 mg tab (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
ft magnesium oxide 400 tablet (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
gnp magnesium 250 mg tablet (rx) 250 mg magnesium	Non-PDL Generic	
gnp magnesium oxide 400 mg tab (rx) 400 mg (241.3 mg magnesium)	Non-PDL Generic	
MAG DELAY DR 64 MG TABLET	Non-PDL Generic	
MAG64 DR 64 MG TABLET (RX)	Non-PDL Generic	
magnesium 250 mg caplet (rx) 250 mg magnesium	Non-PDL Generic	
magnesium 250 mg tablet (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 tablet p/f, gluten/f (rx) 500 mg magnesium	Non-PDL Generic	
magnesium chloride ec 64 mg tb (rx)	Non-PDL Generic	
magnesium chloride ec 70 mg tb	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 (rx) 27.5 mg (500 mg)	Non-PDL Generic	

Drug	Status	Notes
magnesium gluc 500 mg tablet lactose free (rx) 27.5 mg (500 mg)	Non-PDL Generic	
magnesium gluconate tablet y/f,gluten/f (rx) 27.5 mg (500 mg)	Non-PDL Generic	
magnesium oxide 250 mg caplet p/f, gluten/f (rx) 250 mg magnesium	Non-PDL Generic	
magnesium oxide 250 mg tablet (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 gluten-free (rx) 400 mg (241.3 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,gluten-free (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 500 mg tablet (rx) 500 mg magnesium	Non-PDL Generic	
magnesium oxide 500 mg tablet extra strength (rx) 500 mg magnesium	Non-PDL Generic	
magnesium oxide 500 mg tablet p/f,lactose-free (rx) 500 mg magnesium	Non-PDL Generic	
MAGOX 400 TABLET (RX) 400 MG (241.3 MG MAGNESIUM)	Non-PDL Brand	
MAGOX 400 TABLET GLUTEN FREE (RX) 400 MG (241.3 MG MAGNESIUM)	Non-PDL Brand	
mag-oxide magnesium 200 mg tab 200 mg magnesium	Non-PDL Generic	
MGO-400 TABLET 400 MG (241.3 MG MAGNESIUM)	Non-PDL Generic	
PHILLIPS 500 MG CAPLET 500 MG MAGNESIUM	Non-PDL Generic	
PUREVITA MAGNESIUM OXIDE 400 MG 400 MG (241.3 MG MAGNESIUM)	Non-PDL Generic	

Drug	Status	Notes
sv magnesium oxide 400 mg tab 400 mg magnesium	Non-PDL Generic	
true magnesium oxide 400 mg tb (rx) 400 mg (241.3 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 MG-300 MCG-250 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 MG-300 MCG- 250 MCG	Non-PDL Generic	
A THRU Z SELECT TABLET ADULTS 50+, GLUTEN-F 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
A THRU Z SELECT TABLET ADULTS 50+,IRON-FREE 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
A THRU Z SELECT WOMEN'S TABLET	Non-PDL Generic	
ADULTS 50 PLUS DAILY FORMULA 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
ADULTS 50 PLUS MULTIVITAMIN 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
ADULTS 50 PLUS MULTIVITAMIN TB 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
APATATE FORTE LIQUID	Non-PDL Generic	
b-complex with c tablet (rx)	Non-PDL Generic	

Drug	Status	Notes
b-complex w-vitamin c caplet caplet,p/f (rx)	Non-PDL Generic	
CENTRAVITES 50 PLUS TABLET INNER 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CENTRAVITES 50 PLUS TABLET OUTER 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CENTRUM ADULTS TABLET 18-400 MG-MCG	Non-PDL Generic	
CENTRUM MULTIVIT-MINERAL LIQ (RX) 9 MG IRON/15 ML	Non-PDL Generic	
CENTRUM SILVER TABLET (RX) 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CENTRUM WOMEN TABLET 18-400 MG-MCG	Non-PDL Generic	
CEROVITE SENIOR TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CERTAVITE SENIOR TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CERTAVITE-ANTIOXIDANT TABLET (RX) 18-400 MG-MCG	Non-PDL Generic	
COMPANION TABLET 0.4 MG	Non-PDL Generic	
cvs b-complex-vit c caplet caplet (rx)	Non-PDL Generic	
CVS DAILY MULTIPLE TABLET 18 MG IRON-400 MCG-500 MG CA	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 MEN'S DAILY MULTIVIT TAB 8 MG IRON- 200 MCG-600 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 (RX) 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CVS SPECTRAVITE ADULT TABLET 18-400 MG-MCG	Non-PDL Generic	
CVS SPECTRAVITE ADVANCED TAB 18-400 MG-MCG	Non-PDL Generic	

Drug	Status	Notes
CVS SPECTRAVITE MEN'S TABLET 8 MG IRON- 200 MCG-600 MCG	Non-PDL Generic	
CVS SPECTRAVITE WOMEN 50 PLUS 8 MG IRON-400 MCG-50 MCG	Non-PDL Generic	
CVS SPECTRAVITE WOMEN TABLET 18-400 MG-MCG	Non-PDL Generic	
CVS WOMEN'S DAILY MULTIVIT TAB (RX) 18-400 MG-MCG	Non-PDL Generic	
daily multivitamin with d3 tab 0.4 mg	Non-PDL Generic	
DAILY MULTIVITAMIN-IRON TABLET (RX) 18-400 MG-MCG	Non-PDL Generic	
DAILY MULTIVITAMIN-MINERAL TAB 18-400 MG-MCG	Non-PDL Generic	
DAILY VALUE MULTIVITAMIN TAB	Non-PDL Generic	
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 (RX)	Non-PDL Generic	
DAILY VITE WITH IRON TABLET	Non-PDL Generic	
DAILY-VITE TABLET 400 MCG	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 MG-300 MCG- 250 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	

Drug	Status	Notes
EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
ESSENTIA TABLET 18-400 MG-MCG	Non-PDL Generic	
FOLIVANE-OB CAPSULE 85-1 MG	Non-PDL Generic	
ft b complex plus vit c tablet (rx)	Non-PDL Generic	
FT ONE DAILY MEN'S 50 PLUS TAB 400-20-370 MCG	Non-PDL Generic	
GERI-VITE MULTIVIT-MINERAL LIQ 9 MG IRON/15 ML	Non-PDL Generic	
GNP CENTURY ADULT FORMULA TAB 18-400 MG-MCG	Non-PDL Generic	
GNP CENTURY MATURE FORMULA TAB (RX) 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
GNP CENTURY MATURE TABLET GLUTEN-FREE (RX) 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
GNP CENTURY TABLET GLUTEN-FREE 18-400 MG-MCG	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 MEN'S 50 PLUS TB 400-20-370 MCG	Non-PDL Generic	
GNP ONE DAILY MEN'S 50+ TABLET 400-600-120 MCG-MCG-MG	Non-PDL Generic	
GNP ONE DAILY MULTIVIT WOMEN 18-400 MG-MCG	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	

Drug	Status	Notes
HIGH POTENCY MULTIVITAMIN TAB 18-400 MG-MCG	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	
K-PAX IMMUNE SUPPORT TABLET 60 PACKETS OF 4 TABS 2.25 MG IRON- 100 MCG	Non-PDL Generic	
LIQUID MULTIVITAMIN 15 ML CUP 9 MG IRON/ 15 ML (15 ML)	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'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	
MINI MULTIVITAMINS-IRON TABLET 18-400 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	
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,N,LACTOSE FRE	Non-PDL Generic	
MULTI-VITAMIN DAILY TABLET (RX)	Non-PDL Generic	
MULTI-VITAMIN DAILY TABLET 10X10 (RX)	Non-PDL Generic	

Drug	Status	Notes
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-50 MCG	Non-PDL Generic	
multivitamin-mineral liquid 9 mg iron/15 ml	Non-PDL Generic	
multivitamin-minerals tablet 7.5 mg iron-400 mcg	Non-PDL Generic	
multivitamin-minerals tablet p/f 7.5 mg iron-400 mcg	Non-PDL Generic	
multivitamins tablet (rx)	Non-PDL Generic	
MULTI-VITE LIQUID 9 MG IRON/15 ML	Non-PDL Generic	
MULTIVIT-MINERAL HP CAP	Non-PDL Generic	
MYVITALIFE SOFT-GEL CAPSULE	Non-PDL Generic	
OCUTABS TABLET (RX)	Non-PDL Generic	
ONCCOR TABLET 200-10-10 MCG	Non-PDL Generic	
ONCOVITE TABLET	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	

Drug	Status	Notes
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	
ONE DAILY TABLET 0.4-600 MG-MCG	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-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	Non-PDL Generic	
ONE-A-DAY WOMEN'S TABLET 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
ONE-DAILY MULTI-VITAMIN TAB (RX)	Non-PDL Generic	
ONEVITE DAILY MULTIVITAMIN TAB 400 MCG	Non-PDL Generic	
PNV-DHA SOFTGEL 27 MG IRON-1 MG - 300 MG	Non-PDL Generic	
PNV-OMEGA SOFTGEL 28-1-300 MG	Non-PDL Generic	
PRENATAL-U CAPSULE 106.5-1 MG	Non-PDL Generic	

Drug	Status	Notes
PROSIGHT TABLET 1,500 MCG-60 MG - 13.5 MG	Non-PDL Generic	
QUINTABS-M IRON FREE TABLET 0.4 MG	Non-PDL Generic	
SENIOR TABS 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
SENTRY SENIOR MULTIVITAMIN TAB SODIUM/F,YEAST/F (RX) 500-300-250 MCG	Non-PDL Generic	
SENTRY SENIOR TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
SENTRY TABLET 18-400 MG-MCG	Non-PDL Generic	
SUPER B WITH VIT C CAPSULE (RX)	Non-PDL Generic	
SUPER THERA VITE M TABLET (RX)	Non-PDL Generic	
SUPPORT LIQUID (RX)	Non-PDL Generic	
SUPPORT-500 SOFTGEL	Non-PDL Generic	
TAB-A-VITE MULTIVIT WITH IRON 18-400 MG-MCG	Non-PDL Generic	
TAB-A-VITE TABLET 400 MCG	Non-PDL Generic	
TARON-C DHA CAPSULE 35-1-200 MG	Non-PDL Generic	
TARON-PREX PRENATAL-DHA ORAL CAPSULE 30 MG IRON-1.2 MG-55 MG-265 MG	Non-PDL Generic	
THERA TABLET 400 MCG	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	
THERAPEUTIC-M TABLET 9 MG IRON-400 MCG	Non-PDL Generic	
THERA-TABS CAPLET	Non-PDL Generic	

Drug	Status	Notes
THERATRUM COMPLETE 50 PLUS TAB 0.4 MG-300 MCG- 250 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	
ULTRA FREEDA WITH IRON TABLET 6 MG IRON-267 MCG	Non-PDL Generic	
VITACEL TABLET 800-250-750 MCG	Non-PDL Generic	
VITALEE TABLET 0.4 MG	Non-PDL Generic	
vitamin b complex-vit c caplet (rx)	Non-PDL Generic	
VITAMINS FOR HAIR CAPSULE 400-400 MCG	Non-PDL Generic	
WESCAP-PN DHA CAPSULE 27 MG IRON-1 MG -300 MG	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 FORMULA CAPLET (RX) 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
YELETS TABLET 18-400 MG-MCG	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	
Pediatric Vitamin Preparations		
ALIVE KIDS CHEWABLE MV TABLET 2.5 MG IRON- 75 MG-15 MG	Non-PDL Brand	
ALIVE KIDS MULTIVITAMIN GUMMY 50 MG	Non-PDL Brand	
ALIVE PREMIUM KIDS GUMMY 66.5 MG	Non-PDL Brand	
ANIMAL CHEWS TABLET	Non-PDL Generic	
CENTRUM KIDS MULTIGUMMY	Non-PDL Brand	

Drug	Status	Notes
CEROVITE JR TABLET CHEW 18 MG IRON- 10 MCG	Non-PDL Brand	
CHILD MULTIVITAMIN PLUS IRON 18 MG IRON	Non-PDL Generic	
CHILDREN MULTIVITAMIN CHEW TAB	Non-PDL Generic	
CHILDREN MULTIVITAMIN GUMMIES	Non-PDL Generic	
CHILDREN MULTIVITAMIN GUMMIES	Non-PDL Generic	
CHILDREN MULTIVITAMIN GUMMIES GLUTEN-FREE	Non-PDL Generic	
CHILDREN'S CHEW MULTIVITAMIN	Non-PDL Generic	
CHILDREN'S CHEWABLES 300 MCG	Non-PDL Generic	
CHILDREN'S CHEWABLES 300 MCG	Non-PDL Generic	
CHILDREN'S CHEWABLES 9-200 MG IRON-MCG	Non-PDL Generic	
CHILDREN'S MULTI-VIT GUMMIES 200 MCG	Non-PDL Generic	
CHILDREN'S MULTIVITAMIN GUMMY	Non-PDL Generic	
CHILD'S CHEW MULTIVIT W/IRON 15 MG IRON	Non-PDL Brand	
CHILD'S CHEWABLE MULTIVIT TAB 300 MCG	Non-PDL Generic	
CHILD'S CHEWABLE VITAMIN TAB INNER (RX)	Non-PDL Brand	
CHILD'S CHEWABLE VITAMIN TAB OUTER (RX)	Non-PDL Brand	
CHILD'S OMEGA-3 DHA MULTIVITAM 250-3-50 UNIT,MG,UNIT	Non-PDL Generic	
CULTURELLE KID PROB-MV 5B CHEW 5 BILLION CELL	Non-PDL Brand	
CULTURELLE KID PRO-MV 2.5B CHW 2.5 BILLION CELL	Non-PDL Brand	
CULTURELLE KID PRO-MV-LUT GMMY 500 MILLION CELL	Non-PDL Brand	
CVS CHILD CHEW VITAMN COMPLETE 18 MG IRON	Non-PDL Generic	

Drug	Status	Notes
CVS CHILD GUMMY DINOS GUMMIES	Non-PDL Generic	
CVS KIDS' MULTIVITAMIN GUMMY	Non-PDL Generic	
DAVIMET-FLUORIDE 0.75 MG CHW TB 0.75 MG FLUORIDE	Non-PDL Brand	
DEKAS PLUS LIQUID 500 MCG/ML	Non-PDL Brand	
EMERGEN-C KIDZ 250 MG PACKET FRUIT PUNCH	Non-PDL Brand	
EMERGEN-C KIDZ 250 MG PACKET GRAPE	Non-PDL Brand	
EMERGEN-C KIDZ 250 MG PACKET ORANGE	Non-PDL Brand	
EMERGEN-C KIDZ DAILY IMMUN GMY	Non-PDL Brand	
EMERGEN-C KIDZ IMMUNE PLUS GMY	Non-PDL Brand	
EQ CHILD COMPLETE CHEW TABLET 18 MG IRON	Non-PDL Generic	
EQ CHILD MULTIVITAMIN GUMMIES P/F	Non-PDL Generic	
FLINTSTONES + CALCIUM TAB	Non-PDL Brand	
FLINTSTONES COMPLETE CHEW TAB 10 MG IRON	Non-PDL Brand	
FLINTSTONES COMPLETE GUMMIES	Non-PDL Brand	
FLINTSTONES EXTRA C GUMMIES 100 MCG	Non-PDL Brand	
FLINTSTONES EXTRA C TAB CHEW (RX)	Non-PDL Generic	
FLINTSTONES GUMMIES CHEW TAB	Non-PDL Brand	
FLINTSTONES GUMMIES CHEW TAB 16 MG	Non-PDL Brand	
FLINTSTONES IMMUNITY CHEW TAB 10 MG IRON	Non-PDL Brand	
FLINTSTONES MULTIVIT CHEW TAB 300 MCG	Non-PDL Brand	
FLINTSTONES MULTI-VIT GUMMIES 100 MCG, 200 MCG	Non-PDL Brand	

Drug	Status	Notes
FLINTSTONES SOUR-GUM CHEW TAB	Non-PDL Brand	
FLINTSTONES TAB CHEW 100 MCG	Non-PDL Generic	
FLINTSTONES TABLET CHEWABLE	Non-PDL Generic	
FLINTSTONES WITH EXTRA IRON 18 MG IRON	Non-PDL Brand	
FLORIVA 0.25 MG CHEW TABLET 0.25MG FLUORIDE (0.55 MG)	Non-PDL Brand	
FLORIVA 0.5 MG CHEWABLE TABLET 0.5 MG FLUORIDE (1.1 MG)	Non-PDL Brand	
FLORIVA 1 MG CHEWABLE TABLET 1 MG FLUORIDE (2.2 MG)	Non-PDL Brand	
FLORIVA PLUS 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	Non-PDL Brand	
FLOTREX 0.25 MG TABLET CHEW	Non-PDL Brand	
FLOTREX 0.5 MG TABLET CHEW	Non-PDL Brand	
FLOTREX 1 MG TABLET CHEW	Non-PDL Brand	
FT CHILDREN'S MULTI GUMMY	Non-PDL Generic	
FT CHILDREN'S MULTI IMMUN CHEW	Non-PDL Brand	
GNP CHILDREN'S CHEWABLES 300 MCG	Non-PDL Generic	
GNP CHILDREN'S CHEWABLES 300 MCG	Non-PDL Generic	
GNP CHILDREN'S CHEWABLES 9-200 MG IRON-MCG	Non-PDL Generic	
GNP CHILDRENS CHEWABLES MVI	Non-PDL Generic	
GNP CHILDREN'S MULTI GUMMY	Non-PDL Generic	
GUMMI BEAR MULTIVIT TAB CHEW MULTIVIT & MINERALS (RX)	Non-PDL Generic	
HI-D PEDIATRIC DROP 76-1,000 MCG/ML	Non-PDL Brand	
infant vitamin a-c-d drop 250 mcg-50 mg- 10 mcg/ml	Non-PDL Generic	

Drug	Status	Notes
INFANT-TODDLER MULTIVIT DROP 250 MCG-50 MG- 10 MCG/ML	Non-PDL Generic	
INFANT-TODDLER MULTIVIT DROP 250 MCG-50 MG- 10 MCG-5 MG/ML	Non-PDL Generic	
INFANT-TODDLER MULTIVIT-IRON 11 MG IRON/ML	Non-PDL Generic	
infant-toddler vit a-c-d drop 250 mcg-50 mg-10 mcg/ml	Non-PDL Generic	
INF-TODDLER MULTIVIT 1 ML ENFIT INNER 250 MCG-50 MG- 10 MCG/ML	Non-PDL Generic	
INF-TODDLER MULTIVIT 1 ML ENFIT OUTER 250 MCG-50 MG- 10 MCG/ML	Non-PDL Generic	
JUST 4 KIDZ MV-PROBIOTIC GUMMY 1.25 MG	Non-PDL Brand	
KIDS MULTI ZERO GUMMIES	Non-PDL Generic	
KIDSTART CHEWABLE TABLET	Non-PDL Brand	
LITTLE ANIMALS CHILD TB CHW	Non-PDL Generic	
LIVITA CHILDREN MULTIVIT LIQ	Non-PDL Brand	
LYSIPLEX PLUS LIQUID	Non-PDL Generic	
multivitamin-iron 1 ml enfit syringe inner 11 mg iron/ml	Non-PDL Generic	
multivitamin-iron 1 ml enfit syringe outer 11 mg iron/ml	Non-PDL Generic	
MULTIVIT-FLUOR 0.25 MG TAB CHW (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUOR 0.25 MG TAB CHW 0.25 MG FLUORIDE	Non-PDL Generic	90 DS
MULTIVIT-FLUOR 0.25 MG TAB CHW GRAPE FLAVOR (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUOR 0.25 MG/ML DROP (RX)	Non-PDL Generic	
MULTIVIT-FLUOR 0.5 MG TAB CHEW (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUOR 0.5 MG TAB CHEW 0.5 MG FLUORIDE	Non-PDL Generic	90 DS
MULTIVIT-FLUOR 0.5 MG TAB CHEW GRAPE FLAVOR (RX)	Non-PDL Generic	90 DS

Drug	Status	Notes
MULTIVIT-FLUOR 0.5 MG/ML DROP (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUORIDE 1 MG TAB CHW (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUORIDE 1 MG TAB CHW 1 MG FLUORIDE	Non-PDL Generic	90 DS
MULTIVIT-FLUORIDE 1 MG TAB CHW GRAPE FLAVOR (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUOR-IRON 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 (RX)	Non-PDL Generic	90 DS
MVC-FLUORIDE 0.5 MG TAB CHEW CHEWABLE, D/F (RX)	Non-PDL Generic	90 DS
MVC-FLUORIDE 1 MG TAB CHEW CHEWABLE, D/F (RX)	Non-PDL Generic	90 DS
MVW COMPLETE FORM MULTIVI SFGL 1,500-800 UNIT-MCG	Non-PDL Generic	
MVW COMPLETE FORM MULTIVI SFGL 750-500 UNIT-MCG	Non-PDL Brand	
MVW COMPLETE FORM MULTIVIT CHW 1,500-1,000 UNIT-MCG	Non-PDL Generic	
MVW COMPLETE FORMUL D3000 CHEW	Non-PDL Brand	
MVW COMPLETE FORMUL D3000 SFGL	Non-PDL Brand	
MVW COMPLETE FORMUL D5000 CHEW	Non-PDL Brand	
MVW COMPLETE FORMUL D5000 SFGL	Non-PDL Brand	
MVW COMPLETE FORMUL PEDIA DRPS 750-500 UNIT-MCG/0.5 ML	Non-PDL Brand	
MVW MODULATOR FORMUL PEDIA DRP OUTER 2,000 MCG-150 MG-19 MCG/3 ML	Non-PDL Brand	
NANO VM 1-3 POWDER 3.5-75 MG-MCG	Non-PDL Brand	
NANO VM 4-8 POWDER 5-100 MG-MCG	Non-PDL Brand	
NANOVM 9-18 POWDER 2 MG IRON/ 2.6 GRAM	Non-PDL Brand	
NANOVM T-F POWDER 2.75 MG IRON/ 5.4 GRAM	Non-PDL Brand	

Drug	Status	Notes
NOVAFERRUM YUM PED MV-IRON DRP 10 MG IRON/ML	Non-PDL Brand	
NOVAMV MMM PED MULTIVIT DROP 750 UNIT-35 MG- 400 UNIT/ML	Non-PDL Brand	
ONE-A-DAY KID'S GUMMIES	Non-PDL Brand	
ONE-A-DAY TEEN HER VITACRAVES (RX) 300 UNIT- 37.5 MCG	Non-PDL Brand	
ONE-A-DAY TEEN HIM VITACRAVES 300-37.5 UNIT-MCG	Non-PDL Brand	
PEDIA POLY-VITE DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML	Non-PDL Brand	
PEDIA POLY-VITE WITH IRON DROP 11 MG IRON/ML	Non-PDL Brand	
PEDIA TRI-VITE DROP 250 MCG-50 MG-10 MCG/ML	Non-PDL Generic	
PEDIATRIC POLY-VITE DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML	Non-PDL Generic	
PEDIATRIC POLY-VITE-IRON DROPS 11 MG IRON/ML	Non-PDL Generic	
PEDIATRIC TRI-VITE DROPS 750 UNIT-35 MG -400 UNIT/ML	Non-PDL Generic	
pharm choice poly-vit-iron drp 10 mg iron/ml	Non-PDL Generic	
pharmacist choice ped poly-vit 750 unit-35 mg- 400 unit/ml	Non-PDL Generic	
pharmacist choice ped tri-vit 750 unit-35 mg - 400 unit/ml	Non-PDL Generic	
POLY-VI-FLOR 0.25 MG TAB CHEW 0.25 MG FLUORIDE	Non-PDL Brand	
POLY-VI-FLOR 0.25 MG/ML DROP 0.25 MG FLUORIDE/ML	Non-PDL Brand	
POLY-VI-FLOR 0.25 MG/ML DRP 0.25 MG FLUORIDE/ML	Non-PDL Brand	
POLY-VI-FLOR 0.5 MG TAB CHEW 0.5 MG FLUORIDE	Non-PDL Brand	
POLY-VI-FLOR 1 MG TAB CHEW 1 MG FLUORIDE	Non-PDL Brand	
POLY-VI-FLOR-IRON 0.25 MG/ML 0.25MG FLUORIDE -7 MG IRON/ML	Non-PDL Brand	
POLY-VI-FLOR-IRON 0.5-10 MG CHW 0.5 MG FLUORIDE -10 MG IRON	Non-PDL Brand	

Drug	Status	Notes
POLY-VI-SOL 250 MCG-50 MG/ML DRP 250 MCG-50 MG- 10 MCG/ML	Non-PDL Brand	
POLY-VI-SOL WITH IRON DROPS 11 MG IRON/ML	Non-PDL Brand	
POLY-VITA DROPS 750 UNIT-35 MG- 400 UNIT/ML	Non-PDL Brand	
POLY-VITA WITH IRON DROPS 10 MG/ML	Non-PDL Brand	
SCOOBY-DOO ONE A DAY GUMMIES	Non-PDL Brand	
SCOOBY-DOO ONE A DAY TABLET	Non-PDL Generic	
SOLUVITA A,C,D-FLUOR 0.25 MG/ML 0.25 MG FLUOR. (0.55 MG)/ML	Non-PDL Brand	
SOLUVITA MV-FLUORIDE 0.25 MG/ML	Non-PDL Generic	
SOLUVITA MV-FLUORIDE 0.5 MG/ML	Non-PDL Brand	
TRI-VI-FLOR 0.25 MG/ML DROP 0.25 MG/ML FLUORIDE	Non-PDL Brand	
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 0.25 MG/ML FLUORIDE	Non-PDL Generic	
TRI-VIT-FLUOR 0.25 MG/ML DROP D/F,GLUTEN FREE (RX) 0.25 MG FLUOR. (0.55 MG)/ML	Non-PDL Generic	
TRI-VIT-FLUOR 0.5 MG/ML DROP D/F, GLUTEN-FREE (RX) 0.5 MG FLUORIDE (1.1 MG)/ML	Non-PDL Generic	
TROPICAL LIQUID NUTRITION	Non-PDL Brand	
VITALETS TABLET CHEWABLE CHILD, ORANGE (RX)	Non-PDL Generic	
VITALETS TABLET CHEWABLE CHILD, RASPBERRY 10 MG IRON	Non-PDL Brand	
VITALETS TABLET CHEWABLE CHILD, RASPBERRY 10 MG IRON	Non-PDL Generic	
VITALETS TABLET CHEWABLE CHILD,UNFLAVORED 10 MG IRON	Non-PDL Brand	

Drug	Status	Notes
ZOO FRIENDS TABLET CHEWABLE (RX)	Non-PDL Generic	
Prenatal Vitamin Preparations		
ATABEX ONE PRENATAL DR CAPSULE 27 MG IRON- 1,000 MCG DFE	Preventive	
BAL-CARE DHA COMBO PACK 27-1-430 MG	Preventive	
BAL-CARE DHA ESSENTIAL PACK 27 MG IRON-1 MG -374 MG	Preventive	
CADEAU DHA SOFTGEL 29 MG IRON- 1 MG-150 MG	Preventive	
C-NATE DHA SOFTGEL 28 MG IRON-1 MG -200 MG	Non-PDL Generic	
COMPLETE NATAL DHA 29 MG IRON- 1 MG-200 MG	Preventive	
COMPLETENATE TABLET CHEW 29 MG IRON- 1 MG	Preventive	
CVS PRENATAL MULTI-DHA SOFTGEL 27MG IRON- 800 MCG-250 MG	Preventive	
CVS PRENATAL MULTIVIT-DHA SFGL 27MG IRON- 800 MCG-250 MG	Preventive	
CVS PRENATAL VITAMINS TABLET (RX) 27 MG IRON- 0.8 MG	Preventive	
CVS WOMEN'S PRENATAL PLUS DHA 28 MG-975 MCG- 200 MG	Preventive	
FT PRENATAL TABLET (RX) 28 MG IRON-800 MCG	Preventive	
GNP PRENATAL TABLET (RX) 28 MG IRON- 800 MCG	Preventive	
GS PRENATAL VITAMINS TABLET 28-800 MG-MCG	Preventive	
KOSHER PRENATAL PLUS IRON TAB 30 MG IRON- 1 MG	Non-PDL Generic	
KPN PRENATAL TABLET 9 MG IRON- 267 MCG	Preventive	
MARNATAL-F CAPSULE 60 MG IRON-1 MG	Non-PDL Generic	
MASONATAL PRENATAL TABLET 28 MG IRON- 800 MCG	Preventive	
MINI PRENATAL TABLET 6.75 MG IRON-200 MCG	Preventive	
M-NATAL PLUS TABLET 27 MG IRON- 1 MG	Preventive	90 DS

Drug	Status	Notes
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Preventive	
MYNATAL CAPSULE 65 MG IRON- 1 MG	Preventive	
MYNATAL ORAL TABLET 90-1-50 MG	Preventive	
MYNATAL PLUS CAPTAB 65 MG IRON- 1 MG	Preventive	
MYNATAL-Z CAPTAB 65 MG IRON- 1 MG	Preventive	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Preventive	
NEWGEN TABLET 32-1,000 MG-MCG	Non-PDL Generic	
OBSTETRIX DHA COMBO PACK 29 MG IRON- 1,700 MCG DFE	Preventive	
OBSTETRIX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG	Preventive	
OBSTETRIX EC CAPLET 29 MG IRON-1,700 MCG DFE	Preventive	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG	Preventive	
ONE-A-DAY PRENATAL ADV COMBOPK 27 MG IRON-800 MCG-110 MG	Preventive	
ONE-A-DAY PRENATAL-1 SOFTGEL 27 MG IRON- 800 MCG-235 MG	Preventive	
PNV PRENATAL PLUS MULTIVIT TAB GLUTEN-FREE (RX) 27 MG IRON- 1 MG	Preventive	90 DS
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Preventive	
PNV-SELECT TABLET 27-1 MG	Preventive	
PR NATAL 400 COMBO PACK 29-1-400 MG	Preventive	
PR NATAL 400 EC COMBO PACK 29-1-400 MG	Preventive	
PR NATAL 430 COMBO PACK 29 MG IRON-1 MG -430 MG	Preventive	
PR NATAL 430 EC COMBO PACK 29-1-430 MG	Preventive	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG	Non-PDL Generic	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Non-PDL Generic	

Drug	Status	Notes
PRENATA CHEWABLE TABLET 29 MG IRON- 1 MG	Preventive	
PRENATABS FA TABLET 29-1 MG	Preventive	90 DS
PRENATABS RX TABLET 29 MG IRON- 1 MG	Preventive	90 DS
PRENATAL + DHA COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON-800 MCG-200 MG	Preventive	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Preventive	
PRENATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG	Preventive	90 DS
PRENATAL 19 TABLET 29 MG IRON- 1 MG	Preventive	
PRENATAL CAPLET (RX) 28 MG IRON-800 MCG	Preventive	
PRENATAL COMPLETE CAPLET 14 MG IRON- 400 MCG	Preventive	
PRENATAL ESSENTIALS CAPSULE 6 MG IRON- 272 MCG DFE	Preventive	
PRENATAL FORMULA TABLET 9 MG IRON- 267 MCG	Preventive	
PRENATAL FORMULA-DHA SOFTGEL 28 MG-800 MCG- 200 MG	Preventive	
PRENATAL GUMMIES 400-32.5 MCG-MG	Preventive	
PRENATAL MULTI TABLET 27-800 MG-MCG	Preventive	
PRENATAL MULTI-DHA SOFTGEL 27 MG IRON-800 MCG-260 MG	Preventive	
PRENATAL MULTI-DHA SOFTGEL 27MG IRON- 800 MCG-250 MG	Preventive	
PRENATAL MULTIVITAMIN TABLET (RX) 28 MG IRON- 800 MCG	Preventive	
PRENATAL MULTIVITAMIN-DHA SFGL 27MG IRON- 800 MCG-250 MG	Preventive	
PRENATAL ONE DAILY TABLET 27 MG IRON- 800 MCG	Preventive	
PRENATAL PLUS IRON TABLET (RX) 29 MG IRON- 1 MG	Preventive	
PRENATAL PLUS VITAMIN-MINERAL 27 MG IRON- 1 MG	Preventive	
PRENATAL PLUS-DHA COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	Preventive	

Drug	Status	Notes
PRENATAL TABLET (RX) 27 MG IRON- 0.8 MG	Preventive	
PRENATAL TABLET (RX) 28 MG IRON- 800 MCG	Preventive	
prenatal tablet 28 mg iron- 800 mcg	Preventive	
prenatal tablet 28 mg iron- 800 mcg	Preventive	
prenatal tablet 28 mg iron- 800 mcg	Preventive	
PRENATAL TABLET INNER (RX) 27 MG IRON- 0.8 MG	Preventive	
PRENATAL TABLET N, GLUTEN-FREE (RX) 28 MG IRON- 800 MCG	Preventive	
PRENATAL TABLET NO LACTOSE,P/F,N (RX) 28 MG IRON- 800 MCG	Preventive	
PRENATAL TABLET NO LACTOSE,P/F,N (RX) 28 MG IRON- 800 MCG	Preventive	
PRENATAL TABLET OUTER (RX) 27 MG IRON- 0.8 MG	Preventive	
PRENATAL TABLET P/F,N (RX) 28 MG IRON- 800 MCG	Preventive	
PRENATAL TABLET VITAMIN & MINERAL (RX) 28 MG IRON- 800 MCG	Preventive	
PRENATAL VITAMIN PLUS LOW IRON 27 MG IRON- 1 MG	Preventive	90 DS
PRENATAL VITAMIN TABLET (RX) 27 MG IRON- 0.8 MG	Preventive	
PRENATAL VITAMIN TABLET 27 MG IRON-800 MCG	Preventive	
PRENATAL VITAMINS TABLET PHOSPHORUS FREE (RX) 28 MG IRON-800 MCG	Preventive	
PROVIDA OB CAPSULE 40 MG IRON- 1.25 MG	Preventive	
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	Preventive	90 DS
SE-NATAL 19 TABLET 29 MG IRON- 1 MG	Preventive	
SIMILAC PRENATAL COMBO PACK 27 MG IRON-800 MCG-200 MG	Preventive	

Drug	Status	Notes
STUART ONE CAPSULE 27 MG IRON- 800 MCG-200 MG	Preventive	
SV PRENATAL TABLET P/F,GLUTEN-FREE (RX) 28 MG IRON- 800 MCG	Preventive	
SV PRENATAL VITAMINS TABLET 28-800 MG-MCG	Preventive	
THERANATAL COMPLETE COMBO 27 MG IRON- 1 MG-150 MG	Preventive	
THERANATAL CORE NUTRITION TAB 27 MG IRON- 1 MG	Preventive	
THERANATAL ONE SOFTGEL 27 MG IRON-1000 MCG-300 MG	Preventive	
THERANATAL PLUS COMBO PACK 27 MG IRON- 1 MG-300 MG	Preventive	
THRIVITE RX TABLET 29 MG IRON- 1 MG	Preventive	
TRICARE PRENATAL TABLET (RX) 27 MG IRON- 1 MG	Preventive	
TRINATAL RX 1 TABLET 60 MG IRON-1 MG	Preventive	
TRINATE TABLET 28 MG IRON- 1 MG	Preventive	90 DS
ULTRA PRENATAL PLUS DHA SOFTGL 27 MG-800 MCG- 250 MG-200 MG	Preventive	
VITAFOL-OB+DHA COMBO PACK 65-1-250 MG	Non-PDL Generic	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Non-PDL Generic	
WESNATE DHA SOFTGEL 28 MG IRON-1 MG -200 MG	Non-PDL Generic	
WESTAB PLUS TABLET 27 MG IRON- 1 MG	Preventive	90 DS
Prenatal Vitamins Without Iron		
CVS PRENATAL GUMMIES 400 MCG	Preventive	
CVS PRENATAL GUMMIES 400 MCG-35 MG- 25 MG-5 MG	Preventive	
ONE-A-DAY PRENATAL GUMMY 400 MCG- 25 MG	Preventive	
P2I PRENATAL WITH CHOLINE CAP 4.25 MG IRON- 333.5 MCG DFE	Preventive	
R-NATAL OB SOFTGEL 20 MG IRON- 1 MG-320 MG	Non-PDL Generic	
THERANATAL OVAVITE COMBO PACK 18-1-125 MG-MG-UNIT	Preventive	

Drug	Status	Notes
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG	Preventive	
Vitamin A Preparations		
beta carotene 7,500 mcg sfgl (rx)	Non-PDL Generic	
beta-carotene 25,000 unit sfgl softgel (rx) 7,500 mcg (25,000 unit)	Non-PDL Generic	
cvs beta-carotene 25,000 unit (rx) 7,500 mcg (25,000 unit)	Non-PDL Generic	
cvs vitamin a 2,400 mcg sftgl (rx)	Non-PDL Generic	
ft vitamin a 3,000 mcg softgel (rx)	Non-PDL Generic	
gnp vitamin a 3,000 mcg softgl (rx)	Non-PDL Generic	
PREVENT SOFTGELS	Non-PDL Generic	
vitamin a 10,000 unit softgel (rx) 3,000 mcg (10,000 unit)	Non-PDL Generic	
vitamin a 10,000 unit softgel p/f,n,softgel (rx) 3,000 mcg (10,000 unit)	Non-PDL Generic	
vitamin a 3,000 mcg softgel (rx)	Non-PDL Generic	
vitamin a 3,000 mcg softgel (rx)	Non-PDL Generic	
vitamin a 8,000 unit capsule (rx) 2,400 mcg	Non-PDL Generic	
Vitamin B Preparations		
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-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	

Drug	Status	Notes
B-COMPLEX 100 INJECTION 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 plus vitamin c cplt (rx) 400 mcg	Non-PDL Generic	
b-complex with vit c caplet (rx) 400 mcg	Non-PDL Generic	
b-complex with vit c caplet 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	
FOLBEE PLUS TABLET 5 MG	Non-PDL Generic	
FOLBIC TABLET 2.5-25-2 MG	Non-PDL Generic	
FULL SPECTRUM B WITH VIT C TAB 0.8 MG	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 VITAMINS TABLET 0.8 MG	Non-PDL Generic	
NEPHRO-VITE TABLET (RX) 0.8 MG	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	

Drug	Status	Notes
RENO CAPS SOFTGEL 1 MG	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 complex-vit c caplet (rx) 400 mcg	Non-PDL Generic	
SUPER B-50 COMPLEX CAPSULE 400 MCG-20 MG- 50 MG	Non-PDL Generic	
SUPER QUINTS B-50 TABLETS	Non-PDL Generic	
TRIPHROCAPS SOFTGEL SOFTGEL (RX) 1 MG	Non-PDL Generic	
vitamin b complex softgel (rx)	Non-PDL Generic	
vitamin b complex tablet (rx)	Non-PDL Generic	
vitamin b complex-vitamin c tb (rx) 400 mcg	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	
WESCAPS CAPSULE 1 MG	Non-PDL Generic	
WESTAB MAX TABLET 2.5-25-2 MG	Non-PDL Generic	
Vitamin B1 Preparations		
CVS B-1 100 MG TABLET P/F,GLUTEN-FREE (RX)	Non-PDL Generic	
cvs vitamin b-1 100 mg tablet (rx)	Non-PDL Generic	
ft vitamin b-1 100 mg tablet (rx)	Non-PDL Generic	
GNP VITAMIN B-1 100 MG TABLET (RX)	Non-PDL Generic	
thiamine 100 mg tablet (rx)	Non-PDL Generic	
thiamine 100 mg tablet coated (rx)	Non-PDL Generic	

Drug	Status	Notes
thiamine 200 mg/2 ml vial 25's,mdv,outer 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial inner, muv 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial inner,muv 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 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 200 mg/2 ml vial muv, p/f, inner 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial muv, p/f, outer 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial outer, muv 100 mg/ml	Non-PDL Generic	
thiamine 200 mg/2 ml vial outer,muv 100 mg/ml	Non-PDL Generic	
true vitamin b-1 100 mg tablet	Non-PDL Generic	
vitamin b-1 100 mg tablet (rx)	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET (RX)	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET (RX)	Non-PDL Generic	
vitamin b-1 100 mg tablet	Non-PDL Generic	
vitamin b-1 100 mg tablet gluten-free	Non-PDL Generic	
vitamin b-1 100 mg tablet inner	Non-PDL Generic	
vitamin b-1 100 mg tablet outer	Non-PDL Generic	

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

Drug	Status	Notes
cyanocobalamin 10,000 mcg/10 ml inner, muv	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 ml inner,mdv	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 ml mdv, inner	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 ml mdv, outer	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 ml mdv,inner	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 ml mdv,outer	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 ml outer, muv	Non-PDL Generic	
cyanocobalamin 10,000 mcg/10 ml outer,mdv	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 ml inner,mdv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 ml inner,muv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 ml mdv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 ml mdv,5's 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 ml muv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 ml muv, inner 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 ml muv, outer 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 ml outer,mdv 1,000 mcg/ml	Non-PDL Generic	
cyanocobalamin 30,000 mcg/30 ml outer,muv 1,000 mcg/ml	Non-PDL Generic	
eql vitamin b-12 1,000 mcg tab (rx)	Non-PDL Generic	
EQL VITAMIN B-12 500 MCG TAB (RX)	Non-PDL Generic	
FN VITAMIN B-12 1,000 MCG TAB TIME RELEASE,LAC/FRE (RX)	Non-PDL Generic	
ft vitamin b-12 1,000 mcg tab (rx)	Non-PDL Generic	

Drug	Status	Notes
ft vitamin b-12 500 mcg tablet	Non-PDL Generic	
ft vitamin b12 er 1,000 mcg tb (rx)	Non-PDL Generic	
gnp vit b-12 er 1,000 mcg tab prolonged release (rx)	Non-PDL Generic	
gnp vitamin b-12 500 mcg tab maximum strength	Non-PDL Generic	
hydroxocobalamin 1,000 mcg/ml	Non-PDL Generic	
sv vitamin b-12 500 mcg tablet	Non-PDL Generic	
sv vitamin b12 tr 1,000 mcg tb (rx)	Non-PDL Generic	
true vitamin b-12 1,000 mcg tab (rx)	Non-PDL Generic	
true vitamin b-12 500 mcg tab	Non-PDL Generic	
vitamin b12 1,000 mcg tab sa (rx)	Non-PDL Generic	
vitamin b-12 1,000 mcg tablet (rx)	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET (RX)	Non-PDL Generic	
vitamin b-12 1,000 mcg tablet inner (rx)	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET N, P/F (RX)	Non-PDL Generic	
vitamin b-12 1,000 mcg tablet outer (rx)	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET P/F,GLUTEN-FREE (RX)	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET P/F,STARCH/SOY-FREE (RX)	Non-PDL Generic	
vitamin b-12 100 mcg tablet (rx)	Non-PDL Generic	
VITAMIN B-12 100 MCG TABLET (RX)	Non-PDL Generic	
VITAMIN B-12 100 MCG TABLET P/F,N (RX)	Non-PDL Generic	
vitamin b-12 250 mcg tablet (rx)	Non-PDL Generic	

Drug	Status	Notes
VITAMIN B-12 250 MCG TABLET (RX)	Non-PDL Generic	
VITAMIN B12 500 MCG TABLET (RX)	Non-PDL Generic	
VITAMIN B-12 500 MCG TABLET (RX)	Non-PDL Generic	
vitamin b-12 500 mcg tablet	Non-PDL Generic	
vitamin b-12 500 mcg tablet gluten-free	Non-PDL Generic	
vitamin b-12 500 mcg tablet inner	Non-PDL Generic	
vitamin b-12 500 mcg tablet outer	Non-PDL Generic	
VITAMIN B-12 500 MCG TABLET P/F (RX)	Non-PDL Generic	
vitamin b-12 500 mcg tablet p/f,gluten-free	Non-PDL Generic	
vitamin b-12 er 1,000 mcg tab (rx)	Non-PDL Generic	
vitamin b-12 tr 1,000 mcg tab (rx)	Non-PDL Generic	
vitamin b-12 tr 1,000 mcg tab gluten-free, f/c (rx)	Non-PDL Generic	
VITAMIN B-12 TR 1,000 MCG TAB P/F (RX)	Non-PDL Generic	
Vitamin B2 Preparations		
cvs vitamin b-2 100 mg tablet	Non-PDL Generic	
true vitamin b2 100 mg tablet	Non-PDL Generic	
vitamin b-2 100 mg tablet	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET COATED,P/F (RX)	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET GLUTEN-FREE (RX)	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET P/F (RX)	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET P/F, LACTOSE-F (RX)	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET Y/F,GLUTEN/F (RX)	Non-PDL Generic	

Drug	Status	Notes
Vitamin B6 Preparations		
cvs vitamin b-6 100 mg tablet (rx)	Non-PDL Generic	
EQL VITAMIN B-6 100 MG TABLET (RX)	Non-PDL Generic	
ft vitamin b-6 100 mg tablet (rx)	Non-PDL Generic	
GNP VITAMIN B-6 100 MG TABLET GLUTEN FREE (RX)	Non-PDL Generic	
pyridoxine 100 mg/ml vial muv, inner	Non-PDL Generic	
pyridoxine 100 mg/ml vial muv, outer	Non-PDL Generic	
pyridoxine 25 mg tablet (rx)	Non-PDL Generic	
pyridoxine 25 mg tablet coated (rx)	Non-PDL Generic	
pyridoxine 50 mg tablet (rx)	Non-PDL Generic	
sv vitamin b-6 100 mg tablet (rx)	Non-PDL Generic	
true vitamin b-6 100 mg tablet (rx)	Non-PDL Generic	
vitamin b-6 100 mg tablet (rx)	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET (RX)	Non-PDL Generic	
vitamin b-6 100 mg tablet inner (rx)	Non-PDL Generic	
vitamin b-6 100 mg tablet outer (rx)	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET P/F (RX)	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET P/F,NO LACTOSE (RX)	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET P/F,NO-LACTOSE (RX)	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET Y/F,GLUTEN/F (RX)	Non-PDL Generic	
VITAMIN B-6 25 MG TABLET (RX)	Non-PDL Generic	
vitamin b-6 50 mg tablet (rx)	Non-PDL Generic	

Drug	Status	Notes
VITAMIN B-6 50 MG TABLET (RX)	Non-PDL Generic	
vitamin b-6 50 mg tablet inner (rx)	Non-PDL Generic	
vitamin b-6 50 mg tablet outer (rx)	Non-PDL Generic	
VITAMIN B-6 50 MG TABLET P/F (RX)	Non-PDL Generic	
VITAMIN B-6 50 MG TABLET Y/F,GLUTEN/F (RX)	Non-PDL Generic	
Vitamin C Preparations		
ACEROLA C 500 MG WAFER (RX)	Non-PDL Generic	
ascorbic acid 500 mg tablet (rx)	Non-PDL Generic	
C COMPLEX 1,000 MG TABLET SA	Non-PDL Generic	
C-1,000 MG TABLET (RX)	Non-PDL Generic	
C-1,000 MG WITH ROSE HIPS CPLT CAPLET	Non-PDL Generic	
C-1,000 MG WITH ROSE HIPS TAB P/F	Non-PDL Generic	
C-1000 ER CAPLET	Non-PDL Generic	
C-500 ER TABLET 500 MG	Non-PDL Generic	
C-500 MG TABLET (RX)	Non-PDL Generic	
C-500 MG TABLET CHEWABLE (RX)	Non-PDL Generic	
C-500 MG TABLET ROSE HIPS (RX)	Non-PDL Generic	
CVS VIT C-ROSE HIP 1,000 MG TB (RX)	Non-PDL Generic	
CVS VIT C-ROSE HIP 500 MG CHEW	Non-PDL Generic	
CVS VIT C-ROSE HIP 500 MG CPLT (RX)	Non-PDL Generic	
CVS VIT C-ROSE HIPS 500 MG TAB (RX)	Non-PDL Generic	
cvs vitamin c 1,000 mg caplet (rx)	Non-PDL Generic	

Drug	Status	Notes
cvs vitamin c 250 mg tablet (rx)	Non-PDL Generic	
CVS VITAMIN C 500 MG CAPLET P/F,GLUTEN-FREE (RX)	Non-PDL Generic	
cvs vitamin c 500 mg tablet (rx)	Non-PDL Generic	
ENDUR-C ROSE HIPS SR 1,000 MG	Non-PDL Generic	
ENDUR-C ROSE HIPS SR 500 MG TB	Non-PDL Generic	
EQL VITAMIN C 1,000 MG TABLET P/F, LACTOSE FREE (RX)	Non-PDL Generic	
FRUIT C-500 TABLET CHEWABLE 500 MG	Non-PDL Generic	
FT VIT C-ROSE HIP 1,000 MG TAB (RX)	Non-PDL Generic	
FT VIT C-ROSE HIPS 500 MG TAB (RX)	Non-PDL Generic	
ft vitamin c 1,000 mg tablet (rx)	Non-PDL Generic	
ft vitamin c 500 mg chew tab	Non-PDL Generic	
GNP VIT C-ROSE HIPS 500 MG TAB (RX)	Non-PDL Generic	
GNP VITAMIN C 1,000 MG TABLET (RX)	Non-PDL Generic	
GNP VITAMIN C 1,000 MG TABLET WITH ROSE HIPS (RX)	Non-PDL Generic	
GNP VITAMIN C 250 MG TABLET (RX)	Non-PDL Generic	
GNP VITAMIN C 500 MG TAB CHEW CHEWABLES (RX)	Non-PDL Generic	
GNP VITAMIN C 500 MG TABLET (RX)	Non-PDL Generic	
GNP VITAMIN C ER 500 MG TABLET PROLONGED RELEASE (RX)	Non-PDL Generic	
hm vitamin c 500 mg tab chew (rx)	Non-PDL Generic	
SV VIT C-ROSE HIPS 1,000 MG TB P/F,GLUTEN-FREE (RX)	Non-PDL Generic	
SV VIT C-ROSE HIPS 500 MG TAB (RX)	Non-PDL Generic	

Drug	Status	Notes
SV VIT C-ROSE HIPS 500 MG TAB P/F, GLUTEN FREE (RX)	Non-PDL Generic	
SV VITAMIN C 500 MG TAB CHEW P/F, GLUTEN-FREE (RX)	Non-PDL Generic	
SV VITAMIN C TR 1,000 MG TAB W/ROSE HIPS,P/F (RX)	Non-PDL Generic	
true vitamin c 1,000 mg tablet (rx)	Non-PDL Generic	
true vitamin c 500 mg tablet (rx)	Non-PDL Generic	
VIT C-ROSE HIP 1,000 MG CAPLET (RX)	Non-PDL Generic	
VIT C-ROSE HIPS 1,000 MG CPLT CAPLET,P/F (RX)	Non-PDL Generic	
VIT C-ROSE HIPS 1,000 MG TAB (RX)	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET (RX)	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET P/F (RX)	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET WITH ROSE HIPS,P/F (RX)	Non-PDL Generic	
VIT C-ROSE HIPS TR 1,000 MG (RX)	Non-PDL Generic	
VIT C-ROSE HIPS TR 1,000 MG CAPLET,P/F (RX)	Non-PDL Generic	
VIT C-ROSE HIPS TR 500 MG CPLT CAPLET,P/F (RX)	Non-PDL Generic	
vitamin c 1,000 mg caplet (rx)	Non-PDL Generic	
VITAMIN C 1,000 MG CAPLET (RX)	Non-PDL Generic	
VITAMIN C 1,000 MG CAPLET N,CAPLET (RX)	Non-PDL Generic	
vitamin c 1,000 mg tablet (rx)	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET (RX)	Non-PDL Generic	
vitamin c 1,000 mg tablet n,caplet (rx)	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET P/F (RX)	Non-PDL Generic	

Drug	Status	Notes
vitamin c 250 mg tablet (rx)	Non-PDL Generic	
VITAMIN C 250 MG TABLET (RX)	Non-PDL Generic	
VITAMIN C 250 MG TABLET GLUTEN-FREE (RX)	Non-PDL Generic	
VITAMIN C 250 MG TABLET P/F (RX)	Non-PDL Generic	
vitamin c 500 mg tablet (rx)	Non-PDL Generic	
VITAMIN C 500 MG TABLET (RX)	Non-PDL Generic	
VITAMIN C 500 MG TABLET 10X10, U-D (RX)	Non-PDL Generic	
vitamin c 500 mg tablet chew (rx)	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW (RX)	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW (RX)	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW NATURAL & ART ORANGE (RX)	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW P/F (RX)	Non-PDL Generic	
VITAMIN C 500 MG TABLET GLUTEN-FREE (RX)	Non-PDL Generic	
VITAMIN C 500 MG TABLET P/F (RX)	Non-PDL Generic	
VITAMIN C 500 MG TABLET P/F,GLUTEN-FREE (RX)	Non-PDL Generic	
VITAMIN C 500 MG TABLET U-D (RX)	Non-PDL Generic	
VITAMIN C 500 MG TABLET Y/F,GLUTEN/F (RX)	Non-PDL Generic	
vitamin c 500 mg wafer	Non-PDL Generic	
VITAMIN C TR 1,000 MG TABLET TIMED RELEASE (RX)	Non-PDL Generic	
VITAMIN C TR 500 MG CAPLET CAPLET (RX)	Non-PDL Generic	

Drug	Status	Notes
VITAMIN C TR 500 MG TABLET TIMED RELEASE (RX)	Non-PDL Generic	
VITAMIN C-ROSE HIP 1,000 MG TB (RX)	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 10 mcg/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	Non-PDL Generic	90 DS
calcitriol 0.5 mcg capsule	Non-PDL Generic	
calcitriol 1 mcg/ml solution	Non-PDL Generic	
cvs vitamin d3 10 mcg softgel (rx) 10 mcg (400 unit)	Non-PDL Generic	
cvs vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
cvs vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
cvs vitamin d3 25 mcg softgel softgel (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
cvs vitamin d3 50 mcg softgel 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 d/f,gluten free (rx) 1,250 mcg (50,000 unit)	Non-PDL Brand	
d3-50 50,000 unit capsule 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 10 MCG (400 UNIT)	Non-PDL Generic	

Drug	Status	Notes
DELTA D3 400 UNIT TABLET 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 10 MCG/ML DROP (RX) 10 MCG/ML (400 UNIT/ML)	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	
ergocalciferol 1.25 mg capsule	Non-PDL Generic	90 DS
ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml)	Non-PDL Generic	
ergocalciferol 8,000 unit/ml (rx) 200 mcg/ml (8,000 unit/ml)	Non-PDL Generic	
ft vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
ft vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
ft vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
ft vitamin d3 50 mcg softgel 50 mcg (2,000 unit)	Non-PDL Generic	
ft vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit)	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 125 mcg softgel (rx) 125 mcg (5,000 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)	Non-PDL Generic	
gnp vitamin d3 50 mcg softgel 50 mcg (2,000 unit)	Non-PDL Generic	
infant vitamin d 10 mcg/ml drp (rx) 10 mcg/ml (400 unit/ml)	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	
PEDIATRIC D-VITE 10 MCG/ML LIQ 10 MCG/ML (400 UNIT/ML)	Non-PDL Generic	
pharm choice d3 400 unit/ml (rx) 10 mcg/ml (400 unit/ml)	Non-PDL Generic	
PUREVITA VITAMIN D3 25 MCG TAB 25 MCG (1,000 UNIT)	Non-PDL Generic	
qc vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 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 (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)	Non-PDL Generic	
SV VITAMIN D3 400 UNIT SOFTGEL SOFTGEL , P/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 (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	
true vitamin d3 125 mcg cap (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
true vitamin d3 25 mcg capsule (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
true vitamin d3 50 mcg capsule 50 mcg (2,000 unit)	Non-PDL Generic	
vitamin d2 1.25 mg(50,000 unit)	Non-PDL Generic	90 DS
VITAMIN D2 1.25 MG(50,000 UNIT) CAPSULE	Non-PDL Generic	90 DS

Drug	Status	Notes
vitamin d2 1.25 mg(50,000 unit) softgel	Non-PDL Generic	90 DS
vitamin d2 400 unit tablet 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, n,sftgl (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
vitamin d3 1,000 unit softgel 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 (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,n (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 Brand	
VITAMIN D3 1,000 UNIT TABLET (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,GLUTEN FREE (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
vitamin d3 1,250 mcg capsule (rx)	Non-PDL Generic	

Drug	Status	Notes
vitamin d3 1.25 mg softgel (rx)	Non-PDL Generic	
vitamin d3 10 mcg/ml drop (rx) 10 mcg/ml (400 unit/ml)	Non-PDL Generic	
vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml)	Non-PDL Generic	
vitamin d3 125 mcg (5000 unit) (rx)	Non-PDL Generic	
vitamin d3 125 mcg capsule (rx) 125 mcg (5,000 unit)	Non-PDL Generic	
vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 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 P/F,N,SOFTGEL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
vitamin d3 2,000 unit softgel p/f,n,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 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 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	

Drug	Status	Notes
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)	Non-PDL Generic	
vitamin d3 25 mcg softgel (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 25 mcg tablet bonus 10 tb,max str (rx) 25 mcg (1,000 unit)	Non-PDL Generic	
VITAMIN D3 25 MCG TABLET P/F, EX-STRENGTH (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
VITAMIN D3 25 MCG TABLET Y/F,P/F (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,N,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 (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/ml liquid (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	

Drug	Status	Notes
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 (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)	Non-PDL Generic	
vitamin d3 50 mcg capsule 50 mcg (2,000 unit)	Non-PDL Generic	
vitamin d3 50 mcg softgel 50 mcg (2,000 unit)	Non-PDL Generic	
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 d3 max 125 mcg softgel (rx) 125 mcg (5,000 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	Non-PDL Generic	
Vitamin E Preparations		
cvs vitamin e 180 mg softgel (rx) 180 mg (400 unit)	Non-PDL Generic	
cvs vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)	Non-PDL Generic	
cvs vitamin e 90 mg softgel 90 mg (200 unit)	Non-PDL Generic	
E-200 UNIT SOFTGEL 90 MG (200 UNIT)	Non-PDL Generic	
eql vitamin e 180 mg softgel (rx) 180 mg (400 unit)	Non-PDL Generic	
ft vitamin e 180 mg softgel (rx) 180 mg (400 unit)	Non-PDL Generic	

Drug	Status	Notes
gnp vitamin e 180 mg softgel (rx) 400 unit	Non-PDL Generic	
gnp vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)	Non-PDL Generic	
gnp vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)	Non-PDL Generic	
gnp vitamin e 90 mg softgel softgel 90 mg (200 unit)	Non-PDL Generic	
hm vitamin e 180 mg softgel (rx) 180 mg (400 unit)	Non-PDL Generic	
sv vitamin e 180 mg softgel (rx) 180 mg (400 unit)	Non-PDL Generic	
sv vitamin e 400 unit softgel p/f, gluten-free (rx) 268 mg (400 unit)	Non-PDL Generic	
sv vitamin e 450 mg softgel water soluble, p/f (rx) 450 mg (1,000 unit)	Non-PDL Generic	
sv vitamin e 670 mg softgel p/f, gluten-free (rx) 670 mg (1,000 unit)	Non-PDL Generic	
true vitamin e 450 mg capsule (rx) 450 mg (1,000 unit)	Non-PDL Generic	
vitamin e 1,000 unit softgel p/f, blend, softgel (rx)	Non-PDL Generic	
vitamin e 1,000 unit softgel p/f, gluten-f,sftgel (rx) 670 mg (1,000 unit)	Non-PDL Generic	
vitamin e 1,000 unit softgel p/f,softgel (rx)	Non-PDL Generic	
vitamin e 1,000 unit softgel softgel, finest (rx)	Non-PDL Generic	
vitamin e 1,000 unit softgel softgel, p/f (rx) 450 mg (1,000 unit)	Non-PDL Generic	
vitamin e 100 unit softgel softgel (rx) 45 mg (100 unit)	Non-PDL Generic	
vitamin e 180 mg softgel (rx) 180 mg (400 unit)	Non-PDL Generic	
vitamin e 180 mg(400 unit) sfgl (rx)	Non-PDL Generic	
vitamin e 180 mg(400 unit) sfgl inner (rx)	Non-PDL Generic	
vitamin e 180 mg(400 unit) sfgl outer (rx)	Non-PDL Generic	
vitamin e 200 unit softgel p/f, gluten-f,sftgel (rx) 134 mg (200 unit)	Non-PDL Generic	

Drug	Status	Notes
vitamin e 200 unit softgel p/f, no lactose (rx) 134 mg (200 unit)	Non-PDL Generic	
vitamin e 400 unit capsule softgel, p/f (rx) 180 mg (400 unit)	Non-PDL Generic	
vitamin e 400 unit softgel (rx) 180 mg (400 unit)	Non-PDL Generic	
vitamin e 400 unit softgel economy size (rx) 268 mg (400 unit)	Non-PDL Generic	
vitamin e 400 unit softgel p/f,softgel (rx) 180 mg (400 unit)	Non-PDL Generic	
vitamin e 400 unit softgel p/f,softgel (rx)	Non-PDL Generic	
vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)	Non-PDL Generic	
vitamin e 400 unit softgel softgel, p/f (rx) 180 mg (400 unit)	Non-PDL Generic	
vitamin e 400 unit softgel softgel,100% natural (rx) 268 mg (400 unit)	Non-PDL Generic	
vitamin e 45 mg softgel (rx) 45 mg (100 unit)	Non-PDL Generic	
vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)	Non-PDL Generic	
vitamin e 90 mg softgel 90 mg (200 unit)	Non-PDL Generic	
Zinc Replacement		
zinc 50 mg tablet (rx) 50 mg zinc (220 mg)	Non-PDL Generic	
zinc sulfate 220 mg (50 mg) cap (rx) 50 mg zinc (220 mg)	Non-PDL Generic	
zinc sulfate 220 mg capsule (rx) 50 mg zinc (220 mg)	Non-PDL Generic	
zinc sulfate 220 mg capsule inner (rx) 50 mg zinc (220 mg)	Non-PDL Generic	
zinc sulfate 220 mg capsule outer (rx) 50 mg zinc (220 mg)	Non-PDL Generic	
zinc sulfate 50 mg (220 mg) tb (rx) 50 mg zinc (220 mg)	Non-PDL Generic	
ZINC-220 CAPSULE (RX) 50 MG ZINC (220 MG)	Non-PDL Generic	
Weight Reduction		
Anorexic Agents		
benzphetamine hcl 50 mg tablet (rx)	Non-PDL Generic	PA

Drug	Status	Notes
diethylpropion 25 mg tablet	Non-PDL Generic	PA
diethylpropion er 75 mg tablet	Non-PDL Generic	PA
LOMAIRA 8 MG TABLET	Non-PDL Generic	PA
phendimetrazine 35 mg tablet	Non-PDL Generic	PA
phendimetrazine er 105 mg cap	Non-PDL Generic	PA
phentermine 15 mg capsule	Non-PDL Generic	
phentermine 30 mg capsule	Non-PDL Generic	
phentermine 37.5 mg capsule	Non-PDL Generic	
phentermine 37.5 mg tablet	Non-PDL Generic	
phentermine 8 mg tablet	Non-PDL Generic	PA
QSYMIA 11.25 MG-69 MG CAPSULE 11.25-69 MG	Non-PDL Brand	PA
QSYMIA 15 MG-92 MG CAPSULE 15-92 MG	Non-PDL Brand	PA
QSYMIA 3.75 MG-23 MG CAPSULE 3.75-23 MG	Non-PDL Brand	PA
QSYMIA 7.5 MG-46 MG CAPSULE 7.5-46 MG	Non-PDL Brand	PA
Anti-Obesity - Incretin Mimetics Combination		
ZEPBOUND 10 MG/0.5 ML PEN SUV, P/F, INNER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 10 MG/0.5 ML PEN SUV, P/F, OUTER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 10 MG/DOSE (40 MG/2.4 ML) KWIKPEN INNER, SUV 10 MG/0.6 ML (40 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
ZEPBOUND 10 MG/DOSE (40 MG/2.4 ML) KWIKPEN OUTER, SUV 10 MG/0.6 ML (40 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)

Drug	Status	Notes
ZEPBOUND 12.5 MG/0.5 ML PEN SUV, P/F, INNER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 12.5 MG/0.5 ML PEN SUV, P/F, OUTER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 12.5 MG/DOSE (50 MG/2.4 ML) KWIKPEN INNER, SUV 12.5 MG/0.6 ML (50 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
ZEPBOUND 12.5 MG/DOSE (50 MG/2.4 ML) KWIKPEN OUTER, SUV 12.5 MG/0.6 ML (50 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
ZEPBOUND 15 MG/0.5 ML PEN SUV, P/F, INNER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 15 MG/0.5 ML PEN SUV, P/F, OUTER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 15 MG/DOSE (60 MG/2.4 ML) KWIKPEN INNER, SUV 15 MG/0.6 ML (60 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
ZEPBOUND 15 MG/DOSE (60 MG/2.4 ML) KWIKPEN OUTER, SUV 15 MG/0.6 ML (60 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
ZEPBOUND 2.5 MG/0.5 ML PEN SUV, P/F, INNER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 2.5 MG/0.5 ML PEN SUV, P/F, OUTER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 2.5 MG/DOSE (10 MG/2.4 ML) KWIKPEN INNER, SUV 2.5 MG/0.6 ML (10 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
ZEPBOUND 2.5 MG/DOSE (10 MG/2.4 ML) KWIKPEN OUTER, SUV 2.5 MG/0.6 ML (10 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
ZEPBOUND 5 MG/0.5 ML PEN SUV, P/F, INNER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 5 MG/0.5 ML PEN SUV, P/F, OUTER	PDL Preferred Brand	PA; QL (2 ML per 28 days)

Drug	Status	Notes
ZEPBOUND 5 MG/DOSE (20 MG/2.4 ML) KWIKPEN INNER, SUV 5 MG/0.6 ML (20 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
ZEPBOUND 5 MG/DOSE (20 MG/2.4 ML) KWIKPEN OUTER, SUV 5 MG/0.6 ML (20 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
ZEPBOUND 7.5 MG/0.5 ML PEN SUV, P/F, INNER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 7.5 MG/0.5 ML PEN SUV, P/F, OUTER	PDL Preferred Brand	PA; QL (2 ML per 28 days)
ZEPBOUND 7.5 MG/DOSE (30 MG/2.4 ML) KWIKPEN INNER, SUV 7.5 MG/0.6 ML (30 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
ZEPBOUND 7.5 MG/DOSE (30 MG/2.4 ML) KWIKPEN OUTER, SUV 7.5 MG/0.6 ML (30 MG/2.4 ML)	PDL Non-Preferred Brand	PA; QL (2.4 ML per 28 days)
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
FOUNDAYO 0.8 MG TABLET INNER	PDL Preferred Brand	PA
FOUNDAYO 0.8 MG TABLET OUTER	PDL Preferred Brand	PA
FOUNDAYO 14.5 MG TABLET INNER	PDL Preferred Brand	PA
FOUNDAYO 14.5 MG TABLET OUTER	PDL Preferred Brand	PA
FOUNDAYO 17.2 MG TABLET INNER	PDL Preferred Brand	PA
FOUNDAYO 17.2 MG TABLET OUTER	PDL Preferred Brand	PA
FOUNDAYO 2.5 MG TABLET INNER	PDL Preferred Brand	PA

Drug	Status	Notes
FOUNDAYO 2.5 MG TABLET OUTER	PDL Preferred Brand	PA
FOUNDAYO 5.5 MG TABLET INNER	PDL Preferred Brand	PA
FOUNDAYO 5.5 MG TABLET OUTER	PDL Preferred Brand	PA
FOUNDAYO 9 MG TABLET INNER	PDL Preferred Brand	PA
FOUNDAYO 9 MG TABLET OUTER	PDL Preferred Brand	PA
liraglutide 18 mg/3 ml pen inner, suv 3 mg/0.5 ml (18 mg/3 ml)	PDL Non-Preferred Generic	PA; QL (0.5 ML per 1 day)
liraglutide 5-pak 18 mg/3 ml outer, suv 3 mg/0.5 ml (18 mg/3 ml)	PDL Non-Preferred Generic	PA; QL (0.5 ML per 1 day)
SAXENDA 18 MG/3 ML PEN 3 MG/0.5 ML (18 MG/3 ML)	PDL Non-Preferred Brand	PA; QL (0.5 ML per 1 day)
WEGOVY 0.25 MG/0.5 ML PEN OUTER,SUV	PDL Preferred Brand	PA; QL (2 ML per 28 days)
WEGOVY 0.5 MG/0.5 ML PEN OUTER,SUV	PDL Preferred Brand	PA; QL (2 ML per 28 days)
WEGOVY 1 MG/0.5 ML PEN OUTER,SUV	PDL Preferred Brand	PA; QL (2 ML per 28 days)
WEGOVY 1.5 MG TABLET	PDL Preferred Brand	PA; QL (1 EA per 1 day)
WEGOVY 1.7 MG/0.75 ML PEN OUTER,SUV	PDL Preferred Brand	PA; QL (3 ML per 28 days)
WEGOVY 2.4 MG/0.75 ML PEN OUTER,SUV	PDL Preferred Brand	PA; QL (3 ML per 28 days)

Drug	Status	Notes
WEGOVY 25 MG TABLET	PDL Preferred Brand	PA; QL (1 EA per 1 day)
WEGOVY 4 MG TABLET	PDL Preferred Brand	PA; QL (1 EA per 1 day)
WEGOVY 9 MG TABLET	PDL Preferred Brand	PA; QL (1 EA per 1 day)
WEGOVY HD 7.2 MG/0.75 ML PEN INNER, SUV	PDL Preferred Brand	PA; QL (3 ML per 28 days)
WEGOVY HD 7.2 MG/0.75 ML PEN OUTER, SUV	PDL Preferred Brand	PA; QL (3 ML per 28 days)
Fat Absorption Decreasing Agents		
orlistat 120 mg capsule	PDL Non-Preferred Generic	PA
XENICAL 120 MG CAPSULE	PDL Non-Preferred Brand	PA

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