



Medicaid 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.

Website
www.primewest.org/members

Address
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308

Service Area Counties:

Beltrami	Meeker
Big Stone	Pipestone
Clearwater	Pope
Douglas	Renville
Grant	Stevens
Hubbard	Traverse
McLeod	

The information included in this list of covered drugs was correct as of 12/2022. To get the most current information, visit our website at www.primewest.org/members. If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this **Medicaid List of Covered Drugs** at any time.

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN. Members must use 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/members.

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.

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

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

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

သတိ။ ဤတွဲရက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរសព្ទតាមលេខខាងលើ ។

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

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

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

ဟ်သုဉ်ဟ်သးဘဉ်တက့ၢ်. ဖဲနမ့ၢ်လိဉ်ဘဉ်တၢ်မၤစၤကလိလၢတၢ်ကကျိးထံဝဲဒၣ်လံာ် တီလံာ်မိတခါအံၤန့ၣ်,ကိးဘဉ် လိတဲစိနီၣ်ဂံၢ်လၢထးအံၤန့ၣ်တက့ၢ်.

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

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງ ໂທໂປໂຫຍາຍເລກຂ້າງເທິງນີ້.

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

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

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

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

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

Civil Rights Notice

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

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

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: Toll-free: 800-368-1019
 TDD Toll-free: 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 course of a 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 (go to “What is a Preferred Drug List?” below)
- A drug is removed from the list of covered drugs for safety reasons
- Prior authorization requirements have changed (go to “Are there any restrictions on my coverage?” below)

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 <http://minnesota.magellanmedicaid.com/pdl.asp>.

Families and Children, MinnesotaCare, MSC+, and SNBC: 2022 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. Biosimilar drugs are not the same as generic drugs, but like generics, biosimilar drugs may offer more affordable treatment options.

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., REPATHA) and generic drugs are in lower-case italics (e.g., *rosuvastatin*).

What are over-the-counter drugs?

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

PrimeWest Health uses MedImpact Direct Specialty to give you easy access to your specialty medicine. MedImpact Direct Specialty is the main hub that will work with you to find the specialty pharmacy that will meet your needs. The specialty pharmacies include the following:

Name of Specialty Pharmacy: US Bioservices

Phone and TTY: **1-877-391-1103**, TTY **711** (the call is free)

Fax: **1-888-807-5716**

Hours of Operation: Weekdays, 7 a.m. – 7 p.m.

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Families and Children, MinnesotaCare, MSC+, and SNBC: 2022 List of Covered Drugs

Name of Specialty Pharmacy: Centerwell

Phone and TTY: **1-877-391-1103**, TTY **711** (the call is free)

Fax: **1-888-807-5716**

Hours of Operation: Weekdays, 7 a.m. – 7 p.m.

Name of Specialty Pharmacy: Kroger

Phone and TTY: **1-877-391-1103**, TTY **711** (the call is free)

Fax: **1-888-807-5716**

Hours of Operation: Weekdays, 7 a.m. – 7 p.m.

Name of Specialty Pharmacy: Credena

Phone and TTY: **1-877-391-1103**, TTY **711** (the call is free)

Fax: **1-888-807-5716**

Hours of Operation: Weekdays, 7 a.m. – 7 p.m.

Name of Specialty Pharmacy: Biologics

Phone and TTY: **1-877-391-1103**, TTY **711** (the call is free)

Fax: **1-888-807-5716**

Hours of Operation: Weekdays, 7 a.m. – 7 p.m.

You will also need to call MedImpact Direct Specialty at **1-877-391-1103** (TTY **711**) to set up an account. You will need to have your PrimeWest Health member identification (ID) card when you call MedImpact Direct Specialty.

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** and ask if the drug is covered. The call is free. If not, it is considered a “non-formulary” drug. If you need a drug that is not included in the list of covered drugs, we will cover it if your qualified health care provider shows us that: 1) the drug that is normally covered has caused a harmful reaction to you; 2) there is a reason to believe the drug that is normally covered would cause a harmful reaction; or 3) the drug prescribed by your qualified health care provider is more effective for you than the drug that is normally covered. The drug must be in a class of drugs that is covered.

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

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

Your health care provider can request a non-formulary drug by contacting PrimeWest Health’s Pharmacy Benefit Manager at **1-877-391-9298**, 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

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Families and Children, MinnesotaCare, MSC+, and SNBC: 2022 List of Covered Drugs

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.
- **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. Go 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/members**. Also go to "Can I ask for an exception to the coverage restrictions?" below.

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 by the 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/members** 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 (e.g., side effects).

What will a prescription cost?

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/members**.

List of Covered Drugs

Utilization Management Coverage Abbreviations

The drug list includes coverage abbreviations. The following table explains the abbreviations used.

Symbol	Description
PA	Prior Authorization Restriction
QL	Quantity Limit Restriction
Age	Age Limit Restriction
SP	Specialty Drug
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 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
24HR ALLERGY-CONGST 180-240 MG 180-240 MG	Non-PDL 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 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALL DAY ALLERGY-D TABLET 12 HOUR 5-120 MG	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 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 D-24HR TABLET 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF-D 12 HOUR TAB NON-DROWSY, 12 HOUR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
ALLERGY RELIEF-D TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
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 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)
ALLERGY-CONGESTION RLF 12H TAB NON-DROWSY, 12 HOUR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLER-TEC D 5-120 MG TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine-pse er 5-120 mg tab 5-120 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
CLARINEX-D 12 HR 2.5-120 MG TB 2.5-120 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day); Age (Min 2 Years)
CVS ALLERGY RELIEF D-24HR TAB 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
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)
EQL ALL DAY ALLERGY-D TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQL ALLERGY-CONGEST RLF ER TAB 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQL ALLERGY-CONGESTION 12H TAB 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>fexofenadine-pse er 180-240 tb (otc) 180-240 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>fexofenadine-pse er 180-240 tb 180-240 mg</i>	Non-PDL Generic	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)
GS ALL DAY ALLERGY-D TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
HM ALLERGY COMPLETE-D TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
HM ALLERGY RLF-NASAL DECONG TB NON-DROWSY,24 HR RLF 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
HM ALLERGY-CONGESTION 12HR TAB 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
KRO ALLERGY-CONGEST RLF ER TAB 24 HOUR 10-240 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)

Drug	Status	Notes
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)
RA ALLERGY-CONGESTION 12HR TAB 5- 120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
RA ALLERGY-CONGESTION 12HR TAB NON-DROWSY 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
RA CETIRI-D ER TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
RA LORATA-D 24-HOUR TABLET 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
SM ALL DAY ALLERGY-D TABLET 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
SM LORATA-DINE D 24HR TABLET 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
SM LORATADINE-D 12 HOUR TABLET 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)
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)

Drug	Status	Notes
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 2,800 BAU	Non-PDL Brand	PA
GRASTEK 2,800 BAU SL TABLET OUTER 2,800 BAU	Non-PDL Brand	PA
ODACTRA 12 SQ-HDM SL TABLET INNER 12 SQ-HDM	Non-PDL Brand	PA
ODACTRA 12 SQ-HDM SL TABLET OUTER 12 SQ-HDM	Non-PDL Brand	PA
ORALAIR 100 IR STARTER PACK 100 INDX REACTIVITY	Non-PDL Brand	PA
ORALAIR 300 IR ADULT SAMPLE KT 300 INDX REACTIVITY	Non-PDL Brand	PA
ORALAIR 300 IR STARTER PACK 300 INDX REACTIVITY	Non-PDL Brand	PA
ORALAIR 300 IR SUBLINGUAL TAB 300 INDX REACTIVITY	Non-PDL Brand	PA
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) 20 MG	Non-PDL Brand	PA; SP
PALFORZIA 200 MG (LEVEL 9) 200 MG (100 MG X 2)	Non-PDL Brand	PA; SP
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

Drug	Status	Notes
PALFORZIA 300 MG (LEVEL 11) 300 MG	Non-PDL Brand	PA; SP
PALFORZIA 300 MG (MAINTENANCE) 300 MG	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 DOSE PACK 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 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLER-CHLOR 4 MG TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLER-G-TIME 25 MG CAPLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 25 MG CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 25 MG CAPSULE MULTI-SYMPTOM 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 25 MG SOFTGEL D/F, GLUTEN-FREE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 25 MG TABLET MINI-TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 4 MG TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY 4 MG TABLET U-D 4 MG	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)
ALLERGY RELIEF 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 25 MG CAPSULE 25 MG	Non-PDL Brand	OTC; Age (Min 2 Years)

Drug	Status	Notes
ALLERGY RELIEF 25 MG CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 25 MG SOFTGEL 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 25 MG SOFTGEL SOFTGEL 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 4 MG TABLET 4 HOUR RELIEF 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 4 MG TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY-TIME 4 MG TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
BANOPHEN 25 MG CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
BANOPHEN 25 MG TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
BANOPHEN 50 MG CAPSULE 50 MG	Non-PDL Generic	90DS; OTC; Age (Min 2 Years)
BENADRYL 25 MG LIQUI-GELS D/F, LIQUI- GELS 25 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB 25 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB ULTRATAB 25 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
BENADRYL ALLERGY 25 MG ULTRATB ULTRATAB 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>carbinoxamine 4 mg/5 ml liquid 4 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>carbinoxamine maleate 4 mg tab 4 mg</i>	Non-PDL Generic	Age (Min 2 Years)
CHILD ALLERGY RLF 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD BENADRYL 12.5 MG TB CHEW 12.5 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD DIPHENHYDRAMIN 12.5 MG/5 INNER 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD DIPHENHYDRAMIN 12.5 MG/5 OUTER 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
CHILD DIPHENHYDRAMIN 25 MG/10 ML INNER 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD DIPHENHYDRAMIN 25 MG/10 ML OUTER 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S ALLERGY 12.5 MG/5 ML CHERRY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S ALLERGY 12.5 MG/5 ML CHERRY,CHILD 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S BENADRYL 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML 10X5ML,CHERRY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML CHERRY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML CHILDREN,CHERRY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML D/F,BUBB GUM 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD'S WAL-DRYL 12.5 MG/5 ML SINGLE DOSE 12.5 MG/5 ML	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 12.5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHLORHIST 4 MG TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>chlorpheniramine 4 mg tablet 24's 4 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>chlorpheniramine 4 mg tablet 4 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>chlorpheniramine 4 mg tablet u-d 4 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>chlorpheniramine 4 mg tablet u-d, 250's 4 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>chlorpheniramine er 12 mg tab 12 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
<i>clemastine fum 2.68 mg tab 2.68 mg</i>	Non-PDL Generic	Age (Min 2 Years)
COMPLETE ALLERGY 25 MG CAPLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
COMPLT ALLERGY MED 25 MG CP 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS ALLERGY 25 MG CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
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 CAP 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS ALLERGY RELIEF 25 MG TAB 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS ALLERGY RELIEF 4 MG TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS CHILD ALLERGY 12.5 MG ODT 12.5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS CHLD ALLRGY RLF 12.5 MG CHW 12.5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>cycloheptadine 2 mg/5 ml soln 2 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>cycloheptadine 2 mg/5 ml syrup 2 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>cycloheptadine 4 mg tablet 4 mg</i>	Non-PDL Generic	90DS; Age (Min 2 Years)
DAYHIST ALLERGY 1.34 MG TABLET 12 HR RELIEF 1.34 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
DIPHEDRYL 12.5 MG/5 ML ELIXIR 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
DIPHEN 12.5 MG/5 ML ELIXIR 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
DIPHEN 12.5 MG/5 ML SOLUTION 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
DIPHEN 25 MG CAPLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
DIPHENHIST 25 MG CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
<i>diphenhydramine 12.5 mg tab chw 12.5 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 12.5 mg/5 ml (otc) 12.5 mg/5 ml</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 12.5 mg/5 ml 12.5 mg/5 ml</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 25 mg caplet caplet 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 25 mg capsule (otc) 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 25 mg capsule u-d (otc) 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 25 mg capsule u-d, 10x10 (otc) 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 25 mg tablet 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 25 mg tablet inner 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 25 mg tablet outer 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 50 mg capsule (otc) 50 mg</i>	Non-PDL Generic	90DS; OTC; Age (Min 2 Years)
<i>diphenhydramine 50 mg capsule u-d (otc) 50 mg</i>	Non-PDL Generic	90DS; OTC; Age (Min 2 Years)
<i>diphenhydramine 50 mg capsule u-d, 10x10 (otc) 50 mg</i>	Non-PDL Generic	90DS; 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 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG ODT CHERRY 12.5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG/5 ML CHERRY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG/5 ML CHILDREN,CHERRY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY 12.5 MG/5 ML D/F, BUBBLE GUM 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ CHLORTABS 4 MG TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)

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

Drug	Status	Notes
HM ALLERGY RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
HM ALLERGY RELIEF 4 MG TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
HM CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>hydroxyzine 10 mg/5 ml soln 10 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine 10 mg/5 ml syrup 10 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl 10 mg tablet coated 10 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl 10 mg tablet coated,u-d,10x10 10 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl 10 mg tablet f/c 10 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl 25 mg tablet 25 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl 25 mg tablet coated 25 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl 25 mg tablet coated,u-d,10x10 25 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl 25 mg tablet f/c 25 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl 50 mg tablet 50 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl 50 mg tablet coated 50 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl 50 mg tablet f/c 50 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine pam 100 mg cap 100 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine pam 25 mg cap 25 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine pam 25 mg cap inner 25 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine pam 25 mg cap outer 25 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine pam 50 mg cap 50 mg</i>	Non-PDL Generic	Age (Min 2 Years)
KRO ALLERGY 25 MG CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
KRO ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
KRO ALLERGY 25 MG TABLET GLUTEN FREE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
KRO CHILD ALLERGY 12.5 MG/5 ML CHERRY 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
KRO CHILD ALLERGY 12.5 MG/5 ML CHERRY, GLUTEN-F 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
M-DRYL 12.5 MG/5 ML SOLUTION 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
MICLARA LQ 1.25 MG/5 ML SYRUP 1.25 MG/5 ML	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 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
PHARBECHLOR 4 MG TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
PHARBEDRYL 25 MG CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
PHARBEDRYL 50 MG CAPSULE 50 MG	Non-PDL Generic	90DS; OTC; Age (Min 2 Years)
<i>promethazine 12.5 mg tablet 12.5 mg</i>	Non-PDL Generic	90DS; Age (Min 2 Years)
<i>promethazine 25 mg tablet 10x10, inner 25 mg</i>	Non-PDL Generic	90DS; Age (Min 2 Years)
<i>promethazine 25 mg tablet 10x10, outer 25 mg</i>	Non-PDL Generic	90DS; Age (Min 2 Years)
<i>promethazine 25 mg tablet 25 mg</i>	Non-PDL Generic	90DS; Age (Min 2 Years)
<i>promethazine 25 mg/ml syringe carpuject,III,10's 25 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 25 mg/ml syringe III,10's 25 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 25 mg/ml vial 25's,inner 25 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 25 mg/ml vial 25's,outer 25 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 25 mg/ml vial inner 25 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 25 mg/ml vial outer 25 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
<i>promethazine 50 mg tablet 50 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 50 mg/ml vial 25's, outer 50 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 50 mg/ml vial inner 50 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 50 mg/ml vial inner, sdv 50 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 50 mg/ml vial outer, sdv 50 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 6.25 mg/5 ml soln 6.25 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine 6.25 mg/5 ml syrp 6.25 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
PUB ALLERGY 12.5 MG/5 ML LIQ CHERRY FLAVOR 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB ALLERGY 25 MG CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB ALLERGY 25 MG TABLET EASY TO SWALLOW 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB DAYHIST ALLERGY 1.34 MG TB 12HR RELIEF 1.34 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
QC CHILD ALLERGY 12.5 MG/5 ML 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
QC COMPLETE ALLERGY 25 MG CAP 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
QC COMPLETE ALLERGY 25 MG CAP 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
RA ALLERGY 25 MG TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
RA ALLERGY MED 25 MG CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
RA ALLERGY MED 25 MG TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
RA ALLERGY MED 25 MG TABLET COATED MINITABS 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
RA ALLERGY MED CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
RA ALLERGY RELIEF 25 MG CAP 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)

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

Drug	Status	Notes
WAL-DRYL ALLERGY 25 MG MINITAB COATED, GLUTEN-FREE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG MINITAB MINITAB, COATED 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY 25 MG SOFTGEL LIQUID GEL, D/F 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-FINATE 4 MG TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
Antihistamines - 2Nd Generation		
24HOUR ALLERGY 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
24HR ALLERGY(LEVOCETIRZIN) 5 MG 5 MG	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
ALAVERT 10 MG ODT 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALAVERT 10 MG ODT CITRUS BURST, 12-FREE 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALAVERT 10 MG ODT CITRUS BURST, 24 HOUR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALL DAY ALLERGY 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALL DAY ALLERGY 10 MG TABLET INDOOR/OUTDOOR 24 HR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERCLEAR 10 MG TABLET NON-DROWSY, 24HR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY (LORATADINE) 10 MG TAB 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET 24 HOUR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET NON- DROWSY 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 10 MG TABLET NON- DROWSY,24 HOUR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF 5 MG/5 ML SOLN 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RLF (CETRZN) 10 MG TAB 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RLF (CETRZN) 5 MG TAB 5 MG	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
ALLER-TEC 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 1 mg/ml soln (otc) 1 mg/ml</i>	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
<i>cetirizine hcl 1 mg/ml soln (rx) 1 mg/ml</i>	PDL Preferred Generic	90DS; Age (Min 2 Years)
<i>cetirizine hcl 1 mg/ml soln children, grape (otc) 1 mg/ml</i>	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
<i>cetirizine hcl 1 mg/ml soln children's (otc) 1 mg/ml</i>	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
<i>cetirizine hcl 1 mg/ml syrup (rx) 1 mg/ml</i>	PDL Preferred Generic	90DS; Age (Min 2 Years)
<i>cetirizine hcl 1 mg/ml syrup grape (rx) 1 mg/ml</i>	PDL Preferred Generic	90DS; Age (Min 2 Years)

Drug	Status	Notes
<i>cetirizine hcl 10 mg chew tab inner 10 mg</i>	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
<i>cetirizine hcl 10 mg chew tab outer 10 mg</i>	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
<i>cetirizine hcl 10 mg tablet 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,inner 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 10 mg tablet f/c,u-d,10x10,outer 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 10 mg tablet indoor & outdoor 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 10 mg tablet indoor/outdoor 24hr 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 10 mg tablet indoor-outdoor,24hr 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 10 mg tablet inner 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 10 mg tablet outer 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 5 mg chew tab children's, inner 5 mg</i>	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
<i>cetirizine hcl 5 mg chew tab children's,outer,u-d 5 mg</i>	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
<i>cetirizine hcl 5 mg tablet 5 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 5 mg tablet indoor & outdoor 5 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
<i>cetirizine hcl 5 mg tablet indoor/outdoor, 24hr 5 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine hcl 5 mg/5 ml soln inner 5 mg/5 ml</i>	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
<i>cetirizine hcl 5 mg/5 ml soln outer 5 mg/5 ml</i>	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML BUBBLE GUM 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML CHILDREN'S, GRAPE 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML CHILDREN'S, GRAPE 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD ALL DAY ALLERGY 1 MG/ML GLUTEN-FREE 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD ALLERGY 5 MG/5 ML SOLN 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD ALLERGY RELIEF 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD ALLERGY RELIEF 5 MG/5 ML 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD CETIRIZINE 10 MG CHEW TB CHEWABLE, ALLERGY 10 MG	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
CHILD CETIRIZINE 5 MG CHEW TAB 5 MG	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)

Drug	Status	Notes
CHILD CETIRIZINE HCL 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD CETIRIZINE HCL 1 MG/ML CHILDREN'S 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD CLARITIN 5 MG/5 ML SOLN 5 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD CLARITIN 5 MG/5 ML SOLN D/F, 2YRS OLDER, GRAPE 5 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD CLARITIN 5 MG/5 ML SOLN D/F, GRAPE 5 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD LORATADINE 5 MG TAB CHEW 5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>child loratadine 5 mg/5 ml sol 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>child loratadine 5 mg/5 ml syr 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>child loratadine 5 mg/5 ml syr grape 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD WAL-ITIN 5 MG/5 ML SOLN 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD WAL-ITIN 5 MG/5 ML SYRUP 24 HR, D/F, GRAPE 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION CHERRY 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION D/F, BUBBLE GUM 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD WAL-ZYR 1 MG/ML SOLUTION GRAPE 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CHILD ZYRTEC 1 MG/ML SOLUTION 1 MG/ML	Non-PDL Brand	OTC; Age (Min 2 Years)

Drug	Status	Notes
CHILD ZYRTEC 1 MG/ML SOLUTION D/F, GRAPE 1 MG/ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILD'S WAL-ZYR 10 MG CHEW TAB 10 MG	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
CLARINEX 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day); Age (Min 2 Years)
CLARITIN 10 MG REDITABS 10 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
CLARITIN 10 MG TABLET (OTC) 10 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
CLARITIN 10 MG TABLET NON-DROWSY (OTC) 10 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
CLARITIN 5 MG/5 ML SYRUP D/F 5 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CVS ALLERGY (CETRZN) 10 MG TAB 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (CETRZN) 10 MG TAB INDOOR/OUTDOOR, 24HR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG ODT 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB INNER 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB NON-DROWSY, 24 HOUR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY (LORAT) 10 MG TAB OUTER 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
CVS ALLERGY RELIEF 5 MG TABLET 5 MG	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CVS CHILD ALLERGY 5 MG/5 ML 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
CVS CHILD ALLERGY RELF 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
CVS CHILD ALLERGY RLF 5 MG CHW 5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>desloratadine 2.5 mg odt inner 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
<i>desloratadine 2.5 mg odt outer 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
<i>desloratadine 5 mg odt inner 5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
<i>desloratadine 5 mg odt outer 5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
<i>desloratadine 5 mg tablet 5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
<i>desloratadine 5 mg tablet f/c 5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 2 Years)
EQ ALLERGY (LORAT) 10 MG TAB INNER 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY (LORAT) 10 MG TAB OUTER 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 1 MG/ML SOLN 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ ALLERGY RELIEF 10 MG TABLET INDOOR/OUTDOOR, 24HR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
EQ ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY 5 MG/5 ML SOL 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQ CHILD ALLERGY RELF 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
EQ CHILD ALLERGY RELF 1 MG/ML D/F 1 MG/ML	PDL Preferred Generic	90DS; 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)
EQL ALL DAY ALLERGY 10 MG TAB 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQL ALLERGY RELIEF 10 MG TAB 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
EQL CHLD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
EQL CHLD ALL DAY ALLER 1 MG/ML CHILDREN'S, GRAPE 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
GNP ALL DAY ALLERGY 10 MG TAB 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP ALL DAY ALLERGY 10 MG TAB INDOOR/OUTDOOR 24 HR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELF 5 MG/5 ML SLN 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
GNP ALLERGY RELIEF 5 MG TABLET 5 MG	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
GNP CHLD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)

Drug	Status	Notes
GNP CHLD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
GNP CHLD ALL DAY ALLER 1 MG/ML BUBBLE GUM 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
<i>gnp chld loratadine 5 mg/5 ml 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>gnp loratadine 10 mg tablet 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>gnp loratadine 10 mg tablet non-drowsy, 24hr 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>gnp loratadine 5 mg/5 ml syrup non-drowsy 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS ALL DAY ALLERGY 10 MG TAB 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS ALLERGY RELIEF 10 MG TABLET NON-DROWSY 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
GS CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
HM ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
HM CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
HM CHILD ALLERGY RLF 5 MG CHEW 5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
HM CHILD CETIRIZINE 1 MG/ML D/F, S/F, BUBBLEGUM 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)

Drug	Status	Notes
<i>hm child loratadine 5 mg/5 ml 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>hm loratadine 10 mg tablet 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
KRO ALL DAY ALLERGY 10 MG TAB GLUTEN-FREE, 24 HR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
KRO ALLERGY RELIEF 10 MG TAB NON- DROWSY, GLUTEN-F 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
KRO CHILD ALLERGY RELIEF SOLN D/F, GRAPE 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
KRO CHLD ALL DAY ALLER 1 MG/ML 24HR, GLUTEN-F 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
KRO CHLD ALL DAY ALLER 1 MG/ML D/F, GLUTEN-F, 24H 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
<i>levocetirizine 2.5 mg/5 ml sol 2.5 mg/5 ml</i>	PDL Preferred Generic	QL (10 ML per 1 day); Age (Min 2 Years)
<i>levocetirizine 5 mg tablet (otc) 5 mg</i>	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
<i>levocetirizine 5 mg tablet (rx) 5 mg</i>	PDL Preferred Generic	90DS; Age (Min 2 Years)
<i>levocetirizine 5 mg tablet f/c (rx) 5 mg</i>	PDL Preferred Generic	90DS; Age (Min 2 Years)
LORADAMED 10 MG TABLET INNER 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
LORADAMED 10 MG TABLET OUTER 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 10 mg odt 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
<i>loratadine 10 mg odt non-drowsy, citrus 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 10 mg tablet 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 10 mg tablet 10x10, outer 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 10 mg tablet 10x10,u-d,inner 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 10 mg tablet 10x10,u-d,outer 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 10 mg tablet inner 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 10 mg tablet non-drowsy 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 10 mg tablet non-drowsy, 24 hour 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 10 mg tablet outer 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 5 mg/5 ml solution 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 5 mg/5 ml syrup children's 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine 5 mg/5 ml syrup children's, d/f 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine allergy 5 mg/5 ml d/f 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB ALLERGY RELIEF 10 MG TAB 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
PUB ALLERGY RELIEF 10 MG TAB 24 HR,INDOOR/OUTDOOR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB ALLERGY RELIEF 10 MG TAB INDOOR & OUTDOOR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB ALLERGY RELIEF 10 MG TAB NON-DROWSY 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
PUB CHILDREN'S ALLERGY 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
RA ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
RA ALLERGY RELIEF 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>ra cetirizine hcl 10 mg tablet 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
RA CHILD ALLERGY 5 MG/5 ML SOL 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
RA CHILD ALLERGY RELF 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
RA CHILD ALLERGY RLF 5 MG CHEW 5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>ra loratadine 10 mg tablet non-drowsy 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
SM ALL DAY ALLERGY 10 MG TAB 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
SM ALL DAY ALLERGY 10 MG TAB 10 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
SM ALL DAY ALLERGY 10 MG TAB INDOOR/OUTDOOR 24 HR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
SM CHILD ALL DAY ALLER 1 MG/ML 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)

Drug	Status	Notes
SM CHILD ALL DAY ALLER 1 MG/ML CHERRY 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
SM CHILD ALLERGY 5 MG/5 ML SOL 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>sm loratadine 10 mg tablet 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>sm loratadine 10 mg tablet non-drowsy 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>sm loratadine 10 mg tablet non- drowsy,gluten-f 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>sm loratadine 5 mg/5 ml syrup 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
SW ALLERGY RELIEF 10 MG TAB 24 HOUR RELIEF 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY, + 30 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY, 24 HR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON-DROWSY, 24HR 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 10 MG TABLET NON- DROWSY,24 HR RLF 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN 5 MG/5 ML SYRUP CHILDREN'S, GRAPE 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
WAL-ZYR 10 MG TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ZYR SOLUTION 1 MG/ML	PDL Preferred Generic	90DS; OTC; Age (Min 2 Years)
Nasal Antihistamine		
<i>azelastine 0.1% (137 mcg) spry 137 mcg (0.1 %)</i>	PDL Preferred Generic	90DS; QL (60 ML per 30 days)
<i>azelastine 0.15% nasal spray 205.5 mcg (0.15 %)</i>	PDL Preferred Generic	QL (60 ML per 30 days)
<i>olopatadine 665 mcg nasal spry 0.6 %</i>	PDL Non-Preferred Generic	PA; QL (30.5 GM per 30 days)
PATANASE 665 MCG NASAL SPRAY 0.6 %	PDL Non-Preferred Brand	PA; QL (30.5 GM per 30 days)
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastin-flutic 137-50 mcg spr 137-50 mcg/spray</i>	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)
Nasal Anti-Inflammatory Steroids		
24 HOUR ALLERGY 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	90DS; OTC; QL (16 ML per 30 days)
ALLER-FLO 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	90DS; OTC; QL (16 ML per 30 days)
ALLER-FLO 50 MCG SPRAY INNER 50 MCG/ACTUATION	PDL Preferred Generic	90DS; OTC; QL (16 ML per 30 days)
ALLER-FLO 50 MCG SPRAY OUTER 50 MCG/ACTUATION	PDL Preferred Generic	90DS; OTC; QL (16 ML per 30 days)
ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	90DS; OTC; QL (16 ML per 30 days)

Drug	Status	Notes
BECONASE AQ 0.042% SPRAY 42 MCG (0.042 %)	PDL Non-Preferred Brand	PA; QL (25 GM per 30 days)
CLARISPRAY 50 MCG NASAL SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	90DS; OTC; QL (16 ML per 30 days)
<i>cvs fluticasone prop 50 mcg sp (otc) 50 mcg/actuation</i>	PDL Preferred Generic	90DS; OTC; QL (16 GM per 30 days)
EQ ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	90DS; OTC; QL (16 ML per 30 days)
<i>eql fluticasone prop 50 mcg sp (otc) 50 mcg/actuation</i>	PDL Preferred Generic	90DS; OTC; QL (16 GM per 30 days)
<i>flunisolide 0.025% spray 25 mcg (0.025 %)</i>	PDL Non-Preferred Generic	PA; QL (25 ML per 30 days)
<i>fluticasone prop 50 mcg spray (otc) 50 mcg/actuation</i>	PDL Preferred Generic	90DS; OTC; QL (16 GM per 30 days)
<i>fluticasone prop 50 mcg spray (rx) 50 mcg/actuation</i>	PDL Preferred Generic	QL (16 GM per 30 days)
<i>fluticasone prop 50 mcg spray 120 dose, aqueous (rx) 50 mcg/actuation</i>	PDL Preferred Generic	QL (16 GM per 30 days)
<i>fluticasone prop 50 mcg spray 120 metered sprays (rx) 50 mcg/actuation</i>	PDL Preferred Generic	QL (16 GM per 30 days)
<i>gnp fluticasone prop 50 mcg sp (otc) 50 mcg/actuation</i>	PDL Preferred Generic	90DS; OTC; QL (16 GM per 30 days)
HM ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	90DS; OTC; QL (16 ML per 30 days)
KRO 24HR ALLERGY RLF 50 MCG SPR 50 MCG/ACTUATION	PDL Preferred Generic	90DS; OTC; QL (16 ML per 30 days)
<i>mometasone furoate 50 mcg spry 50 mcg/actuation</i>	PDL Preferred Generic	QL (17 GM per 30 days)

Drug	Status	Notes
OMNARIS 50 MCG NASAL SPRAY 50 MCG	PDL Non-Preferred Brand	PA; QL (5 GM per 12 days)
QC ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	90DS; 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)
SM ALLERGY RELIEF 50 MCG SPRAY 50 MCG/ACTUATION	PDL Preferred Generic	90DS; OTC; QL (16 ML 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)
XHANCE 93 MCG EXHALATION DELIVERY NASAL SPRAY SAMPLE 93 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (32 ML per 30 days)
ZETONNA 37 MCG NASAL SPRAY 37 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (6.1 GM per 30 days)
Nasal Mast Cell Stabilizers Agents		
<i>cromolyn sodium nasal spray 5.2 mg/spray (4 %)</i>	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, Cannabinoid-Type		
<i>dronabinol 10 mg capsule 10 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>dronabinol 2.5 mg capsule 2.5 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>dronabinol 2.5 mg capsule soft gelatin 2.5 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>dronabinol 5 mg capsule 5 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)

Drug	Status	Notes
<i>dronabinol 5 mg capsule soft gelatin 5 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>dronabinol 5 mg capsule u-d, 3x10, inner 5 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>dronabinol 5 mg capsule u-d, 3x10, outer 5 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
Antiemetic/Antivertigo Agents		
AKYNZEO 300-0.5 MG CAPSULE 300-0.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 28 days)
ANTIVERT 25 MG CHEWABLE TABLET 25 MG	Non-PDL Brand	
ANZEMET 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 FILL)
<i>aprepitant 125 mg capsule inner 125 mg</i>	Non-PDL Generic	QL (1 EA per 21 days)
<i>aprepitant 125 mg capsule outer 125 mg</i>	Non-PDL Generic	QL (1 EA per 21 days)
<i>aprepitant 125-80-80 mg pack 125 mg (1)-80 mg (2)</i>	Non-PDL Generic	QL (3 EA per 21 days)
<i>aprepitant 40 mg capsule inner 40 mg</i>	Non-PDL Generic	QL (1 EA per 28 days)
<i>aprepitant 40 mg capsule outer 40 mg</i>	Non-PDL Generic	QL (1 EA per 28 days)
<i>aprepitant 80 mg capsule 80 mg</i>	Non-PDL Generic	QL (2 EA per 21 days)
<i>aprepitant 80 mg capsule inner 80 mg</i>	Non-PDL Generic	QL (2 EA per 21 days)
<i>aprepitant 80 mg capsule outer 80 mg</i>	Non-PDL Generic	QL (2 EA per 21 days)
BONINE 25 MG CHEWABLE TABLET 25 MG	Non-PDL Brand	OTC
COMPRO 25 MG SUPPOSITORY 25 MG	Non-PDL Generic	
CVS MOTION SICKNESS 25 MG CHWTB 25 MG	Non-PDL Generic	OTC
CVS MOTION SICKNESS 25 MG TAB 25 MG	Non-PDL Generic	OTC
DRAMAMINE 25 MG TABLET 25 MG	Non-PDL Generic	OTC
DRAMAMINE 25 MG TABLET CHEW 25 MG	Non-PDL Generic	OTC

Drug	Status	Notes
DRAMAMINE LESS DROWSY 25 MG TB 25 MG	Non-PDL Generic	OTC
EQ MOTION SICKNESS 25 MG TAB 25 MG	Non-PDL Generic	OTC
EQL MOTION SICKNESS 25 MG TAB 25 MG	Non-PDL Generic	OTC
GNP MOTION SICKNESS 25 MG TAB 25 MG	Non-PDL Generic	OTC
<i>granisetron hcl 1 mg tablet 1 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
<i>granisetron hcl 1 mg tablet f/c, 2x10, outer 1 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
<i>granisetron hcl 1 mg tablet f/c, inner 1 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
<i>granisetron hcl 1 mg tablet inner 1 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
<i>granisetron hcl 1 mg tablet outer 1 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
<i>granisetron hcl 1 mg tablet u-d, f/c 1 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 30 days)
HM MOTION RELIEF 25 MG TABLET 25 MG	Non-PDL Generic	OTC
<i>meclizine 12.5 mg caplet (otc) 12.5 mg</i>	Non-PDL Generic	OTC
<i>meclizine 12.5 mg caplet caplet (otc) 12.5 mg</i>	Non-PDL Generic	OTC
<i>meclizine 12.5 mg tablet (otc) 12.5 mg</i>	Non-PDL Generic	OTC
<i>meclizine 12.5 mg tablet (rx) 12.5 mg</i>	Non-PDL Generic	
<i>meclizine 12.5 mg tablet inner (rx) 12.5 mg</i>	Non-PDL Generic	
<i>meclizine 12.5 mg tablet outer (rx) 12.5 mg</i>	Non-PDL Generic	
<i>meclizine 25 mg tablet (otc) 25 mg</i>	Non-PDL Generic	OTC

Drug	Status	Notes
<i>meclizine 25 mg tablet (rx) 25 mg</i>	Non-PDL Generic	
<i>meclizine 25 mg tablet chew 25 mg</i>	Non-PDL Generic	OTC
<i>meclizine 25 mg tablet chew raspberry 25 mg</i>	Non-PDL Generic	OTC
<i>meclizine 25 mg tablet inner (rx) 25 mg</i>	Non-PDL Generic	
<i>meclizine 25 mg tablet outer (rx) 25 mg</i>	Non-PDL Generic	
MEDI-MECLIZINE 25 MG TABLET INNER, F/C 25 MG	Non-PDL Generic	OTC
MEDI-MECLIZINE 25 MG TABLET OUTER, F/C 25 MG	Non-PDL Generic	OTC
MOTION SICKNESS 25 MG CHEW TAB CHEWABLE TABLET 25 MG	Non-PDL Generic	OTC
MOTION SICKNESS RLF 25 MG TAB 25 MG	Non-PDL Generic	OTC
MOTION-TIME 25 MG TABLET CHEW 25 MG	Non-PDL Generic	OTC
<i>ondansetron 4 mg/5 ml solution 4 mg/5 ml</i>	PDL Preferred Generic	90DS; QL (50 ML per 15 days)
<i>ondansetron 4 mg/5 ml solution inner 4 mg/5 ml</i>	PDL Preferred Generic	90DS; QL (50 ML per 15 days)
<i>ondansetron 4 mg/5 ml solution outer 4 mg/5 ml</i>	PDL Preferred Generic	90DS; QL (50 ML per 15 days)
<i>ondansetron 4 mg/5 ml solution strawberry 4 mg/5 ml</i>	PDL Preferred Generic	90DS; QL (50 ML per 15 days)
<i>ondansetron hcl 4 mg tablet 4 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron hcl 4 mg tablet f/c 4 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron hcl 4 mg tablet f/c, 1x3, u-d 4 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>ondansetron hcl 4 mg tablet f/c,u-d,1x3 4 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron hcl 8 mg tablet 8 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron hcl 8 mg tablet f/c 8 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron hcl 8 mg tablet f/c, 1x3, u-d 8 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron hcl 8 mg tablet f/c,u-d,1x3 8 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron odt 4 mg tablet 3x10 4 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron odt 4 mg tablet 3x10, inner 4 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron odt 4 mg tablet 3x10, outer 4 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron odt 4 mg tablet 4 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron odt 4 mg tablet inner 4 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron odt 4 mg tablet outer 4 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron odt 8 mg tablet 3x10 8 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron odt 8 mg tablet 3x10, outer 8 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron odt 8 mg tablet 8 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>ondansetron odt 8 mg tablet inner 8 mg</i>	PDL Preferred Generic	90DS
<i>ondansetron odt 8 mg tablet outer 8 mg</i>	PDL Preferred Generic	90DS
<i>prochlorperazine 10 mg tab 10 mg</i>	Non-PDL Generic	
<i>prochlorperazine 10 mg tab f/c 10 mg</i>	Non-PDL Generic	
<i>prochlorperazine 10 mg tab u-d,10x10,inner 10 mg</i>	Non-PDL Generic	
<i>prochlorperazine 10 mg tab u-d,10x10,outer 10 mg</i>	Non-PDL Generic	
<i>prochlorperazine 25 mg supp inner 25 mg</i>	Non-PDL Generic	
<i>prochlorperazine 25 mg supp outer 25 mg</i>	Non-PDL Generic	
<i>prochlorperazine 5 mg tablet 5 mg</i>	Non-PDL Generic	
<i>prochlorperazine 5 mg tablet f/c 5 mg</i>	Non-PDL Generic	
<i>promethazine 12.5 mg suppos 12.5 mg</i>	Non-PDL Generic	
<i>promethazine 12.5 mg suppos inner 12.5 mg</i>	Non-PDL Generic	
<i>promethazine 12.5 mg suppos outer 12.5 mg</i>	Non-PDL Generic	
<i>promethazine 25 mg suppository 25 mg</i>	Non-PDL Generic	
<i>promethazine 25 mg suppository inner 25 mg</i>	Non-PDL Generic	
<i>promethazine 25 mg suppository outer 25 mg</i>	Non-PDL Generic	
<i>promethazine 50 mg suppository 50 mg</i>	Non-PDL Generic	
PROMETHEGAN 12.5 MG SUPPOS INNER 12.5 MG	Non-PDL Generic	
PROMETHEGAN 12.5 MG SUPPOS OUTER 12.5 MG	Non-PDL Generic	
PROMETHEGAN 25 MG SUPPOSITORY OUTER 25 MG	Non-PDL Generic	

Drug	Status	Notes
PROMETHEGAN 50 MG SUPPOSITORY INNER 50 MG	Non-PDL Generic	
PROMETHEGAN 50 MG SUPPOSITORY OUTER 50 MG	Non-PDL Generic	
RA MOTION SICKNESS 25 MG CHWTB RASPBERRY FLAVOR 25 MG	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 7 days)
<i>scopolamine 1 mg/3 day patch inner 1 mg over 3 days</i>	PDL Non- Preferred Generic	PA
<i>scopolamine 1 mg/3 day patch outer 1 mg over 3 days</i>	PDL Non- Preferred Generic	PA
SM MOTION SICKNESS 25 MG TAB 25 MG	Non-PDL Generic	OTC
TRANSDERM-SCOP 1 MG/3 DAY PTCH INNER 1 MG OVER 3 DAYS	PDL Preferred Brand	
TRANSDERM-SCOP 1 MG/3 DAY PTCH OUTER 1 MG OVER 3 DAYS	PDL Preferred Brand	
TRAVEL-EASE 25 MG TABLET 25 MG	Non-PDL Generic	OTC
<i>trimethobenzamide 300 mg cap 300 mg</i>	Non-PDL Generic	
VERTICALM 25 MG TABLET 25 MG	Non-PDL Generic	OTC
WAL-DRAM-2 25 MG TABLET 25 MG	Non-PDL Generic	OTC
ZOFRAN 8 MG TABLET U-D 8 MG	PDL Non- Preferred Brand	PA
Asthma And Copd		
5-Lipoxygenase Inhibitors		
<i>zileuton er 600 mg tablet 600 mg</i>	PDL Non- Preferred Generic	PA; QL (2 EA per 1 day)
ZYFLO 600 MG TABLET 600 MG	PDL Non- Preferred Brand	PA; QL (4 EA per 1 day)

Drug	Status	Notes
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT 17 MCG HFA INHALER 17 MCG/ACTUATION	PDL Preferred Brand	QL (25.8 GM per 30 days)
<i>ipratropium br 0.02% soln 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln 25's 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln 25's,p/f,u-d 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln 30's 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln 30's,p/f 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln 30's,p/f,u-d 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln 30's,u-d 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln 60's 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln 60's,p/f,u-d 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln inner 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln inner, p/f 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln outer 0.02 %</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>ipratropium br 0.02% soln outer, p/f 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln p/f, inner 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln p/f, outer 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln p/f, outer 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln sdv, p/f 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln sdv, p/f, inner 0.02 %</i>	PDL Preferred Generic	90DS
<i>ipratropium br 0.02% soln sdv, p/f, outer 0.02 %</i>	PDL Preferred Generic	90DS
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA 62.5 MCG INH 62.5 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
LONHALA MAGNAIR 25 MCG REFILL 25 MCG/ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
LONHALA MAGNAIR 25 MCG STARTER 25 MCG/ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
SPIRIVA HANDIHALER 18 MCG CAP 18 MCG	PDL Preferred Brand	QL (30 EA per 30 days)
SPIRIVA RESPIMAT 1.25 MCG INH 1.25 MCG/ACTUATION	PDL Preferred Brand	QL (4 GM per 30 days)
SPIRIVA RESPIMAT 2.5 MCG INH 2.5 MCG/ACTUATION	PDL Preferred Brand	QL (4 GM per 30 days)

Drug	Status	Notes
TUDORZA PRESSAIR 400 MCG INHAL 400 MCG/ACTUATION	PDL Preferred Brand	QL (1 EA per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION INNER 175 MCG/3 ML	PDL Non-Preferred Brand	PA; QL (90 ML per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION OUTER 175 MCG/3 ML	PDL Non-Preferred Brand	PA; QL (90 ML per 30 days)
YUPELRI 175 MCG/3 ML SOLUTION SAMPLE 175 MCG/3 ML	PDL Non-Preferred Brand	PA; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulf 2 mg/5 ml syrup 2 mg/5 ml</i>	PDL Preferred Generic	
<i>albuterol sulfate 2 mg tab 2 mg</i>	PDL Non-Preferred Generic	PA
<i>albuterol sulfate 2 mg tab inner 2 mg</i>	PDL Non-Preferred Generic	PA
<i>albuterol sulfate 2 mg tab outer 2 mg</i>	PDL Non-Preferred Generic	PA
<i>albuterol sulfate 2 mg tab u-d, 10x10, inner 2 mg</i>	PDL Non-Preferred Generic	PA
<i>albuterol sulfate 2 mg tab u-d, outer 2 mg</i>	PDL Non-Preferred Generic	PA
<i>albuterol sulfate 4 mg tab 4 mg</i>	PDL Non-Preferred Generic	PA
<i>albuterol sulfate 4 mg tab inner 4 mg</i>	PDL Non-Preferred Generic	PA
<i>albuterol sulfate 4 mg tab outer 4 mg</i>	PDL Non-Preferred Generic	PA
<i>albuterol sulfate er 4 mg tab 4 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>albuterol sulfate er 8 mg tab 8 mg</i>	PDL Non-Preferred Generic	PA
<i>metaproterenol 10 mg/5 ml syr 10 mg/5 ml</i>	PDL Preferred Generic	
<i>terbutaline sulfate 2.5 mg tab 2.5 mg</i>	Non-PDL Generic	
<i>terbutaline sulfate 5 mg tab 5 mg</i>	Non-PDL Generic	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol 100 mg/20 ml solution (cmpd-rx) 5 mg/ml</i>	PDL Preferred Generic	
<i>albuterol 2.5 mg/0.5 ml sol 2.5 mg/0.5 ml</i>	PDL Preferred Generic	
<i>albuterol 5 mg/ml solution 5 mg/ml</i>	PDL Preferred Generic	
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	PDL Non-Preferred Generic	PA; Generic for ProAir HFA
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	PDL Non-Preferred Generic	PA; Generic for Proventil HFA
<i>albuterol sul 0.63 mg/3 ml sol 30's,p/f,strl 0.63 mg/3 ml</i>	PDL Preferred Generic	
<i>albuterol sul 0.63 mg/3 ml sol inner 0.63 mg/3 ml</i>	PDL Preferred Generic	
<i>albuterol sul 0.63 mg/3 ml sol outer 0.63 mg/3 ml</i>	PDL Preferred Generic	
<i>albuterol sul 0.63 mg/3 ml sol u-d, 25's 0.63 mg/3 ml</i>	PDL Preferred Generic	
<i>albuterol sul 1.25 mg/3 ml sol inner 1.25 mg/3 ml</i>	PDL Preferred Generic	

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

Drug	Status	Notes
<i>levalbuterol 0.31 mg/3 ml sol inner 0.31 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.31 mg/3 ml sol inner,p/f,12x3ml 0.31 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.31 mg/3 ml sol outer 0.31 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.31 mg/3 ml sol outer,p/f,24x3ml 0.31 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.31 mg/3 ml sol p/f, inner 0.31 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.31 mg/3 ml sol p/f, outer 0.31 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.63 mg/3 ml sol 0.63 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.63 mg/3 ml sol inner 0.63 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.63 mg/3 ml sol inner,p/f,12x3ml 0.63 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.63 mg/3 ml sol outer 0.63 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.63 mg/3 ml sol outer,p/f,24x3ml 0.63 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.63 mg/3 ml sol p/f, inner 0.63 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 0.63 mg/3 ml sol p/f, outer 0.63 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 1.25 mg/3 ml sol 1.25 mg/3 ml</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>levalbuterol 1.25 mg/3 ml sol inner 1.25 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 1.25 mg/3 ml sol inner,p/f,12x3ml 1.25 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 1.25 mg/3 ml sol outer 1.25 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 1.25 mg/3 ml sol outer,p/f,24x3ml 1.25 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 1.25 mg/3 ml sol p/f, inner 1.25 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol 1.25 mg/3 ml sol p/f, outer 1.25 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol conc 1.25 mg/0.5 inner 1.25 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol conc 1.25 mg/0.5 inner, p/f 1.25 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol conc 1.25 mg/0.5 inner,p/f 1.25 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol conc 1.25 mg/0.5 outer 1.25 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol conc 1.25 mg/0.5 outer, p/f 1.25 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol conc 1.25 mg/0.5 outer,p/f 1.25 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol tar hfa 45 mcg inh 45 mcg/actuation</i>	PDL Non-Preferred Generic	PA
PROAIR DIGIHALER 90 MCG INHALR 90 MCG/ACTUATION	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PROAIR RESPICLICK 90 MCG INHLR 90 MCG/ACTUATION	PDL Non-Preferred Brand	PA
PROVENTIL HFA 90 MCG INHALER 90 MCG/ACTUATION	PDL Non-Preferred Brand	PA
VENTOLIN HFA 90 MCG INHALER DOSE COUNTER,200 INH 90 MCG/ACTUATION	PDL Preferred Brand	
XOPENEX 0.31 MG/3 ML SOLUTION INNER 0.31 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX 0.31 MG/3 ML SOLUTION OUTER 0.31 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX 0.63 MG/3 ML SOLUTION INNER 0.63 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX 0.63 MG/3 ML SOLUTION OUTER 0.63 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX 1.25 MG/3 ML SOLUTION P/F, INNER 1.25 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX 1.25 MG/3 ML SOLUTION P/F, OUTER 1.25 MG/3 ML	PDL Non-Preferred Brand	PA
XOPENEX CONC 1.25 MG/0.5 ML INNER 1.25 MG/0.5 ML	PDL Non-Preferred Brand	PA
XOPENEX CONC 1.25 MG/0.5 ML OUTER 1.25 MG/0.5 ML	PDL Non-Preferred Brand	PA
XOPENEX HFA 45 MCG INHALER 45 MCG/ACTUATION	PDL Preferred Brand	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHAL SPRAY 2.5 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (4 GM per 30 days)

Drug	Status	Notes
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol 15 mcg/2 ml soln 15 mcg/2 ml</i>	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
<i>arformoterol 15 mcg/2 ml soln inner 15 mcg/2 ml</i>	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
<i>arformoterol 15 mcg/2 ml soln outer 15 mcg/2 ml</i>	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
BROVANA 15 MCG/2 ML SOLUTION 30'S, OUTER 15 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
BROVANA 15 MCG/2 ML SOLUTION INNER 15 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
BROVANA 15 MCG/2 ML SOLUTION OUTER 15 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
BROVANA 15 MCG/2 ML SOLUTION SAMPLE 15 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
<i>formoterol 20 mcg/2 ml neb vl inner 20 mcg/2 ml</i>	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
<i>formoterol 20 mcg/2 ml neb vl outer 20 mcg/2 ml</i>	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
PERFOROMIST 20 MCG/2 ML SOLN INNER 20 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
PERFOROMIST 20 MCG/2 ML SOLN OUTER 20 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
SEREVENT DISKUS 50 MCG 50 MCG/DOSE	PDL Preferred Brand	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA 62.5-25 MCG INH 62.5-25 MCG/ACTUATION	PDL Preferred Brand	QL (60 EA per 30 days)

Drug	Status	Notes
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)
<i>ipratropium-albuterol 0.5-3(2.5) mg/3 ml 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	PDL Preferred Generic	90DS
<i>ipratropium-albuterol 0.5-3(2.5) mg/3 ml inner 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	PDL Preferred Generic	90DS
<i>ipratropium-albuterol 0.5-3(2.5) mg/3 ml outer 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	PDL Preferred Generic	90DS
<i>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</i>	PDL Preferred Generic	90DS
<i>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</i>	PDL Preferred Generic	90DS
<i>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</i>	PDL Preferred Generic	90DS
<i>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</i>	PDL Preferred Generic	90DS
STIOLTO RESPIMAT INHAL SPRAY 2.5-2.5 MCG/ACTUATION	PDL Preferred Brand	QL (4 GM 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)

Drug	Status	Notes
ADVAIR 500-50 DISKUS 500-50 MCG/DOSE	PDL Preferred Brand	QL (60 EA per 30 days)
ADVAIR HFA 115-21 MCG INHALER DOSE COUNTER,120 INH 115-21 MCG/ACTUATION	PDL Preferred Brand	QL (12 GM per 30 days)
ADVAIR HFA 230-21 MCG INHALER DOSE COUNTER,120 INH 230-21 MCG/ACTUATION	PDL Preferred Brand	QL (12 GM per 30 days)
ADVAIR HFA 45-21 MCG INHALER DOSE COUNTER,120 INH 45-21 MCG/ACTUATION	PDL Preferred Brand	QL (12 GM per 30 days)
AIRDUO DIGIHALER 113-14 MCG 113 MCG-14 MCG/ACTUATION	PDL Non- Preferred Brand	PA; QL (1 EA per 30 days)
AIRDUO DIGIHALER 232-14 MCG 232-14 MCG/ACTUATION	PDL Non- Preferred Brand	PA; QL (1 EA per 30 days)
AIRDUO DIGIHALER 55-14 MCG 55-14 MCG/ACTUATION	PDL Non- Preferred Brand	PA; QL (1 EA per 30 days)
AIRDUO RESPICLICK 113-14 MCG 113-14 MCG/ACTUATION	PDL Non- Preferred Brand	PA; QL (1 EA per 30 days)
AIRDUO RESPICLICK 232-14 MCG 232-14 MCG/ACTUATION	PDL Non- Preferred Brand	PA; QL (1 EA per 30 days)
AIRDUO RESPICLICK 55-14 MCG 55-14 MCG/ACTUATION	PDL Non- Preferred Brand	PA; QL (1 EA per 30 days)
BREO ELLIPTA 100-25 MCG INH 100-25 MCG/DOSE	PDL Non- Preferred Brand	PA; QL (60 EA per 30 days)
BREO ELLIPTA 200-25 MCG INH 200-25 MCG/DOSE	PDL Non- Preferred Brand	PA; QL (60 EA per 30 days)
<i>budesonide-formoterol 160-4.5 160-4.5 mcg/actuation</i>	PDL Non- Preferred Generic	PA; QL (30.6 GM per 30 days)
<i>budesonide-formoterol 80-4.5 80-4.5 mcg/actuation</i>	PDL Non- Preferred Generic	PA; QL (30.6 GM per 30 days)

Drug	Status	Notes
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)
<i>fluticasone-salmeterol 100-50 100-50 mcg/dose</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>fluticasone-salmeterol 113-14 113-14 mcg/actuation</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
<i>fluticasone-salmeterol 232-14 232-14 mcg/actuation</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
<i>fluticasone-salmeterol 250-50 250-50 mcg/dose</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>fluticasone-salmeterol 500-50 500-50 mcg/dose</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>fluticasone-salmeterol 55-14 55-14 mcg/actuation</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
<i>fluticasone-vilanterol 100-25 100-25 mcg/dose</i>	Non-PDL Generic	QL (60 EA per 30 days)
<i>fluticasone-vilanterol 200-25 200-25 mcg/dose</i>	Non-PDL Generic	QL (60 EA per 30 days)
SYMBICORT 160-4.5 MCG INHALER 160-4.5 MCG/ACTUATION	PDL Preferred Brand	QL (30.6 GM per 30 days)
SYMBICORT 80-4.5 MCG INHALER 80-4.5 MCG/ACTUATION	PDL Preferred Brand	QL (30.6 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)

Drug	Status	Notes
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 INHALER 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)
ARMONAIR DIGIHALER 113 MCG 113 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ARMONAIR DIGIHALER 232 MCG 232 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ARMONAIR DIGIHALER 55 MCG 55 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ARNUITY ELLIPTA 100 MCG INH 100 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
ARNUITY ELLIPTA 200 MCG INH 200 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
ARNUITY ELLIPTA 50 MCG INH 50 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
ASMANEX HFA 100 MCG INHALER 100 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (13 GM per 30 days)

Drug	Status	Notes
ASMANEX HFA 200 MCG INHALER 200 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (13 GM per 30 days)
ASMANEX HFA 50 MCG INHALER 50 MCG/ACTUATION	PDL Non-Preferred Brand	PA; 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)
<i>budesonide 0.25 mg/2 ml susp 0.25 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.25 mg/2 ml susp inner 0.25 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.25 mg/2 ml susp inner, single-dose 0.25 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.25 mg/2 ml susp inner,u-d,svd 0.25 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.25 mg/2 ml susp outer 0.25 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.25 mg/2 ml susp outer, single-dose 0.25 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.25 mg/2 ml susp outer,u-d,svd,30's 0.25 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.5 mg/2 ml susp 0.5 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)

Drug	Status	Notes
<i>budesonide 0.5 mg/2 ml susp 2 mlx5, sdv, inner 0.5 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.5 mg/2 ml susp 30's, sdv, outer 0.5 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.5 mg/2 ml susp inner 0.5 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.5 mg/2 ml susp inner, single-dose 0.5 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.5 mg/2 ml susp outer 0.5 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 0.5 mg/2 ml susp outer, single-dose 0.5 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)
<i>budesonide 1 mg/2 ml inh susp inner 1 mg/2 ml</i>	PDL Preferred Generic	QL (60 ML per 30 days)
<i>budesonide 1 mg/2 ml inh susp outer 1 mg/2 ml</i>	PDL Preferred Generic	QL (60 ML per 30 days)
FLOVENT 100 MCG DISKUS 100 MCG/ACTUATION	PDL Preferred Brand	QL (60 EA per 30 days)
FLOVENT 250 MCG DISKUS 250 MCG/ACTUATION	PDL Preferred Brand	QL (120 EA per 30 days)
FLOVENT 50 MCG DISKUS 50 MCG/ACTUATION	PDL Preferred Brand	QL (60 EA per 30 days)
FLOVENT HFA 110 MCG INHALER 120 INH, DOSE COUNTER 110 MCG/ACTUATION	PDL Preferred Brand	QL (12 GM per 30 days)
FLOVENT HFA 220 MCG INHALER 120 INH, DOSE COUNTER 220 MCG/ACTUATION	PDL Preferred Brand	QL (24 GM per 30 days)
FLOVENT HFA 44 MCG INHALER 44 MCG/ACTUATION	PDL Preferred Brand	QL (21.2 GM per 30 days)

Drug	Status	Notes
<i>fluticasone propionate hfa 110 mcg inhaler 110 mcg/actuation</i>	Non-PDL Generic	QL (12 GM per 30 days)
<i>fluticasone propionate hfa 220 mcg inhaler 220 mcg/actuation</i>	Non-PDL Generic	QL (24 GM per 30 days)
<i>fluticasone propionate hfa 44 mcg inhaler 44 mcg/actuation</i>	Non-PDL Generic	QL (21.2 GM per 30 days)
PULMICORT 0.25 MG/2 ML RESPUL 0.25 MG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
PULMICORT 0.5 MG/2 ML RESPUL 0.5 MG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
PULMICORT 1 MG/2 ML RESPUL 1 MG/2 ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
PULMICORT 180 MCG FLEXHALER 180 MCG/ACTUATION	PDL Preferred Brand	QL (1 EA per 30 days)
PULMICORT 90 MCG FLEXHALER 60 DOSES 90 MCG/ACTUATION	PDL Preferred Brand	QL (1 EA per 30 days)
PULMICORT 90 MCG FLEXHALER SAMPLE 90 MCG/ACTUATION	PDL Preferred Brand	QL (1 EA per 30 days)
QVAR REDHALER 40 MCG 40 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (21.2 GM per 30 days)
QVAR REDHALER 80 MCG 80 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT 100 MG/0.67 ML SYRING INNER, SUV, P/F 100 MG/0.67 ML	PDL Preferred Brand	PA; SP
DUPIXENT 100 MG/0.67 ML SYRING OUTER, SUV, P/F 100 MG/0.67 ML	PDL Preferred Brand	PA; SP
DUPIXENT 200 MG/1.14 ML PEN INNER, SUV, P/F 200 MG/1.14 ML	PDL Preferred Brand	PA; SP

Drug	Status	Notes
DUPIXENT 200 MG/1.14 ML PEN OUTER, SUV, P/F 200 MG/1.14 ML	PDL Preferred Brand	PA; SP
DUPIXENT 200 MG/1.14 ML SYRING INNER, SUV, P/F 200 MG/1.14 ML	PDL Preferred Brand	PA; SP
DUPIXENT 200 MG/1.14 ML SYRING OUTER, SUV, P/F 200 MG/1.14 ML	PDL Preferred Brand	PA; SP
DUPIXENT 200 MG/1.14 ML SYRING SAMPLE, SUV, P/F 200 MG/1.14 ML	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML PEN INNER, SUV, P/F 300 MG/2 ML	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML PEN INNER, SUV 300 MG/2 ML	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML PEN OUTER, SUV, P/F 300 MG/2 ML	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML PEN OUTER, SUV 300 MG/2 ML	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML SYRINGE INNER, SUV, P/F 300 MG/2 ML	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML SYRINGE OUTER, SUV, P/F 300 MG/2 ML	PDL Preferred Brand	PA; SP
DUPIXENT 300 MG/2 ML SYRINGE SAMPLE, SUV, P/F 300 MG/2 ML	PDL Preferred Brand	PA; SP
Leukotriene Receptor Antagonists		
ACCOLATE 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
ACCOLATE 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
<i>montelukast sod 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>montelukast sod 10 mg tablet 15+ yrs, f/c 10 mg</i>	PDL Preferred Generic	90DS
<i>montelukast sod 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS
<i>montelukast sod 10 mg tablet f/c, inner 10 mg</i>	PDL Preferred Generic	90DS
<i>montelukast sod 10 mg tablet f/c, outer 10 mg</i>	PDL Preferred Generic	90DS
<i>montelukast sod 4 mg granules 4 mg</i>	PDL Non-Preferred Generic	PA
<i>montelukast sod 4 mg granules inner 4 mg</i>	PDL Non-Preferred Generic	PA
<i>montelukast sod 4 mg granules inner, foil pkt 4 mg</i>	PDL Non-Preferred Generic	PA
<i>montelukast sod 4 mg granules outer 4 mg</i>	PDL Non-Preferred Generic	PA
<i>montelukast sod 4 mg granules outer, foil pkt 4 mg</i>	PDL Non-Preferred Generic	PA
<i>montelukast sod 4 mg tab chew 2-5 yrs 4 mg</i>	PDL Preferred Generic	90DS
<i>montelukast sod 4 mg tab chew 2-5 yrs old 4 mg</i>	PDL Preferred Generic	90DS
<i>montelukast sod 4 mg tab chew 4 mg</i>	PDL Preferred Generic	90DS
<i>montelukast sod 5 mg tab chew 5 mg</i>	PDL Preferred Generic	90DS
<i>montelukast sod 5 mg tab chew 6-14 yrs 5 mg</i>	PDL Preferred Generic	90DS

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

Drug	Status	Notes
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP 250 MCG TABLET 250 MCG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DALIRESP 500 MCG TABLET 500 MCG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>roflumilast 250 mcg tablet inner 250 mcg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>roflumilast 250 mcg tablet outer 250 mcg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>roflumilast 500 mcg tablet 500 mcg</i>	Non-PDL Generic	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER	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 MED WITH MASK	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	
AEROECLIPSE II NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)

Drug	Status	Notes
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	
AIRS DISPOSABLE NEBULIZER KIT (RX)	Non-PDL Brand	QL (1 EA per 365 days)
ALTERA NEBULIZER HANDSET	Non-PDL Brand	QL (1 EA per 365 days)
ALTERA NEBULIZER SYSTEM	Non-PDL Brand	QL (1 EA per 365 days)
AURA PORTANEB MESH NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
BREATHERITE MDI SPACER	Non-PDL Brand	
BREATHERITE SPACER-ADULT MASK	Non-PDL Brand	
BREATHERITE SPACER-INFANT MASK	Non-PDL Brand	
BREATHERITE SPACER-LG CHLD MSK	Non-PDL Brand	
BREATHERITE SPACER-NEONATE MSK	Non-PDL Brand	
BREATHERITE SPACER-SM CHLD MSK	Non-PDL Brand	
BREATHRITE VALVED MDI CHAMBER	Non-PDL Brand	
BREATHRITE VALVED MDI SPACER	Non-PDL Brand	
CLEVER CHOICE CHAMBER-LRG MASK	Non-PDL Brand	
CLEVER CHOICE CHAMBER-MED MASK	Non-PDL Brand	
CLEVER CHOICE CHAMBER-SM MASK	Non-PDL Brand	
CLEVER CHOICE NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
CLEVER CHOICE WHISPER AIRE PED	Non-PDL Brand	QL (1 EA per 365 days)
COMPACT COMPRESS NEBUL KIT	Non-PDL Brand	OTC; QL (1 EA per 365 days)

Drug	Status	Notes
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)
<i>compressor nebulizer system (rx)</i>	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS DISPOSABLE NEBULIZER (RX)	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS PULMO-AIDE COMPRS	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS PULMOMATE COMPRESSOR	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS PULMONEB LT COMP-NEB	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS TRAVEL COMPRES-NEBUL PORTABLE	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS TRAVEL COMPRES-NEBUL PORTABLE,W/BATTERY	Non-PDL Brand	QL (1 EA per 365 days)
EASIVENT HOLDING CHAMBER HOSPITAL PACK	Non-PDL Brand	
EASIVENT HOLDING CHAMBER RETAIL PACK	Non-PDL Brand	
EASIVENT MASK-LARGE	Non-PDL Brand	QL (1 EA per 365 days)
EASIVENT MASK-MEDIUM	Non-PDL Brand	QL (1 EA per 365 days)
EASIVENT MASK-SMALL	Non-PDL Brand	QL (1 EA per 365 days)
EASY AIR COMPRESSOR NEBULIZER	Non-PDL Brand	OTC; QL (1 EA per 365 days)
EASY NEB COMPRESSOR NEBULIZER	Non-PDL Brand	OTC; QL (1 EA per 365 days)
EBASE CONTROLLER W-CONN CORD	Non-PDL Brand	QL (1 EA per 365 days)

Drug	Status	Notes
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	
FLYP NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
HOME NEBULIZER PLUS SIDESTREAM	Non-PDL Brand	QL (1 EA per 365 days)
IN-CHECK DIAL TRAINING DEVICE	Non-PDL Brand	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)
INSPIRACHAMBER	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-LARGE	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-MED	Non-PDL Brand	

Drug	Status	Notes
INSPIRACHAMBER WITH MASK-SMALL	Non-PDL Brand	
INTELLIGENT MESH NEBULIZER	Non-PDL Brand	OTC; QL (1 EA per 365 days)
LC PLUS NEBULIZER-PED MASK	Non-PDL Brand	QL (1 EA per 365 days)
LITEAIRE MDI CHAMBER	Non-PDL Brand	
LITETOUCH LARGE MASK	Non-PDL Brand	
LITETOUCH MEDIUM MASK	Non-PDL Brand	
LITETOUCH SMALL MASK	Non-PDL Brand	
MICROAIR MESH NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
MICROCHAMBER	Non-PDL Brand	
MICROSPACER FOR AEROSOL DEVICE	Non-PDL Brand	
MINI PLUS NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
MISTASSIST IFCD	Non-PDL Brand	
MISTASSIST IFCD KIT	Non-PDL Brand	
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	
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	

Drug	Status	Notes
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 SINUS AEROSOL SYSTEM	Non-PDL Brand	QL (1 EA per 365 days)
PARI TREK S COMBO PACK	Non-PDL Brand	QL (1 EA per 365 days)
PARI TREK S COMPACT COMPRESSOR	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC 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 DINOSAUR NEBUL SYSTM	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC DOG NEBULIZER SYSTM	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC FROG NEBULIZER SYSTM	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC MEDIUM MASK	Non-PDL Brand	OTC
PEDIATRIC MOUTHPIECE	Non-PDL Brand	OTC; 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	
PORTABLE NEBULIZER SYSTEM	Non-PDL Brand	QL (1 EA per 365 days)

Drug	Status	Notes
PRIMEAIRE CHAMBER	Non-PDL Brand	
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 COMPRESSOR-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	OTC; QL (1 EA per 365 days)
RITEFLO SPACER	Non-PDL Brand	
SAMI THE SEAL COMPRESSOR NEBUL W/ACCESSORIES	Non-PDL Brand	QL (1 EA per 365 days)

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	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)
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	
TRUNEB NEBULIZER KIT	Non-PDL Brand	QL (1 EA per 365 days)
<i>ultrasonic mini nebulizer</i>	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)

Drug	Status	Notes
VIXONE NEBULIZER KIT	Non-PDL Brand	QL (1 EA per 365 days)
VIXONE NEBULIZER-ADULT MASK	Non-PDL Brand	QL (1 EA per 365 days)
VIXONE NEBULIZER-PEDIATRIC MSK	Non-PDL Brand	QL (1 EA per 365 days)
VORTEX ADULT MASK	Non-PDL Brand	OTC
VORTEX HOLDING CHAMBER HRI	Non-PDL Brand	
VORTEX VHC FROG CHILD MASK HRI	Non-PDL Brand	
VORTEX VHC LADYBUG TODDLER MSK HRI	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
Xanthines		
<i>caffeine cit 60 mg/3 ml oral 10's, sdv, p/f 60 mg/3 ml (20 mg/ml)</i>	Non-PDL Generic	
<i>caffeine cit 60 mg/3 ml oral 60 mg/3 ml (20 mg/ml)</i>	Non-PDL Generic	
<i>caffeine cit 60 mg/3 ml oral inner 60 mg/3 ml (20 mg/ml)</i>	Non-PDL Generic	
<i>caffeine cit 60 mg/3 ml oral outer 60 mg/3 ml (20 mg/ml)</i>	Non-PDL Generic	
<i>caffeine cit 60 mg/3 ml oral p/f 60 mg/3 ml (20 mg/ml)</i>	Non-PDL Generic	
<i>caffeine cit 60 mg/3 ml oral p/f, sdv, inner 60 mg/3 ml (20 mg/ml)</i>	Non-PDL Generic	
<i>caffeine cit 60 mg/3 ml oral p/f, sdv, outer 60 mg/3 ml (20 mg/ml)</i>	Non-PDL Generic	
<i>caffeine cit 60 mg/3 ml oral suv, inner 60 mg/3 ml (20 mg/ml)</i>	Non-PDL Generic	
<i>caffeine cit 60 mg/3 ml oral suv, outer 60 mg/3 ml (20 mg/ml)</i>	Non-PDL Generic	
ELIXOPHYLLIN 80 MG/15 ML ELIX 80 MG/15 ML	Non-PDL Generic	
THEO-24 ER 100 MG CAPSULE 100 MG	Non-PDL Brand	
THEO-24 ER 200 MG CAPSULE 200 MG	Non-PDL Brand	

Drug	Status	Notes
THEO-24 ER 300 MG CAPSULE 300 MG	Non-PDL Brand	
THEO-24 ER 400 MG CAPSULE 400 MG	Non-PDL Brand	
THEOCHRON ER 100 MG TABLET 100 MG	Non-PDL Generic	
THEOCHRON ER 200 MG TABLET 200 MG	Non-PDL Generic	
THEOCHRON ER 300 MG TABLET 300 MG	Non-PDL Generic	
<i>theophylline 80 mg/15 ml soln 80 mg/15 ml</i>	Non-PDL Generic	
<i>theophylline 80 mg/15 ml soln 80 mg/15 ml</i>	Non-PDL Generic	
<i>theophylline er 300 mg tab 300 mg</i>	Non-PDL Generic	
<i>theophylline er 400 mg tablet 400 mg</i>	Non-PDL Generic	
<i>theophylline er 450 mg tab 450 mg</i>	Non-PDL Generic	
<i>theophylline er 600 mg tablet 600 mg</i>	Non-PDL Generic	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine 5-10 mg titration pk 5-10 mg</i>	PDL Preferred Generic	QL (49 EA per 28 days)
<i>memantine hcl 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS; QL (60 EA per 30 days)
<i>memantine hcl 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS; QL (60 EA per 30 days)
<i>memantine hcl 10 mg tablet f/c, inner 10 mg</i>	PDL Preferred Generic	90DS; QL (60 EA per 30 days)
<i>memantine hcl 10 mg tablet f/c, outer 10 mg</i>	PDL Preferred Generic	90DS; QL (60 EA per 30 days)
<i>memantine hcl 2 mg/ml solution 2 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (300 ML per 30 days)

Drug	Status	Notes
<i>memantine hcl 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS; QL (60 EA per 30 days)
<i>memantine hcl 5 mg tablet f/c 5 mg</i>	PDL Preferred Generic	90DS; QL (60 EA per 30 days)
<i>memantine hcl 5 mg tablet f/c, inner 5 mg</i>	PDL Preferred Generic	90DS; QL (60 EA per 30 days)
<i>memantine hcl 5 mg tablet f/c, outer 5 mg</i>	PDL Preferred Generic	90DS; QL (60 EA per 30 days)
<i>memantine hcl 5 mg tablet inner 5 mg</i>	PDL Preferred Generic	90DS; QL (60 EA per 30 days)
<i>memantine hcl 5 mg tablet outer 5 mg</i>	PDL Preferred Generic	90DS; QL (60 EA per 30 days)
<i>memantine hcl er 14 mg capsule 14 mg</i>	PDL Non- Preferred Generic	PA; QL (30 EA per 30 days)
<i>memantine hcl er 21 mg capsule 21 mg</i>	PDL Non- Preferred Generic	PA; QL (30 EA per 30 days)
<i>memantine hcl er 28 mg capsule 28 mg</i>	PDL Non- Preferred Generic	PA; QL (30 EA per 30 days)
<i>memantine hcl er 7 mg capsule 7 mg</i>	PDL Non- Preferred Generic	PA; QL (30 EA per 30 days)
NAMENDA 10 MG TABLET F/C 10 MG	PDL Non- Preferred Brand	PA; QL (60 EA per 30 days)
NAMENDA 10 MG TABLET F/C, OUTER 10 MG	PDL Non- Preferred Brand	PA; QL (60 EA per 30 days)
NAMENDA 10 MG TABLET F/C, INNER 10 MG	PDL Non- Preferred Brand	PA; QL (60 EA per 30 days)
NAMENDA 5 MG TABLET F/C 5 MG	PDL Non- Preferred Brand	PA; QL (60 EA per 30 days)

Drug	Status	Notes
NAMENDA 5 MG TABLET F/C, OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
NAMENDA 5 MG TABLET F/C, INNER 5 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
NAMENDA 5-10 MG TITRATION PK 5-10 MG	PDL Non-Preferred Brand	PA; QL (49 EA per 28 days)
NAMENDA XR 14 MG CAPSULE 14 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
NAMENDA XR 21 MG CAPSULE 21 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
NAMENDA XR 28 MG CAPSULE 28 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
NAMENDA XR 7 MG CAPSULE 7 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
NAMENDA XR TITRATION PACK 7-14-21-28 MG	PDL Non-Preferred Brand	PA; QL (28 EA per 28 days)
Alzheimer's Thx, Nmda Recept Antag & Cholines Inhib		
NAMZARIC 14 MG-10 MG CAPSULE 14-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NAMZARIC 21 MG-10 MG CAPSULE 21-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NAMZARIC 28 MG-10 MG CAPSULE 28-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NAMZARIC 7 MG-10 MG CAPSULE 7-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NAMZARIC TITRATION PACK 7/14/21/28 MG-10 MG	PDL Non-Preferred Brand	PA; QL (28 EA per 28 days)

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

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

Drug	Status	Notes
<i>galantamine hbr 4 mg tablet f/c 4 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>galantamine hbr 4 mg tablet f/c, inner 4 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>galantamine hbr 4 mg tablet f/c, outer 4 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>galantamine hbr 4 mg tablet f/c,inner 4 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>galantamine hbr 4 mg tablet f/c,outer 4 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>galantamine hbr 8 mg tablet 8 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>galantamine hbr 8 mg tablet f/c 8 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>galantamine hbr 8 mg tablet f/c,inner 8 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>galantamine hbr 8 mg tablet f/c,outer 8 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>pyridostigmine 60 mg/5 ml soln 60 mg/5 ml</i>	Non-PDL Generic	
<i>pyridostigmine 60 mg/5 ml soln inner 60 mg/5 ml</i>	Non-PDL Generic	
<i>pyridostigmine 60 mg/5 ml soln outer 60 mg/5 ml</i>	Non-PDL Generic	
<i>pyridostigmine br 60 mg tablet 60 mg</i>	Non-PDL Generic	
<i>pyridostigmine er 180 mg tab 180 mg</i>	Non-PDL Generic	
RAZADYNE ER 16 MG CAPSULE 16 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
RAZADYNE ER 24 MG CAPSULE 24 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)

Drug	Status	Notes
RAZADYNE ER 8 MG CAPSULE 8 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
<i>rivastigmine 1.5 mg capsule 1.5 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine 1.5 mg capsule inner, u-d 1.5 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine 1.5 mg capsule outer, 10x10, u-d 1.5 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine 13.3 mg/24hr ptch 13.3 mg/24 hour</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>rivastigmine 13.3 mg/24hr ptch inner 13.3 mg/24 hour</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>rivastigmine 13.3 mg/24hr ptch outer 13.3 mg/24 hour</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>rivastigmine 3 mg capsule 3 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine 4.5 mg capsule 4.5 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine 4.5 mg capsule inner, u-d 4.5 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine 4.5 mg capsule outer, 10x10, u-d 4.5 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine 4.6 mg/24hr patch 4.6 mg/24 hour</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>rivastigmine 4.6 mg/24hr patch inner 4.6 mg/24 hour</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>rivastigmine 4.6 mg/24hr patch outer 4.6 mg/24 hour</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)

Drug	Status	Notes
<i>rivastigmine 6 mg capsule 6 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine 6 mg capsule inner, u-d 6 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine 6 mg capsule outer, 10x10, u-d 6 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine 9.5 mg/24hr patch 9.5 mg/24 hour</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>rivastigmine 9.5 mg/24hr patch inner 9.5 mg/24 hour</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>rivastigmine 9.5 mg/24hr patch outer 9.5 mg/24 hour</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)

Behavioral Health - Antidepressants

Alpha-2 Receptor Antagonist

Antidepressants

<i>mirtazapine 15 mg odt 15 mg</i>	PDL Preferred Generic	
<i>mirtazapine 15 mg odt 5x6 15 mg</i>	PDL Preferred Generic	
<i>mirtazapine 15 mg tablet 15 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 15 mg tablet f/c 15 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 15 mg tablet u-d, 10x10, inner 15 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 15 mg tablet u-d, 10x10, outer 15 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 15 mg tablet u-d, 10x10, inner 15 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>mirtazapine 15 mg tablet u-d, 10x10, outer 15 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 30 mg odt 30 mg</i>	PDL Preferred Generic	
<i>mirtazapine 30 mg odt 5x6 30 mg</i>	PDL Preferred Generic	
<i>mirtazapine 30 mg tablet 30 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 30 mg tablet f/c 30 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 30 mg tablet u-d, 10x10, inner 30 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 30 mg tablet u-d, 10x10, outer 30 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 30 mg tablet u-d, 10x10, inner 30 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 30 mg tablet u-d, 10x10, outer 30 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 45 mg odt 45 mg</i>	PDL Preferred Generic	
<i>mirtazapine 45 mg odt 5x6 45 mg</i>	PDL Preferred Generic	
<i>mirtazapine 45 mg tablet 45 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 45 mg tablet f/c 45 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 45 mg tablet u-d, 10x10, inner 45 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>mirtazapine 45 mg tablet u-d, 10x10, outer 45 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 45 mg tablet u-d, 10x10, inner 45 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 45 mg tablet u-d, 10x10, outer 45 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 7.5 mg tablet 7.5 mg</i>	PDL Preferred Generic	90DS
<i>mirtazapine 7.5 mg tablet f/c 7.5 mg</i>	PDL Preferred Generic	90DS
REMERON 15 MG SOLTAB INNER 15 MG	PDL Non-Preferred Brand	PA
REMERON 15 MG SOLTAB OUTER 15 MG	PDL Non-Preferred Brand	PA
REMERON 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA
REMERON 30 MG SOLTAB INNER 30 MG	PDL Non-Preferred Brand	PA
REMERON 30 MG SOLTAB OUTER 30 MG	PDL Non-Preferred Brand	PA
REMERON 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA
REMERON 45 MG SOLTAB INNER 45 MG	PDL Non-Preferred Brand	PA
REMERON 45 MG SOLTAB OUTER 45 MG	PDL Non-Preferred Brand	PA
Maois - Non-Selective & Irreversible		
<i>phenelzine sulfate 15 mg tab 15 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>tranylcypromine sulf 10 mg tab 10 mg</i>	Non-PDL Generic	
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
APLENZIN ER 174 MG TABLET ONCE DAILY 174 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APLENZIN ER 174 MG TABLET SAMPLE 174 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APLENZIN ER 348 MG TABLET 348 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APLENZIN ER 522 MG TABLET ONCE DAILY 522 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APLENZIN ER 522 MG TABLET SAMPLE 522 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>bupropion hcl 100 mg tablet 100 mg</i>	PDL Preferred Generic	
<i>bupropion hcl 100 mg tablet f/c 100 mg</i>	PDL Preferred Generic	
<i>bupropion hcl 75 mg tablet 75 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl 75 mg tablet f/c 75 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl 75 mg tablet u-d, 10x10, inner 75 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl 75 mg tablet u-d, outer 75 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl sr 100 mg tablet 100 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl sr 100 mg tablet f/c 100 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>bupropion hcl sr 100 mg tablet f/c, inner 100 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl sr 100 mg tablet f/c, outer 100 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl sr 100 mg tablet inner,u-d,10x10/f/c 100 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl sr 100 mg tablet outer,u-d,10x10,f/c 100 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl sr 150 mg tablet 150 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl sr 150 mg tablet f/c 150 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl sr 150 mg tablet f/c, inner 150 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl sr 150 mg tablet f/c, outer 150 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl sr 200 mg tablet 200 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl xl 150 mg tablet 150 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl xl 150 mg tablet inner 150 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl xl 150 mg tablet outer 150 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl xl 300 mg tablet 300 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl xl 300 mg tablet f/c, inner, u-d,3x10 300 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>bupropion hcl xl 300 mg tablet f/c, u-d, 3x10, outer 300 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl xl 300 mg tablet once daily 300 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl xl 300 mg tablet u-d, 3x10, inner 300 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl xl 300 mg tablet u-d, 3x10, outer 300 mg</i>	PDL Preferred Generic	90DS
<i>bupropion hcl xl 450 mg tablet 450 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
FORFIVO XL 450 MG TABLET 450 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
WELLBUTRIN SR 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
WELLBUTRIN SR 150 MG TABLET F/C 150 MG	PDL Non-Preferred Brand	PA
WELLBUTRIN SR 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
WELLBUTRIN XL 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA
WELLBUTRIN XL 150 MG TABLET SAMPLE 150 MG	PDL Non-Preferred Brand	PA
WELLBUTRIN XL 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA
Selective Serotonin Reuptake Inhibitor (Ssris)		
CELEXA 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
CELEXA 20 MG TABLET F/C 20 MG	PDL Non-Preferred Brand	PA
CELEXA 40 MG TABLET F/C 40 MG	PDL Non-Preferred Brand	PA
<i>citalopram hbr 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 10 mg tablet f/c, inner 10 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 10 mg tablet f/c, outer 10 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 10 mg tablet f/c, u-d, 10x10 10 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 10 mg tablet f/c,unit dose 10 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 10 mg/5 ml soln 10 mg/5 ml</i>	PDL Preferred Generic	
<i>citalopram hbr 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 20 mg tablet f/c 20 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 20 mg tablet f/c, 10x10 20 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 20 mg tablet f/c,unit dose 20 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 30 mg capsule 30 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>citalopram hbr 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 40 mg tablet f/c 40 mg</i>	PDL Preferred Generic	90DS
<i>citalopram hbr 40 mg tablet f/c,unit dose 40 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram 10 mg tablet f/c,u-d,10x10,outer 10 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram 10 mg tablet f/c,u-d,inner 10 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram 20 mg tablet f/c 20 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram 20 mg tablet f/c,u-d,10x10,outer 20 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram 20 mg tablet f/c,u-d,inner 20 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram 5 mg tablet f/c 5 mg</i>	PDL Preferred Generic	90DS
<i>escitalopram oxalate 5 mg/5 ml 5 mg/5 ml</i>	PDL Non-Preferred Generic	PA

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

Drug	Status	Notes
<i>fluoxetine hcl 20 mg capsule u-d, 10x10 20 mg</i>	PDL Preferred Generic	90DS
<i>fluoxetine hcl 20 mg tablet 20 mg</i>	PDL Non-Preferred Generic	PA
<i>fluoxetine hcl 20 mg tablet f/c 20 mg</i>	PDL Non-Preferred Generic	PA
<i>fluoxetine hcl 20 mg tablet inner 20 mg</i>	PDL Non-Preferred Generic	PA
<i>fluoxetine hcl 20 mg tablet outer 20 mg</i>	PDL Non-Preferred Generic	PA
<i>fluoxetine hcl 40 mg capsule 40 mg</i>	PDL Preferred Generic	90DS
<i>fluoxetine hcl 60 mg tablet 60 mg</i>	PDL Non-Preferred Brand	PA
<i>fluoxetine hcl 60 mg tablet 60 mg</i>	PDL Non-Preferred Generic	PA
<i>fluvoxamine er 100 mg capsule 100 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>fluvoxamine er 150 mg capsule 150 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>fluvoxamine maleate 100 mg tab 100 mg</i>	PDL Preferred Generic	
<i>fluvoxamine maleate 100 mg tab f/c 100 mg</i>	PDL Preferred Generic	
<i>fluvoxamine maleate 100 mg tab u-d, 10x10, inner 100 mg</i>	PDL Preferred Generic	
<i>fluvoxamine maleate 100 mg tab u-d, 10x10, outer 100 mg</i>	PDL Preferred Generic	

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

Drug	Status	Notes
<i>paroxetine er 37.5 mg tablet 37.5 mg</i>	PDL Non-Preferred Generic	PA
<i>paroxetine hcl 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 10 mg tablet f/c,u-d,10x10,inner 10 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 10 mg tablet f/c,u-d,10x10,outer 10 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 10 mg/5 ml susp 10 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>paroxetine hcl 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 20 mg tablet f/c 20 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 20 mg tablet f/c,u-d,10x10 20 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 20 mg tablet f/c,u-d,10x10,inner 20 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 20 mg tablet f/c,u-d,10x10,outer 20 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 30 mg tablet 30 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 30 mg tablet f/c 30 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 30 mg tablet f/c,u-d,10x10,outer 30 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>paroxetine hcl 30 mg tablet inner 30 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 40 mg tablet f/c 40 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 40 mg tablet f/c,u- d,10x10,inner 40 mg</i>	PDL Preferred Generic	90DS
<i>paroxetine hcl 40 mg tablet f/c,u- d,10x10,outer 40 mg</i>	PDL Preferred Generic	90DS
PAXIL 10 MG TABLET 10 MG	PDL Non- Preferred Brand	PA
PAXIL 10 MG TABLET F/C 10 MG	PDL Non- Preferred Brand	PA
PAXIL 10 MG/5 ML SUSPENSION 10 MG/5 ML	PDL Non- Preferred Brand	PA
PAXIL 20 MG TABLET 20 MG	PDL Non- Preferred Brand	PA
PAXIL 20 MG TABLET F/C 20 MG	PDL Non- Preferred Brand	PA
PAXIL 30 MG TABLET 30 MG	PDL Non- Preferred Brand	PA
PAXIL 30 MG TABLET F/C 30 MG	PDL Non- Preferred Brand	PA
PAXIL 40 MG TABLET 40 MG	PDL Non- Preferred Brand	PA
PAXIL CR 12.5 MG TABLET 12.5 MG	PDL Non- Preferred Brand	PA

Drug	Status	Notes
PAXIL CR 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
PAXIL CR 37.5 MG TABLET 37.5 MG	PDL Non-Preferred Brand	PA
PEXEVA 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PEXEVA 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PEXEVA 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PROZAC 10 MG PULVULE PULVULE 10 MG	PDL Non-Preferred Brand	PA
PROZAC 20 MG PULVULE PULVULE 20 MG	PDL Non-Preferred Brand	PA
PROZAC 40 MG PULVULE 40 MG	PDL Non-Preferred Brand	PA
<i>sertraline 150 mg capsule 150 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>sertraline 20 mg/ml oral conc 20 mg/ml</i>	PDL Preferred Generic	
<i>sertraline 20 mg/ml oral conc w/dispensing syringe 20 mg/ml</i>	PDL Preferred Generic	
<i>sertraline 200 mg capsule 200 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>sertraline hcl 100 mg tablet 100 mg</i>	PDL Preferred Generic	90DS
<i>sertraline hcl 100 mg tablet f/c 100 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>sertraline hcl 25 mg tablet 25 mg</i>	PDL Preferred Generic	90DS
<i>sertraline hcl 25 mg tablet f/c 25 mg</i>	PDL Preferred Generic	90DS
<i>sertraline hcl 25 mg tablet f/c, 10x10, outer 25 mg</i>	PDL Preferred Generic	90DS
<i>sertraline hcl 25 mg tablet f/c, inner 25 mg</i>	PDL Preferred Generic	90DS
<i>sertraline hcl 50 mg tablet 50 mg</i>	PDL Preferred Generic	90DS
<i>sertraline hcl 50 mg tablet f/c 50 mg</i>	PDL Preferred Generic	90DS
ZOLOFT 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
ZOLOFT 100 MG TABLET F/C,U-D 100 MG	PDL Non-Preferred Brand	PA
ZOLOFT 20 MG/ML ORAL CONC 20 MG/ML	PDL Non-Preferred Brand	PA
ZOLOFT 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
ZOLOFT 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
ZOLOFT 50 MG TABLET F/C,U-D 50 MG	PDL Non-Preferred Brand	PA
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone hcl 100 mg tablet 100 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>nefazodone hcl 150 mg tablet 150 mg</i>	PDL Preferred Generic	
<i>nefazodone hcl 200 mg tablet 200 mg</i>	PDL Preferred Generic	
<i>nefazodone hcl 250 mg tablet 250 mg</i>	PDL Preferred Generic	
<i>nefazodone hcl 50 mg tablet 50 mg</i>	PDL Preferred Generic	
<i>trazodone 100 mg tablet 100 mg</i>	PDL Preferred Generic	90DS
<i>trazodone 100 mg tablet f/c 100 mg</i>	PDL Preferred Generic	90DS
<i>trazodone 150 mg tablet 150 mg</i>	PDL Preferred Generic	90DS
<i>trazodone 150 mg tablet u-d, 10x10, outer 150 mg</i>	PDL Preferred Generic	90DS
<i>trazodone 150 mg tablet u-d, inner 150 mg</i>	PDL Preferred Generic	90DS
<i>trazodone 300 mg tablet 300 mg</i>	PDL Preferred Generic	
<i>trazodone 50 mg tablet 50 mg</i>	PDL Preferred Generic	90DS
<i>trazodone 50 mg tablet f/c 50 mg</i>	PDL Preferred Generic	90DS
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
CYMBALTA 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
CYMBALTA 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA
CYMBALTA 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA
<i>desvenlafaxine er 100 mg tab 100 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>desvenlafaxine er 50 mg tab 50 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>desvenlafaxine succnt er 100 mg 100 mg</i>	PDL Non-Preferred Generic	PA
<i>desvenlafaxine succnt er 25 mg 25 mg</i>	PDL Non-Preferred Generic	PA
<i>desvenlafaxine succnt er 50 mg 50 mg</i>	PDL Non-Preferred Generic	PA
DRIZALMA SPRINKLE DR 20 MG CAP 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DRIZALMA SPRINKLE DR 30 MG CAP 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DRIZALMA SPRINKLE DR 40 MG CAP 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DRIZALMA SPRINKLE DR 60 MG CAP 60 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
<i>duloxetine hcl dr 20 mg cap 20 mg</i>	PDL Preferred Generic	90DS
<i>duloxetine hcl dr 20 mg cap inner 20 mg</i>	PDL Preferred Generic	90DS
<i>duloxetine hcl dr 20 mg cap outer 20 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>duloxetine hcl dr 30 mg cap 30 mg</i>	PDL Preferred Generic	90DS
<i>duloxetine hcl dr 30 mg cap inner 30 mg</i>	PDL Preferred Generic	90DS
<i>duloxetine hcl dr 30 mg cap outer 30 mg</i>	PDL Preferred Generic	90DS
<i>duloxetine hcl dr 40 mg cap 40 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>duloxetine hcl dr 60 mg cap 60 mg</i>	PDL Preferred Generic	90DS
<i>duloxetine hcl dr 60 mg cap inner 60 mg</i>	PDL Preferred Generic	90DS
<i>duloxetine hcl dr 60 mg cap outer 60 mg</i>	PDL Preferred Generic	90DS
EFFEXOR XR 150 MG CAPSULE 150 MG	PDL Non- Preferred Brand	PA
EFFEXOR XR 150 MG CAPSULE INNER 150 MG	PDL Non- Preferred Brand	PA
EFFEXOR XR 150 MG CAPSULE OUTER 150 MG	PDL Non- Preferred Brand	PA
EFFEXOR XR 150 MG CAPSULE U-U 150 MG	PDL Non- Preferred Brand	PA
EFFEXOR XR 37.5 MG CAPSULE 37.5 MG	PDL Non- Preferred Brand	PA
EFFEXOR XR 37.5 MG CAPSULE INNER 37.5 MG	PDL Non- Preferred Brand	PA
EFFEXOR XR 37.5 MG CAPSULE OUTER 37.5 MG	PDL Non- Preferred Brand	PA

Drug	Status	Notes
EFFEXOR XR 37.5 MG CAPSULE U-U 37.5 MG	PDL Non-Preferred Brand	PA
EFFEXOR XR 75 MG CAPSULE 75 MG	PDL Non-Preferred Brand	PA
EFFEXOR XR 75 MG CAPSULE U-U 75 MG	PDL Non-Preferred Brand	PA
FETZIMA 20-40 MG TITRATION PAK 20 MG (2)- 40 MG (26)	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FETZIMA ER 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FETZIMA ER 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FETZIMA ER 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FETZIMA ER 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PRISTIQ ER 100 MG TABLET F/C 100 MG	PDL Non-Preferred Brand	PA
PRISTIQ ER 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
PRISTIQ ER 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
<i>venlafaxine bes er 112.5 mg tb 112.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>venlafaxine hcl 100 mg tablet 100 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 100 mg tablet f/c 100 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>venlafaxine hcl 25 mg tablet 25 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 25 mg tablet f/c 25 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 25 mg tablet inner 25 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 25 mg tablet outer 25 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 37.5 mg tablet 37.5 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 37.5 mg tablet f/c 37.5 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 37.5 mg tablet inner 37.5 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 37.5 mg tablet outer 37.5 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 37.5 mg tablet u- d,10x10,inner 37.5 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 37.5 mg tablet u- d,10x10,outer 37.5 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 50 mg tablet 50 mg</i>	PDL Preferred Generic	
<i>venlafaxine hcl 50 mg tablet f/c 50 mg</i>	PDL Preferred Generic	
<i>venlafaxine hcl 75 mg tablet 75 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 75 mg tablet f/c 75 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>venlafaxine hcl 75 mg tablet inner 75 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 75 mg tablet outer 75 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 75 mg tablet u-d,10x10,inner 75 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl 75 mg tablet u-d,10x10,outer 75 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 150 mg cap 150 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 150 mg cap inner 150 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 150 mg cap outer 150 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 150 mg cap redipak, u-d 150 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 150 mg tab 150 mg</i>	PDL Non-Preferred Generic	PA
<i>venlafaxine hcl er 225 mg tab 225 mg</i>	PDL Non-Preferred Generic	PA
<i>venlafaxine hcl er 37.5 mg cap 37.5 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 37.5 mg cap inner 37.5 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 37.5 mg cap outer 37.5 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 37.5 mg cap redipak, u-d 37.5 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>venlafaxine hcl er 37.5 mg tab 37.5 mg</i>	PDL Non-Preferred Generic	PA
<i>venlafaxine hcl er 75 mg cap 75 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 75 mg cap inner 75 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 75 mg cap outer 75 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 75 mg cap redipak, u-d 75 mg</i>	PDL Preferred Generic	90DS
<i>venlafaxine hcl er 75 mg tab 75 mg</i>	PDL Non-Preferred Generic	PA
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIIBRYD 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VIIIBRYD 10-20 MG STARTER PACK 10 MG (7)- 20 MG (23)	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VIIIBRYD 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VIIIBRYD 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>vilazodone hcl 10 mg tablet 10 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>vilazodone hcl 20 mg tablet 20 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>vilazodone hcl 40 mg tablet 40 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
TRINTELLIX 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
TRINTELLIX 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combinatns		
<i>chlordiazepo-amitriptyl 5-12.5 12.5-5 mg</i>	Non-PDL Generic	
<i>chlordiazepox-amitriptyl 10-25 25-10 mg</i>	Non-PDL Generic	
Tricyclic Antidepressant/Phenothiazine Combinatns		
<i>perphen-amitrip 2 mg-10 mg tab 2-10 mg</i>	Non-PDL Generic	
<i>perphen-amitrip 2 mg-25 mg tab 2-25 mg</i>	Non-PDL Generic	
<i>perphen-amitrip 4 mg-10 mg tab 4-10 mg</i>	Non-PDL Generic	
<i>perphen-amitrip 4 mg-25 mg tab 4-25 mg</i>	Non-PDL Generic	
<i>perphen-amitrip 4 mg-50 mg tab 4-50 mg</i>	Non-PDL Generic	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline hcl 10 mg tab 10 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 10 mg tab f/c 10 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 100 mg tab 100 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 100 mg tab f/c 100 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 100 mg tab u-d, 10x10, inner 100 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 100 mg tab u-d, outer 100 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 150 mg tab 150 mg</i>	Non-PDL Generic	
<i>amitriptyline hcl 150 mg tab f/c 150 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>amitriptyline hcl 25 mg tab 25 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 25 mg tab f/c 25 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 50 mg tab 50 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 50 mg tab f/c 50 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 50 mg tab u-d, 10x10, inner 50 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 50 mg tab u-d, outer 50 mg</i>	Non-PDL Generic	90DS
<i>amitriptyline hcl 75 mg tab 75 mg</i>	Non-PDL Generic	
<i>amitriptyline hcl 75 mg tab f/c 75 mg</i>	Non-PDL Generic	
<i>amitriptyline hcl 75 mg tab u-d, 10x10, inner 75 mg</i>	Non-PDL Generic	
<i>amitriptyline hcl 75 mg tab u-d, outer 75 mg</i>	Non-PDL Generic	
<i>amoxapine 100 mg tablet 100 mg</i>	Non-PDL Generic	
<i>amoxapine 150 mg tablet 150 mg</i>	Non-PDL Generic	
<i>amoxapine 25 mg tablet 25 mg</i>	Non-PDL Generic	
<i>amoxapine 50 mg tablet 50 mg</i>	Non-PDL Generic	
<i>clomipramine 25 mg capsule 25 mg</i>	Non-PDL Generic	
<i>clomipramine 50 mg capsule 50 mg</i>	Non-PDL Generic	
<i>clomipramine 50 mg capsule inner 50 mg</i>	Non-PDL Generic	
<i>clomipramine 50 mg capsule outer 50 mg</i>	Non-PDL Generic	
<i>clomipramine 75 mg capsule 75 mg</i>	Non-PDL Generic	
<i>desipramine 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>desipramine 10 mg tablet f/c 10 mg</i>	Non-PDL Generic	

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

Drug	Status	Notes
<i>doxepin 75 mg capsule 75 mg</i>	Non-PDL Generic	
<i>imipramine hcl 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS
<i>imipramine hcl 10 mg tablet f/c 10 mg</i>	Non-PDL Generic	90DS
<i>imipramine hcl 25 mg tablet 25 mg</i>	Non-PDL Generic	90DS
<i>imipramine hcl 25 mg tablet f/c 25 mg</i>	Non-PDL Generic	90DS
<i>imipramine hcl 50 mg tablet 50 mg</i>	Non-PDL Generic	90DS
<i>imipramine hcl 50 mg tablet f/c 50 mg</i>	Non-PDL Generic	90DS
<i>imipramine pamoate 100 mg cap 100 mg</i>	Non-PDL Generic	
<i>imipramine pamoate 125 mg cap 125 mg</i>	Non-PDL Generic	
<i>imipramine pamoate 150 mg cap 150 mg</i>	Non-PDL Generic	
<i>imipramine pamoate 75 mg cap 75 mg</i>	Non-PDL Generic	
<i>nortriptyline 10 mg/5 ml soln 10 mg/5 ml</i>	Non-PDL Generic	
<i>nortriptyline hcl 10 mg cap 10 mg</i>	Non-PDL Generic	90DS
<i>nortriptyline hcl 25 mg cap 25 mg</i>	Non-PDL Generic	90DS
<i>nortriptyline hcl 50 mg cap 50 mg</i>	Non-PDL Generic	90DS
<i>nortriptyline hcl 75 mg cap 75 mg</i>	Non-PDL Generic	90DS
<i>protriptyline hcl 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>protriptyline hcl 5 mg tablet 5 mg</i>	Non-PDL Generic	
<i>trimipramine maleate 100 mg cp 100 mg</i>	Non-PDL Generic	
<i>trimipramine maleate 25 mg cap 25 mg</i>	Non-PDL Generic	
<i>trimipramine maleate 50 mg cap 50 mg</i>	Non-PDL Generic	

Drug	Status	Notes
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL XR 10 MG CAPSULE 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
ADDERALL XR 15 MG CAPSULE 15 MG	PDL Preferred Brand	QL (1 EA per 1 day)
ADDERALL XR 20 MG CAPSULE 20 MG	PDL Preferred Brand	QL (2 EA per 1 day)
ADDERALL XR 25 MG CAPSULE 25 MG	PDL Preferred Brand	QL (2 EA per 1 day)
ADDERALL XR 30 MG CAPSULE 30 MG	PDL Preferred Brand	QL (2 EA per 1 day)
ADDERALL XR 5 MG CAPSULE 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
ADZENYS XR-ODT 12.5 MG TABLET 12.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 15.7 MG TABLET 15.7 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 18.8 MG TABLET 18.8 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 3.1 MG TABLET 3.1 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 6.3 MG TABLET 6.3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADZENYS XR-ODT 9.4 MG TABLET 9.4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>amphetamine er 1.25 mg/ml susp 1.25 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (450 ML per 30 days)

Drug	Status	Notes
<i>amphetamine sulfate 10 mg tab 10 mg</i>	PDL Non-Preferred Generic	PA
<i>amphetamine sulfate 5 mg tab 5 mg</i>	PDL Non-Preferred Generic	PA
DEXEDRINE SPANSULE 10 MG 10 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
DEXEDRINE SPANSULE 15 MG 15 MG	PDL Non-Preferred Brand	PA; QL (120 EA per 30 days)
<i>dextroamp-amphet er 10 mg cap 10 mg</i>	PDL Non-Preferred Generic	QL (1 EA per 1 day)
<i>dextroamp-amphet er 15 mg cap 15 mg</i>	PDL Non-Preferred Generic	QL (1 EA per 1 day)
<i>dextroamp-amphet er 20 mg cap 20 mg</i>	PDL Non-Preferred Generic	QL (2 EA per 1 day)
<i>dextroamp-amphet er 25 mg cap 25 mg</i>	PDL Non-Preferred Generic	QL (2 EA per 1 day)
<i>dextroamp-amphet er 30 mg cap 30 mg</i>	PDL Non-Preferred Generic	QL (2 EA per 1 day)
<i>dextroamp-amphet er 5 mg cap 5 mg</i>	PDL Non-Preferred Generic	QL (1 EA per 1 day)
<i>dextroamp-amphetam 12.5 mg tab 12.5 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dextroamp-amphetam 7.5 mg tab 7.5 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dextroamp-amphetamin 10 mg tab 10 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dextroamp-amphetamin 15 mg tab 15 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
<i>dextroamp-amphetamin 20 mg tab 20 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dextroamp-amphetamin 30 mg tab 30 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dextroamp-amphetamine 5 mg tab 5 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dextroamphetamine 10 mg tab 10 mg</i>	PDL Preferred Generic	QL (180 EA per 30 days)
<i>dextroamphetamine 15 mg tab 15 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>dextroamphetamine 20 mg tab 20 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dextroamphetamine 30 mg tab 30 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dextroamphetamine 5 mg tab 5 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>dextroamphetamine 5 mg/5 ml 5 mg/5 ml</i>	PDL Non- Preferred Generic	PA; QL (1800 ML per 30 days)
<i>dextroamphetamine er 10 mg cap 10 mg</i>	PDL Preferred Generic	QL (60 EA per 30 days)
<i>dextroamphetamine er 15 mg cap 15 mg</i>	PDL Preferred Generic	QL (120 EA per 30 days)
<i>dextroamphetamine er 15 mg cap inner 15 mg</i>	PDL Preferred Generic	QL (120 EA per 30 days)
<i>dextroamphetamine er 15 mg cap outer 15 mg</i>	PDL Preferred Generic	QL (120 EA per 30 days)
<i>dextroamphetamine er 5 mg cap 5 mg</i>	PDL Preferred Generic	QL (60 EA per 30 days)

Drug	Status	Notes
DYANAVEL XR 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DYANAVEL XR 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DYANAVEL XR 2.5 MG/ML SUSP 2.5 MG/ML	PDL Non-Preferred Brand	PA; QL (240 ML per 30 days)
DYANAVEL XR 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DYANAVEL XR 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EVEKEO 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
EVEKEO 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
EVEKEO ODT 10 MG INNER 10 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
EVEKEO ODT 10 MG OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
EVEKEO ODT 15 MG INNER 15 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
EVEKEO ODT 15 MG OUTER 15 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
EVEKEO ODT 20 MG INNER 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
EVEKEO ODT 20 MG OUTER 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
EVEKEO ODT 5 MG INNER 5 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)

Drug	Status	Notes
EVEKEO ODT 5 MG OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
<i>methamphetamine 5 mg tablet 5 mg</i>	Non-PDL Generic	QL (150 EA per 30 days)
MYDAYIS ER 12.5 MG CAPSULE 12.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MYDAYIS ER 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MYDAYIS ER 37.5 MG CAPSULE 37.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MYDAYIS ER 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PROCENTRA 5 MG/5 ML SOLUTION 5 MG/5 ML	PDL Non-Preferred Brand	PA; QL (1800 ML per 30 days)
VYVANSE 10 MG CAPSULE 10 MG	PDL Preferred Brand	
VYVANSE 10 MG CHEWABLE TABLET 10 MG	PDL Non-Preferred Brand	PA
VYVANSE 20 MG CAPSULE 20 MG	PDL Preferred Brand	
VYVANSE 20 MG CHEWABLE TABLET 20 MG	PDL Non-Preferred Brand	PA
VYVANSE 30 MG CAPSULE 30 MG	PDL Preferred Brand	
VYVANSE 30 MG CHEWABLE TABLET 30 MG	PDL Non-Preferred Brand	PA
VYVANSE 40 MG CAPSULE 40 MG	PDL Preferred Brand	

Drug	Status	Notes
VYVANSE 40 MG CHEWABLE TABLET 40 MG	PDL Non-Preferred Brand	PA
VYVANSE 50 MG CAPSULE 50 MG	PDL Preferred Brand	
VYVANSE 50 MG CHEWABLE TABLET 50 MG	PDL Non-Preferred Brand	PA
VYVANSE 60 MG CAPSULE 60 MG	PDL Preferred Brand	
VYVANSE 60 MG CHEWABLE TABLET 60 MG	PDL Non-Preferred Brand	PA
VYVANSE 70 MG CAPSULE 70 MG	PDL Preferred Brand	
ZENZEDI 10 MG TABLET 10 MG	PDL Preferred Generic	QL (180 EA per 30 days)
ZENZEDI 15 MG TABLET 15 MG	PDL Preferred Generic	QL (3 EA per 1 day)
ZENZEDI 2.5 MG TABLET 2.5 MG	PDL Preferred Generic	QL (90 EA per 30 days)
ZENZEDI 20 MG TABLET 20 MG	PDL Preferred Generic	QL (2 EA per 1 day)
ZENZEDI 30 MG TABLET 30 MG	PDL Preferred Generic	QL (2 EA per 1 day)
ZENZEDI 5 MG TABLET 5 MG	PDL Preferred Generic	QL (90 EA per 30 days)
ZENZEDI 7.5 MG TABLET 7.5 MG	PDL Preferred Generic	QL (90 EA per 30 days)
Anti-Alcoholic Preparations		
<i>acamprosate calc dr 333 mg tab 333 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>acamprosate calc dr 333 mg tab enteric coated 333 mg</i>	Non-PDL Generic	
<i>acamprosate calc dr 333 mg tab enteric-coated,inner 333 mg</i>	Non-PDL Generic	
<i>acamprosate calc dr 333 mg tab enteric-coated,outer 333 mg</i>	Non-PDL Generic	
<i>acamprosate calc dr 333 mg tab inner 333 mg</i>	Non-PDL Generic	
<i>acamprosate calc dr 333 mg tab outer 333 mg</i>	Non-PDL Generic	
<i>disulfiram 250 mg tablet 250 mg</i>	Non-PDL Generic	
<i>disulfiram 500 mg tablet 500 mg</i>	Non-PDL Generic	
VIVITROL 380 MG VIAL INNER, SUV 380 MG	Non-PDL Brand	SP
VIVITROL 380 MG VIAL-DILUENT W/ SYR NDL, OUTER, SUV 380 MG	Non-PDL Brand	SP
Anti-Anxiety - Benzodiazepines		
<i>alprazolam 0.25 mg tablet 0.25 mg</i>	Non-PDL Generic	
<i>alprazolam 0.25 mg tablet u-d, 10x10, inner 0.25 mg</i>	Non-PDL Generic	
<i>alprazolam 0.25 mg tablet u-d, outer 0.25 mg</i>	Non-PDL Generic	
<i>alprazolam 0.5 mg tablet 0.5 mg</i>	Non-PDL Generic	
<i>alprazolam 0.5 mg tablet u-d, 10x10, inner 0.5 mg</i>	Non-PDL Generic	
<i>alprazolam 0.5 mg tablet u-d, outer 0.5 mg</i>	Non-PDL Generic	
<i>alprazolam 1 mg tablet 1 mg</i>	Non-PDL Generic	
<i>alprazolam 1 mg tablet u-d, 10x10, inner 1 mg</i>	Non-PDL Generic	
<i>alprazolam 1 mg tablet u-d, outer 1 mg</i>	Non-PDL Generic	
<i>alprazolam 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>alprazolam er 0.5 mg tablet 0.5 mg</i>	Non-PDL Generic	
<i>alprazolam er 1 mg tablet 1 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>alprazolam er 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>alprazolam er 3 mg tablet 3 mg</i>	Non-PDL Generic	
ALPRAZOLAM INTENSOL 1 MG/ML 1 MG/ML	Non-PDL Brand	
<i>alprazolam odt 0.25 mg tab 0.25 mg</i>	Non-PDL Generic	
<i>alprazolam odt 0.25 mg tab 10x10, outer 0.25 mg</i>	Non-PDL Generic	
<i>alprazolam odt 0.25 mg tab inner 0.25 mg</i>	Non-PDL Generic	
<i>alprazolam odt 0.5 mg tab 0.5 mg</i>	Non-PDL Generic	
<i>alprazolam odt 0.5 mg tab 10x10, outer 0.5 mg</i>	Non-PDL Generic	
<i>alprazolam odt 0.5 mg tab inner 0.5 mg</i>	Non-PDL Generic	
<i>alprazolam odt 1 mg tab 1 mg</i>	Non-PDL Generic	
<i>alprazolam odt 1 mg tab 10x10, outer 1 mg</i>	Non-PDL Generic	
<i>alprazolam odt 1 mg tab inner 1 mg</i>	Non-PDL Generic	
<i>alprazolam odt 2 mg tab 10x10, outer 2 mg</i>	Non-PDL Generic	
<i>alprazolam odt 2 mg tab 2 mg</i>	Non-PDL Generic	
<i>alprazolam odt 2 mg tab inner 2 mg</i>	Non-PDL Generic	
<i>alprazolam xr 0.5 mg tablet 0.5 mg</i>	Non-PDL Generic	
<i>alprazolam xr 1 mg tablet 1 mg</i>	Non-PDL Generic	
<i>alprazolam xr 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>alprazolam xr 3 mg tablet 3 mg</i>	Non-PDL Generic	
<i>chlordiazepoxide 10 mg capsule 10 mg</i>	Non-PDL Generic	
<i>chlordiazepoxide 10 mg capsule inner 10 mg</i>	Non-PDL Generic	

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

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

Drug	Status	Notes
<i>buspirone hcl 30 mg tablet u-d,10x10,inner 30 mg</i>	Non-PDL Generic	
<i>buspirone hcl 30 mg tablet u-d,10x10,outer 30 mg</i>	Non-PDL Generic	
<i>buspirone hcl 5 mg tablet 5 mg</i>	Non-PDL Generic	
<i>buspirone hcl 5 mg tablet u-d,10x10,inner 5 mg</i>	Non-PDL Generic	
<i>buspirone hcl 5 mg tablet u-d,10x10,outer 5 mg</i>	Non-PDL Generic	
<i>buspirone hcl 7.5 mg tablet 7.5 mg</i>	Non-PDL Generic	
<i>meprobamate 200 mg tablet 200 mg</i>	Non-PDL Generic	
<i>meprobamate 400 mg tablet 400 mg</i>	Non-PDL Generic	
Anti-Mania Drugs		
<i>lithium carbonate 150 mg cap 150 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate 300 mg cap 300 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate 300 mg tab 300 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate 600 mg cap 600 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate er 300 mg tb 300 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate er 300 mg tb f/c 300 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate er 300 mg tb f/c, inner 300 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate er 300 mg tb f/c, outer 300 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate er 300 mg tb f/c,u-d,10x10,outer 300 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate er 300 mg tb f/c,u-d,inner 300 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate er 450 mg tb 10x10, outer 450 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate er 450 mg tb 450 mg</i>	Non-PDL Generic	90DS
<i>lithium carbonate er 450 mg tb inner 450 mg</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>lithium carbonate er 450 mg tb outer 450 mg</i>	Non-PDL Generic	90DS
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR 1.5 MG CAPSULE 1.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 1.5 MG CAPSULE INNER 1.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 1.5 MG CAPSULE OUTER 1.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 1.5 MG-3 MG PACK 1.5 MG (1)-3 MG (6)	PDL Non-Preferred Brand	PA; QL (7 EA per 28 days)
VRAYLAR 3 MG CAPSULE 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 3 MG CAPSULE INNER 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 3 MG CAPSULE OUTER 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 4.5 MG CAPSULE 4.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VRAYLAR 6 MG CAPSULE 6 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
ABILIFY 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ABILIFY MAINTENA ER 300 MG SYR 300 MG	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 300 MG VL INNER,SUV 300 MG	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 300 MG VL OUTER,SUV 300 MG	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG SYR SAMPLE, SUV 400 MG	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG SYR SUV 400 MG	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG VL INNER,SUV 400 MG	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG VL OUTER,SUV 400 MG	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA ER 400 MG VL SUV,NFRS 400 MG	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MYCITE 10 MG MAINT KIT 10 MG	PDL Non-Preferred Brand	PA
ABILIFY MYCITE 10 MG START KIT 10 MG	PDL Non-Preferred Brand	PA
ABILIFY MYCITE 15 MG MAINT KIT 15 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ABILIFY MYCITE 15 MG START KIT 15 MG	PDL Non-Preferred Brand	PA
ABILIFY MYCITE 2 MG MAINT KIT 2 MG	PDL Non-Preferred Brand	PA
ABILIFY MYCITE 2 MG START KIT 2 MG	PDL Non-Preferred Brand	PA
ABILIFY MYCITE 20 MG MAINT KIT 20 MG	PDL Non-Preferred Brand	PA
ABILIFY MYCITE 20 MG START KIT 20 MG	PDL Non-Preferred Brand	PA
ABILIFY MYCITE 30 MG MAINT KIT 30 MG	PDL Non-Preferred Brand	PA
ABILIFY MYCITE 30 MG START KIT 30 MG	PDL Non-Preferred Brand	PA
ABILIFY MYCITE 5 MG MAINT KIT 5 MG	PDL Non-Preferred Brand	PA
ABILIFY MYCITE 5 MG START KIT 5 MG	PDL Non-Preferred Brand	PA
<i>aripiprazole 1 mg/ml solution 1 mg/ml</i>	PDL Preferred Generic	QL (30 ML per 1 day)
<i>aripiprazole 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 10 mg tablet inner 10 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 10 mg tablet outer 10 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 15 mg tablet 15 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole 15 mg tablet inner 15 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 15 mg tablet outer 15 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 2 mg tablet 2 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 2 mg tablet inner 2 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 2 mg tablet outer 2 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 20 mg tablet inner 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 20 mg tablet outer 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 30 mg tablet 30 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 30 mg tablet inner 30 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 30 mg tablet outer 30 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>aripiprazole odt 10 mg tablet 10 mg</i>	PDL Non- Preferred Generic	PA; QL (3 EA per 1 day)
<i>aripiprazole odt 15 mg tablet 15 mg</i>	PDL Non- Preferred Generic	PA; QL (2 EA per 1 day)

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

Drug	Status	Notes
<i>loxapine 25 mg capsule u-d, 10x10, inner 25 mg</i>	Non-PDL Generic	
<i>loxapine 25 mg capsule u-d, 10x10, outer 25 mg</i>	Non-PDL Generic	
<i>loxapine 5 mg capsule 5 mg</i>	Non-PDL Generic	
<i>loxapine 50 mg capsule 50 mg</i>	Non-PDL Generic	
<i>loxapine 50 mg capsule u-d, 10x10, inner 50 mg</i>	Non-PDL Generic	
<i>loxapine 50 mg capsule u-d, 10x10, outer 50 mg</i>	Non-PDL Generic	
Antipsychotics, Atypical, Dopamine, & Serotonin Antag		
<i>asenapine 10 mg tablet sl 10 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>asenapine 10 mg tablet sl inner 10 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>asenapine 10 mg tablet sl outer 10 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>asenapine 2.5 mg tablet sl 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>asenapine 2.5 mg tablet sl inner 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>asenapine 2.5 mg tablet sl outer 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>asenapine 5 mg tablet sl 5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>asenapine 5 mg tablet sl inner 5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>asenapine 5 mg tablet sl outer 5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
CAPLYTA 10.5 MG CAPSULE 10.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CAPLYTA 21 MG CAPSULE 21 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CAPLYTA 42 MG CAPSULE 42 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CAPLYTA 42 MG CAPSULE INNER 42 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CAPLYTA 42 MG CAPSULE OUTER 42 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>clozapine 100 mg tablet 100 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine 100 mg tablet inner 100 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine 100 mg tablet outer 100 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine 200 mg tablet 200 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine 200 mg tablet u-d,inner,10x10 200 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine 200 mg tablet u-d,outer,10x10 200 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine 25 mg tablet 25 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine 25 mg tablet inner 25 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine 25 mg tablet outer 25 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
<i>clozapine 50 mg tablet 50 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine odt 100 mg tablet 100 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine odt 100 mg tablet inner 100 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine odt 100 mg tablet outer 100 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine odt 12.5 mg tablet 12.5 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine odt 150 mg tablet 150 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine odt 200 mg tablet 200 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine odt 25 mg tablet 25 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine odt 25 mg tablet inner 25 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine odt 25 mg tablet outer 25 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
CLOZARIL 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
CLOZARIL 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)

Drug	Status	Notes
FANAPT 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 12 MG TABLET 12 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 6 MG TABLET 6 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT 8 MG TABLET 8 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT TITRATION PACK 1MG(2)-2MG(2)- 4MG(2)-6MG(2)	PDL Non-Preferred Brand	PA; QL (8 EA per 28 days)
GEODON 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
GEODON 20 MG/ML VIAL INNER, SDV, P/F 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON 20 MG/ML VIAL OUTER, SDV, P/F 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON 20 MG/ML VIAL SUV, INNER 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 40 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
GEODON 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
GEODON 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVEGA ER 1.5 MG TABLET 1.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVEGA ER 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVEGA ER 6 MG TABLET 6 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVEGA ER 9 MG TABLET 9 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVEGA HAFYERA 1,092 MG/3.5 ML 1,092 MG/3.5 ML	PDL Preferred Brand	QL (3.5 ML per 166 days)
INVEGA HAFYERA 1,560 MG/5 ML 1,560 MG/5 ML	PDL Preferred Brand	QL (5 ML per 166 days)
INVEGA SUSTENNA 117 MG/0.75 ML 117 MG/0.75 ML	PDL Preferred Brand	QL (0.75 ML per 21 days)
INVEGA SUSTENNA 156 MG/ML SYRG 156 MG/ML	PDL Preferred Brand	QL (1 ML per 21 days)
INVEGA SUSTENNA 234 MG/1.5 ML 234 MG/1.5 ML	PDL Preferred Brand	QL (1.5 ML per 21 days)
INVEGA SUSTENNA 39 MG/0.25 ML 39 MG/0.25 ML	PDL Preferred Brand	QL (0.25 ML per 21 days)
INVEGA SUSTENNA 78 MG/0.5 ML 78 MG/0.5 ML	PDL Preferred Brand	QL (0.5 ML per 21 days)
INVEGA TRINZA 273 MG/0.88 ML 273 MG/0.88 ML	PDL Preferred Brand	QL (0.875 ML per 70 days)

Drug	Status	Notes
INVEGA TRINZA 410 MG/1.32 ML 410 MG/1.32 ML	PDL Preferred Brand	QL (1.32 ML per 70 days)
INVEGA TRINZA 546 MG/1.75 ML 546 MG/1.75 ML	PDL Preferred Brand	QL (1.75 ML per 70 days)
INVEGA TRINZA 819 MG/2.63 ML 819 MG/2.63 ML	PDL Preferred Brand	QL (2.625 ML per 70 days)
LATUDA 120 MG TABLET 120 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 20 MG TABLET 20 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 40 MG TABLET 40 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 60 MG TABLET 60 MG	PDL Preferred Brand	QL (30 EA per 30 days)
LATUDA 80 MG TABLET 80 MG	PDL Preferred Brand	QL (60 EA per 30 days)
LYBALVI 10-10 MG TABLET 10-10 MG	PDL Non-Preferred Brand	PA
LYBALVI 15-10 MG TABLET 15-10 MG	PDL Non-Preferred Brand	PA
LYBALVI 20-10 MG TABLET 20-10 MG	PDL Non-Preferred Brand	PA
LYBALVI 5-10 MG TABLET 5-10 MG	PDL Non-Preferred Brand	PA
<i>olanzapine 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>olanzapine 10 mg tablet f/c, u-d 10 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 10 mg tablet inner 10 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 10 mg tablet outer 10 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 10 mg vial 10 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>olanzapine 15 mg tablet 15 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 15 mg tablet f/c 15 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 15 mg tablet f/c, u-d 15 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 15 mg tablet f/c,u-d,10x10,inner 15 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 15 mg tablet f/c,u-d,10x10,outer 15 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 2.5 mg tablet 2.5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 2.5 mg tablet f/c 2.5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 2.5 mg tablet f/c, u-d 2.5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 2.5 mg tablet f/c,u-d,10x10,inner 2.5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 2.5 mg tablet f/c,u-d,10x10,outer 2.5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>olanzapine 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 20 mg tablet f/c 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 20 mg tablet f/c, u-d 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 20 mg tablet f/c,u-d,10x10,inner 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 20 mg tablet f/c,u-d,10x10,outer 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 5 mg tablet f/c 5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 5 mg tablet f/c, inner 5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 5 mg tablet f/c, outer 5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 5 mg tablet f/c, u-d 5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 7.5 mg tablet 7.5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 7.5 mg tablet f/c 7.5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine 7.5 mg tablet f/c, u-d 7.5 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>olanzapine odt 10 mg tablet 10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

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

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

Drug	Status	Notes
<i>paliperidone er 3 mg tablet 3 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>paliperidone er 3 mg tablet f/c 3 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>paliperidone er 3 mg tablet inner 3 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>paliperidone er 3 mg tablet outer 3 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>paliperidone er 6 mg tablet 6 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>paliperidone er 6 mg tablet f/c 6 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>paliperidone er 6 mg tablet inner 6 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>paliperidone er 6 mg tablet outer 6 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>paliperidone er 9 mg tablet 9 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>paliperidone er 9 mg tablet f/c 9 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>paliperidone er 9 mg tablet inner 9 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>paliperidone er 9 mg tablet outer 9 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
PERSERIS ER 120 MG SYRINGE KIT 120 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 28 days)
PERSERIS ER 90 MG POWDER SYRNG INNER, SUV 90 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 28 days)

Drug	Status	Notes
PERSERIS ER 90 MG SYRINGE KIT OUTER, SUV 90 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 28 days)
<i>quetiapine 150 mg tablet 150 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>quetiapine er 150 mg tablet 150 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>quetiapine er 200 mg tablet 200 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>quetiapine er 300 mg tablet 300 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>quetiapine er 400 mg tablet 400 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>quetiapine er 50 mg tablet 50 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>quetiapine fumarate 100 mg tab 100 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 100 mg tab f/c 100 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 200 mg tab 200 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 200 mg tab f/c 200 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 200 mg tab f/c, inner 200 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 200 mg tab f/c, outer 200 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 25 mg tab 25 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)

Drug	Status	Notes
<i>quetiapine fumarate 25 mg tab f/c 25 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 25 mg tab f/c, inner 25 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 25 mg tab f/c, outer 25 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 300 mg tab 300 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 300 mg tab f/c 300 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 400 mg tab 400 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 400 mg tab f/c 400 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 50 mg tab 50 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
<i>quetiapine fumarate 50 mg tab f/c 50 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 1 day)
RISPERDAL 0.5 MG TABLET 0.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 1 MG/ML SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA; QL (8 ML per 1 day)
RISPERDAL 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RISPERDAL 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
RISPERDAL 4 MG TABLET 4 MG	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)
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)
<i>risperidone 0.25 mg odt 5x6, outer 0.25 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 0.25 mg odt inner 0.25 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 0.25 mg tablet 0.25 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 0.25 mg tablet f/c 0.25 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 0.25 mg tablet f/c,u-d,10x10,inner 0.25 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>risperidone 0.25 mg tablet f/c,u-d,10x10,outer 0.25 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 0.25 mg tablet u-d,10x10,f/c,inner 0.25 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 0.25 mg tablet u-d,10x10,f/c,outer 0.25 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 0.5 mg odt 3x10 0.5 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 0.5 mg odt inner 0.5 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 0.5 mg odt outer 0.5 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 0.5 mg tablet 0.5 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 0.5 mg tablet f/c 0.5 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 0.5 mg tablet f/c,u-d,10x10,inner 0.5 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 0.5 mg tablet f/c,u-d,10x10,outer 0.5 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 1 mg odt 7x4 1 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 1 mg odt inner 1 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 1 mg odt outer 1 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 1 mg tablet 1 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>risperidone 1 mg tablet f/c 1 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 1 mg tablet f/c,u-d,10x10,inner 1 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 1 mg tablet f/c,u-d,10x10,outer 1 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 1 mg/ml solution 1 mg/ml</i>	PDL Preferred Generic	90DS; QL (8 ML per 1 day)
<i>risperidone 1 mg/ml solution with pipette 1 mg/ml</i>	PDL Preferred Generic	90DS; QL (8 ML per 1 day)
<i>risperidone 1 mg/ml solution with syringe 1 mg/ml</i>	PDL Preferred Generic	90DS; QL (8 ML per 1 day)
<i>risperidone 2 mg odt 7x4 2 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 2 mg odt 7x4, outer 2 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 2 mg odt inner 2 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>risperidone 2 mg tablet 10x10,u-d,inner,f/c 2 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 2 mg tablet 10x10,u-d,outer,f/c 2 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 2 mg tablet 2 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 2 mg tablet f/c 2 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>risperidone 3 mg odt 7x4 3 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)

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

Drug	Status	Notes
SAPHRIS 10 MG TAB SUBLINGUAL INNER 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 10 MG TAB SUBLINGUAL OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 2.5 MG TAB SUBLINGUAL INNER 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 2.5 MG TAB SUBLINGUAL OUTER 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 5 MG TAB SUBLINGUAL INNER 5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SAPHRIS 5 MG TAB SUBLINGUAL OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SECUADO 3.8 MG/24 HR PATCH INNER 3.8 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SECUADO 3.8 MG/24 HR PATCH OUTER 3.8 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SECUADO 5.7 MG/24 HR PATCH INNER 5.7 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SECUADO 5.7 MG/24 HR PATCH OUTER 5.7 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SECUADO 7.6 MG/24 HR PATCH INNER 7.6 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SECUADO 7.6 MG/24 HR PATCH OUTER 7.6 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL 100 MG TABLET F/C 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 200 MG TABLET F/C 200 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)

Drug	Status	Notes
SEROQUEL 25 MG TABLET F/C 25 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 400 MG TABLET F/C 400 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL 50 MG TABLET F/C 50 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL XR 150 MG TABLET F/C 150 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 200 MG TABLET F/C 200 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 300 MG TABLET F/C 300 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 400 MG TABLET F/C 400 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR 50 MG TABLET F/C 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL XR SAMPLE KIT 50 MG(3)-200 MG (1)-300 MG(11)	PDL Non-Preferred Brand	PA
VERSACLOZ 50 MG/ML SUSPENSION 50 MG/ML	PDL Non-Preferred Brand	PA; QL (18 ML per 1 day)
<i>ziprasidone 20 mg/ml vial inner, suv 20 mg/ml (final conc.)</i>	PDL Non-Preferred Generic	PA
<i>ziprasidone 20 mg/ml vial inner, suv, p/f 20 mg/ml (final conc.)</i>	PDL Non-Preferred Generic	PA
<i>ziprasidone 20 mg/ml vial outer, suv 20 mg/ml (final conc.)</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>ziprasidone 20 mg/ml vial outer, suv, p/f 20 mg/ml (final conc.)</i>	PDL Non-Preferred Generic	PA
<i>ziprasidone hcl 20 mg capsule 20 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 20 mg capsule inner 20 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 20 mg capsule outer 20 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 20 mg capsule u-d 20 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 40 mg capsule 40 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 40 mg capsule inner 40 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 40 mg capsule outer 40 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 40 mg capsule u-d 40 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 60 mg capsule 60 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 60 mg capsule inner 60 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 60 mg capsule outer 60 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 60 mg capsule u-d 60 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone hcl 80 mg capsule 80 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)

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

Drug	Status	Notes
ZYPREXA RELPREVV 405 MG VIAL INNER, SUV 405 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 28 days)
ZYPREXA RELPREVV 405 MG VL KIT SUV, OUTER 405 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 28 days)
ZYPREXA ZYDIS 10 MG TABLET INNER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 10 MG TABLET OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 15 MG TABLET INNER 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 15 MG TABLET OUTER 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 20 MG TABLET INNER 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 20 MG TABLET OUTER 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 5 MG TABLET INNER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ZYDIS 5 MG TABLET OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene 1 mg capsule 1 mg</i>	Non-PDL Generic	
<i>thiothixene 10 mg capsule 10 mg</i>	Non-PDL Generic	
<i>thiothixene 10 mg capsule u-d,10x10,inner 10 mg</i>	Non-PDL Generic	
<i>thiothixene 10 mg capsule u-d,10x10,outer 10 mg</i>	Non-PDL Generic	
<i>thiothixene 2 mg capsule 2 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>thiothixene 2 mg capsule u-d,10x10,inner 2 mg</i>	Non-PDL Generic	
<i>thiothixene 2 mg capsule u-d,10x10,outer 2 mg</i>	Non-PDL Generic	
<i>thiothixene 5 mg capsule 5 mg</i>	Non-PDL Generic	
<i>thiothixene 5 mg capsule u-d,10x10,inner 5 mg</i>	Non-PDL Generic	
<i>thiothixene 5 mg capsule u-d,10x10,outer 5 mg</i>	Non-PDL Generic	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>haloperidol 0.5 mg tablet 0.5 mg</i>	Non-PDL Generic	90DS
<i>haloperidol 0.5 mg tablet u-d,inner 0.5 mg</i>	Non-PDL Generic	90DS
<i>haloperidol 0.5 mg tablet u-d,outer 0.5 mg</i>	Non-PDL Generic	90DS
<i>haloperidol 1 mg tablet 1 mg</i>	Non-PDL Generic	
<i>haloperidol 1 mg tablet inner 1 mg</i>	Non-PDL Generic	
<i>haloperidol 1 mg tablet outer 1 mg</i>	Non-PDL Generic	
<i>haloperidol 1 mg tablet u-d,inner 1 mg</i>	Non-PDL Generic	
<i>haloperidol 1 mg tablet u-d,outer 1 mg</i>	Non-PDL Generic	
<i>haloperidol 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>haloperidol 10 mg tablet 10x10,u-d,inner 10 mg</i>	Non-PDL Generic	
<i>haloperidol 10 mg tablet 10x10,u-d,outer 10 mg</i>	Non-PDL Generic	
<i>haloperidol 10 mg tablet inner 10 mg</i>	Non-PDL Generic	
<i>haloperidol 10 mg tablet outer 10 mg</i>	Non-PDL Generic	
<i>haloperidol 10 mg tablet u-d,inner,10x10 10 mg</i>	Non-PDL Generic	
<i>haloperidol 10 mg tablet u-d,outer,10x10 10 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>haloperidol 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>haloperidol 2 mg tablet u-d,inner 2 mg</i>	Non-PDL Generic	
<i>haloperidol 2 mg tablet u-d,outer 2 mg</i>	Non-PDL Generic	
<i>haloperidol 20 mg tablet 20 mg</i>	Non-PDL Generic	
<i>haloperidol 20 mg tablet 3x10,u-d,inner 20 mg</i>	Non-PDL Generic	
<i>haloperidol 20 mg tablet 3x10,u-d,outer 20 mg</i>	Non-PDL Generic	
<i>haloperidol 5 mg tablet 5 mg</i>	Non-PDL Generic	90DS
<i>haloperidol 5 mg tablet inner 5 mg</i>	Non-PDL Generic	90DS
<i>haloperidol 5 mg tablet outer 5 mg</i>	Non-PDL Generic	90DS
<i>haloperidol 5 mg tablet u-d,inner 5 mg</i>	Non-PDL Generic	90DS
<i>haloperidol 5 mg tablet u-d,outer 5 mg</i>	Non-PDL Generic	90DS
<i>haloperidol dec 100 mg/ml amp 5's, sterile 100 mg/ml</i>	Non-PDL Generic	
<i>haloperidol dec 100 mg/ml amp inner, suv 100 mg/ml</i>	Non-PDL Generic	
<i>haloperidol dec 100 mg/ml amp outer, suv 100 mg/ml</i>	Non-PDL Generic	
<i>haloperidol dec 100 mg/ml vial 100 mg/ml</i>	Non-PDL Generic	
<i>haloperidol dec 100 mg/ml vial mdv 100 mg/ml</i>	Non-PDL Generic	
<i>haloperidol dec 100 mg/ml vial mdv,inner 100 mg/ml</i>	Non-PDL Generic	
<i>haloperidol dec 100 mg/ml vial mdv,outer 100 mg/ml</i>	Non-PDL Generic	
<i>haloperidol dec 100 mg/ml vial muv 100 mg/ml</i>	Non-PDL Generic	
<i>haloperidol dec 100 mg/ml vial sdv 100 mg/ml</i>	Non-PDL Generic	
<i>haloperidol dec 100 mg/ml vial sdv,inner 100 mg/ml</i>	Non-PDL Generic	

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

Drug	Status	Notes
<i>haloperidol decan 50 mg/ml amp inner, suv 50 mg/ml</i>	Non-PDL Generic	
<i>haloperidol decan 50 mg/ml amp outer,suv 50 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 10 mg/5 ml cup 100's, u-d 2 mg/ml</i>	Non-PDL Generic	90DS
<i>haloperidol lac 2 mg/ml conc 2 mg/ml</i>	Non-PDL Generic	90DS
<i>haloperidol lac 5 mg/ml syring p/f, suv, inner 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml syring p/f, suv, outer 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml vial 10's, sdv, p/f 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml vial inner, suv 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml vial mdv 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml vial mdv, inner 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml vial mdv, outer 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml vial outer, suv 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml vial sdv, inner 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml vial sdv, outer 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml vial sdv, inner 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 5 mg/ml vial sdv, outer 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lac 50 mg/10 ml vl mdv 5 mg/ml</i>	Non-PDL Generic	
Anti-Psychotics, Phenothiazines		
<i>chlorpromazine 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>chlorpromazine 10 mg tablet u-d, 10x10, inner 10 mg</i>	Non-PDL Generic	
<i>chlorpromazine 10 mg tablet u-d, outer 10 mg</i>	Non-PDL Generic	
<i>chlorpromazine 100 mg tablet 100 mg</i>	Non-PDL Generic	

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

Drug	Status	Notes
<i>fluphenazine 1 mg tablet u-d, 10x10, inner 1 mg</i>	Non-PDL Generic	
<i>fluphenazine 1 mg tablet u-d, 10x10, outer 1 mg</i>	Non-PDL Generic	
<i>fluphenazine 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>fluphenazine 10 mg tablet f/c 10 mg</i>	Non-PDL Generic	
<i>fluphenazine 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	
<i>fluphenazine 2.5 mg tablet f/c 2.5 mg</i>	Non-PDL Generic	
<i>fluphenazine 2.5 mg/5 ml elix 2.5 mg/5 ml</i>	Non-PDL Generic	
<i>fluphenazine 2.5 mg/ml vial 2.5 mg/ml</i>	Non-PDL Generic	
<i>fluphenazine 5 mg tablet 5 mg</i>	Non-PDL Generic	
<i>fluphenazine 5 mg tablet f/c 5 mg</i>	Non-PDL Generic	
<i>fluphenazine 5 mg/ml conc 5 mg/ml</i>	Non-PDL Generic	
<i>fluphenazine dec 125 mg/5 ml mdv 25 mg/ml</i>	Non-PDL Generic	
<i>fluphenazine dec 125 mg/5 ml muv 25 mg/ml</i>	Non-PDL Generic	
<i>perphenazine 16 mg tablet 16 mg</i>	Non-PDL Generic	
<i>perphenazine 16 mg tablet f/c 16 mg</i>	Non-PDL Generic	
<i>perphenazine 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>perphenazine 2 mg tablet f/c 2 mg</i>	Non-PDL Generic	
<i>perphenazine 4 mg tablet 4 mg</i>	Non-PDL Generic	
<i>perphenazine 4 mg tablet f/c 4 mg</i>	Non-PDL Generic	
<i>perphenazine 4 mg tablet u-d, 10x10, outer 4 mg</i>	Non-PDL Generic	
<i>perphenazine 4 mg tablet u-d, inner 4 mg</i>	Non-PDL Generic	

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

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

Drug	Status	Notes
<i>phenobarbital 60 mg/15 ml cup inner 20 mg/5 ml (4 mg/ml)</i>	Non-PDL Generic	
<i>phenobarbital 60 mg/15 ml cup outer 20 mg/5 ml (4 mg/ml)</i>	Non-PDL Generic	
<i>phenobarbital 64.8 mg tablet 64.8 mg</i>	Non-PDL Generic	
<i>phenobarbital 97.2 mg tablet 97.2 mg</i>	Non-PDL Generic	
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; SP
HETLIOZ LQ 4 MG/ML SUSPENSION 4 MG/ML	PDL Non-Preferred Brand	PA; SP
<i>ramelteon 8 mg tablet 8 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ROZEREM 8 MG TABLET 8 MG	PDL Preferred Brand	QL (1 EA per 1 day)
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate 7.5 mg cap 7.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Narcolepsy And Sleep Disorder Therapy Agents		
<i>modafinil 100 mg tablet 100 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>modafinil 100 mg tablet inner 100 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>modafinil 100 mg tablet outer 100 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>modafinil 200 mg tablet 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>modafinil 200 mg tablet inner 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>modafinil 200 mg tablet outer 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>modafinil 200 mg tablet u-d,3x10,outer 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)

Drug	Status	Notes
<i>modafinil 200 mg tablet u-d,inner 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
Narcotic Antagonists		
KLOXXADO 8 MG NASAL SPRAY 8 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (4 EA per 30 days)
<i>naloxone 0.4 mg/ml carpupject inner, p/f, suv 0.4 mg/ml</i>	Non-PDL Generic	
<i>naloxone 0.4 mg/ml carpupject outer, p/f, suv 0.4 mg/ml</i>	Non-PDL Generic	
<i>naloxone 2 mg/2 ml syringe inner, suv, p/f 1 mg/ml</i>	PDL Preferred Generic	
<i>naloxone 2 mg/2 ml syringe outer, suv, p/f 1 mg/ml</i>	PDL Preferred Generic	
<i>naloxone 2 mg/2 ml syringe p/f,sdv 1 mg/ml</i>	PDL Preferred Generic	
<i>naloxone 2 mg/2 ml syringe suv, p/f, inner 1 mg/ml</i>	PDL Preferred Generic	
<i>naloxone 2 mg/2 ml syringe suv, p/f, outer 1 mg/ml</i>	PDL Preferred Generic	
<i>naloxone hcl 4 mg nasal spray inner 4 mg/actuation</i>	Non-PDL Generic	QL (4 EA per 30 days)
<i>naloxone hcl 4 mg nasal spray outer 4 mg/actuation</i>	Non-PDL Generic	QL (4 EA per 30 days)
<i>naltrexone 50 mg tablet 50 mg</i>	Non-PDL Generic	
<i>naltrexone 50 mg tablet f/c 50 mg</i>	Non-PDL Generic	
<i>naltrexone 50 mg tablet u-d, 3x10,outer,f/c 50 mg</i>	Non-PDL Generic	
<i>naltrexone 50 mg tablet u-d, inner, f/c 50 mg</i>	Non-PDL Generic	
NARCAN 4 MG NASAL SPRAY 4 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 30 days)
Pineal Hormone Agents		
CHILDREN'S SLEEP 1 MG CHEW TAB 1 MG	Non-PDL Brand	

Drug	Status	Notes
CHILDREN'S SLEEP 1 MG GUMMY 1 MG	Non-PDL Brand	
CHILDREN'S SLEEP 1 MG/ML LIQ 1 MG/ML	Non-PDL Brand	
<i>cvs melatonin 10 mg capsule 10 mg</i>	Non-PDL Brand	
<i>cvs melatonin 10 mg tablet sl 10 mg</i>	Non-PDL Generic	
<i>cvs melatonin 12 mg fast dsslv 12 mg</i>	Non-PDL Generic	
<i>cvs melatonin 2.5 mg gummies 2.5 mg</i>	Non-PDL Brand	
<i>cvs melatonin 3 mg tablet (rx) 3 mg</i>	Non-PDL Generic	
<i>cvs melatonin 5 mg chew tablet 5 mg</i>	Non-PDL Generic	
<i>cvs melatonin 5 mg gummy 5 mg</i>	Non-PDL Generic	
<i>cvs melatonin 5 mg softgel softgel 5 mg</i>	Non-PDL Brand	
<i>cvs melatonin 5 mg tablet (rx) 5 mg</i>	Non-PDL Brand	
<i>cvs melatonin 5 mg tablet sl 5 mg</i>	Non-PDL Brand	
<i>cvs melatonin 5 mg/15 ml liq 5 mg/15 ml</i>	Non-PDL Generic	
<i>gnp melatonin 10 mg tablet sl 10 mg</i>	Non-PDL Generic	
<i>gnp melatonin 3 mg tablet (rx) 3 mg</i>	Non-PDL Generic	
<i>gnp melatonin 5 mg tablet maximum strength (rx) 5 mg</i>	Non-PDL Brand	
KIDS MELATONIN 1 MG GUMMY 1 MG	Non-PDL Generic	
MELADOX SR 3 MG TABLET 3 MG	Non-PDL Generic	
<i>melatonin 1 mg fast dissolve 1 mg</i>	Non-PDL Generic	
<i>melatonin 1 mg tablet (rx) 1 mg</i>	Non-PDL Generic	
<i>melatonin 1 mg tablet p/f,gluten-free (rx) 1 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>melatonin 1 mg tablet sl 1 mg</i>	Non-PDL Generic	
<i>melatonin 1 mg/4 ml liquid 1 mg/4 ml</i>	Non-PDL Brand	
<i>melatonin 1 mg/ml liquid 1 mg/ml</i>	Non-PDL Brand	
<i>melatonin 10 mg capsule 10 mg</i>	Non-PDL Brand	
<i>melatonin 10 mg capsule gluten-free 10 mg</i>	Non-PDL Brand	
<i>melatonin 10 mg capsule p/f, gluten/f 10 mg</i>	Non-PDL Brand	
<i>melatonin 10 mg fast dissolve 10 mg</i>	Non-PDL Generic	
<i>melatonin 10 mg quick dissolve 10 mg</i>	Non-PDL Generic	
<i>melatonin 10 mg softgel 10 mg</i>	Non-PDL Brand	
<i>melatonin 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>melatonin 10 mg tablet sl 10 mg</i>	Non-PDL Generic	
<i>melatonin 12 mg tablet 12 mg</i>	Non-PDL Generic	
<i>melatonin 2.5 mg gummies 2.5 mg</i>	Non-PDL Brand	
<i>melatonin 2.5 mg gummies mixed berry,p/f 2.5 mg</i>	Non-PDL Brand	
<i>melatonin 2.5 mg gummy 2.5 mg</i>	Non-PDL Brand	
<i>melatonin 2.5 mg/10 ml liquid 2.5 mg/10 ml</i>	Non-PDL Brand	
<i>melatonin 3 mg capsule 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg fast dissolve 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg odt cherry 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg odt p/f, gluten-f 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg quick dissolve 3 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>melatonin 3 mg tablet (rx) 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg tablet 024665 (rx) 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg tablet glut/lac-f,p/f (rx) 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg tablet gluten-free (rx) 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg tablet inner (rx) 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg tablet outer (rx) 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg tablet p/f (rx) 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg tablet p/f,d/f (rx) 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg tablet p/f,gluten-free (rx) 3 mg</i>	Non-PDL Generic	
<i>melatonin 3 mg/4 ml liquid 3 mg/4 ml</i>	Non-PDL Generic	
<i>melatonin 300 mcg tablet (rx) 300 mcg</i>	Non-PDL Generic	
<i>melatonin 5 mg bi-layer tablet 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg fast dissolve 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg fast dissolve p/f, tablet 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg gummy 5 mg</i>	Non-PDL Generic	
<i>melatonin 5 mg microlozenge 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg quick dissolve 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg quick dissolve p/f,cherry 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg softgel p/f, gluten-f 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg tablet (rx) 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg tablet gluten/f, n (rx) 5 mg</i>	Non-PDL Brand	

Drug	Status	Notes
<i>melatonin 5 mg tablet inner (rx) 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg tablet max str,gluten-f,p/f (rx) 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg tablet n,p/f (rx) 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg tablet outer (rx) 5 mg</i>	Non-PDL Brand	
<i>melatonin 5 mg/15 ml liquid extra strength,lemon 5 mg/15 ml</i>	Non-PDL Generic	
<i>melatonin 500 mcg odt 500 mcg</i>	Non-PDL Brand	
<i>melatonin cr 10 mg tablet 10 mg</i>	Non-PDL Brand	
<i>melatonin er 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>melatonin tr 1 mg tablet 1 mg</i>	Non-PDL Generic	
<i>melatonin tr 10 mg tablet 10 mg</i>	Non-PDL Brand	
<i>melatonin tr 3 mg tablet 3 mg</i>	Non-PDL Generic	
MELATONINMAX 10 MG GUMMY 10 MG	Non-PDL Generic	
<i>melatonin-vit b6 3-10 mg tab 3-10 mg</i>	Non-PDL Generic	
<i>ra melatonin 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>ra melatonin 3 mg tablet (rx) 3 mg</i>	Non-PDL Generic	
<i>ra melatonin 5 mg tablet p/f, d/f (rx) 5 mg</i>	Non-PDL Brand	
<i>sm melatonin 3 mg tablet (rx) 3 mg</i>	Non-PDL Generic	
<i>sm melatonin 5 mg tablet (rx) 5 mg</i>	Non-PDL Brand	
<i>sv melatonin 1 mg tablet (rx) 1 mg</i>	Non-PDL Generic	
<i>sv melatonin 3 mg tablet (rx) 3 mg</i>	Non-PDL Generic	
<i>sv melatonin 5 mg tablet (rx) 5 mg</i>	Non-PDL Brand	

Drug	Status	Notes
VITAJoy MELATONIN 2.5 MG GUMMY 2.5 MG	Non-PDL Brand	
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam 1 mg tablet 1 mg</i>	Non-PDL Generic	
<i>estazolam 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>flurazepam 15 mg capsule 15 mg</i>	Non-PDL Generic	
<i>flurazepam 30 mg capsule 30 mg</i>	Non-PDL Generic	
<i>midazolam hcl 2 mg/ml syrup 4 oral dispensers 2 mg/ml</i>	Non-PDL Generic	
<i>quazepam 15 mg tablet 15 mg</i>	Non-PDL Generic	
<i>temazepam 15 mg capsule 15 mg</i>	Non-PDL Generic	
<i>temazepam 15 mg capsule u-d,10x10,inner 15 mg</i>	Non-PDL Generic	
<i>temazepam 15 mg capsule u-d,10x10,outer 15 mg</i>	Non-PDL Generic	
<i>temazepam 22.5 mg capsule 22.5 mg</i>	Non-PDL Generic	
<i>temazepam 30 mg capsule 30 mg</i>	Non-PDL Generic	
<i>temazepam 30 mg capsule u-d,10x10,inner 30 mg</i>	Non-PDL Generic	
<i>temazepam 30 mg capsule u-d,10x10,outer 30 mg</i>	Non-PDL Generic	
<i>temazepam 7.5 mg capsule 7.5 mg</i>	Non-PDL Generic	
<i>triazolam 0.125 mg tablet 0.125 mg</i>	Non-PDL Generic	
<i>triazolam 0.25 mg tablet 0.25 mg</i>	Non-PDL Generic	
Sedative-Hypnotics,Non-Barbiturate		
ALKA-SELTZER PLUS ALLERGY TAB 25 MG	Non-PDL Generic	OTC
AMBIEN 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
AMBIEN 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AMBIEN CR 12.5 MG TABLET 12.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AMBIEN CR 6.25 MG TABLET 6.25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 10 MG TABLET F/C, INNER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 10 MG TABLET F/C, OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 10 MG TABLET F/C, SAMPLE 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 15 MG TABLET F/C, INNER 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 15 MG TABLET F/C, OUTER 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 15 MG TABLET F/C, SAMPLE 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 20 MG TABLET F/C, INNER 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 20 MG TABLET F/C, OUTER 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 20 MG TABLET F/C, SAMPLE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 5 MG TABLET F/C, INNER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA 5 MG TABLET F/C, OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
BELSOMRA 5 MG TABLET F/C, SAMPLE 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CVS NIGHTTIME SLEEP 25 MG CAP 25 MG	Non-PDL Generic	OTC
CVS NIGHTTIME SLEEP 25 MG CPLT 25 MG	Non-PDL Generic	OTC
CVS NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLET 25 MG	Non-PDL Generic	OTC
CVS NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLETS 25 MG	Non-PDL Generic	OTC
CVS NIGHTTIME SLEEP 25 MG SFGL 25 MG	Non-PDL Generic	OTC
DAYVIGO 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYVIGO 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>diphenhydramine 25 mg caplet caplet 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine 25 mg caplet caplet, u-d 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
EDLUAR 10 MG SL TABLET INNER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EDLUAR 10 MG SL TABLET OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EDLUAR 5 MG SL TABLET INNER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EDLUAR 5 MG SL TABLET OUTER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EQ NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLET 25 MG	Non-PDL Generic	OTC
EQL NIGHTTIME SLEEP 25 MG CPLT 25 MG	Non-PDL Generic	OTC
<i>eszopiclone 1 mg tablet 1 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
<i>eszopiclone 2 mg tablet 2 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>eszopiclone 2 mg tablet f/c 2 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>eszopiclone 3 mg tablet 3 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>eszopiclone 3 mg tablet f/c 3 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
GNP NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLET 25 MG	Non-PDL Generic	OTC
GNP SLEEP AID 25 MG CAPLET 25 MG	Non-PDL Generic	OTC
GS NIGHTTIME SLEEP AID 25 MG 25 MG	Non-PDL Generic	OTC
GS SLEEP TIME 25 MG SOFTGEL 25 MG	Non-PDL Generic	OTC
HM NIGHTTIME SLEEP 25 MG CPLT 25 MG	Non-PDL Generic	OTC
KRO EZ NITE SLEEP 25 MG SFTGL 25 MG	Non-PDL Generic	OTC
LUNESTA 1 MG TABLET 1 MG	PDL Non- Preferred Brand	PA; QL (1 EA per 1 day)
LUNESTA 2 MG TABLET 2 MG	PDL Non- Preferred Brand	PA; QL (1 EA per 1 day)
LUNESTA 2 MG TABLET F/C 2 MG	PDL Non- Preferred Brand	PA; QL (1 EA per 1 day)
LUNESTA 3 MG TABLET 3 MG	PDL Non- Preferred Brand	PA; QL (1 EA per 1 day)
LUNESTA 3 MG TABLET F/C 3 MG	PDL Non- Preferred Brand	PA; QL (1 EA per 1 day)
NIGHTTIME SLEEP AID 25 MG CPLT 25 MG	Non-PDL Generic	OTC
NIGHTTIME SLEEP AID 25 MG CPLT CAPLET 25 MG	Non-PDL Generic	OTC

Drug	Status	Notes
NIGHTTIME SLEEP AID 25 MG CPLT MINI CAPLET 25 MG	Non-PDL Generic	OTC
NIGHTTIME SLEEP AID 25 MG CPLT MINI-CAPLET 25 MG	Non-PDL Generic	OTC
NIGHTTIME SLEEP AID 25 MG SFGL 25 MG	Non-PDL Generic	OTC
NYTOL 25 MG QUICKCAPS CAPLET 25 MG	Non-PDL Generic	OTC
NYTOL 25 MG QUICKCAPS CAPLET CAPLET 25 MG	Non-PDL Generic	OTC
RA NIGHTTIME SLEEP 25 MG CPLT MINI-CAPLET 25 MG	Non-PDL Generic	OTC
RA SLEEP AID 25 MG CAPLET 25 MG	Non-PDL Generic	OTC
RA SLEEP AID 25 MG CAPLET NIGHTTIME 25 MG	Non-PDL Generic	OTC
RA SLEEP TABLET 25 MG	Non-PDL Generic	OTC
RA SLEEP-AID 25 MG SOFTGEL 25 MG	Non-PDL Generic	OTC
SIMPLY SLEEP 25 MG CAPLET 25 MG	Non-PDL Generic	OTC
SLEEP AID 25 MG CAPLET MINI CAPLET, D/F 25 MG	Non-PDL Generic	OTC
SLEEP AID 25 MG CAPLET NIGHTTIME 25 MG	Non-PDL Generic	OTC
SLEEP AID 25 MG SOFTGEL 25 MG	Non-PDL Generic	OTC
SLEEP II 25 MG TABLET 25 MG	Non-PDL Generic	OTC
SLEEP TABS 25 MG TABLET 25 MG	Non-PDL Generic	OTC
SM NIGHTTIME SLEEP 25 MG CPLT 25 MG	Non-PDL Generic	OTC
SOMINEX 25 MG TABLET 25 MG	Non-PDL Generic	OTC
UNISOM SLEEPMINIS 25 MG CAP 25 MG	Non-PDL Generic	OTC
WAL-SLEEP Z 25 MG SOFTGEL 25 MG	Non-PDL Generic	OTC
<i>zaleplon 10 mg capsule 10 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
<i>zaleplon 5 mg capsule 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem tart 1.75 mg tab sl inner 1.75 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>zolpidem tart 1.75 mg tab sl outer 1.75 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>zolpidem tart 3.5 mg tablet sl inner 3.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>zolpidem tart 3.5 mg tablet sl outer 3.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>zolpidem tart er 12.5 mg tab 12.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>zolpidem tart er 12.5 mg tab f/c 12.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>zolpidem tart er 6.25 mg tab 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>zolpidem tart er 6.25 mg tab f/c 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>zolpidem tartrate 10 mg tablet 10 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem tartrate 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem tartrate 10 mg tablet f/c,u-d,10x10 10 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem tartrate 10 mg tablet u-d,inner 10 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem tartrate 10 mg tablet u-d,outer,10x10 10 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
<i>zolpidem tartrate 5 mg tablet 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem tartrate 5 mg tablet f/c 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem tartrate 5 mg tablet f/c, inner 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem tartrate 5 mg tablet f/c, outer 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem tartrate 5 mg tablet u-d, inner 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem tartrate 5 mg tablet u-d, outer, 10x10 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
ZZZQUIL 25 MG LIQUICAP 25 MG	Non-PDL Brand	OTC
Selective Serotonin 5-Ht_{2a} Inverse Agonists (Ssia)		
NUPLAZID 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
NUPLAZID 34 MG CAPSULE 34 MG	PDL Non-Preferred Brand	PA; SP
Ssri & Antipsych, Atyp, Dopamine & Serotonin Antag Comb		
<i>olanzapine-fluoxetine 12-25 mg 12-25 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>olanzapine-fluoxetine 12-50 mg 12-50 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>olanzapine-fluoxetine 3-25 mg 3-25 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>olanzapine-fluoxetine 6-25 mg 6-25 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>olanzapine-fluoxetine 6-50 mg 6-50 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
SYMBYAX 12-50 MG CAPSULE 12-50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SYMBYAX 3-25 MG CAPSULE 3-25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SYMBYAX 6-25 MG CAPSULE 6-25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SYMBYAX 6-50 MG CAPSULE 6-50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl er 0.1 mg tablet 0.1 mg</i>	Non-PDL Generic	QL (120 EA per 30 days)
<i>guanfacine hcl er 1 mg tablet 1 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>guanfacine hcl er 2 mg tablet 2 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>guanfacine hcl er 3 mg tablet 3 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>guanfacine hcl er 4 mg tablet 4 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
INTUNIV ER 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INTUNIV ER 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INTUNIV ER 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INTUNIV ER 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
APTENSIO XR 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 15 MG CAPSULE 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTENSIO XR 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
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 18 MG	PDL Preferred Brand	QL (1 EA per 1 day)
CONCERTA ER 27 MG TABLET 27 MG	PDL Preferred Brand	QL (1 EA per 1 day)
CONCERTA ER 36 MG TABLET 36 MG	PDL Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
CONCERTA ER 54 MG TABLET 54 MG	PDL Preferred Brand	QL (1 EA per 1 day)
COTEMPLA XR-ODT 17.3 MG TABLET 17.3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COTEMPLA XR-ODT 25.9 MG TABLET 25.9 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
COTEMPLA XR-ODT 8.6 MG TABLET 8.6 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 10 MG/9 HR PATCH 1.1MG/HR,INNER 10 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 10 MG/9 HR PATCH 1.1MG/HR,OUTER 10 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 15 MG/9 HR PATCH INNER 15 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 15 MG/9 HR PATCH OUTER 15 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 20 MG/9 HOUR PATCH 2.2MG/HR, INNER 20 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 20 MG/9 HOUR PATCH 2.2MG/HR, OUTER 20 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DAYTRANA 30 MG/9 HOUR PATCH 3.3MG/HR 30 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>dexmethylphenidate 10 mg tab 10 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dexmethylphenidate 2.5 mg tab 2.5 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dexmethylphenidate 5 mg tab 5 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)

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

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

Drug	Status	Notes
<i>methylphenidate 10 mg tablet 10 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>methylphenidate 10 mg tablet inner 10 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>methylphenidate 10 mg tablet outer 10 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>methylphenidate 10 mg/5 ml sol 10 mg/5 ml</i>	PDL Preferred Generic	
<i>methylphenidate 2.5 mg chew tb 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (90 EA per 30 days)
<i>methylphenidate 20 mg tablet 20 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>methylphenidate 5 mg chew tab 5 mg</i>	PDL Non-Preferred Generic	PA; QL (90 EA per 30 days)
<i>methylphenidate 5 mg tablet 5 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>methylphenidate 5 mg tablet inner 5 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>methylphenidate 5 mg tablet outer 5 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>methylphenidate 5 mg/5 ml soln 5 mg/5 ml</i>	PDL Preferred Generic	
<i>methylphenidate cd 10 mg cap 10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate cd 20 mg cap 20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate cd 30 mg cap 30 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate cd 40 mg cap 40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate cd 50 mg cap 50 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate cd 60 mg cap 60 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er 10 mg cap 10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er 10 mg tab 10 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>methylphenidate er 15 mg cap 15 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er 18 mg tab 18 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er 20 mg cap 20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er 20 mg tab 20 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>methylphenidate er 27 mg tab 27 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er 30 mg cap 30 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er 36 mg tab 36 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>methylphenidate er 40 mg cap 40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er 50 mg cap 50 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate er 54 mg tab 54 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er 60 mg cap 60 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er 72 mg tab 72 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er(cd) 10 mg cp 10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er(cd) 20 mg cp 20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er(cd) 30 mg cp 30 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>methylphenidate er(cd) 40 mg cp 40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er(cd) 50 mg cp 50 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er(cd) 60 mg cp 60 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er(la) 10 mg cp 10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er(la) 20 mg cp 20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate er(la) 30 mg cp 30 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>methylphenidate er(la) 40 mg cp 40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate la 10 mg cap 10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate la 20 mg cap 20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate la 30 mg cap 30 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>methylphenidate la 40 mg cap 40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate la 60 mg cap 60 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
QUILLICHEW ER 20 MG CHEW TAB 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QUILLICHEW ER 30 MG CHEW TAB 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
QUILLICHEW ER 40 MG CHEW TAB 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	PDL Non-Preferred Brand	PA; 120mL BOTTLE; QL (8 ML per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	PDL Non-Preferred Brand	PA; 150mL BOTTLE; QL (10 ML per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	PDL Non-Preferred Brand	PA; 180mL BOTTLE; QL (12 ML per 1 day)
QUILLIVANT XR 25 MG/5 ML SUSP 5 MG/ML (25 MG/5 ML)	PDL Non-Preferred Brand	PA; 60mL BOTTLE; QL (2 ML per 1 day)
RITALIN 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
RITALIN 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
RITALIN 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)

Drug	Status	Notes
RITALIN LA 10 MG CAPSULE 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
RITALIN LA 20 MG CAPSULE 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
RITALIN LA 30 MG CAPSULE 30 MG	PDL Preferred Brand	QL (2 EA per 1 day)
RITALIN LA 40 MG CAPSULE 40 MG	PDL Preferred Brand	QL (1 EA per 1 day)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine hcl 10 mg capsule 10 mg</i>	PDL Preferred Generic	QL (60 EA per 30 days)
<i>atomoxetine hcl 100 mg capsule 100 mg</i>	PDL Preferred Generic	QL (30 EA per 30 days)
<i>atomoxetine hcl 18 mg capsule 18 mg</i>	PDL Preferred Generic	QL (60 EA per 30 days)
<i>atomoxetine hcl 25 mg capsule 25 mg</i>	PDL Preferred Generic	QL (60 EA per 30 days)
<i>atomoxetine hcl 40 mg capsule 40 mg</i>	PDL Preferred Generic	QL (60 EA per 30 days)
<i>atomoxetine hcl 60 mg capsule 60 mg</i>	PDL Preferred Generic	QL (30 EA per 30 days)
<i>atomoxetine hcl 80 mg capsule 80 mg</i>	PDL Preferred Generic	QL (30 EA per 30 days)
QELBREE ER 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day); Age (Min 6 Years)
QELBREE ER 150 MG CAPSULE 150 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day); Age (Min 6 Years)

Drug	Status	Notes
QELBREE ER 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day); Age (Min 6 Years)
STRATTERA 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
STRATTERA 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
STRATTERA 18 MG CAPSULE 18 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
STRATTERA 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
STRATTERA 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
STRATTERA 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
STRATTERA 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone hcl 100 mg tablet 100 mg</i>	Non-PDL Generic	
<i>amiodarone hcl 200 mg tablet 200 mg</i>	Non-PDL Generic	90DS
<i>amiodarone hcl 200 mg tablet u-d, 10x10, inner 200 mg</i>	Non-PDL Generic	90DS
<i>amiodarone hcl 200 mg tablet u-d, 10x10, outer 200 mg</i>	Non-PDL Generic	90DS
<i>amiodarone hcl 400 mg tablet 400 mg</i>	Non-PDL Generic	
<i>disopyramide 100 mg capsule 100 mg</i>	Non-PDL Generic	
<i>disopyramide 150 mg capsule 150 mg</i>	Non-PDL Generic	
<i>dofetilide 125 mcg capsule 125 mcg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>dofetilide 250 mcg capsule 250 mcg</i>	Non-PDL Generic	
<i>dofetilide 500 mcg capsule 500 mcg</i>	Non-PDL Generic	
<i>flecainide acetate 100 mg tab 100 mg</i>	Non-PDL Generic	90DS
<i>flecainide acetate 150 mg tab 150 mg</i>	Non-PDL Generic	
<i>flecainide acetate 50 mg tab 50 mg</i>	Non-PDL Generic	90DS
<i>mexiletine 150 mg capsule 150 mg</i>	Non-PDL Generic	
<i>mexiletine 200 mg capsule 200 mg</i>	Non-PDL Generic	
<i>mexiletine 250 mg capsule 250 mg</i>	Non-PDL Generic	
MULTAQ 400 MG TABLET F/C 400 MG	Non-PDL Brand	
MULTAQ 400 MG TABLET SAMPLE 400 MG	Non-PDL Brand	
NORPACE CR 100 MG CAPSULE 100 MG	Non-PDL Brand	
NORPACE CR 150 MG CAPSULE 150 MG	Non-PDL Brand	
PACERONE 100 MG TABLET 100 MG	Non-PDL Generic	
PACERONE 100 MG TABLET U-D, 10X10, INNER 100 MG	Non-PDL Generic	
PACERONE 100 MG TABLET U-D, 10X10, OUTER 100 MG	Non-PDL Generic	
PACERONE 200 MG TABLET 200 MG	Non-PDL Generic	90DS
PACERONE 200 MG TABLET U-D, 10X10, INNER 200 MG	Non-PDL Generic	90DS
PACERONE 200 MG TABLET U-D, 10X10, OUTER 200 MG	Non-PDL Generic	90DS
PACERONE 400 MG TABLET 400 MG	Non-PDL Generic	
PACERONE 400 MG TABLET INNER 400 MG	Non-PDL Generic	
PACERONE 400 MG TABLET OUTER 400 MG	Non-PDL Generic	

Drug	Status	Notes
<i>propafenone hcl 150 mg tablet 150 mg</i>	Non-PDL Generic	
<i>propafenone hcl 150 mg tablet f/c 150 mg</i>	Non-PDL Generic	
<i>propafenone hcl 225 mg tab 225 mg</i>	Non-PDL Generic	
<i>propafenone hcl 225 mg tab f/c 225 mg</i>	Non-PDL Generic	
<i>propafenone hcl 300 mg tab 300 mg</i>	Non-PDL Generic	
<i>propafenone hcl er 225 mg cap 225 mg</i>	Non-PDL Generic	
<i>propafenone hcl er 325 mg cap 325 mg</i>	Non-PDL Generic	
<i>propafenone hcl er 325 mg cap inner 325 mg</i>	Non-PDL Generic	
<i>propafenone hcl er 325 mg cap outer 325 mg</i>	Non-PDL Generic	
<i>propafenone hcl er 425 mg cap 425 mg</i>	Non-PDL Generic	
<i>quinidine gluc er 324 mg tab 324 mg</i>	Non-PDL Generic	
<i>quinidine sulfate 200 mg tab 200 mg</i>	Non-PDL Generic	
<i>quinidine sulfate 300 mg tab 300 mg</i>	Non-PDL Generic	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents,Catecholamines		
<i>epinephrine 0.1 mg/ml syringe suv 0.1 mg/ml</i>	Non-PDL Generic	
<i>epinephrine 1 mg/10 ml abbojct suv, inner 0.1 mg/ml</i>	Non-PDL Generic	
<i>epinephrine 1 mg/10 ml abbojct suv, outer 0.1 mg/ml</i>	Non-PDL Generic	
Digitalis Glycosides		
DIGITEK 125 MCG TABLET 125 MCG (0.125 MG)	Non-PDL Generic	90DS
DIGITEK 125 MCG TABLET INNER 125 MCG (0.125 MG)	Non-PDL Generic	90DS
DIGITEK 125 MCG TABLET OUTER 125 MCG (0.125 MG)	Non-PDL Generic	90DS

Drug	Status	Notes
DIGITEK 250 MCG TABLET 250 MCG (0.25 MG)	Non-PDL Generic	90DS
DIGITEK 250 MCG TABLET INNER 250 MCG (0.25 MG)	Non-PDL Generic	90DS
DIGITEK 250 MCG TABLET OUTER 250 MCG (0.25 MG)	Non-PDL Generic	90DS
DIGOX 125 MCG TABLET 125 MCG (0.125 MG)	Non-PDL Generic	90DS
DIGOX 250 MCG TABLET 250 MCG (0.25 MG)	Non-PDL Generic	90DS
<i>digoxin 0.05 mg/ml solution 50 mcg/ml (0.05 mg/ml)</i>	Non-PDL Brand	
<i>digoxin 0.125 mg tablet 125 mcg (0.125 mg)</i>	Non-PDL Generic	90DS
<i>digoxin 0.25 mg tablet 250 mcg (0.25 mg)</i>	Non-PDL Generic	90DS
<i>digoxin 125 mcg tablet 125 mcg (0.125 mg)</i>	Non-PDL Generic	90DS
<i>digoxin 125 mcg tablet inner 125 mcg (0.125 mg)</i>	Non-PDL Generic	90DS
<i>digoxin 125 mcg tablet outer 125 mcg (0.125 mg)</i>	Non-PDL Generic	90DS
<i>digoxin 250 mcg tablet 250 mcg (0.25 mg)</i>	Non-PDL Generic	90DS
<i>digoxin 250 mcg tablet inner 250 mcg (0.25 mg)</i>	Non-PDL Generic	90DS
<i>digoxin 250 mcg tablet outer 250 mcg (0.25 mg)</i>	Non-PDL Generic	90DS
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril 10-20 mg 10-20 mg</i>	PDL Preferred Generic	90DS
<i>amlodipine-benazepril 10-40 mg 10-40 mg</i>	PDL Preferred Generic	90DS
<i>amlodipine-benazepril 2.5-10 2.5-10 mg</i>	PDL Preferred Generic	90DS
<i>amlodipine-benazepril 5-10 mg 5-10 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>amlodipine-benazepril 5-20 mg 5-20 mg</i>	PDL Preferred Generic	90DS
<i>amlodipine-benazepril 5-40 mg 5-40 mg</i>	PDL Preferred Generic	90DS
LOTREL 10-20 MG CAPSULE 10-20 MG	PDL Non-Preferred Brand	PA
LOTREL 10-40 MG CAPSULE 10-40 MG	PDL Non-Preferred Brand	PA
LOTREL 5-10 MG CAPSULE 5-10 MG	PDL Non-Preferred Brand	PA
LOTREL 5-20 MG CAPSULE 5-20 MG	PDL Non-Preferred Brand	PA
<i>trandolapril-verapamil er 1-240 mg tablet 1-240 mg</i>	PDL Non-Preferred Generic	PA
<i>trandolapril-verapamil er 2-180 mg tablet 2-180 mg</i>	PDL Non-Preferred Generic	PA
<i>trandolapril-verapamil er 2-240 mg tablet 2-240 mg</i>	PDL Non-Preferred Generic	PA
<i>trandolapril-verapamil er 4-240 mg tablet 4-240 mg</i>	PDL Non-Preferred Generic	PA
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
ACCURETIC 10-12.5 MG TABLET 10-12.5 MG	PDL Non-Preferred Brand	PA
ACCURETIC 20-12.5 MG TABLET 20-12.5 MG	PDL Non-Preferred Brand	PA
ACCURETIC 20-25 MG TABLET 20-25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>benazepril-hydrochlorothiazide 10-12.5 mg tab 10-12.5 mg</i>	PDL Preferred Generic	
<i>benazepril-hydrochlorothiazide 20-12.5 mg tab 20-12.5 mg</i>	PDL Preferred Generic	
<i>benazepril-hydrochlorothiazide 20-25 mg tab 20-25 mg</i>	PDL Preferred Generic	
<i>benazepril-hydrochlorothiazide 5-6.25 mg tab 5-6.25 mg</i>	PDL Preferred Generic	
<i>captopril-hydrochlorothiazide 25-15 mg tablet 25-15 mg</i>	PDL Preferred Generic	
<i>captopril-hydrochlorothiazide 25-25 mg tablet 25-25 mg</i>	PDL Preferred Generic	
<i>captopril-hydrochlorothiazide 50-15 mg tablet 50-15 mg</i>	PDL Preferred Generic	
<i>captopril-hydrochlorothiazide 50-25 mg tablet 50-25 mg</i>	PDL Preferred Generic	
<i>enalapril-hydrochlorothiazide 10-25 mg tablet 10-25 mg</i>	PDL Preferred Generic	
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab 5-12.5 mg</i>	PDL Preferred Generic	
<i>enalapril-hydrochlorothiazide 5-12.5 mg tab tablet 5-12.5 mg</i>	PDL Preferred Generic	
<i>fosinopril-hydrochlorothiazide 10-12.5 mg tab 10-12.5 mg</i>	PDL Preferred Generic	
<i>fosinopril-hydrochlorothiazide 20-12.5 mg tab 20-12.5 mg</i>	PDL Preferred Generic	
<i>lisinopril-hydrochlorothiazide 10-12.5 mg tab 10-12.5 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>lisinopril-hydrochlorothiazide 20-12.5 mg tab 20-12.5 mg</i>	PDL Preferred Generic	90DS
<i>lisinopril-hydrochlorothiazide 20-25 mg tab 20-25 mg</i>	PDL Preferred Generic	90DS
LOTENSIN HCT 10-12.5 MG TABLET 10-12.5 MG	PDL Non-Preferred Brand	PA
LOTENSIN HCT 20-12.5 MG TABLET 20-12.5 MG	PDL Non-Preferred Brand	PA
LOTENSIN HCT 20-25 MG TABLET 20-25 MG	PDL Non-Preferred Brand	PA
<i>quinapril-hydrochlorothiazide 10-12.5 mg tab 10-12.5 mg</i>	PDL Preferred Generic	
<i>quinapril-hydrochlorothiazide 20-12.5 mg tab 20-12.5 mg</i>	PDL Preferred Generic	
<i>quinapril-hydrochlorothiazide 20-25 mg tab 20-25 mg</i>	PDL Preferred Generic	
VASERETIC 10-25 MG TABLET 10-25 MG	PDL Non-Preferred Brand	PA
ZESTORETIC 10-12.5 MG TABLET 10-12.5 MG	PDL Non-Preferred Brand	PA
ZESTORETIC 20-12.5 MG TABLET 20-12.5 MG	PDL Non-Preferred Brand	PA
ZESTORETIC 20-25 MG TABLET 20-25 MG	PDL Non-Preferred Brand	PA
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol 12.5 mg tablet 12.5 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 12.5 mg tablet 12's 12.5 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>carvedilol 12.5 mg tablet f/c 12.5 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 12.5 mg tablet f/c, u-d 12.5 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 12.5 mg tablet f/c,inner,u-d 12.5 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 12.5 mg tablet f/c,outer,10x10,u-d 12.5 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 25 mg tablet 25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 25 mg tablet f/c 25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 25 mg tablet f/c, u-d 25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 25 mg tablet f/c,inner,u-d 25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 25 mg tablet f/c,outer,10x10,u-d 25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 3.125 mg tablet 3.125 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 3.125 mg tablet f/c 3.125 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 3.125 mg tablet f/c, inner 3.125 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 3.125 mg tablet f/c, outer 3.125 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 3.125 mg tablet f/c, u-d 3.125 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>carvedilol 3.125 mg tablet f/c,inner,u-d 3.125 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 3.125 mg tablet f/c,u-d,outer,10x10 3.125 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 6.25 mg tablet 12's 6.25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 6.25 mg tablet 6.25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 6.25 mg tablet f/c 6.25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 6.25 mg tablet f/c, inner 6.25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 6.25 mg tablet f/c, outer 6.25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 6.25 mg tablet f/c, u-d 6.25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 6.25 mg tablet f/c,inner,u-d 6.25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 6.25 mg tablet f/c,outer,10x10,u-d 6.25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 6.25 mg tablet u-d,10x10,f/c,inner 6.25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol 6.25 mg tablet u-d,10x10,f/c,outer 6.25 mg</i>	PDL Preferred Generic	90DS
<i>carvedilol er 10 mg capsule 10 mg</i>	PDL Non-Preferred Generic	PA
<i>carvedilol er 20 mg capsule 20 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>carvedilol er 40 mg capsule 40 mg</i>	PDL Non-Preferred Generic	PA
<i>carvedilol er 80 mg capsule 80 mg</i>	PDL Non-Preferred Generic	PA
COREG 12.5 MG TABLET 12.5 MG	PDL Non-Preferred Brand	PA
COREG 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
COREG 3.125 MG TABLET 3.125 MG	PDL Non-Preferred Brand	PA
COREG 6.25 MG TABLET 6.25 MG	PDL Non-Preferred Brand	PA
COREG CR 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA
COREG CR 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA
COREG CR 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA
COREG CR 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA
<i>labetalol hcl 100 mg tablet 100 mg</i>	PDL Preferred Generic	90DS
<i>labetalol hcl 100 mg tablet f/c 100 mg</i>	PDL Preferred Generic	90DS
<i>labetalol hcl 100 mg tablet u-d, 10x10, inner 100 mg</i>	PDL Preferred Generic	90DS
<i>labetalol hcl 100 mg tablet u-d, 10x10, outer 100 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>labetalol hcl 200 mg tablet 200 mg</i>	PDL Preferred Generic	90DS
<i>labetalol hcl 200 mg tablet f/c 200 mg</i>	PDL Preferred Generic	90DS
<i>labetalol hcl 200 mg tablet u-d, 10x10, inner 200 mg</i>	PDL Preferred Generic	90DS
<i>labetalol hcl 200 mg tablet u-d, 10x10, outer 200 mg</i>	PDL Preferred Generic	90DS
<i>labetalol hcl 300 mg tablet 300 mg</i>	PDL Preferred Generic	90DS
<i>labetalol hcl 300 mg tablet f/c 300 mg</i>	PDL Preferred Generic	90DS
Alpha-Adrenergic Blocking Agents		
CARDURA 1 MG TABLET 1 MG	PDL Non- Preferred Brand	PA
CARDURA 2 MG TABLET 2 MG	PDL Non- Preferred Brand	PA
CARDURA 4 MG TABLET 4 MG	PDL Non- Preferred Brand	PA
CARDURA 8 MG TABLET 8 MG	PDL Non- Preferred Brand	PA
CARDURA XL 4 MG TABLET 4 MG	PDL Non- Preferred Brand	PA
CARDURA XL 8 MG TABLET 8 MG	PDL Non- Preferred Brand	PA
<i>doxazosin mesylate 1 mg tab 1 mg</i>	PDL Preferred Generic	90DS
<i>doxazosin mesylate 2 mg tab 2 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>doxazosin mesylate 2 mg tab u-d, 10x10, inner 2 mg</i>	PDL Preferred Generic	90DS
<i>doxazosin mesylate 2 mg tab u-d, outer, 10x10 2 mg</i>	PDL Preferred Generic	90DS
<i>doxazosin mesylate 4 mg tab 4 mg</i>	PDL Preferred Generic	90DS
<i>doxazosin mesylate 4 mg tab u-d, 10x10, inner 4 mg</i>	PDL Preferred Generic	90DS
<i>doxazosin mesylate 4 mg tab u-d, outer, 10x10 4 mg</i>	PDL Preferred Generic	90DS
<i>doxazosin mesylate 8 mg tab 8 mg</i>	PDL Preferred Generic	90DS
<i>phenoxybenzamine hcl 10 mg cap 10 mg</i>	Non-PDL Generic	PA; SP
<i>prazosin 1 mg capsule 1 mg</i>	Non-PDL Generic	90DS
<i>prazosin 1 mg capsule u-d, 10x10, inner 1 mg</i>	Non-PDL Generic	90DS
<i>prazosin 1 mg capsule u-d, 10x10, outer 1 mg</i>	Non-PDL Generic	90DS
<i>prazosin 2 mg capsule 2 mg</i>	Non-PDL Generic	90DS
<i>prazosin 2 mg capsule u-d, 10x10, inner 2 mg</i>	Non-PDL Generic	90DS
<i>prazosin 2 mg capsule u-d, 10x10, outer 2 mg</i>	Non-PDL Generic	90DS
<i>prazosin 5 mg capsule 5 mg</i>	Non-PDL Generic	
<i>prazosin 5 mg capsule u-d, 10x10, inner 5 mg</i>	Non-PDL Generic	
<i>prazosin 5 mg capsule u-d, 10x10, outer 5 mg</i>	Non-PDL Generic	
<i>terazosin 1 mg capsule 1 mg</i>	PDL Preferred Generic	90DS

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

Drug	Status	Notes
EXFORGE HCT 10-160-25 MG TAB 10-160-25 MG	PDL Non-Preferred Brand	PA
EXFORGE HCT 10-320-25 MG TAB 10-320-25 MG	PDL Non-Preferred Brand	PA
EXFORGE HCT 5-160-12.5 MG TAB 5-160-12.5 MG	PDL Non-Preferred Brand	PA
EXFORGE HCT 5-160-25 MG TAB 5-160-25 MG	PDL Non-Preferred Brand	PA
<i>olmsrtn-amldpn-hydrochlorothiazide 20-5-12.5 20-5-12.5 mg</i>	PDL Non-Preferred Generic	PA
<i>olmsrtn-amldpn-hydrochlorothiazide 40-10-12.5 40-10-12.5 mg</i>	PDL Non-Preferred Generic	PA
<i>olmsrtn-amldpn-hydrochlorothiazide 40-10-25 mg 40-10-25 mg</i>	PDL Non-Preferred Generic	PA
<i>olmsrtn-amldpn-hydrochlorothiazide 40-5-12.5 40-5-12.5 mg</i>	PDL Non-Preferred Generic	PA
<i>olmsrtn-amldpn-hydrochlorothiazide 40-5-25 mg 40-5-25 mg</i>	PDL Non-Preferred Generic	PA
TRIBENZOR 20-5-12.5 MG TABLET 20-5-12.5 MG	PDL Non-Preferred Brand	PA
TRIBENZOR 40-10-12.5 MG TABLET 40-10-12.5 MG	PDL Non-Preferred Brand	PA
TRIBENZOR 40-10-25 MG TABLET 40-10-25 MG	PDL Non-Preferred Brand	PA
TRIBENZOR 40-5-12.5 MG TABLET 40-5-12.5 MG	PDL Non-Preferred Brand	PA
TRIBENZOR 40-5-25 MG TABLET 40-5-25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
ATACAND HCT 16-12.5 MG TAB 16-12.5 MG	PDL Non-Preferred Brand	PA
ATACAND HCT 32-12.5 MG TAB 32-12.5 MG	PDL Non-Preferred Brand	PA
ATACAND HCT 32-25 MG TABLET 32-25 MG	PDL Non-Preferred Brand	PA
AVALIDE 150-12.5 MG TABLET 150-12.5 MG	PDL Non-Preferred Brand	PA
AVALIDE 300-12.5 MG TABLET 300-12.5 MG	PDL Non-Preferred Brand	PA
BENICAR HCT 20-12.5 MG TABLET 20-12.5 MG	PDL Non-Preferred Brand	PA
BENICAR HCT 40-12.5 MG TABLET 40-12.5 MG	PDL Non-Preferred Brand	PA
BENICAR HCT 40-25 MG TABLET 40-25 MG	PDL Non-Preferred Brand	PA
<i>candesartan-hydrochlorothiazide 16-12.5 mg tb 16-12.5 mg</i>	PDL Non-Preferred Generic	PA
<i>candesartan-hydrochlorothiazide 32-12.5 mg tb 32-12.5 mg</i>	PDL Non-Preferred Generic	PA
<i>candesartan-hydrochlorothiazide 32-25 mg tab 32-25 mg</i>	PDL Non-Preferred Generic	PA
DIOVAN HCT 160-12.5 MG TAB 160-12.5 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 160-25 MG TABLET 160-25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
DIOVAN HCT 320-12.5 MG TAB 320-12.5 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 320-25 MG TABLET 320-25 MG	PDL Non-Preferred Brand	PA
DIOVAN HCT 80-12.5 MG TABLET 80-12.5 MG	PDL Non-Preferred Brand	PA
EDARBYCLOR 40-12.5 MG TABLET 40-12.5 MG	PDL Non-Preferred Brand	PA
EDARBYCLOR 40-25 MG TABLET 40-25 MG	PDL Non-Preferred Brand	PA
HYZAAR 100-12.5 TABLET 100-12.5 MG	PDL Non-Preferred Brand	PA
HYZAAR 100-25 TABLET 100-25 MG	PDL Non-Preferred Brand	PA
HYZAAR 100-25 TABLET F/C 100-25 MG	PDL Non-Preferred Brand	PA
HYZAAR 50-12.5 TABLET 50-12.5 MG	PDL Non-Preferred Brand	PA
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tb 150-12.5 mg</i>	PDL Preferred Generic	
<i>irbesartan-hydrochlorothiazide 150-12.5 mg tb f/c 150-12.5 mg</i>	PDL Preferred Generic	
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tb 300-12.5 mg</i>	PDL Preferred Generic	
<i>irbesartan-hydrochlorothiazide 300-12.5 mg tb f/c 300-12.5 mg</i>	PDL Preferred Generic	
<i>losartan-hydrochlorothiazide 100-12.5 mg tab 100-12.5 mg</i>	PDL Preferred Generic	90DS

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

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

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

Drug	Status	Notes
AZOR 5-40 MG TABLET 5-40 MG	PDL Non-Preferred Brand	PA
EXFORGE 10-160 MG TABLET 10-160 MG	PDL Non-Preferred Brand	PA
EXFORGE 10-320 MG TABLET 10-320 MG	PDL Non-Preferred Brand	PA
EXFORGE 5-160 MG TABLET 5-160 MG	PDL Non-Preferred Brand	PA
EXFORGE 5-320 MG TABLET 5-320 MG	PDL Non-Preferred Brand	PA
<i>telmisartan-amlodipine 40-10 40-10 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan-amlodipine 40-5 mg 40-5 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan-amlodipine 80-10 80-10 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan-amlodipine 80-5 mg 80-5 mg</i>	PDL Non-Preferred Generic	PA
Antihypertensives, Ace Inhibitors		
ACCUPRIL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
ACCUPRIL 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
ACCUPRIL 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
ACCUPRIL 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
ALTACE 1.25 MG CAPSULE 1.25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ALTACE 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA
ALTACE 2.5 MG CAPSULE 2.5 MG	PDL Non-Preferred Brand	PA
ALTACE 5 MG CAPSULE 5 MG	PDL Non-Preferred Brand	PA
<i>benazepril hcl 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>benazepril hcl 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS
<i>benazepril hcl 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS
<i>benazepril hcl 20 mg tablet f/c 20 mg</i>	PDL Preferred Generic	90DS
<i>benazepril hcl 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS
<i>benazepril hcl 40 mg tablet f/c 40 mg</i>	PDL Preferred Generic	90DS
<i>benazepril hcl 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS
<i>benazepril hcl 5 mg tablet f/c 5 mg</i>	PDL Preferred Generic	90DS
<i>captopril 100 mg tablet 100 mg</i>	PDL Preferred Generic	
<i>captopril 12.5 mg tablet 12.5 mg</i>	PDL Preferred Generic	
<i>captopril 12.5 mg tablet u-d, 10x10, inner 12.5 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>captopril 12.5 mg tablet u-d, outer 12.5 mg</i>	PDL Preferred Generic	
<i>captopril 25 mg tablet 25 mg</i>	PDL Preferred Generic	
<i>captopril 25 mg tablet u-d, 10x10, inner 25 mg</i>	PDL Preferred Generic	
<i>captopril 25 mg tablet u-d, outer 25 mg</i>	PDL Preferred Generic	
<i>captopril 50 mg tablet 50 mg</i>	PDL Preferred Generic	
<i>enalapril 1 mg/ml oral soln 1 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (1200 ML per 30 days)
<i>enalapril maleate 10 mg tab 10 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 10 mg tab for repackaging only 10 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 10 mg tab u-d 10 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 2.5 mg tab 2.5 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 2.5 mg tab for repackaging only 2.5 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 2.5 mg tab u-d 2.5 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 20 mg tab 20 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 20 mg tab for repackaging only 20 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>enalapril maleate 20 mg tab u-d 20 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 20 mg tab u-d, 10x10, inner 20 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 20 mg tab u-d, 10x10, outer 20 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 5 mg tablet 10x10 5 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS
<i>enalapril maleate 5 mg tablet for repackaging only 5 mg</i>	PDL Preferred Generic	90DS
EPANED 1 MG/ML ORAL SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA; QL (1200 ML per 30 days)
<i>fosinopril sodium 10 mg tab 10 mg</i>	PDL Preferred Generic	90DS
<i>fosinopril sodium 20 mg tab 20 mg</i>	PDL Preferred Generic	90DS
<i>fosinopril sodium 40 mg tab 40 mg</i>	PDL Preferred Generic	
<i>lisinopril 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>lisinopril 10 mg tablet for repackaging only 10 mg</i>	PDL Preferred Generic	90DS
<i>lisinopril 2.5 mg tablet 2.5 mg</i>	PDL Preferred Generic	90DS
<i>lisinopril 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>lisinopril 30 mg tablet 30 mg</i>	PDL Preferred Generic	90DS
<i>lisinopril 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS
<i>lisinopril 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS
LOTENSIN 10 MG TABLET 10 MG	PDL Non- Preferred Brand	PA
LOTENSIN 20 MG TABLET 20 MG	PDL Non- Preferred Brand	PA
LOTENSIN 40 MG TABLET 40 MG	PDL Non- Preferred Brand	PA
<i>moexipril hcl 15 mg tablet 15 mg</i>	PDL Preferred Generic	
<i>moexipril hcl 7.5 mg tablet 7.5 mg</i>	PDL Preferred Generic	
<i>perindopril erbumine 2 mg tab 2 mg</i>	PDL Preferred Generic	
<i>perindopril erbumine 4 mg tab 4 mg</i>	PDL Preferred Generic	
<i>perindopril erbumine 8 mg tab 8 mg</i>	PDL Preferred Generic	
QBRELIS 1 MG/ML SOLUTION 1 MG/ML	PDL Non- Preferred Brand	PA; QL (1200 ML per 30 days)
<i>quinapril 10 mg tablet 10 mg</i>	PDL Preferred Generic	
<i>quinapril 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>quinapril 20 mg tablet f/c 20 mg</i>	PDL Preferred Generic	90DS
<i>quinapril 20 mg tablet f/c, inner 20 mg</i>	PDL Preferred Generic	90DS
<i>quinapril 20 mg tablet f/c, outer 20 mg</i>	PDL Preferred Generic	90DS
<i>quinapril 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS
<i>quinapril 40 mg tablet f/c 40 mg</i>	PDL Preferred Generic	90DS
<i>quinapril 5 mg tablet 5 mg</i>	PDL Preferred Generic	
<i>ramipril 1.25 mg capsule 1.25 mg</i>	PDL Preferred Generic	
<i>ramipril 10 mg capsule 10 mg</i>	PDL Preferred Generic	90DS
<i>ramipril 2.5 mg capsule 2.5 mg</i>	PDL Preferred Generic	90DS
<i>ramipril 5 mg capsule 5 mg</i>	PDL Preferred Generic	90DS
<i>trandolapril 1 mg tablet 1 mg</i>	PDL Preferred Generic	
<i>trandolapril 2 mg tablet 2 mg</i>	PDL Preferred Generic	
<i>trandolapril 4 mg tablet 4 mg</i>	PDL Preferred Generic	
VASOTEC 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
VASOTEC 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA
VASOTEC 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
VASOTEC 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
ZESTRIL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
ZESTRIL 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA
ZESTRIL 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
ZESTRIL 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA
ZESTRIL 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
ZESTRIL 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
Antihypertensives, Angiotensin Receptor Antagonist		
ATACAND 16 MG TABLET 16 MG	PDL Non-Preferred Brand	PA
ATACAND 32 MG TABLET 32 MG	PDL Non-Preferred Brand	PA
ATACAND 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA
ATACAND 8 MG TABLET 8 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
AVAPRO 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA
AVAPRO 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA
AVAPRO 75 MG TABLET 75 MG	PDL Non-Preferred Brand	PA
BENICAR 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
BENICAR 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
BENICAR 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
<i>candesartan cilexetil 16 mg tb 16 mg</i>	PDL Non-Preferred Generic	PA
<i>candesartan cilexetil 32 mg tb 32 mg</i>	PDL Non-Preferred Generic	PA
<i>candesartan cilexetil 4 mg tab 4 mg</i>	PDL Non-Preferred Generic	PA
<i>candesartan cilexetil 8 mg tab 8 mg</i>	PDL Non-Preferred Generic	PA
COZAAR 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
COZAAR 100 MG TABLET F/C 100 MG	PDL Non-Preferred Brand	PA
COZAAR 100 MG TABLET U-U,F/C 100 MG	PDL Non-Preferred Brand	PA
COZAAR 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
COZAAR 25 MG TABLET F/C 25 MG	PDL Non-Preferred Brand	PA
COZAAR 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
COZAAR 50 MG TABLET U-U, F/C 50 MG	PDL Non-Preferred Brand	PA
DIOVAN 160 MG TABLET 160 MG	PDL Non-Preferred Brand	PA
DIOVAN 320 MG TABLET 320 MG	PDL Non-Preferred Brand	PA
DIOVAN 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
DIOVAN 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA
EDARBI 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
EDARBI 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA
<i>eprosartan mesylate 600 mg tab 600 mg</i>	PDL Non-Preferred Generic	PA
<i>irbesartan 150 mg tablet 150 mg</i>	PDL Preferred Generic	90DS
<i>irbesartan 150 mg tablet f/c 150 mg</i>	PDL Preferred Generic	90DS
<i>irbesartan 300 mg tablet 300 mg</i>	PDL Preferred Generic	90DS
<i>irbesartan 300 mg tablet f/c 300 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>irbesartan 75 mg tablet 75 mg</i>	PDL Preferred Generic	90DS
<i>irbesartan 75 mg tablet f/c 75 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 100 mg tab 100 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 100 mg tab f/c 100 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 100 mg tab f/c, 10x10, u-d, inner 100 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 100 mg tab f/c, 10x10, u-d, outer 100 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 25 mg tab 25 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 25 mg tab f/c 25 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 25 mg tab f/c, 10x10, u-d, outer 25 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 25 mg tab inner 25 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 50 mg tab 50 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 50 mg tab f/c 50 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 50 mg tab f/c, 10x10, u-d, inner 50 mg</i>	PDL Preferred Generic	90DS
<i>losartan potassium 50 mg tab f/c, 10x10, u-d, outer 50 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
MICARDIS 20 MG TABLET U-D,3X10 CARDS 20 MG	PDL Non-Preferred Brand	PA
MICARDIS 40 MG TABLET 3X10 BLIST PACK,U-D 40 MG	PDL Non-Preferred Brand	PA
MICARDIS 80 MG TABLET 3X10 BLIST PACK,U-D 80 MG	PDL Non-Preferred Brand	PA
<i>olmesartan medoxomil 20 mg tab 20 mg</i>	PDL Non-Preferred Generic	PA
<i>olmesartan medoxomil 20 mg tab inner 20 mg</i>	PDL Non-Preferred Generic	PA
<i>olmesartan medoxomil 20 mg tab outer 20 mg</i>	PDL Non-Preferred Generic	PA
<i>olmesartan medoxomil 40 mg tab 40 mg</i>	PDL Non-Preferred Generic	PA; 90DS
<i>olmesartan medoxomil 40 mg tab inner 40 mg</i>	PDL Non-Preferred Generic	PA; 90DS
<i>olmesartan medoxomil 40 mg tab outer 40 mg</i>	PDL Non-Preferred Generic	PA; 90DS
<i>olmesartan medoxomil 5 mg tab 5 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan 20 mg tablet 20 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan 20 mg tablet inner 20 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan 20 mg tablet outer 20 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan 40 mg tablet 40 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>telmisartan 40 mg tablet inner 40 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan 40 mg tablet outer 40 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan 80 mg tablet 80 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan 80 mg tablet inner 80 mg</i>	PDL Non-Preferred Generic	PA
<i>telmisartan 80 mg tablet outer 80 mg</i>	PDL Non-Preferred Generic	PA
<i>valsartan 160 mg tablet 160 mg</i>	PDL Preferred Generic	
<i>valsartan 160 mg tablet f/c 160 mg</i>	PDL Preferred Generic	
<i>valsartan 320 mg tablet 320 mg</i>	PDL Preferred Generic	90DS
<i>valsartan 320 mg tablet f/c 320 mg</i>	PDL Preferred Generic	90DS
<i>valsartan 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS
<i>valsartan 40 mg tablet f/c 40 mg</i>	PDL Preferred Generic	90DS
<i>valsartan 80 mg tablet 80 mg</i>	PDL Preferred Generic	90DS
<i>valsartan 80 mg tablet f/c 80 mg</i>	PDL Preferred Generic	90DS
Antihypertensives, Sympatholytic		
<i>clonidine 0.1 mg/day patch inner 0.1 mg/24 hr</i>	Non-PDL Generic	

Drug	Status	Notes
<i>clonidine 0.1 mg/day patch outer 0.1 mg/24 hr</i>	Non-PDL Generic	
<i>clonidine 0.2 mg/day patch inner 0.2 mg/24 hr</i>	Non-PDL Generic	
<i>clonidine 0.2 mg/day patch outer 0.2 mg/24 hr</i>	Non-PDL Generic	
<i>clonidine 0.3 mg/day patch inner 0.3 mg/24 hr</i>	Non-PDL Generic	
<i>clonidine 0.3 mg/day patch outer 0.3 mg/24 hr</i>	Non-PDL Generic	
<i>clonidine hcl 0.1 mg tablet 0.1 mg</i>	Non-PDL Generic	90DS
<i>clonidine hcl 0.2 mg tablet 0.2 mg</i>	Non-PDL Generic	90DS
<i>clonidine hcl 0.3 mg tablet 0.3 mg</i>	Non-PDL Generic	90DS
<i>clonidine hcl 0.3 mg tablet u-d, 10x10, inner 0.3 mg</i>	Non-PDL Generic	90DS
<i>clonidine hcl 0.3 mg tablet u-d, outer 0.3 mg</i>	Non-PDL Generic	90DS
<i>guanfacine 1 mg tablet 1 mg</i>	Non-PDL Generic	90DS
<i>guanfacine 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>methyldopa 250 mg tablet 250 mg</i>	Non-PDL Generic	90DS
<i>methyldopa 250 mg tablet f/c 250 mg</i>	Non-PDL Generic	90DS
<i>methyldopa 250 mg tablet u-d,f/c,inner,10x10 250 mg</i>	Non-PDL Generic	90DS
<i>methyldopa 250 mg tablet u-d,f/c,outer 250 mg</i>	Non-PDL Generic	90DS
<i>methyldopa 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>methyldopa 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	
<i>methyldopa 500 mg tablet u-d,f/c,inner,10x10 500 mg</i>	Non-PDL Generic	
<i>methyldopa 500 mg tablet u-d,f/c,outer 500 mg</i>	Non-PDL Generic	
<i>methyldopa-hydrochlorothiazide 250-15 mg tab 250-15 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>methyldopa-hydrochlorothiazide 250-25 mg tab 250-25 mg</i>	Non-PDL Generic	
Antihypertensives, Vasodilators		
<i>hydralazine 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 10 mg tablet f/c 10 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 10 mg tablet u-d, 10x10, inner 10 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 10 mg tablet u-d, 10x10, outer 10 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 10 mg tablet u-d, 10x10, inner 10 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 10 mg tablet u-d, 10x10, outer 10 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 100 mg tablet 100 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 100 mg tablet f/c 100 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 25 mg tablet 25 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 25 mg tablet f/c 25 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 25 mg tablet f/c, inner 25 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 25 mg tablet f/c, outer 25 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 25 mg tablet u-d, 10x10, inner 25 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 25 mg tablet u-d, 10x10, outer 25 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 50 mg tablet 10x10, u-d, f/c, inner 50 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 50 mg tablet 10x10, u-d, f/c, outer 50 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 50 mg tablet 50 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 50 mg tablet f/c 50 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 50 mg tablet u-d, 10x10, inner 50 mg</i>	Non-PDL Generic	90DS
<i>hydralazine 50 mg tablet u-d, 10x10, outer 50 mg</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>minoxidil 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>minoxidil 10 mg tablet 10x10, u-d, inner 10 mg</i>	Non-PDL Generic	
<i>minoxidil 10 mg tablet 10x10, u-d, outer 10 mg</i>	Non-PDL Generic	
<i>minoxidil 2.5 mg tablet 10x10, u-d, inner 2.5 mg</i>	Non-PDL Generic	90DS
<i>minoxidil 2.5 mg tablet 10x10, u-d, outer 2.5 mg</i>	Non-PDL Generic	90DS
<i>minoxidil 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	90DS
Beta-Adrenergic Blocking Agents		
<i>acebutolol 200 mg capsule 200 mg</i>	PDL Non-Preferred Generic	PA
<i>acebutolol 400 mg capsule 400 mg</i>	PDL Non-Preferred Generic	PA
<i>atenolol 100 mg tablet 100 mg</i>	PDL Preferred Generic	90DS
<i>atenolol 100 mg tablet u-d, 10x10, inner 100 mg</i>	PDL Preferred Generic	90DS
<i>atenolol 100 mg tablet u-d, outer 100 mg</i>	PDL Preferred Generic	90DS
<i>atenolol 25 mg tablet 25 mg</i>	PDL Preferred Generic	90DS
<i>atenolol 25 mg tablet u-d, 10x10, inner 25 mg</i>	PDL Preferred Generic	90DS
<i>atenolol 25 mg tablet u-d, outer 25 mg</i>	PDL Preferred Generic	90DS
<i>atenolol 50 mg tablet 50 mg</i>	PDL Preferred Generic	90DS
<i>atenolol 50 mg tablet u-d, 10x10, inner 50 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>atenolol 50 mg tablet u-d, outer 50 mg</i>	PDL Preferred Generic	90DS
BETAPACE 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA
BETAPACE 160 MG TABLET 160 MG	PDL Non-Preferred Brand	PA
BETAPACE 240 MG TABLET 240 MG	PDL Non-Preferred Brand	PA
BETAPACE 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA
BETAPACE AF 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA
BETAPACE AF 160 MG TABLET 160 MG	PDL Non-Preferred Brand	PA
BETAPACE AF 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA
<i>betaxolol 10 mg tablet 10 mg</i>	PDL Non-Preferred Generic	PA
<i>betaxolol 20 mg tablet 20 mg</i>	PDL Non-Preferred Generic	PA
<i>bisoprolol fumarate 10 mg tab 10 mg</i>	PDL Preferred Generic	
<i>bisoprolol fumarate 5 mg tab 5 mg</i>	PDL Preferred Generic	90DS
<i>bisoprolol fumarate 5 mg tab f/c 5 mg</i>	PDL Preferred Generic	90DS
BYSTOLIC 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
BYSTOLIC 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 2.5 MG TABLET INNER, U-D 2.5 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 2.5 MG TABLET OUTER, U-D, 10X10 2.5 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 5 MG TABLET INNER, U-D 5 MG	PDL Non-Preferred Brand	PA
BYSTOLIC 5 MG TABLET OUTER, U-D, 10X10 5 MG	PDL Non-Preferred Brand	PA
CORGARD 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
CORGARD 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
CORGARD 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA
HEMANGEOL 4.28 MG/ML ORAL SOLN 4.28 MG/ML	PDL Non-Preferred Brand	PA; QL (360 ML per 30 days)
INDERAL LA 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA
INDERAL LA 160 MG CAPSULE 160 MG	PDL Non-Preferred Brand	PA
INDERAL LA 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
INDERAL LA 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA
INDERAL XL 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA
INDERAL XL 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA
INNOPRAN XL 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA
INNOPRAN XL 80 MG CAPSULE 80 MG	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 100 MG CAP 100 MG	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 200 MG CAP 200 MG	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 25 MG CAP 25 MG	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE 50 MG CAP 50 MG	PDL Non-Preferred Brand	PA
LEVATOL 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
LOPRESSOR 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
LOPRESSOR 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
<i>metoprolol succ er 100 mg tab 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 100 mg tab f/c 100 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>metoprolol succ er 100 mg tab inner 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 100 mg tab outer 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 200 mg tab 200 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 200 mg tab f/c 200 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 25 mg tab 25 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 25 mg tab f/c 25 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 25 mg tab inner 25 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 25 mg tab outer 25 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 50 mg tab 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 50 mg tab f/c 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 50 mg tab inner 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol succ er 50 mg tab outer 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 100 mg tab 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 100 mg tab 10x10,u- d,inner 100 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>metoprolol tartrate 100 mg tab 10x10,u-d,outer 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 100 mg tab 12's 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 100 mg tab f/c 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 100 mg tab inner 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 100 mg tab outer 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 100 mg tab u-d,robot ready,innr 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 100 mg tab u-d,robot ready,outr 100 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 25 mg tab 25 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 25 mg tab f/c 25 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 25 mg tab inner 25 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 25 mg tab outer 25 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 25 mg tab u-d,10x10,inner 25 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 25 mg tab u-d,10x10,outer 25 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 37.5 mg tb 37.5 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>metoprolol tartrate 50 mg tab 10x10,u-d,inner 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 50 mg tab 10x10,u-d,outer 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 50 mg tab 12's 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 50 mg tab 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 50 mg tab f/c 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 50 mg tab inner 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 50 mg tab outer 50 mg</i>	PDL Preferred Generic	90DS
<i>metoprolol tartrate 75 mg tab 75 mg</i>	PDL Preferred Generic	
<i>nadolol 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS
<i>nadolol 20 mg tablet u-d,10x10,inner 20 mg</i>	PDL Preferred Generic	90DS
<i>nadolol 20 mg tablet u-d,10x10,outer 20 mg</i>	PDL Preferred Generic	90DS
<i>nadolol 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS
<i>nadolol 40 mg tablet u-d,10x10,inner 40 mg</i>	PDL Preferred Generic	90DS
<i>nadolol 40 mg tablet u-d,10x10,outer 40 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>nadolol 80 mg tablet 80 mg</i>	PDL Preferred Generic	
<i>nebivolol 10 mg tablet 10 mg</i>	PDL Non- Preferred Generic	PA
<i>nebivolol 2.5 mg tablet 2.5 mg</i>	PDL Non- Preferred Generic	PA
<i>nebivolol 20 mg tablet 20 mg</i>	PDL Non- Preferred Generic	PA
<i>nebivolol 5 mg tablet 5 mg</i>	PDL Non- Preferred Generic	PA
<i>pindolol 10 mg tablet 10 mg</i>	PDL Preferred Generic	
<i>pindolol 5 mg tablet 5 mg</i>	PDL Preferred Generic	
<i>propranolol 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>propranolol 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS
<i>propranolol 20 mg/5 ml soln 20 mg/5 ml (4 mg/ml)</i>	PDL Preferred Generic	
<i>propranolol 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS
<i>propranolol 40 mg/5 ml soln 40 mg/5 ml (8 mg/ml)</i>	PDL Preferred Generic	
<i>propranolol 60 mg tablet 60 mg</i>	PDL Preferred Generic	
<i>propranolol 80 mg tablet 80 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>propranolol er 120 mg capsule 120 mg</i>	PDL Preferred Generic	
<i>propranolol er 160 mg capsule 160 mg</i>	PDL Preferred Generic	
<i>propranolol er 60 mg capsule 60 mg</i>	PDL Preferred Generic	
<i>propranolol er 80 mg capsule 80 mg</i>	PDL Preferred Generic	
SORINE 120 MG TABLET U-D,INNER 120 MG	PDL Preferred Generic	
SORINE 120 MG TABLET U-D,OUTER 120 MG	PDL Preferred Generic	
SORINE 160 MG TABLET U-D,INNER 160 MG	PDL Preferred Generic	
SORINE 160 MG TABLET U-D,OUTER 160 MG	PDL Preferred Generic	
SORINE 240 MG TABLET U-D,INNER 240 MG	PDL Preferred Generic	
SORINE 240 MG TABLET U-D,OUTER 240 MG	PDL Preferred Generic	
SORINE 80 MG TABLET U-D,INNER 80 MG	PDL Preferred Generic	90DS
SORINE 80 MG TABLET U-D,OUTER 80 MG	PDL Preferred Generic	90DS
<i>sotalol 120 mg tablet 120 mg</i>	PDL Preferred Generic	
<i>sotalol 160 mg tablet 160 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>sotalol 240 mg tablet 240 mg</i>	PDL Preferred Generic	
<i>sotalol 80 mg tablet 80 mg</i>	PDL Preferred Generic	90DS
<i>sotalol 80 mg tablet inner 80 mg</i>	PDL Preferred Generic	90DS
<i>sotalol 80 mg tablet outer 80 mg</i>	PDL Preferred Generic	90DS
SOTALOL AF 120 MG TABLET 120 MG	PDL Preferred Generic	
SOTALOL AF 160 MG TABLET 160 MG	PDL Preferred Generic	
SOTALOL AF 80 MG TABLET 80 MG	PDL Preferred Generic	90DS
SOTYLIZE 5 MG/ML ORAL SOLUTION 5 MG/ML	PDL Non-Preferred Brand	PA; QL: 8 BOTTLES IN 30 DAYS
TENORMIN 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
TENORMIN 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
TENORMIN 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
<i>timolol maleate 10 mg tablet 10 mg</i>	PDL Non-Preferred Generic	PA
<i>timolol maleate 20 mg tablet 20 mg</i>	PDL Non-Preferred Generic	PA
<i>timolol maleate 5 mg tablet 5 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
TOPROL XL 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
TOPROL XL 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
TOPROL XL 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
TOPROL XL 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone 100-25 100-25 mg</i>	PDL Non-Preferred Generic	PA
<i>atenolol-chlorthalidone 50-25 50-25 mg</i>	PDL Non-Preferred Generic	PA
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab 10-6.25 mg</i>	PDL Non-Preferred Generic	PA
<i>bisoprolol-hydrochlorothiazide 10-6.25 mg tab f/c 10-6.25 mg</i>	PDL Non-Preferred Generic	PA
<i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tb 2.5-6.25 mg</i>	PDL Non-Preferred Generic	PA
<i>bisoprolol-hydrochlorothiazide 2.5-6.25 mg tb f/c 2.5-6.25 mg</i>	PDL Non-Preferred Generic	PA
<i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab 5-6.25 mg</i>	PDL Non-Preferred Generic	PA
<i>bisoprolol-hydrochlorothiazide 5-6.25 mg tab f/c 5-6.25 mg</i>	PDL Non-Preferred Generic	PA
LOPRESSOR HCT ORAL TABLET 50-25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>metoprolol-hydrochlorothiazide 100-25 mg tab 100-25 mg</i>	PDL Non-Preferred Generic	PA
<i>metoprolol-hydrochlorothiazide 100-50 mg tab 100-50 mg</i>	PDL Non-Preferred Generic	PA
<i>metoprolol-hydrochlorothiazide 50-25 mg tab 50-25 mg</i>	PDL Non-Preferred Generic	PA
<i>nadolol-bendroflumethiazide oral tablet 80-5 mg</i>	Non-PDL Generic	
<i>propranolol-hydrochlorothiazide 40-25 mg tab 40-25 mg</i>	Non-PDL Generic	
<i>propranolol-hydrochlorothiazide 80-25 mg tab 80-25 mg</i>	Non-PDL Generic	
TENORETIC 100 TABLET 100-25 MG	PDL Non-Preferred Brand	PA
TENORETIC 50 TABLET 50-25 MG	PDL Non-Preferred Brand	PA
ZIAC 10-6.25 MG TABLET 10-6.25 MG	PDL Non-Preferred Brand	PA
ZIAC 2.5-6.25 MG TABLET 2.5-6.25 MG	PDL Non-Preferred Brand	PA
ZIAC 5-6.25 MG TABLET 5-6.25 MG	PDL Non-Preferred Brand	PA
Calcium Channel Blocking Agents		
<i>amlodipine besylate 10 mg tab 10 mg</i>	PDL Preferred Generic	90DS
<i>amlodipine besylate 10 mg tab u-d, 10x10 10 mg</i>	PDL Preferred Generic	90DS
<i>amlodipine besylate 2.5 mg tab 2.5 mg</i>	PDL Preferred Generic	90DS
<i>amlodipine besylate 5 mg tab 5 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>amlodipine besylate 5 mg tab u-d,inner 5 mg</i>	PDL Preferred Generic	90DS
<i>amlodipine besylate 5 mg tab u-d,outer,10x10 5 mg</i>	PDL Preferred Generic	90DS
CALAN SR 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA
CALAN SR 180 MG TABLET 180 MG	PDL Non-Preferred Brand	PA
CALAN SR 240 MG TABLET 240 MG	PDL Non-Preferred Brand	PA
CARDIZEM 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA
CARDIZEM 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA
CARDIZEM 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA
CARDIZEM CD 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA
CARDIZEM CD 180 MG CAPSULE 180 MG	PDL Non-Preferred Brand	PA
CARDIZEM CD 240 MG CAPSULE 240 MG	PDL Non-Preferred Brand	PA
CARDIZEM CD 300 MG CAPSULE 300 MG	PDL Non-Preferred Brand	PA
CARDIZEM CD 360 MG CAPSULE 360 MG	PDL Non-Preferred Brand	PA
CARDIZEM LA 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA

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

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

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

Drug	Status	Notes
<i>diltiazem 24hr er 180 mg cap 180 mg</i>	PDL Preferred Generic	
<i>diltiazem 24hr er 180 mg cap once-a-day dosage 180 mg</i>	PDL Preferred Generic	
<i>diltiazem 24hr er 240 mg cap 240 mg</i>	PDL Preferred Generic	
<i>diltiazem 24hr er 240 mg cap once-a-day dosage 240 mg</i>	PDL Preferred Generic	
<i>diltiazem 24hr er 300 mg cap 300 mg</i>	PDL Preferred Generic	
<i>diltiazem 24hr er 300 mg cap once-a-day dosage 300 mg</i>	PDL Preferred Generic	
<i>diltiazem 24hr er 360 mg cap 360 mg</i>	PDL Preferred Generic	
<i>diltiazem 24hr er 360 mg cap once-a-day dosage 360 mg</i>	PDL Preferred Generic	
<i>diltiazem 24hr er 360 mg cap once-a-day-dosage 360 mg</i>	PDL Preferred Generic	
<i>diltiazem 24hr er 420 mg cap 420 mg</i>	PDL Preferred Generic	
<i>diltiazem 30 mg tablet 30 mg</i>	PDL Preferred Generic	90DS
<i>diltiazem 30 mg tablet u-d, 10x10, inner 30 mg</i>	PDL Preferred Generic	90DS
<i>diltiazem 30 mg tablet u-d, 10x10, outer 30 mg</i>	PDL Preferred Generic	90DS
<i>diltiazem 60 mg tablet 60 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>diltiazem 60 mg tablet u-d, 10x10, inner 60 mg</i>	PDL Preferred Generic	
<i>diltiazem 60 mg tablet u-d, 10x10, outer 60 mg</i>	PDL Preferred Generic	
<i>diltiazem 90 mg tablet 90 mg</i>	PDL Preferred Generic	
<i>diltiazem 90 mg tablet u-d, 10x10, inner 90 mg</i>	PDL Preferred Generic	
<i>diltiazem 90 mg tablet u-d, 10x10, outer 90 mg</i>	PDL Preferred Generic	
<i>felodipine er 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>felodipine er 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS
<i>felodipine er 2.5 mg tablet 2.5 mg</i>	PDL Preferred Generic	
<i>felodipine er 2.5 mg tablet f/c 2.5 mg</i>	PDL Preferred Generic	
<i>felodipine er 5 mg tablet 5 mg</i>	PDL Preferred Generic	
<i>felodipine er 5 mg tablet f/c 5 mg</i>	PDL Preferred Generic	
<i>isradipine 2.5 mg capsule 2.5 mg</i>	PDL Preferred Generic	
<i>isradipine 5 mg capsule 5 mg</i>	PDL Preferred Generic	
MATZIM LA 180 MG TABLET 180 MG	PDL Non-Preferred Generic	PA

Drug	Status	Notes
MATZIM LA 240 MG TABLET 240 MG	PDL Non-Preferred Generic	PA
MATZIM LA 300 MG TABLET 300 MG	PDL Non-Preferred Generic	PA
MATZIM LA 360 MG TABLET 360 MG	PDL Non-Preferred Generic	PA
MATZIM LA 420 MG TABLET 420 MG	PDL Non-Preferred Generic	PA
<i>nicardipine 20 mg capsule 20 mg</i>	PDL Preferred Generic	
<i>nicardipine 30 mg capsule 30 mg</i>	PDL Preferred Generic	
<i>nifedipine 10 mg capsule 10 mg</i>	PDL Preferred Generic	
<i>nifedipine 10 mg capsule inner 10 mg</i>	PDL Preferred Generic	
<i>nifedipine 10 mg capsule outer 10 mg</i>	PDL Preferred Generic	
<i>nifedipine 20 mg capsule 20 mg</i>	PDL Preferred Generic	
<i>nifedipine er 30 mg tablet 30 mg</i>	PDL Preferred Generic	90DS
<i>nifedipine er 30 mg tablet 30 mg</i>	PDL Preferred Generic	90DS
<i>nifedipine er 30 mg tablet f/c 30 mg</i>	PDL Preferred Generic	90DS
<i>nifedipine er 30 mg tablet f/c 30 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>nifedipine er 30 mg tablet u-d, 10x10, outer 30 mg</i>	PDL Preferred Generic	90DS
<i>nifedipine er 30 mg tablet u-d, inner 30 mg</i>	PDL Preferred Generic	90DS
<i>nifedipine er 60 mg tablet 60 mg</i>	PDL Preferred Generic	
<i>nifedipine er 60 mg tablet 60 mg</i>	PDL Preferred Generic	90DS
<i>nifedipine er 60 mg tablet f/c 60 mg</i>	PDL Preferred Generic	
<i>nifedipine er 60 mg tablet f/c 60 mg</i>	PDL Preferred Generic	90DS
<i>nifedipine er 60 mg tablet u-d, 10x10, outer 60 mg</i>	PDL Preferred Generic	90DS
<i>nifedipine er 60 mg tablet u-d, inner 60 mg</i>	PDL Preferred Generic	90DS
<i>nifedipine er 90 mg tablet 90 mg</i>	PDL Preferred Generic	
<i>nifedipine er 90 mg tablet 90 mg</i>	PDL Preferred Generic	
<i>nifedipine er 90 mg tablet f/c 90 mg</i>	PDL Preferred Generic	
<i>nifedipine er 90 mg tablet f/c 90 mg</i>	PDL Preferred Generic	
<i>nifedipine er 90 mg tablet u-d, 3x10, outer 90 mg</i>	PDL Preferred Generic	
<i>nifedipine er 90 mg tablet u-d, inner 90 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>nimodipine 30 mg capsule 30 mg</i>	PDL Non-Preferred Generic	PA
<i>nimodipine 30 mg capsule inner 30 mg</i>	PDL Non-Preferred Generic	PA
<i>nimodipine 30 mg capsule non-saleable, inner 30 mg</i>	PDL Non-Preferred Generic	PA
<i>nimodipine 30 mg capsule outer 30 mg</i>	PDL Non-Preferred Generic	PA
<i>nimodipine 30 mg capsule u-d, 25x4, outer 30 mg</i>	PDL Non-Preferred Generic	PA
<i>nimodipine 30 mg capsule u-d, 5x6 30 mg</i>	PDL Non-Preferred Generic	PA
<i>nisoldipine er 17 mg tablet 17 mg</i>	PDL Non-Preferred Generic	PA
<i>nisoldipine er 20 mg tablet 20 mg</i>	PDL Non-Preferred Generic	PA
<i>nisoldipine er 25.5 mg tablet 25.5 mg</i>	PDL Non-Preferred Generic	PA
<i>nisoldipine er 30 mg tablet 30 mg</i>	PDL Non-Preferred Generic	PA
<i>nisoldipine er 34 mg tablet 34 mg</i>	PDL Non-Preferred Generic	PA
<i>nisoldipine er 40 mg tablet 40 mg</i>	PDL Non-Preferred Generic	PA
<i>nisoldipine er 8.5 mg tablet 8.5 mg</i>	PDL Non-Preferred Generic	PA
NORVASC 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
NORVASC 10 MG TABLET U-D 10 MG	PDL Non-Preferred Brand	PA
NORVASC 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA
NORVASC 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
NORVASC 5 MG TABLET U-D 5 MG	PDL Non-Preferred Brand	PA
NYMALIZE 30 MG/5 ML ORAL SYRNG INNER 30 MG/5 ML	PDL Non-Preferred Brand	PA; SP
NYMALIZE 30 MG/5 ML ORAL SYRNG OUTER 30 MG/5 ML	PDL Non-Preferred Brand	PA; SP
NYMALIZE 60 MG/10 ML ORAL SYRN INNER 60 MG/10 ML	PDL Non-Preferred Brand	PA; SP
NYMALIZE 60 MG/10 ML ORAL SYRN OUTER 60 MG/10 ML	PDL Non-Preferred Brand	PA; SP
NYMALIZE 60 MG/10 ML SOLUTION 60 MG/10 ML	PDL Non-Preferred Brand	PA; SP
PROCARDIA XL 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA
PROCARDIA XL 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA
PROCARDIA XL 90 MG TABLET 90 MG	PDL Non-Preferred Brand	PA
SULAR ER 17 MG TABLET 17 MG	PDL Non-Preferred Brand	PA
SULAR ER 34 MG TABLET 34 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
SULAR ER 8.5 MG TABLET 8.5 MG	PDL Non-Preferred Brand	PA
TAZTIA XT 120 MG CAPSULE 120 MG	PDL Preferred Generic	
TAZTIA XT 180 MG CAPSULE 180 MG	PDL Preferred Generic	
TAZTIA XT 240 MG CAPSULE 240 MG	PDL Preferred Generic	
TAZTIA XT 300 MG CAPSULE 300 MG	PDL Preferred Generic	
TAZTIA XT 360 MG CAPSULE 360 MG	PDL Preferred Generic	
TIADYLT ER 120 MG CAPSULE 120 MG	PDL Preferred Generic	
TIADYLT ER 180 MG CAPSULE 180 MG	PDL Preferred Generic	
TIADYLT ER 240 MG CAPSULE 240 MG	PDL Preferred Generic	
TIADYLT ER 300 MG CAPSULE 300 MG	PDL Preferred Generic	
TIADYLT ER 360 MG CAPSULE 360 MG	PDL Preferred Generic	
TIADYLT ER 420 MG CAPSULE 420 MG	PDL Preferred Generic	
TIAZAC ER 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA
TIAZAC ER 180 MG CAPSULE 180 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
TIAZAC ER 240 MG CAPSULE 240 MG	PDL Non-Preferred Brand	PA
TIAZAC ER 300 MG CAPSULE 300 MG	PDL Non-Preferred Brand	PA
TIAZAC ER 360 MG CAPSULE 360 MG	PDL Non-Preferred Brand	PA
TIAZAC ER 420 MG CAPSULE 420 MG	PDL Non-Preferred Brand	PA
<i>verapamil 120 mg tablet 120 mg</i>	PDL Preferred Generic	90DS
<i>verapamil 120 mg tablet f/c 120 mg</i>	PDL Preferred Generic	90DS
<i>verapamil 40 mg tablet f/c 40 mg</i>	PDL Preferred Generic	90DS
<i>verapamil 80 mg tablet 80 mg</i>	PDL Preferred Generic	90DS
<i>verapamil 80 mg tablet f/c 80 mg</i>	PDL Preferred Generic	90DS
<i>verapamil er 120 mg capsule 120 mg</i>	PDL Preferred Generic	
<i>verapamil er 120 mg capsule u-d,10x10,inner 120 mg</i>	PDL Preferred Generic	
<i>verapamil er 120 mg capsule u-d,10x10,outer 120 mg</i>	PDL Preferred Generic	
<i>verapamil er 120 mg tablet f/c 120 mg</i>	PDL Preferred Generic	
<i>verapamil er 180 mg capsule 180 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>verapamil er 180 mg tablet 180 mg</i>	PDL Preferred Generic	90DS
<i>verapamil er 180 mg tablet f/c 180 mg</i>	PDL Preferred Generic	90DS
<i>verapamil er 240 mg capsule 240 mg</i>	PDL Preferred Generic	
<i>verapamil er 240 mg tablet 240 mg</i>	PDL Preferred Generic	90DS
<i>verapamil er 240 mg tablet f/c 240 mg</i>	PDL Preferred Generic	90DS
<i>verapamil er 240 mg tablet u- d,inner,10x30,pc 240 mg</i>	PDL Preferred Generic	90DS
<i>verapamil er 240 mg tablet u- d,outer,10x30,pc 240 mg</i>	PDL Preferred Generic	90DS
<i>verapamil er pm 100 mg capsule 100 mg</i>	PDL Preferred Generic	
<i>verapamil er pm 200 mg capsule 200 mg</i>	PDL Preferred Generic	
<i>verapamil er pm 300 mg capsule 300 mg</i>	PDL Preferred Generic	
<i>verapamil sr 120 mg capsule 120 mg</i>	PDL Preferred Generic	
<i>verapamil sr 180 mg capsule 180 mg</i>	PDL Preferred Generic	
<i>verapamil sr 240 mg capsule 240 mg</i>	PDL Preferred Generic	
<i>verapamil sr 360 mg capsule 360 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
VERELAN 120 MG CAP PELLET 120 MG	PDL Non-Preferred Brand	PA
VERELAN 180 MG CAP PELLET 180 MG	PDL Non-Preferred Brand	PA
VERELAN 240 MG CAP PELLET 240 MG	PDL Non-Preferred Brand	PA
VERELAN 360 MG CAP PELLET 360 MG	PDL Non-Preferred Brand	PA
VERELAN PM 100 MG CAP PELLET 100 MG	PDL Non-Preferred Brand	PA
VERELAN PM 200 MG CAP PELLET 200 MG	PDL Non-Preferred Brand	PA
VERELAN PM 300 MG CAP PELLET 300 MG	PDL Non-Preferred Brand	PA
Loop Diuretics		
<i>bumetanide 0.5 mg tablet 0.5 mg</i>	Non-PDL Generic	
<i>bumetanide 0.5 mg tablet u-d, 10x10, inner 0.5 mg</i>	Non-PDL Generic	
<i>bumetanide 0.5 mg tablet u-d, outer 0.5 mg</i>	Non-PDL Generic	
<i>bumetanide 1 mg tablet 1 mg</i>	Non-PDL Generic	90DS
<i>bumetanide 1 mg tablet u-d, 10x10, inner 1 mg</i>	Non-PDL Generic	90DS
<i>bumetanide 1 mg tablet u-d, outer 1 mg</i>	Non-PDL Generic	90DS
<i>bumetanide 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>furosemide 10 mg/ml solution 10 mg/ml</i>	Non-PDL Generic	90DS
<i>furosemide 20 mg tablet 20 mg</i>	Non-PDL Generic	90DS
<i>furosemide 20 mg tablet inner 20 mg</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>furosemide 20 mg tablet outer 20 mg</i>	Non-PDL Generic	90DS
<i>furosemide 40 mg tablet 40 mg</i>	Non-PDL Generic	90DS
<i>furosemide 40 mg tablet inner 40 mg</i>	Non-PDL Generic	90DS
<i>furosemide 40 mg tablet outer 40 mg</i>	Non-PDL Generic	90DS
<i>furosemide 40 mg/5 ml soln 40 mg/5 ml (8 mg/ml)</i>	Non-PDL Generic	
<i>furosemide 80 mg tablet 80 mg</i>	Non-PDL Generic	90DS
<i>furosemide 80 mg tablet u-d, 10x10, inner 80 mg</i>	Non-PDL Generic	90DS
<i>furosemide 80 mg tablet u-d, outer, 10x10 80 mg</i>	Non-PDL Generic	90DS
<i>torsemide 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS
<i>torsemide 100 mg tablet 100 mg</i>	Non-PDL Generic	
<i>torsemide 20 mg tablet 10x10, u-d, inner 20 mg</i>	Non-PDL Generic	90DS
<i>torsemide 20 mg tablet 10x10, u-d, outer 20 mg</i>	Non-PDL Generic	90DS
<i>torsemide 20 mg tablet 20 mg</i>	Non-PDL Generic	90DS
<i>torsemide 5 mg tablet 5 mg</i>	Non-PDL Generic	90DS
Potassium Sparing Diuretics		
<i>amiloride hcl 5 mg tablet 5 mg</i>	Non-PDL Generic	
<i>spironolactone 100 mg tablet 100 mg</i>	Non-PDL Generic	90DS
<i>spironolactone 100 mg tablet f/c 100 mg</i>	Non-PDL Generic	90DS
<i>spironolactone 100 mg tablet inner 100 mg</i>	Non-PDL Generic	90DS
<i>spironolactone 100 mg tablet outer 100 mg</i>	Non-PDL Generic	90DS
<i>spironolactone 25 mg tablet 25 mg</i>	Non-PDL Generic	90DS
<i>spironolactone 25 mg tablet f/c 25 mg</i>	Non-PDL Generic	90DS

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

Drug	Status	Notes
ADEMPAS 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; SP
ADEMPAS 1.5 MG TABLET 1.5 MG	PDL Non-Preferred Brand	PA; SP
ADEMPAS 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; SP
ADEMPAS 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ADCIRCA 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; SP
ALYQ 20 MG TABLET 20 MG	PDL Non-Preferred Generic	PA; SP
REVATIO 10 MG/ML ORAL SUSP 10 MG/ML	PDL Non-Preferred Brand	PA; SP
REVATIO 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
<i>sildenafil 10 mg/ml oral susp 10 mg/ml</i>	PDL Preferred Generic	PA; SP
<i>sildenafil 20 mg tablet 20 mg</i>	PDL Preferred Generic	PA
<i>sildenafil 20 mg tablet f/c 20 mg</i>	PDL Preferred Generic	PA
<i>tadalafil 20 mg tablet 20 mg</i>	PDL Non-Preferred Generic	PA; SP
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan 10 mg tablet 10 mg</i>	PDL Preferred Generic	PA; SP; QL (30 EA per 30 days)

Drug	Status	Notes
<i>ambrisentan 5 mg tablet 5 mg</i>	PDL Preferred Generic	PA; SP; QL (30 EA per 30 days)
<i>bosentan 125 mg tablet 125 mg</i>	PDL Non- Preferred Generic	PA; SP; QL (60 EA per 30 days)
<i>bosentan 62.5 mg tablet 62.5 mg</i>	PDL Non- Preferred Generic	PA; SP; QL (60 EA per 30 days)
LETAIRIS 10 MG TABLET 10 MG	PDL Non- Preferred Brand	PA; SP; QL (30 EA per 30 days)
LETAIRIS 5 MG TABLET 5 MG	PDL Non- Preferred Brand	PA; SP; QL (30 EA per 30 days)
OPSUMIT 10 MG TABLET F/C 10 MG	PDL Non- Preferred Brand	PA; SP
OPSUMIT 10 MG TABLET F/C,5X3 10 MG	PDL Non- Preferred Brand	PA; SP
TRACLEER 125 MG TABLET F/C 125 MG	PDL Preferred Brand	SP; QL (60 EA per 30 days)
TRACLEER 125 MG TABLET F/C, U-D, 10X3 125 MG	PDL Preferred Brand	SP; QL (60 EA per 30 days)
TRACLEER 32 MG TABLET FOR SUSP INNER 32 MG	PDL Non- Preferred Brand	PA; SP
TRACLEER 32 MG TABLET FOR SUSP OUTER 32 MG	PDL Non- Preferred Brand	PA; SP
TRACLEER 62.5 MG TABLET F/C 62.5 MG	PDL Preferred Brand	SP; QL (60 EA per 30 days)
TRACLEER 62.5 MG TABLET F/C, U-D, 10X3 62.5 MG	PDL Preferred Brand	SP; QL (60 EA per 30 days)

Drug	Status	Notes
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM ER 0.125 MG TABLET 0.125 MG	PDL Non-Preferred Brand	PA; SP
ORENITRAM ER 0.25 MG TABLET 0.25 MG	PDL Non-Preferred Brand	PA; SP
ORENITRAM ER 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; SP
ORENITRAM ER 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; SP
ORENITRAM ER 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; SP
REMODULIN 1 MG/ML VIAL 1 MG/ML	Non-PDL Brand	PA; SP
REMODULIN 10 MG/ML VIAL 10 MG/ML	Non-PDL Brand	PA; SP
REMODULIN 2.5 MG/ML VIAL 2.5 MG/ML	Non-PDL Brand	PA; SP
REMODULIN 5 MG/ML VIAL 5 MG/ML	Non-PDL Brand	PA; SP
<i>treprostinil 100 mg/20 ml vial 5 mg/ml</i>	Non-PDL Generic	PA; SP
<i>treprostinil 20 mg/20 ml vial 1 mg/ml</i>	Non-PDL Generic	PA; SP
<i>treprostinil 200 mg/20 ml vial 10 mg/ml</i>	Non-PDL Generic	PA; SP
<i>treprostinil 50 mg/20 ml vial 2.5 mg/ml</i>	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 INNER 16 MCG	Non-PDL Brand	PA; SP
TYVASO DPI 16 MCG CARTRIDGE OUTER 16 MCG	Non-PDL Brand	PA; SP
TYVASO DPI 16-32 MCG TITR KIT 16 MCG (112)- 32 MCG (84)	Non-PDL Brand	PA; SP

Drug	Status	Notes
TYVASO DPI 16-32-48 MCG TITRAT 16(112)-32(112) -48(28) MCG	Non-PDL Brand	PA; SP
TYVASO DPI 32 MCG CARTRIDGE INNER 32 MCG	Non-PDL Brand	PA; SP
TYVASO DPI 32 MCG CARTRIDGE OUTER 32 MCG	Non-PDL Brand	PA; SP
TYVASO DPI 32-48 MCG MAINT KIT 32-48 MCG	Non-PDL Brand	PA; SP
TYVASO DPI 48 MCG CARTRIDGE INNER 48 MCG	Non-PDL Brand	PA; SP
TYVASO DPI 48 MCG CARTRIDGE OUTER 48 MCG	Non-PDL Brand	PA; SP
TYVASO DPI 64 MCG CARTRIDGE INNER 64 MCG	Non-PDL Brand	PA; SP
TYVASO DPI 64 MCG CARTRIDGE OUTER 64 MCG	Non-PDL 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 1,000 MCG	PDL Non- Preferred Brand	PA; SP
UPTRAVI 1,200 MCG TABLET 1,200 MCG	PDL Non- Preferred Brand	PA; SP
UPTRAVI 1,400 MCG TABLET 1,400 MCG	PDL Non- Preferred Brand	PA; SP
UPTRAVI 1,600 MCG TABLET 1,600 MCG	PDL Non- Preferred Brand	PA; SP
UPTRAVI 200 MCG TABLET 200 MCG	PDL Non- Preferred Brand	PA; SP
UPTRAVI 200-800 TITRATION PACK 200 MCG (140)- 800 MCG (60)	PDL Non- Preferred Brand	PA; SP

Drug	Status	Notes
UPTRAVI 400 MCG TABLET 400 MCG	PDL Non-Preferred Brand	PA; SP
UPTRAVI 600 MCG TABLET 600 MCG	PDL Non-Preferred Brand	PA; SP
UPTRAVI 800 MCG TABLET 800 MCG	PDL Non-Preferred Brand	PA; SP
VENTAVIS 10 MCG/1 ML SOLUTION SINGLE-USE,P/F 10 MCG/ML	PDL Non-Preferred Brand	PA; SP
VENTAVIS 10 MCG/1 ML SOLUTION SINGLE-USE,P/F,30'S 10 MCG/ML	PDL Non-Preferred Brand	PA; SP
VENTAVIS 20 MCG/1 ML SOLUTION 30'S,P/F,OUTER 20 MCG/ML	PDL Non-Preferred Brand	PA; SP
VENTAVIS 20 MCG/1 ML SOLUTION SNGLE-USE,P/F,INNER 20 MCG/ML	PDL Non-Preferred Brand	PA; SP
Renin Inhibitor, Direct		
<i>aliskiren 150 mg tablet 150 mg</i>	PDL Non-Preferred Generic	PA
<i>aliskiren 300 mg tablet 300 mg</i>	PDL Non-Preferred Generic	PA
TEKTURNA 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA
TEKTURNA 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA
Renin Inhibitor, Direct/Thiazide Diuretic Comb		
TEKTURNA HCT 150-12.5 MG TAB 150-12.5 MG	PDL Preferred Brand	
TEKTURNA HCT 150-25 MG TABLET 150-25 MG	PDL Preferred Brand	

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

Drug	Status	Notes
<i>metolazone 2.5 mg tablet u-d,10x10,inner 2.5 mg</i>	Non-PDL Generic	
<i>metolazone 2.5 mg tablet u-d,10x10,outer 2.5 mg</i>	Non-PDL Generic	
<i>metolazone 5 mg tablet 5 mg</i>	Non-PDL Generic	90DS
<i>metolazone 5 mg tablet u-d,10x10,inner 5 mg</i>	Non-PDL Generic	90DS
<i>metolazone 5 mg tablet u-d,10x10,outer 5 mg</i>	Non-PDL Generic	90DS
Vasodilators, Combination		
<i>isosorbide-hydralazine 20-37.5 mg tablet 20-37.5 mg</i>	Non-PDL Generic	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-simvastatin 10-10 mg 10-10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin 10-20 mg 10-20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin 10-40 mg 10-40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>ezetimibe-simvastatin 10-80 mg 10-80 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
VYTORIN 10-10 MG TABLET 10-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYTORIN 10-20 MG TABLET 10-20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYTORIN 10-40 MG TABLET 10-40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
VYTORIN 10-80 MG TABLET 10-80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL 180 MG TABLET 180 MG	PDL Non-Preferred Brand	PA
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ALTOPREV 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ALTOPREV 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ALTOPREV 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>atorvastatin 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin 10 mg tablet f/c, inner 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin 10 mg tablet f/c, outer 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin 10 mg tablet f/c,u-d 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>atorvastatin 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin 20 mg tablet f/c 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin 20 mg tablet f/c, 10x10, outer 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin 20 mg tablet f/c, inner 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin 20 mg tablet f/c, outer 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin 20 mg tablet f/c,u-d 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>atorvastatin 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>atorvastatin 40 mg tablet f/c 40 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>atorvastatin 40 mg tablet f/c, inner 40 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>atorvastatin 40 mg tablet f/c, outer 40 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>atorvastatin 40 mg tablet f/c, inner 40 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>atorvastatin 80 mg tablet 80 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>atorvastatin 80 mg tablet f/c 80 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>atorvastatin 80 mg tablet f/c, inner 80 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>atorvastatin 80 mg tablet f/c, outer 80 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>atorvastatin 80 mg tablet u-d, 5x6, outer 80 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>atorvastatin 80 mg tablet u-d, inner 80 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
CRESTOR 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CRESTOR 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CRESTOR 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CRESTOR 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE 10 MG CAPSULE 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EZALLOR SPRINKLE 40 MG CAPSULE 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
EZALLOR SPRINKLE 5 MG CAPSULE 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>fluvastatin er 80 mg tablet 80 mg</i>	PDL Non-Preferred Generic	PA; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>fluvastatin sodium 20 mg cap 20 mg</i>	PDL Non-Preferred Generic	PA; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin sodium 40 mg cap 40 mg</i>	PDL Non-Preferred Generic	PA; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
LESCOL XL 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 10 MG TABLET F/C 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 20 MG TABLET F/C 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 20 MG TABLET U-D,F/C 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 40 MG TABLET F/C 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 40 MG TABLET F/C, 10X10, U-D 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 80 MG TABLET F/C 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR 80 MG TABLET F/C, 8X8, U-D 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
LIVALO 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LIVALO 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>lovastatin 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>lovastatin 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>lovastatin 20 mg tablet adherence pack 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>lovastatin 20 mg tablet u-d, 10x10, inner 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>lovastatin 20 mg tablet u-d, 10x10, outer 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>lovastatin 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>pravastatin sodium 10 mg tab 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium 10 mg tab u-d, 10x10 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium 20 mg tab 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium 20 mg tab u-d, 10x10 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium 20 mg tab u-d,inner 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium 20 mg tab u-d,outer,10x10 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium 40 mg tab 40 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>pravastatin sodium 40 mg tab u-d, 10x10 40 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium 40 mg tab u-d, 10x10, outer 40 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium 40 mg tab u-d, inner 40 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>pravastatin sodium 80 mg tab 80 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin calcium 10 mg tab 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>rosuvastatin calcium 20 mg tab 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>rosuvastatin calcium 40 mg tab 40 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>rosuvastatin calcium 5 mg tab 5 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>simvastatin 10 mg tablet 10x10, u-d, inner 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 10 mg tablet 10x10, u-d, outer 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 10 mg tablet f/c, inner 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 10 mg tablet f/c,10x10, outer 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 10 mg tablet f/c,u-d,10x10 10 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 20 mg tablet 10x10, u-d, inner 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 20 mg tablet 10x10, u-d, outer 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>simvastatin 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 20 mg tablet f/c 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 20 mg tablet f/c, inner 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 20 mg tablet f/c, 10x10, outer 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 20 mg tablet f/c, u-d, 10x30 20 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 40 mg tablet f/c 40 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 40 mg tablet f/c, inner 40 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>simvastatin 40 mg tablet f/c, u-d, 10x10 40 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 40 mg tablet f/c, 10x10, outer 40 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 5 mg tablet f/c 5 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 5 mg tablet f/c, 10x10 5 mg</i>	PDL Preferred Generic	90DS; \$0 COPAY IF AGE 40-75 YEARS AND NO HISTORY OF CARDIOVASCULAR DISEASE PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
<i>simvastatin 80 mg tablet 80 mg</i>	PDL Preferred Generic	PA; 90DS; QL (1 EA per 1 day)
<i>simvastatin 80 mg tablet f/c 80 mg</i>	PDL Preferred Generic	PA; 90DS; QL (1 EA per 1 day)
ZOCOR 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZOCOR 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZOCOR 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZOCOR 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
ZYPITAMAG 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPITAMAG 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID 10 MG CAPSULE 10 MG	Non-PDL Brand	PA; SP
JUXTAPID 20 MG CAPSULE 20 MG	Non-PDL Brand	PA; SP
JUXTAPID 30 MG CAPSULE 30 MG	Non-PDL Brand	PA; SP
JUXTAPID 40 MG CAPSULE 40 MG	Non-PDL Brand	PA; SP
JUXTAPID 5 MG CAPSULE 5 MG	Non-PDL Brand	PA; SP
JUXTAPID 60 MG CAPSULE 60 MG	Non-PDL Brand	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT 150 MG/ML PEN SUV, P/F 150 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 150 MG/ML PEN SUV, P/F, INNER 150 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 150 MG/ML PEN SUV, P/F, OUTER 150 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 75 MG/ML PEN INNER, SUV, P/F 75 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 75 MG/ML PEN OUTER, SUV, P/F 75 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 75 MG/ML PEN SUV, P/F, INNER 75 MG/ML	PDL Non-Preferred Brand	PA
PRALUENT 75 MG/ML PEN SUV, P/F, OUTER 75 MG/ML	PDL Non-Preferred Brand	PA

Drug	Status	Notes
REPATHA 140 MG/ML SURECLICK P/F, SUV 140 MG/ML	PDL Non-Preferred Brand	PA
REPATHA 140 MG/ML SURECLICK SUV, P/F 140 MG/ML	PDL Non-Preferred Brand	PA
REPATHA 140 MG/ML SYRINGE P/F, SUV 140 MG/ML	PDL Non-Preferred Brand	PA
REPATHA 420 MG/3.5 ML PUSHTRONX P/F, SUV 420 MG/3.5 ML	PDL Non-Preferred Brand	PA
REPATHA 420 MG/3.5 ML PUSHTRONX SUV, P/F 420 MG/3.5 ML	PDL Non-Preferred Brand	PA
Antihyperlipidemic-Acyl And Choles Absorp Inhib		
NEXLIZET 180-10 MG TABLET 180-10 MG	PDL Non-Preferred Brand	PA
Bile Salt Sequestrants		
<i>cholestyramine light packet 4 gram</i>	PDL Preferred Generic	
CHOLESTYRAMINE LIGHT PACKET 4 GRAM	PDL Preferred Generic	
<i>cholestyramine light packet inner 4 gram</i>	PDL Preferred Generic	
CHOLESTYRAMINE LIGHT PACKET INNER 4 GRAM	PDL Preferred Generic	
<i>cholestyramine light packet outer 4 gram</i>	PDL Preferred Generic	
CHOLESTYRAMINE LIGHT PACKET OUTER 4 GRAM	PDL Preferred Generic	
CHOLESTYRAMINE LIGHT POWDER 4 GRAM	PDL Preferred Generic	

Drug	Status	Notes
<i>cholestyramine packet 4 gram</i>	PDL Preferred Generic	
<i>cholestyramine packet inner 4 gram</i>	PDL Preferred Generic	
<i>cholestyramine packet outer 4 gram</i>	PDL Preferred Generic	
<i>cholestyramine powder 4 gram</i>	PDL Preferred Generic	
<i>colesevelam 625 mg tablet 625 mg</i>	PDL Non-Preferred Generic	PA
<i>colesevelam hcl 3.75 g packet 3.75 gram</i>	PDL Non-Preferred Generic	PA
COLESTID 1 GM TABLET 1 GRAM	PDL Non-Preferred Brand	PA
COLESTID FLAVORED GRANULES 5 GRAM	PDL Non-Preferred Brand	PA
COLESTID FLAVORED GRANULES 7.5 GRAM	PDL Non-Preferred Brand	PA
COLESTID GRANULES 5 GRAM	PDL Non-Preferred Brand	PA
COLESTID GRANULES PACKET 5 GRAM	PDL Non-Preferred Brand	PA
<i>colestipol hcl 1 gm tablet 1 gram</i>	PDL Preferred Generic	
<i>colestipol hcl granules 5 gram</i>	PDL Preferred Generic	
<i>colestipol hcl granules packet 5 gram</i>	PDL Preferred Generic	

Drug	Status	Notes
PREVALITE PACKET 4 GRAM	PDL Preferred Generic	
PREVALITE PACKET INNER,SINGLE DOSE 4 GRAM	PDL Preferred Generic	
PREVALITE PACKET OUTER 4 GRAM	PDL Preferred Generic	
PREVALITE POWDER 4 GRAM	PDL Preferred Generic	
QUESTRAN LIGHT POWDER 4 GRAM	PDL Non- Preferred Brand	PA
QUESTRAN PACKET INNER 4 GRAM	PDL Non- Preferred Brand	PA
QUESTRAN PACKET OUTER 4 GRAM	PDL Non- Preferred Brand	PA
QUESTRAN POWDER 4 GRAM	PDL Non- Preferred Brand	PA
WELCHOL 3.75G PACKET 3.75 GRAM	PDL Non- Preferred Brand	PA
WELCHOL 625 MG TABLET 625 MG	PDL Non- Preferred Brand	PA
Lipotropics		
ANTARA 30 MG CAPSULE 30 MG	PDL Non- Preferred Brand	PA
ANTARA 90 MG CAPSULE 90 MG	PDL Non- Preferred Brand	PA
<i>ezetimibe 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>fenofibrate 120 mg tablet 120 mg</i>	PDL Non- Preferred Generic	PA

Drug	Status	Notes
<i>fenofibrate 130 mg capsule 130 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibrate 134 mg capsule 134 mg</i>	PDL Preferred Generic	
<i>fenofibrate 145 mg tablet 145 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 145 mg tablet f/c 145 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 145 mg tablet f/c, 10x10, outer 145 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 145 mg tablet f/c, inner 145 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 150 mg capsule 150 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibrate 160 mg tablet 160 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 160 mg tablet f/c 160 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 160 mg tablet f/c,3x10,u-d,inner 160 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 160 mg tablet f/c,3x10,u-d,outer 160 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 200 mg capsule 200 mg</i>	PDL Preferred Generic	
<i>fenofibrate 30 mg capsule 30 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibrate 40 mg tablet 40 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>fenofibrate 43 mg capsule 43 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibrate 48 mg tablet 48 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 48 mg tablet f/c 48 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 48 mg tablet f/c, 10x10, outer 48 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 48 mg tablet f/c, inner 48 mg</i>	PDL Preferred Generic	90DS
<i>fenofibrate 50 mg capsule 50 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibrate 54 mg tablet 54 mg</i>	PDL Preferred Generic	
<i>fenofibrate 54 mg tablet f/c 54 mg</i>	PDL Preferred Generic	
<i>fenofibrate 67 mg capsule 67 mg</i>	PDL Preferred Generic	
<i>fenofibrate 90 mg capsule 90 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibric acid 105 mg tablet 105 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibric acid 35 mg tablet 35 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibric acid dr 135 mg cap 135 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibric acid dr 45 mg cap 45 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
FENOGLIDE 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA
FENOGLIDE 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
FIBRICOR 105 MG TABLET 105 MG	PDL Non-Preferred Brand	PA
FIBRICOR 35 MG TABLET 35 MG	PDL Non-Preferred Brand	PA
<i>gemfibrozil 600 mg tablet 600 mg</i>	PDL Preferred Generic	90DS
<i>gemfibrozil 600 mg tablet f/c 600 mg</i>	PDL Preferred Generic	90DS
<i>icosapent ethyl 1 gram capsule 1 gram</i>	Non-PDL Generic	QL (4 EA per 1 day)
<i>icosapent ethyl 500 mg capsule 0.5 gram</i>	Non-PDL Generic	QL (8 EA per 1 day)
LIPOFEN 150 MG CAPSULE 150 MG	PDL Non-Preferred Brand	PA
LIPOFEN 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA
LOPID 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA
LOVAZA 1 GM CAPSULE 1 GRAM	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
<i>niacin er 1,000 mg tablet 1,000 mg</i>	PDL Preferred Generic	
<i>niacin er 1,000 mg tablet f/c 1,000 mg</i>	PDL Preferred Generic	
<i>niacin er 500 mg tablet (rx) 500 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>niacin er 500 mg tablet f/c (rx) 500 mg</i>	PDL Preferred Generic	
<i>niacin er 750 mg tablet 750 mg</i>	PDL Preferred Generic	
NIACOR 500 MG TABLET 500 MG	PDL Non-Preferred Generic	PA
NIASPAN ER 1,000 MG TABLET 1,000 MG	PDL Preferred Brand	
<i>omega-3 ethyl esters 1 gm cap 1 gram</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>omega-3 ethyl esters 1 gm cap inner 1 gram</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>omega-3 ethyl esters 1 gm cap outer 1 gram</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
TRICOR 145 MG TABLET 145 MG	PDL Non-Preferred Brand	PA
TRICOR 48 MG TABLET 48 MG	PDL Non-Preferred Brand	PA
TRILIPIX DR 135 MG CAPSULE 135 MG	PDL Non-Preferred Brand	PA
TRILIPIX DR 45 MG CAPSULE 45 MG	PDL Non-Preferred Brand	PA
VASCEPA 0.5 GM CAPSULE 0.5 GRAM	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
VASCEPA 1 GM CAPSULE 1 GRAM	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
ZETIA 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Niacin Preparations		
ENDUR-ACIN ER 250 MG TABLET 250 MG	PDL Preferred Generic	
ENDUR-ACIN ER 500 MG TABLET 500 MG	PDL Preferred Generic	
ENDUR-ACIN ER 750 MG TABLET 750 MG	PDL Preferred Generic	
<i>gnp niacin 250 mg tablet w/calcium (rx) 250 mg</i>	PDL Preferred Generic	
<i>niacin 100 mg tablet (rx) 100 mg</i>	PDL Preferred Generic	
<i>niacin 250 mg tablet (rx) 250 mg</i>	PDL Preferred Generic	
<i>niacin 250 mg tablet dlf,p/f,n (rx) 250 mg</i>	PDL Preferred Generic	
<i>niacin 50 mg tablet (rx) 50 mg</i>	PDL Preferred Generic	
<i>niacin 500 mg capsule sa (rx) 500 mg</i>	PDL Preferred Generic	
<i>niacin 500 mg tablet (rx) 500 mg</i>	PDL Preferred Generic	
NIACIN 500 MG TABLET 500 MG	PDL Preferred Generic	
<i>niacin 500 mg tablet ylf,gluten/f (rx) 500 mg</i>	PDL Preferred Generic	
<i>niacin 750 mg tablet sa 750 mg</i>	PDL Preferred Generic	
<i>niacin er 1,000 mg tablet (rx) 1,000 mg</i>	PDL Preferred Generic	

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

Drug	Status	Notes
<i>plain niacin 500 mg tablet (rx) 500 mg</i>	PDL Preferred Generic	
<i>ra niacin 100 mg tablet plf (rx) 100 mg</i>	PDL Preferred Generic	
<i>ra niacin 500 mg tablet (rx) 500 mg</i>	PDL Preferred Generic	
<i>ra niacin 500 mg tablet no flush (rx) 500 mg</i>	PDL Preferred Generic	
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa 100 mg capsule 100 mg</i>	Non-PDL Generic	PA; SP
<i>droxidopa 200 mg capsule 200 mg</i>	Non-PDL Generic	PA; SP
<i>droxidopa 300 mg capsule 300 mg</i>	Non-PDL Generic	PA; SP
<i>midodrine hcl 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS
<i>midodrine hcl 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	
<i>midodrine hcl 5 mg tablet 5 mg</i>	Non-PDL Generic	
<i>midodrine hcl 5 mg tablet u-d, 10x10, inner 5 mg</i>	Non-PDL Generic	
<i>midodrine hcl 5 mg tablet u-d, 10x10, outer 5 mg</i>	Non-PDL Generic	
<i>midodrine hcl 5 mg tablet u-d, 10x10, outer 5 mg</i>	Non-PDL Generic	
<i>midodrine hcl 5 mg tablet u-d, inner 5 mg</i>	Non-PDL Generic	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO 24 MG-26 MG TABLET F/C 24-26 MG	PDL Preferred Brand	QL (2 EA per 1 day)
ENTRESTO 49 MG-51 MG TABLET F/C 49-51 MG	PDL Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
ENTRESTO 97 MG-103 MG TABLET F/C 97-103 MG	PDL Preferred Brand	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents, Non-Hemodynamic		
<i>ranolazine er 1,000 mg tablet 1,000 mg</i>	Non-PDL Generic	QL (60 EA per 30 days)
<i>ranolazine er 500 mg tablet 500 mg</i>	Non-PDL Generic	90DS; QL (120 EA per 30 days)
Antihyperlip - Hmg-CoA&Calcium Channel Blocker Cb		
<i>amlodipine-atorvast 10-10 mg 10-10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>amlodipine-atorvast 10-20 mg 10-20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>amlodipine-atorvast 10-40 mg 10-40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>amlodipine-atorvast 10-80 mg 10-80 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>amlodipine-atorvast 2.5-10 mg 2.5-10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>amlodipine-atorvast 2.5-20 mg 2.5-20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>amlodipine-atorvast 2.5-40 mg 2.5-40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>amlodipine-atorvast 5-10 mg 5-10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>amlodipine-atorvast 5-20 mg 5-20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>amlodipine-atorvast 5-40 mg 5-40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

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

Drug	Status	Notes
<i>isosorbide dinitrate 20 mg tab outer 20 mg</i>	Non-PDL Generic	
<i>isosorbide dinitrate 30 mg tab 30 mg</i>	Non-PDL Generic	
<i>isosorbide dinitrate 40 mg tab 40 mg</i>	Non-PDL Generic	
<i>isosorbide dinitrate 5 mg tab 5 mg</i>	Non-PDL Generic	
<i>isosorbide dinitrate 5 mg tab inner 5 mg</i>	Non-PDL Generic	
<i>isosorbide dinitrate 5 mg tab outer 5 mg</i>	Non-PDL Generic	
<i>isosorbide mononit 10 mg tab 10 mg</i>	Non-PDL Generic	
<i>isosorbide mononit 20 mg tab 20 mg</i>	Non-PDL Generic	
<i>isosorbide mononit er 120 mg 120 mg</i>	Non-PDL Generic	
<i>isosorbide mononit er 120 mg f/c 120 mg</i>	Non-PDL Generic	
<i>isosorbide mononit er 30 mg tb 30 mg</i>	Non-PDL Generic	90DS
<i>isosorbide mononit er 30 mg tb f/c 30 mg</i>	Non-PDL Generic	90DS
<i>isosorbide mononit er 60 mg tb 60 mg</i>	Non-PDL Generic	90DS
<i>isosorbide mononit er 60 mg tb f/c 60 mg</i>	Non-PDL Generic	90DS
NITRO-BID 2% OINTMENT 1 GM X 48 FOILPACS 2 %	Non-PDL Brand	
NITRO-BID 2% OINTMENT W/ APPLICATOR 2 %	Non-PDL Brand	
NITRO-DUR 0.3 MG/HR PATCH INNER 0.3 MG/HR	Non-PDL Brand	
NITRO-DUR 0.3 MG/HR PATCH OUTER 0.3 MG/HR	Non-PDL Brand	
NITRO-DUR 0.8 MG/HR PATCH INNER 0.8 MG/HR	Non-PDL Brand	
NITRO-DUR 0.8 MG/HR PATCH OUTER 0.8 MG/HR	Non-PDL Brand	
<i>nitroglycerin 0.1 mg/hr patch 0.1 mg/hr</i>	Non-PDL Generic	

Drug	Status	Notes
<i>nitroglycerin 0.1 mg/hr patch inner 0.1 mg/hr</i>	Non-PDL Generic	
<i>nitroglycerin 0.1 mg/hr patch outer 0.1 mg/hr</i>	Non-PDL Generic	
<i>nitroglycerin 0.2 mg/hr patch 0.2 mg/hr</i>	Non-PDL Generic	
<i>nitroglycerin 0.2 mg/hr patch inner 0.2 mg/hr</i>	Non-PDL Generic	
<i>nitroglycerin 0.2 mg/hr patch outer 0.2 mg/hr</i>	Non-PDL Generic	
<i>nitroglycerin 0.3 mg tablet sl 0.3 mg</i>	Non-PDL Generic	
<i>nitroglycerin 0.4 mg tablet sl 0.4 mg</i>	Non-PDL Generic	
<i>nitroglycerin 0.4 mg tablet sl inner 0.4 mg</i>	Non-PDL Generic	
<i>nitroglycerin 0.4 mg tablet sl outer 0.4 mg</i>	Non-PDL Generic	
<i>nitroglycerin 0.4 mg/hr patch 0.4 mg/hr</i>	Non-PDL Generic	
<i>nitroglycerin 0.4 mg/hr patch inner 0.4 mg/hr</i>	Non-PDL Generic	
<i>nitroglycerin 0.4 mg/hr patch outer 0.4 mg/hr</i>	Non-PDL Generic	
<i>nitroglycerin 0.6 mg tablet sl 0.6 mg</i>	Non-PDL Generic	
<i>nitroglycerin 0.6 mg/hr patch 0.6 mg/hr</i>	Non-PDL Generic	
<i>nitroglycerin 0.6 mg/hr patch inner 0.6 mg/hr</i>	Non-PDL Generic	
<i>nitroglycerin 0.6 mg/hr patch outer 0.6 mg/hr</i>	Non-PDL Generic	
NITRO-TIME ER 2.5 MG CAPSULE 2.5 MG	Non-PDL Generic	
NITRO-TIME ER 6.5 MG CAPSULE 6.5 MG	Non-PDL Generic	
NITRO-TIME ER 9 MG CAPSULE 9 MG	Non-PDL Generic	
Vasodilators,Peripheral		
<i>ergoloid mesylates 1 mg tab 1 mg</i>	Non-PDL Generic	
<i>isoxsuprine 10 mg tablet 10 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>isoxsuprine 20 mg tablet 20 mg</i>	Non-PDL Generic	
<i>papaverine 60 mg/2 ml vial inner, suv 30 mg/ml</i>	Non-PDL Generic	
<i>papaverine 60 mg/2 ml vial inner, suv, p/f 30 mg/ml</i>	Non-PDL Generic	
<i>papaverine 60 mg/2 ml vial inner,suv 30 mg/ml</i>	Non-PDL Generic	
<i>papaverine 60 mg/2 ml vial outer, suv 30 mg/ml</i>	Non-PDL Generic	
<i>papaverine 60 mg/2 ml vial outer, suv, p/f 30 mg/ml</i>	Non-PDL Generic	
<i>papaverine 60 mg/2 ml vial outer,suv 30 mg/ml</i>	Non-PDL Generic	
<i>papaverine 60 mg/2 ml vial suv 30 mg/ml</i>	Non-PDL Generic	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Preventive	QL (1 EA per 365 days)
ELURYNG VAGINAL RING INNER 0.12-0.015 MG/24 HR	Preventive	QL (1 EA per 28 days)
ELURYNG VAGINAL RING OUTER 0.12-0.015 MG/24 HR	Preventive	QL (1 EA per 28 days)
<i>etonogestrel-ee vaginal ring inner 0.12-0.015 mg/24 hr</i>	Preventive	QL (1 EA per 28 days)
<i>etonogestrel-ee vaginal ring outer 0.12-0.015 mg/24 hr</i>	Preventive	QL (1 EA per 28 days)
Contraceptives,Implantable		
NEXPLANON 68 MG IMPLANT SUV 68 MG	Preventive	QL (1 EA per 365 days)
Contraceptives,Injectable		
DEPO-PROVERA 150 MG/ML SYRINGE SUV 150 MG/ML	Preventive	QL (1 ML per 84 days)
DEPO-PROVERA 150 MG/ML VIAL SDV 150 MG/ML	Preventive	QL (1 ML per 84 days)
DEPO-SUBQ PROVERA 104 SYRINGE SUV 104 MG/0.65 ML	Preventive	QL (0.65 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml inner, suv 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml inner,suv 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)

Drug	Status	Notes
<i>medroxyprogesterone 150 mg/ml outer, suv 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml outer,suv 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml sdv 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml sdv,inner 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml sdv,outer 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml suv 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml suv 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml suv, inner 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml suv, outer 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
<i>medroxyprogesterone 150 mg/ml terumo ndl, suv 150 mg/ml</i>	Preventive	QL (1 ML per 84 days)
Contraceptives,Intravaginal		
TODAY CONTRACEPTIVE SPONGE 1,000 MG	Preventive	OTC
VCF CONTRACEPTIVE FILM 28 %	Preventive	OTC
VCF CONTRACEPTIVE FILM 28 %	Preventive	OTC
VCF CONTRACEPTIVE GEL 4 %	Preventive	OTC
Contraceptives,Oral		
AFIRMELLE-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90DS
AFIRMELLE-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90DS
AFTER PILL 1.5 MG TABLET 1.5 MG	Preventive	90DS; OTC
AFTERA 1.5 MG TABLET 1.5 MG	Preventive	90DS; OTC
ALTAVERA-28 TABLET INNER 0.15-0.03 MG	Preventive	90DS
ALTAVERA-28 TABLET OUTER 0.15-0.03 MG	Preventive	90DS
ALYACEN 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	90DS
ALYACEN 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	90DS

Drug	Status	Notes
ALYACEN 7-7-7-28 TABLET INNER 0.5/0.75/1 MG- 35 MCG	Preventive	90DS
ALYACEN 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	90DS
AMETHIA 0.15-0.03-0.01 MG TAB INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90DS; 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	90DS; QL (91 EA per 84 days)
AMETHYST 90-20 MCG TABLET 90-20 MCG (28)	Preventive	90DS
APRI 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90DS
APRI 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90DS
ARANELLE 28 TABLET INNER 0.5/1/0.5-35 MG-MCG	Preventive	90DS
ARANELLE 28 TABLET OUTER 0.5/1/0.5-35 MG-MCG	Preventive	90DS
ASHLYNA 0.15-0.03-0.01 MG TAB F/C,INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90DS; 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	90DS; QL (91 EA per 84 days)
AUBRA EQ-28 TABLET INNER 0.1-20 MG- MCG	Preventive	90DS
AUBRA EQ-28 TABLET OUTER 0.1-20 MG- MCG	Preventive	90DS
AUBRA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90DS
AUBRA-28 TABLET OUTER 0.1-20 MG- MCG	Preventive	90DS
AUROVELA 1 MG-20 MCG TABLET INNER 1-20 MG-MCG	Preventive	90DS
AUROVELA 1 MG-20 MCG TABLET OUTER 1-20 MG-MCG	Preventive	90DS
AUROVELA 21 1.5-30 TABLET INNER 1.5- 30 MG-MCG	Preventive	90DS
AUROVELA 21 1.5-30 TABLET OUTER 1.5- 30 MG-MCG	Preventive	90DS
AUROVELA 24 FE 1 MG-20 MCG TAB INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
AUROVELA 24 FE 1 MG-20 MCG TAB OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS

Drug	Status	Notes
AUROVELA FE 1.5 MG-30 MCG TAB INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90DS
AUROVELA FE 1.5 MG-30 MCG TAB OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90DS
AUROVELA FE 1-20 TABLET INNER 1 MG- 20 MCG (21)/75 MG (7)	Preventive	90DS
AUROVELA FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
AVIANE-28 TABLET INNER 0.1-20 MG- MCG	Preventive	90DS
AVIANE-28 TABLET OUTER 0.1-20 MG- MCG	Preventive	90DS
AYUNA-28 TABLET INNER 0.15-0.03 MG	Preventive	90DS
AYUNA-28 TABLET OUTER 0.15-0.03 MG	Preventive	90DS
AZURETTE 28 DAY TABLET INNER 0.15- 0.02 MGX21 /0.01 MG X 5	Preventive	90DS
AZURETTE 28 DAY TABLET OUTER 0.15- 0.02 MGX21 /0.01 MG X 5	Preventive	90DS
BALCOLTRA TABLET INNER 0.1 MG-0.02 MG (21)/36.5 MG(7)	Preventive	90DS; QL (28 EA per 28 days)
BALCOLTRA TABLET OUTER 0.1 MG-0.02 MG (21)/36.5 MG(7)	Preventive	90DS; QL (28 EA per 28 days)
BALZIVA 28 TABLET INNER 0.4-35 MG- MCG	Preventive	90DS
BALZIVA 28 TABLET OUTER 0.4-35 MG- MCG	Preventive	90DS
BLISOVI 24 FE TABLET INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
BLISOVI 24 FE TABLET OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
BLISOVI FE 1.5-30 TABLET INNER 1.5 MG- 30 MCG (21)/75 MG (7)	Preventive	90DS
BLISOVI FE 1.5-30 TABLET OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90DS
BLISOVI FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
BLISOVI FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
BRIELLYN TABLET 0.4-35 MG-MCG	Preventive	90DS
CAMILA 0.35 MG TABLET INNER 0.35 MG	Preventive	90DS
CAMILA 0.35 MG TABLET OUTER 0.35 MG	Preventive	90DS

Drug	Status	Notes
CAMRESE 0.15-0.03-0.01 MG TAB 2 X 91 TABS, OUTER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90DS; 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	90DS; QL (91 EA per 84 days)
CAMRESE LO TABLET INNER 0.10 MG-20 MCG (84)/10 MCG (7)	Preventive	90DS; QL (91 EA per 84 days)
CAMRESE LO TABLET OUTER 0.10 MG-20 MCG (84)/10 MCG (7)	Preventive	90DS; QL (91 EA per 84 days)
CAZIAN 28 DAY TABLET INNER 0.1/.125/.15-25 MG-MCG	Preventive	90DS
CAZIAN 28 DAY TABLET OUTER 0.1/.125/.15-25 MG-MCG	Preventive	90DS
CHARLOTTE 24 FE CHEWABLE TAB INNER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90DS
CHARLOTTE 24 FE CHEWABLE TAB OUTER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90DS
CHATEAL EQ-28 TABLET INNER 0.15-0.03 MG	Preventive	90DS
CHATEAL EQ-28 TABLET OUTER 0.15-0.03 MG	Preventive	90DS
CHATEAL-28 TABLET CLINIC PACK, OUTER 0.15-0.03 MG	Preventive	90DS
CHATEAL-28 TABLET INNER 0.15-0.03 MG	Preventive	90DS
CHATEAL-28 TABLET MONOCARTON, INNER 0.15-0.03 MG	Preventive	90DS
CHATEAL-28 TABLET OUTER 0.15-0.03 MG	Preventive	90DS
CHATEAL-28 TABLET SHIPPER CASE, OUTER 0.15-0.03 MG	Preventive	90DS
CRYSSELLE-28 TABLET INNER 0.3-30 MG-MCG	Preventive	90DS
CRYSSELLE-28 TABLET OUTER 0.3-30 MG-MCG	Preventive	90DS
CYRED 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90DS
CYRED 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90DS
CYRED EQ 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90DS
CYRED EQ 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90DS

Drug	Status	Notes
DASETTA 1-35-28 TABLET 6'S, OUTER 1-35 MG-MCG	Preventive	90DS
DASETTA 1-35-28 TABLET INNER 1-35 MG-MCG	Preventive	90DS
DASETTA 7/7/7-28 TABLET 6X28, OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	90DS
DASETTA 7/7/7-28 TABLET INNER 0.5/0.75/1 MG- 35 MCG	Preventive	90DS
DAYSEE 0.15-0.03-0.01 MG TAB F/C, INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90DS; 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	90DS; QL (91 EA per 84 days)
DEBLITANE 0.35 MG TABLET INNER 0.35 MG	Preventive	90DS
DEBLITANE 0.35 MG TABLET OUTER 0.35 MG	Preventive	90DS
DEMULEN 1/50 (21) ORAL TABLET 1-50 MG-MCG (21)	Non-PDL Brand	90DS
<i>desogestrel-ee 0.15-0.03 mg tb inner 0.15-0.03 mg</i>	Preventive	90DS
<i>desogestrel-ee 0.15-0.03 mg tb outer 0.15-0.03 mg</i>	Preventive	90DS
<i>desogestr-eth estrad eth estra 0.15-0.02 mgx21 /0.01 mg x 5</i>	Preventive	90DS
DOLISHALE 90-20 MCG TABLET INNER 90-20 MCG (28)	Preventive	90DS
DOLISHALE 90-20 MCG TABLET OUTER 90-20 MCG (28)	Preventive	90DS
<i>drosp-ee-levomef 3-0.02-0.451 inner 3-0.02-0.451 mg (24) (4)</i>	Preventive	90DS
<i>drosp-ee-levomef 3-0.02-0.451 outer 3-0.02-0.451 mg (24) (4)</i>	Preventive	90DS
<i>drosp-ee-levomef 3-0.03-0.451 inner 3-0.03-0.451 mg (21) (7)</i>	Preventive	90DS
<i>drosp-ee-levomef 3-0.03-0.451 outer 3-0.03-0.451 mg (21) (7)</i>	Preventive	90DS
<i>drospirenone-ee 3-0.02 mg tab f/c, inner 3-0.02 mg</i>	Preventive	90DS
<i>drospirenone-ee 3-0.02 mg tab f/c, outer 3-0.02 mg</i>	Preventive	90DS
<i>drospirenone-ee 3-0.02 mg tab inner 3-0.02 mg</i>	Preventive	90DS

Drug	Status	Notes
<i>drospirenone-ee 3-0.02 mg tab outer 3-0.02 mg</i>	Preventive	90DS
<i>drospirenone-ee 3-0.03 mg tab 3-0.03 mg</i>	Preventive	90DS
<i>drospirenone-ee 3-0.03 mg tab inner 3-0.03 mg</i>	Preventive	90DS
<i>drospirenone-ee 3-0.03 mg tab outer 3-0.03 mg</i>	Preventive	90DS
ECONTRA EZ 1.5 MG TABLET INNER 1.5 MG	Preventive	90DS; OTC
ECONTRA EZ 1.5 MG TABLET OUTER 1.5 MG	Preventive	90DS; OTC
ECONTRA ONE-STEP 1.5 MG TABLET INNER 1.5 MG	Preventive	90DS; OTC
ECONTRA ONE-STEP 1.5 MG TABLET OUTER 1.5 MG	Preventive	90DS; OTC
ELINEST-28 TABLET INNER 0.3-30 MG-MCG	Preventive	90DS
ELINEST-28 TABLET OUTER 0.3-30 MG-MCG	Preventive	90DS
ELLA 30 MG TABLET 30 MG	Preventive	90DS
ENPRESSE-28 TABLET 6'S 50-30 (6)/75-40 (5)/125-30(10)	Preventive	90DS
ENSKYCE 28 TABLET INNER 0.15-0.03 MG	Preventive	90DS
ENSKYCE 28 TABLET OUTER 0.15-0.03 MG	Preventive	90DS
ERRIN 0.35 MG TABLET INNER 0.35 MG	Preventive	90DS
ERRIN 0.35 MG TABLET OUTER 0.35 MG	Preventive	90DS
ESTARYLLA 0.25-0.035 MG TABLET INNER 0.25-35 MG-MCG	Preventive	90DS
ESTARYLLA 0.25-0.035 MG TABLET OUTER 0.25-35 MG-MCG	Preventive	90DS
<i>ethynodiol-eth estra 1 mg-35 mcg inner 1-35 mg-mcg</i>	Preventive	90DS
<i>ethynodiol-eth estra 1 mg-35 mcg outer 1-35 mg-mcg</i>	Preventive	90DS
<i>ethynodiol-eth estra 1 mg-50 mcg inner 1-50 mg-mcg</i>	Preventive	90DS
<i>ethynodiol-eth estra 1 mg-50 mcg outer 1-50 mg-mcg</i>	Preventive	90DS
FALMINA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90DS

Drug	Status	Notes
FALMINA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90DS
FEMYNOR 28 TABLET 0.25-35 MG-MCG	Preventive	90DS
FINZALA 1-0.02(24)-75 CHEW TAB INNER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90DS
FINZALA 1-0.02(24)-75 CHEW TAB OUTER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90DS
GEMMILY 1 MG-20 MCG CAPSULE INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
GEMMILY 1 MG-20 MCG CAPSULE OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
HAILEY 21 1.5 MG-30 MCG TAB INNER 1.5-30 MG-MCG	Preventive	90DS
HAILEY 21 1.5 MG-30 MCG TAB OUTER 1.5-30 MG-MCG	Preventive	90DS
HAILEY 24 FE 1 MG-20 MCG TAB INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
HAILEY 24 FE 1 MG-20 MCG TAB OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
HAILEY FE 1.5-30 TABLET INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90DS
HAILEY FE 1.5-30 TABLET OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90DS
HAILEY FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
HAILEY FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
HEATHER 0.35 MG TABLET INNER 0.35 MG	Preventive	90DS
HEATHER 0.35 MG TABLET OUTER 0.35 MG	Preventive	90DS
ICLEVIA 0.15 MG-0.03 MG TABLET INNER 0.15 MG-30 MCG (91)	Preventive	90DS; QL (91 EA per 84 days)
ICLEVIA 0.15 MG-0.03 MG TABLET OUTER 0.15 MG-30 MCG (91)	Preventive	90DS; QL (91 EA per 84 days)
INCASSIA 0.35 MG TABLET INNER 0.35 MG	Preventive	90DS
INCASSIA 0.35 MG TABLET OUTER 0.35 MG	Preventive	90DS
ISIBLOOM 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90DS
ISIBLOOM 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90DS

Drug	Status	Notes
JAIMESS 0.15-0.03-0.01 MG TAB 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90DS; QL (91 EA per 84 days)
JASMIEL 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	90DS
JASMIEL 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	90DS
JENCYCLA 0.35 MG TABLET INNER 0.35 MG	Preventive	90DS
JENCYCLA 0.35 MG TABLET OUTER 0.35 MG	Preventive	90DS
JOLESSA 0.15 MG-0.03 MG TABLET 0.15 MG-30 MCG (91)	Preventive	90DS; QL (91 EA per 84 days)
JULEBER 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90DS
JULEBER 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90DS
JUNEL 1 MG-20 MCG TABLET 3X21 1-20 MG-MCG	Preventive	90DS
JUNEL 1.5 MG-30 MCG TABLET 3'S 1.5-30 MG-MCG	Preventive	90DS
JUNEL FE 1 MG-20 MCG TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
JUNEL FE 1.5 MG-30 MCG TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90DS
JUNEL FE 24 TABLET INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
JUNEL FE 24 TABLET OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
KAITLIB FE 0.8-0.025 MG CHEW TB INNER 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	90DS
KAITLIB FE 0.8-0.025 MG CHEW TB OUTER 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	90DS
KALLIGA 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90DS
KALLIGA 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90DS
KARIVA 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90DS
KARIVA 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90DS
KELNOR 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	90DS

Drug	Status	Notes
KELNOR 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	90DS
KELNOR 1-50 TABLET INNER 1-50 MG-MCG	Preventive	90DS
KELNOR 1-50 TABLET OUTER 1-50 MG-MCG	Preventive	90DS
KURVELO-28 TABLET INNER 0.15-0.03 MG	Preventive	90DS
KURVELO-28 TABLET OUTER 0.15-0.03 MG	Preventive	90DS
LARIN 1.5 MG-30 MCG TABLET INNER 1.5-30 MG-MCG	Preventive	90DS
LARIN 1.5 MG-30 MCG TABLET OUTER 1.5-30 MG-MCG	Preventive	90DS
LARIN 21 1-20 TABLET INNER 1-20 MG-MCG	Preventive	90DS
LARIN 21 1-20 TABLET OUTER 1-20 MG-MCG	Preventive	90DS
LARIN 24 FE 1 MG-20 MCG TABLET INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
LARIN 24 FE 1 MG-20 MCG TABLET OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
LARIN FE 1.5-30 TABLET INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90DS
LARIN FE 1.5-30 TABLET OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90DS
LARIN FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
LARIN FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
LAYOLIS FE CHEWABLE TABLET 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	90DS
LEENA 28 TABLET INNER 0.5/1/0.5-35 MG-MCG	Preventive	90DS
LEENA 28 TABLET OUTER 0.5/1/0.5-35 MG-MCG	Preventive	90DS
LESSINA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90DS
LESSINA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90DS
LEVONEST-28 TABLET 6X28, OUTER 50-30 (6)/75-40 (5)/125-30(10)	Preventive	90DS
LEVONEST-28 TABLET INNER 50-30 (6)/75-40 (5)/125-30(10)	Preventive	90DS

Drug	Status	Notes
<i>levono-e estrad 0.15-0.03-0.01 0.15 mg-30 mcg (84)/10 mcg (7)</i>	Preventive	90DS; QL (91 EA per 84 days)
<i>levonor-e estrad 0.1-0.02-0.01 inner 0.10 mg-20 mcg (84)/10 mcg (7)</i>	Preventive	90DS; QL (91 EA per 84 days)
<i>levonor-e estrad 0.1-0.02-0.01 outer 0.10 mg-20 mcg (84)/10 mcg (7)</i>	Preventive	90DS; QL (91 EA per 84 days)
<i>levonor-eth estra 0.09-0.02 mg inner, f/c 90-20 mcg (28)</i>	Preventive	90DS
<i>levonor-eth estra 0.09-0.02 mg outer, f/c 90-20 mcg (28)</i>	Preventive	90DS
<i>levonor-eth estrad 0.1-0.02 mg inner 0.1-20 mg-mcg</i>	Preventive	90DS
<i>levonor-eth estrad 0.1-0.02 mg outer 0.1-20 mg-mcg</i>	Preventive	90DS
<i>levonor-eth estrad 0.15-0.03 inner 0.15-0.03 mg</i>	Preventive	90DS
<i>levonor-eth estrad 0.15-0.03 outer 0.15-0.03 mg</i>	Preventive	90DS
<i>levonor-eth estrad triphasic inner 50-30 (6)/75-40 (5)/125-30(10)</i>	Preventive	90DS
<i>levonor-eth estrad triphasic outer 50-30 (6)/75-40 (5)/125-30(10)</i>	Preventive	90DS
<i>levonorg 0.15 mg-ee 20-25-30 mcg 0.15 mg-20 mcg/ 0.15 mg-25 mcg</i>	Preventive	90DS
<i>levonorgestrel 1.5 mg tablet (otc) 1.5 mg</i>	Preventive	90DS; OTC
<i>levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet 0.15 mg-30 mcg (91)</i>	Preventive	90DS; QL (91 EA per 84 days)
<i>levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet 1x91, inner 0.15 mg-30 mcg (91)</i>	Preventive	90DS; QL (91 EA per 84 days)
<i>levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet 3x91 wallets, outer 0.15 mg-30 mcg (91)</i>	Preventive	90DS; QL (91 EA per 84 days)
<i>levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet inner 0.15 mg-30 mcg (91)</i>	Preventive	90DS; QL (91 EA per 84 days)
<i>levonorgestrel-eth estrad 0.15 mg-0.03 mg tablet outer 0.15 mg-30 mcg (91)</i>	Preventive	90DS; QL (91 EA per 84 days)
LEVORA-28 TABLET INNER 0.15-0.03 MG	Preventive	90DS
LEVORA-28 TABLET OUTER 0.15-0.03 MG	Preventive	90DS
LO LOESTRIN FE 1-10 TABLET 5X28 1 MG-10 MCG (24)/10 MCG (2)	Preventive	90DS
LO LOESTRIN FE 1-10 TABLET SAMPLE 1 MG-10 MCG (24)/10 MCG (2)	Preventive	90DS

Drug	Status	Notes
LOJAIMIESS 0.1-0.02-0.01 TAB 0.10 MG-20 MCG (84)/10 MCG (7)	Preventive	90DS; QL (91 EA per 84 days)
LORYNA 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	90DS
LORYNA 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	90DS
LOW-OGESTREL-28 TABLET INNER 0.3-30 MG-MCG	Preventive	90DS
LOW-OGESTREL-28 TABLET OUTER 0.3-30 MG-MCG	Preventive	90DS
LO-ZUMANDIMINE 3 MG-0.02 MG TB INNER 3-0.02 MG	Preventive	90DS
LO-ZUMANDIMINE 3 MG-0.02 MG TB OUTER 3-0.02 MG	Preventive	90DS
LUTERA-28 TABLET INNER 0.1-20 MG-MCG	Preventive	90DS
LUTERA-28 TABLET OUTER 0.1-20 MG-MCG	Preventive	90DS
LYLEQ 0.35 MG TABLET INNER 0.35 MG	Preventive	90DS
LYLEQ 0.35 MG TABLET OUTER 0.35 MG	Preventive	90DS
LYZA 0.35 MG TABLET INNER 0.35 MG	Preventive	90DS
LYZA 0.35 MG TABLET OUTER 0.35 MG	Preventive	90DS
MARLISSA-28 TABLET 3X28, OUTER 0.15-0.03 MG	Preventive	90DS
MARLISSA-28 TABLET INNER 0.15-0.03 MG	Preventive	90DS
MERZEE 1 MG-20 MCG CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
MIBELAS 24 FE CHEWABLE TABLET INNER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90DS
MIBELAS 24 FE CHEWABLE TABLET OUTER 1 MG-20 MCG(24) /75 MG (4)	Preventive	90DS
MICROGESTIN 21 1.5-30 TAB INNER 1.5-30 MG-MCG	Preventive	90DS
MICROGESTIN 21 1.5-30 TAB OUTER 1.5-30 MG-MCG	Preventive	90DS
MICROGESTIN 21 1-20 TABLET INNER 1-20 MG-MCG	Preventive	90DS
MICROGESTIN 21 1-20 TABLET OUTER 1-20 MG-MCG	Preventive	90DS
MICROGESTIN 24 FE 1 MG-20 MCG INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS

Drug	Status	Notes
MICROGESTIN 24 FE 1 MG-20 MCG OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
MICROGESTIN FE 1.5-30 TAB INNER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90DS
MICROGESTIN FE 1.5-30 TAB OUTER 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90DS
MICROGESTIN FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
MICROGESTIN FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
MILI 0.25-0.035 MG TABLET INNER 0.25-35 MG-MCG	Preventive	90DS
MILI 0.25-0.035 MG TABLET OUTER 0.25- 35 MG-MCG	Preventive	90DS
MONO-LINYAH 28 TABLET INNER 0.25-35 MG-MCG	Preventive	90DS
MONO-LINYAH 28 TABLET OUTER 0.25-35 MG-MCG	Preventive	90DS
MY CHOICE 1.5 MG TABLET 1.5 MG	Preventive	90DS; OTC
MY WAY 1.5 MG TABLET (OTC) 1.5 MG	Preventive	90DS; OTC
NATAZIA 28 TABLET F/C, INNER 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Preventive	90DS
NATAZIA 28 TABLET F/C, OUTER 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG	Preventive	90DS
NECON 0.5-35-28 TABLET INNER 0.5-35 MG-MCG	Preventive	90DS
NECON 0.5-35-28 TABLET OUTER 0.5-35 MG-MCG	Preventive	90DS
NEW DAY 1.5 MG TABLET 1.5 MG	Preventive	90DS; OTC
NEXTSTELLIS 3-14.2 MG TABLET 3 MG- 14.2 MG (28)	Preventive	90DS; QL (1 EA per 1 day)
NIKKI 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	90DS
NIKKI 3 MG-0.02 MG TABLET OUTER 3- 0.02 MG	Preventive	90DS
NORA-BE TABLET 0.35 MG	Preventive	90DS
<i>noret-estr-fe 0.4-0.035(21)-75 inner 0.4mg- 35mcg(21) and 75 mg (7)</i>	Preventive	90DS
<i>noret-estr-fe 0.4-0.035(21)-75 outer 0.4mg- 35mcg(21) and 75 mg (7)</i>	Preventive	90DS
<i>noreth-ee-fe 1 mg/20-30-35 mcg inner 1- 20(5)/1-30(7) /1mg-35mcg (9)</i>	Preventive	90DS

Drug	Status	Notes
<i>noreth-ee-fe 1 mg/20-30-35 mcg outer 1-20(5)/1-30(7) /1mg-35mcg (9)</i>	Preventive	90DS
<i>noreth-ee-fe 1.5-0.03 mg(21)-75 inner 1.5 mg-30 mcg (21)/75 mg (7)</i>	Preventive	90DS
<i>noreth-ee-fe 1.5-0.03 mg(21)-75 outer 1.5 mg-30 mcg (21)/75 mg (7)</i>	Preventive	90DS
<i>noreth-ee-fe 1-0.02(21)-75 tab inner 1 mg-20 mcg (21)/75 mg (7)</i>	Preventive	90DS
<i>noreth-ee-fe 1-0.02(21)-75 tab outer 1 mg-20 mcg (21)/75 mg (7)</i>	Preventive	90DS
<i>noreth-ee-fe 1-0.02(24)-75 cap inner 1 mg-20 mcg (24)/75 mg (4)</i>	Preventive	90DS
<i>noreth-ee-fe 1-0.02(24)-75 cap outer 1 mg-20 mcg (24)/75 mg (4)</i>	Preventive	90DS
<i>noreth-ee-fe 1-0.02(24)-75 chw inner 1 mg-20 mcg(24) /75 mg (4)</i>	Preventive	90DS
<i>noreth-ee-fe 1-0.02(24)-75 chw outer 1 mg-20 mcg(24) /75 mg (4)</i>	Preventive	90DS
<i>norethind-eth estrad 1-0.02 mg inner 1-20 mg-mcg</i>	Preventive	90DS
<i>norethind-eth estrad 1-0.02 mg outer 1-20 mg-mcg</i>	Preventive	90DS
<i>norethindrone 0.35 mg tablet inner 0.35 mg</i>	Preventive	90DS
<i>norethindrone 0.35 mg tablet outer 0.35 mg</i>	Preventive	90DS
<i>norethin-ee 1.5-0.03 mg(21) tb inner 1.5-30 mg-mcg</i>	Preventive	90DS
<i>norethin-ee 1.5-0.03 mg(21) tb outer 1.5-30 mg-mcg</i>	Preventive	90DS
<i>norethin-estra-fe 0.8-0.025 mg chewable tab,inner 0.8mg-25mcg(24) and 75 mg (4)</i>	Preventive	90DS
<i>norethin-estra-fe 0.8-0.025 mg chewable tab,outer 0.8mg-25mcg(24) and 75 mg (4)</i>	Preventive	90DS
<i>norg-ee 0.18-0.215-0.25/0.025 inner 0.18/0.215/0.25 mg-25 mcg</i>	Preventive	90DS
<i>norg-ee 0.18-0.215-0.25/0.025 outer 0.18/0.215/0.25 mg-25 mcg</i>	Preventive	90DS
<i>norg-ee 0.18-0.215-0.25/0.035 inner 0.18/0.215/0.25 mg-35 mcg (28)</i>	Preventive	90DS
<i>norg-ee 0.18-0.215-0.25/0.035 outer 0.18/0.215/0.25 mg-35 mcg (28)</i>	Preventive	90DS
<i>norgestimate-ee 0.25-0.035 mg inner 0.25-35 mg-mcg</i>	Preventive	90DS

Drug	Status	Notes
<i>norgestimate-ee 0.25-0.035 mg outer 0.25-35 mg-mcg</i>	Preventive	90DS
<i>norg-ethin estra 0.25-0.035 mg 3x28, outer 0.25-35 mg-mcg</i>	Preventive	90DS
<i>norg-ethin estra 0.25-0.035 mg inner 0.25-35 mg-mcg</i>	Preventive	90DS
<i>norg-ethin estra 0.25-0.035 mg outer 0.25-35 mg-mcg</i>	Preventive	90DS
NORTREL 0.5-35-28 TABLET INNER 0.5-35 MG-MCG	Preventive	90DS
NORTREL 0.5-35-28 TABLET OUTER 0.5-35 MG-MCG	Preventive	90DS
NORTREL 1-35 21 TABLET INNER 1-35 MG-MCG (21)	Preventive	90DS
NORTREL 1-35 21 TABLET OUTER 1-35 MG-MCG (21)	Preventive	90DS
NORTREL 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	90DS
NORTREL 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	90DS
NORTREL 7-7-7-28 TABLET INNER 0.5/0.75/1 MG- 35 MCG	Preventive	90DS
NORTREL 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	90DS
NYLIA 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	90DS
NYLIA 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	90DS
NYLIA 7-7-7-28 TABLET INNER 0.5/0.75/1 MG- 35 MCG	Preventive	90DS
NYLIA 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	90DS
NYMYO 0.25-0.035 MG (28) TAB INNER 0.25-35 MG-MCG	Preventive	90DS
NYMYO 0.25-0.035 MG (28) TAB OUTER 0.25-35 MG-MCG	Preventive	90DS
OCELLA 3 MG-0.03 MG TABLET 3'S, F/C, INNER 3-0.03 MG	Preventive	90DS
OCELLA 3 MG-0.03 MG TABLET 3'S, F/C, OUTER 3-0.03 MG	Preventive	90DS
OPCICON ONE-STEP 1.5 MG TABLET 1.5 MG	Preventive	90DS; OTC
OPTION 2 1.5 MG TABLET 1.5 MG	Preventive	90DS; OTC

Drug	Status	Notes
PHILITH 0.4-0.035 MG TABLET 6X28, OUTER 0.4-35 MG-MCG	Preventive	90DS
PHILITH 0.4-0.035 MG TABLET INNER 0.4-35 MG-MCG	Preventive	90DS
PIMTREA 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90DS
PIMTREA 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90DS
PIRMELLA 1-35 28 TABLET INNER 1-35 MG-MCG	Preventive	90DS
PIRMELLA 1-35 28 TABLET OUTER 1-35 MG-MCG	Preventive	90DS
PIRMELLA 7-7-7-28 TABLET INNER 0.5/0.75/1 MG- 35 MCG	Preventive	90DS
PIRMELLA 7-7-7-28 TABLET OUTER 0.5/0.75/1 MG- 35 MCG	Preventive	90DS
PORTIA-28 TABLET INNER 0.15-0.03 MG	Preventive	90DS
PORTIA-28 TABLET OUTER 0.15-0.03 MG	Preventive	90DS
RECLIPSEN 28 DAY TABLET INNER 0.15-0.03 MG	Preventive	90DS
RECLIPSEN 28 DAY TABLET OUTER 0.15-0.03 MG	Preventive	90DS
RIVELSA TABLET INNER 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	90DS
RIVELSA TABLET OUTER 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	90DS
SETLAKIN 0.15 MG-0.03 MG TAB INNER 0.15 MG-30 MCG (91)	Preventive	90DS; QL (91 EA per 84 days)
SETLAKIN 0.15 MG-0.03 MG TAB OUTER 0.15 MG-30 MCG (91)	Preventive	90DS; QL (91 EA per 84 days)
SHAROBEL 0.35 MG TABLET INNER 0.35 MG	Preventive	90DS
SHAROBEL 0.35 MG TABLET OUTER 0.35 MG	Preventive	90DS
SIMLIYA 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90DS
SIMLIYA 28 DAY TABLET OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90DS
SIMPESSE 0.15-0.03-0.01 MG TAB INNER 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90DS; 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	90DS; QL (91 EA per 84 days)

Drug	Status	Notes
SLYND 4 MG TABLET 4 MG (28)	Preventive	90DS; QL (1 EA per 1 day)
SPRINTEC 28 DAY TABLET 0.25-35 MG-MCG	Preventive	90DS
SRONYX 0.10-0.02 MG TABLET INNER 0.1-20 MG-MCG	Preventive	90DS
SRONYX 0.10-0.02 MG TABLET OUTER 0.1-20 MG-MCG	Preventive	90DS
SYEDA 28 TABLET INNER 3-0.03 MG	Preventive	90DS
SYEDA 28 TABLET OUTER 3-0.03 MG	Preventive	90DS
TAKE ACTION 1.5 MG TABLET 1.5 MG	Preventive	90DS; OTC
TARINA 24 FE 1 MG-20 MCG TAB INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
TARINA 24 FE 1 MG-20 MCG TAB OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
TARINA FE 1-20 EQ TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
TARINA FE 1-20 EQ TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
TARINA FE 1-20 TABLET INNER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
TARINA FE 1-20 TABLET OUTER 1 MG-20 MCG (21)/75 MG (7)	Preventive	90DS
TAYSOFY 1 MG-20 MCG CAPSULE INNER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
TAYSOFY 1 MG-20 MCG CAPSULE OUTER 1 MG-20 MCG (24)/75 MG (4)	Preventive	90DS
TILIA FE 28 TABLET INNER 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90DS
TILIA FE 28 TABLET OUTER 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90DS
TRI FEMYNOR 28 TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRI-ESTARYLLA TABLET INNER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRI-ESTARYLLA TABLET OUTER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRI-LEGEST FE-28 DAY TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90DS
TRI-LINYAH TABLET INNER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRI-LINYAH TABLET OUTER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS

Drug	Status	Notes
TRI-LO-ESTARYLLA TABLET INNER 0.18/0.215/0.25 MG-25 MCG	Preventive	90DS
TRI-LO-ESTARYLLA TABLET OUTER 0.18/0.215/0.25 MG-25 MCG	Preventive	90DS
TRI-LO-MARZIA TABLET INNER 0.18/0.215/0.25 MG-25 MCG	Preventive	90DS
TRI-LO-MARZIA TABLET OUTER 0.18/0.215/0.25 MG-25 MCG	Preventive	90DS
TRI-LO-MILI TABLET INNER 0.18/0.215/0.25 MG-25 MCG	Preventive	90DS
TRI-LO-MILI TABLET OUTER 0.18/0.215/0.25 MG-25 MCG	Preventive	90DS
TRI-LO-SPRINTEC TABLET INNER 0.18/0.215/0.25 MG-25 MCG	Preventive	90DS
TRI-LO-SPRINTEC TABLET OUTER 0.18/0.215/0.25 MG-25 MCG	Preventive	90DS
TRI-MILI 28 TABLET INNER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRI-MILI 28 TABLET OUTER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRI-NYMYO 28 TABLET INNER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRI-NYMYO 28 TABLET OUTER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRI-SPRINTEC TABLET 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRIVORA-28 TABLET INNER 50-30 (6)/75- 40 (5)/125-30(10)	Preventive	90DS
TRIVORA-28 TABLET OUTER 50-30 (6)/75- 40 (5)/125-30(10)	Preventive	90DS
TRI-VYLIBRA 28 TABLET INNER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRI-VYLIBRA 28 TABLET OUTER 0.18/0.215/0.25 MG-35 MCG (28)	Preventive	90DS
TRI-VYLIBRA LO TABLET INNER 0.18/0.215/0.25 MG-25 MCG	Preventive	90DS
TRI-VYLIBRA LO TABLET OUTER 0.18/0.215/0.25 MG-25 MCG	Preventive	90DS
TULANA 0.35 MG TABLET INNER 0.35 MG	Preventive	90DS
TULANA 0.35 MG TABLET OUTER 0.35 MG	Preventive	90DS
TYBLUME 0.1-0.02 MG CHEW TAB 0.1 MG- 20 MCG	Preventive	90DS

Drug	Status	Notes
TYDEMY 3-0.03-0.451 MG TABLET INNER 3-0.03-0.451 MG (21) (7)	Preventive	90DS
TYDEMY 3-0.03-0.451 MG TABLET OUTER 3-0.03-0.451 MG (21) (7)	Preventive	90DS
VELIVET 28 DAY TABLET INNER 0.1/.125/.15-25 MG-MCG	Preventive	90DS
VELIVET 28 DAY TABLET OUTER 0.1/.125/.15-25 MG-MCG	Preventive	90DS
VESTURA 3 MG-0.02 MG TABLET INNER 3-0.02 MG	Preventive	90DS
VESTURA 3 MG-0.02 MG TABLET OUTER 3-0.02 MG	Preventive	90DS
VIENVA-28 TABLET INNER 0.1-20 MG- MCG	Preventive	90DS
VIENVA-28 TABLET OUTER 0.1-20 MG- MCG	Preventive	90DS
VIORELE 28 DAY TABLET INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90DS
VIORELE 28 DAY TABLET OUTER 0.15- 0.02 MGX21 /0.01 MG X 5	Preventive	90DS
VOLNEA 0.15-0.02-0.01 MG TAB INNER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90DS
VOLNEA 0.15-0.02-0.01 MG TAB OUTER 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90DS
VYFEMLA 0.4 MG-0.035 MG TABLET INNER 0.4-35 MG-MCG	Preventive	90DS
VYFEMLA 0.4 MG-0.035 MG TABLET OUTER 0.4-35 MG-MCG	Preventive	90DS
VYLIBRA 28 TABLET INNER 0.25-35 MG- MCG	Preventive	90DS
VYLIBRA 28 TABLET OUTER 0.25-35 MG- MCG	Preventive	90DS
WERA 0.5/0.035 MG 28 TABLET 3X28, OUTER 0.5-35 MG-MCG	Preventive	90DS
WERA 0.5/0.035 MG 28 TABLET INNER 0.5-35 MG-MCG	Preventive	90DS
WYMZYA FE 0.4-0.035 MG CHEW TB INNER 0.4MG-35MCG(21) AND 75 MG (7)	Preventive	90DS
WYMZYA FE 0.4-0.035 MG CHEW TB OUTER 0.4MG-35MCG(21) AND 75 MG (7)	Preventive	90DS
ZARAH TABLET INNER 3-0.03 MG	Preventive	90DS
ZARAH TABLET OUTER 3-0.03 MG	Preventive	90DS

Drug	Status	Notes
ZOVIA 1-35 TABLET INNER 1-35 MG-MCG	Preventive	90DS
ZOVIA 1-35 TABLET OUTER 1-35 MG-MCG	Preventive	90DS
ZUMANDIMINE 3 MG-0.03 MG TAB INNER 3-0.03 MG	Preventive	90DS
ZUMANDIMINE 3 MG-0.03 MG TAB OUTER 3-0.03 MG	Preventive	90DS
Contraceptives, Transdermal		
XULANE 150-35 MCG/DAY PATCH INNER 150-35 MCG/24 HR	Preventive	QL (3 EA per 28 days)
XULANE 150-35 MCG/DAY PATCH NFRS SAMPLE 150-35 MCG/24 HR	Preventive	QL (3 EA per 28 days)
XULANE 150-35 MCG/DAY PATCH OUTER 150-35 MCG/24 HR	Preventive	QL (3 EA per 28 days)
ZAFEMY 150-35 MCG/DAY PATCH INNER 150-35 MCG/24 HR	Preventive	QL (3 EA per 28 days)
ZAFEMY 150-35 MCG/DAY PATCH OUTER 150-35 MCG/24 HR	Preventive	QL (3 EA per 28 days)
Diaphragms/Cervical Cap		
CAYA CONTOURED DIAPHRAGM 65-80 MM	Preventive	
FEMCAP 22 MM CERVICAL CAP 22 MM	Preventive	
FEMCAP 26 MM CERVICAL CAP 26 MM	Preventive	
FEMCAP 30 MM CERVICAL CAP 30 MM	Preventive	
OMNIFLEX DIAPHRAGM 65MM 65 MM	Preventive	
WIDE SEAL DIAPHRAGM 60MM 60 MM	Preventive	
WIDE SEAL DIAPHRAGM 65MM 65 MM	Preventive	
WIDE SEAL DIAPHRAGM 70MM 70 MM	Preventive	
WIDE SEAL DIAPHRAGM 75MM 75 MM	Preventive	
WIDE SEAL DIAPHRAGM 80MM 80 MM	Preventive	
WIDE SEAL DIAPHRAGM 85MM 85 MM	Preventive	
WIDE SEAL DIAPHRAGM 90MM 90 MM	Preventive	
WIDE SEAL DIAPHRAGM 95MM 95 MM	Preventive	
Oxytocics		
<i>methylergonovine 0.2 mg tablet 0.2 mg</i>	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)

Drug	Status	Notes
CHILD TRIAMINIC COLD-ALLERGY 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)
COLD & ALLERGY ELIXIR CHILDREN'S,A/F 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
COLD-ALLERGY-SINUS ORAL TABLET 2.5-60 MG	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)
GNP COLD & ALLERGY ELIXIR CHILDREN'S,A/F 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
HM CHILD'S DIBROMM COLD-ALLGY 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
NOHIST-LQ LIQUID 4-10 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
PROMETHAZINE VC SOLUTION 6.25-5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine-phenylephrine syr 6.25-5 mg/5 ml</i>	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)
RYNEX PE LIQUID 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
SM CHILD COLD-ALLERGY 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	
Antitussives,Non-Narcotic		
12-HR COUGH RELIEF 30 MG/5 ML 30 MG/5 ML	Non-PDL Generic	OTC

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

Drug	Status	Notes
GNP COUGH DM ER 30 MG/5 ML SUS GLUTEN-FREE, 12HR 30 MG/5 ML	Non-PDL Generic	OTC
GS CHLD COUGH DM ER 30 MG/5 ML 30 MG/5 ML	Non-PDL Generic	OTC
GS COUGH DM ER 30 MG/5 ML SUSP 30 MG/5 ML	Non-PDL Generic	OTC
HM COUGH DM ER 30 MG/5 ML SUSP GLUTEN-FREE 30 MG/5 ML	Non-PDL Generic	OTC
HM COUGH DM ER 30 MG/5 ML SUSP GRAPE, GLUTEN-F 30 MG/5 ML	Non-PDL Generic	OTC
KRO COUGH DM ER 30 MG/5 ML SUS 12HR, GLUTEN-FREE 30 MG/5 ML	Non-PDL Generic	OTC
KRO COUGH DM ER 30 MG/5 ML SUS 30 MG/5 ML	Non-PDL Generic	OTC
RA COUGH DM ER 30 MG/5 ML SUSP 12HR, ORANGE 30 MG/5 ML	Non-PDL Generic	OTC
ROBITUSSIN ER 30 MG/5 ML SUSP 30 MG/5 ML	Non-PDL Generic	OTC
Cough And/Or Cold Preparations		
MEDIKOFF DROPS U-D 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
CHEST-SINUS CONGST RLF TABLET 10- 400 MG	Non-PDL Generic	OTC
CONGEST-EZE ORAL TABLET 60-400 MG	Non-PDL Generic	OTC
CONGEST-EZE PE 10-400 MG CPLT 10- 400 MG	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
GNP CHEST-SINUS CONGST RLF TAB 10- 400 MG	Non-PDL Generic	OTC
GNP MUCUS RELIEF PE 400-10 MG 10- 400 MG	Non-PDL Generic	OTC

Drug	Status	Notes
<i>guaifenesin-pse er 1200-120 mg (otc) 120-1,200 mg</i>	Non-PDL Generic	OTC
<i>guaifenesin-pse er 600-60 mg (otc) 60-600 mg</i>	Non-PDL Generic	OTC
KRO MUCUS D ER 600-60 MG TAB 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 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
RA MUCUS RELIEF D ER 1,200-120 120-1,200 MG	Non-PDL Generic	OTC
RA MUCUS RELIEF D ER 600-60 MG 60-600 MG	Non-PDL Generic	OTC
REFENESEN PE CAPLET 10-400 MG	Non-PDL Generic	OTC
<i>sm guaifenesin-pse er 600-60 (otc) 60-600 mg</i>	Non-PDL Generic	OTC
Decongestants, Oral		
12HR NASAL DECONGEST ER 120 MG 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS 12HR DECONGEST 120 MG CPLT 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS 12HR DECONGEST 120 MG CPLT COATED CPLT, MAX STR 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS NASAL DECONG PE 10 MG TAB 10 MG	Non-PDL Generic	OTC
CVS SINUS PE DECONGESTANT TAB 10 MG	Non-PDL Generic	OTC
EQ SUPHEDRINE PE 10 MG TABLET NON-DROWSY, MAX-STR 10 MG	Non-PDL Generic	OTC
EQL NASAL DECONG PE 10 MG TAB 10 MG	Non-PDL Generic	OTC

Drug	Status	Notes
GNP NASAL DECONG PE 10 MG TAB 10 MG	Non-PDL Generic	OTC
GNP NASAL DECONG PE 10 MG TAB NON-DROWSY,MX-STR 10 MG	Non-PDL Generic	OTC
GS NASAL DECONG PE 10 MG TAB 10 MG	Non-PDL Generic	OTC
HM NASAL DECONG PE 10 MG TAB 10 MG	Non-PDL Generic	OTC
HM NASAL DECONG PE 10 MG TAB NON-DROWSY,MAX-STR 10 MG	Non-PDL Generic	OTC
HM NASAL DECONGEST ER 120 MG 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
KRO NASAL DECONG PE 10 MG TAB NON-DROWSY, GLUTEN-F 10 MG	Non-PDL Generic	OTC
NASAL DECONGESTANT 30 MG TAB 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
NASAL DECONGESTANT PE 10 MG TB 10 MG	Non-PDL Generic	OTC
NASAL DECONGESTANT PE 10 MG TB MAX-STR 10 MG	Non-PDL Generic	OTC
NASAL DECONGESTANT PE 10 MG TB NON-DROWSY,MX-STR 10 MG	Non-PDL Generic	OTC
NEXAFED 30 MG TABLET 30 MG	Non-PDL Brand	OTC
<i>phenylephrine 10 mg tablet 10 mg</i>	Non-PDL Generic	OTC
<i>pseudoephedrine 60 mg tablet (otc) 60 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>pseudoephedrine er 120 mg tab 120 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>pseudoephedrine er 120 mg tab coated cplt, max str 120 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB NASAL DECONG PE 10 MG TAB NON-DROWSY 10 MG	Non-PDL Generic	OTC
PUB NASAL DECONGEST ER 120 MG NON-DROWSY, 12HR 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
RA NASAL DECONG PE 10 MG TAB PSEUDOEPHEDRINE FREE 10 MG	Non-PDL Generic	OTC
RA SINUS CONGESTION 12HR 120 MG 120 MG	Non-PDL Generic	OTC
RA SINUS PRES-CNG RLF PE 10 MG 10 MG	Non-PDL Generic	OTC

Drug	Status	Notes
SINUS 12 HOUR 120 MG CAPLET 120 MG	Non-PDL Generic	OTC
SINUS DECONGESTANT 10 MG TAB 1X100 10 MG	Non-PDL Generic	OTC
SINUS DECONGESTANT 10 MG TAB 1X24 10 MG	Non-PDL Generic	OTC
SINUS DECONGESTANT 10 MG TAB 1X250 10 MG	Non-PDL Generic	OTC
SINUS DECONGESTANT 10 MG TAB INNER, F/C 10 MG	Non-PDL Generic	OTC
SINUS DECONGESTANT 10 MG TAB OUTER, F/C 10 MG	Non-PDL Generic	OTC
SM NASAL DECONG PE 10 MG TAB 10 MG	Non-PDL Generic	OTC
SUDOGEST 12 HOUR 120 MG CAPLET 120 MG	Non-PDL Generic	OTC
SUDOGEST 30 MG TABLET 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED D ER 120 MG CAPLET 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED D ER 120 MG TABLET 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED PE 10 MG TABLET NON- DROWSY 10 MG	Non-PDL Generic	OTC
WAL-PHED PE 10 MG TABLET NON- DROWSY,PSE FREE 10 MG	Non-PDL Generic	OTC
ZEPHREX-D 30 MG TABLET 30 MG	Non-PDL Generic	OTC
Expectorants		
ADULT WAL-TUSSIN LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
CHEST CONGEST RLF 400 MG TAB 400 MG	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 A/F 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 100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
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 1,200 MG	Non-PDL Generic	OTC
CVS MUCUS ER 600 MG TABLET 600 MG	Non-PDL Generic	OTC
CVS TUSSIN 100 MG/5 ML LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
DIABETIC TUSSIN 200 MG/10 ML 100 MG/5 ML	Non-PDL Generic	OTC
DIABETIC TUSSIN EX LIQUID D/F,N 100 MG/5 ML	Non-PDL Generic	OTC
EQ MUCUS ER 600 MG TABLET 600 MG	Non-PDL Generic	OTC
EQL MUCUS ER 600 MG TABLET 600 MG	Non-PDL Generic	OTC
EQL TUSSIN CHEST CONGEST SYRUP ADULT, NON-DROWSY 100 MG/5 ML	Non-PDL Generic	OTC
EQL TUSSIN MUCUS-CHEST CONGEST 100 MG/5 ML	Non-PDL Generic	OTC
EXPECTORANT 100 MG/5 ML SYRUP 100 MG/5 ML	Non-PDL Generic	OTC
EXPECTORANT 200 MG TABLET 200 MG	Non-PDL Generic	OTC
FENESIN IR 400 MG TABLET 400 MG	Non-PDL Generic	OTC
GERI-TUSSIN 100 MG/5 ML SOLN 100 MG/5 ML	Non-PDL Generic	OTC
G-FENESIN 400 MG CAPLET 400 MG	Non-PDL Generic	OTC
GNP MUCUS ER 600 MG TABLET 600 MG	Non-PDL Generic	OTC
GNP MUCUS ER 600 MG TABLET GLUTEN-FREE, 12 HR 600 MG	Non-PDL Generic	OTC
GNP MUCUS RELIEF 400 MG TABLET 400 MG	Non-PDL Generic	OTC
GNP MUCUS-ER MAX 1,200 MG TAB 1,200 MG	Non-PDL Generic	OTC
GNP TUSSIN 400 MG TABLET 400 MG	Non-PDL Generic	OTC

Drug	Status	Notes
GNP TUSSIN MUCUS-CON 200 MG/10 100 MG/5 ML	Non-PDL Generic	OTC
GS TUSSIN MUCUS-CONG 100 MG/5 100 MG/5 ML	Non-PDL Generic	OTC
GS TUSSIN MUCUS-CONG 200 MG/10 100 MG/5 ML	Non-PDL Generic	OTC
<i>guaifenesin 100 mg/5 ml liquid 100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>guaifenesin 100 mg/5 ml syrup 100's,u-d 100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>guaifenesin 200 mg tablet (otc) 200 mg</i>	Non-PDL Generic	OTC
<i>guaifenesin 400 mg caplet 400 mg</i>	Non-PDL Generic	OTC
<i>guaifenesin 400 mg caplet caplet 400 mg</i>	Non-PDL Generic	OTC
<i>guaifenesin 400 mg caplet inner 400 mg</i>	Non-PDL Generic	OTC
<i>guaifenesin 400 mg caplet outer 400 mg</i>	Non-PDL Generic	OTC
<i>guaifenesin er 600 mg tablet 600 mg</i>	Non-PDL Generic	OTC
HM ADULT TUSSIN CHEST CONG LIQ CHERRY,NO-DROWSY 100 MG/5 ML	Non-PDL Generic	OTC
HM ADULT TUSSIN CHEST CONG LIQ GLUTEN-FREE 100 MG/5 ML	Non-PDL Generic	OTC
HM CHEST CONGEST RLF 400 MG TB CAPLET,D/F 400 MG	Non-PDL Generic	OTC
HM MUCUS RELIEF ER 1,200 MG TB 1,200 MG	Non-PDL Generic	OTC
HM MUCUS RELIEF ER 600 MG TAB 600 MG	Non-PDL Generic	OTC
HV TUSSIN MUCUS-CONG 200 MG/10 100 MG/5 ML	Non-PDL Generic	OTC
KRO MUCUS RELIEF ER 600 MG TAB 600 MG	Non-PDL Generic	OTC
KRO MUCUS-ER MAX 1,200 MG TAB 1,200 MG	Non-PDL Generic	OTC
MUCINEX ER 600 MG TABLET 600 MG	Non-PDL Brand	OTC
MUCINEX ER 600 MG TABLET BI-LAYER, 12 HOURS 600 MG	Non-PDL Brand	OTC

Drug	Status	Notes
MUCINEX FAST-MAX CHEST-CONGEST 100 MG/5 ML	Non-PDL Generic	OTC
MUCOSA 400 MG TABLET 400 MG	Non-PDL Generic	OTC
MUCUS ER 600 MG TABLET 600 MG	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG CAPLET 400 MG	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG MINI CPLT 400 MG	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG TABLET 400 MG	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG TABLET CHEST CONGESTION 400 MG	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG TABLET D/F, GLUTEN-FREE 400 MG	Non-PDL Generic	OTC
MUCUS RELIEF 400 MG TABLET EXPECTORANT 400 MG	Non-PDL Generic	OTC
MUCUS RELIEF ER 1,200 MG TAB 1,200 MG	Non-PDL Generic	OTC
MUCUS RELIEF ER 600 MG TABLET 12 HOUR 600 MG	Non-PDL Generic	OTC
MUCUS RELIEF ER 600 MG TABLET 600 MG	Non-PDL Generic	OTC
MUCUS RELIEF ER 600 MG TABLET GLUTEN-FREE, 12 HOUR 600 MG	Non-PDL Generic	OTC
PUB TUSSIN 100 MG/5 ML SYRUP EXPECTORANT 100 MG/5 ML	Non-PDL Generic	OTC
QC MUCUS RELIEF 400 MG CAPLET 400 MG	Non-PDL Generic	OTC
QC MUCUS RELIEF ER 600 MG TAB 600 MG	Non-PDL Generic	OTC
QC TUSSIN 100 MG/5 ML SOLUTION 100 MG/5 ML	Non-PDL Generic	OTC
RA EXPECTORANT COUGH SYRUP 100 MG/5 ML	Non-PDL Generic	OTC
RA EXPECTORANT COUGH SYRUP 100 MG/5 ML	Non-PDL Generic	OTC
RA MUCUS RELIEF 400 MG TABLET 400 MG	Non-PDL Generic	OTC
RA TUSSIN CHEST CONGESTION SYR 100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
RA TUSSIN CHEST CONGESTION SYR NON-DROWSY 100 MG/5 ML	Non-PDL Generic	OTC
REFENESEN 400 MG TABLET 400 MG	Non-PDL Generic	OTC
ROBAFEN 200 MG/10 ML SYRUP 100 MG/5 ML	Non-PDL Generic	OTC
SCOT-TUSSIN 100 MG/5 ML LIQ D/F,N,KSH 100 MG/5 ML	Non-PDL Generic	OTC
SCOT-TUSSIN EXPECTORANT LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
SILTUSSIN SA 100 MG/5 ML SYR 100 MG/5 ML	Non-PDL Generic	OTC
SM CHEST CONGESTION 400 MG CPLT CAPLET,D/F 400 MG	Non-PDL Generic	OTC
SM MUCUS RELIEF ER 600 MG TAB 600 MG	Non-PDL Generic	OTC
SM MUCUS-ER MAX 1,200 MG TAB 1,200 MG	Non-PDL Generic	OTC
SM TUSSIN MUCUS-CONG 200 MG/10 ADULT,NON-DROWS 100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN 400 MG TABLET 400 MG	Non-PDL Generic	OTC
TUSSIN CHEST CONGESTION LIQUID NON-DROWSY 100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN MUCUS-CONG 200 MG/10 100 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)
PROMETHAZINE VC-CODEINE SOLN 6.25- 5-10 MG/5 ML	Non-PDL Generic	QL (30 ML per 1 day); Age (Min 18 Years)
<i>promethazine-pe-codeine syrup 6.25-5-10 mg/5 ml</i>	Non-PDL Generic	QL (30 ML per 1 day); Age (Min 18 Years)
RYDEX LIQUID 1.3-10-6.3 MG/5 ML	Non-PDL Generic	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)

Drug	Status	Notes
VIRTUSSIN DAC LIQUID 30-10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
Narcotic Antitussive-1st Generation Antihistamine		
<i>hydrocodone-chlorphen er susp 10-8 mg/5 ml</i>	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 SOLN 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 SOLN OUTER 5-1.5 MG/5 ML (5 ML)	Non-PDL Brand	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine 5-1.5 mg tablet 5-1.5 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine soln 5-1.5 mg/5 ml</i>	Non-PDL Generic	QL (30 ML per 1 day); Age (Min 18 Years)
HYDROMET 5 MG-1.5 MG/5 ML SOLN 5-1.5 MG/5 ML	Non-PDL Generic	QL (30 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Expectorant Combination		
<i>codeine-guaifen 10-100 mg/5 ml (otc) 10-100 mg/5 ml</i>	Non-PDL Generic	OTC; Age (Min 12 Years)
<i>codeine-guaifen 10-100 mg/5 ml d/f (otc) 10-100 mg/5 ml</i>	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)
GUAIATUSSIN AC LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
GUAIATUSSIN AC LIQUID INNER 10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
GUAIATUSSIN AC LIQUID OUTER 10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
<i>guaifen-codeine 100-10 mg/5 ml (otc) 10-100 mg/5 ml</i>	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)
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)

Drug	Status	Notes
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 2-30-10 MG/5 ML	Non-PDL Generic	
<i>bromphen-pse-dm 2-30-10 mg/5 ml (rx) 2-30-10 mg/5 ml</i>	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
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
DIMAPHEN DM ELIXIR GRAPE, GLUTEN-F 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
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
HM CHILD'S COLD-COUGH ELIXIR RED GRAPE 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

Drug	Status	Notes
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
RA CHILD'S COLD-COUGH ELIXIR RED GRAPE,CHILD 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
SM CHILDREN'S COLD-COUGH LIQ 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 MULTI-SYMPTOM SEVERE CPLT CAPLET, DAYTIME 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
EQL MUCUS RLF COLD-FLU-THROAT 5-10-325-200 MG	Non-PDL Generic	OTC
EQL MUCUS RLF SEVERE COLD 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
GNP COLD MAX SEVERE DAY CAPLET 5-10-325-200 MG	Non-PDL Generic	OTC
GNP COLD MULTI-SYMPTOM CAPLET CAPLET, DAYTIME 5-10-325-200 MG	Non-PDL Generic	OTC
GNP COLD-FLU SEVERE CAPLET 5-10-325-200 MG	Non-PDL Generic	OTC
GS SEVERE DAY COLD-FLU CAPLET 5-10-325-200 MG	Non-PDL Generic	OTC

Drug	Status	Notes
GS SEVERE DAY COLD-FLU CAPLET CPLT, NON-DROWSY 5-10-325-200 MG	Non-PDL Generic	OTC
HM COLD-FLU SEVERE CAPLET 5-10-325- 200 MG	Non-PDL Generic	OTC
HM DAY SEVERE COLD-FLU CAPLET 5- 10-325-200 MG	Non-PDL Generic	OTC
KRO DAY SEVERE COLD-FLU CAPLET GLUTEN-FREE, MAX STR 5-10-325-200 MG	Non-PDL Generic	OTC
KRO FAST MUCUS RLF SEVERE CPLT 5- 10-325-200 MG	Non-PDL Generic	OTC
KRO MUCUS RELIEF COLD-FLU CPLT GLUTEN-FREE 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
RA MUCUS RLF COLD-FLU-THROAT 5-10- 325-200 MG	Non-PDL Generic	OTC
RA MUCUS RLF SEV CONGEST-COLD 5- 10-325-200 MG	Non-PDL Generic	OTC
RA MULTI-SYMPTOM COLD CAPLET DAYTIME, CAPLET 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
SM COLD-FLU SEVERE CAPLET 5-10-325- 200 MG	Non-PDL Generic	OTC
VICKS DAYQUIL SEVERE COLD-FLU 5-10- 325-200 MG	Non-PDL Generic	OTC

Drug	Status	Notes
Non-Narc Antitussive-1st Gen Antihistamine Comb.		
<i>promethazine-dm 6.25-15 mg/5 ml 6.25-15 mg/5 ml</i>	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
BIOCOTRON LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
CHEST CONGESTION RELIEF DM LIQ 10-100 MG/5 ML	Non-PDL Generic	OTC
COUGH SYRUP DM 10-100 MG/5 ML	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
GERI-TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
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 MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	OTC
GNP TUSSIN DM CLEAR SYRUP D/F 10-100 MG/5 ML	Non-PDL Generic	OTC
GNP TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
GS TUSSIN DM COUGH SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
GS TUSSIN DM COUGH-CHEST SOLN 10-100 MG/5 ML	Non-PDL Generic	OTC
GS TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
GUAIASORB DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
GUAICON DMS LIQUID PACKET 20-200 MG/10 ML	Non-PDL Generic	OTC
<i>guaifenesin dm syrup (otc) 10-100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>guaifenesin-dm 100-10 mg/5 ml 10-100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>guaifenesin-dm 200-20 mg/10 ml 10-100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>guaifenesin-dm er 1,200-60 mg (otc) 60-1,200 mg</i>	Non-PDL Generic	OTC
HM ADT TUSSIN COUGH CONG DM LQ 10-100 MG/5 ML	Non-PDL Generic	OTC
HM ADULT TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
HM MUCUS DM ER 600-30 MG TAB 30-600 MG	Non-PDL Generic	OTC
HM MUCUS DM MAX ER 1200-60 MG 60-1,200 MG	Non-PDL Generic	OTC
KRO MUCUS RELIEF ER DM-MAX TAB 60-1,200 MG	Non-PDL Generic	OTC
KRO TUSSIN DM LIQUID GLUTEN-FREE 10-100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
KRO TUSSIN DM LIQUID NON-DROWSY 10-100 MG/5 ML	Non-PDL Generic	OTC
MAXI-TUSS G LIQUID 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
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 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 10-100 MG/5 ML	Non-PDL Generic	OTC
PUB TUSSIN DM LIQUID NON-DROWSY 10-100 MG/5 ML	Non-PDL Generic	OTC
QC TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
RA ANTI-TUSSIVE DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
RA TUSSIN COUGH LIQUID D/F 10-100 MG/5 ML	Non-PDL Generic	OTC
RA TUSSIN DM COUGH-CHEST SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
RA TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
RA TUSSIN DM SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
ROBAFEN DM COUGH LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
SAFETUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
SILTUSSIN DM COUGH SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
SILTUSSIN DM DAS 100-10 MG/5 ML 10-100 MG/5 ML	Non-PDL Generic	OTC
SM TUSSIN DM LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
SM TUSSIN DM SYRUP 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
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 CLEAR SYRUP D/F 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
ULTRA DM FREE AND CLEAR ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
ULTRA TUSS SAFE 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% 0.05 %	Non-PDL Generic	OTC
4 WAY 1% NASAL SPRAY 1 %	Non-PDL Generic	OTC
AFRIN 0.05% NASAL SPRAY 0.05 %	Non-PDL Brand	OTC
AFRIN 0.05% NASAL SPRAY 0.05 %	Non-PDL Brand	OTC
AFRIN NO DRIP ORIG PUMP MIST 12 HR RELIEF 0.05 %	Non-PDL Generic	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

Drug	Status	Notes
AFRIN ORIGINAL 0.05% PUMP MIST 0.05 %	Non-PDL Generic	OTC
ANEFrin 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	OTC
ANEFrin 0.05% NASAL SPRAY 12 HR SPRAY 0.05 %	Non-PDL Generic	OTC
ANEFrin 0.05% NASAL SPRAY 12 HR, MAX STRENGTH 0.05 %	Non-PDL Generic	OTC
ANEFrin 0.05% NASAL SPRAY ORIGINAL 0.05 %	Non-PDL Generic	OTC
ANEFrin 0.05% NASAL SPRAY ORIGINAL,NO DRIP 0.05 %	Non-PDL Generic	OTC
ANEFrin 0.05% NASAL SPRAY SEVERE CONGESTION 0.05 %	Non-PDL Generic	OTC
ANEFrin 0.05% NASAL SPRAY XTR MOIST,NO DRIP 0.05 %	Non-PDL Generic	OTC
CHILD MUCINEX STUFFY NOSE SPRAY 0.05 %	Non-PDL Generic	OTC
CVS NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	OTC
CVS NO DRIP NASAL MIST 0.05% 0.05 %	Non-PDL Generic	OTC
CVS SINUS RELIEF 1% NASAL SPRAY 1 %	Non-PDL Generic	OTC
DRISTAN 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	OTC
DRISTAN LONG LASTING MIST 0.05 %	Non-PDL Generic	OTC
EPHRINE 1% NOSE DROPS 1 %	Non-PDL Generic	OTC
EQ NASAL 0.05% SPRAY NO DRIP, 12 HOUR 0.05 %	Non-PDL Generic	OTC
EQ NASAL SPRAY 1% 1 %	Non-PDL Generic	OTC
EQ ORIGINAL NASAL SPRAY 0.05% 12 HOUR 0.05 %	Non-PDL Generic	OTC
EQL 12HR NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	OTC
EQL NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	OTC
EQL NASAL SPRAY 1% 1 %	Non-PDL Generic	OTC

Drug	Status	Notes
GILTUSS SEVERE SINUS 0.5% MIST 0.05 %	Non-PDL Generic	OTC
GNP NASAL FOUR 1% NASAL SPRAY 1 %	Non-PDL Generic	OTC
GNP NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	OTC
GNP NASAL SPRAY 0.05% EXTRA MOISTURIZING 0.05 %	Non-PDL Generic	OTC
GNP NASAL SPRAY 1% 1 %	Non-PDL Generic	OTC
GNP NASAL SPRAY ORIGINAL 0.05% 12 HR RELIEF 0.05 %	Non-PDL Generic	OTC
GNP NO DRIP 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	OTC
GS NASAL FOUR 1% NASAL SPRAY 1 %	Non-PDL Generic	OTC
GS NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	OTC
GS NO DRIP 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	OTC
GS SINUS NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	OTC
HM NOSE DROPS 1 %	Non-PDL Generic	OTC
HM ORIGINAL NASAL SPRAY 0.05% 12 HOUR, GLUTEN-FREE 0.05 %	Non-PDL Generic	OTC
HM SINUS NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	OTC
KRO NASAL SPRAY 1% 1 %	Non-PDL Generic	OTC
KRO NASAL SPRAY ORIGINAL 0.05% GLUTEN FREE, 12HR 0.05 %	Non-PDL Generic	OTC
KRO NO DRIP 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	OTC
LONG ACTING 0.05% NASAL SPRAY 0.05 %	Non-PDL Generic	OTC
LONG ACTING 0.05% NASAL SPRAY 12 HOUR 0.05 %	Non-PDL Generic	OTC
MUCINEX SINUS-MAX NASAL SPRAY 0.05 %	Non-PDL Generic	OTC
NASAL DECONGESTANT 0.05% SPRAY 0.05 %	Non-PDL Generic	OTC

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

Drug	Status	Notes
SINUS RELIEF 0.05% NASAL SPRAY ULTRA FINE,12 HOUR 0.05 %	Non-PDL Generic	OTC
SINUS RELIEF 1% NASAL SPRAY 1 %	Non-PDL Generic	OTC
SINUS RELIEF NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	OTC
SM NASAL 0.05% SPRAY 12 HOUR, ORIGINAL 0.05 %	Non-PDL Generic	OTC
SM NASAL SPRAY 0.05% 0.05 %	Non-PDL Generic	OTC
SM NASAL SPRAY 0.05% EXTRA MOISTURIZING 0.05 %	Non-PDL Generic	OTC
SM NASAL SPRAY SINUS 0.05 %	Non-PDL Generic	OTC
SM NOSE DROPS 1 %	Non-PDL Generic	OTC
VICKS QLEARQUIL 0.05% MIST 0.05 %	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 1 %	Non-PDL Generic	OTC
Sympathomimetic Agents		
12-HR DECONGEST 120 MG CAPLET CAPLET,12HR,MAX-STR 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
12-HR DECONGEST 120 MG CAPLET COATED CPLT, MAX STR 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
12HR NASAL DECONGEST ER 120 MG 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S SILFEDRINE LIQ 15 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDS SUDAFED 15 MG/5 ML LIQ NON- DROWSY 15 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CVS 12HR DECONGEST 120 MG CPLT 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CVS NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
EQ 12-HR DECONGEST 120 MG CPLT CAPLET, NON-DROWSY 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
EQL 12-HR DECONGES 120 MG CPLT 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
EQL NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP 12HR NASAL DECONGEST 120 MG 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP NASAL DECONGEST 30 MG TAB MAXIMUM STRENGTH 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>gnp pseudoephedrine er 120 mg 12 hour, coated 120 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
GNP SUPHEDRIN 30 MG TABLET 30 MG	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 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
GS SUPHEDRINE 12HR 120 MG CPLT 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
HM NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
KRO 12-HR DECONGES 120 MG CPLT GLUTEN FREE, CAPLET 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
KRO NASAL DECONGEST 30 MG TAB GLUTEN-F, NON-DROWSY 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
KRO NASAL DECONGEST 30 MG TAB GLUTEN-F, NON-DROWSY 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
KRO NASAL DECONGEST 30 MG TAB NON-DROWSY, MAX STR 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
L-A NASAL DECONGEST 120 MG TAB 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
NASAL DECONGESTANT 30 MG TAB 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
NASAL DECONGESTANT 30 MG TAB MAXIMUM STRENGTH 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
NASAL DECONGESTANT 30 MG TAB NON-DROWSY, MAX-STR 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>pseudoephedrine 30 mg tablet 30 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>pseudoephedrine 30 mg tablet nasal decongest 30 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>pseudoephedrine 30 mg tablet non drowsy 30 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
<i>pseudoephedrine 30 mg tablet non-drowsy 30 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>pseudoephedrine 60 mg tablet ex-str, non drowsy (otc) 60 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>pseudoephedrine er 120 mg tab 12 hour, coated 120 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>pseudoephedrine er 120 mg tab 120 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB NASAL DECONGEST 30 MG TAB NON-DROWSY 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
PUB NASAL DECONGEST ER 120 MG NON-DROWSY, 12HR 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
QC NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
RA SUPHEDRINE 12HR 120 MG CPLT CAPLET,MX-STR 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
RA SUPHEDRINE 30 MG TABLET 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SM NASAL DECONGEST 30 MG TAB 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SM NASAL DECONGEST ER 120 MG 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDAFED 12HR 120 MG CAPLET 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDAFED 30 MG TABLET 30 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
SUDAFED 30 MG TABLET NON- DROWSY,MAX-STR 30 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
SUDOGEST 30 MG TABLET 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDOGEST 30 MG TABLET BOXED 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDOGEST 60 MG TABLET 60 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SUPHEDRIN 30 MG TABLET 30 MG	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 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SW NASAL DECONGESTANT 30 MG TB MAX-STR, NON-DROWSY 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
WAL-PHED 12 HOUR 120 MG CAPLET CAPLET, NON-DROWSY 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED 30 MG TABLET MAXIUM STRENGTH 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED 30 MG TABLET NON-DROWSY 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED 30 MG TABLET NON- DROWSY, MAX-STR 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED D ER 120 MG TABLET 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)

Dermatology - Acne

Acne Agents, Systemic

ACCUTANE 10 MG CAPSULE INNER 10 MG	Non-PDL Generic	
ACCUTANE 10 MG CAPSULE OUTER 10 MG	Non-PDL Generic	
ACCUTANE 20 MG CAPSULE INNER 20 MG	Non-PDL Generic	
ACCUTANE 20 MG CAPSULE OUTER 20 MG	Non-PDL Generic	
ACCUTANE 30 MG CAPSULE INNER 30 MG	Non-PDL Generic	
ACCUTANE 30 MG CAPSULE OUTER 30 MG	Non-PDL Generic	
ACCUTANE 40 MG CAPSULE INNER 40 MG	Non-PDL Generic	
ACCUTANE 40 MG CAPSULE OUTER 40 MG	Non-PDL Generic	
AMNESTEEM 10 MG CAPSULE INNER 10 MG	Non-PDL Generic	
AMNESTEEM 10 MG CAPSULE OUTER 10 MG	Non-PDL Generic	
AMNESTEEM 20 MG CAPSULE INNER 20 MG	Non-PDL Generic	
AMNESTEEM 20 MG CAPSULE OUTER 20 MG	Non-PDL Generic	
AMNESTEEM 40 MG CAPSULE INNER 40 MG	Non-PDL Generic	
AMNESTEEM 40 MG CAPSULE OUTER 40 MG	Non-PDL Generic	
CLARAVIS 10 MG CAPSULE 3X10 10 MG	Non-PDL Generic	

Drug	Status	Notes
CLARAVIS 10 MG CAPSULE INNER 10 MG	Non-PDL Generic	
CLARAVIS 10 MG CAPSULE OUTER 10 MG	Non-PDL Generic	
CLARAVIS 20 MG CAPSULE INNER 20 MG	Non-PDL Generic	
CLARAVIS 20 MG CAPSULE OUTER 20 MG	Non-PDL Generic	
CLARAVIS 30 MG CAPSULE INNER 30 MG	Non-PDL Generic	
CLARAVIS 30 MG CAPSULE OUTER 30 MG	Non-PDL Generic	
CLARAVIS 40 MG CAPSULE INNER 40 MG	Non-PDL Generic	
CLARAVIS 40 MG CAPSULE OUTER 40 MG	Non-PDL Generic	
<i>isotretinoin 10 mg capsule inner 10 mg</i>	Non-PDL Generic	
<i>isotretinoin 10 mg capsule outer 10 mg</i>	Non-PDL Generic	
<i>isotretinoin 20 mg capsule inner 20 mg</i>	Non-PDL Generic	
<i>isotretinoin 20 mg capsule outer 20 mg</i>	Non-PDL Generic	
<i>isotretinoin 30 mg capsule inner 30 mg</i>	Non-PDL Generic	
<i>isotretinoin 30 mg capsule outer 30 mg</i>	Non-PDL Generic	
<i>isotretinoin 40 mg capsule inner 40 mg</i>	Non-PDL Generic	
<i>isotretinoin 40 mg capsule outer 40 mg</i>	Non-PDL Generic	
MYORISAN 10 MG CAPSULE 10 MG	Non-PDL Generic	
MYORISAN 20 MG CAPSULE 20 MG	Non-PDL Generic	
MYORISAN 30 MG CAPSULE 30 MG	Non-PDL Generic	
MYORISAN 40 MG CAPSULE 40 MG	Non-PDL Generic	
ZENATANE 10 MG CAPSULE 3X10, OUTER 10 MG	Non-PDL Generic	

Drug	Status	Notes
ZENATANE 10 MG CAPSULE INNER 10 MG	Non-PDL Generic	
ZENATANE 20 MG CAPSULE 3X10, OUTER 20 MG	Non-PDL Generic	
ZENATANE 20 MG CAPSULE INNER 20 MG	Non-PDL Generic	
ZENATANE 30 MG CAPSULE INNER, 1X10 30 MG	Non-PDL Generic	
ZENATANE 30 MG CAPSULE OUTER, 3X10 30 MG	Non-PDL Generic	
ZENATANE 40 MG CAPSULE 3X10, OUTER 40 MG	Non-PDL Generic	
ZENATANE 40 MG CAPSULE INNER 40 MG	Non-PDL Generic	
Acne Agents, Topical		
ACANYA GEL PUMP 1.2-2.5 %	PDL Non-Preferred Brand	PA
<i>adapalene-bnzy l perox 0.1-2.5% 0.1-2.5 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
<i>clind ph-benzoyl pero 1.2-2.5% 1.2-2.5 %</i>	PDL Preferred Generic	
<i>clind ph-benzoyl perox 1.2-5% 1.2 % (1 % base) -5 %</i>	PDL Preferred Generic	
<i>clindamycin-benzoyl perox 1-5% 1-5 %</i>	PDL Preferred Generic	
<i>clindamycin-benzoyl perox 1-5% inner 1-5 %</i>	PDL Preferred Generic	
<i>clindamycin-benzoyl perox 1-5% outer 1-5 %</i>	PDL Preferred Generic	
<i>clindamycin-bnz perox 1-5% pmp 1-5 %</i>	PDL Non-Preferred Generic	PA
<i>clindamycin-bnz perox 1-5% pmp inner 1-5 %</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>clindamycin-bnz perox 1-5% pmp outer 1-5 %</i>	PDL Non-Preferred Generic	PA
<i>clinda-tretinoin 1.2%-0.025% 1.2-0.025 %</i>	PDL Non-Preferred Generic	PA
<i>dapsone 5% gel 5 %</i>	PDL Non-Preferred Generic	PA
EPIDUO FORTE 0.3-2.5% GEL PUMP 0.3-2.5 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
NEUAC 1.2-5% KIT 1.2-5 %	PDL Non-Preferred Brand	PA
NEUAC GEL 1.2 %(1 % BASE) -5 %	PDL Preferred Generic	PA
ONEXTON 1.2%-3.75% GEL 1.2 %(1 % BASE) -3.75 %	PDL Non-Preferred Brand	PA
ONEXTON GEL PUMP 1.2 %(1 % BASE) -3.75 %	PDL Non-Preferred Brand	PA
<i>sodium sulfacetamide 10% lotn 10 %</i>	PDL Preferred Generic	
<i>sulfacetamide sod 10% top susp 10 %</i>	PDL Preferred Generic	
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		
<i>azelaic acid 15% gel 15 %</i>	Non-PDL Generic	
<i>metronidazole 0.75% cream 0.75 %</i>	Non-PDL Generic	
<i>metronidazole 0.75% lotion 0.75 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>metronidazole top 1% gel pump 1 %</i>	Non-PDL Generic	
<i>metronidazole topical 0.75% gl 0.75 %</i>	Non-PDL Generic	
<i>metronidazole topical 1% gel 1 %</i>	Non-PDL Generic	
ROSADAN 0.75% CREAM 0.75 %	Non-PDL Generic	
Topical Antiandrogenic Agents		
WINLEVI 1% CREAM 1 %	PDL Non-Preferred Brand	PA
Topical Preparations, Antibacterials		
ANTISEPTIC SKIN CLEANSER 4% 4 %	Non-PDL Generic	OTC
ANTISEPTIC SKIN CLEANSER 4% PK INNER 4 %	Non-PDL Generic	OTC
ANTISEPTIC SKIN CLEANSER 4% PK OUTER 4 %	Non-PDL Generic	OTC
BETASEPT 4% SURGICAL SCRUB 4 %	Non-PDL Generic	OTC
<i>chlorhexidine 4% scrub 4 %</i>	Non-PDL Generic	OTC
CVS ANTISEPTIC SKIN CLEANSR 4% 4 %	Non-PDL Generic	OTC
DYNA-HEX 4% LIQUID 4 %	Non-PDL Generic	OTC
GNP ANTISEPTIC SKIN CLEANSR 4% 4 %	Non-PDL Generic	OTC
HIBICLENS 4% LIQUID 4 %	Non-PDL Brand	OTC
HIBICLENS 4% WITH FOAM PUMP 4 %	Non-PDL Brand	OTC
HM ANTISEPTIC SKIN CLEANSER 4% 4 %	Non-PDL Generic	OTC
<i>hydrocortisone-iodoquinol crm 1-1 %</i>	Non-PDL Generic	
<i>hydrogen peroxide 3% spray 3 %</i>	Non-PDL Generic	OTC
IODINE 5% STRONG SOLUTION USP, LUGOL'S 5-10 %	Non-PDL Generic	
IODINE STRONG SOLUTION LUGOLS, 5%, USP 5-10 %	Non-PDL Generic	

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

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

Drug	Status	Notes
RETIN-A MICRO 0.04% GEL 0.04 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO 0.1% GEL 0.1 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO PUMP 0.04% GEL 0.04 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO PUMP 0.06% GEL 0.06 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO PUMP 0.08% GEL 0.08 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
RETIN-A MICRO PUMP 0.1% GEL 0.1 %	PDL Non-Preferred Brand	PA; Age (Max 25 Years)
<i>tretinoin 0.01% gel 0.01 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
<i>tretinoin 0.025% cream 0.025 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
<i>tretinoin 0.025% gel 0.025 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
<i>tretinoin 0.05% cream 0.05 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
<i>tretinoin 0.05% gel 0.05 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
<i>tretinoin 0.1% cream 0.1 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
<i>tretinoin gel micro 0.04% pump 0.04 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
<i>tretinoin gel micro 0.04% tube 0.04 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)

Drug	Status	Notes
<i>tretinoin gel micro 0.1% pump 0.1 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
<i>tretinoin gel micro 0.1% tube 0.1 %</i>	PDL Non-Preferred Generic	PA; Age (Max 25 Years)
Vitamin A Derivatives, Topical Acne Agents		
FABIOR 0.1% FOAM 0.1 %	PDL Non-Preferred Brand	PA; Age (Min 12 Years)
Vitamin A Derivatives, Topical Cosmetic Agents		
REFISSA 0.05% CREAM USP 0.05 %	Non-PDL Generic	SP
<i>tretinoin 0.05% emollient crm usp 0.05 %</i>	Non-PDL Generic	SP; Age (Max 25 Years)
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ 4% FOAM 4 %	PDL Non-Preferred Brand	PA; Age (Min 9 Years)
ANTIBIOTIC OINTMENT 3.5MG-400 UNIT-5,000 UNIT/GRAM	Non-PDL Generic	OTC
ANTIBIOTIC-PAIN RELIEF OINT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
<i>bacitracin 500 unit/gm ointmnt 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin 500 unit/gm ointmnt 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin 500 unit/gm ointmnt inner 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin 500 unit/gm ointmnt outer 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin zn 500 unit/gm oint 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin zn 500 unit/gm oint 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin zn 500 unit/gm oint inner 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin zn 500 unit/gm oint inner 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin zn 500 unit/gm oint outer 500 unit/gram</i>	Non-PDL Generic	OTC

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

Drug	Status	Notes
CVS ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
<i>cvs bacitracin zn 500 unit/gm 500 unit/gram</i>	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
<i>eq bacitracin zn 500 unit/gm 500 unit/gram</i>	Non-PDL Generic	OTC
EQ TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
<i>eql bacitracin zn 500 unit/gm 500 unit/gram</i>	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 2 %	PDL Preferred Generic	
<i>erythromycin 2% gel 2 %</i>	PDL Preferred Generic	
<i>erythromycin 2% solution 2 %</i>	PDL Preferred Generic	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl gel 3-5 %</i>	PDL Preferred Generic	
FIRST AID ANTIBIOTIC OINTMENT 3.5-500-10,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
<i>gentamicin 0.1% cream 0.1 %</i>	Non-PDL Generic	QL (90 GM per 1 FILL)
<i>gentamicin 0.1% ointment 0.1 %</i>	Non-PDL Generic	QL (90 GM per 1 FILL)
<i>gnp bacitracin zn 500 unit/gm usp 500 unit/gram</i>	Non-PDL Generic	OTC
GNP TRIPLE ANTIBIOTIC + OINT MAXIMUM STRENGTH 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC

Drug	Status	Notes
GNP TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
GS FIRST AID ANTIBIOTIC OINT 3.5MG- 400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
<i>hm bacitracin zn 500 unit/gm 500 unit/gram</i>	Non-PDL Generic	OTC
HM DOUBLE ANTIBIOTIC OINTMENT 500- 10,000 UNIT/GRAM	Non-PDL Generic	OTC
HM TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
HM TRIPLE ANTIBIOTIC PLUS OINT MAXIMUM STRENGTH 3.5-500-10,000 MG- UNIT-UNIT/G	Non-PDL Generic	OTC
KRO TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
MEDI-FIRST TRIPLE ANTIBIOTIC INNER (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
MEDI-FIRST TRIPLE ANTIBIOTIC OUTER (OTC) 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
<i>mupirocin 2% cream 2 %</i>	PDL Non- Preferred Generic	PA; QL (90 GM per 1 FILL)
<i>mupirocin 2% ointment 2 %</i>	PDL Preferred Generic	QL (90 GM per 1 FILL)
NEOSPORIN OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
NEOSPORIN OINTMENT PACKET INNER 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
NEOSPORIN OINTMENT PACKET OUTER 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
NEOSPORIN PLUS PAIN RELF 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
RA ANTIBIOTIC-PAIN RELIEF OINT MAXIMUM STRENGTH 3.5-500-10,000 MG- UNIT-UNIT/G	Non-PDL Generic	OTC

Drug	Status	Notes
<i>ra bacitracin zn 500 unit/gm 500 unit/gram</i>	Non-PDL Generic	OTC
RA DOUBLE ANTIBIOTIC OINT 500-10,000 UNIT/GRAM	Non-PDL Generic	OTC
RA TRIPLE ANTIBIOTIC OINTMENT FIRST AID 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
SM ANTIBIOTIC 500 UNIT/GM OINT 500 UNIT/GRAM	Non-PDL Generic	OTC
SM DOUBLE ANTIBIOTIC OINT 500-10,000 UNIT/GRAM	Non-PDL Generic	OTC
SM TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC OINTMENT PKT (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 INNER 1 %	PDL Non-Preferred Brand	PA
XEPI 1% CREAM OUTER 1 %	PDL Non-Preferred Brand	PA
Topical Antifungal/Antiinflammatory, Steriod Agent		
<i>clotrimazole-betamethasone crm 1-0.05 %</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>clotrimazole-betamethasone lot 1-0.05 %</i>	PDL Non-Preferred Generic	PA
Topical Antifungals		
ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	OTC
ANTIFUNGAL 1% LIQUID SPRAY LIQUID SPRAY 1 %	Non-PDL Generic	OTC
ANTIFUNGAL 1% LIQUID SPRAY MEDICATED,SPRAY 1 %	Non-PDL Generic	OTC
ANTI-FUNGAL 1% POWDER 1 %	Non-PDL Generic	OTC
ANTIFUNGAL 1% POWDER SPRAY 1 %	Non-PDL Generic	OTC
ANTIFUNGAL 1% TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
ANTIFUNGAL 1% TOPICAL CREAM INNER 1 %	PDL Preferred Generic	OTC
ANTIFUNGAL 1% TOPICAL CREAM OUTER 1 %	PDL Preferred Generic	OTC
ANTIFUNGAL 2% POWDER 2 %	PDL Preferred Generic	OTC
ANTIFUNGAL 2% TOPICAL CREAM 2 %	PDL Preferred Generic	OTC
ATHLETES FOOT 1% CREAM 1 %	PDL Preferred Generic	OTC
ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	OTC
ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	OTC
ATHLETE'S FOOT 1% POWDER SPRAY 1 %	Non-PDL Generic	OTC

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

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

Drug	Status	Notes
DERMAFUNGAL 2% CREAM 2 %	PDL Preferred Generic	OTC
DESENEX 2% POWDER 2 %	PDL Preferred Generic	OTC
<i>econazole nitrate 1% cream 1 %</i>	PDL Preferred Generic	QL (170 GM per 1 FILL)
EQ ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	OTC
EQ ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	OTC
EQ ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	OTC
EQ ATHLETE'S FOOT 1% PWD SPRAY 1 %	Non-PDL Generic	OTC
EQ ATHLETE'S FOOT 2% PWD SPRAY 2 %	Non-PDL Generic	OTC
EQ JOCK ITCH 1% CREAM 1 %	PDL Preferred Generic	OTC
<i>eq terbinafine 1% cream 1 %</i>	PDL Preferred Generic	OTC
EQL ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	OTC
EQL ANTIFUNGAL 1% TOP CREAM 1 %	PDL Preferred Generic	OTC
EQL ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	OTC
EXELDERM 1% CREAM 1 %	PDL Non-Preferred Brand	PA
EXELDERM 1% SOLUTION 1 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
EXODERM LOTION 25-1 %	Non-PDL Generic	
FORMULA 3 ANTIFUNGAL 1% SOLN 1 %	PDL Non-Preferred Generic	PA; OTC
FUNGI CURE INTENSIVE 1% SPRAY 1 %	Non-PDL Generic	OTC
FUNGOID-D 1% CREAM 1 %	PDL Preferred Generic	OTC
GNP ATHLETE'S FOOT 1% CREAM 1 %	PDL Preferred Generic	OTC
GNP MICONAZRB AF 2% POWDER 2 %	PDL Preferred Generic	OTC
<i>gnp terbinafine 1% cream 1 %</i>	PDL Preferred Generic	OTC
<i>gnp terbinafine 1% cream antifungal 1 %</i>	PDL Preferred Generic	OTC
<i>gnp tolnaftate 1% cream 1 %</i>	PDL Preferred Generic	OTC
GS ATHLETE'S FOOT 1% LQ SPRAY 1 %	Non-PDL Generic	OTC
INZO ANTIFUNGAL 2% CREAM 2 %	PDL Preferred Generic	OTC
JOCK ITCH 1% CREAM 1 %	PDL Preferred Generic	OTC
JOCK ITCH 1% POWDER SPRAY MAXIMUM STRENGTH 1 %	Non-PDL Generic	OTC
JOCK ITCH RELIEF 1% CREAM 1 %	PDL Preferred Generic	OTC
JUBLIA 10% TOPICAL SOLUTION 10 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
KERYDIN 5% TOPICAL SOLUTION 5 %	PDL Non-Preferred Brand	PA
<i>ketoconazole 2% cream 2 %</i>	PDL Preferred Generic	QL (180 GM per 1 FILL)
<i>ketoconazole 2% foam 2 %</i>	PDL Non-Preferred Generic	PA
<i>ketoconazole 2% shampoo 2 %</i>	PDL Preferred Generic	QL (360 ML per 1 FILL)
KETODAN 2% FOAM 2 %	PDL Non-Preferred Generic	PA
LAMISIL AF DEFENS 1% SPRAY PWD 1 %	Non-PDL Generic	OTC
LAMISIL AT 1% CREAM 1 %	Non-PDL Brand	OTC
LAMISIL AT 1% CREAM ATHLETE'S FOOT 1 %	Non-PDL Brand	OTC
LOPROX 0.77% CREAM 0.77 %	PDL Non-Preferred Brand	PA; QL (180 GM per 1 FILL)
LOPROX 0.77% CREAM KIT 0.77 %	PDL Non-Preferred Brand	PA
LOPROX 0.77% SUSPENSION KIT 0.77 %	PDL Non-Preferred Brand	PA
LOPROX 0.77% TOPICAL SUSP 0.77 %	PDL Non-Preferred Brand	PA; QL (180 ML per 1 FILL)
LOPROX 1% SHAMPOO 1 %	PDL Non-Preferred Brand	PA
LOTRIMIN AF 1% CREAM 1 %	Non-PDL Brand	OTC
LOTRIMIN AF 1% CREAM BONUS 25% MORE(30GM) 1 %	Non-PDL Brand	OTC
LOTRIMIN AF 2% LIQUID SPRAY 2 %	Non-PDL Generic	OTC

Drug	Status	Notes
LOTRIMIN AF 2% POWDER 2 %	Non-PDL Brand	OTC
<i>luliconazole 1% cream 1 %</i>	PDL Non-Preferred Generic	PA; QL (60 GM per 28 days)
LUZU 1% CREAM 1 %	PDL Non-Preferred Brand	PA; QL (60 GM per 28 days)
MICATIN 2% ANTIFUNGAL CREAM 2 %	PDL Preferred Generic	OTC
<i>miconazole 2% topical cream 2 %</i>	PDL Preferred Generic	OTC
<i>miconazole nitrate 2% powder 2 %</i>	PDL Preferred Generic	OTC
<i>miconazole-zinc-petro 0.25-15% 0.25-15-81.35 %</i>	PDL Non-Preferred Generic	PA
MICOTRIN AC 1% TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
MICOTRIN AL 1% LIQUID 1 %	PDL Non-Preferred Generic	PA; OTC
MICOTRIN AP 2% POWDER 2 %	PDL Preferred Generic	OTC
MICRO-GUARD 2% POWDER 12'S,ANTIFUNGAL 2 %	PDL Preferred Generic	OTC
MYCOZYL AC 1% TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
MYCOZYL AL 1% LIQUID 1 %	PDL Non-Preferred Generic	PA; OTC
MYCOZYL AP 2% POWDER 2 %	PDL Preferred Generic	OTC

Drug	Status	Notes
<i>naftifine hcl 1% cream 1 %</i>	PDL Non-Preferred Generic	PA
<i>naftifine hcl 2% cream 2 %</i>	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
NAFTIN 1% GEL 1 %	PDL Non-Preferred Brand	PA
NAFTIN 2% GEL 2 %	PDL Non-Preferred Brand	PA
NYAMYC 100,000 UNIT/GM POWDER 100,000 UNIT/GRAM	PDL Preferred Generic	
<i>nystatin 100,000 unit/gm cream 100,000 unit/gram</i>	PDL Preferred Generic	
<i>nystatin 100,000 unit/gm oint 100,000 unit/gram</i>	PDL Preferred Generic	QL (90 GM per 1 FILL)
<i>nystatin 100,000 unit/gm powd 100,000 unit/gram</i>	PDL Preferred Generic	
<i>nystatin-triamcinolone cream 100,000-0.1 unit/g-%</i>	PDL Preferred Generic	
<i>nystatin-triamcinolone ointm 100,000-0.1 unit/gram-%</i>	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
<i>nystatin-triamcinolone ointment 100,000-0.1 unit/gram-%</i>	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
NYSTOP 100,000 UNIT/GM POWDER 100,000 UNIT/GRAM	PDL Preferred Generic	
ODOR CTRL FOOT-SNEAKER 1% POWD 1 %	Non-PDL Generic	OTC
<i>oxiconazole nitrate 1% cream 1 %</i>	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)

Drug	Status	Notes
OXISTAT 1% CREAM 1 %	PDL Non-Preferred Brand	PA; QL (180 GM per 1 FILL)
PUB ATHLETIC FOOT 1% CREAM 1 %	PDL Preferred Generic	OTC
QC ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	OTC
RA ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	OTC
RA ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	OTC
RA ANTIFUNGAL 1% LIQUID SPRAY LIQUID SPRAY 1 %	Non-PDL Generic	OTC
RA ANTIFUNGAL RINGWORM 1% CRM 1 %	PDL Preferred Generic	OTC
RA ATHLETE'S FOOT 2% PWD SPRAY 2 %	Non-PDL Generic	OTC
RA CLOTRIMAZOLE 1% TOP CREAM 1 %	PDL Preferred Generic	OTC
RA JOCK ITCH 1% POWDER SPRAY POWDER SPRAY 1 %	Non-PDL Generic	OTC
RA JOCK ITCH CREAM 1 %	PDL Preferred Generic	OTC
REMEDY ANTIFUNGAL 2% CREAM 2 %	PDL Preferred Generic	OTC
REMEDY ANTIFUNGAL 2% POWDER 2 %	PDL Preferred Generic	OTC
REMEDY PHYTOPLEX ANTIFUNGAL 2% 2 %	PDL Preferred Generic	OTC
SECURA ANTIFUNGAL 2% CREAM 2 %	PDL Preferred Generic	OTC

Drug	Status	Notes
SECURA ANTIFUNGAL 2% CREAM 2 %	PDL Preferred Generic	OTC
SM ANTIFUNGAL 1% CREAM 1 %	PDL Preferred Generic	OTC
SM ANTIFUNGAL 1% TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
SM ATHLETE'S 1% FOOT CREAM 1 %	PDL Preferred Generic	OTC
<i>sm miconazole 2% topical cream 2 %</i>	PDL Preferred Generic	OTC
<i>sulconazole nitrate 1% cream 1 %</i>	PDL Non-Preferred Generic	PA
<i>sulconazole nitrate 1% soln 1 %</i>	PDL Non-Preferred Generic	PA
<i>tavaborole 5% topical solution 5 %</i>	PDL Non-Preferred Generic	PA
<i>terbinafine 1% cream 1 %</i>	PDL Preferred Generic	OTC
<i>terbinafine 1% cream antifungal 1 %</i>	PDL Preferred Generic	OTC
THERA ANTIFUNGAL 2% CREAM 2 %	PDL Preferred Generic	OTC
THERA ANTIFUNGAL 2% POWDER 2 %	PDL Preferred Generic	OTC
TINACTIN 1% CREAM 1 %	Non-PDL Brand	OTC
TINACTIN 1% POWDER 1 %	Non-PDL Brand	OTC
TOLCYLEN 1% SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC

Drug	Status	Notes
<i>tolnaftate 1% cream 1 %</i>	PDL Preferred Generic	OTC
<i>tolnaftate 1% powder 1 %</i>	Non-PDL Generic	OTC
<i>tolnaftate 1% spray powder 1 %</i>	Non-PDL Generic	OTC
TRIPLE DYE SWAB (OTC) 2.29-2.29-1.14 MG/ML	Non-PDL Generic	OTC
VUSION OINTMENT 0.25-15-81.35 %	PDL Non- Preferred Brand	PA
ZEASORB AF 2% POWDER 2 %	PDL Preferred Generic	OTC
Topical Antiparasitics		
COMPLETE LICE TREATMENT KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	PDL Non- Preferred Generic	PA; OTC
CROTAN 10% LOTION 10 %	PDL Non- Preferred Brand	PA
CVS LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 %	PDL Preferred Generic	OTC
CVS LICE SOLUTION KIT 4-0.33-0.5 %	PDL Non- Preferred Generic	PA; OTC
CVS LICE SOLUTION KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	PDL Non- Preferred Generic	PA; OTC
CVS LICE TREATMENT 1% CRM RINS 1 %	PDL Preferred Generic	OTC
EQ COMPLETE LICE TREATMENT KIT SHAMP,GEL,COMB,SPRAY 4-0.33-0.5 %	PDL Non- Preferred Generic	PA; OTC
EQ LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 %	PDL Preferred Generic	OTC
EQL LICE KILLING SHAMPOO 0.33-4 %	PDL Preferred Generic	OTC

Drug	Status	Notes
EURAX 10% CREAM 10 %	Non-PDL Brand	
EURAX 10% LOTION 10 %	PDL Non-Preferred Brand	PA
GNP LICE TREATMENT 1% CRM RINS 1 NIT REMOVAL COMB 1 %	PDL Preferred Generic	OTC
GNP LICE TREATMENT SHAMPOO 1 NIT COMB INCLUDED 0.33-4 %	PDL Preferred Generic	OTC
GS LICE KILLING 1 % CRM RINSE 1 %	PDL Preferred Generic	OTC
GS LICE KILLING SHAMPOO W/NIT COMB 0.33-4 %	PDL Preferred Generic	OTC
HM LICE KILLING SHAMPOO 1 NIT COMB INCLUDED 0.33-4 %	PDL Preferred Generic	OTC
KRO LICE COMPLETE KIT 1-2-3 4-0.33-0.5 %	PDL Non-Preferred Generic	PA; OTC
KRO LICE KILLING SHAMPOO W/ 2 COMBS 0.33-4 %	PDL Preferred Generic	OTC
LICE KILLING SHAMPOO 0.33-4 %	PDL Preferred Generic	OTC
LICE KILLING SHAMPOO W/COMB 0.33-4 %	PDL Preferred Generic	OTC
LICE KILLING SHAMPOO W/COMB, MAX STRENGTH 0.33-4 %	PDL Preferred Generic	OTC
LICE KILLING SHAMPOO W/NIT COMB 0.33-4 %	PDL Preferred Generic	OTC
LICE TREATMENT 1% CREME RINSE 1 %	PDL Preferred Generic	OTC

Drug	Status	Notes
LICE TREATMENT 1% CREME RINSE 1 NIT REMOVAL COMB 1 %	PDL Preferred Generic	OTC
LICE TREATMENT 1% CREME RINSE FAMLY PK,CREME RINSE 1 %	PDL Preferred Generic	OTC
LICE TREATMENT 1% CREME RINSE MULTI-PACK, 2X59ML 1 %	PDL Preferred Generic	OTC
LICE TREATMENT SHAMPOO 1 NIT COMB INCLUDED 0.33-4 %	PDL Preferred Generic	OTC
<i>lindane 1% shampoo 1 %</i>	PDL Non-Preferred Generic	PA
<i>malathion 0.5% lotion 0.5 %</i>	PDL Non-Preferred Generic	PA
NATROBA 0.9% TOPICAL SUSP 0.9 %	PDL Preferred Brand	
OVIDE 0.5% LOTION 0.5 %	PDL Non-Preferred Brand	PA
<i>permethrin 5% cream 5 %</i>	PDL Preferred Generic	
RA LICE PYRINYL SHAMPOO 0.33-4 %	PDL Preferred Generic	OTC
RA LICE SOLUTION KIT 4-0.33-0.5 %	PDL Non-Preferred Generic	PA; OTC
RA LICE TREATMENT 1% CRM RINSE 2X59ML, 2 COMBS 1 %	PDL Preferred Generic	OTC
RID COMPLETE 1-2-3 LICE KIT 4-0.33-0.5 %	PDL Non-Preferred Generic	PA; OTC
RID COMPLETE LICE KIT 4-0.33-0.5 %	PDL Non-Preferred Generic	PA; OTC

Drug	Status	Notes
RID ESSENTIAL LICE KIT 0.33-4 %	PDL Preferred Generic	OTC
RID LICE KILLING SHAMPOO 0.33-4 %	PDL Preferred Generic	OTC
SB LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 %	PDL Preferred Generic	OTC
SKLICE 0.5% LOTION (OTC) 0.5 %	PDL Non-Preferred Brand	PA; OTC
SM LICE KILLING SHAMPOO 1 %	PDL Preferred Generic	OTC
SM LICE KILLING SHAMPOO MAXIMUM STRENGTH 0.33-4 %	PDL Preferred Generic	OTC
SM LICE SOLUTION KIT 4-0.33-0.5 %	PDL Non-Preferred Generic	PA; OTC
SM LICE TREATMENT 1% CRM RINSE 1 %	PDL Preferred Generic	OTC
<i>spinosad 0.9% topical susp 0.9 %</i>	PDL Non-Preferred Generic	PA
Topical Antivirals		
<i>acyclovir 5% cream 5 %</i>	PDL Non-Preferred Generic	PA
<i>acyclovir 5% ointment 5 %</i>	PDL Preferred Generic	
<i>acyclovir 5% ointment inner 5 %</i>	PDL Preferred Generic	
<i>acyclovir 5% ointment outer 5 %</i>	PDL Preferred Generic	
DENAVIR 1% CREAM 1 %	PDL Preferred Brand	

Drug	Status	Notes
<i>docosanol 10% cream 10 %</i>	Non-PDL Generic	OTC
<i>gnp docosanol 10% cream 10 %</i>	Non-PDL Generic	OTC
<i>hm docosanol 10% cream 10 %</i>	Non-PDL Generic	OTC
ZOVIRAX 5% CREAM 5 %	PDL Non-Preferred Brand	PA
ZOVIRAX 5% OINTMENT 5 %	PDL Non-Preferred Brand	PA
Topical Antivirals/Antiinflammatory, Steroid Agent		
XERESE 5%-1% CREAM 5-1 %	PDL Non-Preferred Brand	PA; QL (10 GM per 365 days)
Topical Sulfonamides		
AVAR CLEANSER 12'S 10-5 % (W/W)	PDL Non-Preferred Brand	PA; QL (1419 GM per 1 FILL)
BP 10-1 WASH 10-1 %	PDL Preferred Generic	
BP CLEANSING WASH 10-4-10 %	Non-PDL Generic	
<i>mafenide acetate 50 gm powd pk inner 50 gram</i>	Non-PDL Generic	
<i>mafenide acetate 50 gm powd pk outer 50 gram</i>	Non-PDL Generic	
ROSULA 10%-5% CLOTHS INNER 10-5 %	PDL Preferred Generic	
ROSULA 10%-5% CLOTHS OUTER 10-5 %	PDL Preferred Generic	
<i>silver sulfadiazine 1% cream 1 %</i>	Non-PDL Generic	
<i>sod sulface-sulf 9.8-4.8% clsr 9.8-4.8 %</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>sod sulfacet-sulfur 9-4.5% wash 9-4.5 %</i>	PDL Preferred Generic	
<i>sod sulfacet-sulfr 9.8-4.8%pad 9.8-4.8 %</i>	PDL Preferred Generic	
<i>sod sulfacet-sulfur 10-2% clsr 10-2 %</i>	PDL Preferred Generic	
<i>sod sulfacet-sulfur 10-4% pad 10-4 %</i>	PDL Preferred Generic	
<i>sod sulfacet-sulfur 10-4% pad inner 10-4 %</i>	PDL Preferred Generic	
<i>sod sulfacet-sulfur 10-4% pad outer 10-4 %</i>	PDL Preferred Generic	
<i>sod sulfacet-sulfur 10-5% clsr 10-5 % (w/w)</i>	PDL Preferred Generic	QL (1419 GM per 1 FILL)
<i>sod sulfac-sulfur 9.8-4.8% crm 9.8-4.8 %</i>	PDL Preferred Generic	
<i>sod sulfac-sulfur 9.8-4.8% lot 9.8-4.8 %</i>	PDL Preferred Generic	
<i>sodium sulfacetamide-sulfur 10-2% cream 10-2 %</i>	PDL Preferred Generic	
<i>sodium sulfacetamide-sulfur 10-5% cream 10-5 % (w/w)</i>	PDL Preferred Generic	
<i>sodium sulf-sulfur cleanser 10-5-10 %</i>	PDL Preferred Generic	QL (1419 ML per 1 FILL)
SSD 1% CREAM 1 %	Non-PDL Generic	
SSS 10-5 CREAM 10-5 % (W/W)	PDL Preferred Generic	

Drug	Status	Notes
SSS 10-5 FOAM 10-5 %	PDL Preferred Generic	
<i>sulfacetamide-sulfur 10-5% crm 10-5 % (w/w)</i>	PDL Preferred Generic	
<i>sulfacetamide-sulfur 10-5% lot 10-5 % (w/v), 10-5 % (w/w)</i>	PDL Preferred Generic	
<i>sulfacetamide-sulfur 10-5% sus 10-5 %</i>	PDL Non-Preferred Generic	PA
<i>sulfacetamide-sulfur 8-4% susp 8-4 %</i>	PDL Non-Preferred Generic	PA
<i>sulfacetamide-sulfur 9-4% clsr 9-4 %</i>	PDL Preferred Generic	
<i>sulfacet-sulfur 9%-4.25% susp 9-4.25 %</i>	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		
Top. Anti-Inflam., Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA 2% OINTMENT 2 %	PDL Non-Preferred Brand	PA; Age (Min 2 Years)
Topical Anti-Inflammatory Steroidal		
ALA-CORT 1% CREAM 1 %	Non-PDL Generic	
ALA-SCALP 2% LOTION 2 %	Non-PDL Generic	
<i>alclometasone dipr 0.05% oint 0.05 %</i>	Non-PDL Generic	
<i>alclometasone dipro 0.05% crm 0.05 %</i>	Non-PDL Generic	
ANTI-ITCH 1% LOTION 1 %	Non-PDL Generic	OTC

Drug	Status	Notes
AQUANIL HC 1% LOTION 1 %	Non-PDL Generic	OTC
AQUAPHOR ITCH RELIEF 1% OINT 1 %	Non-PDL Generic	OTC
AVEENO 1% CREAM 1 %	Non-PDL Generic	OTC
BETA HC 1% LOTION 1 %	Non-PDL Generic	OTC
<i>betamethasone dp 0.05% crm 0.05 %</i>	Non-PDL Generic	
<i>betamethasone dp 0.05% lot 0.05 %</i>	Non-PDL Generic	
<i>betamethasone dp 0.05% oint 0.05 %</i>	Non-PDL Generic	
<i>betamethasone dp 0.05% oint carton 0.05 %</i>	Non-PDL Generic	
<i>betamethasone dp aug 0.05% crm 0.05 %</i>	Non-PDL Generic	
<i>betamethasone dp aug 0.05% gel 0.05 %</i>	Non-PDL Generic	
<i>betamethasone dp aug 0.05% lot 0.05 %</i>	Non-PDL Generic	
<i>betamethasone dp aug 0.05% oin 0.05 %</i>	Non-PDL Generic	
<i>betamethasone dp aug 0.05% oin augmented 0.05 %</i>	Non-PDL Generic	
<i>betamethasone va 0.1% cream 0.1 %</i>	Non-PDL Generic	
<i>betamethasone va 0.1% cream carton 0.1 %</i>	Non-PDL Generic	
<i>betamethasone va 0.1% lotion 0.1 %</i>	Non-PDL Generic	
<i>betamethasone valer 0.1% ointm 0.1 %</i>	Non-PDL Generic	
<i>clobetasol 0.05% cream 0.05 %</i>	Non-PDL Generic	
<i>clobetasol 0.05% gel 0.05 %</i>	Non-PDL Generic	
<i>clobetasol 0.05% ointment 0.05 %</i>	Non-PDL Generic	
<i>clobetasol 0.05% shampoo 0.05 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>clobetasol 0.05% solution 0.05 %</i>	Non-PDL Generic	
<i>clobetasol 0.05% topical lotn 0.05 %</i>	Non-PDL Generic	
<i>clobetasol emollient 0.05% crm 0.05 %</i>	Non-PDL Generic	
<i>clobetasol emollnt 0.05% foam 0.05 %</i>	Non-PDL Generic	
<i>clobetasol emulsion 0.05% foam 0.05 %</i>	Non-PDL Generic	
<i>clobetasol prop 0.05% foam 0.05 %</i>	Non-PDL Generic	
<i>clobetasol prop 0.05% spray 0.05 %</i>	Non-PDL Generic	
<i>clocortolone 0.1% cream pump 0.1 %</i>	Non-PDL Generic	
<i>clocortolone pivalate 0.1% crm 0.1 %</i>	Non-PDL Generic	
CORTAID 1% CREAM 1 %	Non-PDL Generic	OTC
CORTAID 1% CREAM 12 HR, ANTI-ITCH 1 %	Non-PDL Generic	OTC
CORTIZONE-10 1% CREME 1 %	Non-PDL Generic	OTC
CORTIZONE-10 1% CREME 1 %	Non-PDL Generic	OTC
CORTIZONE-10 1% CREME MAXIMUM STRENGTH 1 %	Non-PDL Generic	OTC
CORTIZONE-10 1% LOTION 1 %	Non-PDL Brand	OTC
CORTIZONE-10 1% LOTION 1 %	Non-PDL Generic	OTC
CORTIZONE-10 1% OINTMENT 1 %	Non-PDL Generic	OTC
CORTIZONE-10 PLUS 1% CREME 1 %	Non-PDL Generic	OTC
CVS ANTI-ITCH 1% CREAM 1 %	Non-PDL Generic	OTC
CVS CORTISONE 1% CREAM 1 %	Non-PDL Generic	OTC
CVS CORTISONE 1% LOTION 1 %	Non-PDL Generic	OTC

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

Drug	Status	Notes
<i>fluocinonide 0.05% solution 0.05 %</i>	Non-PDL Generic	
<i>fluocinonide 0.1% cream 0.1 %</i>	Non-PDL Generic	
<i>fluocinonide-e 0.05% cream 0.05 %</i>	Non-PDL Generic	
FLUOCINONIDE-E 0.05% CREAM 0.05 %	Non-PDL Generic	
<i>flurandrenolide 0.05% lotion 0.05 %</i>	Non-PDL Generic	
<i>flurandrenolide 0.05% ointment 0.05 %</i>	Non-PDL Generic	QL (180 GM per 30 days)
<i>fluticasone prop 0.005% oint 0.005 %</i>	Non-PDL Generic	
<i>fluticasone prop 0.05% cream 0.05 %</i>	Non-PDL Generic	
<i>gnp hydrocort acetate 1% cr cream 1 %</i>	Non-PDL Generic	OTC
<i>gnp hydrocortisone 0.5% crm 0.5 %</i>	Non-PDL Generic	OTC
<i>gnp hydrocortisone 1% cream max str, w/aloe (otc) 1 %</i>	Non-PDL Generic	OTC
<i>gnp hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	Non-PDL Generic	OTC
GS ANTI-ITCH 1% CREAM 1 %	Non-PDL Generic	OTC
<i>halobetasol prop 0.05% cream 0.05 %</i>	Non-PDL Generic	
<i>halobetasol prop 0.05% ointmnt 0.05 %</i>	Non-PDL Generic	
<i>hm hydrocortisone 1% cream max str, w/aloe (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hm hydrocortisone 1% cream plus 12 moisturizers (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocort buty 0.1% lipid crm 0.1 %</i>	Non-PDL Generic	
<i>hydrocort buty 0.1% lipo cream 0.1 %</i>	Non-PDL Generic	
<i>hydrocortisone 0.5% cream (otc) 0.5 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 0.5% cream 0.5 %</i>	Non-PDL Generic	OTC

Drug	Status	Notes
<i>hydrocortisone 0.5% cream regular strength (otc) 0.5 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 0.5% ointment 0.5 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream (rx) 1 %</i>	Non-PDL Generic	
<i>hydrocortisone 1% cream 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream anti-itch (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream carton (rx) 1 %</i>	Non-PDL Generic	
<i>hydrocortisone 1% cream max str w/aloe (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream max str w/chamomile (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream max str, w/aloe (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream maximum strength (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream maximum strength 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream moisturizer,max. str (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream w/aloe (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% cream w/aloe,max strength (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% lotion (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% ointment (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% ointment (rx) 1 %</i>	Non-PDL Generic	
<i>hydrocortisone 1% ointment 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% ointment max str (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 1% ointment max strength (otc) 1 %</i>	Non-PDL Generic	OTC

Drug	Status	Notes
<i>hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone 2.5% cream 2.5 %</i>	Non-PDL Generic	
<i>hydrocortisone 2.5% cream 2.5 %</i>	Non-PDL Generic	
<i>hydrocortisone 2.5% cream carton 2.5 %</i>	Non-PDL Generic	
<i>hydrocortisone 2.5% lotion 2.5 %</i>	Non-PDL Generic	
<i>hydrocortisone 2.5% ointment 2.5 %</i>	Non-PDL Generic	
<i>hydrocortisone buty 0.1% cream 0.1 %</i>	Non-PDL Generic	
<i>hydrocortisone butyr 0.1% soln 0.1 %</i>	Non-PDL Generic	
HYDROCORTISONE PLUS 1% CREAM MAX-STR,W/ALOE 1 %	Non-PDL Generic	OTC
<i>hydrocortisone val 0.2% cream 0.2 %</i>	Non-PDL Generic	
<i>hydrocortisone val 0.2% ointmt 0.2 %</i>	Non-PDL Generic	
<i>hydrocortisone-aloe 0.5% cream 0.5 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone-aloe 1% cream 1 %</i>	Non-PDL Generic	OTC
<i>kro hydrocortisone 1% cream (otc) 1 %</i>	Non-PDL Generic	OTC
<i>mometasone furoate 0.1% cream 0.1 %</i>	Non-PDL Generic	
<i>mometasone furoate 0.1% oint 0.1 %</i>	Non-PDL Generic	
<i>mometasone furoate 0.1% soln 0.1 %</i>	Non-PDL Generic	
<i>mometasone furoate 0.1% soln 27.5 gram 0.1 %</i>	Non-PDL Generic	
<i>mometasone furoate 0.1% soln 55 gram 0.1 %</i>	Non-PDL Generic	
<i>mometasone furoate 0.1% soln lotion 0.1 %</i>	Non-PDL Generic	
MONISTAT CARE 1% CREAM 1 %	Non-PDL Generic	OTC

Drug	Status	Notes
NOBLE FORMULA HC 1% CREAM 1 %	Non-PDL Generic	OTC
<i>prednicarbate 0.1% cream 0.1 %</i>	Non-PDL Generic	
<i>prednicarbate 0.1% ointment 0.1 %</i>	Non-PDL Generic	
PREPARATION H HC 1% CREAM 1 %	Non-PDL Generic	OTC
PROCTO-MED HC 2.5% CREAM 2.5 %	Non-PDL Generic	
PROCTOSOL-HC 2.5% CREAM 2.5 %	Non-PDL Generic	
PROCTOZONE-HC 2.5% CREAM 2.5 %	Non-PDL Generic	
PUB HYDROCREAM 1% 1 %	Non-PDL Generic	OTC
QC ANTI-ITCH 1% CREAM 1 %	Non-PDL Generic	OTC
QC ANTI-ITCH WITH ALOE 1% CRM 1 %	Non-PDL Generic	OTC
RA ANTI-ITCH 1% CREAM MAXIMUM STRENGTH 1 %	Non-PDL Generic	OTC
RA ANTI-ITCH 1% OINTMENT MAXIMUM STRENGTH 1 %	Non-PDL Generic	OTC
<i>ra hydrocortisone 1% cream plus 12 moisturizers (otc) 1 %</i>	Non-PDL Generic	OTC
<i>ra hydrocortisone 1% cream plus 12,maximum str (otc) 1 %</i>	Non-PDL Generic	OTC
SB HYDROCORTISONE PLUS 1% CRM 1 %	Non-PDL Generic	OTC
SCALACORT DK 2% KIT 2-2-2 %	Non-PDL Brand	
<i>sm hydrocortisone 1% ointment maximum strength (otc) 1 %</i>	Non-PDL Generic	OTC
SM HYDROCORTISONE PLUS 1% CRM 1 %	Non-PDL Generic	OTC
<i>sm hydrocortisone-aloe 1% crm 1 %</i>	Non-PDL Generic	OTC
TEXACORT 2.5% SOLUTION 2.5 %	Non-PDL Brand	
<i>triamcinolone 0.025% cream 0.025 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>triamcinolone 0.025% lotion 0.025 %</i>	Non-PDL Generic	
<i>triamcinolone 0.025% lotion inner 0.025 %</i>	Non-PDL Generic	
<i>triamcinolone 0.025% lotion outer 0.025 %</i>	Non-PDL Generic	
<i>triamcinolone 0.025% oint 0.025 %</i>	Non-PDL Generic	
<i>triamcinolone 0.05% ointment 0.05 %</i>	Non-PDL Generic	QL (430 GM per 30 days)
<i>triamcinolone 0.1% cream 0.1 %</i>	Non-PDL Generic	
<i>triamcinolone 0.1% lotion 0.1 %</i>	Non-PDL Generic	
<i>triamcinolone 0.1% lotion inner 0.1 %</i>	Non-PDL Generic	
<i>triamcinolone 0.1% lotion outer 0.1 %</i>	Non-PDL Generic	
<i>triamcinolone 0.1% ointment 0.1 %</i>	Non-PDL Generic	
<i>triamcinolone 0.147 mg/g spray 0.147 mg/gram</i>	Non-PDL Generic	
<i>triamcinolone 0.5% cream 0.5 %</i>	Non-PDL Generic	QL (454 GM per 30 days)
<i>triamcinolone 0.5% ointment 0.5 %</i>	Non-PDL Generic	
TRIANEX 0.05% OINTMENT 0.05 %	Non-PDL Generic	QL (430 GM per 30 days)
TRIDERM 0.1% CREAM 0.1 %	Non-PDL Generic	
TRIDERM 0.5% CREAM 0.5 %	Non-PDL Generic	QL (454 GM per 30 days)
VANICREAM HC 1% CREAM 1 %	Non-PDL Generic	OTC
Topical Anti-Inflammatory, Nsaids		
ARTHRITIS PAIN RELIEVER 1% GEL 1 %	Non-PDL Generic	90DS; OTC
<i>cvs diclofenac sodium 1% gel (otc) 1 %</i>	Non-PDL Generic	90DS; OTC
<i>diclofenac 1.5% topical soln 1.5 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>diclofenac epolamine 1.3% ptch inner 1.3 %</i>	PDL Non-Preferred Generic	PA
<i>diclofenac epolamine 1.3% ptch outer 1.3 %</i>	PDL Non-Preferred Generic	PA
<i>diclofenac sodium 1% gel (otc) 1 %</i>	Non-PDL Generic	90DS; OTC
<i>diclofenac sodium 1% gel (rx) 1 %</i>	PDL Preferred Generic	90DS
<i>diclofenac sodium 1% gel inner (rx) 1 %</i>	PDL Preferred Generic	90DS
<i>diclofenac sodium 1% gel outer (rx) 1 %</i>	PDL Preferred Generic	90DS
FLECTOR 1.3% PATCH INNER 1.3 %	PDL Preferred Brand	
FLECTOR 1.3% PATCH OUTER 1.3 %	PDL Preferred Brand	
GNP ARTHRITIS PAIN 1% GEL 1 %	Non-PDL Generic	90DS; OTC
GS ARTHRITIS PAIN 1% GEL 1 %	Non-PDL Generic	90DS; OTC
HM ARTHRITIS PAIN 1% GEL 1 %	Non-PDL Generic	90DS; OTC
<i>qc diclofenac sodium 1% gel (otc) 1 %</i>	Non-PDL Generic	90DS; OTC
SM ARTHRITIS PAIN 1% GEL 1 %	Non-PDL Generic	90DS; OTC
Dermatology - Antipruritic Drugs		
Antipruritics, Topical		
ANTI-ITCH 1%-0.1% CREAM 1-0.1 %	Non-PDL Generic	OTC
ANTI-ITCH 2% CREAM EXTRA STRENGTH 2-0.1 %	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

Drug	Status	Notes
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
EQL ANTI-ITCH 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC
GNP ANTI-ITCH 2% 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 CREAM 2-0.1 %	Non-PDL Generic	OTC
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
ITCH RELIEF CREAM 2-0.1 %	Non-PDL Generic	OTC
QC ANTI-ITCH 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC
RA ANTI-ITCH 2%-0.1% CREAM 2-0.1 %	Non-PDL Generic	OTC
RA ANTI-ITCH SPRAY 2-0.1 %	Non-PDL Generic	OTC
RA ITCH RELIEF 2%-0.1% SPRAY 2-0.1 %	Non-PDL Generic	OTC
SM ANTI-ITCH 2% CREAM EXTRA STRENGTH 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

Drug	Status	Notes
Dermatology - Miscellaneous		
Antiseborrheic Agents		
OVACE PLUS 10% CREAM 10 %	PDL Non-Preferred Brand	PA
OVACE PLUS 10% SHAMPOO 10 %	PDL Non-Preferred Brand	PA
<i>selenium sulfide 2.25% shampoo 2.25 %</i>	Non-PDL Generic	
<i>selenium sulfide 2.5% lotion 2.5 %</i>	Non-PDL Generic	
<i>selenium sulfide 2.5% lotion inner 2.5 %</i>	Non-PDL Generic	
<i>selenium sulfide 2.5% lotion outer 2.5 %</i>	Non-PDL Generic	
Antiseptics, General		
ADVOCATE ALCOHOL 70% PREP PADS	Non-PDL Brand	OTC
ALCOHOL 70% PADS	Non-PDL Brand	OTC
<i>alcohol 70% prep pads</i>	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
<i>alcohol 70% swabs</i>	Non-PDL Brand	OTC
<i>alcohol 70% swabs medium</i>	Non-PDL Brand	OTC
<i>alcohol 70% wipes</i>	Non-PDL Brand	OTC
ALCOHOL PREP PADS	Non-PDL Brand	OTC

Drug	Status	Notes
<i>alcohol swab sterile, two ply</i>	Non-PDL Brand	OTC
<i>alcohol swabs</i>	Non-PDL Brand	OTC
BD SINGLE USE SWAB	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
<i>eqi alcohol 70% swabs</i>	Non-PDL Brand	OTC
FIFTY50 ALCOHOL PREP PADS	Non-PDL Brand	OTC
<i>gnp alcohol swab sterile, two ply</i>	Non-PDL Brand	OTC
HEB INCONTROL ALCOHOL 70% PADS	Non-PDL Brand	OTC
HM ALCOHOL 70% PREP PADS	Non-PDL Brand	OTC
IV ANTISEPTIC WIPES	Non-PDL Brand	OTC
IV PREP ANTISEPTIC WIPES	Non-PDL Brand	OTC
KENDALL ALCOHOL 70% PREP PAD	Non-PDL Brand	OTC
KRO ALCOHOL 70% PREP PADS	Non-PDL Brand	OTC
<i>kro alcohol 70% swabs</i>	Non-PDL Brand	OTC

Drug	Status	Notes
<i>pharm choice alcohol prep pads</i>	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
PURE COMFORT ALCOHOL 70% PADS	Non-PDL Brand	OTC
<i>ra alcohol swabs health care, 70%</i>	Non-PDL Brand	OTC
RA ISOPROPYL ALCOHOL 70% WIPES	Non-PDL Brand	OTC
<i>relion alcohol 70% swabs</i>	Non-PDL Brand	OTC
<i>saps alcohol 70% prep pads</i>	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
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		
<i>ammonium lactate 12% cream (otc) 12 %</i>	Non-PDL Generic	OTC
<i>ammonium lactate 12% cream (rx) 12 %</i>	Non-PDL Generic	
<i>ammonium lactate 12% cream 2x140gm (rx) 12 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>ammonium lactate 12% cream fragrance free (otc) 12 %</i>	Non-PDL Generic	OTC
<i>ammonium lactate 12% cream inner (rx) 12 %</i>	Non-PDL Generic	
<i>ammonium lactate 12% cream outer, 2x140gm (rx) 12 %</i>	Non-PDL Generic	
<i>ammonium lactate 12% cream w/pump (rx) 12 %</i>	Non-PDL Generic	
<i>ammonium lactate 12% lotion (otc) 12 %</i>	Non-PDL Generic	OTC
<i>ammonium lactate 12% lotion (rx) 12 %</i>	Non-PDL Generic	
<i>ammonium lactate 12% lotion fragrance free (otc) 12 %</i>	Non-PDL Generic	OTC
AVO CREAM TOPICAL EMULSION	Non-PDL Generic	
CVS SKIN TREATMENT BODY LOTION 12 %	Non-PDL Generic	OTC
DERMACERIN CREAM (OTC)	Non-PDL Generic	OTC
DERMACERIN CREAM (RX)	Non-PDL Generic	
EMULSION SB TOPICAL EMULSION STEROID-FREE	Non-PDL Generic	
EMULSION SB TOPICAL TWIN PACK 2'S, TWIN PACK	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	
NEUTROGENA SENSI SKIN MOISTURE	Non-PDL Generic	
PRUCLAIR NONSTEROIDAL CREAM	Non-PDL Generic	
SONAFINE TOPICAL EMULSION	Non-PDL Generic	
THERAPEUTIC MOISTURIZING CREAM	Non-PDL Generic	

Drug	Status	Notes
THERAPEUTIC MOISTURIZING CREAM FRAGRANCE FREE	Non-PDL Generic	
THERAPEUTIC MOISTURIZING CREAM FRAGRANCE-FREE	Non-PDL Generic	
<i>vitamin e 28,000 unit oil (rx)</i>	Non-PDL Generic	
<i>vitamin e 56,000 unit oil (rx)</i>	Non-PDL Generic	
<i>vitamin e 70,000 unit oil (rx)</i>	Non-PDL Generic	
Hypertrichotic Agents, Systemic/Incl. Combinations		
<i>finasteride 1 mg tablet 1 mg</i>	Non-PDL Generic	SP
<i>finasteride 1 mg tablet f/c 1 mg</i>	Non-PDL Generic	SP
Iodine Antiseptics		
<i>cvs povidone-iodine 10% soln 10 %</i>	Non-PDL Generic	OTC
EQ FIRST AID ANTISEPTIC SOLN 10 %	Non-PDL Generic	OTC
<i>gnp povidone-iodine 10% soln 10 %</i>	Non-PDL Generic	OTC
<i>hm povidone-iodine 10% soln 10 %</i>	Non-PDL Generic	OTC
<i>povidone-iodine 10% ointment 10 %</i>	Non-PDL Generic	OTC
<i>povidone-iodine 10% solution 10 %</i>	Non-PDL Generic	OTC
<i>povidone-iodine 10% solution 10 %</i>	Non-PDL Generic	OTC
<i>povidone-iodine 10% solution 10 %</i>	Non-PDL Generic	OTC
<i>povidone-iodine 10% solution usp 10 %</i>	Non-PDL Generic	OTC
PVP PREP 10% SOLUTION 10 %	Non-PDL Generic	OTC
<i>qc povidone-iodine 10% soln 10 %</i>	Non-PDL Generic	OTC
RA ANTISEPTIC 10% SOLUTION 10 %	Non-PDL Generic	OTC
SCRUB CARE POVIDONE IODINE 10% 10 %	Non-PDL Generic	OTC

Drug	Status	Notes
<i>sm povidone-iodine 10% soln 10 %</i>	Non-PDL Generic	OTC
Irrigants		
<i>acetic acid 0.25% irrig soln 0.25 %</i>	Non-PDL Generic	
<i>acetic acid 0.25% irrig soln irrigation 0.25 %</i>	Non-PDL Generic	
AQUA CARE 0.9% NACL IRRIGATION 0.9 %	Non-PDL Generic	
AQUA CARE STERILE WATER IRRIG	Non-PDL Generic	
CURITY STERILE WATER,IRRIGATION	Non-PDL Generic	OTC
<i>neomy-polymyxin b 40 mg/ml amp 10's, sterile, outer 40 mg-200,000 unit/ml</i>	Non-PDL Generic	
<i>neomy-polymyxin b 40 mg/ml amp 50's, sterile, outer 40 mg-200,000 unit/ml</i>	Non-PDL Generic	
<i>neomy-polymyxin b 40 mg/ml amp non-saleable, inner 40 mg-200,000 unit/ml</i>	Non-PDL Generic	
<i>neomy-polymyxin b 40 mg/ml vial mdv, sterile 40 mg-200,000 unit/ml</i>	Non-PDL Generic	
<i>ringers irrigation solution</i>	Non-PDL Generic	
SEA-CLENS WOUND CLEANSER	Non-PDL Generic	OTC
<i>sodium chloride 0.9% irrig (rx) 0.9 %</i>	Non-PDL Generic	
<i>sodium chloride 0.9% irrig. (rx) 0.9 %</i>	Non-PDL Generic	
<i>sodium chloride 0.9% irrig. for transplant slush (rx) 0.9 %</i>	Non-PDL Generic	
<i>sodium chloride 0.9% processing solution flex plast container (rx) 0.9 %</i>	Non-PDL Generic	
<i>sorbitol 3% urologic irrig 3 %</i>	Non-PDL Generic	
<i>sorbitol-mannitol irrig 2.7-0.54 gram/100 ml</i>	Non-PDL Generic	
<i>sterile water for irrigation</i>	Non-PDL Generic	
<i>sterile water for irrigation 6's, irrig</i>	Non-PDL Generic	
<i>sterile water for irrigation sterile, irrigation</i>	Non-PDL Generic	

Drug	Status	Notes
<i>sterile water for irrigation sterile, irrigation</i>	Non-PDL Generic	
Irritants/Counter-Irritants		
ARTHRITIS PAIN RELIEF 0.1% CRM HIGH POTENCY STR 0.1 %	Non-PDL Generic	OTC
ARTHRITIS PAIN RLF 0.075% CRM 0.075 %	Non-PDL Generic	OTC
ASPERCREME MAX APPLICATOR LIQ 16 %	Non-PDL Generic	OTC
<i>capsaicin 0.025% cream 0.025 %</i>	Non-PDL Generic	OTC
<i>capsaicin 0.075% cream 0.075 %</i>	Non-PDL Generic	OTC
<i>capsaicin 0.1% cream 0.1 %</i>	Non-PDL Generic	OTC
COOL 'N HEAT APPLICATOR LIQUID 16 %	Non-PDL Generic	OTC
<i>cvs capsaicin 0.1% cream 0.1 %</i>	Non-PDL Generic	OTC
CVS THERAPEUTIC 1% SHAMPOO 1 %	Non-PDL Generic	OTC
CVS THERAPEUTIC SHAMPOO 0.5% 0.5 %	Non-PDL Generic	OTC
IONIL T SHAMPOO 1 %	Non-PDL Generic	OTC
<i>methyl salicylate liquid nf (rx)</i>	Non-PDL Generic	
<i>methyl salicylate oil nf, synthetic (rx)</i>	Non-PDL Generic	
QUTENZA 8% KIT (1 PATCH) 8 %	PDL Non-Preferred Brand	PA
QUTENZA 8% KIT (2 PATCH) 8 %	PDL Non-Preferred Brand	PA
QUTENZA 8% KIT (4 PATCH) 8 %	PDL Non-Preferred Brand	PA
TARSUM PRO SHAMPOO GEL 2 %	Non-PDL Generic	OTC
T-GEL 0.5% THERAPEUTIC SHAMPOO ORIGINAL 0.5 %	Non-PDL Generic	OTC

Drug	Status	Notes
T-GEL 0.5% THERAPEUTIC SHAMPOO ORIGINAL FORMULA 0.5 %	Non-PDL Generic	OTC
THERA-GEL 0.5% SHAMPOO 0.5 %	Non-PDL Generic	OTC
T-PLUS 0.5% THERAPEUTIC SHMPOO 0.5 %	Non-PDL Generic	OTC
X-SEB T PLUS SHAMPOO 2 %	Non-PDL Generic	OTC
ZOSTRIX 0.033% CREAM 0.033 %	Non-PDL Generic	OTC
ZOSTRIX HP 0.1% CREAM 0.1 %	Non-PDL Generic	OTC
ZOSTRIX HP 0.1% FOOT CREAM 0.1 %	Non-PDL Generic	OTC
Keratolytics		
ACNE FOAMING 10% WASH 10 %	PDL Preferred Generic	OTC
ACNE MEDICATION 10% GEL 10 %	PDL Preferred Generic	OTC
ACNE MEDICATION 10% LOTION 10 %	PDL Preferred Generic	OTC
ACNE MEDICATION 2.5% GEL 2.5 %	PDL Preferred Generic	OTC
ACNE MEDICATION 5% GEL 5 %	PDL Preferred Generic	OTC
ACNE MEDICATION 5% LOTION 5 %	Non-PDL Brand	OTC
ACNE TREATMENT 10% GEL 10 %	PDL Preferred Generic	OTC
ACNECLEAR GEL 10 %	PDL Preferred Generic	OTC
ADVANCED ACNE 4.4% WASH 4.4 %	PDL Non-Preferred Brand	PA; OTC

Drug	Status	Notes
BENSAL HP 3% OINTMENT 3 %	PDL Non-Preferred Brand	PA
BENZEFOAM 5.3% EMOLLIENT FOAM (OTC) 5.3 %	PDL Non-Preferred Generic	PA; OTC
BENZEPRO 5.3% EMOLLIENT FOAM 5.3 %	PDL Non-Preferred Generic	PA; OTC
BENZEPRO 6% FOAMING CLOTHS 6 %	Non-PDL Generic	
BENZEPRO 7% CREAMY WASH 7 %	Non-PDL Generic	
BENZEPRO 9.8% FOAM 9.8 %	PDL Non-Preferred Generic	PA; OTC
<i>benzoyl peroxide 10% gel (otc) 10 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide 10% gel aqueous (otc) 10 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide 10% gel maximum strength (otc) 10 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide 10% gel max-str, aqueous (otc) 10 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide 10% wash (otc) 10 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide 2.5% gel (otc) 2.5 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide 5% gel (otc) 5 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide 5% gel aqueous (otc) 5 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide 5% gel aqueous base (otc) 5 %</i>	PDL Preferred Generic	OTC

Drug	Status	Notes
<i>benzoyl peroxide 5% wash (otc) 5 %</i>	PDL Non-Preferred Generic	PA; OTC
<i>benzoyl peroxide 6% cleanser (otc) 6 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide 9.8% foam (rx) 9.8 %</i>	Non-PDL Generic	
BP 10% GEL 10 %	PDL Preferred Generic	OTC
BP 5% GEL 5 %	PDL Preferred Generic	OTC
BP WASH 10% LIQUID 10 %	PDL Preferred Generic	OTC
BP WASH 2.5% LIQUID 2.5 %	PDL Non-Preferred Brand	PA; OTC
BP WASH 5% LIQUID 5 %	PDL Non-Preferred Generic	PA; OTC
BP WASH 7% LIQUID (OTC) 7 %	PDL Non-Preferred Generic	PA; OTC
BPO 4% GEL (OTC) 4 %	PDL Preferred Generic	OTC
BPO 6% FOAMING CLOTHS (OTC) 6 %	PDL Non-Preferred Generic	PA; OTC
BPO 6% FOAMING CLOTHS INNER (OTC) 6 %	PDL Non-Preferred Generic	PA; OTC
BPO 6% FOAMING CLOTHS OUTER (OTC) 6 %	PDL Non-Preferred Generic	PA; OTC
BPO 8% GEL (OTC) 8 %	PDL Preferred Generic	OTC

Drug	Status	Notes
BPO 8% GEL (RX) 8 %	PDL Preferred Generic	
CALLUS REMOVERS PADS MEDICATED 40 %	Non-PDL Generic	OTC
CALLUS REMOVERS PATCH 40 %	Non-PDL Generic	OTC
CALLUS REMOVERS PATCH EXTRA THICK 40 %	Non-PDL Generic	OTC
CEM-UREA 45% PRE-FILLED APPL 45 %	Non-PDL Generic	
CLEAR AWAY MEDICATED DISC 40 %	Non-PDL Generic	OTC
CLEAR PORE 3.5% CLEANSER-MASK 3.5 %	PDL Non- Preferred Brand	PA; OTC
CLEARASIL DAILY CLEAR 10% CRM 10 %	Non-PDL Generic	OTC
CLEARASIL ULTRA 10% CREAM 10 %	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
CONDYLOX 0.5% GEL 0.5 %	Non-PDL Brand	
CORN REMOVER 40% PATCH 40 %	Non-PDL Generic	OTC
CORN REMOVER 40% PATCH MEDICATED,ULTRA THIN 40 %	Non-PDL Generic	OTC
CORN REMOVER STRIPS MAXIMUM STRENGTH 40 %	Non-PDL Generic	OTC
CVS ACNE 10% CREAM 10 %	Non-PDL Generic	OTC
CVS ACNE CONTROL 10 % CLEANSER 10 %	PDL Preferred Generic	OTC

Drug	Status	Notes
CVS ACNE TREATMENT 10% GEL 10 %	PDL Preferred Generic	OTC
CVS ADV EXFOLIATING 5% CLEANSR 5 %	PDL Non-Preferred Generic	PA; OTC
CVS CALLUS REMOVERS 40% PAD 40 %	Non-PDL Generic	OTC
CVS CORN REMOVER 40% PATCH 40 %	Non-PDL Generic	OTC
CVS CREAMY ACNE 4% FACE WASH 4 %	PDL Non-Preferred Generic	PA; OTC
CVS FOAMING ACNE FACE 10% WASH 10 %	PDL Preferred Generic	OTC
CVS PLANTAR 40% WART REMOVER 40 %	Non-PDL Generic	OTC
CVS WART REMOVER 17% LIQUID 17 %	Non-PDL Generic	OTC
CVS WART REMOVER 40% PATCH 40 %	Non-PDL Generic	OTC
CVS WART REMOVER STRIP 40 %	Non-PDL Generic	OTC
DAYLOGIC ACNE FOAMING 10% WASH 10 %	PDL Preferred Generic	OTC
DAYLOGIC ACNE TREATMNT 10% GEL 10 %	PDL Preferred 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% 40 %	Non-PDL Generic	OTC
EQ LIQUID WART REMOVER 17% LIQ 17 %	Non-PDL Generic	OTC
GEL CALLUS REMOVERS CUSHION MEDICATED 40 %	Non-PDL Generic	OTC
GNP CALLUS REMOVERS PATCH 40 %	Non-PDL Generic	OTC

Drug	Status	Notes
GNP LIQUID WART REMOVER 17% LQ 17 %	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 17 %	Non-PDL Generic	OTC
LIQUID WART REMOVER 17% LIQUID W/APPLICATOR 17 %	Non-PDL Generic	OTC
MEDIPLAST CORN-CALLUS-WART PAD 40 %	Non-PDL Generic	OTC
PANOXYL 10% ACNE FOAMING WASH 10 %	PDL Preferred Generic	OTC
PANOXYL 4% ACNE CREAMY WASH 4 %	PDL Non-Preferred Generic	PA; OTC
PERSA-GEL 10% 12'S,MAX-STRENGTH 10 %	PDL Preferred Generic	OTC
PODOCON-25 LIQUID 25 %	Non-PDL Generic	
<i>podofilox 0.5% topical soln 0.5 %</i>	Non-PDL Generic	
<i>pr benzoyl peroxide 7% wash (rx) 7 %</i>	Non-PDL Generic	
PR BENZOYL PEROXIDE 7% WASH 7 %	Non-PDL Generic	
RA CORN REMOVER 40% PATCH 40 %	Non-PDL Generic	OTC
RA CORN REMOVERS PATCH W/9 PADS,MED PATCHES 40 %	Non-PDL Generic	OTC
RA WART REMOVER 17% LIQUID 17 %	Non-PDL Generic	OTC
RA WART REMOVER 40 %	Non-PDL Generic	OTC
RIAX 5.5% FOAM 5.5 %	PDL Non-Preferred Brand	PA; OTC
RIAX 9.5% FOAM 9.5 %	PDL Non-Preferred Brand	PA; OTC

Drug	Status	Notes
<i>salicylic acid 26% liquid 26 %</i>	Non-PDL Generic	
<i>salicylic acid 27.5% liquid 27.5 %</i>	Non-PDL Generic	
<i>salicylic acid 27.5% liquid w/brush applicator 27.5 %</i>	Non-PDL Generic	
<i>salicylic acid 27.5% liquid wart remover 27.5 %</i>	Non-PDL Generic	
<i>salicylic acid 6% cream 6 %</i>	Non-PDL Generic	
<i>salicylic acid 6% cream 6 %</i>	Non-PDL Generic	
<i>salicylic acid 6% cream kit 6 %</i>	Non-PDL Generic	
<i>salicylic acid 6% gel 6 %</i>	Non-PDL Generic	
<i>salicylic acid 6% lotion 6 %</i>	Non-PDL Generic	
<i>salicylic acid 6% lotion 6 %</i>	Non-PDL Generic	
<i>salicylic acid 6% shampoo 6 %</i>	Non-PDL Generic	
<i>silver nitrate 10% solution 10 %</i>	Non-PDL Generic	
<i>silver nitrate applicator 12" 75-25 %</i>	Non-PDL Generic	
<i>silver nitrate applicator 6" 75-25 %</i>	Non-PDL Generic	
<i>silver nitrate applicator 6" inner 75-25 %</i>	Non-PDL Generic	
<i>silver nitrate applicator 6" outer 75-25 %</i>	Non-PDL Generic	
<i>silver nitrate applicator 75-25 %</i>	Non-PDL Generic	
SM MEDICATED CORN REMOVERS 40 %	Non-PDL Generic	OTC
UMECTA 40% MOUSSE 40 %	Non-PDL Generic	
<i>urea 35% foam 35 %</i>	Non-PDL Generic	
<i>urea 39% cream 39 %</i>	Non-PDL Generic	

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

Drug	Status	Notes
<i>hydrogen peroxide 3% solution usp (rx) 3 %</i>	Non-PDL Generic	
PEROXYL DENTAL RINSE 1.5 %	Non-PDL Generic	OTC
<i>pub hydrogen peroxide 3% soln (otc) 3 %</i>	Non-PDL Generic	OTC
<i>ra hydrogen peroxide 3% soln (otc) 3 %</i>	Non-PDL Generic	OTC
<i>sm hydrogen peroxide 3% soln (otc) 3 %</i>	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% 40 %	Non-PDL Generic	OTC
<i>benzoin tincture</i>	Non-PDL Generic	OTC
CALASOOTHE 0.44%-20.6% CREAM INNER 0.44-20.6 %	Non-PDL Brand	OTC
CALASOOTHE 0.44%-20.6% CREAM OUTER 0.44-20.6 %	Non-PDL Brand	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
CALMOSEPTINE OINTMENT 0.44-20.6 %	Non-PDL Brand	OTC
CALMOSEPTINE OINTMENT PACKET 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
CVS DIAPER RASH 40% OINTMENT 40 %	Non-PDL Generic	OTC
CVS PEDIATRIC OINTMENT	Non-PDL Generic	OTC
<i>cvs zinc oxide 20% ointment (otc) 20 %</i>	Non-PDL Generic	OTC
DERMASEPTIN OINTMENT 0.5-20.65 %	Non-PDL Generic	OTC

Drug	Status	Notes
DIAPER RASH 40% OINTMENT 40 %	Non-PDL Generic	OTC
DIAPER RASH 40% OINTMENT MAXIMUM STRENGTH 40 %	Non-PDL Generic	OTC
DIAPER RASH 40% PASTE 40 %	Non-PDL Generic	OTC
DR. SMITH'S DIAPER 10% OINTMNT 10 %	Non-PDL Generic	OTC
EQL DIAPER RASH 40% OINTMENT 40 %	Non-PDL Generic	OTC
<i>gnp zinc oxide 20% ointment (otc) 20 %</i>	Non-PDL Generic	OTC
HYDROSEPTINE OINTMENT 0.44-20.6 %	Non-PDL Generic	OTC
KRO DIAPER RASH 40% OINTMENT 40 %	Non-PDL Generic	OTC
<i>menthol-zinc oxide ointment 0.44-20.6 %</i>	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 1 %	Non-PDL Generic	OTC
<i>ra zinc oxide ointment</i>	Non-PDL Generic	OTC
REMEDY CALAZIME INTENSIVE SKIN 0.44-20.6 %	Non-PDL Brand	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
<i>sm benzoin tincture</i>	Non-PDL Generic	OTC
THERASEAL 1% CREAM 1 %	Non-PDL Generic	OTC
<i>tincture of benzoin prep spray</i>	Non-PDL Generic	OTC

Drug	Status	Notes
TRIPLE PASTE 12.8% OINTMENT 12.8 %	Non-PDL Brand	OTC
<i>zinc oxide 20% ointment (otc) 20 %</i>	Non-PDL Generic	OTC
<i>zinc oxide 20% ointment (rx) 20 %</i>	Non-PDL Generic	
<i>zinc oxide 40% ointment 40 %</i>	Non-PDL Generic	OTC
<i>zinc oxide ointment</i>	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	
<i>hydrocort-pramoxine 2.5-1% crm 2.5-1 %</i>	Non-PDL Generic	
<i>lidocaine-hc 3-0.5% cream 3-0.5 %</i>	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		
<i>bexarotene 1% gel 1 %</i>	Non-PDL Generic	PA; SP
<i>diclofenac sodium 3% gel 3 %</i>	Non-PDL Generic	QL (100 GM per 1 FILL)
<i>fluorouracil 2% topical soln 2 %</i>	Non-PDL Generic	
<i>fluorouracil 5% cream 5 %</i>	Non-PDL Generic	
<i>fluorouracil 5% topical soln 5 %</i>	Non-PDL Generic	
PANRETIN 0.1% GEL 0.1 %	Non-PDL Brand	SP; QL (60 GM per 28 days)

Drug	Status	Notes
VALCHLOR 0.016% GEL 0.016 %	Non-PDL Brand	PA; SP
Topical Local Anesthetics		
ASPERCREME LIDOCAINE 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ASPERFLEX PAIN RELIEF 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
BLUE-EMU LIDOCAINE 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
CVS HEMORRHOIDAL-ANALGESC OINT 1 %	Non-PDL Generic	OTC
CVS PAIN RELIEF(LIDO) 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
<i>dibucaine 1% ointment 1 %</i>	Non-PDL Generic	OTC
<i>eq lidocaine pain rlf 4% patch 4 %</i>	Non-PDL Generic	OTC; QL (30 EA per 30 days)
<i>ethyl chloride spray coarse spray 100 %</i>	Non-PDL Generic	
<i>ethyl chloride spray fine stream 100 %</i>	Non-PDL Generic	
<i>ethyl chloride spray fine-spray 100 %</i>	Non-PDL Generic	
<i>ethyl chloride spray medium stream 100 %</i>	Non-PDL Generic	
<i>ethyl chloride spray medium-spray 100 %</i>	Non-PDL Generic	
<i>hm lidocaine 4% patch 4 %</i>	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDO KING 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
<i>lidocaine 3% cream (rx) 3 %</i>	Non-PDL Generic	
<i>lidocaine 4% patch 4 %</i>	Non-PDL Brand	OTC; QL (30 EA per 30 days)
<i>lidocaine 4% patch 4 %</i>	Non-PDL Generic	OTC; QL (30 EA per 30 days)
<i>lidocaine 5% ointment 5 %</i>	Non-PDL Generic	QL (240 GM per 30 days)
<i>lidocaine 5% patch 5 %</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)

Drug	Status	Notes
<i>lidocaine 5% patch inner 5 %</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>lidocaine 5% patch outer 5 %</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>lidocaine hcl 3% lotion 3 %</i>	Non-PDL Generic	
<i>lidocaine hcl 4% solution 4 %</i>	Non-PDL Generic	
<i>lidocaine pain relief 4% patch 4 %</i>	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOCAINE PAIN RELIEF 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
<i>lidocaine-prilocaine cream 2.5-2.5 %</i>	Non-PDL Generic	
<i>lidocaine-prilocaine cream inner 2.5-2.5 %</i>	Non-PDL Generic	
<i>lidocaine-prilocaine cream inner, p/f 2.5-2.5 %</i>	Non-PDL Generic	
<i>lidocaine-prilocaine cream outer 2.5-2.5 %</i>	Non-PDL Generic	
<i>lidocaine-prilocaine cream outer, p/f 2.5-2.5 %</i>	Non-PDL Generic	
LIDOCARE 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOCARE 4% PATCH INNER 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOCARE 4% PATCH OUTER 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDODERM 5% PATCH 700MG(50MG/GM), OUTER 5 %	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
LIDODERM 5% PATCH INNER 5 %	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
LIDOFORE 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOREAL-30 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOZO 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)

Drug	Status	Notes
PAIN RELIEF (LIDO) 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
PAIN RLF (LIDO) 4% GEL PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
SALONPAS 4% PATCH 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ZTLIDO 1.8% TOPICAL SYSTEM INNER 1.8 %	PDL Non- Preferred Brand	PA; QL (3 EA per 1 day)
ZTLIDO 1.8% TOPICAL SYSTEM OUTER 1.8 %	PDL Non- Preferred Brand	PA; QL (3 EA per 1 day)
Dermatology - Pigmentation Disorders		
Hypopigmentation Agents		
<i>hydroquinone 4% cream 4 %</i>	Non-PDL Generic	
OBAGI ELASTIDERM SKIN 4% CREAM 4 %	Non-PDL Generic	
OBAGI NU-DERM BLENDER 4% CREAM 4 %	Non-PDL Generic	
OBAGI NU-DERM CLEAR 4% CREAM 4 %	Non-PDL Generic	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin 10 mg capsule 10 mg</i>	Non-PDL Generic	SP
<i>acitretin 17.5 mg capsule 17.5 mg</i>	Non-PDL Generic	SP
<i>acitretin 25 mg capsule 25 mg</i>	Non-PDL Generic	SP
COSENTYX (150 MG/ML) 300 MG DOSE-2 PENS 150 MG/ML	PDL Non- Preferred Brand	PA; SP
COSENTYX (150 MG/ML) 300 MG DOSE-2 SYRINGES 150 MG/ML	PDL Non- Preferred Brand	PA; SP
COSENTYX 150 MG/ML PEN INJECT 150 MG/ML	PDL Non- Preferred Brand	PA; SP
COSENTYX 150 MG/ML SYRINGE 150 MG/ML	PDL Non- Preferred Brand	PA; SP

Drug	Status	Notes
COSENTYX 75 MG/0.5 ML SYRINGE 75 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
<i>methoxsalen 10 mg softgel 10 mg</i>	Non-PDL Generic	
SILIQ 210 MG/1.5 ML SYRINGE INNER,P/F,SDV 210 MG/1.5 ML	PDL Non-Preferred Brand	PA; SP
SILIQ 210 MG/1.5 ML SYRINGE OUTER,P/F,SDV 210 MG/1.5 ML	PDL Non-Preferred Brand	PA; SP
SKYRIZI 150 MG DOSE KIT (75 MG/0.83 ML X 2 SYRINGES) 150MG/1.66ML(75 MG/0.83 ML X2)	Non-PDL Brand	PA; SP
SKYRIZI 150 MG/ML PEN 150 MG/ML	Non-PDL Brand	PA; SP
SKYRIZI 150 MG/ML SYRINGE 150 MG/ML	PDL Non-Preferred Brand	PA; SP
SKYRIZI 75 MG/0.83 ML SYRINGE 75 MG/0.83 ML	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR (2-PACK) 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR (3-PACK) 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR P/F,SDV,INNER 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML AUTOINJECTOR P/F,SDV,OUTER 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML SYRINGE P/F,SUV,INNER 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ 80 MG/ML SYRINGE P/F,SUV,OUTER 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TREMFYA 100 MG/ML INJECTOR 100 MG/ML	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
TREMFYA 100 MG/ML SYRINGE 100 MG/ML	PDL Non-Preferred Brand	PA; SP
Antipsoriatics Agents		
<i>calcipotriene 0.005% cream 0.005 %</i>	Non-PDL Generic	
<i>calcipotriene 0.005% ointment 0.005 %</i>	Non-PDL Generic	
<i>calcipotriene 0.005% solution 0.005 %</i>	Non-PDL Generic	
<i>calcitriol 3 mcg/g ointment 3 mcg/gram</i>	Non-PDL Generic	
DRITHOCREME HP 1% CREAM 1 %	Non-PDL Brand	
<i>tazarotene 0.05% gel 0.05 %</i>	Non-PDL Generic	
<i>tazarotene 0.1% cream 0.1 %</i>	PDL Non-Preferred Generic	PA
<i>tazarotene 0.1% gel 0.1 %</i>	Non-PDL Generic	
TAZORAC 0.05% CREAM 0.05 %	Non-PDL Brand	
IL-23 Receptor Antagonist, Monoclonal Antibody		
SKYRIZI 360 MG/2.4 ML ON-BODY INNER, SUV, P/F 360 MG/2.4 ML (150 MG/ML)	Non-PDL Brand	PA; SP
SKYRIZI 360 MG/2.4 ML ON-BODY OUTER, SUV, P/F 360 MG/2.4 ML (150 MG/ML)	Non-PDL Brand	PA; SP
Topical Immunosuppressive Agents		
<i>tacrolimus 0.03% ointment 0.03 %</i>	Non-PDL Generic	Age (Min 2 Years)
<i>tacrolimus 0.1% ointment 0.1 %</i>	Non-PDL Generic	Age (Min 2 Years)
Topical Vit D Analog/Antiinflammatory, Steroidal		
<i>calcipotriene-betameth dp oint 0.005-0.064 %</i>	Non-PDL Generic	

Drug	Status	Notes
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>alogliptin-metformin 12.5-1000 12.5-1,000 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>alogliptin-metformin 12.5-500 12.5-500 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
JANUMET 50-1,000 MG TABLET F/C 50-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET 50-1,000 MG TABLET F/C, BULK PACKAGE 50-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET 50-500 MG TABLET F/C 50-500 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET 50-500 MG TABLET F/C, BULK PACKAGE 50-500 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET XR 100-1,000 MG TABLET F/C 100-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JANUMET XR 100-1,000 MG TABLET F/C, BULK 100-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JANUMET XR 50-1,000 MG TABLET F/C 50-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JANUMET XR 50-1,000 MG TABLET F/C, BULK 50-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JANUMET XR 50-500 MG TABLET F/C 50-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JANUMET XR 50-500 MG TABLET F/C, BULK 50-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JENTADUETO 2.5 MG-1,000 MG TAB 2.5-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
JENTADUETO 2.5 MG-500 MG TAB 2.5-500 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JENTADUETO 2.5 MG-850 MG TAB 2.5-850 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JENTADUETO XR 2.5 MG-1,000 MG 2.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
JENTADUETO XR 5 MG-1,000 MG TB 5-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
KAZANO 12.5-1,000 MG TABLET 12.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
KAZANO 12.5-500 MG TABLET 12.5-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
KOMBIGLYZE XR 2.5-1,000 MG TAB 2.5-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)
KOMBIGLYZE XR 5-1,000 MG TAB 5-1,000 MG	PDL Preferred Brand	QL (1 EA per 1 day)
KOMBIGLYZE XR 5-500 MG TABLET 5-500 MG	PDL Preferred Brand	QL (1 EA per 1 day)
Antihyperglycemic, Dpp-4 Enzyme Inhibitor & Thiazolidinedione		
<i>alogliptin-pioglit 12.5-30 mg 12.5-30 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>alogliptin-pioglit 25-15 mg tb 25-15 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>alogliptin-pioglit 25-30 mg tb 25-30 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>alogliptin-pioglit 25-45 mg tb 25-45 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

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

Drug	Status	Notes
OZEMPIC 0.25-0.5 MG/DOSE (2 MG/1.5 ML) PEN INNER,SUV 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	PDL Non-Preferred Brand	PA; QL (1.5 ML per 28 days)
OZEMPIC 0.25-0.5 MG/DOSE (2 MG/1.5 ML) PEN OUTER,SUV 0.25 MG OR 0.5 MG(2 MG/1.5 ML)	PDL Non-Preferred Brand	PA; QL (1.5 ML per 28 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN INNER, SUV 1 MG/DOSE (4 MG/3 ML)	PDL Non-Preferred Brand	PA; QL (3 ML per 28 days)
OZEMPIC 1 MG/DOSE (4 MG/3 ML) PEN OUTER, SUV 1 MG/DOSE (4 MG/3 ML)	PDL Non-Preferred Brand	PA; QL (3 ML per 28 days)
OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN INNER, SUV 2 MG/DOSE (8 MG/3 ML)	PDL Non-Preferred Brand	PA; QL (3 ML per 28 days)
OZEMPIC 2 MG/DOSE (8 MG/3 ML) PEN OUTER, SUV 2 MG/DOSE (8 MG/3 ML)	PDL Non-Preferred Brand	PA; QL (3 ML per 28 days)
RYBELSUS 14 MG TABLET 14 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
RYBELSUS 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
RYBELSUS 3 MG TABLET INNER, SAMPLE 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
RYBELSUS 3 MG TABLET OUTER, SAMPLE 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
RYBELSUS 3 MG TABLET SAMPLE 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
RYBELSUS 7 MG TABLET 7 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
TRULICITY 0.75 MG/0.5 ML PEN SAMPLE, SUV 0.75 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 0.75 MG/0.5 ML PEN SDV, INNER 0.75 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)

Drug	Status	Notes
TRULICITY 0.75 MG/0.5 ML PEN SDV, OUTER 0.75 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 1.5 MG/0.5 ML PEN SDV, INNER 1.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 1.5 MG/0.5 ML PEN SDV, OUTER 1.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 3 MG/0.5 ML PEN INNER, SUV, P/F 3 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 3 MG/0.5 ML PEN OUTER, SUV, P/F 3 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 4.5 MG/0.5 ML PEN INNER, SUV, P/F 4.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
TRULICITY 4.5 MG/0.5 ML PEN OUTER, SUV, P/F 4.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
VICTOZA 2-PAK 18 MG/3 ML PEN 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred Brand	QL (9 ML per 30 days)
VICTOZA 3-PAK 18 MG/3 ML PEN 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred Brand	QL (9 ML per 30 days)
Antihyperglycemic-Sodium/Glucose Cotransporter 2 (SGLT2) Inhibitors		
FARXIGA 10 MG TABLET F/C 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FARXIGA 10 MG TABLET SAMPLE 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FARXIGA 5 MG TABLET F/C 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
FARXIGA 5 MG TABLET SAMPLE 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
INVOKANA 100 MG TABLET F/C 100 MG	PDL Preferred Brand	QL (30 EA per 30 days)
INVOKANA 100 MG TABLET SAMPLE 100 MG	PDL Preferred Brand	QL (30 EA per 30 days)
INVOKANA 300 MG TABLET 300 MG	PDL Preferred Brand	QL (30 EA per 30 days)
JARDIANCE 10 MG TABLET F/C 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JARDIANCE 10 MG TABLET SAMPLE 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JARDIANCE 25 MG TABLET F/C 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JARDIANCE 25 MG TABLET SAMPLE 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
STEGLATRO 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
STEGLATRO 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose 100 mg tablet 100 mg</i>	PDL Preferred Generic	
<i>acarbose 25 mg tablet 25 mg</i>	PDL Preferred Generic	
<i>acarbose 50 mg tablet 50 mg</i>	PDL Preferred Generic	
<i>miglitol 100 mg tablet 100 mg</i>	PDL Non-Preferred Generic	PA

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

Drug	Status	Notes
JANUVIA 100 MG TABLET U-D, F/C, OUTER 100 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 25 MG TABLET F/C 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 25 MG TABLET U-D,F/C,INNER 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 25 MG TABLET U-D,F/C,OUTER 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 50 MG TABLET F/C 50 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 50 MG TABLET INNER, F/C 50 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUVIA 50 MG TABLET OUTER, F/C 50 MG	PDL Preferred Brand	QL (1 EA per 1 day)
NESINA 12.5 MG TABLET 12.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NESINA 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NESINA 6.25 MG TABLET 6.25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ONGLYZA 2.5 MG TABLET 2.5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
ONGLYZA 5 MG TABLET F/C 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
TRADJENTA 5 MG TABLET 10X10, U-D 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
TRADJENTA 5 MG TABLET 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
TRADJENTA 5 MG TABLET F/C 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
TRADJENTA 5 MG TABLET SAMPLE 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride 1 mg tablet 1 mg</i>	Non-PDL Generic	90DS
<i>glimepiride 2 mg tablet 2 mg</i>	Non-PDL Generic	90DS
<i>glimepiride 2 mg tablet u-d, 10x10, inner 2 mg</i>	Non-PDL Generic	90DS
<i>glimepiride 2 mg tablet u-d, 10x10, outer 2 mg</i>	Non-PDL Generic	90DS
<i>glimepiride 2 mg tablet u-d,10x10,outer 2 mg</i>	Non-PDL Generic	90DS
<i>glimepiride 2 mg tablet u-d,inner 2 mg</i>	Non-PDL Generic	90DS
<i>glimepiride 4 mg tablet 4 mg</i>	Non-PDL Generic	90DS
<i>glimepiride 4 mg tablet u-d, 10x10, inner 4 mg</i>	Non-PDL Generic	90DS
<i>glimepiride 4 mg tablet u-d, 10x10, outer 4 mg</i>	Non-PDL Generic	90DS
<i>glimepiride 4 mg tablet u-d,10x10,outer 4 mg</i>	Non-PDL Generic	90DS
<i>glimepiride 4 mg tablet u-d,inner 4 mg</i>	Non-PDL Generic	90DS
<i>glipizide 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS
<i>glipizide 10 mg tablet u-d, 10x10, inner 10 mg</i>	Non-PDL Generic	90DS
<i>glipizide 10 mg tablet u-d, outer, 10x10 10 mg</i>	Non-PDL Generic	90DS
<i>glipizide 5 mg tablet 5 mg</i>	Non-PDL Generic	90DS
<i>glipizide 5 mg tablet u-d, 10x10, inner 5 mg</i>	Non-PDL Generic	90DS
<i>glipizide 5 mg tablet u-d, outer, 10x10 5 mg</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>glipizide er 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS
<i>glipizide er 10 mg tablet f/c 10 mg</i>	Non-PDL Generic	90DS
<i>glipizide er 10 mg tablet f/c,u-d,10x10,inner 10 mg</i>	Non-PDL Generic	90DS
<i>glipizide er 10 mg tablet f/c,u-d,10x10,outer 10 mg</i>	Non-PDL Generic	90DS
<i>glipizide er 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	90DS
<i>glipizide er 2.5 mg tablet f/c 2.5 mg</i>	Non-PDL Generic	90DS
<i>glipizide er 5 mg tablet 5 mg</i>	Non-PDL Generic	90DS
<i>glipizide er 5 mg tablet f/c 5 mg</i>	Non-PDL Generic	90DS
<i>glipizide er 5 mg tablet f/c,u-d,10x10,inner 5 mg</i>	Non-PDL Generic	90DS
<i>glipizide er 5 mg tablet f/c,u-d,10x10,outer 5 mg</i>	Non-PDL Generic	90DS
<i>glipizide xl 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS
<i>glipizide xl 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	90DS
<i>glipizide xl 5 mg tablet 5 mg</i>	Non-PDL Generic	90DS
<i>glyburide 1.25 mg tablet 1.25 mg</i>	Non-PDL Generic	90DS
<i>glyburide 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	90DS
<i>glyburide 5 mg tablet 5 mg</i>	Non-PDL Generic	90DS
<i>glyburide micro 1.5 mg tab 1.5 mg</i>	Non-PDL Generic	90DS
<i>glyburide micro 3 mg tablet 3 mg</i>	Non-PDL Generic	
<i>glyburide micro 6 mg tablet 6 mg</i>	Non-PDL Generic	
<i>nateglinide 120 mg tablet 120 mg</i>	Non-PDL Generic	
<i>nateglinide 120 mg tablet 3x10, u-d, inner 120 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>nateglinide 120 mg tablet 3x10, u-d, outer 120 mg</i>	Non-PDL Generic	
<i>nateglinide 60 mg tablet 3x10, u-d, inner 60 mg</i>	Non-PDL Generic	
<i>nateglinide 60 mg tablet 3x10, u-d, outer 60 mg</i>	Non-PDL Generic	
<i>nateglinide 60 mg tablet 60 mg</i>	Non-PDL Generic	
<i>repaglinide 0.5 mg tablet 0.5 mg</i>	Non-PDL Generic	
<i>repaglinide 1 mg tablet 1 mg</i>	Non-PDL Generic	
<i>repaglinide 1 mg tablet inner 1 mg</i>	Non-PDL Generic	
<i>repaglinide 1 mg tablet outer 1 mg</i>	Non-PDL Generic	
<i>repaglinide 2 mg tablet 2 mg</i>	Non-PDL Generic	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone hcl 15 mg tablet 15 mg</i>	PDL Preferred Generic	90DS
<i>pioglitazone hcl 15 mg tablet u-d,10x10,outer 15 mg</i>	PDL Preferred Generic	90DS
<i>pioglitazone hcl 15 mg tablet u-d,inner 15 mg</i>	PDL Preferred Generic	90DS
<i>pioglitazone hcl 30 mg tablet 30 mg</i>	PDL Preferred Generic	90DS
<i>pioglitazone hcl 30 mg tablet inner,u-d 30 mg</i>	PDL Preferred Generic	90DS
<i>pioglitazone hcl 30 mg tablet outer,u-d,10x10 30 mg</i>	PDL Preferred Generic	90DS
<i>pioglitazone hcl 45 mg tablet 45 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
Antihyperglycemic, SglT-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI 10 MG-5 MG TABLET F/C 10-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
GLYXAMBI 10 MG-5 MG TABLET SAMPLE 10-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
GLYXAMBI 25 MG-5 MG TABLET F/C 25-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
GLYXAMBI 25 MG-5 MG TABLET SAMPLE 25-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QTERN 10 MG-5 MG TABLET 10-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QTERN 5 MG-5 MG TABLET 5-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
STEGLUJAN 15-100 MG TABLET 15-100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
STEGLUJAN 5-100 MG TABLET 5-100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
<i>metformin hcl 1,000 mg tablet 1,000 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 1,000 mg tablet 12's, f/c 1,000 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 1,000 mg tablet f/c 1,000 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 1,000 mg tablet f/c, inner 1,000 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 1,000 mg tablet f/c, outer 1,000 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 1,000 mg tablet f/c,blackberry scent 1,000 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 500 mg tablet 500 mg</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>metformin hcl 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 500 mg tablet f/c,blackberry scent 500 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 500 mg/5 ml soln 500 mg/5 ml</i>	Non-PDL Generic	
<i>metformin hcl 500 mg/5 ml soln inner 500 mg/5 ml</i>	Non-PDL Generic	
<i>metformin hcl 500 mg/5 ml soln outer 500 mg/5 ml</i>	Non-PDL Generic	
<i>metformin hcl 850 mg tablet 850 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 850 mg tablet f/c 850 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 850 mg tablet f/c, inner 850 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 850 mg tablet f/c, outer 850 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 850 mg tablet f/c,blackberry scent 850 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl 850 mg/8.5 ml cup inner 500 mg/5 ml</i>	Non-PDL Generic	
<i>metformin hcl 850 mg/8.5 ml cup outer 500 mg/5 ml</i>	Non-PDL Generic	
<i>metformin hcl er 500 mg tablet 500 mg</i>	Non-PDL Generic	90DS
<i>metformin hcl er 750 mg tablet 750 mg</i>	Non-PDL Generic	90DS
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLQUA 100 UNIT-33 MCG/ML PEN 100 UNIT-33 MCG/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
XULTOPHY 100 UNIT-3.6 MG/ML PEN 100 UNIT-3.6 MG /ML (3 ML)	PDL Non-Preferred Brand	PA; QL (15 ML per 28 days)
Antihyperglycemic,Insulin-Rel Stim.& Biguanide Cmb		
<i>glipizide-metformin 2.5-250 mg 2.5-250 mg</i>	Non-PDL Generic	
<i>glipizide-metformin 2.5-500 mg 2.5-500 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>glipizide-metformin 5-500 mg 5-500 mg</i>	Non-PDL Generic	
<i>glyburide-metformin 1.25 mg-250 mg tablet f/c 1.25-250 mg</i>	Non-PDL Generic	
<i>glyburide-metformin 2.5-500 mg f/c 2.5-500 mg</i>	Non-PDL Generic	90DS
<i>glyburide-metformin 5-500 mg f/c 5-500 mg</i>	Non-PDL Generic	90DS
<i>glyburid-metformin 1.25-250 mg f/c 1.25-250 mg</i>	Non-PDL Generic	
<i>repaglinide-metformin 1-500 mg 1-500 mg</i>	Non-PDL Generic	
<i>repaglinide-metformin 2-500 mg 2-500 mg</i>	Non-PDL Generic	
Antihyperglycemic,Insulin-Response & Release Comb.		
DUETACT 30-2 MG TABLET 30-2 MG	PDL Non- Preferred Brand	PA
DUETACT 30-4 MG TABLET 30-4 MG	PDL Non- Preferred Brand	PA
<i>pioglitazone-glimepiride 30-2 30-2 mg</i>	PDL Non- Preferred Generic	PA
<i>pioglitazone-glimepiride 30-4 30-4 mg</i>	PDL Non- Preferred Generic	PA
Antihyperglycemic-Glucocorticoid Receptor Blocker		
KORLYM 300 MG TABLET 300 MG	Non-PDL Brand	PA; SP
Antihyperglycemic-SglT2 Inhibitor & Biguanide Comb		
INVOKAMET 150-1,000 MG TABLET 150- 1,000 MG	PDL Non- Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET 150-500 MG TABLET 150-500 MG	PDL Non- Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET 50-1,000 MG TABLET 50- 1,000 MG	PDL Non- Preferred Brand	PA; QL (2 EA per 1 day)

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

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

Drug	Status	Notes
TRIJARDY XR 25-5-1,000 MG TAB 25-5-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
TRIJARDY XR 5-2.5-1,000 MG TAB 5-2.5-1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
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	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ADVOCATE REDI-CODE TEST STRIP 35 COUNT	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ADVOCATE REDI-CODE TEST STRIP 50 COUNT	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)
ADVOCATE TEST STRIP	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 PRESTO TEST STRIPS	Non-PDL Brand	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)

Drug	Status	Notes
BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP 2X50	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 STRIP NO CODING	Non-PDL Brand	OTC; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
BREEZE 2 DISC 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)
CARESENS N TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CARESENS N TEST STRIPS NO CODING	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 TEST STRIPS NO CODING,HRI	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 TEST STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
COOL GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CVS ADVANCED GLUCOSE TEST STR	Non-PDL Brand	OTC; QL (200 EA per 30 days)
DARIO BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	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)
EASY TALK PLUS II TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EASY TOUCH BLU LINK 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)

Drug	Status	Notes
EMBRACE TEST STRIPS	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)
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)
FIFTY50 GLUCOSE TEST STRIP	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 BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA D15G GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA D20 GLUCOSE TEST STRIPS	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 G30-PREMIUM V10 TEST STRP	Non-PDL Brand	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)

Drug	Status	Notes
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)
FORA V12 GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA V20 GLUCOSE TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA V30A GLUCOSE TEST STRIP	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)
FORTISCARE G1 TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORTISCARE GLUCOSE TEST 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)
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)
FREESTYLE TEST STRIPS NFRS NOT FOR RETAIL SALE	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)

Drug	Status	Notes
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)
GENSTRIP GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GENULTIMATE 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)
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)

Drug	Status	Notes
GOODLIFE AC-302 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)
IGLUCOSE 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)
INFINITY VOICE TEST STRIP	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)
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 FOR MAIL ORDER ONLY	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)
ON CALL PLUS TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ON CALL VIVID TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ONETOUCH ULTRA TEST STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)

Drug	Status	Notes
ONETOUCH VERIO TEST STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIP 2 VIALS OF 25	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
ONETOUCH VERIO TEST STRIP 4 VIALS OF 25	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)
OPTIUM TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
OPTUMRX 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 PCX PLUS TEST STR	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PRECISION PCX TEST STRIPS	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 Q-I-D TEST STRIPS	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)

Drug	Status	Notes
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)
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 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 GS250S TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RIGHTEST GS260 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)

Drug	Status	Notes
RIGHTEST GS700 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)
RIGHTEST MAX 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)
TD GOLD TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
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)
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)
UNISTRIPI1 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)
WAVESENSE JAZZ TEST STRIPS	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
WAVESENSE PRESTO TEST STRIPS	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
Diabetic Supplies		
ACCU-CHEK AVIVA PLUS METER	PDL Preferred 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 MULTICLIX LANCET KIT	Non-PDL Brand	OTC
ACCU-CHEK SOFTCLIX LANCET KIT	Non-PDL Brand	OTC
ADJUSTABLE LANCING DEVICE	Non-PDL Brand	OTC
ADJUSTABLE LANCING DEVICE COMPACT, 3"	Non-PDL Brand	OTC
ADJUSTABLE LANCING DEVICE STANDARD, 5"	Non-PDL Brand	OTC
<i>advanced lancing device</i>	Non-PDL Brand	OTC
ADVANCED LANCING DEVICE	Non-PDL Brand	OTC
ADVOCATE LANCING DEVICE	Non-PDL Brand	OTC
ADVOCATE RAPID-SAFE LANCING DV	Non-PDL Brand	OTC
ALTERNATE SITE LANCING DEVICE	Non-PDL Brand	OTC
AQUA LANCE LANCING DEVICE	Non-PDL Brand	OTC
AUTO-LANCET MINI LANCING DEV	Non-PDL Brand	OTC
AUTOLET IMPRESS LANCING DEVICE	Non-PDL Brand	OTC
AUTOLET IMPRESSION LANCING DEV	Non-PDL Brand	OTC

Drug	Status	Notes
AUTOLET LANCING DEVICE	Non-PDL Brand	OTC
AUTOLET LANCING DEVICE W/COMFORT ZONE TECH	Non-PDL Brand	OTC
AUTOLET PLUS LANCING DEVICE	Non-PDL Brand	OTC
CARELANCE ULT LANCING DEVICE	Non-PDL Brand	OTC
CAREONE LANCING DEVICE	Non-PDL Brand	OTC
CARESENS PREM LANCING DEVICE	Non-PDL Brand	OTC
CARETOUCH LANCING DEVICE	Non-PDL Brand	OTC
CONTOUR METER	PDL Preferred Brand	OTC
CONTOUR METER SYSTEM 10 STRIPS, SAMPLE	PDL Preferred Brand	OTC
CONTOUR NEXT EZ METER	PDL Preferred Brand	OTC
CONTOUR NEXT EZ METER SYSTEM	PDL Preferred Brand	OTC
CONTOUR NEXT EZ METER SYSTEM	PDL Preferred Brand	OTC
CONTOUR NEXT GLUCOSE METER KIT	PDL Preferred Brand	OTC
CONTOUR NEXT METER	PDL Preferred Brand	OTC
CONTOUR NEXT ONE METER	PDL Preferred Brand	OTC
<i>cvs lancing device w/ 5 thin lancets</i>	Non-PDL Brand	OTC
DEXCOM G6 RECEIVER	PDL Preferred Brand	QL (1 EA per 365 days)

Drug	Status	Notes
DEXCOM G6 SENSOR	PDL Preferred Brand	QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER	PDL Preferred Brand	QL (1 EA per 90 days)
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
<i>e-z pull & click lancing dev 5 depth settings</i>	Non-PDL Brand	OTC
<i>fifty50 lancing device adjustable depth</i>	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 READER	PDL Preferred Brand	QL (1 EA per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR	PDL Preferred Brand	QL (2 EA per 28 days)
FREESTYLE LIBRE 2 READER	PDL Preferred Brand	QL (1 EA per 365 days)

Drug	Status	Notes
FREESTYLE LIBRE 2 SENSOR	PDL Preferred Brand	QL (2 EA per 28 days)
FREESTYLE LITE METER	PDL Non-Preferred Brand	PA; OTC
FREESTYLE LITE METER NFRS	PDL Non-Preferred Brand	PA; OTC
FREESTYLE PRECISION NEO METER	Non-PDL Brand	OTC
<i>ge lancing device</i>	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
GOJJI LANCING DEVICE	Non-PDL Brand	OTC
<i>gs lancing device and lancets</i>	Non-PDL Brand	OTC
GUARDIAN CONNECT TRANSMITTER	Non-PDL Brand	PA
GUARDIAN LINK 3 TRANSMITTER	Non-PDL Brand	PA
GUARDIAN RT REPLACE CHARGER	Non-PDL Brand	PA
GUARDIAN RT REPLACE TEST PLUG REAL-TIME SYSTEM	Non-PDL Brand	PA

Drug	Status	Notes
GUARDIAN SENSOR 3	Non-PDL Brand	PA
GUARDIAN TEST PLUG	Non-PDL Brand	PA
GUARDIAN TRANSMITTER TAPE (OTC)	Non-PDL Brand	PA; OTC
HEALTHY ACCENTS AUTOLET DEVICE	Non-PDL Brand	OTC
HUMANA TRUE METRIX AIR GLU MTR HRI,SELF MONITORING	PDL Non-Preferred Brand	PA; OTC
HUMANA TRUE METRIX AIR METER	PDL Non-Preferred Brand	PA; OTC
HYPOLANCE AST LANCING KIT	Non-PDL Brand	OTC
INCONTROL LANCING DEVICE	Non-PDL Brand	OTC
<i>invacare lancing device adjustable</i>	Non-PDL Brand	OTC
KRO AUTOLET LANCING DEVICE	Non-PDL Brand	OTC
<i>kro lancing device 1 device, 5 lancets</i>	Non-PDL Brand	OTC
<i>kroger lancing device</i>	Non-PDL Brand	OTC
<i>lancing device</i>	Non-PDL Brand	OTC
LANCING DEVICE	Non-PDL Brand	OTC
<i>lancing device adjustable</i>	Non-PDL Brand	OTC
<i>lancing device advanced</i>	Non-PDL Brand	OTC
<i>lancing device hri</i>	Non-PDL Brand	OTC
<i>lancing device w/ ejector</i>	Non-PDL Brand	OTC
<i>lancing device w/5 lancets</i>	Non-PDL Brand	OTC
<i>lancing device w/5 lancets</i>	Non-PDL Brand	OTC

Drug	Status	Notes
LANZO LANCING DEVICE	Non-PDL Brand	OTC
LITE TOUCH LANCING PEN	Non-PDL Brand	OTC
<i>live better advanced lancing 3 lancets</i>	Non-PDL Brand	OTC
<i>meijer lancing device w/10 lancets, hri</i>	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
MULTI-LANCET DEVICE 2 KIT	Non-PDL Brand	OTC
NOVA SUREFLEX LANCING DEVICE	Non-PDL Brand	OTC
NOVA SUREFLEX LANCING DEVICE DEVICE AND LANCETS	Non-PDL Brand	OTC
NOVA SUREFLEX LANCING DEVICE DEVICE, 10 LANCETS	Non-PDL Brand	OTC
ON CALL LANCING DEVICE	Non-PDL Brand	OTC
ON CALL PLUS LANCING DEVICE	Non-PDL Brand	OTC
ONETOUCH DELICA LANCING DEV	Non-PDL Brand	OTC
ONETOUCH DELICA PLUS LANC DEV	Non-PDL Brand	OTC
ONETOUCH SURESOFT 18G LANC DEV 18 GAUGE	Non-PDL Brand	OTC
ONETOUCH SURESOFT 21G LANC DEV 21 GAUGE	Non-PDL Brand	OTC
ONETOUCH ULTRA2 GLUCOSE SYST	PDL Non-Preferred Brand	PA; OTC
ONETOUCH ULTRA2 GLUCOSE SYST	PDL Non-Preferred Brand	PA; OTC
ONETOUCH ULTRAMINI METER	PDL Non-Preferred Brand	PA; OTC

Drug	Status	Notes
ONETOUCH ULTRAMINI METER BLUE	PDL Non-Preferred Brand	PA; OTC
ONETOUCH ULTRAMINI METER PINK	PDL Non-Preferred Brand	PA; OTC
ONETOUCH VERIO FLEX METER	PDL Non-Preferred Brand	PA; OTC
ONETOUCH VERIO FLEX STARTR KIT	PDL Non-Preferred Brand	PA; OTC
ONETOUCH VERIO IQ METER	PDL Non-Preferred Brand	PA; OTC
ONETOUCH VERIO IQ SYSTEM KIT	PDL Non-Preferred Brand	PA; OTC
ONETOUCH VERIO 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

Drug	Status	Notes
<i>qc autolet lancing device</i>	Non-PDL Brand	OTC
<i>ra health care lancing device w/ 5 lancets</i>	Non-PDL Brand	OTC
<i>reliamed lancing device adjustable</i>	Non-PDL Brand	OTC
RELIAMED MINI LANCING DEVICE	Non-PDL Brand	OTC
<i>relion lancing device</i>	Non-PDL Brand	OTC
<i>relion lancing device w/10 lancets</i>	Non-PDL Brand	OTC
RELION TRUE METRIX AIR GLU MTR	PDL Non-Preferred Brand	PA; OTC
RIGHTTEST GD500 LANCING DEVICE	Non-PDL Brand	OTC
SHOPKO AUTOLET LANCING DEVICE	Non-PDL Brand	OTC
SHOPKO AUTOLET LANCING DEVICE W/3 UNILET LANCETS	Non-PDL Brand	OTC
<i>simple diagntic lancet device e-z pull & click</i>	Non-PDL Brand	OTC
SOLUS V2 LANCING DEVICE	Non-PDL Brand	OTC
SURE COMFORT LANCING PEN	Non-PDL Brand	OTC
SURE-PEN LANCING DEVICE	Non-PDL Brand	OTC
TRUE METRIX AIR GLUCOSE METER	PDL Non-Preferred Brand	PA; 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

Drug	Status	Notes
TRUE METRIX BLOOD GLUCOSE MTR	PDL Non-Preferred Brand	PA; 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 2.4 MM DEVICE	Non-PDL Brand	OTC
UNISTIK 2 COMFORT 1.8 MM DEVIC 28 GAUGE	Non-PDL Brand	OTC
UNISTIK 2 EXTRA 0.81 MM DEVICE	Non-PDL Brand	OTC
UNISTIK 2 NORMAL 0.81MM DEVICE	Non-PDL Brand	OTC
UNISTIK 3 1.8 MM LANCING DEVIC	Non-PDL Brand	OTC
UNISTIK 3 COMFORT 1.8 ML DEVIC	Non-PDL Brand	OTC
UNISTIK 3 NEONATAL 1.8 ML DEV	Non-PDL Brand	OTC
UNISTIK 3 NEONATAL 1.8 ML DEV	Non-PDL Brand	OTC
UNISTIK-2 3 MM DEVICE	Non-PDL Brand	OTC
VALUE PLUS LANCING DEVICE 5 DEPTH SETTINGS	Non-PDL Brand	OTC
VANTAGE LANCING DEVICE	Non-PDL Brand	OTC
VIVAGUARD LANCING DEVICE	Non-PDL Brand	OTC
WAVESENSE PRESTO SYSTEM KIT	PDL Non-Preferred Brand	PA; OTC
WAVESENSE PRESTO SYSTEM KIT	PDL Non-Preferred Brand	PA; OTC
Diabetic Ulcer Preparations, Topical		
REGGRANEX 0.01% GEL 0.01 %	Non-PDL Brand	

Drug	Status	Notes
Hyperglycemics		
<i>cvs glucose 4 gram tablet chew (rx) 4 gram</i>	Non-PDL Generic	
<i>cvs glucose 4 gram tablet chew assorted fruit (rx) 4 gram</i>	Non-PDL Generic	
<i>cvs glucose 4 gram tablet chew gluten-free (rx) 4 gram</i>	Non-PDL Generic	
<i>cvs glucose 4 gram tablet chew grape (rx) 4 gram</i>	Non-PDL Generic	
<i>cvs glucose 4 gram tablet chew n, no caffeine (rx) 4 gram</i>	Non-PDL Generic	
<i>cvs glucose 4 gram tablet chew orange (rx) 4 gram</i>	Non-PDL Generic	
<i>cvs glucose 4 gram tablet chew orange flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>cvs glucose 4 gram tablet chew orange, gluten-free (rx) 4 gram</i>	Non-PDL Generic	
<i>cvs glucose 4 gram tablet chew raspberry flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>cvs glucose 4 gram tablet chew tropical blast (rx) 4 gram</i>	Non-PDL Generic	
CVS GLUCOSE 40% GEL 3'S (RX) 40 %	Non-PDL Generic	
<i>cvs glucose 40% gel 40 %</i>	Non-PDL Generic	
CVS GLUCOSE 40% GEL TROPICAL FRUIT FLAV (RX) 40 %	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW ASSORTED FLAVORS (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW ASSORTED FRUIT (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW CITRUS PUNCH (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW CITRUS, GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW FRUIT MEDLEY (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW GLUTEN-F, TROPICAL (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	

Drug	Status	Notes
DEX4 GLUCOSE 4 GM TABLET CHEW GRAPE FLAVOR (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW GRAPE, GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW INNER (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW ORANGE FLAVOR (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW ORANGE, GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW ORANGE, GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW OUTER (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW RASPBERRY FLAVOR (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW RSPBERRY, GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW SOUR APPLE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW TROPICAL FRUIT (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW TROPICAL, GLUTEN-FREE (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW WATERMELON FLAVOR (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE 4 GM TABLET CHEW WILD BERRY FLAVOR (RX) 4 GRAM	Non-PDL Generic	
DEX4 GLUCOSE TAB POUCH PACK 4 GRAM	Non-PDL Generic	
DEX4 QUICK DISSOLVE TAB CHEW 4 GRAM	Non-PDL Generic	
<i>drug mart glucose 4 gm tab chw orange flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>drug mart glucose 4 gm tab chw raspberry flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>eql glucose 4 gram tablet chew hri, gluten-free (rx) 4 gram</i>	Non-PDL Generic	
<i>fifty50 glucose 4 gm tablet fruit punch (rx) 4 gram</i>	Non-PDL Generic	
GLUCAGON 1 MG EMERGENCY KIT 1 MG	Non-PDL Generic	QL (4 EA per 1 FILL)

Drug	Status	Notes
GLUCAGON 1 MG EMERGENCY KIT OUTER, SUV 1 MG	Non-PDL Brand	QL (4 EA per 1 FILL)
GLUCAGON 1 MG EMERGENCY KIT SUV 1 MG	Non-PDL Generic	QL (4 EA per 1 FILL)
GLUCO BURST 40% GEL 40 %	Non-PDL Generic	
<i>glucose 3.75 gram tablet chew (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew assort fruit flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew assorted fruit (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew gluten/f,asst fruit (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew gluten/f,trop fruit (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew gluten-free, orange (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew gluten-free,rasberry (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew grape (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew grape flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew grape, gluten-free (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew n (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew n,caffeine free (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew n,caffeinelf (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew n,raspberry (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew n,tropical fruit (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew nree (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew orange (rx) 4 gram</i>	Non-PDL Generic	

Drug	Status	Notes
<i>glucose 4 gram tablet chew raspberry (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew raspberry flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>glucose 4 gram tablet chew tropical fruit flav (rx) 4 gram</i>	Non-PDL Generic	
GLUCOSE 40% GEL TROPICAL FRUIT (RX) 40 %	Non-PDL Generic	
GLUTOSE-15 GEL 3 PAK, OUTER, U-D 40 %	Non-PDL Generic	
GLUTOSE-15 GEL 3'S, OUTER, U-D 40 %	Non-PDL Generic	
GLUTOSE-15 GEL INNER, U-D 40 %	Non-PDL Generic	
GLUTOSE-45 GEL 40 %	Non-PDL Generic	
GLUTOSE-5 GEL INNER 40 %	Non-PDL Generic	
GLUTOSE-5 GEL OUTER 40 %	Non-PDL Generic	
<i>gnp glucose 3.75 gram tab chew (rx) 4 gram</i>	Non-PDL Generic	
<i>gnp glucose 4 gram tablet chew (rx) 4 gram</i>	Non-PDL Generic	
<i>gnp glucose 4 gram tablet chew 6x10's, orange (rx) 4 gram</i>	Non-PDL Generic	
<i>gnp glucose 4 gram tablet chew 6x10's, raspberry (rx) 4 gram</i>	Non-PDL Generic	
<i>gnp glucose 4 gram tablet chew grape (rx) 4 gram</i>	Non-PDL Generic	
<i>gnp glucose 4 gram tablet chew orange (rx) 4 gram</i>	Non-PDL Generic	
<i>gnp glucose 4 gram tablet chew orange, gluten-free (rx) 4 gram</i>	Non-PDL Generic	
<i>gnp glucose 4 gram tablet chew raspberry (rx) 4 gram</i>	Non-PDL Generic	
<i>gnp glucose 4 gram tablet chew watermelon (rx) 4 gram</i>	Non-PDL Generic	
<i>gnp quick dissolve glucose tab n,caffeine free (rx) 4 gram</i>	Non-PDL Generic	
<i>gs glucose 4 gram tablet chew (rx) 4 gram</i>	Non-PDL Generic	

Drug	Status	Notes
<i>gs glucose 4 gram tablet chew gluten-f,n, fruit (rx) 4 gram</i>	Non-PDL Generic	
<i>gs glucose 4 gram tablet chew gluten-f,n, grape (rx) 4 gram</i>	Non-PDL Generic	
<i>gs glucose 4 gram tablet chew gluten-f,n,citrus (rx) 4 gram</i>	Non-PDL Generic	
<i>gs glucose 4 gram tablet chew gluten-f,n,orange (rx) 4 gram</i>	Non-PDL Generic	
<i>gs glucose 4 gram tablet chew gluten-f,n,tropic (rx) 4 gram</i>	Non-PDL Generic	
<i>gs glucose 4 gram tablet chew gluten-f,na-f,rasp (rx) 4 gram</i>	Non-PDL Generic	
GVOKE 1 MG/0.2 ML KIT OUTER, SUV 1 MG/0.2 ML	Non-PDL Brand	QL (8 ML per 1 FILL)
GVOKE 1 MG/0.2 ML VIAL INNER, SUV 1 MG/0.2 ML	Non-PDL Brand	QL (8 ML per 1 FILL)
GVOKE HYOPEN 1PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML	Non-PDL Brand	QL (4 ML per 1 FILL)
GVOKE HYOPEN 1-PK 1 MG/0.2 ML 1 MG/0.2 ML	Non-PDL Brand	QL (8 ML per 1 FILL)
GVOKE HYOPEN 2PK 0.5 MG/0.1 ML 0.5 MG/0.1 ML	Non-PDL Brand	QL (4 ML per 1 FILL)
GVOKE HYOPEN 2-PK 1 MG/0.2 ML 1 MG/0.2 ML	Non-PDL Brand	QL (8 ML per 1 FILL)
GVOKE PFS 1PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	Non-PDL Brand	QL (4 ML per 1 FILL)
GVOKE PFS 1-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	Non-PDL Brand	QL (8 ML per 1 FILL)
GVOKE PFS 2PK 0.5 MG/0.1 ML SYR 0.5 MG/0.1 ML	Non-PDL Brand	QL (4 ML per 1 FILL)
GVOKE PFS 2-PK 1 MG/0.2 ML SYR 1 MG/0.2 ML	Non-PDL Brand	QL (8 ML per 1 FILL)
INSTA-GLUCOSE GEL 24 GRAM/31 GRAM	Non-PDL Generic	
<i>kro glucose 4 gram tablet chew (rx) 4 gram</i>	Non-PDL Generic	
<i>kro glucose 4 gram tablet chew gluten-f,n,grape (rx) 4 gram</i>	Non-PDL Generic	
<i>kro glucose 4 gram tablet chew gluten-f,n,citrus (rx) 4 gram</i>	Non-PDL Generic	
<i>kro glucose 4 gram tablet chew gluten-f,n,grape (rx) 4 gram</i>	Non-PDL Generic	

Drug	Status	Notes
<i>kro glucose 4 gram tablet chew gluten-f,n,orange (rx) 4 gram</i>	Non-PDL Generic	
<i>kroger glucose 4 gram tab chew orange (rx) 4 gram</i>	Non-PDL Generic	
<i>kroger glucose 4 gram tab chew raspberry (rx) 4 gram</i>	Non-PDL Generic	
<i>kroger glucose 4 gram tab chew watermelon (rx) 4 gram</i>	Non-PDL Generic	
KROGER GLUCOSE 40% GEL 3'S, TROPICAL FRUIT (RX) 40 %	Non-PDL Generic	
<i>leader glucose 4 gm tab chew orange flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>leader glucose 4 gm tab chew raspberry flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>leader glucose 4 gm tab chew watermelon flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>leader quick dissolve gluc tab quick dissolve (rx) 4 gram</i>	Non-PDL Generic	
<i>longs glucose 4 gram tab chew orange flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>longs glucose 4 gram tab chew raspberry flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>meijer glucose 4 gram tab chew grape (rx) 4 gram</i>	Non-PDL Generic	
<i>meijer glucose 4 gram tab chew orange (rx) 4 gram</i>	Non-PDL Generic	
<i>meijer glucose 4 gram tab chew raspberry (rx) 4 gram</i>	Non-PDL Generic	
<i>meijer glucose 4 gram tab chew watermelon (rx) 4 gram</i>	Non-PDL Generic	
MICRODOT GLUCOSE 40% GEL 40 %	Non-PDL Generic	
<i>ms glucose 4 gram tablet chew orange flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>ms glucose 4 gram tablet chew raspberry flavor (rx) 4 gram</i>	Non-PDL Generic	
<i>ms quick dissolve glucose tab quick dissolve (rx) 4 gram</i>	Non-PDL Generic	
<i>preferred plus glucose tab chw grape (rx) 4 gram</i>	Non-PDL Generic	
<i>preferred plus glucose tab chw orange flavor (rx) 4 gram</i>	Non-PDL Generic	

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

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

Drug	Status	Notes
ADMELOG SOLOSTAR 100 UNIT/ML SAMPLE, SUV 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
AFREZZA ((REGULAR INSULIN) 8 UNIT CARTRIDGE 8 UNIT	PDL Non-Preferred Brand	PA
AFREZZA (REGULAR INSULIN) 12 UNIT CARTRIDGE 12 UNIT	PDL Non-Preferred Brand	PA
AFREZZA (REGULAR INSULIN) 4 UNIT CARTRIDGE 4 UNIT	PDL Non-Preferred Brand	PA
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 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
APIDRA SOLOSTAR 100 UNIT/ML INNER, SUV 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
APIDRA SOLOSTAR 100 UNIT/ML OUTER, SUV 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
BASAGLAR 100 UNIT/ML KWIKPEN INNER , SDV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
BASAGLAR 100 UNIT/ML KWIKPEN OUTER, SDV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
FIASP 100 UNIT/ML FLEXTOUCH 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
FIASP 100 UNIT/ML VIAL 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)

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

Drug	Status	Notes
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 days)
HUMULIN 70/30 KWIKPEN INNER, SINGLE USE 100 UNIT/ML (70-30)	PDL Preferred Brand	OTC; QL (30 ML per 28 days)
HUMULIN 70/30 KWIKPEN OUTER, SINGLE USE 100 UNIT/ML (70-30)	PDL Preferred Brand	OTC; QL (30 ML per 28 days)
HUMULIN 70-30 VIAL 100 UNIT/ML (70-30)	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
HUMULIN N 100 UNIT/ML KWIKPEN INNER, SINGLE USE 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
HUMULIN N 100 UNIT/ML KWIKPEN OUTER, SINGLE USE 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
HUMULIN N 100 UNIT/ML VIAL 100 UNIT/ML	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
HUMULIN R 100 UNIT/ML VIAL 100 UNIT/ML	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
HUMULIN R 500 UNIT/ML KWIKPEN INNER, SINGLE USE 500 UNIT/ML (3 ML)	PDL Preferred Brand	QL (24 ML per 28 days)
HUMULIN R 500 UNIT/ML KWIKPEN OUTER, SINGLE USE 500 UNIT/ML (3 ML)	PDL Preferred Brand	QL (24 ML per 28 days)
HUMULIN R 500 UNIT/ML VIAL 500 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
<i>insulin aspart 100 unit/ml vl 100 unit/ml</i>	PDL Preferred Brand	QL (40 ML per 28 days)

Drug	Status	Notes
<i>insulin aspart flexpen 100 unit/ml pen inner,suv 100 unit/ml (3 ml)</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin aspart flexpen 100 unit/ml pen outer,suv 100 unit/ml (3 ml)</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin aspart penfill 100 unit/ml cartridge inner,suv 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin aspart penfill 100 unit/ml cartridge outer,suv 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin aspart protamine-insulin aspart mix 70-30 flexpen inner,suv 100 unit/ml (70-30)</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin aspart protamine-insulin aspart mix 70-30 flexpen outer,suv 100 unit/ml (70-30)</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin aspart protamine-insulin aspart mix 70-30 vial 100 unit/ml (70-30)</i>	PDL Preferred Brand	QL (40 ML per 28 days)
<i>insulin degludec 100 unit/ml vial 100 unit/ml</i>	Non-PDL Generic	QL (40 ML per 28 days)
<i>insulin degludec flextouch 100 unit/ml pen 100 unit/ml (3 ml)</i>	Non-PDL Generic	QL (30 ML per 28 days)
<i>insulin degludec flextouch 200 unit/ml pen 200 unit/ml (3 ml)</i>	Non-PDL Generic	QL (18 ML per 28 days)
<i>insulin glargine-yfgn u100 pen inner, suv 100 unit/ml (3 ml)</i>	Non-PDL Generic	QL (30 ML per 28 days)
<i>insulin glargine-yfgn u100 pen outer, suv 100 unit/ml (3 ml)</i>	Non-PDL Generic	QL (30 ML per 28 days)
<i>insulin glargine-yfgn u100 vl 100 unit/ml</i>	Non-PDL Generic	QL (40 ML per 28 days)
<i>insulin lispro 100 unit/ml kwikpen inner, suv 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin lispro 100 unit/ml kwikpen outer, suv 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin lispro 100 unit/ml kwikpen suv, inner 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 days)

Drug	Status	Notes
<i>insulin lispro 100 unit/ml kwikpen suv, outer 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin lispro 100 unit/ml vl 100 unit/ml</i>	PDL Preferred Brand	QL (40 ML per 28 days)
<i>insulin lispro jr 100 unit/ml kwikpen suv, inner 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin lispro jr 100 unit/ml kwikpen suv, outer 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin lispro mix 75-25 kwkpn suv, inner 100 unit/ml (75-25)</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin lispro mix 75-25 kwkpn suv, outer 100 unit/ml (75-25)</i>	PDL Preferred Brand	QL (30 ML per 28 days)
LANTUS 100 UNIT/ML VIAL MUV 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
LANTUS 100 UNIT/ML VIAL SAMPLE, MUV 100 UNIT/ML	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)
LANTUS SOLOSTAR 100 UNIT/ML SAMPLE, SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LANTUS SOLOSTAR 100 UNIT/ML SUV,INNER 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LANTUS SOLOSTAR 100 UNIT/ML SUV,OUTER 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LEVEMIR 100 UNIT/ML VIAL 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)

Drug	Status	Notes
LEVEMIR FLEXTOUCH 100 UNIT/ML INNER,SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LEVEMIR FLEXTOUCH 100 UNIT/ML OUTER,SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LEVEMIR FLEXTOUCH 100 UNIT/ML SAMPLE, SUV 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LYUMJEV 100 UNIT/ML KWIKPEN INNER, SUV 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
LYUMJEV 100 UNIT/ML KWIKPEN OUTER, SUV 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
LYUMJEV 100 UNIT/ML VIAL 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
LYUMJEV 200 UNIT/ML KWIKPEN INNER, SUV 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 days)
LYUMJEV 200 UNIT/ML KWIKPEN OUTER, SUV 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 days)
NOVOLIN 70-30 100 UNIT/ML VIAL 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; OTC; QL (40 ML per 28 days)
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 100 UNIT/ML	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
NOVOLIN R 100 UNIT/ML FLEXPEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)

Drug	Status	Notes
NOVOLIN R 100 UNIT/ML VIAL 100 UNIT/ML	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 100 UNIT/ML	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 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)
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 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 100 UNIT/ML	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
RELION NOVOLIN R 100 UNIT/ML FLEXPEN 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)

Drug	Status	Notes
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 100 UNIT/ML	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)
SEMGLEE (YFGN) 100 UNIT/ML PEN INNER, 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)
SEMGLEE (YFGN) 100 UNIT/ML VL 100 UNIT/ML	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 days)
TOUJEO MAX SOLOSTR 300 UNIT/ML OUTER,SUV 300 UNIT/ML (3 ML)	PDL Non- Preferred Brand	PA; QL (18 ML per 28 days)
TOUJEO MAX SOLOSTR 300 UNIT/ML SAMPLE, SUV 300 UNIT/ML (3 ML)	PDL Non- Preferred Brand	PA; QL (18 ML per 28 days)
TOUJEO SOLOSTAR 300 UNIT/ML INNER, SUV 300 UNIT/ML (1.5 ML)	PDL Non- Preferred Brand	PA; QL (13.5 ML per 28 days)
TOUJEO SOLOSTAR 300 UNIT/ML OUTER, SUV 300 UNIT/ML (1.5 ML)	PDL Non- Preferred Brand	PA; QL (13.5 ML per 28 days)
TOUJEO SOLOSTAR 300 UNIT/ML SAMPLE, SUV 300 UNIT/ML (1.5 ML)	PDL Non- Preferred Brand	PA; QL (13.5 ML per 28 days)
TRESIBA 100 UNIT/ML VIAL 100 UNIT/ML	PDL Non- Preferred Brand	PA; QL (40 ML per 28 days)

Drug	Status	Notes
TRESIBA FLEXTOUCH 100 UNIT/ML SUV 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH 100 UNIT/ML SUV,NFRS 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
TRESIBA FLEXTOUCH 200 UNIT/ML SUV 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)
TRESIBA FLEXTOUCH 200 UNIT/ML SUV,NFRS 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone oil 0.01% ear drp 0.01 %</i>	Non-PDL Generic	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid 2% ear solution 2 %</i>	Non-PDL Generic	
<i>acetic acid 2% ear solution inner 2 %</i>	Non-PDL Generic	
<i>acetic acid 2% ear solution outer 2 %</i>	Non-PDL Generic	
<i>acetic acid 2% ear solution usp 2 %</i>	Non-PDL Generic	
<i>hydrocortison-acetic acid soln 1-2 %</i>	Non-PDL Generic	
Ear Preparations,Antibiotics		
<i>ciprofloxacin 0.2% otic soln 0.2 %</i>	PDL Non-Preferred Generic	PA
<i>neomycin-polymyxin-hc ear soln w/dropper 3.5-10,000-1 mg/ml-unit/ml-%</i>	PDL Preferred Generic	
<i>neomycin-polymyxin-hc ear susp 3.5-10,000-1 mg/ml-unit/ml-%</i>	PDL Preferred Generic	
<i>neomycin-polymyxin-hc ear susp w/dropper 3.5-10,000-1 mg/ml-unit/ml-%</i>	PDL Preferred Generic	
<i>ofloxacin 0.3% ear drops 0.3 %</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
OTIPRIO 6% VIAL SUV, P/F 6 % (6 MG/0.1 ML)	PDL Non-Preferred Brand	PA
Ear Preparations, Ear Wax Removers		
CLINERE EARWAX REMOVAL 6.5% KT 6.5 %	Non-PDL Generic	OTC
CVS EAR DROPS 6.5% 6.5 %	Non-PDL Generic	OTC
CVS EAR WAX REMOVAL 6.5% DROP 6.5 %	Non-PDL Generic	OTC
CVS EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	OTC
DEBROX 6.5% EAR DROPS 6.5 %	Non-PDL Generic	OTC
EAR DROPS 6.5% 6.5 %	Non-PDL Generic	OTC
EAR WAX REMOVAL 6.5% DROP 6.5 %	Non-PDL Generic	OTC
EAR WAX REMOVAL 6.5% DROPS 6.5 %	Non-PDL Generic	OTC
EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	OTC
EAR WAX REMOVAL 6.5% KIT INCL. WASHER BULB 6.5 %	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
GNP EAR DROPS 6.5% 6.5 %	Non-PDL Generic	OTC
GNP EAR WAX REMOVAL 6.5% DROP 6.5 %	Non-PDL Generic	OTC
GNP EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	OTC
GS EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	OTC
HM EAR WAX REMOVAL 6.5% DROP 6.5 %	Non-PDL Generic	OTC
HM EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	OTC
MURINE 6.5% EAR DROPS 6.5 %	Non-PDL Generic	OTC

Drug	Status	Notes
MURINE EAR WAX REMOVAL SYSTEM 6.5 %	Non-PDL Generic	OTC
RA EAR DROPS 6.5% 6.5 %	Non-PDL Generic	OTC
RA EAR WAX CLEANSING SYSTEM 6.5 %	Non-PDL Generic	OTC
RA EAR WAX REMOVAL 6.5% KIT 6.5 %	Non-PDL Generic	OTC
Otic Preparations, Anti-Inflammatory-Antibiotics		
CIPRO HC OTIC SUSPENSION 0.2-1 %	PDL Preferred Brand	
CIPRODEX OTIC SUSPENSION 0.3-0.1 %	PDL Preferred Brand	
<i>ciproflox-dexameth otic susp 0.3-0.1 %</i>	PDL Non-Preferred Generic	PA
<i>ciproflox-fluocinoln 0.3-0.025% 0.3-0.025 % (0.25 ml)</i>	PDL Non-Preferred Generic	PA
OTOVEL 0.3%-0.025% EAR DROPS 0.3-0.025 % (0.25 ML)	PDL Non-Preferred Brand	PA
OTOVEL 0.3%-0.025% EAR DROPS INNER, P/F 0.3-0.025 % (0.25 ML)	PDL Non-Preferred Brand	PA
OTOVEL 0.3%-0.025% EAR DROPS OUTER, P/F 0.3-0.025 % (0.25 ML)	PDL Non-Preferred Brand	PA
Electrolyte Regulation		
Electrolyte Depleters		
AURYXIA 210 MG TABLET 210 MG IRON	PDL Non-Preferred Brand	PA; QL (12 EA per 1 day)
<i>calcium acetate 667 mg capsule 667 mg</i>	PDL Preferred Generic	
<i>calcium acetate 667 mg gelcap 667 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>calcium acetate 667 mg gelcap gelcap 667 mg</i>	PDL Preferred Generic	
<i>calcium acetate 667 mg tablet 667 mg</i>	PDL Preferred Generic	
FOSRENOL 1,000 MG POWDER PACK INNER 1,000 MG	PDL Non-Preferred Brand	PA
FOSRENOL 1,000 MG POWDER PACK OUTER 1,000 MG	PDL Non-Preferred Brand	PA
FOSRENOL 1,000 MG TABLET CHEW NON-SALEABLE, INNER 1,000 MG	PDL Non-Preferred Brand	PA
FOSRENOL 1,000 MG TABLET CHEW OUTER PK, 9X10 TABS 1,000 MG	PDL Non-Preferred Brand	PA
FOSRENOL 500 MG TABLET CHEW NON-SALEABLE, INNER 500 MG	PDL Non-Preferred Brand	PA
FOSRENOL 500 MG TABLET CHEW OUTER PK, 2X45 TABS 500 MG	PDL Non-Preferred Brand	PA
FOSRENOL 750 MG POWDER PACKET INNER 750 MG	PDL Non-Preferred Brand	PA
FOSRENOL 750 MG POWDER PACKET OUTER 750 MG	PDL Non-Preferred Brand	PA
FOSRENOL 750 MG TABLET CHEW NON-SALEABLE, INNER 750 MG	PDL Non-Preferred Brand	PA
FOSRENOL 750 MG TABLET CHEW OUTER PK, 6X15 TABS 750 MG	PDL Non-Preferred Brand	PA
<i>lanthanum carb 1,000 mg tb chw inner 1,000 mg</i>	PDL Non-Preferred Generic	PA
<i>lanthanum carb 1,000 mg tb chw outer 1,000 mg</i>	PDL Non-Preferred Generic	PA

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

Drug	Status	Notes
<i>sevelamer 2.4 gm powder packet outer 2.4 gram</i>	PDL Non-Preferred Generic	PA
<i>sevelamer carbonate 800 mg tab 800 mg</i>	PDL Preferred Generic	
<i>sevelamer carbonate 800 mg tab inner 800 mg</i>	PDL Preferred Generic	
<i>sevelamer carbonate 800 mg tab outer 800 mg</i>	PDL Preferred Generic	
<i>sevelamer hcl 400 mg tablet 400 mg</i>	PDL Non-Preferred Generic	PA
<i>sevelamer hcl 800 mg tablet 800 mg</i>	PDL Non-Preferred Generic	PA
<i>sodium polystyrene sulf powder</i>	Non-PDL Generic	
<i>sodium polystyrene sulf powder inner</i>	Non-PDL Generic	
<i>sodium polystyrene sulf powder outer</i>	Non-PDL Generic	
SPS 15 GM/60 ML SUSPENSION 15-20 GRAM/60 ML	Non-PDL Generic	
VELPHORO 500 MG CHEWABLE TAB 500 MG	PDL Non-Preferred Brand	PA
Electrolyte Maintenance		
CVS PEDIATRIC ELECTROLYTE POPS 16'S,FREEZER POPS (RX)	Non-PDL Generic	
CVS PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
CVS PEDIATRIC ELECTROLYTE SOLN DYE/FREE, STRAWBERRY (RX)	Non-PDL Generic	
ENFAMIL ENFALYTE SOLUTION RTU,LIGHT CHERRY (RX)	Non-PDL Brand	
ENFAMIL ENFALYTE SOLUTION RTU,UNFLAVORED (RX)	Non-PDL Brand	
GNP PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	

Drug	Status	Notes
GNP PEDIATRIC ELECTROLYTE SOLN APPLE, 4X237ML (RX)	Non-PDL Generic	
GS PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
<i>heb pediatric electrolyte soln (rx)</i>	Non-PDL Generic	
HM PEDIATRIC ELECTROLYTE SOLN FRUIT FLAVOR (RX)	Non-PDL Generic	
HM PEDIATRIC ELECTROLYTE SOLN GRAPE FLAVOR (RX)	Non-PDL Generic	
HYDRALYTE ELECTROLYTE SOLN	Non-PDL Generic	
KINDERLYTE ELECTROLYTE SOLN	Non-PDL Brand	
ORALYTE SOLUTION	Non-PDL Generic	
PEDI ELECTROLYTE FREEZER POP 16'SX62.5ML POPS (RX)	Non-PDL Generic	
PEDI ELECTROLYTE FREEZER POP 16X62.1ML POPS (RX)	Non-PDL Generic	
PEDIALYTE ADVANCED CARE SOLN BLUE RASPBERRY	Non-PDL Brand	
PEDIALYTE ADVANCED CARE SOLN CHERRY PUNCH	Non-PDL Brand	
PEDIALYTE ADVANCED CARE SOLN STRAWBERRY LEMONADE	Non-PDL Brand	
PEDIALYTE ADVANCED CARE SOLN TROPICAL FRUIT	Non-PDL Brand	
PEDIALYTE ELECTROLYTE SINGLES 4'S (RX)	Non-PDL Brand	
PEDIALYTE ELECTROLYTE SINGLES INNER, APPLE, RTU (RX)	Non-PDL Brand	
PEDIALYTE ELECTROLYTE SINGLES INNER, CHERRY, RTU (RX)	Non-PDL Brand	
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	

Drug	Status	Notes
PEDIALYTE SOLUTION (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION READY-TO-USE (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION STRAWBERRY, RTU (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION STRAWBERRY, RTU, 8'S (RX)	Non-PDL Brand	
PEDIALYTE SOLUTION UNFLAVORED (RX)	Non-PDL Brand	
<i>pediatric electrolyte solution (rx)</i>	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	
<i>pediatric electrolyte solution mango,p/f (rx)</i>	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	
RA PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
RA PEDIATRIC ELECTROLYTE SOLN APPLE (RX)	Non-PDL Generic	
RA PEDIATRIC ELECTROLYTE SOLN STRAWBERRY (RX)	Non-PDL Generic	
RA PEDIATRIC FREEZER POPS	Non-PDL Generic	
SM PEDIATRIC ELECTROLYTE SOLN (RX)	Non-PDL Generic	
Potassium Replacement		
EFFER-K 25 MEQ TABLET EFF 25 MEQ	Non-PDL Generic	
EFFER-K 25 MEQ TABLET EFF INNER 25 MEQ	Non-PDL Generic	
EFFER-K 25 MEQ TABLET EFF ORANGE FLAVOR, INNER 25 MEQ	Non-PDL Generic	

Drug	Status	Notes
EFFER-K 25 MEQ TABLET EFF OUTER 25 MEQ	Non-PDL Generic	
KLOR-CON M10 TABLET 10 MEQ	Non-PDL Generic	90DS
KLOR-CON M10 TABLET INNER 10 MEQ	Non-PDL Generic	90DS
KLOR-CON M10 TABLET OUTER 10 MEQ	Non-PDL Generic	90DS
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	90DS
KLOR-CON M20 TABLET INNER 20 MEQ	Non-PDL Generic	90DS
KLOR-CON M20 TABLET OUTER 20 MEQ	Non-PDL Generic	90DS
<i>potassium chloride 10% (20 meq/15 ml) oral liquid 20 meq/15 ml</i>	Non-PDL Generic	
<i>potassium chloride 10% (20 meq/15 ml) oral liquid inner 20 meq/15 ml</i>	Non-PDL Generic	
<i>potassium chloride 10% (20 meq/15 ml) oral liquid orange 20 meq/15 ml</i>	Non-PDL Generic	
<i>potassium chloride 10% (20 meq/15 ml) oral liquid outer 20 meq/15 ml</i>	Non-PDL Generic	
<i>potassium chloride 10% (40 meq/30 ml) oral liquid inner 20 meq/15 ml</i>	Non-PDL Generic	
<i>potassium chloride 10% (40 meq/30 ml) oral liquid outer 20 meq/15 ml</i>	Non-PDL Generic	
<i>potassium chloride 20% (40 meq/15 ml) oral liquid 40 meq/15 ml</i>	Non-PDL Generic	
<i>potassium chloride 20% (40 meq/15 ml) oral liquid orange 40 meq/15 ml</i>	Non-PDL Generic	
<i>potassium cl 20 meq packet inner 20 meq</i>	Non-PDL Generic	
<i>potassium cl 20 meq packet outer 20 meq</i>	Non-PDL Generic	
<i>potassium cl er 10 meq capsule 10 meq</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>potassium cl er 10 meq tablet 10 meq</i>	Non-PDL Generic	90DS
<i>potassium cl er 10 meq tablet 10 meq</i>	Non-PDL Generic	90DS
<i>potassium cl er 10 meq tablet f/c 10 meq</i>	Non-PDL Generic	90DS
<i>potassium cl er 10 meq tablet inner 10 meq</i>	Non-PDL Generic	90DS
<i>potassium cl er 10 meq tablet outer 10 meq</i>	Non-PDL Generic	90DS
<i>potassium cl er 15 meq tablet 15 meq</i>	Non-PDL Generic	
<i>potassium cl er 20 meq tablet 20 meq</i>	Non-PDL Generic	
<i>potassium cl er 20 meq tablet 20 meq</i>	Non-PDL Generic	90DS
<i>potassium cl er 8 meq capsule 8 meq</i>	Non-PDL Generic	
<i>potassium cl er 8 meq tablet 8 meq</i>	Non-PDL Generic	
<i>potassium cl er 8 meq tablet f/c 8 meq</i>	Non-PDL Generic	
Sodium/Saline Preparations		
<i>bacteriostatic saline vial bacteriostatic, mdv 0.9 %</i>	Non-PDL Generic	
<i>bacteriostatic saline vial inner,mdv 0.9 %</i>	Non-PDL Generic	
<i>bacteriostatic saline vial muv, inner 0.9 %</i>	Non-PDL Generic	
<i>bacteriostatic saline vial muv, outer 0.9 %</i>	Non-PDL Generic	
<i>bacteriostatic saline vial outer,mdv 0.9 %</i>	Non-PDL Generic	
CLEARSHIELD SODIUM CHLOR FLUSH	Non-PDL Generic	
NORMAL SALINE FLUSH 1 ML SYR SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 10 ML SYR	Non-PDL Generic	
NORMAL SALINE FLUSH 10 ML SYR 30'S,P/F, SUV	Non-PDL Generic	
NORMAL SALINE FLUSH 10 ML SYR P/F,SINGLE USE	Non-PDL Generic	

Drug	Status	Notes
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 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	
<i>saline 0.45% soln-excel con single use 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45% soln inner,single use 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45% soln outer,single use 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45% soln single use 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45% soln single use, inner 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45% soln single use, outer 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45% soln single-use 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45% soln single-use, p/f 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45% soln single-use,inner 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45% soln single-use,outer 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45% soln viaflex, single use 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.9% (pwr inj) sdv</i>	Non-PDL Generic	

Drug	Status	Notes
<i>sodium chloride 0.9% (pwr inj) single-use, p/f</i>	Non-PDL Generic	
<i>sodium chloride 0.9% 1,000 ml single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% 10 ml syr suv,p/f 0.9 %</i>	Non-PDL Generic	
<i>sodium chloride 0.9% 100 ml single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% 50 ml p/f, suv</i>	Non-PDL Generic	
<i>sodium chloride 0.9% 50 ml single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% 500 ml single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% sol-excel single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% soln single-use,inner</i>	Non-PDL Generic	
<i>sodium chloride 0.9% soln single-use,outer</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution inner, single-use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution inner,single-use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution mini-bag, single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution mini-bag,single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution multi-pk, single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution outer, single-use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution outer,single-use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution quad pk, single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution single use, p/f</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution single use,inner</i>	Non-PDL Generic	

Drug	Status	Notes
<i>sodium chloride 0.9% solution single use,outer</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution single-use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution single-use, llf</i>	Non-PDL Generic	
<i>sodium chloride 0.9% solution viaflex, single use</i>	Non-PDL Generic	
<i>sodium chloride 0.9% syringe 2.5ml in 3ml syr,suv</i>	Non-PDL Generic	
<i>sodium chloride 0.9% syringe 3ml in 10ml syr,suv</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial inner,p/f, sdv</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial inner,p/f,sdv</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial outer,p/f, sdv</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial outer,p/f,sdv</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial p/f, sdv, inner</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial p/f, sdv, outer</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial p/f, suv, inner</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial p/f, suv, outer</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial p/f,sdv,inner</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial p/f,sdv,outer</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial suv</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial suv, inner</i>	Non-PDL Generic	
<i>sodium chloride 0.9% vial suv, outer</i>	Non-PDL Generic	
<i>sodium chloride 0.9% zr syr 10ml fill in 12ml sr</i>	Non-PDL Generic	
<i>sodium chloride 0.9% zr syr 10ml in 10ml syr,suv</i>	Non-PDL Generic	

Drug	Status	Notes
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 1 gm tablet (otc) 1,000 mg	Non-PDL Generic	OTC
sodium chloride 1 gm tablet (rx) 1,000 mg	Non-PDL Generic	
sodium chloride 1 gm tablet 1 gram	Non-PDL Generic	OTC
sodium chloride 1 gm tablet inner (otc) 1,000 mg	Non-PDL Generic	OTC
sodium chloride 1 gm tablet outer (otc) 1,000 mg	Non-PDL Generic	OTC
sodium chloride 1,000 mg tab inner (rx) 1,000 mg	Non-PDL Generic	
sodium chloride 1,000 mg tab outer (rx) 1,000 mg	Non-PDL Generic	
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
tadalafil 2.5 mg tablet 2.5 mg	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
tadalafil 2.5 mg tablet inner 2.5 mg	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
tadalafil 2.5 mg tablet outer 2.5 mg	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
tadalafil 5 mg tablet 5 mg	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
tadalafil 5 mg tablet inner 5 mg	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
tadalafil 5 mg tablet outer 5 mg	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
VIAGRA 100 MG TABLET F/C 100 MG	Non-PDL Brand	SP; QL (1 EA per 5 days)
VIAGRA 25 MG TABLET 25 MG	Non-PDL Brand	SP; QL (1 EA per 5 days)
VIAGRA 50 MG TABLET F/C 50 MG	Non-PDL Brand	SP; QL (1 EA per 5 days)

Drug	Status	Notes
VIAGRA 50 MG TABLET F/C, INNER 50 MG	Non-PDL Brand	SP; QL (1 EA per 5 days)
VIAGRA 50 MG TABLET F/C, OUTER 50 MG	Non-PDL Brand	SP; QL (1 EA per 5 days)
Fertility Stimulating Preparations,Non-Fsh		
<i>clomiphene citrate 50 mg tab inner 50 mg</i>	Non-PDL Generic	SP
<i>clomiphene citrate 50 mg tab outer 50 mg</i>	Non-PDL Generic	SP
Follicle Stim./Luteinizing Hormones		
MENOPUR 75 UNIT VIAL OUTER,SUV 75 UNIT	Non-PDL Brand	SP
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ 300 UNIT CARTRIDG 300 UNIT/0.36 ML	Non-PDL Brand	SP
FOLLISTIM AQ 600 UNIT CARTRIDG 600 UNIT/0.72 ML	Non-PDL Brand	SP
FOLLISTIM AQ 900 UNIT CARTRIDG 900 UNIT/1.08 ML	Non-PDL Brand	SP
GONAL-F 1,050 UNITS VIAL 1,050 UNIT	Non-PDL Brand	SP
GONAL-F 450 UNITS VIAL 450 UNIT	Non-PDL Brand	SP
GONAL-F RFF 75 UNIT VIAL 10'S,SDV 75 UNIT	Non-PDL Brand	SP
GONAL-F RFF 75 UNIT VIAL SDV 75 UNIT	Non-PDL Brand	SP
GONAL-F RFF REDI-JECT 300 UNITS PEN 300/0.5 UNIT/ML	Non-PDL Brand	SP
GONAL-F RFF REDI-JECT 450 UNIT PEN 450/0.75 UNIT/ML	Non-PDL Brand	SP
GONAL-F RFF REDI-JECT 900 UNIT PEN 900/1.5 UNIT/ML	Non-PDL Brand	SP
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonad 10,000 unit vl 10mu/10ml w/dilt,mdv 10,000 unit</i>	Non-PDL Brand	SP
<i>chorionic gonad 10,000 unit vl mdv 10,000 unit</i>	Non-PDL Brand	SP
NOVAREL 10,000 UNIT VIAL 10,000 UNIT	Non-PDL Brand	SP
NOVAREL 5,000 UNIT VIAL 5,000 UNIT	Non-PDL Brand	SP

Drug	Status	Notes
OVIDREL 250 MCG/0.5 ML SYRG 250 MCG/0.5 ML	Non-PDL Brand	SP
PREGNYL 10,000 UNIT VIAL 10ML, W/DILUENT,MDV 10,000 UNIT	Non-PDL Brand	SP
Pregnancy Facilitating/Maintaining Agent,Hormonal		
CRINONE 8% GEL INNER 8 %	Non-PDL Brand	SP
CRINONE 8% GEL OUTER 8 %	Non-PDL Brand	SP
ENDOMETRIN 100 MG VAG INSERT INNER 100 MG	Non-PDL Brand	SP
ENDOMETRIN 100 MG VAG INSERT OUTER 100 MG	Non-PDL Brand	SP
Pregnancy Maintaining Agent,Hormonal		
<i>hydroxyprogest 1,250 mg/5 ml 250 mg/ml</i>	Non-PDL Generic	SP
<i>hydroxyprogest 250 mg/ml vial p/f, sub 250 mg/ml (1 ml)</i>	Non-PDL Generic	SP
<i>hydroxyprogest 250 mg/ml vial p/f,sub 250 mg/ml (1 ml)</i>	Non-PDL Generic	SP
<i>hydroxyprogest 250 mg/ml vial sub 250 mg/ml (1 ml)</i>	Non-PDL Generic	SP
<i>hydroxyprogest 250 mg/ml vial sub, p/f 250 mg/ml (1 ml)</i>	Non-PDL Generic	SP
MAKENA 275 MG/1.1 ML AUTOINJCT 275 MG/1.1 ML	Non-PDL Brand	SP
Endocrine Disorder - Other		
Antidiuretic And Vasopressor Hormones		
<i>desmopressin 0.01% solution 50 doses 10 mcg/spray (0.1 ml)</i>	Non-PDL Generic	
<i>desmopressin 10 mcg/0.1 ml spr 10 mcg/spray (0.1 ml)</i>	Non-PDL Generic	
<i>desmopressin 40 mcg/10 ml vial 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin 40 mcg/10 ml vial mdv 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin 40 mcg/10 ml vial muv 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin ac 4 mcg/ml ampul inner, sub, p/f 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin ac 4 mcg/ml ampul outer, sub, p/f 4 mcg/ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>desmopressin ac 4 mcg/ml ampul p/f, inner, sdv 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin ac 4 mcg/ml ampul p/f, outer, sdv 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin ac 4 mcg/ml vial inner 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin ac 4 mcg/ml vial outer 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin ac 4 mcg/ml vial suv, p/f 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin ac 4 mcg/ml vial suv,inner 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin ac 4 mcg/ml vial suv,outer 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin acetate 0.1 mg tb 0.1 mg</i>	Non-PDL Generic	90DS
<i>desmopressin acetate 0.2 mg tb 0.2 mg</i>	Non-PDL Generic	
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD 22.5 MG SYRINGE B INNER, SUV 22.5 MG	Non-PDL Brand	PA; SP
ELIGARD 22.5 MG SYRINGE KIT OUTER, SUV 22.5 MG	Non-PDL Brand	PA; SP
ELIGARD 30 MG SYRINGE B INNER,SUV 30 MG	Non-PDL Brand	PA; SP
ELIGARD 30 MG SYRINGE KIT OUTER,SUV 30 MG	Non-PDL Brand	PA; SP
ELIGARD 45 MG SYRINGE B INNER,SUV 45 MG	Non-PDL Brand	PA; SP
ELIGARD 45 MG SYRINGE KIT OUTER, SUV 45 MG	Non-PDL Brand	PA; SP
ELIGARD 7.5 MG SYRINGE B INNER,SUV 7.5 MG (1 MONTH)	Non-PDL Brand	PA; SP
ELIGARD 7.5 MG SYRINGE KIT OUTER,SUV 7.5 MG (1 MONTH)	Non-PDL Brand	PA; SP
<i>leuprolide 2wk 1 mg/0.2 ml kit latex-free,outer,mdv 1 mg/0.2 ml</i>	Non-PDL Generic	PA; SP
<i>leuprolide 2wk 14 mg/2.8 ml kt mdv 1 mg/0.2 ml</i>	Non-PDL Generic	PA; SP
<i>leuprolide 2wk 14 mg/2.8 ml kt muv 1 mg/0.2 ml</i>	Non-PDL Generic	PA; SP

Drug	Status	Notes
<i>leuprolide 2wk 14 mg/2.8 ml kt outer, mdv 1 mg/0.2 ml</i>	Non-PDL Generic	PA; SP
<i>leuprolide 2wk 14 mg/2.8 ml kt outer, muv 1 mg/0.2 ml</i>	Non-PDL Generic	PA; SP
<i>leuprolide 2wk 14 mg/2.8 ml kt outer,mdv 1 mg/0.2 ml</i>	Non-PDL Generic	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
FORTEO 600 MCG/2.4 ML PEN INJ SUV 20 MCG/DOSE (600MCG/2.4ML)	PDL Preferred Brand	PA; SP
<i>teriparatide 620 mcg/2.48 ml 20 mcg/dose (620mcg/2.48ml)</i>	PDL Non-Preferred Generic	PA; SP
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
TYMLOS 80 MCG DOSE PEN INJECTR SDV,NFRS,SAMPLE 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 70 MG- 2,800 UNIT	PDL Non-Preferred Brand	PA
FOSAMAX PLUS D 70 MG-5600 UNIT 70 MG- 5,600 UNIT	PDL Non-Preferred Brand	PA
Bone Resorption Inhibitors		
ACTONEL 150 MG TABLET F/C 150 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ACTONEL 150 MG TABLET F/C,ONCE-A-MONTH 150 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ACTONEL 35 MG TABLET F/C,DOSEPACK 35 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)

Drug	Status	Notes
<i>alendronate sod 70 mg/75 ml 70 mg/75 ml</i>	PDL Preferred Generic	QL (75 ML per 7 days)
<i>alendronate sodium 10 mg tab 10 mg</i>	PDL Preferred Generic	
<i>alendronate sodium 35 mg tab 35 mg</i>	PDL Preferred Generic	90DS
<i>alendronate sodium 35 mg tab inner 35 mg</i>	PDL Preferred Generic	90DS
<i>alendronate sodium 35 mg tab once weekly 35 mg</i>	PDL Preferred Generic	90DS
<i>alendronate sodium 35 mg tab outer 35 mg</i>	PDL Preferred Generic	90DS
<i>alendronate sodium 35 mg tab u-u 35 mg</i>	PDL Preferred Generic	90DS
<i>alendronate sodium 5 mg tablet 5 mg</i>	PDL Preferred Generic	
<i>alendronate sodium 70 mg tab 70 mg</i>	PDL Preferred Generic	90DS
<i>alendronate sodium 70 mg tab inner 70 mg</i>	PDL Preferred Generic	90DS
<i>alendronate sodium 70 mg tab once weekly 70 mg</i>	PDL Preferred Generic	90DS
<i>alendronate sodium 70 mg tab outer 70 mg</i>	PDL Preferred Generic	90DS
<i>alendronate sodium 70 mg tab u-u 70 mg</i>	PDL Preferred Generic	90DS
ATELVIA DR 35 MG TABLET 35 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)

Drug	Status	Notes
BINOSTO 70 MG EFFERVESCENT TAB INNER 70 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 28 days)
BINOSTO 70 MG EFFERVESCENT TAB OUTER 70 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 28 days)
BONIVA 150 MG TABLET 1 BLISTER CARDS, F/C 150 MG	PDL Non-Preferred Brand	PA
<i>calcitonin-salmon 200 units sp 200 unit/actuation</i>	PDL Preferred Generic	
<i>calcitonin-salmon 200 units sp 30 dose bottle 200 unit/actuation</i>	PDL Preferred Generic	
EVISTA 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FOSAMAX 70 MG TABLET 70 MG	PDL Non-Preferred Brand	PA
<i>ibandronate sodium 150 mg tab 150 mg</i>	PDL Preferred Generic	90DS
<i>ibandronate sodium 150 mg tab f/c, inner 150 mg</i>	PDL Preferred Generic	90DS
<i>ibandronate sodium 150 mg tab f/c, outer 150 mg</i>	PDL Preferred Generic	90DS
<i>ibandronate sodium 150 mg tab inner 150 mg</i>	PDL Preferred Generic	90DS
<i>ibandronate sodium 150 mg tab inner, 1x3, f/c 150 mg</i>	PDL Preferred Generic	90DS
<i>ibandronate sodium 150 mg tab once monthly, u-d 150 mg</i>	PDL Preferred Generic	90DS
<i>ibandronate sodium 150 mg tab outer 150 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>ibandronate sodium 150 mg tab outer, 1x3, f/c 150 mg</i>	PDL Preferred Generic	90DS
<i>raloxifene hcl 60 mg tablet 60 mg</i>	PDL Preferred Generic	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>raloxifene hcl 60 mg tablet f/c 60 mg</i>	PDL Preferred Generic	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate sod dr 35 mg tab 35 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
<i>risedronate sod dr 35 mg tab inner 35 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
<i>risedronate sod dr 35 mg tab outer 35 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
<i>risedronate sodium 150 mg tab 150 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
<i>risedronate sodium 150 mg tab f/c, once-a-month 150 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
<i>risedronate sodium 150 mg tab f/c, once-a-month 150 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
<i>risedronate sodium 150 mg tab inner 150 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
<i>risedronate sodium 150 mg tab outer 150 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
<i>risedronate sodium 30 mg tab 30 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>risedronate sodium 35 mg tab 35 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
<i>risedronate sodium 35 mg tab f/c, once-a-week 35 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)

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

Drug	Status	Notes
SOMAVERT 20 MG VIAL INNER, SUV, P/F 20 MG	Non-PDL Brand	SP
SOMAVERT 20 MG VIAL LYOPHIL, SDV, OUTER 20 MG	Non-PDL Brand	SP
SOMAVERT 20 MG VIAL OUTER, SUV 20 MG	Non-PDL Brand	SP
SOMAVERT 20 MG VIAL SDV, OUTER 20 MG	Non-PDL Brand	SP
SOMAVERT 25 MG VIAL LYOPHIL, SDV 25 MG	Non-PDL Brand	SP
SOMAVERT 25 MG VIAL SDV, OUTER 25 MG	Non-PDL Brand	SP
SOMAVERT 25 MG VIAL SUV, INNER, P/F 25 MG	Non-PDL Brand	SP
SOMAVERT 25 MG VIAL SUV, OUTER, P/F 25 MG	Non-PDL Brand	SP
SOMAVERT 30 MG VIAL LYOPHIL, SDV, OUTER 30 MG	Non-PDL Brand	SP
SOMAVERT 30 MG VIAL P/F, SUV, INNER 30 MG	Non-PDL Brand	SP
SOMAVERT 30 MG VIAL P/F, SUV, OUTER 30 MG	Non-PDL Brand	SP
SOMAVERT 30 MG VIAL SDV, OUTER 30 MG	Non-PDL Brand	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV 2 MG VIAL 2 MG	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 P/F, SUV 0.2 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 0.4 MG 0.4 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
GENOTROPIN MINIQUICK 0.6 MG 0.6 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 0.8 MG P/F, SUV 0.8 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 1 MG 1 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 1.2 MG 1.2 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 1.4 MG 1.4 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 1.6 MG 1.6 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 1.8 MG 1.8 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN MINIQUICK 2 MG 2 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
HUMATROPE 12 MG CARTRIDGE 12 MG (36 UNIT)	PDL Non-Preferred Brand	PA; SP
HUMATROPE 24 MG CARTRIDGE 24 MG (72 UNIT)	PDL Non-Preferred Brand	PA; SP
HUMATROPE 5 MG VIAL INNER 5 (15 UNIT) MG	PDL Non-Preferred Brand	PA; SP
HUMATROPE 6 MG CARTRIDGE 6 MG (18 UNIT)	PDL Non-Preferred Brand	PA; SP
NORDITROPIN FLEXPPO 10 MG/1.5 10 MG/1.5 ML (6.7 MG/ML)	PDL Preferred Brand	PA; SP
NORDITROPIN FLEXPPO 15 MG/1.5 15 MG/1.5 ML (10 MG/ML)	PDL Preferred Brand	PA; SP

Drug	Status	Notes
NORDITROPIN FLEXPPO 30 MG/3 ML 30 MG/3 ML (10 MG/ML)	PDL Preferred Brand	PA; SP
NORDITROPIN FLEXPPO 5 MG/1.5 5 MG/1.5 ML (3.3 MG/ML)	PDL Preferred Brand	PA; SP
NUTROPIN AQ NUSPIN 10 INJECTOR 10 MG/2 ML (5 MG/ML)	PDL Preferred Brand	PA; SP
NUTROPIN AQ NUSPIN 20 INJECTOR 20 MG/2 ML (10 MG/ML)	PDL Preferred Brand	PA; SP
NUTROPIN AQ NUSPIN 5 INJECTOR 5 MG/2 ML (2.5 MG/ML)	PDL Preferred Brand	PA; SP
OMNITROPE 10 MG/1.5 ML CRTG SINGLE USE 10 MG/1.5 ML (6.7 MG/ML)	PDL Non-Preferred Brand	PA; SP
OMNITROPE 5 MG/1.5 ML CRTG SINGLE USE 5 MG/1.5 ML (3.3 MG/ML)	PDL Non-Preferred Brand	PA; SP
OMNITROPE 5.8 MG VIAL 5.8 MG	PDL Non-Preferred Brand	PA; SP
SAIZEN 5 MG VIAL 5 MG	PDL Non-Preferred Brand	PA; SP
SAIZEN 8.8 MG SAIZENPREP CART 8.8 MG/1.51 ML (FINAL CONC.)	PDL Non-Preferred Brand	PA; SP
SAIZEN 8.8 MG VIAL 8.8 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 4 MG VIAL INNER, W/1ML DIL,MDV 4 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 4 MG VIAL OUTER, W/1ML DIL,MDV 4 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 5 MG VIAL INNER, W/1ML DIL,SDV 5 MG	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
SEROSTIM 5 MG VIAL OUTER, W/1ML DIL,SDV 5 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 6 MG VIAL INNER, W/1ML DIL,SDV 6 MG	PDL Non-Preferred Brand	PA; SP
SEROSTIM 6 MG VIAL OUTER, W/1ML DIL,SDV 6 MG	PDL Non-Preferred Brand	PA; SP
ZOMACTON 10 MG VIAL 10 MG	PDL Non-Preferred Brand	PA; SP
ZOMACTON 5 MG VIAL 5 MG	PDL Non-Preferred Brand	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol 0.5 mcg cap 0.5 mcg</i>	Non-PDL Generic	
<i>doxercalciferol 1 mcg capsule 1 mcg</i>	Non-PDL Generic	
<i>doxercalciferol 2.5 mcg cap 2.5 mcg</i>	Non-PDL Generic	
<i>paricalcitol 1 mcg capsule 1 mcg</i>	Non-PDL Generic	
<i>paricalcitol 2 mcg capsule 2 mcg</i>	Non-PDL Generic	
<i>paricalcitol 4 mcg capsule 4 mcg</i>	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	SP; QL (1 EA per 1 day)
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL 2 MG/ML NASAL SPRAY 2 MG/ML	Non-PDL Brand	PA; SP

Drug	Status	Notes
Lhrh(Gnrh) Antagonist,Pituitary Suppressant Agents		
<i>cetrorelix acetate 0.25 mg vial inner 0.25 mg</i>	Non-PDL Generic	SP
<i>cetrorelix acetate 0.25 mg vial outer 0.25 mg</i>	Non-PDL Generic	SP
CETROTIDE 0.25 MG VIAL 0.25 MG	Non-PDL Brand	SP
<i>ganirelix acet 250 mcg/0.5 ml sub 250 mcg/0.5 ml</i>	Non-PDL Brand	SP
ORILISSA 150 MG TABLET INNER 150 MG	Non-PDL Brand	PA
ORILISSA 150 MG TABLET OUTER 150 MG	Non-PDL Brand	PA
ORILISSA 150 MG TABLET SAMPLE 150 MG	Non-PDL Brand	PA
ORILISSA 200 MG TABLET INNER 200 MG	Non-PDL Brand	PA
ORILISSA 200 MG TABLET OUTER 200 MG	Non-PDL Brand	PA
ORILISSA 200 MG TABLET SAMPLE 200 MG	Non-PDL Brand	PA
Pituitary Suppressive Agents		
<i>cabergoline 0.5 mg tablet 0.5 mg</i>	Non-PDL Generic	90DS
<i>danazol 100 mg capsule 100 mg</i>	Non-PDL Generic	
<i>danazol 200 mg capsule 200 mg</i>	Non-PDL Generic	
<i>danazol 50 mg capsule 50 mg</i>	Non-PDL Generic	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>methimazole 10 mg tablet inner 10 mg</i>	Non-PDL Generic	
<i>methimazole 10 mg tablet outer 10 mg</i>	Non-PDL Generic	
<i>methimazole 5 mg tablet 5 mg</i>	Non-PDL Generic	
<i>propylthiouracil 50 mg tablet 50 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>propylthiouracil 50 mg tablet bulk package 50 mg</i>	Non-PDL Generic	
Iodine Containing Agents		
<i>potassium iodide 1 gm/ml sol 1 gram/ml</i>	Non-PDL Generic	
SSKI 1 GM/ML SOLUTION 1 GRAM/ML	Non-PDL Generic	
STRONG IODINE SOLUTION LUGOL'S SOLUTION, USP 5 %	Non-PDL Generic	
STRONG IODINE SOLUTION LUGOLS, USP 5 %	Non-PDL Generic	
Thyroid Hormones		
ARMOUR THYROID 120 MG TABLET 120 MG	Non-PDL Brand	
ARMOUR THYROID 15 MG TABLET 15 MG	Non-PDL Brand	
ARMOUR THYROID 180 MG TABLET 180 MG	Non-PDL Brand	
ARMOUR THYROID 240 MG TABLET 240 MG	Non-PDL Brand	
ARMOUR THYROID 30 MG TABLET 30 MG	Non-PDL Brand	
ARMOUR THYROID 300 MG TABLET 300 MG	Non-PDL Brand	
ARMOUR THYROID 60 MG TABLET 60 MG	Non-PDL Brand	
ARMOUR THYROID 90 MG TABLET 90 MG	Non-PDL Brand	
EUTHYROX 100 MCG TABLET 100 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)
EUTHYROX 112 MCG TABLET 112 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)
EUTHYROX 125 MCG TABLET 125 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)
EUTHYROX 137 MCG TABLET 137 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)
EUTHYROX 150 MCG TABLET 150 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)
EUTHYROX 175 MCG TABLET 175 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)
EUTHYROX 200 MCG TABLET 200 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)

Drug	Status	Notes
EUTHYROX 25 MCG TABLET 25 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)
EUTHYROX 50 MCG TABLET 50 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)
EUTHYROX 75 MCG TABLET 75 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)
EUTHYROX 88 MCG TABLET 88 MCG	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 100 mcg tablet 100 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 100 mcg tablet u-d,inner 100 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 100 mcg tablet u-d,outer,10x10 100 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 112 mcg tablet 112 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 112 mcg tablet inner 112 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 112 mcg tablet outer 112 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 125 mcg tablet 125 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 125 mcg tablet u-d,inner 125 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 125 mcg tablet u-d,outer,10x10 125 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 137 mcg tablet 137 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 137 mcg tablet inner 137 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 137 mcg tablet outer 137 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 150 mcg tablet 150 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 150 mcg tablet u-d,10x10,inner 150 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 150 mcg tablet u-d,10x10,outer 150 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 175 mcg tablet 175 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 175 mcg tablet inner 175 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>levothyroxine 175 mcg tablet outer 175 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 200 mcg tablet 200 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 25 mcg tablet 25 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 25 mcg tablet u-d,10x10,inner 25 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 25 mcg tablet u-d,10x10,outer 25 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 300 mcg tablet 300 mcg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>levothyroxine 50 mcg tablet 50 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 50 mcg tablet u-d,inner 50 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 50 mcg tablet u-d,outer,10x10 50 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 75 mcg tablet 75 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 75 mcg tablet u-d,inner 75 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 75 mcg tablet u-d,outer,10x10 75 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 88 mcg tablet 88 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 88 mcg tablet inner 88 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>levothyroxine 88 mcg tablet outer 88 mcg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)
<i>liothyronine sod 25 mcg tab 25 mcg</i>	Non-PDL Generic	
<i>liothyronine sod 5 mcg tab 5 mcg</i>	Non-PDL Generic	90DS
<i>liothyronine sod 50 mcg tab 50 mcg</i>	Non-PDL Generic	
NP THYROID 120 MG TABLET 120 MG	Non-PDL Generic	
NP THYROID 15 MG TABLET 15 MG	Non-PDL Generic	
NP THYROID 30 MG TABLET 30 MG	Non-PDL Generic	

Drug	Status	Notes
NP THYROID 60 MG TABLET 60 MG	Non-PDL Generic	
NP THYROID 90 MG TABLET 90 MG	Non-PDL Generic	
Eye - General Disorders		
Eye Antibiotic-Corticoid Combinations		
<i>neo-bacit-poly-hc eye ointment 3.5-400-10,000 mg-unit/g-1%</i>	Non-PDL Generic	
<i>neomycin-poly-hc eye drops 3.5-10,000-10 mg-unit-mg/ml</i>	Non-PDL Generic	
<i>neomyc-polym-dexamet eye ointm 3.5 mg/g-10,000 unit/g-0.1 %</i>	Non-PDL Generic	
<i>neomyc-polym-dexameth eye drop 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Non-PDL Generic	
NEO-POLYCIN HC EYE OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Non-PDL Generic	
TOBRADEX EYE OINTMENT 0.3-0.1 %	Non-PDL Brand	
<i>tobramycin-dexameth ophth susp 0.3-0.1 %</i>	Non-PDL Generic	
ZYLET EYE DROPS 0.3-0.5 %	Non-PDL Brand	
Eye Antihistamines		
ALAWAY 0.025% EYE DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
<i>azelastine hcl 0.05% drops 0.05 %</i>	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
<i>azelastine hcl 0.05% drops sterile 0.05 %</i>	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
<i>azelastine hcl 0.05% drops strl 0.05 %</i>	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
<i>bepotastine 1.5% eye drop 1.5 %</i>	PDL Non-Preferred Generic	PA; QL (10 ML per 30 days)
BEPREVE 1.5% EYE DROPS 1.5 %	PDL Non-Preferred Brand	PA; QL (10 ML per 30 days)

Drug	Status	Notes
CHILD'S ALAWAY 0.025% EYE DROP 0.025 % (0.035 %)	PDL Preferred Generic	OTC
CLEAR EYES ONCE DAILY 0.2% DRP 0.2 %	PDL Preferred Generic	90DS; OTC; QL (3 ML per 30 days)
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
<i>cvs olopatadine 0.1% eye drops (otc) 0.1 %</i>	PDL Preferred Generic	90DS; OTC
<i>cvs olopatadine 0.2% eye drop (otc) 0.2 %</i>	PDL Preferred Generic	90DS; OTC; QL (3 ML per 30 days)
<i>epinastine hcl 0.05% eye drops 0.05 %</i>	PDL Non- Preferred Generic	PA; QL (10 ML per 30 days)
EYE ALLERGY ITCH RLF 0.2% DROP 0.2 %	PDL Preferred Generic	90DS; OTC; QL (3 ML per 30 days)
EYE ALLERGY ITCH-RED 0.1% DROP 0.1 %	PDL Preferred Generic	90DS; 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
<i>gnp olopatadine 0.1% eye drops (otc) 0.1 %</i>	PDL Preferred Generic	90DS; OTC

Drug	Status	Notes
<i>gnp olopatadine 0.2% eye drops (otc) 0.2 %</i>	PDL Preferred Generic	90DS; OTC; QL (3 ML per 30 days)
ITCHY EYE DROPS OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
<i>ketotifen fum 0.025% eye drops (otc) 0.025 % (0.035 %)</i>	PDL Preferred Generic	OTC
<i>ketotifen fum 0.035% eye drops (otc) 0.025 % (0.035 %)</i>	PDL Preferred Generic	OTC
KRO EYE ITCH RLF 0.025% DROPS UP TO 12 HRS,STERILE 0.025 % (0.035 %)	PDL Preferred Generic	OTC
LASTACAFT 0.25% EYE DROPS 0.25 %	PDL Non- Preferred Brand	PA; QL (6 ML per 30 days)
<i>olopatadine hcl 0.1% eye drop (otc) 0.1 %</i>	PDL Preferred Generic	90DS; OTC
<i>olopatadine hcl 0.1% eye drops (otc) 0.1 %</i>	PDL Preferred Generic	90DS; OTC
<i>olopatadine hcl 0.1% eye drops (rx) 0.1 %</i>	PDL Preferred Generic	90DS
<i>olopatadine hcl 0.2% eye drop (otc) 0.2 %</i>	PDL Preferred Generic	90DS; OTC; QL (3 ML per 30 days)
<i>olopatadine hcl 0.2% eye drop (rx) 0.2 %</i>	PDL Preferred Generic	90DS; QL (3 ML per 30 days)
RA EYE ITCH RELIEF 0.025% DROP 0.025 % (0.035 %)	PDL Preferred Generic	OTC
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) 0.025 % (0.035 %)	PDL Non- Preferred Brand	PA; OTC

Drug	Status	Notes
ZERVIAE 0.24% EYE DROP 0.24 %	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
Eye Antiinflammatory Agents		
ACULAR 0.5% EYE DROPS 0.5 %	PDL Non-Preferred Brand	PA; QL (20 ML per 30 days)
ACULAR LS 0.4% OPHTH SOL 0.4 %	PDL Non-Preferred Brand	PA
ACUVAIL 0.45% OPHTH SOLUTION 0.45 %	PDL Non-Preferred Brand	PA; QL (60 EA per 15 days)
ALREX 0.2% EYE DROPS 0.2 %	PDL Non-Preferred Brand	PA; QL (10 ML per 14 days)
<i>bromfenac sodium 0.09% eye drp 0.09 %</i>	PDL Non-Preferred Generic	PA; QL (3.4 ML per 16 days)
<i>bromfenac sodium 0.09% eye drp once daily 0.09 %</i>	PDL Non-Preferred Generic	PA; QL (3.4 ML per 16 days)
BROMSITE 0.075% EYE DROPS 0.075 %	PDL Non-Preferred Brand	PA; QL (5 ML per 16 days)
<i>dexamethasone 0.1% eye drop 0.1 %</i>	Non-PDL Generic	QL (15 ML per 14 days)
<i>diclofenac 0.1% eye drops 0.1 %</i>	PDL Preferred Generic	QL (10 ML per 14 days)
<i>difluprednate 0.05% eye drop 0.05 %</i>	Non-PDL Generic	QL (10 ML per 14 days)
FLAREX 0.1% EYE DROPS 0.1 %	Non-PDL Brand	QL (15 ML per 14 days)
<i>fluorometholone 0.1% drops 0.1 %</i>	PDL Preferred Generic	QL (10 ML per 14 days)
<i>flurbiprofen 0.03% eye drop 0.03 %</i>	PDL Non-Preferred Generic	PA
FML FORTE 0.25% EYE DROPS 0.25 %	Non-PDL Brand	QL (10 ML per 14 days)

Drug	Status	Notes
FML S.O.P. 0.1% OINTMENT 0.1 %	Non-PDL Brand	QL (3.5 GM per 14 days)
ILEVRO 0.3% OPTH DROPS 0.3 %	Non-PDL Brand	QL (3.4 ML per 16 days)
INVELTYS 1% EYE DROP 1 %	PDL Non-Preferred Brand	PA; QL (5.6 ML per 14 days)
<i>ketorolac 0.4% ophth solution 0.4 %</i>	PDL Preferred Generic	
<i>ketorolac 0.5% ophth solution 0.5 %</i>	PDL Preferred Generic	90DS; QL (20 ML per 30 days)
LOTEMAX 0.5% EYE DROPS 0.5 %	PDL Non-Preferred Brand	PA; QL (20 ML per 14 days)
LOTEMAX 0.5% EYE OINTMENT 0.5 %	PDL Non-Preferred Brand	PA; QL (7 GM per 14 days)
LOTEMAX 0.5% OPHTHALMIC GEL 0.5 %	PDL Non-Preferred Brand	PA; QL (10 GM per 14 days)
LOTEMAX SM 0.38% OPTH GEL 0.38 %	Non-PDL Brand	QL (10 GM per 14 days)
<i>loteprednol 0.5% ophthalmc gel 0.5 %</i>	Non-PDL Generic	QL (10 GM per 14 days)
<i>loteprednol etabonate 0.5% drp 0.5 %</i>	PDL Non-Preferred Generic	PA; QL (20 ML per 14 days)
NEVANAC 0.1% DROPTAINER 0.1 %	PDL Non-Preferred Brand	PA; QL (9 ML per 16 days)
PRED MILD 0.12% EYE DROPS 0.12 %	Non-PDL Brand	QL (20 ML per 14 days)
<i>prednisolone ac 1% eye drop 1 %</i>	PDL Preferred Generic	QL (20 ML per 14 days)
<i>prednisolone sod 1% eye drop 1 %</i>	Non-PDL Generic	QL (20 ML per 30 days)
PROLENSA 0.07% EYE DROPS 0.07 %	PDL Non-Preferred Brand	PA; QL (3 ML per 16 days)

Drug	Status	Notes
Eye Antivirals		
<i>trifluridine 1% eye drops 1 %</i>	Non-PDL Generic	
ZIRGAN 0.15% OPHTHALMIC GEL 0.15 %	Non-PDL Brand	
Eye Local Anesthetics		
ALCAINE 0.5% EYE DROPS 0.5 %	Non-PDL Generic	
ALTACAIN 0.5% EYE DROP 0.5 %	Non-PDL Generic	
ALTAFLUOR BENOX 0.25%-0.4% DRP 0.25-0.4 %	Non-PDL Generic	
<i>fluorescein-proparacaine drops 0.25-0.5 %</i>	Non-PDL Generic	
<i>proparacaine 0.5% eye drops 0.5 %</i>	Non-PDL Generic	
<i>tetracaine 0.5% eye drop 0.5 %</i>	Non-PDL Generic	
<i>tetracaine 0.5% steri-unit sol 0.5 %</i>	Non-PDL Generic	
Eye Sulfonamides		
BLEPHAMIDE EYE OINTMENT 10-0.2 %	Non-PDL Brand	
<i>sulfacetamide 10% eye drops 10 %</i>	Non-PDL Generic	
<i>sulfacetamide 10% eye ointment 10 %</i>	Non-PDL Generic	
<i>sulf-pred 10-0.23% eye drops 10 %-0.23 % (0.25 %)</i>	Non-PDL Generic	
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine 10% eye drops 10 %</i>	Non-PDL Generic	
<i>phenylephrine 2.5% eye drop 2.5 %</i>	Non-PDL Generic	
Ophthalmic Antibiotics		
AK-POLY-BAC EYE OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
AZASITE 1% EYE DROPS 1 %	PDL Non- Preferred Brand	PA
<i>bacitracin 500 unit/gm ophthalmic ointment sterile 500 unit/gram</i>	Non-PDL Generic	

Drug	Status	Notes
<i>bacitracin-polymyxin eye oint 500-10,000 unit/gram</i>	Non-PDL Generic	
BESIVANCE 0.6% SUSP 0.6 %	PDL Non-Preferred Brand	PA
CILOXAN 0.3% EYE DROPS 0.3 %	PDL Non-Preferred Brand	PA
CILOXAN 0.3% OINTMENT 0.3 %	PDL Non-Preferred Brand	PA
<i>ciprofloxacin 0.3% eye drop 0.3 %</i>	PDL Preferred Generic	
<i>erythromycin 0.5% eye ointment 5 mg/gram (0.5 %)</i>	Non-PDL Generic	
<i>erythromycin 0.5% eye ointment 50's, u-d 5 mg/gram (0.5 %)</i>	Non-PDL Generic	
<i>erythromycin 0.5% eye ointment inner 5 mg/gram (0.5 %)</i>	Non-PDL Generic	
<i>erythromycin 0.5% eye ointment outer 5 mg/gram (0.5 %)</i>	Non-PDL Generic	
<i>gatifloxacin 0.5% eye drops 0.5 %</i>	PDL Non-Preferred Generic	PA
GENTAK 0.3 % EYE OINTMENT 0.3 % (3 MG/GRAM)	Non-PDL Generic	
<i>gentamicin 0.3% eye drop 0.3 %</i>	Non-PDL Generic	
<i>levofloxacin 0.5% eye drops 0.5 %</i>	PDL Non-Preferred Generic	PA
<i>levofloxacin 1.5% eye drops 1.5 %</i>	PDL Non-Preferred Generic	PA
<i>moxifloxacin 0.5% eye drop (viscous) (twice daily) 0.5 %</i>	PDL Non-Preferred Generic	PA
<i>moxifloxacin 0.5% eye drops 0.5 %</i>	PDL Preferred Generic	
<i>neomyc-bacit-polymix eye oint 3.5-400-10,000 mg-unit-unit/g</i>	Non-PDL Generic	

Drug	Status	Notes
<i>neomyc-polym-gramicid eye drop formerly ocutricin 1.75 mg-10,000 unit-0.025mg/ml</i>	Non-PDL Generic	
NEO-POLYCIN EYE OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
OCUFLOX 0.3% EYE DROPS 0.3 %	PDL Non-Preferred Brand	PA
<i>ofloxacin 0.3% eye drops 0.3 %</i>	PDL Preferred Generic	
POLYCIN EYE OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
<i>polymyxin b-tmp eye drops 10,000 unit- 1 mg/ml</i>	Non-PDL Generic	
<i>tobramycin 0.3% eye drop 0.3 %</i>	Non-PDL Generic	
TOBREX 0.3% EYE OINTMENT 0.3 %	Non-PDL Brand	
VIGAMOX 0.5% EYE DROPS 0.5 %	PDL Non-Preferred Brand	PA
ZYMAXID 0.5% EYE DROPS 0.5 %	PDL Non-Preferred Brand	PA
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
XIIDRA 5% EYE DROPS INNER, P/F 5 %	Non-PDL Brand	QL (60 EA per 30 days)
XIIDRA 5% EYE DROPS OUTER, P/F 5 %	Non-PDL Brand	QL (60 EA per 30 days)
Ophthalmic Mast Cell Stabilizers		
ALOCRIIL 2% EYE DROPS 2 %	PDL Non-Preferred Brand	PA; QL (20 ML per 30 days)
ALOMIDE 0.1% EYE DROPS 0.1 %	PDL Non-Preferred Brand	PA; QL (40 ML per 30 days)
<i>cromolyn 4% eye drops 4 %</i>	PDL Preferred Generic	90DS; QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
ALTACHLORE 5% OINTMENT 5 %	Non-PDL Generic	OTC

Drug	Status	Notes
ALTACHLORE 5% OPHTH SOLN 5 %	Non-PDL Generic	OTC
<i>cvs sodium chloride 5% eye drp 5 %</i>	Non-PDL Generic	OTC
<i>cvs sodium chloride 5% eye ont 5 %</i>	Non-PDL Generic	OTC
MURO-128 2% EYE DROPS 2 %	Non-PDL Generic	OTC
MURO-128 5% EYE DROPS 5 %	Non-PDL Generic	OTC
MURO-128 5% EYE OINTMENT 5 %	Non-PDL Generic	OTC
<i>ra sodium chloride 5% eye drop 5 %</i>	Non-PDL Generic	OTC
<i>sodium chloride 5% eye drop 5 %</i>	Non-PDL Generic	OTC
<i>sodium chloride 5% eye oint 5 %</i>	Non-PDL Generic	OTC
<i>sodium chloride 5% eye oint sterile 5 %</i>	Non-PDL Generic	OTC
<i>sodium chloride 5% ophth soln 5 %</i>	Non-PDL Generic	OTC
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide 125 mg tablet 125 mg</i>	Non-PDL Generic	
<i>acetazolamide 250 mg tablet 250 mg</i>	Non-PDL Generic	
<i>acetazolamide er 500 mg cap 500 mg</i>	Non-PDL Generic	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P 0.1% DROPS 0.1 %	PDL Preferred Brand	
ALPHAGAN P 0.15% EYE DROPS 0.15 %	PDL Preferred Brand	
<i>apraclonidine hcl 0.5% drops 0.5 %</i>	PDL Non- Preferred Generic	PA
AZOPT 1% EYE DROPS 1 %	PDL Non- Preferred Brand	PA

Drug	Status	Notes
<i>betaxolol hcl 0.5% eye drop 0.5 %</i>	PDL Non-Preferred Generic	PA
BETOPTIC S 0.25% EYE DROPS 0.25 %	PDL Non-Preferred Brand	PA
<i>bimatoprost 0.03% eye drops 0.03 %</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 12 days)
<i>brimonidine 0.2% eye drop 0.2 %</i>	PDL Preferred Generic	90DS
<i>brimonidine tartrate 0.15% drp 0.15 %</i>	PDL Non-Preferred Generic	PA
<i>brimonidine-timolol 0.2%-0.5% 0.2-0.5 %</i>	Non-PDL Generic	
<i>brinzolamide 1% eye drops 1 %</i>	PDL Non-Preferred Generic	PA
<i>carteolol hcl 1% eye drops 1 %</i>	PDL Non-Preferred Generic	PA
COMBIGAN 0.2%-0.5% EYE DROPS 0.2-0.5 %	PDL Preferred Brand	
COSOPT EYE DROPS 22.3-6.8 MG/ML	PDL Non-Preferred Brand	PA
COSOPT PF EYE DROPS P/F,SINGLE-USE,INNER 2-0.5 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
COSOPT PF EYE DROPS P/F,SINGLE-USE,OUTER 2-0.5 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
<i>dorzolamide 2% eye drop (cmpd-rx) 2 %</i>	Non-PDL Generic	
<i>dorzolamide hcl 2% eye drops 2 %</i>	PDL Preferred Generic	90DS
<i>dorzolamide-timolol 2%-0.5% 2-0.5 %</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
<i>dorzolamide-timolol 2%-0.5% inner 2-0.5 %</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>dorzolamide-timolol 2%-0.5% inner, p/f 2-0.5 %</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>dorzolamide-timolol 2%-0.5% outer 2-0.5 %</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>dorzolamide-timolol 2%-0.5% outer, p/f 2-0.5 %</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>dorzolamide-timolol eye drops 22.3-6.8 mg/ml</i>	PDL Preferred Generic	90DS
IOPIDINE 1% EYE DROPS 1 %	PDL Non-Preferred Brand	PA
ISTALOL 0.5% EYE DROPS 0.5 %	PDL Non-Preferred Brand	PA
<i>latanoprost 0.005% eye drop (cmpd-rx) 0.005 %</i>	Non-PDL Generic	90DS
<i>latanoprost 0.005% eye drops 0.005 %</i>	PDL Preferred Generic	90DS
<i>levobunolol 0.5% eye drops 0.5 %</i>	PDL Non-Preferred Generic	PA
LUMIGAN 0.01% EYE DROPS 0.01 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 25 days)
<i>pilocarpine 1% eye drops 1 %</i>	Non-PDL Generic	
<i>pilocarpine 2% eye drops 2 %</i>	Non-PDL Generic	
<i>pilocarpine 4% eye drops 4 %</i>	Non-PDL Generic	
RHOPRESSA 0.02% OPHTH SOLUTION 0.02 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 30 days)

Drug	Status	Notes
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
SIMBRINZA 1%-0.2% EYE DROPS 1-0.2 %	PDL Non-Preferred Brand	PA
<i>timolol 0.25% gel-solution 0.25 %</i>	PDL Preferred Generic	
<i>timolol 0.25% gfs gel-solution 0.25 %</i>	PDL Preferred Generic	
<i>timolol 0.5% eye drop 0.5 %</i>	PDL Non-Preferred Generic	PA
<i>timolol 0.5% gel-solution 0.5 %</i>	PDL Preferred Generic	
<i>timolol 0.5% gfs gel-solution 0.5 %</i>	PDL Preferred Generic	
<i>timolol 0.5%-dorzolamide 2% eye drop (cmpd-rx) 2-0.5 %</i>	PDL Non-Preferred Generic	PA
<i>timolol maleate 0.25% eye drop 0.25 %</i>	PDL Preferred Generic	90DS
<i>timolol maleate 0.5% eye drops 0.5 %</i>	PDL Preferred Generic	90DS
TIMOPTIC 0.25% EYE DROP 0.25 %	PDL Non-Preferred Brand	PA
TIMOPTIC 0.25% OCUDOSE DROP P/F, OCUDOSE 0.25 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TIMOPTIC 0.5% EYE DROP 0.5 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
TIMOPTIC 0.5% OCUDOSE DROP P/F ,OCUDSE 0.5 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TIMOPTIC-XE 0.25% EYE GEL-SOLN 0.25 %	PDL Non-Preferred Brand	PA
TIMOPTIC-XE 0.5% GEL-SOLUTION 0.5 %	PDL Non-Preferred Brand	PA
TRAVATAN Z 0.004% EYE DROP 0.004 %	PDL Preferred Brand	QL (2.5 ML per 25 days)
TRAVATAN Z 0.004% EYE DROP SAMPLE 0.004 %	PDL Preferred Brand	QL (2.5 ML per 25 days)
<i>travoprost 0.004% eye drop 0.004 %</i>	PDL Non-Preferred Generic	PA; QL (2.5 ML per 25 days)
TRUSOPT 2% EYE DROPS 2 %	PDL Non-Preferred Brand	PA
VYZULTA 0.024% OPTH SOLUTION 0.024 %	PDL Non-Preferred Brand	PA; QL (0.25 ML per 25 days)
XALATAN 0.005% EYE DROPS 0.005 %	PDL Non-Preferred Brand	PA
XELPROS 0.005% EYE DROP 0.005 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 25 days)
ZIOPTAN 0.0015% EYE DROPS P/F,SINGLE USE,INNER 0.0015 %	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZIOPTAN 0.0015% EYE DROPS P/F,SINGLE USE,OUTER 0.0015 %	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Mydriatics		
<i>atropine 1% eye drops 1 %</i>	Non-PDL Generic	
<i>atropine 1% eye ointment 1 %</i>	Non-PDL Generic	
<i>cyclopentolate 0.5% eye drops 0.5 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>cyclopentolate 1% eye drop 1 %</i>	Non-PDL Generic	90DS
<i>cyclopentolate 1% eye drops 1 %</i>	Non-PDL Generic	90DS
<i>cyclopentolate hcl 2% drops 2 %</i>	Non-PDL Generic	
HOMATROPAIRE 5% EYE DROPS 5 %	Non-PDL Generic	
<i>tropicamide 0.5% eye drop 0.5 %</i>	Non-PDL Generic	90DS
<i>tropicamide 0.5% eye drops 0.5 %</i>	Non-PDL Generic	90DS
<i>tropicamide 1% eye drop 1 %</i>	Non-PDL Generic	90DS
<i>tropicamide 1% eye drops 1 %</i>	Non-PDL Generic	90DS
Eye - Miscellaneous		
Artificial Tears		
ARTIFICIAL TEARS	Non-PDL Generic	OTC
ARTIFICIAL TEARS 1.4% DROPS 1.4 %	Non-PDL Generic	OTC
ARTIFICIAL TEARS DROPS 0.5-0.6 %	Non-PDL Generic	OTC
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
<i>carboxymethylcell 0.5% eye drp 0.5 %</i>	Non-PDL Generic	OTC
<i>carboxymethylcell 0.5% eye drp 0.5 %</i>	Non-PDL Generic	OTC

Drug	Status	Notes
CLEAR EYES NATURAL TEARS DROP 0.5-0.6 %	Non-PDL Generic	OTC
CVS LUBRICANT 0.5% EYE DROP 0.5 %	Non-PDL Generic	OTC
CVS LUBRICANT 0.5% EYE DROPS 0.5 %	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 0.3 %	Non-PDL Generic	OTC
EQ LUBRICANT EYE DROPS STERILE 0.4-0.3 %	Non-PDL Generic	OTC
EQ RESTORE PLUS 0.5% EYE DROP 0.5 %	Non-PDL Generic	OTC
GENTEAL TEARS 0.1%-0.2%-0.3% 0.1-0.3-0.2 %	Non-PDL Brand	OTC
GENTEAL TEARS 0.1%-0.3% DROP 0.1-0.3 %	Non-PDL Generic	OTC
GNP ARTIFICIAL TEARS DROPS 0.5-0.6 %	Non-PDL Generic	OTC
GNP LUBRICAT PLUS 0.5% EYE DRP P/F, 30X0.4ML 0.5 %	Non-PDL Generic	OTC
GS ARTIFICIAL TEARS EYE DROPS 0.5-0.6 %	Non-PDL Generic	OTC
GS LUBRICAT PLUS 0.5% EYE DRPS P/F, 30X0.4ML 0.5 %	Non-PDL Generic	OTC
GS ULTRA LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	OTC
HM LUBRICAT PLUS 0.5% EYE DRPS P/F, SUV, STERILE 0.5 %	Non-PDL Generic	OTC
HM LUBRICATING TEARS EYE DROPS 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT 0.3%-0.4% EYE DROPS 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT 0.5% EYE DROP 0.5 %	Non-PDL Generic	OTC
LUBRICANT 0.5% EYE DROP 2X15ML, STERILE 0.5 %	Non-PDL Generic	OTC

Drug	Status	Notes
LUBRICANT 0.5% EYE DROP STRL 0.5 %	Non-PDL Generic	OTC
LUBRICANT 0.5% EYE DROPS 0.5 %	Non-PDL Generic	OTC
LUBRICANT 0.5% EYE DROPS P/F, STERILE 0.5 %	Non-PDL Generic	OTC
LUBRICANT 0.5-0.9% EYE DROPS 0.5-0.9 %	Non-PDL Generic	OTC
LUBRICANT 0.5-0.9% EYE DROPS 0.5-0.9 %	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
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 PLUS 0.5% EYE DRPS P/F, 30X0.4ML 0.5 %	Non-PDL Generic	OTC
LUBRICATING PLUS 0.5% EYE DRPS P/F, 50X0.4ML 0.5 %	Non-PDL Generic	OTC
LUBRICATING TEARS 0.1-0.3% DRP 0.1- 0.3 %	Non-PDL Generic	OTC
<i>polyvinyl alcohol 1.4% eyedrop 1.4 %</i>	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

Drug	Status	Notes
RA ARTIFICIAL TEARS DROPS STERILE 1-0.3 %	Non-PDL Generic	OTC
RA LUBRICANT 0.5% EYE DROP 0.5 %	Non-PDL Generic	OTC
RA LUBRICANT EYE DROPS DRY EYE RELIEF 0.4-0.3 %	Non-PDL Generic	OTC
REFRESH CELLUVISC 1% EYE GEL 1 %	Non-PDL Brand	OTC
REFRESH LIQUIGEL 1% EYE DROP 1 %	Non-PDL Brand	OTC
REFRESH PLUS 0.5% EYE DROPS 30X0.4ML 0.5 %	Non-PDL Brand	OTC
REFRESH PLUS 0.5% EYE DROPS 70X0.4ML,U-D 0.5 %	Non-PDL Brand	OTC
REFRESH PLUS 0.5% EYE DROPS U-D,50X.4ML 0.5 %	Non-PDL Brand	OTC
REFRESH TEARS 0.5% EYE DROP 0.5 %	Non-PDL Brand	OTC
RETAIN E HPMC 0.3% EYE DROPS 0.3 %	Non-PDL Generic	OTC
SM LUBRICANT EYE DROPS STRL 0.4-0.3 %	Non-PDL Generic	OTC
SM LUBRICAT PLUS 0.5% EYE DRPS 0.5 %	Non-PDL Generic	OTC
SM LUBRICATING TEARS EYE DROPS STERILE 0.4-0.3 %	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 0.5 %	Non-PDL Generic	OTC
ULTRA LUBRICANT 0.4-0.3% DROP 0.4-0.3 %	Non-PDL Generic	OTC
ULTRA LUBRICANT EYE DROPS 0.4-0.3 %	Non-PDL Generic	OTC
VISTA TEARS 0.3-0.4% EYE DROPS 0.4-0.3 %	Non-PDL Generic	OTC
Eye Diagnostic Agents		
BIOGLO 1 MG OPHTHALMIC STRIP INNER 1 MG	Non-PDL Generic	SP
BIOGLO 1 MG OPHTHALMIC STRIP OUTER 1 MG	Non-PDL Generic	SP
BIOGLO 1 MG OPHTHALMIC STRIP STERILE 1 MG	Non-PDL Generic	SP

Drug	Status	Notes
GLOSTRIPS 1 MG OPHTH STRIP INNER 1 MG	Non-PDL Generic	SP
GLOSTRIPS 1 MG OPHTH STRIP OUTER 1 MG	Non-PDL Generic	SP
GREEN GLO 1.5 MG STRIPS INNER 1.5 MG	Non-PDL Generic	SP
GREEN GLO 1.5 MG STRIPS OUTER 1.5 MG	Non-PDL Generic	SP
Eye Irrigations		
EYE WASH STERILE SOLUTION	Non-PDL Generic	OTC
Eye Preparations, Miscellaneous (Otc)		
ARTIFICIAL EYE LUB 15-83% OINT 83-15 %	Non-PDL Generic	OTC
ARTIFICIAL TEARS EYE OINTMENT 83-15 %	Non-PDL Generic	OTC
CVS NIGHTTIME DRY-EYE RELIEF 57.3-42.5 %	Non-PDL Generic	OTC
CVS OVERNIGHT LUBRICATING EYE 94-3 %	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
LUBRICANT PM EYE OINTMENT 57.3-42.5 %	Non-PDL Generic	OTC
LUBRIFRESH PM EYE OINTMENT 83-15 %	Non-PDL Generic	OTC
REFRESH P.M. OINTMENT 57.3-42.5 %	Non-PDL Brand	OTC
RETAIN E PM EYE OINTMENT 80-20 %	Non-PDL Generic	OTC
SOOTHE NIGHT TIME LUB EYE OINT 80-20 %	Non-PDL Generic	OTC
SYSTANE NIGHTTIME EYE OINTMENT 94-3 %	Non-PDL Brand	OTC

Drug	Status	Notes
ULTRA FRESH PM OINTMENT	Non-PDL Generic	OTC
Ophthalmic Cystine Depleting Agents		
CYSTADROPS 0.37% EYE DROPS 0.37 %	Non-PDL Brand	PA; SP
CYSTARAN 0.44% EYE DROPS 0.44 %	Non-PDL Brand	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN GRANULE PACKET 2GM PACKET, INNER 2 GRAM	Non-PDL Brand	PA; SP
XURIDEN GRANULE PACKET 2GM PACKET, OUTER 2 GRAM	Non-PDL Brand	PA; SP
Gout And Related Diseases		
Colchicine		
<i>colchicine 0.6 mg capsule 0.6 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol 100 mg tablet 100 mg</i>	Non-PDL Generic	90DS
<i>allopurinol 100 mg tablet u-d, 10x10, inner 100 mg</i>	Non-PDL Generic	90DS
<i>allopurinol 100 mg tablet u-d, outer 100 mg</i>	Non-PDL Generic	90DS
<i>allopurinol 300 mg tablet 300 mg</i>	Non-PDL Generic	90DS
<i>allopurinol 300 mg tablet u-d, 10x10, inner 300 mg</i>	Non-PDL Generic	90DS
<i>allopurinol 300 mg tablet u-d, outer 300 mg</i>	Non-PDL Generic	90DS
<i>febuxostat 40 mg tablet 40 mg</i>	Non-PDL Generic	QL (30 EA per 30 days)
<i>febuxostat 80 mg tablet 80 mg</i>	Non-PDL Generic	QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>probenecid 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	
<i>probenecid 500 mg tablet film coated 500 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>probenecid-colchicine tablet 500-0.5 mg</i>	Non-PDL Generic	
Hematological Disorders		
Anticoagulants, Coumarin Type		
JANTOVEN 1 MG TABLET 1 MG	PDL Preferred Generic	90DS
JANTOVEN 1 MG TABLET U-D, 10X10, INNER 1 MG	PDL Preferred Generic	90DS
JANTOVEN 1 MG TABLET U-D, 10X10, OUTER 1 MG	PDL Preferred Generic	90DS
JANTOVEN 10 MG TABLET 10 MG	PDL Preferred Generic	90DS
JANTOVEN 10 MG TABLET U-D, 10X10, INNER 10 MG	PDL Preferred Generic	90DS
JANTOVEN 10 MG TABLET U-D, 10X10, OUTER 10 MG	PDL Preferred Generic	90DS
JANTOVEN 2 MG TABLET 2 MG	PDL Preferred Generic	90DS
JANTOVEN 2 MG TABLET U-D, 10X10, INNER 2 MG	PDL Preferred Generic	90DS
JANTOVEN 2 MG TABLET U-D, 10X10, OUTER 2 MG	PDL Preferred Generic	90DS
JANTOVEN 2.5 MG TABLET 2.5 MG	PDL Preferred Generic	90DS
JANTOVEN 2.5 MG TABLET U-D, 10X10, INNER 2.5 MG	PDL Preferred Generic	90DS
JANTOVEN 2.5 MG TABLET U-D, 10X10, OUTER 2.5 MG	PDL Preferred Generic	90DS
JANTOVEN 3 MG TABLET 3 MG	PDL Preferred Generic	90DS

Drug	Status	Notes
JANTOVEN 3 MG TABLET U-D,10X10, INNER 3 MG	PDL Preferred Generic	90DS
JANTOVEN 3 MG TABLET U-D,10X10, OUTER 3 MG	PDL Preferred Generic	90DS
JANTOVEN 4 MG TABLET 4 MG	PDL Preferred Generic	90DS
JANTOVEN 4 MG TABLET U-D,10X10, INNER 4 MG	PDL Preferred Generic	90DS
JANTOVEN 4 MG TABLET U-D,10X10, OUTER 4 MG	PDL Preferred Generic	90DS
JANTOVEN 5 MG TABLET 5 MG	PDL Preferred Generic	90DS
JANTOVEN 5 MG TABLET U-D,10X10, INNER 5 MG	PDL Preferred Generic	90DS
JANTOVEN 5 MG TABLET U-D,10X10, OUTER 5 MG	PDL Preferred Generic	90DS
JANTOVEN 6 MG TABLET 6 MG	PDL Preferred Generic	90DS
JANTOVEN 6 MG TABLET U-D,10X10, INNER 6 MG	PDL Preferred Generic	90DS
JANTOVEN 6 MG TABLET U-D,10X10, OUTER 6 MG	PDL Preferred Generic	90DS
JANTOVEN 7.5 MG TABLET 7.5 MG	PDL Preferred Generic	90DS
JANTOVEN 7.5 MG TABLET U-D,10X10, INNER 7.5 MG	PDL Preferred Generic	90DS
JANTOVEN 7.5 MG TABLET U-D,10X10, OUTER 7.5 MG	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>warfarin sodium 1 mg tablet 1 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 2 mg tablet 10x10,u-d,inner 2 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 2 mg tablet 10x10,u-d,outer 2 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 2 mg tablet 2 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 2.5 mg tablet 10x10,u-d,inner 2.5 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 2.5 mg tablet 10x10,u-d,outer 2.5 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 2.5 mg tablet 2.5 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 3 mg tablet 3 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 4 mg tablet 4 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 5 mg tablet 10x10,u-d,inner 5 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 5 mg tablet 10x10,u-d,outer 5 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS
<i>warfarin sodium 6 mg tablet 6 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>warfarin sodium 7.5 mg tablet 7.5 mg</i>	PDL Preferred Generic	90DS
Antifibrinolytic Agents		
<i>aminocaproic acid 0.25 gram/ml 250 mg/ml (25 %)</i>	Non-PDL Generic	
<i>aminocaproic acid 1,000 mg tab 1,000 mg</i>	Non-PDL Generic	
<i>aminocaproic acid 500 mg tab 500 mg</i>	Non-PDL Generic	
<i>tranexamic acid 650 mg tablet 650 mg</i>	Non-PDL Generic	
<i>tranexamic acid 650 mg tablet f/c 650 mg</i>	Non-PDL Generic	
Antihemophilic Factors		
ADVATE 1,201-1,800 UNIT VIAL INNER, SUV 1,500 (+/-) UNIT	PDL Preferred Brand	SP
ADVATE 1,201-1,800 UNIT VIAL PRICE/UNIT, SUV 1,500 (+/-) UNIT	PDL Preferred Brand	SP
ADVATE 1,801-2,400 UNIT VIAL PRICE/UNIT, SUV, OUTER 2,000 (+/-) UNIT	PDL Preferred Brand	SP
ADVATE 1,801-2,400 UNIT VIAL SUV, INNER 2,000 (+/-) UNIT	PDL Preferred Brand	SP
ADVATE 2,401-3,600 UNIT VIAL PRICE/UNIT, SUV 3,000 (+/-) UNIT	PDL Preferred Brand	SP
ADVATE 200-400 UNIT VIAL INNER, SUV 250 (+/-) UNIT	PDL Preferred Brand	SP
ADVATE 200-400 UNIT VIAL PRICE/UNIT, SUV 250 (+/-) UNIT	PDL Preferred Brand	SP
ADVATE 200-400 UNITS VIAL PRICE PER ONE UNIT 250 (+/-) UNIT	PDL Preferred Brand	SP
ADVATE 3,601-4,800 UNIT VIAL PRICE/UNIT, SUV 4,000 (+/-) UNIT	PDL Preferred Brand	SP

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

Drug	Status	Notes
AFSTYLA 1,500 UNIT RANGE VIAL 1,500 (+/-) UNIT RANGE	PDL Preferred Brand	SP
AFSTYLA 2,000 UNIT VIAL 2,000 (+/-) UNIT RANGE	PDL Preferred Brand	SP
AFSTYLA 2,500 UNIT RANGE VIAL 2,500 (+/-) UNIT RANGE	PDL Preferred Brand	SP
AFSTYLA 250 UNIT VIAL 250 (+/-) UNIT RANGE	PDL Preferred Brand	SP
AFSTYLA 3,000 UNIT VIAL 3,000 (+/-) UNIT RANGE	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 1,000 (400 VWF) UNIT/10 ML	PDL Preferred Brand	SP
ALPHANATE 1,000-400 UNIT VIAL PRICE/UNIT,SUV,P/F 1,000 (400 VWF) UNIT/10 ML	PDL Preferred Brand	SP
ALPHANATE 1,500-600 UNIT VIAL INNER,SUV,P/F 1,500 (600 VWF) UNIT/10 ML	PDL Preferred Brand	SP
ALPHANATE 1,500-600 UNIT VIAL PRICE/UNIT,SUV,P/F 1,500 (600 VWF) UNIT/10 ML	PDL Preferred Brand	SP
ALPHANATE 2,000-800 UNIT VIAL INNER,SUV,P/F 2,000 (800 VWF) UNIT/10 ML	PDL Preferred Brand	SP
ALPHANATE 2,000-800 UNIT VIAL PRICE/UNIT,SUV,P/F 2,000 (800 VWF) UNIT/10 ML	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

Drug	Status	Notes
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
ELOCTATE 1,000 UNIT NOMINAL PRICE/UNIT, SUV 1,000 UNIT	PDL Preferred Brand	SP
ELOCTATE 1,500 UNIT NOMINAL PRICE/UNIT, SUV 1,500 UNIT	PDL Preferred Brand	SP
ELOCTATE 1,500 UNIT NOMINAL PRICE/UNIT,SUV 1,500 UNIT	PDL Preferred Brand	SP
ELOCTATE 2,000 UNIT NOMINAL PRICE/UNIT, SUV 2,000 UNIT	PDL Preferred Brand	SP
ELOCTATE 250 UNIT NOMINAL PRICE/UNIT, SUV 250 UNIT	PDL Preferred Brand	SP
ELOCTATE 3,000 UNIT NOMINAL PRICE/UNIT, SUV 3,000 UNIT	PDL Preferred Brand	SP
ELOCTATE 3,000 UNIT NOMINAL PRICE/UNIT,SUV 3,000 UNIT	PDL Preferred Brand	SP
ELOCTATE 4,000 UNIT NOMINAL PRICE/UNIT, SUV 4,000 UNIT	PDL Preferred Brand	SP
ELOCTATE 5,000 UNIT NOMINAL PRICE/UNIT, SUV 5,000 UNIT	PDL Preferred Brand	SP
ELOCTATE 500 UNIT NOMINAL PRICE/UNIT, SUV 500 UNIT	PDL Preferred Brand	SP
ELOCTATE 6,000 UNIT NOMINAL PRICE/UNIT, SUV 6,000 UNIT	PDL Preferred Brand	SP
ELOCTATE 750 UNIT NOMINAL PRICE/UNIT, SUV 750 UNIT	PDL Preferred Brand	SP

Drug	Status	Notes
ESPEROCT 1,000 UNIT VIAL 1,000 (+/-) UNIT	PDL Preferred Brand	SP
ESPEROCT 1,500 UNIT VIAL 1,500 (+/-) UNIT	PDL Preferred Brand	SP
ESPEROCT 2,000 UNIT VIAL 2,000 (+/-) UNIT	PDL Preferred Brand	SP
ESPEROCT 3,000 UNIT VIAL 3,000 (+/-) UNIT	PDL Preferred Brand	SP
ESPEROCT 500 UNIT VIAL 500 (+/-) UNIT	PDL Preferred Brand	SP
FEIBA NF 1,000 UNIT (NOMINAL) 700-1,300 UNIT	PDL Preferred Brand	SP
FEIBA NF 2,500 UNIT (NOMINAL) P/F, SUV, INNER 1,750-3,250 UNIT	PDL Preferred Brand	SP
FEIBA NF 2,500 UNIT (NOMINAL) P/F, SUV, OUTER 1,750-3,250 UNIT	PDL Preferred Brand	SP
FEIBA NF 500 UNIT (NOMINAL) SDV, P/F, PRICE/UNIT 350-650 UNIT	PDL Preferred Brand	SP
HEMOFIL M 1,000 UNIT NOMINAL PRICE/ONE UNIT, SUV 801-1,500 UNIT	PDL Preferred Brand	SP
HEMOFIL M 1,000 UNIT NOMINAL PRICE/UNIT, SUV 801-1,500 UNIT	PDL Preferred Brand	SP
HEMOFIL M 1,700 UNIT NOMINAL PRICE/UNIT, SUV 1,501-2,000 UNIT	PDL Preferred Brand	SP
HEMOFIL M 250 UNIT NOMINAL PRICE/UNIT, SUV 220-400 UNIT	PDL Preferred Brand	SP
HEMOFIL M 500 UNIT NOMINAL PRICE/UNIT, SUV 401-800 UNIT	PDL Preferred Brand	SP

Drug	Status	Notes
HUMATE-P 1,200 UNIT VWF:RCO PRICE/ONE,SDV 500-1,200 UNIT	PDL Preferred Brand	SP
HUMATE-P 2,400 UNIT VWF:RCO PRICE/ONE,SDV 1,000-2,400 UNIT	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 1,000 (+/-) UNIT	PDL Preferred Brand	SP
JIVI 2,000 UNIT VIAL 2,000 (+/-) UNIT	PDL Preferred Brand	SP
JIVI 3,000 UNIT VIAL 3,000 (+/-) UNIT	PDL Preferred Brand	SP
JIVI 500 UNIT VIAL 500 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 1,000 UNIT VIAL INNER, SUV 1,000 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 1,000 UNIT VIAL PRICE\UNIT,SUV OUTER 1,000 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 1,000 UNIT-BIOSET PRICE/ONE UNIT,SUV 1,000 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 2,000 UNIT VIAL PRICE/UNIT,SUV,INNER 2,000 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 2,000 UNIT VIAL PRICE/UNIT,SUV,OUTER 2,000 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 2,000 UNIT-BIOSET PRICE/ONE UNIT, SUV 2,000 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 250 UNIT VIAL PRICE/UNIT,SUV,INNER 250 (+/-) UNIT	PDL Preferred Brand	SP

Drug	Status	Notes
KOGENATE FS 250 UNIT VIAL PRICE/UNIT,SUV,OUTER 250 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 250 UNIT VL-BIOSET PRICE/ONE UNIT, SUV 250 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 3,000 UNIT VIAL PRICE\UNIT,SUV,OUTER 3,000 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 3,000 UNIT VIAL SUV, INNER 3,000 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 3,000 UNIT-BIOSET PRICE/ONE UNIT,SUV 3,000 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 500 UNIT VIAL PRICE/UNIT, SUV 500 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS 500 UNIT VL-BIOSET PRICE/ONE UNIT, SUV 500 (+/-) UNIT	PDL Preferred Brand	SP
KOVALTRY 1,000 UNIT KIT 1,000 (+/-) UNIT	PDL Preferred Brand	SP
KOVALTRY 1,000 UNIT VIAL 1,000 (+/-) UNIT	PDL Preferred Brand	SP
KOVALTRY 2,000 UNIT KIT 2,000 (+/-) UNIT	PDL Preferred Brand	SP
KOVALTRY 2,000 UNIT VIAL 2,000 (+/-) UNIT	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 3,000 (+/-) UNIT	PDL Preferred Brand	SP

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

Drug	Status	Notes
NUWIQ 1,000 UNIT VIAL PACK 1000 UNIT	PDL Preferred Brand	SP
NUWIQ 2,000 UNIT VIAL 2,000 UNIT	PDL Preferred Brand	SP
NUWIQ 2,000 UNIT VIAL PACK 2,000 UNIT	PDL Preferred Brand	SP
NUWIQ 2,500 UNIT VIAL PACK SUV, PRICE/UNIT 2,500 UNIT	PDL Preferred Brand	SP
NUWIQ 2,500 UNIT VIAL PRICE/UNIT, SUV 2,500 UNIT	PDL Preferred Brand	SP
NUWIQ 250 UNIT VIAL 250 UNIT	PDL Preferred Brand	SP
NUWIQ 250 UNIT VIAL PACK 250 UNIT	PDL Preferred Brand	SP
NUWIQ 3,000 UNIT VIAL 3,000 UNIT	PDL Preferred Brand	SP
NUWIQ 3,000 UNIT VIAL PACK 3,000 UNIT	PDL Preferred Brand	SP
NUWIQ 4,000 UNIT VIAL 4,000 UNIT	PDL Preferred Brand	SP
NUWIQ 4,000 UNIT VIAL PACK 4,000 UNIT	PDL Preferred Brand	SP
NUWIQ 500 UNIT VIAL 500 UNIT	PDL Preferred Brand	SP
NUWIQ 500 UNIT VIAL PACK 500 UNIT	PDL Preferred Brand	SP
OBIZUR 500 UNIT VIAL PRICE/UNIT, SUV 500 (+/-) UNIT RANGE	PDL Preferred Brand	SP

Drug	Status	Notes
RECOMBINATE 1,241-1,800 UNIT V PRICE/ONE UNIT, SUV 1,500 (+/-) UNIT	PDL Preferred Brand	SP
RECOMBINATE 1,801-2,400 UNIT V PRICE/ UNIT, INNER 2,000 (+/-) UNIT	PDL Preferred Brand	SP
RECOMBINATE 1,801-2,400 UNIT V PRICE/ UNIT, OUTER 2,000 (+/-) UNIT	PDL Preferred Brand	SP
RECOMBINATE 1,801-2,400 UNIT V PRICE/ONE UNIT, SUV 2,000 (+/-) UNIT	PDL Preferred Brand	SP
RECOMBINATE 220-400 UNIT VIAL SUV, INNER 250 (+/-) UNIT	PDL Preferred Brand	SP
RECOMBINATE 220-400 UNIT VIAL SUV, OUTER 250 (+/-) UNIT	PDL Preferred Brand	SP
RECOMBINATE 401-800 UNIT VIAL SUV, INNER 500 (+/-) 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, INNER 1,000 (+/-) UNIT	PDL Preferred Brand	SP
RECOMBINATE 801-1,240 UNIT VL SUV, OUTER 1,000 (+/-) UNIT	PDL Preferred Brand	SP
SEVENFACT 1 MG VIAL INNER,SUV 1 MG (1,000 MCG)	Non-PDL Brand	SP
SEVENFACT 1 MG VIAL OUTER,SUV, PRICE/MCG 1 MG (1,000 MCG)	Non-PDL Brand	SP
SEVENFACT 5 MG VIAL INNER,SUV 5 MG (5,000 MCG)	Non-PDL Brand	SP
SEVENFACT 5 MG VIAL OUTER,SUV, PRICE/MCG 5 MG (5,000 MCG)	Non-PDL Brand	SP
WILATE 1,000-1,000 UNIT VIAL PRICE/UNIT,SUV 1,000-1,000 UNIT	PDL Preferred Brand	SP

Drug	Status	Notes
WILATE 500-500 UNIT VIAL PRICE/UNIT,SUV 500-500 UNIT	PDL Preferred Brand	SP
XYNTHA 1,000 UNIT KIT 1,000 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA 2,000 UNIT KIT 2,000 (+/-) UNIT	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 1,000 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 1,000 UNIT SYR P/F,INNER 1,000 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 2,000 UNIT KIT PRICE/UNIT,SUV 2,000 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 2,000 UNIT SYR P/F,INNER 2,000 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 250 UNIT KIT PRICE/UNIT,SUV 250 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 250 UNIT SYR P/F,INNER 250 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 3,000 UNIT KIT PRICE/UNIT,SUV 3,000 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 3,000 UNIT SYR P/F,INNER 3,000 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE 500 UNIT KIT PRICE/UNIT,SUV 500 (+/-) UNIT	PDL Preferred Brand	SP

Drug	Status	Notes
XYNTHA SOLOFUSE 500 UNIT SYR P/F, INNER 500 (+/-) UNIT	PDL Preferred Brand	SP
Blood Factors, Miscellaneous		
VONVENDI 1,300 UNIT VIAL 1,300 (+/-) UNIT RANGE	PDL Preferred Brand	SP
VONVENDI 650 UNIT VIAL 650 (+/-) UNIT RANGE	PDL Preferred Brand	SP
Citrates As Anticoagulants		
<i>anticoag sodium citrate 4% sol 4 gram /100 ml (4 %)</i>	Non-PDL Generic	
<i>anticoag sodium citrate 4% sol p/f, single-use 4 gram /100 ml (4 %)</i>	Non-PDL Generic	
<i>anticoag sodium citrate 4% sol single-use 4 gram /100 ml (4 %)</i>	Non-PDL Generic	
<i>citrate phos dextrose soln 2.63-222 gram- mg/100ml</i>	Non-PDL Generic	
<i>sodium citrate 4% soln 4 gram /100 ml (4 %)</i>	Non-PDL Generic	
Direct Factor Xa Inhibitors		
ELIQUIS 2.5 MG TABLET 2.5 MG	PDL Preferred Brand	QL (2 EA per 1 day)
ELIQUIS 5 MG TABLET 5 MG	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)
SAVAYSA 15 MG TABLET 15 MG	PDL Non- Preferred Brand	PA; QL (30 EA per 30 days)
SAVAYSA 30 MG TABLET 30 MG	PDL Non- Preferred Brand	PA; QL (30 EA per 30 days)
SAVAYSA 60 MG TABLET 60 MG	PDL Non- Preferred Brand	PA; QL (30 EA per 30 days)
XARELTO 1 MG/ML SUSPENSION 1 MG/ML	PDL Non- Preferred Brand	PA; QL (20 ML per 1 day)

Drug	Status	Notes
XARELTO 10 MG TABLET 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 10 MG TABLET F/C 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 10 MG TABLET INNER 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 10 MG TABLET OUTER 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 15 MG TABLET F/C 15 MG	PDL Preferred Brand	QL (2 EA per 1 day)
XARELTO 15 MG TABLET INNER 15 MG	PDL Preferred Brand	QL (2 EA per 1 day)
XARELTO 15 MG TABLET OUTER 15 MG	PDL Preferred Brand	QL (2 EA per 1 day)
XARELTO 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XARELTO 2.5 MG TABLET INNER 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XARELTO 2.5 MG TABLET OUTER 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XARELTO 2.5 MG TABLET SAMPLE 2.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XARELTO 20 MG TABLET 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 20 MG TABLET F/C 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO 20 MG TABLET INNER 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)

Drug	Status	Notes
XARELTO 20 MG TABLET OUTER 20 MG	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 Non- Preferred Brand	PA; QL (51 EA per 30 days)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE 1,000 UNIT VIAL INNER,SUV,P/F 1,000 (+/-) UNIT	PDL Preferred Brand	SP
PROFILNINE 1,000 UNIT VIAL PRICE/UNIT,SDV,P/F 1,000 (+/-) UNIT	PDL Preferred Brand	SP
PROFILNINE 1,000 UNIT VIAL PRICE/UNIT,SUV,P/F 1,000 (+/-) UNIT	PDL Preferred Brand	SP
PROFILNINE 1,500 UNIT VIAL INNER,SUV,P/F 1,500 (+/-) UNIT	PDL Preferred Brand	SP
PROFILNINE 1,500 UNIT VIAL PRICE/UNIT,SDV,P/F 1,500 (+/-) UNIT	PDL Preferred Brand	SP
PROFILNINE 1,500 UNIT VIAL PRICE/UNIT,SUV,P/F 1,500 (+/-) UNIT	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
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 1,000 (+/-) UNIT	PDL Preferred Brand	SP
ALPHANINE SD 1,000 UNIT VIAL PRICE/UNIT,SDV,P/F 1,000 (+/-) UNIT	PDL Preferred Brand	SP

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

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

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

Drug	Status	Notes
REBINYN 2,000 UNIT VIAL PRICE/UNIT, SUV 2,000 (+/-) UNIT	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 1,000 UNIT	PDL Preferred Brand	SP
RIXUBIS 2,000 UNIT NOMINAL 2,000 UNIT	PDL Preferred Brand	SP
RIXUBIS 250 UNIT NOMINAL 250 UNIT	PDL Preferred Brand	SP
RIXUBIS 3,000 UNIT NOMINAL 3,000 UNIT	PDL Preferred Brand	SP
RIXUBIS 500 UNIT NOMINAL 500 UNIT	PDL Preferred Brand	SP
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 2,500 UNIT	PDL Preferred Brand	SP
Hematinics, Other		
ARANESP 10 MCG/0.4 ML SYRINGE P/F, INNER, SUV 10 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)

Drug	Status	Notes
ARANESP 10 MCG/0.4 ML SYRINGE P/F, OUTER, SUV 10 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, INNER 100 MCG/0.5 ML	PDL Preferred Brand	SP; QL (2 ML per 28 days)
ARANESP 100 MCG/0.5 ML SYRINGE P/F, SDV, OUTER 100 MCG/0.5 ML	PDL Preferred Brand	SP; QL (2 ML per 28 days)
ARANESP 100 MCG/ML VIAL P/F, 4'S, SDV 100 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 100 MCG/ML VIAL P/F, SDV 100 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, INNER 150 MCG/0.3 ML	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 150 MCG/0.3 ML SYRINGE P/F, SDV, OUTER 150 MCG/0.3 ML	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 200 MCG/0.4 ML SYRINGE P/F, SDV 200 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 200 MCG/ML VIAL 200 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,INNER 25 MCG/0.42 ML	PDL Preferred Brand	SP; QL (1.68 ML per 28 days)
ARANESP 25 MCG/0.42 ML SYRING P/F,SDV,OUTER 25 MCG/0.42 ML	PDL Preferred Brand	SP; QL (1.68 ML per 28 days)
ARANESP 25 MCG/ML VIAL P/F,SDV,INNER 25 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 25 MCG/ML VIAL P/F,SDV,OUTER 25 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 300 MCG/0.6 ML SYRINGE 300 MCG/0.6 ML	PDL Preferred Brand	SP; QL (2.4 ML per 28 days)

Drug	Status	Notes
ARANESP 40 MCG/0.4 ML SYRINGE P/F, INNER, SDV 40 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 40 MCG/0.4 ML SYRINGE P/F,SDV,OUTER 40 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP 40 MCG/ML VIAL P/F,SDV,INNER 40 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 40 MCG/ML VIAL P/F,SDV,OUTER 40 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 500 MCG/1 ML SYRINGE 500 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV, OUTER 60 MCG/0.3 ML	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 60 MCG/0.3 ML SYRINGE P/F,SDV,INNER 60 MCG/0.3 ML	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP 60 MCG/ML VIAL P/F,SDV,INNER 60 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP 60 MCG/ML VIAL P/F,SDV,OUTER 60 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, INNER 10,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 10,000 UNITS/ML VIAL SDV, P/F, OUTER 10,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 2,000 UNITS/ML VIAL SDV, P/F, INNER 2,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 2,000 UNITS/ML VIAL SDV, P/F, OUTER 2,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
EPOGEN 20,000 UNITS/2 ML VIAL MDV, INNER 20,000 UNIT/2 ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)

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

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

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

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

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

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

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

Drug	Status	Notes
<i>enoxaparin 150 mg/ml syringe sub,p/f,inner 150 mg/ml</i>	PDL Preferred Generic	
<i>enoxaparin 150 mg/ml syringe sub,p/f,outer 150 mg/ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr auto dev, sub 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr inner, p/f, sub 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr inner, sub, p/f 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr inner,p/f,sub 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr outer, p/f, sub 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr outer, sub, p/f 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr outer,p/f,sub 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr p/f, inner, sub 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr p/f, outer, sub 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr p/f, sub, inner 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr sub,p/f,inner 30 mg/0.3 ml</i>	PDL Preferred Generic	
<i>enoxaparin 30 mg/0.3 ml syr sub,p/f,outer 30 mg/0.3 ml</i>	PDL Preferred Generic	

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

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

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

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

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

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

Drug	Status	Notes
<i>fondaparinux 7.5 mg/0.6 ml syr p/f,suv,outer 7.5 mg/0.6 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr sdv, outer 7.5 mg/0.6 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr sdv, p/f, inner 7.5 mg/0.6 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr sdv, p/f, outer 7.5 mg/0.6 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr sdv,inner 7.5 mg/0.6 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr sdv,outer 7.5 mg/0.6 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr suv, p/f, inner 7.5 mg/0.6 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
<i>fondaparinux 7.5 mg/0.6 ml syr suv, p/f, outer 7.5 mg/0.6 ml</i>	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 10,000 ANTI-XA UNIT/ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
FRAGMIN 10,000 UNIT/ML SYRINGE P/F, OUTER, SDV 10,000 ANTI-XA UNIT/ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SYR P/F, INNER, SDV 12,500 ANTI-XA UNIT/0.5 ML	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
FRAGMIN 12,500 UNIT/0.5 ML SYR P/F, OUTER, SDV 12,500 ANTI-XA UNIT/0.5 ML	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)

Drug	Status	Notes
FRAGMIN 15,000 UNIT/0.6 ML SYR P/F, INNER, SDV 15,000 ANTI-XA UNIT/0.6 ML	PDL Non-Preferred Brand	PA; QL (36 ML per 30 days)
FRAGMIN 15,000 UNIT/0.6 ML SYR P/F, OUTER, SDV 15,000 ANTI-XA UNIT/0.6 ML	PDL Non-Preferred Brand	PA; QL (36 ML per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML P/F, INNER, SDV 18,000 ANTI-XA UNIT/0.72 ML	PDL Non-Preferred Brand	PA; QL (43.2 ML per 30 days)
FRAGMIN 18,000 UNIT/0.72 ML P/F, OUTER, SDV 18,000 ANTI-XA UNIT/0.72 ML	PDL Non-Preferred Brand	PA; QL (43.2 ML per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SYR P/F, INNER, SDV 2,500 ANTI-XA UNIT/0.2 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 2,500 UNIT/0.2 ML SYR P/F, OUTER, SDV 2,500 ANTI-XA UNIT/0.2 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SYR P/F, INNER, SDV 5,000 ANTI-XA UNIT/0.2 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 5,000 UNIT/0.2 ML SYR P/F, OUTER, SDV 5,000 ANTI-XA UNIT/0.2 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SYR P/F, INNER, SDV 7,500 ANTI-XA UNIT/0.3 ML	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
FRAGMIN 7,500 UNIT/0.3 ML SYR P/F, OUTER, SDV 7,500 ANTI-XA UNIT/0.3 ML	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
FRAGMIN 95,000 UNIT/3.8 ML VL 25,000 ANTI-XA UNIT/ML	PDL Preferred Brand	QL (7.6 ML per 30 days)
<i>heparin 25,000 unit/250 ml (100 unit/ml)-d5w bag outer,single-use 25,000 unit/250 ml(100 unit/ml)</i>	Non-PDL Generic	
<i>heparin 25,000 unit/250 ml (100 unit/ml)-d5w bag single use 25,000 unit/250 ml(100 unit/ml)</i>	Non-PDL Generic	
<i>heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag inner,single-use 25,000 unit/500 ml (50 unit/ml)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag outer,single-use 25,000 unit/500 ml (50 unit/ml)</i>	Non-PDL Generic	
<i>heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag p/f, suv, outer 25,000 unit/500 ml (50 unit/ml)</i>	Non-PDL Generic	
<i>heparin 25,000 unit/500 ml (50 unit/ml)-d5w bag single use 25,000 unit/500 ml (50 unit/ml)</i>	Non-PDL Generic	
<i>heparin 5,000 unit/ml carpuct suv, outer 5,000 unit/ml (1 ml)</i>	Non-PDL Generic	
<i>heparin flush 1,000 units/10 ml (100 units/ml) syringe 100 unit/ml</i>	Non-PDL Generic	
<i>heparin flush 10 units/10 ml (1 unit/ml) syringe suv 1 unit/ml</i>	Non-PDL Generic	
<i>heparin flush 10 units/ml syringe suv 10 unit/ml</i>	Non-PDL Generic	
<i>heparin flush 100 units/10 ml (10 units/ml) syringe suv 10 unit/ml</i>	Non-PDL Generic	
<i>heparin flush 100 units/10 ml (10 units/ml) vial 25's,mdv 10 unit/ml</i>	Non-PDL Generic	
<i>heparin flush 2 units/2 ml (1 unit/ml) syringe suv 1 unit/ml</i>	Non-PDL Generic	
HEPARIN FLUSH 20 UNITS/2 ML (10 UNITS/ML) SYRINGE SINGLE USE 10 UNIT/ML	Non-PDL Generic	
<i>heparin flush 20 units/2 ml (10 units/ml) syringe suv 10 unit/ml</i>	Non-PDL Generic	
<i>heparin flush 200 units/2 ml (100 units/ml) syringe 100 unit/ml</i>	Non-PDL Generic	
HEPARIN FLUSH 200 UNITS/2 ML (100 UNITS/ML) SYRINGE SINGLE USE 100 UNIT/ML	Non-PDL Generic	
<i>heparin flush 3 units/3 ml (1 unit/ml) syringe suv 1 unit/ml</i>	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 SINGLE USE 10 UNIT/ML	Non-PDL Generic	
<i>heparin flush 30 units/3 ml (10 units/ml) syringe suv 10 unit/ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>heparin flush 300 units/3 ml (100 units/ml) syringe 100 unit/ml</i>	Non-PDL Generic	
HEPARIN FLUSH 300 UNITS/3 ML (100 UNITS/ML) SYRINGE LATEX FREE,P/F 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 300 UNITS/3 ML (100 UNITS/ML) SYRINGE P/F,SINGLE USE 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 300 UNITS/3 ML (100 UNITS/ML) SYRINGE SINGLE USE 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 300 UNITS/3 ML (100 UNITS/ML) SYRINGE SUV 100 UNIT/ML	Non-PDL Generic	
<i>heparin flush 5 units/5 ml (1 unit/ml) syringe suv 1 unit/ml</i>	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE 10 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE P/F 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 SINGLE USE 10 UNIT/ML	Non-PDL Generic	
<i>heparin flush 50 units/5 ml (10 units/ml) syringe suv 10 unit/ml</i>	Non-PDL Generic	
HEPARIN FLUSH 50 UNITS/5 ML (10 UNITS/ML) SYRINGE W/CANNULA,SINGLE USE 10 UNIT/ML	Non-PDL Generic	
<i>heparin flush 500 unit/5 ml (100 unit/ml) vial 100 unit/ml</i>	Non-PDL Generic	
<i>heparin flush 500 units/5 ml (100 units/ml) syringe 100 unit/ml</i>	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 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE P/F 100 UNIT/ML	Non-PDL Generic	

Drug	Status	Notes
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 SINGLE USE 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE SUV 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 500 UNITS/5 ML (100 UNITS/ML) SYRINGE W/CANNULA,SINGLE USE 100 UNIT/ML	Non-PDL Generic	
HEPARIN FLUSH 60 UNITS/6 ML (10 UNITS/ML) SYRINGE SINGLE USE 10 UNIT/ML	Non-PDL Generic	
<i>heparin iv flush 1 unit/ml syr suv 1 unit/ml</i>	Non-PDL Generic	
<i>heparin iv flush 100 units/ml 100 unit/ml</i>	Non-PDL Generic	
<i>heparin lock flush (porcine) intravenous syringe 10 unit/ml, 100 unit/ml</i>	Non-PDL Generic	
<i>heparin lock flush 10 units/ml 25's,mdv 10 unit/ml</i>	Non-PDL Generic	
HEPARIN LOCK FLUSH 10 UNITS/ML P/F, SDV 10 UNIT/ML	Non-PDL Generic	
<i>heparin lock flush 100 unit/ml 100 unit/ml</i>	Non-PDL Generic	
<i>heparin lock flush 100 unit/ml 100 unit/ml (1 ml)</i>	Non-PDL Generic	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML	Non-PDL Generic	
HEPARIN LOCK INTRAVENOUS SOLUTION 100 UNIT/ML	Non-PDL Generic	
<i>heparin sod 5,000 unit/ml syrg inner, suv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sod 5,000 unit/ml syrg outer, suv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sod 5,000 unit/ml syrg suv, p/f, inner 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sod 5,000 unit/ml syrg suv, p/f, outer 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 1,000 unit/ml vial 25's,mdv 1,000 unit/ml</i>	Non-PDL Generic	

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

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

Drug	Status	Notes
<i>heparin sodium 20,000 unit/ml vial 25's,mdv 20,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 20,000 unit/ml vial inner, muv 20,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 20,000 unit/ml vial mdv,inner 20,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 20,000 unit/ml vial mdv,outer 20,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 20,000 unit/ml vial muv, inner 20,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 20,000 unit/ml vial muv, outer 20,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 20,000 unit/ml vial outer, muv 20,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial 25's,mdv 1,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial mdv,inner 1,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial mdv,outer 1,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial muv, inner 1,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial muv, outer 1,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial muv,inner 1,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 30,000 unit/30 ml (1,000 unit/ml) vial muv,outer 1,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial mdv 10,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial mdv,25's 10,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial mdv,inner 10,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial mdv,outer 10,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial muv, inner 10,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 40,000 unit/4 ml (10,000 unit/ml) vial muv, outer 10,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/0.5 ml carpupject inner, p/f, sdv 5,000 unit/0.5 ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>heparin sodium 5,000 unit/0.5 ml carpupject outer, p/f, sdv 5,000 unit/0.5 ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/0.5 ml syringe inner, sdv, p/f 5,000 unit/0.5 ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/0.5 ml syringe outer, sdv,p/f 5,000 unit/0.5 ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/0.5 ml syringe p/f, suv, inner 5,000 unit/0.5 ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/0.5 ml syringe p/f, suv, outer 5,000 unit/0.5 ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial inner 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial inner, mdv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial inner, muv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial inner,sdv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial mdv, inner 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial mdv, outer 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial mdv,25's 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial mdv,inner 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial mdv,outer 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial muv, inner 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial muv, outer 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial muv,inner 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial muv,outer 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial outer 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial outer, mdv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial outer, muv 5,000 unit/ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>heparin sodium 5,000 unit/ml vial outer, sdv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial suv, inner 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 5,000 unit/ml vial suv, outer 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial inner, muv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial inner, mdv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial mdv, 25's 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial mdv, inner 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial mdv, outer 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial muv, inner 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial muv, outer 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial muv, inner 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial muv, outer 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial outer, muv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/10 ml (5,000 unit/ml) vial outer, mdv 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/5 ml (10,000 unit/ml) vial muv, inner 10,000 unit/ml</i>	Non-PDL Generic	
<i>heparin sodium 50,000 unit/5 ml (10,000 unit/ml) vial muv, outer 10,000 unit/ml</i>	Non-PDL Generic	
<i>hep-lock flush 100 unit/ml kit 1 hprn, 2 na chl syrn 100 unit/ml</i>	Non-PDL Generic	
LOVENOX 100 MG/ML SYRINGE INNER, SUV, P/F 100 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 100 MG/ML SYRINGE INNER, SUV 100 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 100 MG/ML SYRINGE OUTER, SUV, P/F 100 MG/ML	PDL Non-Preferred Brand	PA

Drug	Status	Notes
LOVENOX 100 MG/ML SYRINGE OUTER,SUV 100 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 120 MG/0.8 ML SYRINGE INNER, SUV, P/F 120 MG/0.8 ML	PDL Non-Preferred Brand	PA
LOVENOX 120 MG/0.8 ML SYRINGE OUTER, SUV, P/F 120 MG/0.8 ML	PDL Non-Preferred Brand	PA
LOVENOX 150 MG/ML SYRINGE INNER, SUV, P/F 150 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 150 MG/ML SYRINGE OUTER, SUV, P/F 150 MG/ML	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE INNER, SUV 30 MG/0.3 ML	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE INNER, SUV, P/F 30 MG/0.3 ML	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE OUTER, SUV 30 MG/0.3 ML	PDL Non-Preferred Brand	PA
LOVENOX 30 MG/0.3 ML SYRINGE OUTER, SUV, P/F 30 MG/0.3 ML	PDL Non-Preferred Brand	PA
LOVENOX 300 MG/3 ML VIAL MDV 300 MG/3 ML	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
LOVENOX 300 MG/3 ML VIAL MULTI USE VIAL 300 MG/3 ML	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
LOVENOX 40 MG/0.4 ML SYRINGE INNER, SUV 40 MG/0.4 ML	PDL Non-Preferred Brand	PA
LOVENOX 40 MG/0.4 ML SYRINGE INNER, SUV, P/F 40 MG/0.4 ML	PDL Non-Preferred Brand	PA
LOVENOX 40 MG/0.4 ML SYRINGE OUTER, SUV 40 MG/0.4 ML	PDL Non-Preferred Brand	PA

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

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

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

Drug	Status	Notes
<i>clopidogrel 300 mg tablet f/c, inner 300 mg</i>	PDL Preferred Generic	QL (4 EA per 30 days)
<i>clopidogrel 300 mg tablet f/c, outer 300 mg</i>	PDL Preferred Generic	QL (4 EA per 30 days)
<i>clopidogrel 300 mg tablet f/c, u-d,5x6,outer 300 mg</i>	PDL Preferred Generic	QL (4 EA per 30 days)
<i>clopidogrel 300 mg tablet f/c,u-d,inner 300 mg</i>	PDL Preferred Generic	QL (4 EA per 30 days)
<i>clopidogrel 75 mg tablet 75 mg</i>	PDL Preferred Generic	90DS
<i>clopidogrel 75 mg tablet f/c 75 mg</i>	PDL Preferred Generic	90DS
<i>clopidogrel 75 mg tablet f/c, inner 75 mg</i>	PDL Preferred Generic	90DS
<i>clopidogrel 75 mg tablet f/c, outer 75 mg</i>	PDL Preferred Generic	90DS
<i>clopidogrel 75 mg tablet f/c,u-d 75 mg</i>	PDL Preferred Generic	90DS
<i>cvs aspirin 81 mg chewable tab 81 mg</i>	Preventive	OTC
<i>cvs aspirin 81 mg chewable tab inner 81 mg</i>	Preventive	OTC
<i>cvs aspirin 81 mg chewable tab outer 81 mg</i>	Preventive	OTC
<i>cvs aspirin ec 81 mg tablet 81 mg</i>	Preventive	OTC
<i>dipyridamole 25 mg tablet 25 mg</i>	PDL Preferred Generic	
<i>dipyridamole 25 mg tablet f/c 25 mg</i>	PDL Preferred Generic	
<i>dipyridamole 25 mg tablet sugar-coated 25 mg</i>	PDL Preferred Generic	
<i>dipyridamole 50 mg tablet 50 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>dipyridamole 50 mg tablet f/c 50 mg</i>	PDL Preferred Generic	
<i>dipyridamole 50 mg tablet sugar-coated 50 mg</i>	PDL Preferred Generic	
<i>dipyridamole 75 mg tablet 75 mg</i>	PDL Preferred Generic	
<i>dipyridamole 75 mg tablet f/c 75 mg</i>	PDL Preferred Generic	
<i>dipyridamole 75 mg tablet sugar-coated 75 mg</i>	PDL Preferred Generic	
EFFIENT 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EFFIENT 10 MG TABLET F/C, U-D, INNER 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EFFIENT 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EFFIENT 5 MG TABLET F/C, U-D, INNER 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>eq aspirin 81 mg chewable tab low dose 81 mg</i>	Preventive	OTC
<i>eq aspirin ec 81 mg tablet 81 mg</i>	Preventive	OTC
<i>eq aspirin ec 81 mg tablet adult low dose 81 mg</i>	Preventive	OTC
<i>eq aspirin ec 81 mg tablet low dose 81 mg</i>	Preventive	OTC
<i>eq aspirin 81 mg chewable tab 81 mg</i>	Preventive	OTC
<i>eq aspirin ec 81 mg tablet 81 mg</i>	Preventive	OTC
<i>gnp aspirin 81 mg chewable tab 81 mg</i>	Preventive	OTC
<i>gnp aspirin ec 81 mg tablet 81 mg</i>	Preventive	OTC
<i>gnp aspirin ec 81 mg tablet low dose sfty coated 81 mg</i>	Preventive	OTC
<i>gs aspirin 81 mg chewable tab 81 mg</i>	Preventive	OTC
<i>gs aspirin ec 81 mg tablet 81 mg</i>	Preventive	OTC
<i>hm aspirin 81 mg chewable tab adlt low dose,orange 81 mg</i>	Preventive	OTC

Drug	Status	Notes
<i>hm aspirin ec 81 mg tablet 81 mg</i>	Preventive	OTC
<i>hm aspirin ec 81 mg tablet low dose 81 mg</i>	Preventive	OTC
<i>kro aspirin 81 mg chewable tab gluten-free 81 mg</i>	Preventive	OTC
<i>kro aspirin 81 mg chewable tab low dose, orange 81 mg</i>	Preventive	OTC
<i>kro aspirin 81 mg chewable tab low dose,gluten free 81 mg</i>	Preventive	OTC
<i>kro aspirin ec 81 mg tablet 81 mg</i>	Preventive	OTC
PLAVIX 75 MG TABLET 75 MG	PDL Non-Preferred Brand	PA
<i>prasugrel 10 mg tablet 10 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>prasugrel 5 mg tablet 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>pub aspirin 81 mg chewable tab low strength 81 mg</i>	Preventive	OTC
<i>qc aspirin 81 mg chewable tab 81 mg</i>	Preventive	OTC
<i>qc aspirin ec 81 mg tablet 81 mg</i>	Preventive	OTC
<i>ra aspirin 81 mg chewable tab 36x3 bottles, adult 81 mg</i>	Preventive	OTC
<i>ra aspirin 81 mg chewable tab 81 mg</i>	Preventive	OTC
<i>ra aspirin 81 mg chewable tab chewable 81 mg</i>	Preventive	OTC
<i>ra aspirin ec 81 mg tablet 81 mg</i>	Preventive	OTC
<i>sm aspirin 81 mg chewable tab 81 mg</i>	Preventive	OTC
<i>sm aspirin ec 81 mg tablet 81 mg</i>	Preventive	OTC
<i>sm aspirin ec 81 mg tablet adult low strength 81 mg</i>	Preventive	OTC
SM CHILD ASPIRIN 81 MG CHW TAB CHILDREN'S 81 MG	Preventive	OTC
ST. JOSEPH ASPIRIN 81 MG CHEW 81 MG	Preventive	OTC
ST. JOSEPH ASPIRIN 81 MG CHEW ORANGE 81 MG	Preventive	OTC
ST. JOSEPH ASPIRIN EC 81 MG TB 81 MG	Preventive	OTC
ZONTIVITY 2.08 MG TABLET 2.08 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Platelet Reducing Agents		
<i>anagrelide hcl 0.5 mg capsule 0.5 mg</i>	Non-PDL Generic	
<i>anagrelide hcl 1 mg capsule 1 mg</i>	Non-PDL Generic	
Sickle Cell Anemia Agents		
DROXIA 200 MG CAPSULE 200 MG	PDL Preferred Brand	
DROXIA 300 MG CAPSULE 300 MG	PDL Preferred Brand	
DROXIA 400 MG CAPSULE 400 MG	PDL Preferred Brand	
ENDARI 5 GRAM POWDER PACKET INNER 5 GRAM	PDL Preferred Brand	SP
ENDARI 5 GRAM POWDER PACKET OUTER 5 GRAM	PDL Preferred Brand	SP
OXBRYTA 300 MG TABLET FOR SUSP 300 MG	PDL Preferred Brand	PA; SP
OXBRYTA 500 MG TABLET 500 MG	PDL Preferred Brand	PA; SP
SIKLOS 1,000 MG TABLET 1,000 MG	PDL Non- Preferred Brand	PA
SIKLOS 100 MG TABLET 100 MG	PDL Non- Preferred Brand	PA; QL (2 EA per 1 day)
Thrombin Inhibitors, Selective, Direct, & Reversible		
PRADAXA 110 MG CAPSULE 110 MG	PDL Preferred Brand	QL (2 EA per 1 day)
PRADAXA 150 MG CAPSULE 150 MG	PDL Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
PRADAXA 150 MG CAPSULE SAMPLE 150 MG	PDL Preferred Brand	QL (2 EA per 1 day)
PRADAXA 75 MG CAPSULE 75 MG	PDL Preferred Brand	QL (2 EA per 1 day)
Thrombopoietin Receptor Agonists		
PROMACTA 12.5 MG SUSPEN PACKET INNER 12.5 MG	Non-PDL Brand	PA; SP
PROMACTA 12.5 MG SUSPEN PACKET OUTER 12.5 MG	Non-PDL Brand	PA; SP
PROMACTA 12.5 MG TABLET 12.5 MG	Non-PDL Brand	PA; SP
PROMACTA 25 MG SUSPENSION PCKT INNER 25 MG	Non-PDL Brand	PA; SP
PROMACTA 25 MG SUSPENSION PCKT OUTER 25 MG	Non-PDL Brand	PA; SP
PROMACTA 25 MG TABLET 25 MG	Non-PDL Brand	PA; SP
PROMACTA 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
PROMACTA 75 MG TABLET 75 MG	Non-PDL Brand	PA; SP
Topical Hemostatics		
THROMBIN-JMI 20,000 UNIT VIAL INNER, P/F 20,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 20,000 UNIT VIAL OUTER, P/F 20,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 20,000 UNITS PUMP DILUENT, P/F 20,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 20,000 UNITS SYR 20,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 5,000 UNIT EPISTAXIS 5,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 5,000 UNITS SYR 5,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 5,000 UNITS VIAL P/F, INNER 5,000 UNIT	Non-PDL Generic	
THROMBIN-JMI 5,000 UNITS VIAL P/F, OUTER 5,000 UNIT	Non-PDL Generic	
Vitamin K Preparations		
<i>phytonadione 1 mg/0.5 ml syr p/f, sdv 1 mg/0.5 ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>phytonadione 10 mg/ml ampul sub,inner 10 mg/ml</i>	Non-PDL Generic	
<i>phytonadione 10 mg/ml ampul sub,outer 10 mg/ml</i>	Non-PDL Generic	
<i>phytonadione 5 mg tablet 5 mg</i>	Non-PDL Generic	
VITAMIN K-1 1 MG/0.5 ML AMPUL SUB, INNER 1 MG/0.5 ML	Non-PDL Generic	
VITAMIN K-1 1 MG/0.5 ML AMPUL SUB, OUTER 1 MG/0.5 ML	Non-PDL Generic	
VITAMIN K-1 10 MG/ML AMPUL SUB, INNER 10 MG/ML	Non-PDL Generic	
VITAMIN K-1 10 MG/ML AMPUL SUB, OUTER 10 MG/ML	Non-PDL Generic	
Hormonal Deficiency		
Androgenic Agents		
ANDRODERM 2 MG/24HR PATCH INNER 2 MG/24 HOUR	PDL Preferred Brand	PA
ANDRODERM 2 MG/24HR PATCH OUTER 2 MG/24 HOUR	PDL Preferred Brand	PA
ANDRODERM 4 MG/24HR PATCH INNER 4 MG/24 HR	PDL Preferred Brand	PA
ANDRODERM 4 MG/24HR PATCH OUTER 4 MG/24 HR	PDL Preferred Brand	PA
ANDROGEL 1.62% GEL PUMP 20.25 MG/1.25 GRAM (1.62 %)	PDL Preferred Brand	PA
FORTESTA 10 MG GEL PUMP 10 MG/0.5 GRAM /ACTUATION	PDL Non- Preferred Brand	PA
METHITEST 10 MG TABLET 10 MG	Non-PDL Brand	PA
<i>methyltestosterone 10 mg cap 10 mg</i>	Non-PDL Generic	PA
NATESTO NASAL 5.5 MG/0.122 GM 5.5 MG/0.122 GRAM/ACTUATION	PDL Non- Preferred Brand	PA
<i>oxandrolone 10 mg tablet 10 mg</i>	Non-PDL Generic	PA

Drug	Status	Notes
<i>oxandrolone 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	PA
TESTIM 1% (50 MG) GEL INNER 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA
TESTIM 1% (50 MG) GEL OUTER 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA
<i>testosteron cyp 1,000 mg/10 ml mdv 100 mg/ml</i>	Non-PDL Generic	PA
<i>testosteron cyp 2,000 mg/10 ml mdv 200 mg/ml</i>	Non-PDL Generic	PA
<i>testosteron cyp 2,000 mg/10 ml mdv, in oil 200 mg/ml</i>	Non-PDL Generic	PA
<i>testosteron cyp 2,000 mg/10 ml muv 200 mg/ml</i>	Non-PDL Generic	PA
<i>testosteron enan 1,000 mg/5 ml mdv 200 mg/ml</i>	Non-PDL Generic	PA
<i>testosterone 1% (25 mg/2.5 g) pk inner 1 % (25 mg/2.5gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 1% (25 mg/2.5 g) pk outer 1 % (25 mg/2.5gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 1% (50 mg/5 g) pk 1 % (50 mg/5 gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 1% (50 mg/5 g) pk inner 1 % (50 mg/5 gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 1% (50 mg/5 g) pk outer 1 % (50 mg/5 gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 1.62% (2.5 g) pkt inner 1.62 % (40.5 mg/2.5 gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 1.62% (2.5 g) pkt outer 1.62 % (40.5 mg/2.5 gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 1.62% gel pump 20.25 mg/1.25 gram (1.62 %)</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>testosterone 1.62%(1.25 g) pkt inner 1.62 % (20.25 mg/1.25 gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 1.62%(1.25 g) pkt outer 1.62 % (20.25 mg/1.25 gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 10 mg gel pump 10 mg/0.5 gram /actuation</i>	PDL Non-Preferred Generic	PA
<i>testosterone 12.5 mg/1.25 gram inner 12.5 mg/ 1.25 gram (1 %)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 12.5 mg/1.25 gram outer 12.5 mg/ 1.25 gram (1 %)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 30 mg/1.5 ml pump 30 mg/actuation (1.5 ml)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 50 mg/5 gram gel inner 50 mg/5 gram (1 %)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 50 mg/5 gram gel outer 50 mg/5 gram (1 %)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 50 mg/5 gram pkt inner 1 % (50 mg/5 gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone 50 mg/5 gram pkt outer 1 % (50 mg/5 gram)</i>	PDL Non-Preferred Generic	PA
<i>testosterone cyp 100 mg/ml mdv 100 mg/ml</i>	Non-PDL Generic	PA
<i>testosterone cyp 200 mg/ml mdv 200 mg/ml</i>	Non-PDL Generic	PA
<i>testosterone cyp 200 mg/ml sdv 200 mg/ml</i>	Non-PDL Generic	PA
<i>testosterone cyp 200 mg/ml suv 200 mg/ml</i>	Non-PDL Generic	PA
<i>testosterone cypionate 1,000 mg/5 ml vial (cmpd-rx) muv 200 mg/ml</i>	Non-PDL Generic	PA
<i>testosterone cypionate 500 mg/2.5 ml vial (cmpd-rx) muv 200 mg/ml</i>	Non-PDL Generic	PA

Drug	Status	Notes
<i>testosterone cypionate 6,000 mg/30 ml vial (cmpd-rx) muv 200 mg/ml</i>	Non-PDL Generic	PA
<i>testosterone enan 200 mg/ml mdv 200 mg/ml</i>	Non-PDL Generic	PA
<i>testosterone enanthate 1,000 mg/5 ml (cmpd-rx) muv 200 mg/ml</i>	Non-PDL Generic	PA
VOGELXO 12.5 MG/1.25 GRAM PUMP INNER 12.5 MG/ 1.25 GRAM (1 %)	PDL Non-Preferred Brand	PA
VOGELXO 12.5 MG/1.25 GRAM PUMP OUTER 12.5 MG/ 1.25 GRAM (1 %)	PDL Non-Preferred Brand	PA
VOGELXO 50 MG/5 GRAM GEL INNER 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA
VOGELXO 50 MG/5 GRAM GEL OUTER 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA
VOGELXO 50 MG/5 GRAM GEL PACKT INNER 1 % (50 MG/5 GRAM)	PDL Non-Preferred Brand	PA
VOGELXO 50 MG/5 GRAM GEL PACKT OUTER 1 % (50 MG/5 GRAM)	PDL Non-Preferred Brand	PA
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE 0.45-20 MG TABLET 0.45-20 MG	Non-PDL Brand	
Estrogen/Androgen Combinations		
COVARYX H.S. TABLET 0.625-1.25 MG	Non-PDL Generic	
COVARYX TABLET 1.25-2.5 MG	Non-PDL Generic	
EEMT DS 1.25-2.5 MG TABLET 1.25-2.5 MG	Non-PDL Generic	
EEMT HS 0.625-1.25 MG TABLET 0.625- 1.25 MG	Non-PDL Generic	
<i>estrogen-methyltestos f.s. tab 1.25-2.5 mg</i>	Non-PDL Generic	
<i>estrogen-methyltestos f.s. tab f/c 1.25-2.5 mg</i>	Non-PDL Generic	
<i>estrogen-methyltestos h.s. tab 0.625-1.25 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>estrogen-methyltestos h.s. tab f/c 0.625-1.25 mg</i>	Non-PDL Generic	
<i>estrogen-methyltestos h.s. tab half-strength 0.625-1.25 mg</i>	Non-PDL Generic	
Estrogenic Agents		
AMABELZ 0.5 MG-0.1 MG TABLET INNER 0.5-0.1 MG	Non-PDL Generic	
AMABELZ 0.5 MG-0.1 MG TABLET OUTER 0.5-0.1 MG	Non-PDL Generic	
AMABELZ 1 MG-0.5 MG TABLET INNER 1-0.5 MG	Non-PDL Generic	
AMABELZ 1 MG-0.5 MG TABLET OUTER 1-0.5 MG	Non-PDL Generic	
COMBIPATCH 0.05-0.14 MG PTCH INNER 0.05-0.14 MG/24 HR	Non-PDL Brand	QL (2 EA per 7 days)
COMBIPATCH 0.05-0.14 MG PTCH OUTER 0.05-0.14 MG/24 HR	Non-PDL Brand	QL (2 EA per 7 days)
COMBIPATCH 0.05-0.25 MG PTCH INNER 0.05-0.25 MG/24 HR	Non-PDL Brand	QL (2 EA per 7 days)
COMBIPATCH 0.05-0.25 MG PTCH OUTER 0.05-0.25 MG/24 HR	Non-PDL Brand	QL (2 EA per 7 days)
DOTTI 0.025 MG PATCH INNER 0.025 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.025 MG PATCH OUTER 0.025 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.0375 MG PATCH INNER 0.0375 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
DOTTI 0.0375 MG PATCH OUTER 0.0375 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
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)
<i>estradiol 0.025 mg patch(1/wk) inner 0.025 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)

Drug	Status	Notes
<i>estradiol 0.025 mg patch(1/wk) outer 0.025 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)
<i>estradiol 0.025 mg patch(2/wk) inner 0.025 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol 0.025 mg patch(2/wk) outer 0.025 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol 0.0375 mg patch(1/wk) inner 0.0375 mg/24 hr</i>	Non-PDL Generic	90DS; QL (1 EA per 7 days)
<i>estradiol 0.0375 mg patch(1/wk) outer 0.0375 mg/24 hr</i>	Non-PDL Generic	90DS; QL (1 EA per 7 days)
<i>estradiol 0.0375 mg patch(2/wk) inner 0.0375 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol 0.0375 mg patch(2/wk) outer 0.0375 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol 0.05 mg patch (1/wk) inner 0.05 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)
<i>estradiol 0.05 mg patch (1/wk) outer 0.05 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)
<i>estradiol 0.05 mg patch (2/wk) inner 0.05 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol 0.05 mg patch (2/wk) outer 0.05 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol 0.06 mg patch (1/wk) inner 0.06 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)
<i>estradiol 0.06 mg patch (1/wk) outer 0.06 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)
<i>estradiol 0.075 mg patch(1/wk) inner 0.075 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)
<i>estradiol 0.075 mg patch(1/wk) outer 0.075 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)
<i>estradiol 0.075 mg patch(2/wk) inner 0.075 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol 0.075 mg patch(2/wk) outer 0.075 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol 0.1 mg patch (1/wk) inner 0.1 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)
<i>estradiol 0.1 mg patch (1/wk) outer 0.1 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)
<i>estradiol 0.1 mg patch (2/wk) inner 0.1 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol 0.1 mg patch (2/wk) outer 0.1 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)

Drug	Status	Notes
<i>estradiol 0.5 mg tablet 0.5 mg</i>	Non-PDL Generic	90DS
<i>estradiol 1 mg tablet 1 mg</i>	Non-PDL Generic	90DS
<i>estradiol 2 mg tablet 2 mg</i>	Non-PDL Generic	90DS
<i>estradiol-noreth 0.5-0.1 mg tb coated 0.5-0.1 mg</i>	Non-PDL Generic	
<i>estradiol-noreth 0.5-0.1 mg tb inner 0.5-0.1 mg</i>	Non-PDL Generic	
<i>estradiol-noreth 0.5-0.1 mg tb outer 0.5-0.1 mg</i>	Non-PDL Generic	
<i>estradiol-noreth 1-0.5 mg tab f/c 1-0.5 mg</i>	Non-PDL Generic	
<i>estradiol-noreth 1-0.5 mg tab inner 1-0.5 mg</i>	Non-PDL Generic	
<i>estradiol-noreth 1-0.5 mg tab outer 1-0.5 mg</i>	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	
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)

Drug	Status	Notes
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)
MENEST 0.3 MG TABLET 0.3 MG	Non-PDL Brand	
MENEST 0.625 MG TABLET 0.625 MG	Non-PDL Brand	
MENEST 1.25 MG TABLET 1.25 MG	Non-PDL Brand	
MENEST 2.5 MG TABLET 2.5 MG	Non-PDL Brand	
MIMVEY 1-0.5 MG TABLET F/C 1-0.5 MG	Non-PDL Generic	
MIMVEY 1-0.5 MG TABLET F/C, 5X28 1-0.5 MG	Non-PDL Generic	
<i>norethind-eth estrad 0.5-2.5 inner 0.5-2.5 mg-mcg</i>	Non-PDL Generic	
<i>norethind-eth estrad 0.5-2.5 outer 0.5-2.5 mg-mcg</i>	Non-PDL Generic	
<i>norethin-eth estrad 1 mg-5 mcg 1-5 mg-mcg</i>	Non-PDL Generic	
<i>norethin-eth estrad 1 mg-5 mcg inner 1-5 mg-mcg</i>	Non-PDL Generic	
<i>norethin-eth estrad 1 mg-5 mcg outer 1-5 mg-mcg</i>	Non-PDL Generic	
PREMARIN 0.3 MG TABLET 0.3 MG	Non-PDL Brand	
PREMARIN 0.45 MG TABLET 0.45 MG	Non-PDL Brand	
PREMARIN 0.625 MG TABLET 0.625 MG	Non-PDL Brand	

Drug	Status	Notes
PREMARIN 0.9 MG TABLET 0.9 MG	Non-PDL Brand	
PREMARIN 1.25 MG TABLET 1.25 MG	Non-PDL Brand	
PREMPHASE 0.625-5 MG TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Non-PDL Brand	
PREMPRO 0.3 MG-1.5 MG TABLET 0.3-1.5 MG	Non-PDL Brand	
PREMPRO 0.45-1.5 MG TABLET 0.45-1.5 MG	Non-PDL Brand	
PREMPRO 0.625-2.5 MG TABLET 0.625-2.5 MG	Non-PDL Brand	
PREMPRO 0.625-5 MG TABLET 0.625-5 MG	Non-PDL Brand	
Lhrh (Gnrh) Agonist Analog And Progestin Comb		
LUPANETA PK 3.75-5 MG 1MO KIT OUTER, NFRS, SDV 3.75 MG -5 MG (30)	Non-PDL Brand	PA; SP
Progestational Agents		
<i>hydroxyprogesterone 1.25 g/5 ml 250 mg/ml</i>	Non-PDL Generic	SP
<i>medroxyprogesterone 10 mg tab 10 mg</i>	Non-PDL Generic	90DS
<i>medroxyprogesterone 2.5 mg tab 2.5 mg</i>	Non-PDL Generic	90DS
<i>medroxyprogesterone 5 mg tab 5 mg</i>	Non-PDL Generic	90DS
<i>norethindrn 5 mg tb (lupaneta) inner, sample 5 mg</i>	Non-PDL Generic	
<i>norethindrone 5 mg tablet 5 mg</i>	Non-PDL Generic	
<i>progesterone 100 mg capsule 100 mg</i>	Non-PDL Generic	90DS
<i>progesterone 200 mg capsule 200 mg</i>	Non-PDL Generic	90DS
<i>progesterone 500 mg/10 ml vial mdv,in sesame oil 50 mg/ml</i>	Non-PDL Generic	
<i>progesterone 500 mg/10 ml vial mdv,sesame oil 50 mg/ml</i>	Non-PDL Generic	
<i>progesterone 500 mg/10 ml vial muv 50 mg/ml</i>	Non-PDL Generic	

Drug	Status	Notes
Immunization		
Antisera		
CUVITRU 1 GRAM/5 ML VIAL SUV, INNER, P/F 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
CUVITRU 1 GRAM/5 ML VIAL SUV, OUTER, P/F 1 GRAM/5 ML (20 %)	Non-PDL Brand	PA; SP
CUVITRU 10 GRAM/50 ML VIAL 10 GRAM/50 ML (20 %)	Non-PDL Brand	PA; SP
CUVITRU 2 GRAM/10 ML VIAL SUV, INNER, P/F 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
CUVITRU 2 GRAM/10 ML VIAL SUV, OUTER, P/F 2 GRAM/10 ML (20 %)	Non-PDL Brand	PA; SP
CUVITRU 4 GRAM/20 ML VIAL SUV, INNER, P/F 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
CUVITRU 4 GRAM/20 ML VIAL SUV, OUTER, P/F 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
CUVITRU 8 GRAM/ 40 ML VIAL SUV, INNER, P/F 8 GRAM/40 ML (20 %)	Non-PDL Brand	PA; SP
CUVITRU 8 GRAM/ 40 ML VIAL SUV, OUTER, P/F 8 GRAM/40 ML (20 %)	Non-PDL Brand	PA; SP
GAMMAGARD LIQUID 10% VIAL INNER, P/F, SUV 10 %	Non-PDL Brand	PA; SP
GAMMAGARD LIQUID 10% VIAL OUTER, P/F, SUV 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 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

Drug	Status	Notes
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
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
HYQVIA IG CMPNT 10 GM/100 ML 10 GRAM/100 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA IG CMPNT 2.5 GM/25 ML 2.5 GRAM/25 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA IG CMPNT 20 GM/200 ML 20 GRAM/200 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA IG CMPNT 30 GM/300 ML 30 GRAM/300 ML (10 %)	Non-PDL Brand	PA; SP
HYQVIA IG CMPNT 5 GM/50 ML 5 GRAM/50 ML (10 %)	Non-PDL Brand	PA; SP
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

Drug	Status	Notes
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 30 MCG/0.3 ML VACCINE VIAL (GRAY) MUV, P/F, INNER 30 MCG/0.3 ML	Non-PDL Brand	QL (0.3 ML per 17 days); Age (Min 12 Years)
COMIRNATY 30 MCG/0.3 ML VACCINE VIAL (GRAY) MUV, P/F, OUTER 30 MCG/0.3 ML	Non-PDL Brand	QL (0.3 ML per 17 days); Age (Min 12 Years)
JANSSEN COVID-19 VACCINE VIAL (EUA) INNER, MUV, P/F 0.5 ML	Non-PDL Brand	QL (1 ML per 365 days); Age (Min 18 Years)
JANSSEN COVID-19 VACCINE VIAL (EUA) OUTER, MUV, P/F 0.5 ML	Non-PDL Brand	QL (1 ML per 365 days); Age (Min 18 Years)
MODERNA COVID BOOSTER(6-11Y PRIMARY ONLY) 50 MCG/0.5 ML(EUA) INNER, P/F, MUV 50 MCG/0.5 ML	Non-PDL Brand	QL (0.5 ML per 24 days); Age (Min 6 Years and Max 11 Years)
MODERNA COVID BOOSTER(6-11Y PRIMARY ONLY) 50 MCG/0.5 ML(EUA) OUTER, P/F, MUV 50 MCG/0.5 ML	Non-PDL Brand	QL (0.5 ML per 24 days); Age (Min 6 Years and Max 11 Years)
MODERNA COVID-19 (12 YR UP) VACCINE VIAL (EUA) INNER, MUV, P/F 100 MCG/0.5 ML	Non-PDL Brand	QL (0.5 ML per 24 days); Age (Min 12 Years)
MODERNA COVID-19 (12 YR UP) VACCINE VIAL (EUA) OUTER, MUV, P/F 100 MCG/0.5 ML	Non-PDL Brand	QL (0.5 ML per 24 days); Age (Min 12 Years)
MODERNA COVID-19 (6 MO-5 YR) VACCINE VIAL (EUA) INNER, P/F, MUV 25 MCG/0.25 ML	Non-PDL Brand	AGE: 6 MONTHS TO 5 YEARS; QL (0.25 ML per 24 days)
MODERNA COVID-19 (6 MO-5 YR) VACCINE VIAL (EUA) OUTER, P/F, MUV 25 MCG/0.25 ML	Non-PDL Brand	AGE: 6 MONTHS TO 5 YEARS; QL (0.25 ML per 24 days)
MODERNA COVID-19 BIVALENT BOOSTER (6YR UP)(ORIG-BA.4/5)(EUA) INNER, MUV, P/F 50 MCG/0.5 ML	Non-PDL Brand	QL (0.5 ML per 365 days); Age (Min 6 Years)
MODERNA COVID-19 BIVALENT BOOSTER (6YR UP)(ORIG-BA.4/5)(EUA) OUTER, MUV, P/F 50 MCG/0.5 ML	Non-PDL Brand	QL (0.5 ML per 365 days); Age (Min 6 Years)
MODERNA COVID-19 BIVALENT BOOSTER(6MO-5Y)(ORIG-BA.4/5)(UNAP) INNER, MUV, P/F 10 MCG/0.2 ML	Non-PDL Brand	

Drug	Status	Notes
MODERNA COVID-19 BIVALENT BOOSTER(6MO-5Y)(ORIG-BA.4/5)(UNAP) OUTER, MUV, P/F 10 MCG/0.2 ML	Non-PDL Brand	
NOVAVAX COVID-19 VACCINE, ADJUVANTED VIAL (EUA) P/F, MUV, INNER 5 MCG/0.5 ML	Non-PDL Brand	QL (0.5 ML per 17 days); Age (Min 12 Years)
NOVAVAX COVID-19 VACCINE, ADJUVANTED VIAL (EUA) P/F, MUV, OUTER 5 MCG/0.5 ML	Non-PDL Brand	QL (0.5 ML per 17 days); Age (Min 12 Years)
PFIZER COVID BIVALENT BOOST(12Y UP)(ORIG-BA.4/5)(GRAY)(EUA) INNER, MUV, P/F 30 MCG/0.3 ML	Non-PDL Brand	QL (0.3 ML per 365 days); Age (Min 12 Years)
PFIZER COVID BIVALENT BOOST(12Y UP)(ORIG-BA.4/5)(GRAY)(EUA) INNER, SUV, P/F 30 MCG/0.3 ML	Non-PDL Brand	QL (0.3 ML per 365 days); Age (Min 12 Years)
PFIZER COVID BIVALENT BOOST(12Y UP)(ORIG-BA.4/5)(GRAY)(EUA) OUTER, MUV, P/F 30 MCG/0.3 ML	Non-PDL Brand	QL (0.3 ML per 365 days); Age (Min 12 Years)
PFIZER COVID BIVALENT BOOST(12Y UP)(ORIG-BA.4/5)(GRAY)(EUA) OUTER, SUV, P/F 30 MCG/0.3 ML	Non-PDL Brand	QL (0.3 ML per 365 days); Age (Min 12 Years)
PFIZER COVID BIVALENT BOOST(5-11Y)(ORIG-BA.4/5)(ORANGE)(EUA) INNER, MUV, P/F 10 MCG/0.2 ML	Non-PDL Brand	QL (0.2 ML per 365 days); Age (Min 5 Years and Max 11 Years)
PFIZER COVID BIVALENT BOOST(5-11Y)(ORIG-BA.4/5)(ORANGE)(EUA) OUTER, MUV, P/F 10 MCG/0.2 ML	Non-PDL Brand	QL (0.2 ML per 365 days); Age (Min 5 Years and Max 11 Years)
PFIZER COVID BIVALENT VACC(6M-4Y)(ORIG-BA.4/5)(MAROON)(UNAP) INNER, MUV, P/F 3 MCG/0.2 ML	Non-PDL Brand	
PFIZER COVID BIVALENT VACC(6M-4Y)(ORIG-BA.4/5)(MAROON)(UNAP) OUTER, MUV, P/F 3 MCG/0.2 ML	Non-PDL Brand	
PFIZER-BIONTECH COVID-19 (12 YR UP) VACCINE VL (GRAY) (EUA) MUV, P/F, INNER 30 MCG/0.3 ML	Non-PDL Brand	QL (0.3 ML per 17 days); Age (Min 12 Years)
PFIZER-BIONTECH COVID-19 (12 YR UP) VACCINE VL (GRAY) (EUA) MUV, P/F, OUTER 30 MCG/0.3 ML	Non-PDL Brand	QL (0.3 ML per 17 days); Age (Min 12 Years)
PFIZER-BIONTECH COVID-19 (5-11 YR) VACCINE VL (ORANGE) (EUA) MUV, P/F, INNER 10 MCG/0.2 ML	Non-PDL Brand	QL (0.2 ML per 17 days); Age (Min 5 Years and Max 11 Years)

Drug	Status	Notes
PFIZER-BIONTECH COVID-19 (5-11 YR) VACCINE VL (ORANGE) (EUA) MUV, P/F, OUTER 10 MCG/0.2 ML	Non-PDL Brand	QL (0.2 ML per 17 days); Age (Min 5 Years and Max 11 Years)
PFIZER-BIONTECH COVID-19 (6 MO-4 YR) VACCINE (MAROON)(EUA) INNER, MUV, P/F 3 MCG/0.2 ML	Non-PDL Brand	AGE: 6 MONTHS TO 4 YEARS; QL (0.2 ML per 17 days)
PFIZER-BIONTECH COVID-19 (6 MO-4 YR) VACCINE (MAROON)(EUA) OUTER, MUV, P/F 3 MCG/0.2 ML	Non-PDL Brand	AGE: 6 MONTHS TO 4 YEARS; QL (0.2 ML per 17 days)
PFIZER-BIONTECH COVID-19 VACCINE VIAL (PURPLE) (EUA) 30 MCG/0.3 ML	Non-PDL Brand	QL (0.3 ML per 17 days); Age (Min 12 Years)
SPIKEVAX COVID-19 (18 YR UP) VACCINE VIAL INNER, MUV, P/F 100 MCG/0.5 ML	Non-PDL Brand	QL (0.5 ML per 24 days); Age (Min 12 Years)
SPIKEVAX COVID-19 (18 YR UP) VACCINE VIAL OUTER, MUV, P/F 100 MCG/0.5 ML	Non-PDL Brand	QL (0.5 ML per 24 days); Age (Min 12 Years)
Enteric Virus Vaccines		
ROTARIX VACCINE SUSPENSION INNER 10EXP6 CCID50/ML	Non-PDL Brand	
ROTARIX VACCINE SUSPENSION INNER, P/F 10EXP6 CCID50/ML	Non-PDL Brand	
ROTARIX VACCINE SUSPENSION OUTER, P/F 10EXP6 CCID50/ML	Non-PDL Brand	
ROTATEQ VACCINE P/F, 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	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
BEXSERO PREFILLED SYRINGE OUTER, SDV 50-50-50-25 MCG/0.5 ML	Preventive	QL (1 ML per 365 days); Age (Min 10 Years and Max 25 Years)
MENACTRA VIAL P/F, INNER, SUV 4 MCG/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENACTRA VIAL P/F, OUTER, SUV 4 MCG/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENQUADFI VIAL P/F, SUV, INNER 10 MCG/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENQUADFI VIAL P/F, SUV, OUTER 10 MCG/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO 1 VIAL-A-C-Y-W-135-DIP INNER, SUV, P/F 10-5 MCG/0.5 ML	Preventive	QL (1 ML per 365 days); Age (Min 11 Years and Max 23 Years)
MENVEO 1 VIAL-A-C-Y-W-135-DIP OUTER, SUV, P/F 10-5 MCG/0.5 ML	Preventive	QL (1 ML per 365 days); Age (Min 11 Years and Max 23 Years)

Drug	Status	Notes
MENVEO A-C-Y-W KIT (2 VIALS) P/F, OUTER, SUV 10-5 MCG/0.5 ML	Preventive	QL (1 EA per 365 days); Age (Min 11 Years and Max 23 Years)
TRUMENBA 120 MCG/0.5 ML VACCIN INNER, SUV 120 MCG/0.5 ML	Preventive	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
TRUMENBA 120 MCG/0.5 ML VACCIN OUTER, SUV 120 MCG/0.5 ML	Preventive	QL (1.5 ML per 365 days); Age (Min 10 Years and Max 25 Years)
Gram Positive Cocci Vaccines		
PNEUMOVAX 23 SYRINGE INNER, SUV 25 MCG/0.5 ML	Non-PDL Brand	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX 23 SYRINGE OUTER, SUV 25 MCG/0.5 ML	Non-PDL Brand	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX 23 VIAL SDV, INNER 25 MCG/0.5 ML	Non-PDL Brand	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PNEUMOVAX 23 VIAL SDV, OUTER 25 MCG/0.5 ML	Non-PDL Brand	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days); Age (Min 2 Years)
PREVNAR 20 SYRINGE SUV, P/F, INNER 0.5 ML	Non-PDL Brand	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
PREVNAR 20 SYRINGE SUV, P/F, OUTER 0.5 ML	Non-PDL Brand	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
VAXNEUVANCE 0.5 ML SYRINGE SUV, P/F, INNER 0.5 ML	Non-PDL Brand	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
VAXNEUVANCE 0.5 ML SYRINGE SUV, P/F, OUTER 0.5 ML	Non-PDL Brand	\$0 COPAY IF 65 YEARS OF AGE OR OLDER; QL (0.5 ML per 365 days)
Influenza Virus Vaccines		
AFLURIA QUAD 2022-2023 VIAL MUV, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
AFLURIA QUAD 2022-2023 VIAL MUV, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
AFLURIA QUAD 2022-23 (3 YEAR UP) 0.5 ML SYRINGE SUV, P/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
AFLURIA QUAD 2022-23 (3 YEAR UP) 0.5 ML SYRINGE SUV, P/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUAD QUAD 2022-2023 SYRINGE SUV, P/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days); Age (Min 65 Years)
FLUAD QUAD 2022-2023 SYRINGE SUV, P/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days); Age (Min 65 Years)

Drug	Status	Notes
FLUARIX QUAD 2022-2023 SYRINGE SUV, P/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUARIX QUAD 2022-2023 SYRINGE SUV, P/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUBLOK QUAD 2022-2023 SYRINGE INNER, SUV, P/F 180 MCG (45 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUBLOK QUAD 2022-2023 SYRINGE OUTER, SUV, P/F 180 MCG (45 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days); Age (Min 18 Years)
FLUCELVAX QUAD 2022-2023 SYR SUV, P/F, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2022-2023 SYR SUV, P/F, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2022-2023 VIAL MUV, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUCELVAX QUAD 2022-2023 VIAL MUV, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2022-2023 SYRING INNER, SUV, P/F 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLULAVAL QUAD 2022-2023 SYRING OUTER, SUV, P/F 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUMIST QUAD NASAL 2022-23 VAC INNER 10EXP6.5-7.5 FF UNIT/0.2 ML	Preventive	QL (1 EA per 180 days)
FLUMIST QUAD NASAL 2022-23 VAC OUTER 10EXP6.5-7.5 FF UNIT/0.2 ML	Preventive	QL (1 EA per 180 days)
FLUZONE HIGH-DOSE QUAD 2022-23 SUV, P/F, INNER 240 MCG/0.7 ML	Preventive	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE HIGH-DOSE QUAD 2022-23 SUV, P/F, OUTER 240 MCG/0.7 ML	Preventive	QL (0.7 ML per 180 days); Age (Min 65 Years)
FLUZONE QUAD 2022-2023 SYRINGE INNER, SUV, P/F 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUZONE QUAD 2022-2023 SYRINGE OUTER, SUV, P/F 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUZONE QUAD 2022-2023 VIAL INNER, SUV, P/F 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUZONE QUAD 2022-2023 VIAL MUV, INNER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)

Drug	Status	Notes
FLUZONE QUAD 2022-2023 VIAL MUV, OUTER 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
FLUZONE QUAD 2022-2023 VIAL OUTER, SUV, P/F 60 MCG (15 MCG X 4)/0.5 ML	Preventive	QL (0.5 ML per 180 days)
Vaccine/Toxoid Preparations, Combinations		
ADACEL TDAP SYRINGE INNER, SDV, P/F 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL TDAP SYRINGE OUTER, SDV, P/F 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL TDAP VIAL P/F, INNER, SUV 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
ADACEL TDAP VIAL P/F, OUTER, SUV 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE SYRINGE INNER, SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE SYRINGE INNER, SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE SYRINGE OUTER, SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE SYRINGE TIP-LOK, OUTER, SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE VIAL INNER, SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
BOOSTRIX TDAP VACCINE VIAL OUTER, SDV 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
M-M-R II VACCINE VIAL INNER, SUV, P/F 1,000-12,500 TCID50/0.5 ML	Preventive	QL (2 EA per 365 days); Age (Min 18 Years)
M-M-R II VACCINE VIAL OUTER, SUV, P/F 1,000-12,500 TCID50/0.5 ML	Preventive	QL (2 EA per 365 days); Age (Min 18 Years)
TDVAX VIAL INNER, SUV 2-2 LF UNIT/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
TDVAX VIAL OUTER, SUV 2-2 LF UNIT/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC SYRINGE P/F, INNER, SUV 5-2 LF UNIT/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC SYRINGE P/F, OUTER, SUV 5-2 LF UNIT/0.5 ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC VIAL P/F, INNER, SUV 5 LF UNIT- 2 LF UNIT/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)
TENIVAC VIAL P/F, OUTER, SUV 5 LF UNIT- 2 LF UNIT/0.5ML	Preventive	QL (0.5 ML per 365 days); Age (Min 18 Years)

Drug	Status	Notes
Viral/Tumorigenic Vaccines		
ENERGIX-B 20 MCG/ML SYRN TIP-LOK, OUTER, SDV 20 MCG/ML	Preventive	QL (4 ML per 365 days); Age (Min 18 Years)
ENERGIX-B 20 MCG/ML SYRN TIP-LOK, INNER, SDV 20 MCG/ML	Preventive	QL (4 ML per 365 days); Age (Min 18 Years)
ENERGIX-B 20 MCG/ML VIAL ADULT, P/F, OUTER, SDV 20 MCG/ML	Preventive	QL (4 ML per 365 days); Age (Min 18 Years)
ENERGIX-B 20 MCG/ML VIAL P/F, INNER, SDV, ADULT 20 MCG/ML	Preventive	QL (4 ML per 365 days); Age (Min 18 Years)
GARDASIL 9 SYRINGE P/F, INNER, SUV 0.5 ML	Non-PDL Brand	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 SYRINGE P/F, OUTER, SUV 0.5 ML	Non-PDL Brand	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 VIAL P/F, INNER, SDV 0.5 ML	Non-PDL Brand	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
GARDASIL 9 VIAL P/F, OUTER, SDV 0.5 ML	Non-PDL Brand	\$0 COPAY IF AGE 9-26 YEARS; QL (1.5 ML per 365 days); Age (Min 9 Years and Max 44 Years)
HAVRIX 1,440 UNIT/ML SYRINGE P/F, TIPLOK, INNER, SDV 1,440 ELISA UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
HAVRIX 1,440 UNIT/ML SYRINGE P/F, TIPLOK, OUTER, SDV 1,440 ELISA UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B 20 MCG/0.5 ML SYRNG SUV, P/F, INNER 20 MCG/0.5 ML	Preventive	QL (1 ML per 365 days); Age (Min 18 Years)
HEPLISAV-B 20 MCG/0.5 ML SYRNG SUV, P/F, OUTER 20 MCG/0.5 ML	Preventive	QL (1 ML per 365 days); Age (Min 18 Years)
PREHEVBRIO 10 MCG/ML VIAL INNER, SUV, P/F 10 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
PREHEVBRIO 10 MCG/ML VIAL OUTER, SUV, P/F 10 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 10 MCG/ML SYR P/F, INNER, SUV 10 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 10 MCG/ML SYR P/F, OUTER, SUV 10 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 10 MCG/ML VIAL INNER, P/F, SDV 10 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 10 MCG/ML VIAL OUTER, SDV, P/F 10 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)

Drug	Status	Notes
RECOMBIVAX HB 40 MCG/ML VIAL INNER,P/F,SUV 40 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
RECOMBIVAX HB 40 MCG/ML VIAL OUTER,P/F,SUV 40 MCG/ML	Preventive	QL (3 ML per 365 days); Age (Min 18 Years)
SHINGRIX GE ANTIGEN COMPONENT 50 MCG	Preventive	QL (2 EA per 365 days); Age (Min 50 Years)
SHINGRIX VIAL KIT 50 MCG/0.5 ML	Preventive	QL (2 EA per 365 days); Age (Min 50 Years)
TWINRIX VACCINE SYRINGE BIVALE,P/F,OUTER,SDV 720 ELISA UNIT- 20 MCG/ML	Preventive	QL (4 ML per 365 days); Age (Min 18 Years)
TWINRIX VACCINE SYRINGE INNER, SDV 720 ELISA UNIT- 20 MCG/ML	Preventive	QL (4 ML per 365 days); Age (Min 18 Years)
VAQTA 50 UNITS/ML SYRINGE P/F,INNER,SUV 50 UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA 50 UNITS/ML SYRINGE P/F,OUTER,SUV 50 UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA 50 UNITS/ML VIAL INNER,SDV,ADULT 50 UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA 50 UNITS/ML VIAL OUTER,SDV,ADULT 50 UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
VAQTA 50 UNITS/ML VIAL SDV,ADULT,OUTER 50 UNIT/ML	Preventive	QL (2 ML per 365 days); Age (Min 18 Years)
VARIVAX VACCINE VIAL SDV, INNER 1,350 UNIT/0.5 ML	Preventive	QL (2 EA per 365 days); Age (Min 18 Years)
VARIVAX VACCINE WITH DILUENT SDV, OUTER 1,350 UNIT/0.5 ML	Preventive	QL (2 EA per 365 days); Age (Min 18 Years)
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE 100 MCG/0.5 ML VIAL P/F, INNER, SUV 100 MCG/0.5 ML	Non-PDL Brand	PA; SP
ACTIMMUNE 100 MCG/0.5 ML VIAL P/F, OUTER, SUV 100 MCG/0.5 ML	Non-PDL Brand	PA; SP
ALFERON N 5 MILLION UNITS VIAL 5 MILLION UNIT/ML	Non-PDL Brand	SP
<i>imiquimod 5% cream packet 12x0.25gm packet 5 %</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>imiquimod 5% cream packet 24x0.25gm packet 5 %</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>imiquimod 5% cream packet inner 5 %</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>imiquimod 5% cream packet inner, single use 5 %</i>	Non-PDL Generic	QL (2 EA per 1 day)

Drug	Status	Notes
<i>imiquimod 5% cream packet inner,0.25gx24pkt 5 %</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>imiquimod 5% cream packet outer 5 %</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>imiquimod 5% cream packet outer, single use 5 %</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>imiquimod 5% cream packet outer,0.25gx24pkt 5 %</i>	Non-PDL Generic	QL (2 EA per 1 day)
Immunosuppressives		
ASTAGRAF XL 0.5 MG CAPSULE 0.5 MG	PDL Non-Preferred Brand	PA
ASTAGRAF XL 1 MG CAPSULE 1 MG	PDL Non-Preferred Brand	PA
ASTAGRAF XL 5 MG CAPSULE 5 MG	PDL Non-Preferred Brand	PA
AZASAN 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
AZASAN 75 MG TABLET 75 MG	PDL Non-Preferred Brand	PA
<i>azathioprine 100 mg tablet 100 mg</i>	PDL Preferred Generic	
<i>azathioprine 50 mg tablet 50 mg</i>	PDL Preferred Generic	
<i>azathioprine 50 mg tablet inner 50 mg</i>	PDL Preferred Generic	
<i>azathioprine 50 mg tablet outer 50 mg</i>	PDL Preferred Generic	
<i>azathioprine 75 mg tablet 75 mg</i>	PDL Preferred Generic	
CELLCEPT 200 MG/ML ORAL SUSP 200 MG/ML	PDL Preferred Brand	

Drug	Status	Notes
CELLCEPT 250 MG CAPSULE 250 MG	PDL Non-Preferred Brand	PA
CELLCEPT 500 MG TABLET F/C 500 MG	PDL Non-Preferred Brand	PA
<i>cyclosporine 100 mg capsule 100 mg</i>	PDL Preferred Generic	
<i>cyclosporine 25 mg capsule 25 mg</i>	PDL Preferred Generic	
<i>cyclosporine 25 mg capsule inner 25 mg</i>	PDL Preferred Generic	
<i>cyclosporine 25 mg capsule outer 25 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 100 mg 100 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 100 mg inner 100 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 100 mg outer 100 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 100 mg softgel,inner 100 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 100 mg softgel,outer 100 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 100 mg/ml 100 mg/ml</i>	PDL Preferred Generic	
<i>cyclosporine modified 25 mg 25 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 25 mg inner 25 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>cyclosporine modified 25 mg inner, softgel 25 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 25 mg outer 25 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 25 mg outer, softgel 25 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 50 mg 50 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 50 mg inner 50 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified 50 mg outer 50 mg</i>	PDL Preferred Generic	
ENVARUSUS XR 0.75 MG TABLET 0.75 MG	PDL Non-Preferred Brand	PA
ENVARUSUS XR 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA
ENVARUSUS XR 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA
<i>everolimus 0.25 mg tablet 0.25 mg</i>	PDL Non-Preferred Generic	PA
<i>everolimus 0.25 mg tablet inner 0.25 mg</i>	PDL Non-Preferred Generic	PA
<i>everolimus 0.25 mg tablet outer 0.25 mg</i>	PDL Non-Preferred Generic	PA
<i>everolimus 0.5 mg tablet 0.5 mg</i>	PDL Non-Preferred Generic	PA
<i>everolimus 0.5 mg tablet inner 0.5 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>everolimus 0.5 mg tablet outer 0.5 mg</i>	PDL Non-Preferred Generic	PA
<i>everolimus 0.75 mg tablet 0.75 mg</i>	PDL Non-Preferred Generic	PA
<i>everolimus 0.75 mg tablet inner 0.75 mg</i>	PDL Non-Preferred Generic	PA
<i>everolimus 0.75 mg tablet outer 0.75 mg</i>	PDL Non-Preferred Generic	PA
<i>everolimus 1 mg tablet 1 mg</i>	PDL Non-Preferred Generic	PA
<i>everolimus 1 mg tablet inner 1 mg</i>	PDL Non-Preferred Generic	PA
<i>everolimus 1 mg tablet outer 1 mg</i>	PDL Non-Preferred Generic	PA
GENGRAF 100 MG CAPSULE 100 MG	PDL Preferred Generic	
GENGRAF 100 MG/ML SOLUTION 100 MG/ML	PDL Preferred Generic	
GENGRAF 25 MG CAPSULE 25 MG	PDL Preferred Generic	
IMURAN 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
<i>mycophenolate 200 mg/ml susp 200 mg/ml</i>	PDL Non-Preferred Generic	PA
<i>mycophenolate 250 mg capsule 250 mg</i>	PDL Preferred Generic	
<i>mycophenolate 250 mg capsule u-d,10x10,inner 250 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>mycophenolate 250 mg capsule u-d, 10x10, outer 250 mg</i>	PDL Preferred Generic	
<i>mycophenolate 500 mg tablet 500 mg</i>	PDL Preferred Generic	
<i>mycophenolate 500 mg tablet f/c 500 mg</i>	PDL Preferred Generic	
<i>mycophenolate 500 mg tablet u-d, 10x10, inner, f/c 500 mg</i>	PDL Preferred Generic	
<i>mycophenolate 500 mg tablet u-d, 10x10, outer, f/c 500 mg</i>	PDL Preferred Generic	
<i>mycophenolic acid dr 180 mg tb 180 mg</i>	PDL Non-Preferred Generic	PA
<i>mycophenolic acid dr 180 mg tb f/c 180 mg</i>	PDL Non-Preferred Generic	PA
<i>mycophenolic acid dr 180 mg tb f/c, inner 180 mg</i>	PDL Non-Preferred Generic	PA
<i>mycophenolic acid dr 180 mg tb f/c, outer 180 mg</i>	PDL Non-Preferred Generic	PA
<i>mycophenolic acid dr 180 mg tb inner 180 mg</i>	PDL Non-Preferred Generic	PA
<i>mycophenolic acid dr 180 mg tb outer 180 mg</i>	PDL Non-Preferred Generic	PA
<i>mycophenolic acid dr 360 mg tb 360 mg</i>	PDL Non-Preferred Generic	PA
<i>mycophenolic acid dr 360 mg tb enteric coated 360 mg</i>	PDL Non-Preferred Generic	PA
<i>mycophenolic acid dr 360 mg tb enteric coated, inner 360 mg</i>	PDL Non-Preferred Generic	PA

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

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

Drug	Status	Notes
<i>sirolimus 0.5 mg tablet f/c, outer 0.5 mg</i>	PDL Non-Preferred Generic	PA
<i>sirolimus 1 mg tablet 1 mg</i>	PDL Non-Preferred Generic	PA
<i>sirolimus 1 mg tablet inner 1 mg</i>	PDL Non-Preferred Generic	PA
<i>sirolimus 1 mg tablet outer 1 mg</i>	PDL Non-Preferred Generic	PA
<i>sirolimus 1 mg/ml solution 1 mg/ml</i>	PDL Non-Preferred Generic	PA
<i>sirolimus 1 mg/ml solution inner 1 mg/ml</i>	PDL Non-Preferred Generic	PA
<i>sirolimus 1 mg/ml solution outer 1 mg/ml</i>	PDL Non-Preferred Generic	PA
<i>sirolimus 2 mg tablet 2 mg</i>	PDL Non-Preferred Generic	PA
<i>tacrolimus 0.5 mg capsule (immediate release) 0.5 mg</i>	PDL Preferred Generic	90DS
<i>tacrolimus 0.5 mg capsule (immediate release) 10x10, outer 0.5 mg</i>	PDL Preferred Generic	90DS
<i>tacrolimus 0.5 mg capsule (immediate release) inner 0.5 mg</i>	PDL Preferred Generic	90DS
<i>tacrolimus 0.5 mg capsule (immediate release) u-d, 10x10, inner 0.5 mg</i>	PDL Preferred Generic	90DS
<i>tacrolimus 0.5 mg capsule (immediate release) u-d, 10x10, outer 0.5 mg</i>	PDL Preferred Generic	90DS
<i>tacrolimus 0.5 mg capsule 0.5 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>tacrolimus 1 mg capsule (immediate release)</i> 1 mg	PDL Preferred Generic	
<i>tacrolimus 1 mg capsule (immediate release)</i> 10x10, outer 1 mg	PDL Preferred Generic	
<i>tacrolimus 1 mg capsule (immediate release)</i> inner 1 mg	PDL Preferred Generic	
<i>tacrolimus 1 mg capsule (immediate release)</i> u-d, 10x10, inner 1 mg	PDL Preferred Generic	
<i>tacrolimus 1 mg capsule (immediate release)</i> u-d, 10x10, outer 1 mg	PDL Preferred Generic	
<i>tacrolimus 1 mg capsule 1 mg</i>	PDL Preferred Generic	
<i>tacrolimus 5 mg capsule (immediate release)</i> 10x10, outer 5 mg	PDL Preferred Generic	
<i>tacrolimus 5 mg capsule (immediate release)</i> 5 mg	PDL Preferred Generic	
<i>tacrolimus 5 mg capsule (immediate release)</i> inner 5 mg	PDL Preferred Generic	
<i>tacrolimus 5 mg capsule (immediate release)</i> u-d, 10x10, inner 5 mg	PDL Preferred Generic	
<i>tacrolimus 5 mg capsule (immediate release)</i> u-d, 10x10, outer 5 mg	PDL Preferred Generic	
<i>tacrolimus 5 mg capsule 5 mg</i>	PDL Preferred Generic	
ZORTRESS 0.25 MG TABLET 6X10, U-D, INNER 0.25 MG	PDL Non- Preferred Brand	PA
ZORTRESS 0.25 MG TABLET 6X10, U-D, OUTER 0.25 MG	PDL Non- Preferred Brand	PA

Drug	Status	Notes
ZORTRESS 0.5 MG TABLET 6X10, U-D, INNER 0.5 MG	PDL Non-Preferred Brand	PA
ZORTRESS 0.5 MG TABLET 6X10, U-D, OUTER 0.5 MG	PDL Non-Preferred Brand	PA
ZORTRESS 0.75 MG TABLET 6X10, U-D, INNER 0.75 MG	PDL Non-Preferred Brand	PA
ZORTRESS 0.75 MG TABLET 6X10, U-D, OUTER 0.75 MG	PDL Non-Preferred Brand	PA
ZORTRESS 1 MG TABLET INNER 1 MG	PDL Non-Preferred Brand	PA
ZORTRESS 1 MG TABLET OUTER 1 MG	PDL Non-Preferred Brand	PA
Rho Kinase Inhibitor		
REZUROCK 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfadiazine 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>sulfamethoxazole-tmp ds tablet 800-160 mg</i>	Non-PDL Generic	
<i>sulfamethoxazole-tmp ss tablet 400-80 mg</i>	Non-PDL Generic	
<i>sulfamethoxazole-tmp susp 200-40 mg/5 ml</i>	Non-PDL Generic	
<i>sulfamethoxazole-tmp susp cherry 200-40 mg/5 ml</i>	Non-PDL Generic	
<i>sulfamethoxazole-tmp susp grape 200-40 mg/5 ml</i>	Non-PDL Generic	
<i>sulfamethoxazole-tmp susp grape flavor, outer 200-40 mg/5 ml</i>	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

Drug	Status	Notes
Cephalosporins - 1st Generation		
<i>cefadroxil 1 gm tablet 1 gram</i>	PDL Non-Preferred Generic	PA
<i>cefadroxil 250 mg/5 ml susp 250 mg/5 ml</i>	PDL Preferred Generic	
<i>cefadroxil 500 mg capsule 500 mg</i>	PDL Preferred Generic	
<i>cefadroxil 500 mg/5 ml susp 500 mg/5 ml</i>	PDL Preferred Generic	
<i>cephalexin 125 mg/5 ml susp 125 mg/5 ml</i>	PDL Preferred Generic	
<i>cephalexin 250 mg capsule 250 mg</i>	PDL Preferred Generic	
<i>cephalexin 250 mg capsule inner 250 mg</i>	PDL Preferred Generic	
<i>cephalexin 250 mg capsule outer 250 mg</i>	PDL Preferred Generic	
<i>cephalexin 250 mg tablet 250 mg</i>	PDL Non-Preferred Generic	PA
<i>cephalexin 250 mg/5 ml susp 250 mg/5 ml</i>	PDL Preferred Generic	
<i>cephalexin 500 mg capsule 500 mg</i>	PDL Preferred Generic	
<i>cephalexin 500 mg capsule inner 500 mg</i>	PDL Preferred Generic	
<i>cephalexin 500 mg capsule outer 500 mg</i>	PDL Preferred Generic	
<i>cephalexin 500 mg tablet 500 mg</i>	PDL Non-Preferred Generic	PA

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

Drug	Status	Notes
<i>cefuroxime axetil 250 mg tab inner 250 mg</i>	PDL Preferred Generic	
<i>cefuroxime axetil 250 mg tab outer 250 mg</i>	PDL Preferred Generic	
<i>cefuroxime axetil 500 mg tab 500 mg</i>	PDL Preferred Generic	
<i>cefuroxime axetil 500 mg tab f/c 500 mg</i>	PDL Preferred Generic	
Cephalosporins - 3Rd Generation		
<i>cefdinir 125 mg/5 ml susp 125 mg/5 ml</i>	PDL Preferred Generic	
<i>cefdinir 250 mg/5 ml susp 250 mg/5 ml</i>	PDL Preferred Generic	
<i>cefdinir 300 mg capsule 300 mg</i>	PDL Preferred Generic	
<i>cefditoren pivoxil 200 mg tab f/c 200 mg</i>	Non-PDL Generic	
<i>cefditoren pivoxil 400 mg tab f/c 400 mg</i>	Non-PDL Generic	
<i>cefixime 100 mg/5 ml susp 100 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>cefixime 200 mg/5 ml susp 200 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>cefixime 400 mg capsule 400 mg</i>	PDL Non-Preferred Generic	PA
<i>cefpodoxime 100 mg tablet 100 mg</i>	PDL Non-Preferred Generic	PA
<i>cefpodoxime 100 mg/5 ml susp 100 mg/5 ml</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>cefepodoxime 200 mg tablet 200 mg</i>	PDL Non-Preferred Generic	PA
<i>cefepodoxime 50 mg/5 ml susp 50 mg/5 ml</i>	PDL Non-Preferred Generic	PA
SUPRAX 100 MG TABLET CHEWABLE TAB CHEW 100 MG	PDL Non-Preferred Brand	PA
SUPRAX 100 MG/5 ML SUSPENSION 100 MG/5 ML	PDL Non-Preferred Brand	PA
SUPRAX 200 MG TABLET CHEWABLE TAB CHEW 200 MG	PDL Non-Preferred Brand	PA
SUPRAX 200 MG/5 ML SUSPENSION 200 MG/5 ML	PDL Non-Preferred Brand	PA
SUPRAX 400 MG CAPSULE 400 MG	PDL Preferred Brand	
SUPRAX 500 MG/5 ML SUSPENSION 500 MG/5 ML	PDL Non-Preferred Brand	PA
Chemotherapeutics, Antibacterial, Misc.		
HYOPHEN TABLET 81.6-0.12-10.8 MG	Non-PDL Generic	
<i>me-naphos-mb-hyo 1 tablet 81.6-40.8-0.12 mg</i>	Non-PDL Generic	
<i>methenamine hipp 1 gm tablet 1 gram</i>	Non-PDL Generic	
<i>methenamine mand 1 gm tablet 1 gram</i>	Non-PDL Generic	
<i>methenamine mand 500 mg tablet 0.5 g</i>	Non-PDL Generic	
PRIMSOL 50 MG/5 ML ORAL SOLN 50 MG/5 ML	Non-PDL Brand	
<i>trimethoprim 100 mg tablet 100 mg</i>	Non-PDL Generic	
URETRON D-S TABLET 81.6-10.8-40.8 MG	Non-PDL Brand	
URO-458 TABLET 81-10.8-40.8 MG	Non-PDL Generic	

Drug	Status	Notes
UROGESIC-BLUE TABLET 81.6-40.8-0.12 MG	Non-PDL Generic	
URO-MP CAPSULE 118-10-40.8-36 MG	Non-PDL Generic	
USTELL CAPSULE 120-0.12 MG	Non-PDL Generic	
Macrolides		
<i>azithromycin 1 gm pwd packet inner 1 gram</i>	PDL Preferred Generic	
<i>azithromycin 1 gm pwd packet outer 1 gram</i>	PDL Preferred Generic	
<i>azithromycin 100 mg/5 ml susp 100 mg/5 ml</i>	PDL Preferred Generic	
<i>azithromycin 200 mg/5 ml susp 200 mg/5 ml</i>	PDL Preferred Generic	
<i>azithromycin 250 mg tablet 250 mg</i>	PDL Preferred Generic	
<i>azithromycin 250 mg tablet 3's 250 mg</i>	PDL Preferred Generic	
<i>azithromycin 250 mg tablet 3's, outer 250 mg</i>	PDL Preferred Generic	
<i>azithromycin 250 mg tablet f/c 250 mg</i>	PDL Preferred Generic	
<i>azithromycin 250 mg tablet inner 250 mg</i>	PDL Preferred Generic	
<i>azithromycin 250 mg tablet outer 250 mg</i>	PDL Preferred Generic	
<i>azithromycin 250 mg tablet u-d 250 mg</i>	PDL Preferred Generic	
<i>azithromycin 500 mg tablet 3's 500 mg</i>	PDL Preferred Generic	

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

Drug	Status	Notes
<i>clarithromycin 500 mg tablet f/c, outer 500 mg</i>	PDL Preferred Generic	
<i>clarithromycin er 500 mg tab 500 mg</i>	PDL Non-Preferred Generic	PA
<i>clarithromycin er 500 mg tab f/c 500 mg</i>	PDL Non-Preferred Generic	PA
DIFICID 200 MG TABLET 200 MG	Non-PDL Brand	QL (20 EA per 10 days)
DIFICID 40 MG/ML SUSPENSION INNER 40 MG/ML	Non-PDL Brand	QL (10 ML per 1 day)
DIFICID 40 MG/ML SUSPENSION OUTER 40 MG/ML	Non-PDL Brand	QL (10 ML per 1 day)
E.E.S. 200 MG/5 ML SUSPENSION GRANULES 200 MG/5 ML	PDL Non-Preferred Brand	PA
E.E.S. 200 MG/5 ML SUSPENSION GRANULES, CHERRY 200 MG/5 ML	PDL Non-Preferred Brand	PA
E.E.S. 400 MG TABLET 400 MG	PDL Preferred Generic	
ERYPED 200 MG/5 ML SUSPENSION 200 MG/5 ML	PDL Non-Preferred Brand	PA
ERYPED 400 MG/5 ML SUSPENSION 400 MG/5 ML	PDL Non-Preferred Brand	PA
ERY-TAB DR 250 MG TABLET 250 MG	PDL Non-Preferred Generic	PA
ERY-TAB DR 333 MG TABLET 333 MG	PDL Non-Preferred Brand	PA
ERY-TAB DR 500 MG TABLET 500 MG	PDL Non-Preferred Generic	PA
ERYTHROCIN 250 MG TABLET 250 MG	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>erythromycin 200 mg/5 ml susp 200 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>erythromycin 250 mg tablet 250 mg</i>	PDL Non-Preferred Generic	PA
<i>erythromycin 400 mg/5 ml susp 400 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>erythromycin 500 mg tablet 500 mg</i>	PDL Non-Preferred Generic	PA
<i>erythromycin dr 250 mg cap 250 mg</i>	PDL Preferred Generic	
<i>erythromycin dr 250 mg tablet 250 mg</i>	PDL Non-Preferred Generic	PA
<i>erythromycin dr 333 mg tablet 333 mg</i>	PDL Non-Preferred Generic	PA
<i>erythromycin dr 500 mg tablet 500 mg</i>	PDL Non-Preferred Generic	PA
<i>erythromycin es 400 mg tab 400 mg</i>	PDL Non-Preferred Generic	PA
ZITHROMAX 1 GM POWDER PACKET INNER 1 GRAM	PDL Non-Preferred Brand	PA
ZITHROMAX 1 GM POWDER PACKET OUTER 1 GRAM	PDL Non-Preferred Brand	PA
ZITHROMAX 100 MG/5 ML SUSP 100 MG/5 ML	PDL Non-Preferred Brand	PA
ZITHROMAX 200 MG/5 ML SUSP 200 MG/5 ML	PDL Non-Preferred Brand	PA
ZITHROMAX 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ZITHROMAX 250 MG Z-PAK TABLET 3'S 250 MG	PDL Non-Preferred Brand	PA
ZITHROMAX 500 MG TABLET F/C 500 MG	PDL Non-Preferred Brand	PA
ZITHROMAX 500 MG TABLET F/C,U-D 5X10 500 MG	PDL Non-Preferred Brand	PA
ZITHROMAX TRI-PAK 500 MG TAB F/C, TRI-PAK, 3X3 500 MG	PDL Non-Preferred Brand	PA
Nitrofurantoin Derivatives		
<i>nitrofurantoin 25 mg/5 ml susp 25 mg/5 ml</i>	Non-PDL Generic	
<i>nitrofurantoin mcr 100 mg cap 100 mg</i>	Non-PDL Generic	
<i>nitrofurantoin mcr 25 mg cap 25 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
<i>nitrofurantoin mcr 50 mg cap 50 mg</i>	Non-PDL Generic	
<i>nitrofurantoin mono-mcr 100 mg 100 mg</i>	Non-PDL Generic	
<i>nitrofurantoin mono-mcr 100 mg u-d, 10x10, inner 100 mg</i>	Non-PDL Generic	
<i>nitrofurantoin mono-mcr 100 mg u-d, 10x10, outer 100 mg</i>	Non-PDL Generic	
<i>nitrofurantoin mono-mcr 100 mg u-d,inner,10x10 100 mg</i>	Non-PDL Generic	
<i>nitrofurantoin mono-mcr 100 mg u-d,outer,10x10 100 mg</i>	Non-PDL Generic	
Oxazolidinones		
<i>linezolid 100 mg/5 ml susp 100 mg/5 ml</i>	Non-PDL Generic	
<i>linezolid 600 mg tablet 600 mg</i>	Non-PDL Generic	
<i>linezolid 600 mg tablet f/c 600 mg</i>	Non-PDL Generic	
<i>linezolid 600 mg tablet inner 600 mg</i>	Non-PDL Generic	
<i>linezolid 600 mg tablet outer 600 mg</i>	Non-PDL Generic	

Drug	Status	Notes
SIVEXTRO 200 MG TABLET 200 MG	Non-PDL Brand	QL (6 EA per 6 days)
Penicillins		
<i>amox-clav 200-28.5 mg tab chew 200-28.5 mg</i>	PDL Non-Preferred Generic	PA
<i>amox-clav 200-28.5 mg/5 ml sus 200-28.5 mg/5 ml</i>	PDL Preferred Generic	
<i>amox-clav 250-125 mg tablet 250-125 mg</i>	PDL Preferred Generic	
<i>amox-clav 250-62.5 mg/5 ml sus 250-62.5 mg/5 ml</i>	PDL Preferred Generic	
<i>amox-clav 400-57 mg tab chew 400-57 mg</i>	PDL Non-Preferred Generic	PA
<i>amox-clav 400-57 mg/5 ml susp 400-57 mg/5 ml</i>	PDL Preferred Generic	
<i>amox-clav 500-125 mg tablet 500-125 mg</i>	PDL Preferred Generic	
<i>amox-clav 500-125 mg tablet f/c 500-125 mg</i>	PDL Preferred Generic	
<i>amox-clav 600-42.9 mg/5 ml sus 600-42.9 mg/5 ml</i>	PDL Preferred Generic	
<i>amox-clav 875-125 mg tablet 875-125 mg</i>	PDL Preferred Generic	
<i>amox-clav 875-125 mg tablet f/c 875-125 mg</i>	PDL Preferred Generic	
<i>amox-clav er 1,000-62.5 mg tab f/c, 10 day pack 1,000-62.5 mg</i>	PDL Non-Preferred Generic	PA
<i>amox-clav er 1,000-62.5 mg tab f/c, 7 day pack 1,000-62.5 mg</i>	PDL Non-Preferred Generic	PA

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

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

Drug	Status	Notes
<i>ciprofloxacin hcl 250 mg tab 250 mg</i>	PDL Preferred Generic	
<i>ciprofloxacin hcl 250 mg tab f/c 250 mg</i>	PDL Preferred Generic	
<i>ciprofloxacin hcl 500 mg tab 500 mg</i>	PDL Preferred Generic	
<i>ciprofloxacin hcl 500 mg tab f/c 500 mg</i>	PDL Preferred Generic	
<i>ciprofloxacin hcl 500 mg tab u- d,inner,f/c,10x10 500 mg</i>	PDL Preferred Generic	
<i>ciprofloxacin hcl 500 mg tab u- d,outer,f/c,10x10 500 mg</i>	PDL Preferred Generic	
<i>ciprofloxacin hcl 750 mg tab 750 mg</i>	PDL Preferred Generic	
<i>ciprofloxacin hcl 750 mg tab f/c 750 mg</i>	PDL Preferred Generic	
<i>levofloxacin 25 mg/ml solution 250 mg/10 ml</i>	PDL Preferred Generic	
<i>levofloxacin 250 mg tablet 250 mg</i>	PDL Preferred Generic	
<i>levofloxacin 250 mg tablet f/c 250 mg</i>	PDL Preferred Generic	
<i>levofloxacin 500 mg tablet 500 mg</i>	PDL Preferred Generic	
<i>levofloxacin 500 mg tablet f/c 500 mg</i>	PDL Preferred Generic	
<i>levofloxacin 500 mg tablet f/c,10x10,u- d,inner 500 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>levofloxacin 500 mg tablet f/c, 10x10, u-d, outer 500 mg</i>	PDL Preferred Generic	
<i>levofloxacin 750 mg tablet 750 mg</i>	PDL Preferred Generic	
<i>levofloxacin 750 mg tablet f/c 750 mg</i>	PDL Preferred Generic	
<i>moxifloxacin hcl 400 mg tablet 400 mg</i>	PDL Non-Preferred Generic	PA
<i>moxifloxacin hcl 400 mg tablet f/c 400 mg</i>	PDL Non-Preferred Generic	PA
<i>moxifloxacin hcl 400 mg tablet f/c, inner 400 mg</i>	PDL Non-Preferred Generic	PA
<i>moxifloxacin hcl 400 mg tablet f/c, outer 400 mg</i>	PDL Non-Preferred Generic	PA
<i>ofloxacin 300 mg tablet 300 mg</i>	PDL Non-Preferred Generic	PA
<i>ofloxacin 400 mg tablet 400 mg</i>	PDL Non-Preferred Generic	PA
Tetracyclines		
<i>demeclocycline 150 mg tablet 150 mg</i>	Non-PDL Generic	
<i>demeclocycline 150 mg tablet f/c 150 mg</i>	Non-PDL Generic	
<i>demeclocycline 300 mg tablet 300 mg</i>	Non-PDL Generic	
<i>demeclocycline 300 mg tablet f/c 300 mg</i>	Non-PDL Generic	
<i>doxycycline 25 mg/5 ml susp 25 mg/5 ml</i>	Non-PDL Generic	
<i>doxycycline hyclate 100 mg cap 100 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>doxycycline hyclate 100 mg tab 100 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)

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

Drug	Status	Notes
<i>tetracycline 250 mg capsule 250 mg</i>	Non-PDL Generic	
<i>tetracycline 500 mg capsule 500 mg</i>	Non-PDL Generic	
VIBRAMYCIN 50 MG/5 ML SYRUP 50 MG/5 ML	Non-PDL Brand	
Infectious Disease - Fungal		
Antifungal Agents		
ANCOBON 250 MG CAPSULE 250 MG	PDL Non-Preferred Brand	PA
ANCOBON 500 MG CAPSULE 500 MG	PDL Non-Preferred Brand	PA
<i>clotrimazole 10 mg troche 10 mg</i>	Non-PDL Generic	
CRESEMBA 186 MG CAPSULE 186 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 10 MG/ML SUSPENSION 10 MG/ML	PDL Non-Preferred Brand	PA
DIFLUCAN 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 100 MG TABLET U-D 100 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 150 MG TABLET 12'S 150 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 200 MG TABLET U-D 200 MG	PDL Non-Preferred Brand	PA
DIFLUCAN 40 MG/ML SUSPENSION 40 MG/ML	PDL Non-Preferred Brand	PA
DIFLUCAN 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>fluconazole 10 mg/ml susp 10 mg/ml</i>	PDL Preferred Generic	
<i>fluconazole 100 mg tablet 100 mg</i>	PDL Preferred Generic	
<i>fluconazole 100 mg tablet inner 100 mg</i>	PDL Preferred Generic	
<i>fluconazole 100 mg tablet outer 100 mg</i>	PDL Preferred Generic	
<i>fluconazole 150 mg tablet 12's 150 mg</i>	PDL Preferred Generic	
<i>fluconazole 150 mg tablet 150 mg</i>	PDL Preferred Generic	
<i>fluconazole 150 mg tablet inner 150 mg</i>	PDL Preferred Generic	
<i>fluconazole 150 mg tablet outer 150 mg</i>	PDL Preferred Generic	
<i>fluconazole 200 mg tablet 200 mg</i>	PDL Preferred Generic	
<i>fluconazole 200 mg tablet inner 200 mg</i>	PDL Preferred Generic	
<i>fluconazole 200 mg tablet outer 200 mg</i>	PDL Preferred Generic	
<i>fluconazole 40 mg/ml susp 40 mg/ml</i>	PDL Preferred Generic	
<i>fluconazole 50 mg tablet 50 mg</i>	PDL Preferred Generic	
<i>flucytosine 250 mg capsule 250 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>flucytosine 500 mg capsule 500 mg</i>	PDL Non-Preferred Generic	PA
<i>itraconazole 10 mg/ml solution 10 mg/ml</i>	PDL Non-Preferred Generic	PA
<i>itraconazole 100 mg capsule 100 mg</i>	PDL Non-Preferred Generic	PA
<i>ketoconazole 200 mg tablet 200 mg</i>	PDL Non-Preferred Generic	PA
NOXAFIL 40 MG/ML SUSPENSION 200 MG/5 ML (40 MG/ML)	PDL Non-Preferred Brand	PA
NOXAFIL DR 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
<i>posaconazole dr 100 mg tablet 100 mg</i>	PDL Non-Preferred Generic	PA
SPORANOX 10 MG/ML SOLUTION 10 MG/ML	PDL Non-Preferred Brand	PA
SPORANOX 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
<i>terbinafine hcl 250 mg tablet 250 mg</i>	PDL Preferred Generic	
TOLSURA 65 MG CAPSULE 65 MG	PDL Non-Preferred Brand	PA
<i>voriconazole 200 mg tablet 200 mg</i>	Non-PDL Generic	
<i>voriconazole 200 mg tablet f/c 200 mg</i>	Non-PDL Generic	
<i>voriconazole 200 mg tablet inner 200 mg</i>	Non-PDL Generic	
<i>voriconazole 200 mg tablet outer 200 mg</i>	Non-PDL Generic	
<i>voriconazole 40 mg/ml susp 200 mg/5 ml (40 mg/ml)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>voriconazole 50 mg tablet 50 mg</i>	Non-PDL Generic	
<i>voriconazole 50 mg tablet f/c 50 mg</i>	Non-PDL Generic	
<i>voriconazole 50 mg tablet inner 50 mg</i>	Non-PDL Generic	
<i>voriconazole 50 mg tablet outer 50 mg</i>	Non-PDL Generic	
Antifungal Antibiotics		
<i>griseofulvin 125 mg/5 ml susp 125 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>griseofulvin micro 500 mg tab 500 mg</i>	PDL Non-Preferred Generic	PA
<i>griseofulvin ultra 125 mg tab 125 mg</i>	PDL Non-Preferred Generic	PA
<i>griseofulvin ultra 250 mg tab 250 mg</i>	PDL Non-Preferred Generic	PA
<i>nystatin 100,000 unit/ml susp 100,000 unit/ml</i>	PDL Preferred Generic	
<i>nystatin 500,000 unit oral tab oral 500,000 unit</i>	PDL Non-Preferred Generic	PA
<i>nystatin 500,000 unit/5 ml cup u-d, 100's 100,000 unit/ml</i>	PDL Preferred Generic	
<i>nystatin 500,000 unit/5 ml cup u-d,inner 100,000 unit/ml</i>	PDL Preferred Generic	
<i>nystatin 500,000 unit/5 ml cup u-d,outer,5mlx50 100,000 unit/ml</i>	PDL Preferred Generic	
Infectious Disease - Miscellaneous		
Aminoglycosides		
BETHKIS 300 MG/4 ML AMPULE P/F 300 MG/4 ML	PDL Preferred Brand	SP

Drug	Status	Notes
BETHKIS 300 MG/4 ML AMPULE P/F, INNER 300 MG/4 ML	PDL Preferred Brand	SP
BETHKIS 300 MG/4 ML AMPULE P/F, OUTER 300 MG/4 ML	PDL Preferred Brand	SP
KITABIS PAK 300 MG/5 ML 300 MG/5 ML	PDL Preferred Brand	SP
<i>neomycin 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>neomycin 500 mg tablet inner,u-d 500 mg</i>	Non-PDL Generic	
<i>neomycin 500 mg tablet u-d,outer,10x10 500 mg</i>	Non-PDL Generic	
TOBI 300 MG/5 ML SOLUTION INNER 300 MG/5 ML	PDL Non- Preferred Brand	PA; SP
TOBI 300 MG/5 ML SOLUTION OUTER 300 MG/5 ML	PDL Non- Preferred Brand	PA; SP
TOBI PODHALER 28 MG INHALE CAP 1 DAY,W/DEVICE 28 MG	PDL Non- Preferred Brand	PA; SP
TOBI PODHALER 28 MG INHALE CAP INNER 28 MG	PDL Non- Preferred Brand	PA; SP
TOBI PODHALER 28 MG INHALE CAP OUTER 28 MG	PDL Non- Preferred Brand	PA; SP
<i>tobramycin 300 mg/4 ml ampule 300 mg/4 ml</i>	PDL Non- Preferred Generic	PA; SP
<i>tobramycin 300 mg/4 ml ampule inner 300 mg/4 ml</i>	PDL Non- Preferred Generic	PA; SP
<i>tobramycin 300 mg/4 ml ampule outer 300 mg/4 ml</i>	PDL Non- Preferred Generic	PA; SP
<i>tobramycin 300 mg/5 ml ampule inner 300 mg/5 ml</i>	PDL Non- Preferred Generic	PA; SP

Drug	Status	Notes
<i>tobramycin 300 mg/5 ml ampule outer 300 mg/5 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>tobramycin 300 mg/5 ml ampule p/f 300 mg/5 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>tobramycin 300 mg/5 ml ampule p/f, single use 300 mg/5 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>tobramycin 300 mg/5 ml ampule p/f, single-use 300 mg/5 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>tobramycin 300 mg/5 ml ampule single use,p/f,inner 300 mg/5 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>tobramycin 300 mg/5 ml ampule single use,p/f,outer 300 mg/5 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>tobramycin pak 300 mg/5 ml 300 mg/5 ml</i>	PDL Non-Preferred Generic	PA; SP
Antibacterial Agents,Miscellaneous		
<i>glycine 1.5% irrigation 1.5 %</i>	Non-PDL Generic	
Antileprotics		
<i>dapsone 100 mg tablet 100 mg</i>	Non-PDL Generic	
<i>dapsone 25 mg tablet 25 mg</i>	Non-PDL Generic	
THALOMID 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
THALOMID 150 MG CAPSULE 150 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
THALOMID 200 MG CAPSULE 200 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
THALOMID 50 MG CAPSULE 50 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
Anti-Mycobacterium Agents		
<i>ethambutol hcl 100 mg tablet 100 mg</i>	Non-PDL Generic	
<i>ethambutol hcl 400 mg tablet 400 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>ethambutol hcl 400 mg tablet f/c 400 mg</i>	Non-PDL Generic	
<i>ethambutol hcl 400 mg tablet u-d, 10x10, inner 400 mg</i>	Non-PDL Generic	
<i>ethambutol hcl 400 mg tablet u-d, 10x10, outer 400 mg</i>	Non-PDL Generic	
<i>isoniazid 100 mg tablet 100 mg</i>	Non-PDL Generic	
<i>isoniazid 300 mg tablet 300 mg</i>	Non-PDL Generic	
<i>isoniazid 300 mg tablet u-d, 10x10, inner 300 mg</i>	Non-PDL Generic	
<i>isoniazid 300 mg tablet u-d, 10x10, outer 300 mg</i>	Non-PDL Generic	
<i>isoniazid 50 mg/5 ml solution 50 mg/5 ml</i>	Non-PDL Generic	
<i>pyrazinamide 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>rifabutin 150 mg capsule 150 mg</i>	Non-PDL Generic	
Antitubercular Antibiotics		
<i>cycloserine 250 mg capsule 250 mg</i>	Non-PDL Generic	
<i>cycloserine 250 mg capsule inner 250 mg</i>	Non-PDL Generic	
<i>cycloserine 250 mg capsule outer 250 mg</i>	Non-PDL Generic	
<i>pretomanid 200 mg tablet 200 mg</i>	Non-PDL Brand	QL (1 EA per 1 day)
<i>rifampin 150 mg capsule 150 mg</i>	Non-PDL Generic	
<i>rifampin 300 mg capsule 300 mg</i>	Non-PDL Generic	
SIRTURO 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
Lincosamides		
CLINDAMYCIN (PEDI) 75 MG/5 ML 75 MG/5 ML	Non-PDL Generic	
<i>clindamycin hcl 150 mg capsule 10x10, u-d, inner 150 mg</i>	Non-PDL Generic	
<i>clindamycin hcl 150 mg capsule 10x10, u-d, outer 150 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>clindamycin hcl 150 mg capsule 150 mg</i>	Non-PDL Generic	
<i>clindamycin hcl 150 mg capsule inner 150 mg</i>	Non-PDL Generic	
<i>clindamycin hcl 150 mg capsule outer 150 mg</i>	Non-PDL Generic	
<i>clindamycin hcl 150 mg capsule u-d, 10x10 150 mg</i>	Non-PDL Generic	
<i>clindamycin hcl 300 mg capsule 10x10, u-d, inner 300 mg</i>	Non-PDL Generic	
<i>clindamycin hcl 300 mg capsule 10x10, u-d, outer 300 mg</i>	Non-PDL Generic	
<i>clindamycin hcl 300 mg capsule 300 mg</i>	Non-PDL Generic	
<i>clindamycin hcl 75 mg capsule 75 mg</i>	Non-PDL Generic	
Rifamycins And Related Derivative Antibiotics		
XIFAXAN 550 MG TABLET 550 MG	Non-PDL Brand	PA
XIFAXAN 550 MG TABLET U-D, F/C 550 MG	Non-PDL Brand	PA
Vancomycin And Derivatives		
FIRVANQ 25 MG/ML SOLUTION 25 MG/ML	Non-PDL Brand	QL (300 ML per 1 FILL)
<i>vancomycin 250 mg/5 ml soln 50 mg/ml</i>	Non-PDL Generic	QL (600 ML per 1 FILL)
<i>vancomycin hcl 125 mg capsule 125 mg</i>	Non-PDL Generic	QL (56 EA per 1 FILL)
<i>vancomycin hcl 125 mg capsule 2x10, outer 125 mg</i>	Non-PDL Generic	QL (56 EA per 1 FILL)
<i>vancomycin hcl 125 mg capsule 2x10, u-d 125 mg</i>	Non-PDL Generic	QL (56 EA per 1 FILL)
<i>vancomycin hcl 125 mg capsule inner 125 mg</i>	Non-PDL Generic	QL (56 EA per 1 FILL)
<i>vancomycin hcl 250 mg capsule 250 mg</i>	Non-PDL Generic	QL (112 EA per 1 FILL)
<i>vancomycin hcl 250 mg capsule 2x10, outer 250 mg</i>	Non-PDL Generic	QL (112 EA per 1 FILL)
<i>vancomycin hcl 250 mg capsule 2x10, u-d 250 mg</i>	Non-PDL Generic	QL (112 EA per 1 FILL)
<i>vancomycin hcl 250 mg capsule inner 250 mg</i>	Non-PDL Generic	QL (112 EA per 1 FILL)

Drug	Status	Notes
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
<i>tinidazole 250 mg tablet 250 mg</i>	Non-PDL Generic	
<i>tinidazole 500 mg tablet 500 mg</i>	Non-PDL Generic	
Amebicides		
<i>paromomycin 250 mg capsule 250 mg</i>	Non-PDL Generic	
Anaerobic Antiprotozoal-Antibacterial Agents		
<i>metronidazole 250 mg tablet 250 mg</i>	Non-PDL Generic	
<i>metronidazole 250 mg tablet f/c 250 mg</i>	Non-PDL Generic	
<i>metronidazole 375 mg capsule 375 mg</i>	Non-PDL Generic	
<i>metronidazole 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>metronidazole 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	
<i>metronidazole 500 mg tablet inner 500 mg</i>	Non-PDL Generic	
<i>metronidazole 500 mg tablet outer 500 mg</i>	Non-PDL Generic	
Anthelmintics		
<i>albendazole 200 mg tablet 200 mg</i>	Non-PDL Generic	
CVS PINWORM TREATMENT 50 MG/ML 50 MG/ML	Non-PDL Generic	OTC
EMVERM 100 MG TABLET CHEW 100 MG	Non-PDL Brand	PA
<i>ivermectin 3 mg tablet 3 mg</i>	Non-PDL Generic	
PINAWAY 50 MG/ML SUSPENSION 50 MG/ML	Non-PDL Generic	OTC
PINWORM MEDICINE 144 MG/ML 50 MG/ML	Non-PDL Generic	OTC
<i>praziquantel 600 mg tablet 600 mg</i>	Non-PDL Generic	
REESE'S PINWORM 144 MG/ML SUSP 50 MG/ML	Non-PDL Generic	OTC

Drug	Status	Notes
Antimalarial Drugs		
<i>atovaquone-proguanil 250-100 mg tablet f/c 250-100 mg</i>	Non-PDL Generic	
<i>atovaquone-proguanil 250-100 mg tablet f/c, inner 250-100 mg</i>	Non-PDL Generic	
<i>atovaquone-proguanil 250-100 mg tablet f/c, outer 250-100 mg</i>	Non-PDL Generic	
<i>atovaquone-proguanil 250-100 mg tablet f/c, u-d, 2x12 250-100 mg</i>	Non-PDL Generic	
<i>atovaquone-proguanil 250-100 mg tablet f/c, u-d, inner 250-100 mg</i>	Non-PDL Generic	
<i>atovaquone-proguanil 250-100 mg tablet f/c, u-d, outer 250-100 mg</i>	Non-PDL Generic	
<i>atovaquone-proguanil 62.5-25 62.5-25 mg</i>	Non-PDL Generic	
<i>chloroquine ph 250 mg tablet 250 mg</i>	Non-PDL Generic	QL (36 EA per 16 days)
<i>chloroquine ph 250 mg tablet f/c 250 mg</i>	Non-PDL Generic	QL (36 EA per 16 days)
<i>chloroquine ph 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	QL (18 EA per 16 days)
<i>hydroxychloroquine 200 mg tab 200 mg</i>	Non-PDL Generic	QL (100 EA per 30 days)
<i>hydroxychloroquine 200 mg tab f/c 200 mg</i>	Non-PDL Generic	QL (100 EA per 30 days)
<i>hydroxychloroquine 200 mg tab inner 200 mg</i>	Non-PDL Generic	QL (100 EA per 30 days)
<i>hydroxychloroquine 200 mg tab outer 200 mg</i>	Non-PDL Generic	QL (100 EA per 30 days)
<i>hydroxychloroquine 200 mg tab u-d, 10x10, inner 200 mg</i>	Non-PDL Generic	QL (100 EA per 30 days)
<i>hydroxychloroquine 200 mg tab u-d, 10x10, outer 200 mg</i>	Non-PDL Generic	QL (100 EA per 30 days)
KRINTAFEL 150 MG TABLET 150 MG	Non-PDL Brand	QL (2 EA per 1 FILL)
<i>mefloquine hcl 250 mg tablet 250 mg</i>	Non-PDL Generic	
<i>mefloquine hcl 250 mg tablet inner 250 mg</i>	Non-PDL Generic	
<i>mefloquine hcl 250 mg tablet outer 250 mg</i>	Non-PDL Generic	
<i>primaquine 26.3 mg tablet 26.3 mg</i>	Non-PDL Brand	

Drug	Status	Notes
<i>pyrimethamine 25 mg tablet 25 mg</i>	Non-PDL Generic	PA; SP
<i>quinine sulfate 324 mg capsule 324 mg</i>	Non-PDL Generic	
Antiprotozoal Drugs,Miscellaneous		
<i>atovaquone 1,500 mg/10 ml susp inner 750 mg/5 ml</i>	Non-PDL Generic	
<i>atovaquone 1,500 mg/10 ml susp outer 750 mg/5 ml</i>	Non-PDL Generic	
<i>atovaquone 750 mg/5 ml susp 750 mg/5 ml</i>	Non-PDL Generic	
<i>atovaquone 750 mg/5 ml susp inner 750 mg/5 ml</i>	Non-PDL Generic	
<i>atovaquone 750 mg/5 ml susp outer 750 mg/5 ml</i>	Non-PDL Generic	
IMPAVIDO 50 MG CAPSULE 50 MG	Non-PDL Brand	PA
NEBUPENT 300 MG INHAL POWDER 300 MG	Non-PDL Brand	
<i>pentamidine 300 mg inhal powdr 300 mg</i>	Non-PDL Generic	
Infectious Disease - Viral		
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA 50-25 MG TABLET 50-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO 50-300 MG TABLET 50-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antiretroviral-Nucleoside,Nucleotide,Protease Inh.		
SYMTUZA 800-150-200-10 MG TAB 800-150-200-10 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID 150-100 MG PACK (RENAL DOSE)(EUA) INNER 150-100 MG	Non-PDL Brand	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID 150-100 MG PACK (RENAL DOSE)(EUA) OUTER 150-100 MG	Non-PDL Brand	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID 300-100 MG PACK (EUA) INNER 300 MG (150 MG X 2)-100 MG	Non-PDL Brand	QL (30 EA per 28 days); Age (Min 12 Years)
PAXLOVID 300-100 MG PACK (EUA) OUTER 300 MG (150 MG X 2)-100 MG	Non-PDL Brand	QL (30 EA per 28 days); Age (Min 12 Years)

Drug	Status	Notes
Antiviral Nucleotide Analogs		
LAGEVRIO 200 MG CAP (EUA) 200 MG	Non-PDL Generic	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
<i>acyclovir 200 mg capsule 10x10 200 mg</i>	PDL Preferred Generic	90DS
<i>acyclovir 200 mg capsule 200 mg</i>	PDL Preferred Generic	90DS
<i>acyclovir 200 mg capsule inner 200 mg</i>	PDL Preferred Generic	90DS
<i>acyclovir 200 mg capsule outer 200 mg</i>	PDL Preferred Generic	90DS
<i>acyclovir 200 mg/5 ml susp 200 mg/5 ml</i>	PDL Preferred Generic	
<i>acyclovir 400 mg tablet 10x10 400 mg</i>	PDL Preferred Generic	90DS
<i>acyclovir 400 mg tablet 400 mg</i>	PDL Preferred Generic	90DS
<i>acyclovir 800 mg tablet 800 mg</i>	PDL Preferred Generic	90DS
<i>acyclovir 800 mg tablet inner 800 mg</i>	PDL Preferred Generic	90DS
<i>acyclovir 800 mg tablet outer 800 mg</i>	PDL Preferred Generic	90DS
<i>famciclovir 125 mg tablet 125 mg</i>	PDL Non-Preferred Generic	PA
<i>famciclovir 125 mg tablet f/c 125 mg</i>	PDL Non-Preferred Generic	PA
<i>famciclovir 250 mg tablet 250 mg</i>	PDL Non-Preferred Generic	PA

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

Drug	Status	Notes
SITAVIG 50 MG BUCCAL TABLET OUTER 50 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 365 days)
TAMIFLU 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA; QL (40 EA per 180 days)
TAMIFLU 45 MG CAPSULE 45 MG	PDL Non-Preferred Brand	PA; QL (20 EA per 180 days)
TAMIFLU 6 MG/ML SUSPENSION 6 MG/ML	PDL Non-Preferred Brand	PA; QL (360 ML per 180 days)
TAMIFLU 75 MG CAPSULE 75 MG	PDL Non-Preferred Brand	PA; QL (20 EA per 180 days)
TEMBEXA 10 MG/ML SUSPENSION 10 MG/ML	Non-PDL Brand	
TEMBEXA 100 MG TABLET 100 MG	Non-PDL Brand	
TPOXX 200 MG CAP (STRATEGIC NATIONAL STOCKPILE) 200 MG	Non-PDL Brand	
<i>valacyclovir hcl 1 gram tablet 1 gram</i>	PDL Preferred Generic	90DS
<i>valacyclovir hcl 1 gram tablet f/c 1 gram</i>	PDL Preferred Generic	90DS
<i>valacyclovir hcl 1 gram tablet f/c, inner 1 gram</i>	PDL Preferred Generic	90DS
<i>valacyclovir hcl 1 gram tablet f/c, outer 1 gram</i>	PDL Preferred Generic	90DS
<i>valacyclovir hcl 500 mg tablet 500 mg</i>	PDL Preferred Generic	90DS
<i>valacyclovir hcl 500 mg tablet f/c 500 mg</i>	PDL Preferred Generic	90DS
<i>valacyclovir hcl 500 mg tablet u/d, inner, f/c 500 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>valacyclovir hcl 500 mg tablet u-d,outer,5x6,f/c 500 mg</i>	PDL Preferred Generic	90DS
<i>valganciclovir 450 mg tablet 450 mg</i>	Non-PDL Generic	
<i>valganciclovir 450 mg tablet f/c 450 mg</i>	Non-PDL Generic	
<i>valganciclovir 450 mg tablet f/c, inner 450 mg</i>	Non-PDL Generic	
<i>valganciclovir 450 mg tablet f/c, outer 450 mg</i>	Non-PDL Generic	
VALTREX 1 GM CAPLET CAPLET,F/C 1 GRAM	PDL Non-Preferred Brand	PA
VALTREX 1 GM CAPLET F/C,CAPLET 1 GRAM	PDL Non-Preferred Brand	PA
VALTREX 500 MG CAPLET CAPLET, F/C 500 MG	PDL Non-Preferred Brand	PA
VALTREX 500 MG CAPLET CAPLET,F/C 500 MG	PDL Non-Preferred Brand	PA
VALTREX 500 MG CAPLET U-D,CAPLET,F/C 500 MG	PDL Non-Preferred Brand	PA
XOFLUZA 20 MG TAB (40 MG DOSE) 20 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 180 days)
XOFLUZA 40 MG TAB (80 MG DOSE) 40 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 180 days)
XOFLUZA 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 180 days)
XOFLUZA 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 180 days)
ZOVIRAX 200 MG/5 ML SUSP 200 MG/5 ML	PDL Non-Preferred Brand	PA

Drug	Status	Notes
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS 250 MG CAPSULE 250 MG	Non-PDL Brand	QL (4 EA per 1 day)
PREZCOBIX 800 MG-150 MG TABLET 800-150 MG-MG	Non-PDL Brand	QL (1 EA per 1 day)
PREZISTA 100 MG/ML SUSPENSION 100 MG/ML	Non-PDL Brand	QL (400 ML per 30 days)
PREZISTA 150 MG TABLET 150 MG	Non-PDL Brand	QL (8 EA per 1 day)
PREZISTA 600 MG TABLET F/C 600 MG	Non-PDL Brand	QL (2 EA per 1 day)
PREZISTA 75 MG TABLET 75 MG	Non-PDL Brand	QL (16 EA per 1 day)
PREZISTA 800 MG TABLET 800 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO 300-300 MG TABLET 300-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
DESCOVY 120-15 MG TABLET 120-15 MG	Non-PDL Brand	QL (1 EA per 1 day)
DESCOVY 200-25 MG TABLET 200-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate 100-150 mg tab 100-150 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate 133-200 mg tab 133-200 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate 167-250 mg tab 167-250 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate 200-300 mg tab 200-300 mg</i>	Non-PDL Generic	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
TEMIXYS 300-300 MG TABLET 300-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine 600-300 mg 600-300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>lamivudine-zidovudine tablet 150-300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>lamivudine-zidovudine tablet f/c 150-300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)

Drug	Status	Notes
TRIZIVIR TABLET 300-150-300 MG	Non-PDL Brand	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc 150 mg tablet 150 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>maraviroc 300 mg tablet 300 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
SELZENTRY 20 MG/ML ORAL SOLN INNER 20 MG/ML	Non-PDL Brand	QL (31 ML per 1 day)
SELZENTRY 20 MG/ML ORAL SOLN OUTER 20 MG/ML	Non-PDL Brand	QL (31 ML per 1 day)
SELZENTRY 25 MG TABLET 25 MG	Non-PDL Brand	QL (4 EA per 1 day)
SELZENTRY 75 MG TABLET 75 MG	Non-PDL Brand	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ER 600 MG TABLET 600 MG	Non-PDL Brand	PA
Antivirals, Hiv-Specific, Fusion Inhibitors		
FUZEON 90 MG VIAL SUV, INNER 90 MG	Non-PDL Brand	QL (2 EA per 1 day)
FUZEON 90 MG VIAL SUV, OUTER 90 MG	Non-PDL Brand	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT 25 MG TABLET 25 MG	Non-PDL Brand	QL (1 EA per 1 day)
<i>efavirenz 200 mg capsule 200 mg</i>	Non-PDL Generic	
<i>efavirenz 50 mg capsule 50 mg</i>	Non-PDL Generic	
<i>efavirenz 600 mg tablet 600 mg</i>	Non-PDL Generic	
<i>etravirine 100 mg tablet 100 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
<i>etravirine 200 mg tablet 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
INTELENCE 25 MG TABLET 25 MG	Non-PDL Brand	QL (4 EA per 1 day)
<i>nevirapine 200 mg tablet 200 mg</i>	Non-PDL Generic	90DS; QL (2 EA per 1 day)

Drug	Status	Notes
<i>nevirapine 50 mg/5 ml susp 50 mg/5 ml</i>	Non-PDL Generic	QL (1200 ML per 30 days)
<i>nevirapine er 100 mg tablet 100 mg</i>	Non-PDL Generic	QL (3 EA per 1 day)
<i>nevirapine er 400 mg tablet 400 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
PIFELTRO 100 MG TABLET 100 MG	Non-PDL Brand	QL (2 EA per 1 day)
SUSTIVA 200 MG CAPSULE 200 MG	Non-PDL Brand	
SUSTIVA 50 MG CAPSULE 50 MG	Non-PDL Brand	
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir 20 mg/ml solution 20 mg/ml</i>	Non-PDL Generic	QL (960 ML per 30 days)
<i>abacavir 300 mg tablet 300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>abacavir 300 mg tablet coated 300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>abacavir 300 mg tablet f/c 300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>abacavir 300 mg tablet f/c,u-d,5x10,outer 300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>abacavir 300 mg tablet f/c,u-d,inner 300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>abacavir 300 mg tablet u-d, 3x10,inner,f/c 300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>abacavir 300 mg tablet u-d, 3x10,outer,f/c 300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>didanosine dr 250 mg capsule enteric-coated 250 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>didanosine dr 400 mg capsule enteric-coated 400 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>emtricitabine 200 mg capsule 200 mg</i>	Non-PDL Generic	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
EMTRIVA 10 MG/ML SOLUTION 10 MG/ML	Non-PDL Brand	QL (850 ML per 30 days)
<i>lamivudine 10 mg/ml oral soln 10 mg/ml</i>	Non-PDL Generic	QL (960 ML per 30 days)
<i>lamivudine 150 mg tablet 150 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)

Drug	Status	Notes
<i>lamivudine 150 mg tablet f/c 150 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>lamivudine 300 mg tablet 300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>lamivudine 300 mg tablet f/c 300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>stavudine 15 mg capsule 15 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>stavudine 20 mg capsule 20 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>stavudine 30 mg capsule 30 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>stavudine 40 mg capsule 40 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>zidovudine 100 mg capsule 100 mg</i>	Non-PDL Generic	QL (6 EA per 1 day)
<i>zidovudine 100 mg capsule usp 100 mg</i>	Non-PDL Generic	QL (6 EA per 1 day)
<i>zidovudine 300 mg tablet f/c 300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>zidovudine 50 mg/5 ml syrup 10 mg/ml</i>	Non-PDL Generic	QL (1920 ML per 30 days)
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate 300 mg tablet 300 mg</i>	Non-PDL Generic	\$0 COPAY IF NO HISTORY OF ANTIRETROVIRAL MEDICATION IN 120 DAYS; QL (1 EA per 1 day)
VIREAD 150 MG TABLET 150 MG	Non-PDL Brand	QL (1 EA per 1 day)
VIREAD 200 MG TABLET 200 MG	Non-PDL Brand	QL (1 EA per 1 day)
VIREAD 250 MG TABLET 250 MG	Non-PDL Brand	QL (1 EA per 1 day)
VIREAD POWDER 40 MG/SCOOP (40 MG/GRAM)	Non-PDL Brand	QL (240 GM per 30 days)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
<i>lopinavir-ritonavir 80-20 mg/ml 400-100 mg/5 ml</i>	Non-PDL Generic	QL (480 ML per 30 days)
<i>lopinavir-ritonavir 100-25 mg tb 100-25 mg</i>	Non-PDL Generic	QL (10 EA per 1 day)
<i>lopinavir-ritonavir 200-50 mg tb 200-50 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir sulfate 150 mg cap 150 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>atazanavir sulfate 200 mg cap 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>atazanavir sulfate 300 mg cap 300 mg</i>	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)
<i>fosamprenavir 700 mg tablet 700 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
INVIRASE 500 MG TABLET 500 MG	Non-PDL Brand	QL (4 EA per 1 day)
LEXIVA 50 MG/ML SUSPENSION 50 MG/ML	Non-PDL Brand	QL (1800 ML per 30 days)
NORVIR 100 MG POWDER PACKET 100 MG	Non-PDL Brand	QL (12 EA per 1 day)
NORVIR 80 MG/ML SOLUTION 80 MG/ML	Non-PDL Brand	QL (480 ML per 30 days)
REYATAZ 50 MG POWDER PACKET 50 MG	Non-PDL Brand	QL (5 EA per 1 day)
<i>ritonavir 100 mg tablet 100 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
VIRACEPT 250 MG TABLET 250 MG	Non-PDL Brand	
VIRACEPT 625 MG TABLET 625 MG	Non-PDL Brand	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
ISENTRESS 100 MG POWDER PACKET INNER 100 MG	Non-PDL Brand	QL (2 EA per 1 day)
ISENTRESS 100 MG POWDER PACKET OUTER 100 MG	Non-PDL Brand	QL (2 EA per 1 day)
ISENTRESS 100 MG TABLET CHEW 100 MG	Non-PDL Brand	QL (6 EA per 1 day)
ISENTRESS 25 MG TABLET CHEW 25 MG	Non-PDL Brand	QL (6 EA per 1 day)
ISENTRESS 400 MG TABLET 400 MG	Non-PDL Brand	QL (2 EA per 1 day)
ISENTRESS HD 600 MG TABLET 600 MG	Non-PDL Brand	QL (2 EA per 1 day)
TIVICAY 10 MG TABLET 10 MG	Non-PDL Brand	QL (2 EA per 1 day)

Drug	Status	Notes
TIVICAY 25 MG TABLET 25 MG	Non-PDL Brand	QL (2 EA per 1 day)
TIVICAY 50 MG TABLET 50 MG	Non-PDL Brand	QL (2 EA per 1 day)
TIVICAY PD 5 MG TAB FOR SUSP 5 MG	Non-PDL Brand	QL (6 EA per 1 day)
VOCABRIA 30 MG TABLET 30 MG	Non-PDL Brand	SP; QL (1 EA per 1 day); Age (Min 12 Years)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
COMPLERA TABLET 200-25-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
DELSTRIGO 100-300-300 MG TAB 100-300-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
<i>efavirenz-emtricitabine-tenofovir disop fum 600-200-300 mg tab 600-200-300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disop fum 400-300-300 mg tab 400-300-300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>efavirenz-lamivudine-tenofovir disop fum 600-300-300 mg tab 600-300-300 mg</i>	Non-PDL Generic	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 30-120-15 MG	Non-PDL Brand	QL (1 EA per 1 day)
BIKTARVY 50-200-25 MG TABLET 50-200-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
GENVOYA TABLET 150-150-200-10 MG	Non-PDL Brand	QL (1 EA per 1 day)
STRIBILD TABLET 150-150-200-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ 600-50-300 MG TABLET 600-50-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
TRIUMEQ PD 60-5-30 MG TAB SUSP INNER 60-5-30 MG	Non-PDL Brand	QL (6 EA per 1 day)
TRIUMEQ PD 60-5-30 MG TAB SUSP OUTER 60-5-30 MG	Non-PDL Brand	QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST 150 MG TABLET 150 MG	Non-PDL Brand	QL (1 EA per 1 day)

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

Drug	Status	Notes
<i>ledipasvir-sofosbuvir 90-400 mg 90-400 mg</i>	PDL Non-Preferred Generic	PA; SP
<i>sofosbuvir-velpatasvir 400-100 400-100 mg</i>	PDL Non-Preferred Generic	PA; SP
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI 150 MG PELLET PACKET INNER 150 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI 150 MG PELLET PACKET OUTER 150 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI 200 MG PELLET PACKET INNER 200 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI 200 MG PELLET PACKET OUTER 200 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI 400 MG TABLET 400 MG	PDL Non-Preferred Brand	PA; SP
Hepatitis B Treatment Agents		
<i>adefovir dipivoxil 10 mg tab 10 mg</i>	PDL Non-Preferred Generic	PA; SP; QL (1 EA per 1 day)
BARACLUDE 0.05 MG/ML SOLUTION 0.05 MG/ML	PDL Preferred Brand	SP; QL (630 ML per 30 days)
BARACLUDE 0.5 MG TABLET F/C 0.5 MG	PDL Non-Preferred Brand	PA; SP; QL (1 EA per 1 day)
BARACLUDE 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; SP; QL (1 EA per 1 day)
<i>entecavir 0.5 mg tablet 0.5 mg</i>	PDL Preferred Generic	SP; QL (1 EA per 1 day)

Drug	Status	Notes
<i>entecavir 0.5 mg tablet f/c 0.5 mg</i>	PDL Preferred Generic	SP; QL (1 EA per 1 day)
<i>entecavir 1 mg tablet 1 mg</i>	PDL Preferred Generic	SP; QL (1 EA per 1 day)
EPIVIR HBV 100 MG TABLET F/C 100 MG	PDL Preferred Brand	QL (1 EA per 1 day)
EPIVIR HBV 25 MG/5 ML SOLN 25 MG/5 ML (5 MG/ML)	PDL Preferred Brand	QL (720 ML per 30 days)
HEPSERA 10 MG TABLET 10 MG	PDL Preferred Brand	SP; QL (1 EA per 1 day)
<i>lamivudine hbv 100 mg tablet 100 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
VEMLIDY 25 MG TABLET 25 MG	PDL Non- Preferred Brand	PA; SP; QL (1 EA per 1 day)
Hepatitis C Treatment Agents		
PEGASYS 180 MCG/0.5 ML SYRINGE 180 MCG/0.5 ML	PDL Preferred Brand	SP
PEGASYS 180 MCG/ML VIAL RTU,SDV 180 MCG/ML	PDL Preferred Brand	PA; SP
PEGASYS 180 MCG/ML VIAL SUV 180 MCG/ML	PDL Preferred Brand	PA; SP
<i>ribavirin 200 mg capsule 200 mg</i>	PDL Preferred Generic	
<i>ribavirin 200 mg tablet f/c 200 mg</i>	PDL Preferred Generic	
Hepatitis C Virus - Ns5a, Ns3/4A, Ns5b Inhib Cmb.		
VIEKIRA PAK 12.5 MG-75 MG -50 MG/250 MG	PDL Non- Preferred Brand	PA; SP

Drug	Status	Notes
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET 100-40 MG TABLET 100-40 MG	PDL Preferred Brand	PA; SP
MAVYRET 100-40 MG TABLET INNER 100-40 MG	PDL Preferred Brand	PA; SP
MAVYRET 100-40 MG TABLET OUTER 100-40 MG	PDL Preferred Brand	PA; SP
MAVYRET 50-20 MG PELLET PACKET 50-20 MG	PDL Preferred Brand	PA; SP
ZEPATIER 50-100 MG TABLET INNER 50-100 MG	PDL Non-Preferred Brand	PA; SP
ZEPATIER 50-100 MG TABLET OUTER 50-100 MG	PDL Non-Preferred Brand	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
D-PENAMINE 125 MG TABLET 125 MG	Non-PDL Generic	PA; SP
<i>penicillamine 250 mg tablet 250 mg</i>	Non-PDL Generic	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
OTREXUP 20 MG/0.4 ML AUTO-INJ P/F, INNER, SDV 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
OTREXUP 20 MG/0.4 ML AUTO-INJ P/F, OUTER, SUV 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO 10 MG/0.2 ML AUTOINJ P/F, INNER, SUV 10 MG/0.2 ML	Non-PDL Brand	QL (0.8 ML per 28 days)
RASUVO 10 MG/0.2 ML AUTOINJ P/F, OUTER, SUV 10 MG/0.2 ML	Non-PDL Brand	QL (0.8 ML per 28 days)
RASUVO 12.5 MG/0.25 ML AUTOINJ P/F, INNER, SUV 12.5 MG/0.25 ML	Non-PDL Brand	QL (1 ML per 28 days)
RASUVO 12.5 MG/0.25 ML AUTOINJ P/F, OUTER, SUV 12.5 MG/0.25 ML	Non-PDL Brand	QL (1 ML per 28 days)
RASUVO 15 MG/0.3 ML AUTOINJ P/F, INNER, SUV 15 MG/0.3 ML	Non-PDL Brand	QL (1.2 ML per 28 days)
RASUVO 15 MG/0.3 ML AUTOINJ P/F, OUTER, SUV 15 MG/0.3 ML	Non-PDL Brand	QL (1.2 ML per 28 days)

Drug	Status	Notes
RASUVO 17.5 MG/0.35 ML AUTOINJ P/F, INNER, SUV 17.5 MG/0.35 ML	Non-PDL Brand	QL (1.4 ML per 28 days)
RASUVO 17.5 MG/0.35 ML AUTOINJ P/F, OUTER, SUV 17.5 MG/0.35 ML	Non-PDL Brand	QL (1.4 ML per 28 days)
RASUVO 20 MG/0.4 ML AUTOINJ P/F, INNER, SUV 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO 20 MG/0.4 ML AUTOINJ P/F, OUTER, SUV 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO 20 MG/0.4 ML AUTOINJ SAMPLE, OUTER 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO 22.5 MG/0.45 ML AUTOINJ P/F, INNER, SUV 22.5 MG/0.45 ML	Non-PDL Brand	QL (1.8 ML per 28 days)
RASUVO 22.5 MG/0.45 ML AUTOINJ P/F, OUTER, SUV 22.5 MG/0.45 ML	Non-PDL Brand	QL (1.8 ML per 28 days)
RASUVO 25 MG/0.5 ML AUTOINJ P/F, INNER, SUV 25 MG/0.5 ML	Non-PDL Brand	QL (2 ML per 28 days)
RASUVO 25 MG/0.5 ML AUTOINJ P/F, OUTER, SUV 25 MG/0.5 ML	Non-PDL Brand	QL (2 ML per 28 days)
RASUVO 30 MG/0.6 ML AUTOINJ P/F, INNER, SUV 30 MG/0.6 ML	Non-PDL Brand	QL (2.4 ML per 28 days)
RASUVO 30 MG/0.6 ML AUTOINJ P/F, OUTER, SUV 30 MG/0.6 ML	Non-PDL Brand	QL (2.4 ML per 28 days)
RASUVO 7.5 MG/0.15 ML AUTOINJ P/F, INNER, SUV 7.5 MG/0.15 ML	Non-PDL Brand	QL (0.6 ML per 28 days)
RASUVO 7.5 MG/0.15 ML AUTOINJ P/F, OUTER, SUV 7.5 MG/0.15 ML	Non-PDL Brand	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST 220 MG VIAL 220 MG	Non-PDL Brand	SP
KINERET 100 MG/0.67 ML SYRINGE P/F, INNER, SUV 100 MG/0.67 ML	PDL Non-Preferred Brand	PA; SP
KINERET 100 MG/0.67 ML SYRINGE P/F, OUTER, SUV 100 MG/0.67 ML	PDL Non-Preferred Brand	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
CIMZIA 200 MG VIAL KIT 400 MG (200 MG X 2 VIALS)	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
CIMZIA 2X200 MG/ML SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PDL Non-Preferred Brand	PA; SP
CIMZIA 2X200 MG/ML(X3)START KT 400 MG/2 ML (200 MG/ML X 2)	PDL Non-Preferred Brand	PA; SP
ENBREL 25 MG KIT INNER, MDV 25 MG (1 ML)	PDL Preferred Brand	PA; SP
ENBREL 25 MG KIT OUTER, MDV 25 MG (1 ML)	PDL Preferred Brand	PA; SP
ENBREL 25 MG/0.5 ML SYRINGE INNER, P/F, SUV 25 MG/0.5 ML (0.5)	PDL Preferred Brand	PA; SP
ENBREL 25 MG/0.5 ML SYRINGE OUTER, P/F, SUV 25 MG/0.5 ML (0.5)	PDL Preferred Brand	PA; SP
ENBREL 25 MG/0.5 ML VIAL INNER, P/F, SUV 25 MG/0.5 ML	PDL Preferred Brand	PA; SP
ENBREL 25 MG/0.5 ML VIAL OUTER, P/F, SUV 25 MG/0.5 ML	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

Drug	Status	Notes
HUMIRA 40 MG/0.8 ML SYRINGE P/F, SUV 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA PEN 40 MG/0.8 ML NFRS, SUV, P/F 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA PEN 40 MG/0.8 ML P/F, SUV 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA PEN 40 MG/0.8 ML SAMPLE, SUV, P/F 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA PEN CROHN'S-UC-HS STARTER 40 MG/0.8 ML 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA PEN PSORIASIS-UVEITIS-ADOL HS STARTER 40 MG/0.8 ML 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) 10 MG/0.1 ML SYRINGE 10 MG/0.1 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) 20 MG/0.2 ML SYRINGE 20 MG/0.2 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) 40 MG/0.4 ML SYRINGE 40 MG/0.4 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEDIATRIC CROHN'S START 80 MG/0.8 ML-40 MG/0.4 ML 80 MG/0.8 ML-40 MG/0.4 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEDIATRIC CROHN'S STARTER 80 MG/0.8 ML SYRINGE 80 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEN 40 MG/0.4 ML SUV, P/F 40 MG/0.4 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEN 40 MG/0.4 ML SUV,P/F,SAMPLE 40 MG/0.4 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEN 80 MG/0.8 ML SAMPLE, P/F,SUV 80 MG/0.8 ML	PDL Preferred Brand	PA; SP

Drug	Status	Notes
HUMIRA(CF) PEN 80 MG/0.8 ML SUV, P/F 80 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEN CROHN'S-UC-HS STARTER 80 MG/0.8 ML 80 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEN PEDIATRIC ULCER COLITIS STARTER 80 MG/0.8 ML 80 MG/0.8 ML	PDL Preferred Brand	PA; SP
HUMIRA(CF) PEN PS-UV-ADOL HS START 80 MG/0.8 ML-40 MG/0.4 ML 80 MG/0.8 ML-40 MG/0.4 ML	PDL Preferred Brand	PA; SP
SIMPONI 100 MG/ML PEN INJECTOR 100 MG/ML	PDL Non-Preferred Brand	PA; SP
SIMPONI 100 MG/ML SYRINGE 100 MG/ML	PDL Non-Preferred Brand	PA; SP
SIMPONI 50 MG/0.5 ML PEN INJEC 50 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
SIMPONI 50 MG/0.5 ML SYRINGE 50 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>leflunomide 20 mg tablet 20 mg</i>	Non-PDL Generic	
<i>leflunomide 20 mg tablet f/c 20 mg</i>	Non-PDL Generic	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA 28 DAY STARTER PACK 10 MG (4)-20 MG (4)-30 MG (47)	PDL Non-Preferred Brand	PA; SP
OTEZLA 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; SP
OTEZLA 30 MG TABLET F/C 30 MG	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
OTEZLA 30 MG TABLET SAMPLE 30 MG	PDL Non-Preferred Brand	PA; SP
OTEZLA STARTER PACK 10 MG (4)-20 MG (4)-30 MG(19)	PDL Non-Preferred Brand	PA; SP
Antinflammatory, Sel.Costim.Mod.,T-Cell Inhibitor		
ORENCIA 125 MG/ML SYRINGE SDV 125 MG/ML	PDL Non-Preferred Brand	PA; SP
ORENCIA 50 MG/0.4 ML SYRINGE 50 MG/0.4 ML	PDL Non-Preferred Brand	PA; SP
ORENCIA 87.5 MG/0.7 ML SYRINGE 87.5 MG/0.7 ML	PDL Non-Preferred Brand	PA; SP
ORENCIA CLICKJECT 125 MG/ML 125 MG/ML	PDL Non-Preferred Brand	PA; SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR 30 MG/3 ML SYRINGE P/F, 3'S, SUV 30 MG/3 ML	PDL Non-Preferred Brand	PA; SP
FIRAZYR 30 MG/3 ML SYRINGE P/F, SUV 30 MG/3 ML	PDL Non-Preferred Brand	PA; SP
<i>icatibant 30 mg/3 ml syringe plf,suv, inner 30 mg/3 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>icatibant 30 mg/3 ml syringe plf,suv, outer 30 mg/3 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>icatibant 30 mg/3 ml syringe suv, plf 30 mg/3 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>icatibant 30 mg/3 ml syringe suv, plf, inner 30 mg/3 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>icatibant 30 mg/3 ml syringe suv, plf, outer 30 mg/3 ml</i>	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
<i>icatibant 30 mg/3 ml syringe suv, p/f, outer 30 mg/3 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>icatibant 30 mg/3 ml syringe suv, p/f 30 mg/3 ml</i>	PDL Non-Preferred Generic	PA; SP
SAJAZIR 30 MG/3 ML SYRINGE 30 MG/3 ML	PDL Non-Preferred Generic	PA; SP
C1 Esterase Inhibitors		
BERINERT 500 UNIT KIT 500 UNIT (10 ML)	PDL Preferred Brand	PA; SP
BERINERT 500 UNIT VIAL 500 UNIT (10 ML)	PDL Preferred Brand	PA; SP
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 2,000 UNIT	PDL Non-Preferred Brand	PA; SP
HAEGARDA 3,000 UNIT VIAL 3,000 UNIT	PDL Non-Preferred Brand	PA; SP
RUCONEST 2,100 UNIT VIAL P/F, SUV, INNER 2,100 UNIT	PDL Non-Preferred Brand	PA; SP
RUCONEST 2,100 UNIT VIAL P/F, SUV, OUTER 2,100 UNIT	PDL Non-Preferred Brand	PA; SP
Glucocorticoids		
<i>budesonide dr 3 mg capsule 3 mg</i>	PDL Non-Preferred Generic	PA
<i>budesonide ec 3 mg capsule 3 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>budesonide ec 3 mg capsule inner 3 mg</i>	PDL Non-Preferred Generic	PA
<i>budesonide ec 3 mg capsule outer 3 mg</i>	PDL Non-Preferred Generic	PA
<i>budesonide er 9 mg tablet 9 mg</i>	PDL Non-Preferred Generic	PA
<i>dexamethasone 0.5 mg tablet 0.5 mg</i>	Non-PDL Generic	90DS
<i>dexamethasone 0.5 mg tablet u-d, 10x10, blister 0.5 mg</i>	Non-PDL Generic	90DS
<i>dexamethasone 0.5 mg/5 ml elx 0.5 mg/5 ml</i>	Non-PDL Generic	
<i>dexamethasone 0.5 mg/5 ml liq 0.5 mg/5 ml</i>	Non-PDL Generic	
<i>dexamethasone 0.75 mg tablet 0.75 mg</i>	Non-PDL Generic	
<i>dexamethasone 0.75 mg tablet u-d, 10x10, blister 0.75 mg</i>	Non-PDL Generic	
<i>dexamethasone 1 mg tablet 1 mg</i>	Non-PDL Generic	90DS
<i>dexamethasone 1.5 mg tablet 1.5 mg</i>	Non-PDL Generic	
<i>dexamethasone 10 day 1.5 mg tb 1.5 mg (35 tabs)</i>	Non-PDL Generic	
<i>dexamethasone 13 day 1.5 mg tb 1.5 mg (51 tabs)</i>	Non-PDL Generic	
<i>dexamethasone 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>dexamethasone 4 mg tablet 4 mg</i>	Non-PDL Generic	90DS
<i>dexamethasone 4 mg tablet inner 4 mg</i>	Non-PDL Generic	90DS
<i>dexamethasone 4 mg tablet outer 4 mg</i>	Non-PDL Generic	90DS
<i>dexamethasone 6 day 1.5 mg tab 1.5 mg (21 tabs)</i>	Non-PDL Generic	
<i>dexamethasone 6 mg tablet 6 mg</i>	Non-PDL Generic	
<i>hydrocortisone 10 mg tablet 10 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>hydrocortisone 20 mg tablet 20 mg</i>	Non-PDL Generic	
<i>hydrocortisone 20 mg tablet inner 20 mg</i>	Non-PDL Generic	
<i>hydrocortisone 20 mg tablet outer 20 mg</i>	Non-PDL Generic	
<i>hydrocortisone 5 mg tablet 5 mg</i>	Non-PDL Generic	
MEDROL 2 MG TABLET 2 MG	Non-PDL Brand	
<i>methylprednisolone 16 mg tab 16 mg</i>	Non-PDL Generic	
<i>methylprednisolone 32 mg tab 32 mg</i>	Non-PDL Generic	
<i>methylprednisolone 4 mg dosepk 4 mg</i>	Non-PDL Generic	
<i>methylprednisolone 4 mg dosepk dosepack 4 mg</i>	Non-PDL Generic	
<i>methylprednisolone 4 mg dosepk dosepak 4 mg</i>	Non-PDL Generic	
<i>methylprednisolone 4 mg dosepk u-u 4 mg</i>	Non-PDL Generic	
<i>methylprednisolone 4 mg tablet 4 mg</i>	Non-PDL Generic	
<i>methylprednisolone 4 mg tablet inner 4 mg</i>	Non-PDL Generic	
<i>methylprednisolone 4 mg tablet outer 4 mg</i>	Non-PDL Generic	
<i>methylprednisolone 8 mg tablet 8 mg</i>	Non-PDL Generic	
MILLIPRED 5 MG TABLET 5 MG	Non-PDL Brand	
MILLIPRED DP 5 MG 12-DAY PACK DOSE PACK, 12 DAY 5 MG (48 TABS)	Non-PDL Brand	
MILLIPRED DP 5 MG 6-DAY PACK DOSE PACK, 6 DAY 5 MG (21 TABS)	Non-PDL Brand	
<i>prednisolone 10 mg/5 ml soln 10 mg/5 ml</i>	Non-PDL Generic	
<i>prednisolone 15 mg/5 ml soln 15 mg/5 ml</i>	Non-PDL Generic	90DS
<i>prednisolone 15 mg/5 ml soln 15 mg/5 ml (5 ml)</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>prednisolone 15 mg/5 ml soln d/f 15 mg/5 ml (3 mg/ml)</i>	Non-PDL Generic	90DS
<i>prednisolone 5 mg/5 ml soln 5 mg base/5 ml (6.7 mg/5 ml)</i>	Non-PDL Generic	
<i>prednisolone 5 mg/5 ml soln d/f 5 mg base/5 ml (6.7 mg/5 ml)</i>	Non-PDL Generic	
<i>prednisolone odt 10 mg tablet 10 mg</i>	Non-PDL Generic	
<i>prednisolone odt 10 mg tablet inner 10 mg</i>	Non-PDL Generic	
<i>prednisolone odt 10 mg tablet outer 10 mg</i>	Non-PDL Generic	
<i>prednisolone odt 15 mg tablet 15 mg</i>	Non-PDL Generic	
<i>prednisolone odt 15 mg tablet inner 15 mg</i>	Non-PDL Generic	
<i>prednisolone odt 15 mg tablet outer 15 mg</i>	Non-PDL Generic	
<i>prednisolone odt 30 mg tablet 30 mg</i>	Non-PDL Generic	
<i>prednisolone odt 30 mg tablet inner 30 mg</i>	Non-PDL Generic	
<i>prednisolone odt 30 mg tablet outer 30 mg</i>	Non-PDL Generic	
<i>prednisolone sod ph 25 mg/5 ml 25 mg/5 ml (5 mg/ml)</i>	Non-PDL Generic	
<i>prednisone 1 mg tablet 1 mg</i>	Non-PDL Generic	90DS
<i>prednisone 1 mg tablet u-d, 10x10, blister 1 mg</i>	Non-PDL Generic	90DS
<i>prednisone 10 mg tab dose pack 10 mg</i>	Non-PDL Generic	
<i>prednisone 10 mg tab dose pack dose pack 10 mg</i>	Non-PDL Generic	
<i>prednisone 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS
<i>prednisone 10 mg tablet inner 10 mg</i>	Non-PDL Generic	90DS
<i>prednisone 10 mg tablet outer 10 mg</i>	Non-PDL Generic	90DS
<i>prednisone 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>prednisone 20 mg tablet 20 mg</i>	Non-PDL Generic	90DS
<i>prednisone 20 mg tablet inner 20 mg</i>	Non-PDL Generic	90DS
<i>prednisone 20 mg tablet outer 20 mg</i>	Non-PDL Generic	90DS
<i>prednisone 5 mg tab dose pack 5 mg</i>	Non-PDL Generic	
<i>prednisone 5 mg tab dose pack dose-pack 5 mg</i>	Non-PDL Generic	
<i>prednisone 5 mg tablet 5 mg</i>	Non-PDL Generic	90DS
<i>prednisone 5 mg tablet inner 5 mg</i>	Non-PDL Generic	90DS
<i>prednisone 5 mg tablet outer 5 mg</i>	Non-PDL Generic	90DS
<i>prednisone 5 mg/5 ml solution 5 mg/5 ml</i>	Non-PDL Generic	
<i>prednisone 50 mg tablet 50 mg</i>	Non-PDL Generic	90DS
<i>prednisone 50 mg tablet u-d, 10x10 50 mg</i>	Non-PDL Generic	90DS
PREDNISONE INTENSOL 5 MG/ML 5 MG/ML	Non-PDL Brand	
TAPERDEX 6 DAY 1.5 MG TABLET 1.5 MG (21 TABS)	Non-PDL Generic	
UCERIS 9 MG ER TABLET 9 MG	PDL Non-Preferred Brand	PA
Gold Salts		
RIDAURA 3 MG CAPSULE 3 MG	Non-PDL Brand	
Interleukin-6 (IL-6) Receptor Inhibitors		
ACTEMRA 162 MG/0.9 ML SYRINGE P/F, SUV 162 MG/0.9 ML	PDL Non-Preferred Brand	PA; SP
ACTEMRA 162 MG/0.9 ML SYRINGE SAMPLE, SUV, P/F 162 MG/0.9 ML	PDL Non-Preferred Brand	PA; SP
ACTEMRA ACTPEN 162 MG/0.9 ML 162 MG/0.9 ML	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
KEVZARA 150 MG/1.14 ML PEN INJ 150 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
KEVZARA 150 MG/1.14 ML SYRINGE 150 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
KEVZARA 200 MG/1.14 ML PEN INJ 200 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
KEVZARA 200 MG/1.14 ML SYRINGE 200 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
Janus Kinase (Jak) Inhibitors		
OLUMIANT 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; SP
OLUMIANT 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; SP
OLUMIANT 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; SP
RINVOQ ER 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; SP
RINVOQ ER 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; SP
RINVOQ ER 45 MG TABLET 45 MG	PDL Non-Preferred Brand	PA; SP
XELJANZ 1 MG/ML SOLUTION INNER 1 MG/ML	PDL Non-Preferred Brand	PA; SP
XELJANZ 1 MG/ML SOLUTION OUTER 1 MG/ML	PDL Non-Preferred Brand	PA; SP
XELJANZ 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
XELJANZ 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
XELJANZ XR 11 MG TABLET 11 MG	PDL Non-Preferred Brand	PA; SP
XELJANZ XR 22 MG TABLET 22 MG	PDL Non-Preferred Brand	PA; SP
Mineralocorticoids		
<i>fludrocortisone 0.1 mg tablet 0.1 mg</i>	Non-PDL Generic	
<i>fludrocortisone 0.1 mg tablet 10x10, u-d, inner 0.1 mg</i>	Non-PDL Generic	
<i>fludrocortisone 0.1 mg tablet 10x10, u-d, outer 0.1 mg</i>	Non-PDL Generic	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
STELARA 45 MG/0.5 ML SYRINGE 45 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
STELARA 45 MG/0.5 ML VIAL SDV, P/F 45 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
STELARA 90 MG/ML SYRINGE 90 MG/ML	PDL Non-Preferred Brand	PA; SP
Nsaid & Histamine H2 Receptor Antagonist Comb.		
DUEXIS 800-26.6 MG TABLET 800-26.6 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
VIMOVO DR 375-20 MG TABLET 375-20 MG	PDL Non-Preferred Brand	PA
VIMOVO DR 500-20 MG TABLET F/C 500-20 MG	PDL Non-Preferred Brand	PA
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
ARTHROTEC 50 MG-200 MCG TAB F/C 50-200 MG-MCG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ARTHROTEC 75 MG-200 MCG TAB F/C 75-200 MG-MCG	PDL Non-Preferred Brand	PA
<i>diclofenac-misoprostol dr 50-0.2 mg tablet 50-200 mg-mcg</i>	PDL Non-Preferred Generic	PA
<i>diclofenac-misoprostol dr 75-0.2 mg tablet 75-200 mg-mcg</i>	PDL Non-Preferred Generic	PA
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
CELEBREX 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
CELEBREX 100 MG CAPSULE U-D,BLISTER PK 100 MG	PDL Non-Preferred Brand	PA
CELEBREX 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA
CELEBREX 400 MG CAPSULE 400 MG	PDL Non-Preferred Brand	PA
CELEBREX 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA
<i>celecoxib 100 mg capsule 100 mg</i>	PDL Preferred Generic	90DS
<i>celecoxib 100 mg capsule inner 100 mg</i>	PDL Preferred Generic	90DS
<i>celecoxib 100 mg capsule outer 100 mg</i>	PDL Preferred Generic	90DS
<i>celecoxib 200 mg capsule 200 mg</i>	PDL Preferred Generic	90DS
<i>celecoxib 200 mg capsule inner 200 mg</i>	PDL Preferred Generic	90DS
<i>celecoxib 200 mg capsule outer 200 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>celecoxib 400 mg capsule 400 mg</i>	PDL Preferred Generic	
<i>celecoxib 50 mg capsule 50 mg</i>	PDL Preferred Generic	
Nsaids, Cyclooxygenase Inhibitor-Type		
ADDAPRIN 200 MG TABLET 200 MG	Non-PDL Generic	OTC
ADDAPRIN 200 MG TABLET INNER 200 MG	Non-PDL Generic	OTC
ADDAPRIN 200 MG TABLET OUTER 200 MG	Non-PDL Generic	OTC
ADVIL 200 MG CAPLET CAPLET 200 MG	Non-PDL Brand	OTC
ADVIL 200 MG GEL CAPLET GEL CAPLET 200 MG	Non-PDL Brand	OTC
ADVIL 200 MG TABLET 200 MG	Non-PDL Brand	OTC
ADVIL 200 MG TABLET COATED 200 MG	Non-PDL Brand	OTC
ADVIL 200 MG TABLET COATED, POCKET PACK 200 MG	Non-PDL Brand	OTC
ADVIL JR STR 100 MG TAB CHEW 100 MG	Non-PDL Brand	OTC
ALEVE 220 MG CAPLET 12 HOURS, CAPLET 220 MG	PDL Preferred Generic	OTC
ALEVE 220 MG CAPLET 220 MG	Non-PDL Brand	OTC
ALEVE 220 MG CAPLET 220 MG	PDL Preferred Generic	OTC
ALEVE 220 MG CAPLET ARTHRITIS CAP 220 MG	PDL Preferred Generic	OTC
ALEVE 220 MG GELCAP 220 MG	Non-PDL Brand	OTC
ALEVE 220 MG GELCAP ARTHRITIS CAP 220 MG	PDL Preferred Generic	OTC
ALEVE 220 MG TABLET 220 MG	Non-PDL Brand	OTC

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

Drug	Status	Notes
CHILDREN IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML BERRY 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML BERRY FLAVOR 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML BUBBLEGUM 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML CHILDREN,DYE/F 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML CHILDREN'S 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML D/F 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML D/F, BERRY 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML D/F,BERRY 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML D/F,BERRY,CHILD 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML DYE/FREE 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN/F, BERRY 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN/F, GRAPE 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN/F,BUBBLE 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML GLUTEN-FREE 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML GRAPE 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML INNER, D/F 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN IBUPROFEN 100 MG/5 ML OUTER, D/F 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S ADVIL 100 MG/5 ML (OTC) 100 MG/5 ML	Non-PDL Brand	OTC
CHILDREN'S ADVIL 100 MG/5 ML D/F,BERRY (OTC) 100 MG/5 ML	Non-PDL Brand	OTC
CHILDREN'S ADVIL 100 MG/5 ML D/F,WHITE GRAPE (OTC) 100 MG/5 ML	Non-PDL Brand	OTC

Drug	Status	Notes
CHILDREN'S MOTRIN 100 MG/5 ML 100 MG/5 ML	Non-PDL Brand	OTC
CVS CHLD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	OTC
<i>cvs ibuprofen 200 mg caplet 200 mg</i>	Non-PDL Generic	OTC
<i>cvs ibuprofen 200 mg caplet caplet 200 mg</i>	Non-PDL Generic	OTC
<i>cvs ibuprofen 200 mg tablet 200 mg</i>	Non-PDL Generic	OTC
<i>cvs ibuprofen 200 mg tablet coated 200 mg</i>	Non-PDL Generic	OTC
CVS IBUPROFEN JR STR 100 MG TB 100 MG	Non-PDL Generic	OTC
CVS IBUPROFEN JR STR 100 MG TB CHEWABLE 100 MG	Non-PDL Generic	OTC
CVS INF IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	OTC
<i>cvs naproxen sod 220 mg caplet caplet 220 mg</i>	PDL Preferred Generic	OTC
<i>cvs naproxen sod 220 mg tablet 220 mg</i>	PDL Preferred Generic	OTC
<i>cvs naproxen sodium 220 mg cap 220 mg</i>	PDL Preferred Generic	OTC
<i>diclofenac pot 50 mg tablet 50 mg</i>	Non-PDL Generic	
<i>diclofenac pot 50 mg tablet f/c 50 mg</i>	Non-PDL Generic	
<i>diclofenac sod dr 25 mg tab 25 mg</i>	PDL Preferred Generic	
<i>diclofenac sod dr 50 mg tab 50 mg</i>	PDL Preferred Generic	90DS
<i>diclofenac sod dr 75 mg tab 75 mg</i>	PDL Preferred Generic	90DS
<i>diclofenac sod ec 25 mg tab 25 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>diclofenac sod ec 50 mg tab 50 mg</i>	PDL Preferred Generic	90DS
<i>diclofenac sod ec 50 mg tab u-d,inner,10x10 50 mg</i>	PDL Preferred Generic	90DS
<i>diclofenac sod ec 50 mg tab u-d,outer,10x10 50 mg</i>	PDL Preferred Generic	90DS
<i>diclofenac sod ec 75 mg tab 75 mg</i>	PDL Preferred Generic	90DS
<i>diclofenac sod ec 75 mg tab u-d,inner,10x10 75 mg</i>	PDL Preferred Generic	90DS
<i>diclofenac sod ec 75 mg tab u-d,outer,10x10 75 mg</i>	PDL Preferred Generic	90DS
<i>diclofenac sod er 100 mg tab 100 mg</i>	PDL Preferred Generic	
<i>diclofenac sod er 100 mg tab f/c 100 mg</i>	PDL Preferred Generic	
EC-NAPROXEN DR 375 MG TABLET 375 MG	PDL Preferred Generic	
EC-NAPROXEN DR 500 MG TABLET 500 MG	PDL Preferred Generic	
EQ CHILD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	OTC
EQ CHILD IBUPROFEN 100 MG/5 ML BERRY 100 MG/5 ML	Non-PDL Generic	OTC
<i>eq ibuprofen 200 mg caplet 200 mg</i>	Non-PDL Generic	OTC
<i>eq ibuprofen 200 mg caplet caplet 200 mg</i>	Non-PDL Generic	OTC
<i>eq ibuprofen 200 mg caplet coated caplet 200 mg</i>	Non-PDL Generic	OTC
<i>eq ibuprofen 200 mg tablet 200 mg</i>	Non-PDL Generic	OTC

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

Drug	Status	Notes
<i>etodolac 300 mg capsule 300 mg</i>	Non-PDL Generic	
<i>etodolac 400 mg tablet 400 mg</i>	Non-PDL Generic	
<i>etodolac 400 mg tablet f/c 400 mg</i>	Non-PDL Generic	
<i>etodolac 400 mg tablet f/c, inner 400 mg</i>	Non-PDL Generic	
<i>etodolac 400 mg tablet f/c, outer 400 mg</i>	Non-PDL Generic	
<i>etodolac 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>etodolac 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	
<i>etodolac er 400 mg tablet 400 mg</i>	Non-PDL Generic	
<i>etodolac er 400 mg tablet f/c 400 mg</i>	Non-PDL Generic	
<i>etodolac er 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>etodolac er 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	
<i>etodolac er 600 mg tablet 600 mg</i>	Non-PDL Generic	
<i>etodolac er 600 mg tablet f/c 600 mg</i>	Non-PDL Generic	
<i>fenoprofen 200 mg capsule 200 mg</i>	PDL Non-Preferred Generic	PA
<i>fenoprofen 400 mg capsule 400 mg</i>	PDL Non-Preferred Generic	PA
<i>fenoprofen 600 mg tablet 600 mg</i>	PDL Non-Preferred Generic	PA
FLANAX 220 MG TABLET 220 MG	PDL Preferred Generic	OTC
<i>flurbiprofen 100 mg tablet 100 mg</i>	PDL Preferred Generic	
GNP CHLD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
GNP CHLD IBUPROFEN 100 MG/5 ML D/F 100 MG/5 ML	Non-PDL Generic	OTC
<i>gnp ibuprofen 100 mg chew tab 100 mg</i>	Non-PDL Generic	OTC
<i>gnp ibuprofen 200 mg caplet caplet 200 mg</i>	Non-PDL Generic	OTC
<i>gnp ibuprofen 200 mg caplet coated caplet 200 mg</i>	Non-PDL Generic	OTC
<i>gnp ibuprofen 200 mg tablet 200 mg</i>	Non-PDL Generic	OTC
<i>gnp ibuprofen 200 mg tablet coated 200 mg</i>	Non-PDL Generic	OTC
GNP INF IBUPROFEN 50 MG/1.25 ML D/F, NON-STAINING 50 MG/1.25 ML	Non-PDL Generic	OTC
<i>gnp naproxen sod 220 mg caplet 220 mg</i>	PDL Preferred Generic	OTC
<i>gnp naproxen sod 220 mg tablet 220 mg</i>	PDL Preferred Generic	OTC
<i>gnp naproxen sodium 220 mg cap 220 mg</i>	PDL Preferred Generic	OTC
GS CHILD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	OTC
<i>gs ibuprofen 100 mg chew tab 100 mg</i>	Non-PDL Generic	OTC
<i>gs ibuprofen 200 mg caplet 200 mg</i>	Non-PDL Generic	OTC
<i>gs ibuprofen 200 mg tablet 200 mg</i>	Non-PDL Generic	OTC
GS INF IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	OTC
<i>gs naproxen sod 220 mg caplet 220 mg</i>	PDL Preferred Generic	OTC
<i>gs naproxen sod 220 mg tablet 220 mg</i>	PDL Preferred Generic	OTC
HM CHILD IBUPROFEN 100 MG/5 ML BERRY 100 MG/5 ML	Non-PDL Generic	OTC
HM CHILD IBUPROFEN 100 MG/5 ML BUBBLE GUM 100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
HM CHILD IBUPROFEN 100 MG/5 ML GLUTEN/F,BERRY 100 MG/5 ML	Non-PDL Generic	OTC
HM CHILD IBUPROFEN 100 MG/5 ML GRAPE 100 MG/5 ML	Non-PDL Generic	OTC
<i>hm ibuprofen 200 mg caplet caplet 200 mg</i>	Non-PDL Generic	OTC
<i>hm ibuprofen 200 mg tablet 200 mg</i>	Non-PDL Generic	OTC
<i>hm ibuprofen 200 mg tablet coated,gluten-free 200 mg</i>	Non-PDL Generic	OTC
HM IBUPROFEN IB 100 MG CHEW TB 100 MG	Non-PDL Generic	OTC
HM IBUPROFEN IB 200 MG TABLET COATED. GLUTEN-FREE 200 MG	Non-PDL Generic	OTC
HM INF IBUPROFEN 50 MG/1.25 ML BERRY FLAVOR 50 MG/1.25 ML	Non-PDL Generic	OTC
HM INF IBUPROFEN 50 MG/1.25 ML D/F,BERRY FLAVOR 50 MG/1.25 ML	Non-PDL Generic	OTC
<i>hm naproxen sod 220 mg caplet caplet, gluten-free 220 mg</i>	PDL Preferred Generic	OTC
<i>hm naproxen sodium 220 mg cap 220 mg</i>	PDL Preferred Generic	OTC
IBU 400 MG TABLET 400 MG	PDL Preferred Generic	90DS
IBU 600 MG TABLET 600 MG	PDL Preferred Generic	90DS
IBU 800 MG TABLET 800 MG	PDL Preferred Generic	90DS
IBU-200 200 MG TABLET 200 MG	Non-PDL Generic	OTC
<i>ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>ibuprofen 100 mg/5 ml susp (rx) 100 mg/5 ml</i>	Non-PDL Generic	
<i>ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>ibuprofen 100 mg/5 ml susp rx only (rx) 100 mg/5 ml</i>	Non-PDL Generic	

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

Drug	Status	Notes
<i>ibuprofen 400 mg tablet f/c, inner 400 mg</i>	PDL Preferred Generic	90DS
<i>ibuprofen 400 mg tablet f/c, outer 400 mg</i>	PDL Preferred Generic	90DS
<i>ibuprofen 400 mg tablet u-d,f/c, 10x10 400 mg</i>	PDL Preferred Generic	90DS
<i>ibuprofen 600 mg tablet 600 mg</i>	PDL Preferred Generic	90DS
<i>ibuprofen 600 mg tablet f/c 600 mg</i>	PDL Preferred Generic	90DS
<i>ibuprofen 600 mg tablet u-d, 10x10 600 mg</i>	PDL Preferred Generic	90DS
<i>ibuprofen 800 mg tablet 800 mg</i>	PDL Preferred Generic	90DS
<i>ibuprofen 800 mg tablet f/c 800 mg</i>	PDL Preferred Generic	90DS
<i>ibuprofen 800 mg tablet u-d, 10x10 800 mg</i>	PDL Preferred Generic	90DS
<i>ibuprofen jr str 100 mg tb chw 100 mg</i>	Non-PDL Generic	OTC
IBUPROFEN JR STR 100 MG TB CHW 100 MG	Non-PDL Generic	OTC
IBUPROFEN JR STR 100 MG TB CHW GLUTEN-FREE 100 MG	Non-PDL Generic	OTC
IBUPROFEN JR STR 100 MG TB CHW JR STR, GRAPE, TB CHEW 100 MG	Non-PDL Generic	OTC
IBUPROFEN JR STR 100 MG TB CHW TAB CHEW, ORANGE 100 MG	Non-PDL Generic	OTC
INDOCIN 25 MG/5 ML SUSPENSION 25 MG/5 ML	Non-PDL Brand	
<i>indomethacin 20 mg capsule 20 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
<i>indomethacin 25 mg capsule 25 mg</i>	PDL Preferred Generic	
<i>indomethacin 50 mg capsule 50 mg</i>	PDL Preferred Generic	90DS
<i>indomethacin er 75 mg capsule 75 mg</i>	Non-PDL Generic	90DS
<i>indomethacin er 75 mg capsule inner 75 mg</i>	Non-PDL Generic	90DS
<i>indomethacin er 75 mg capsule outer 75 mg</i>	Non-PDL Generic	90DS
INFANT IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML BERRY 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML BERRY,INFANT 50 MG/1.25 ML	Non-PDL Generic	OTC
<i>infant ibuprofen 50 mg/1.25 ml d/f 50 mg/1.25 ml</i>	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML D/F,BERRY 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML D/F,BERRY FLAVOR 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML D/F,BERRY,INFANT 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML D/F,NON-STAINING 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML GLUTEN/F, BERRY 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT IBUPROFEN 50 MG/1.25 ML GLUTEN-FREE 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANTS' ADVIL 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT'S MOTRIN 50 MG/1.25 ML BERRY FLAVOR 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANTS' MOTRIN 50 MG/1.25 ML D/F, BERRY FLAVOR 50 MG/1.25 ML	Non-PDL Brand	OTC
I-PRIN 200 MG TABLET U-D, 100'S 200 MG	Non-PDL Generic	OTC
I-PRIN 200 MG TABLET U-D, 250'S 200 MG	Non-PDL Generic	OTC

Drug	Status	Notes
I-PRIN 200 MG TABLET U-D, 2X12 200 MG	Non-PDL Generic	OTC
I-PRIN 200 MG TABLET U-D,3'S,F/C 200 MG	Non-PDL Generic	OTC
<i>ketoprofen 25 mg capsule 25 mg</i>	PDL Preferred Generic	
<i>ketoprofen 50 mg capsule 50 mg</i>	PDL Preferred Generic	
<i>ketoprofen 75 mg capsule 75 mg</i>	PDL Preferred Generic	
<i>ketoprofen er 200 mg capsule 200 mg</i>	PDL Preferred Generic	
<i>ketorolac 10 mg tablet 10 mg</i>	PDL Preferred Generic	QL (20 EA per 5 days)
<i>ketorolac 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	QL (20 EA per 5 days)
<i>ketorolac 15 mg/ml carpuject sdv 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml isecure syr sdv 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml syringe suv 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial inner, p/f, sdv 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial inner, suv 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial outer, p/f, sdv 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial outer, suv 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial p/f, sdv 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial p/f, suv, inner 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial p/f, suv, outer 15 mg/ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>ketorolac 15 mg/ml vial sdv,10's 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial sdv,25's,p/f,outer 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial sdv,p/f,inner 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial suv 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial suv, inner 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial suv, outer 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial suv,inner 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 15 mg/ml vial suv,outer 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial inner, p/f, sdv 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial inner, suv 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial outer, p/f, sdv 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial outer, suv 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial p/f, sdv 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial p/f, suv, inner 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial p/f, suv, outer 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial sdv 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial sdv,10's 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial sdv,25's,p/f,outer 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial sdv,p/f,inner 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial suv, inner 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial suv, outer 30 mg/ml (1 ml)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>ketorolac 30 mg/ml vial suv,inner 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 30 mg/ml vial suv,outer 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac 300 mg/10 ml vial 30 mg/ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial (cmpd-rx) suv, p/f 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial 25's,fliptop 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial inner, suv 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial outer, suv 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial p/f, inner, sdv 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial p/f, outer, sdv 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial p/f, sdv 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial p/f, suv, inner 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial p/f, suv, outer 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial sdv,10's 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial suv, inner 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial suv, outer 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial suv,inner 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac 60 mg/2 ml vial suv,outer 60 mg/2 ml</i>	Non-PDL Generic	
KRO ALL DAY RLF 220 MG CAPLET CAPLET, GLUTEN-FREE 220 MG	PDL Preferred Generic	OTC
KRO CHLD IBUPROFEN 100 MG/5 ML BUBBLE,GLUTEN/F 100 MG/5 ML	Non-PDL Generic	OTC
KRO CHLD IBUPROFEN 100 MG/5 ML D/F, BERRY 100 MG/5 ML	Non-PDL Generic	OTC
KRO CHLD IBUPROFEN 100 MG/5 ML D/F,GLUTEN FREE 100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
KRO CHLD IBUPROFEN 100 MG/5 ML GLUTEN/F, GRAPE 100 MG/5 ML	Non-PDL Generic	OTC
KRO CHLD IBUPROFEN 100 MG/5 ML GLUTEN/F,BERRY 100 MG/5 ML	Non-PDL Generic	OTC
KRO CHLD IBUPROFEN 100 MG/5 ML GLUTEN-F, BERRY 100 MG/5 ML	Non-PDL Generic	OTC
KRO CHLD IBUPROFEN 100 MG/5 ML GLUTEN-F, GRAPE 100 MG/5 ML	Non-PDL Generic	OTC
KRO CHLD IBUPROFEN 100 MG/5 ML GLUTEN-FREE 100 MG/5 ML	Non-PDL Generic	OTC
<i>kro ibuprofen 200 mg caplet 200 mg</i>	Non-PDL Generic	OTC
<i>kro ibuprofen 200 mg caplet gluten-f,coated cplt 200 mg</i>	Non-PDL Generic	OTC
<i>kro ibuprofen 200 mg caplet gluten-free, coated 200 mg</i>	Non-PDL Generic	OTC
<i>kro ibuprofen 200 mg tablet gluten free, coated 200 mg</i>	Non-PDL Generic	OTC
KRO IBUPROFEN JR STR 100 MG TB 100 MG	Non-PDL Generic	OTC
KRO IBUPROFEN JR STR 100 MG TB TAB CHEW, GLUTEN-FREE 100 MG	Non-PDL Generic	OTC
<i>kro naproxen sod 220 mg caplet caplet 220 mg</i>	PDL Preferred Generic	OTC
<i>kro naproxen sod 220 mg caplet caplet, gluten-free 220 mg</i>	PDL Preferred Generic	OTC
<i>mb ibuprofen 200 mg tablet 200 mg</i>	Non-PDL Generic	OTC
<i>meclofenamate 100 mg capsule 100 mg</i>	Non-PDL Generic	
<i>meclofenamate 50 mg capsule 50 mg</i>	Non-PDL Generic	
MEDIPROXEN TABLET INNER, F/C 220 MG	PDL Preferred Generic	OTC
MEDIPROXEN TABLET OUTER, F/C 220 MG	PDL Preferred Generic	OTC
MEDIPROXEN TABLET U-D, 50'S 220 MG	PDL Preferred Generic	OTC

Drug	Status	Notes
<i>mefenamic acid 250 mg capsule 250 mg</i>	PDL Non-Preferred Generic	PA
<i>meloxicam 15 mg tablet 15 mg</i>	PDL Preferred Generic	90DS
<i>meloxicam 15 mg tablet u-d,10x10,inner 15 mg</i>	PDL Preferred Generic	90DS
<i>meloxicam 15 mg tablet u-d,10x10,outer 15 mg</i>	PDL Preferred Generic	90DS
<i>meloxicam 7.5 mg tablet 7.5 mg</i>	PDL Preferred Generic	90DS
<i>meloxicam 7.5 mg tablet u-d,10x10,inner 7.5 mg</i>	PDL Preferred Generic	90DS
<i>meloxicam 7.5 mg tablet u-d,10x10,outer 7.5 mg</i>	PDL Preferred Generic	90DS
<i>meloxicam 7.5 mg/5 ml susp 7.5 mg/5 ml</i>	Non-PDL Generic	
MOTRIN IB 200 MG CAPLET 200 MG	Non-PDL Brand	OTC
MOTRIN IB 200 MG CAPLET 50'S, COATED CAPLET 200 MG	Non-PDL Brand	OTC
MOTRIN IB 200 MG CAPLET CAPLET 200 MG	Non-PDL Brand	OTC
<i>nabumetone 500 mg tablet 500 mg</i>	PDL Preferred Generic	90DS
<i>nabumetone 500 mg tablet f/c 500 mg</i>	PDL Preferred Generic	90DS
<i>nabumetone 750 mg tablet 750 mg</i>	PDL Preferred Generic	
<i>nabumetone 750 mg tablet f/c 750 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>naproxen 125 mg/5 ml suspen 125 mg/5 ml</i>	PDL Preferred Generic	
<i>naproxen 250 mg tablet 250 mg</i>	PDL Preferred Generic	90DS
<i>naproxen 375 mg tablet 375 mg</i>	PDL Preferred Generic	90DS
<i>naproxen 500 mg kit outer,w/ez pill cup 500 mg</i>	PDL Preferred Generic	90DS
<i>naproxen 500 mg tablet 500 mg</i>	PDL Preferred Generic	90DS
<i>naproxen 500 mg tablet inner,w/ez pill cup 500 mg</i>	PDL Preferred Generic	90DS
<i>naproxen dr 375 mg tablet 375 mg</i>	PDL Preferred Generic	
<i>naproxen dr 500 mg tablet 500 mg</i>	PDL Preferred Generic	
<i>naproxen dr 500 mg tablet enteric coated 500 mg</i>	PDL Preferred Generic	
<i>naproxen sod cr 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	
<i>naproxen sod er 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>naproxen sodium 220 mg caplet 220 mg</i>	PDL Preferred Generic	OTC
<i>naproxen sodium 220 mg caplet caplet 220 mg</i>	PDL Preferred Generic	OTC
<i>naproxen sodium 220 mg caplet cplt, 8-12 hr relief 220 mg</i>	PDL Preferred Generic	OTC
<i>naproxen sodium 220 mg capsule 220 mg</i>	PDL Preferred Generic	OTC

Drug	Status	Notes
<i>naproxen sodium 220 mg capsule liquidgel 220 mg</i>	PDL Preferred Generic	OTC
<i>naproxen sodium 220 mg capsule liquidgels 220 mg</i>	PDL Preferred Generic	OTC
<i>naproxen sodium 220 mg tablet 220 mg</i>	PDL Preferred Generic	OTC
<i>naproxen sodium 275 mg tab 275 mg</i>	PDL Preferred Generic	
<i>naproxen sodium 275 mg tab f/c 275 mg</i>	PDL Preferred Generic	
<i>naproxen sodium 550 mg tab 550 mg</i>	PDL Preferred Generic	
<i>naproxen sodium 550 mg tab f/c 550 mg</i>	PDL Preferred Generic	
<i>oxaprozin 600 mg caplet caplet, f/c 600 mg</i>	PDL Non- Preferred Generic	PA
<i>oxaprozin 600 mg tablet 600 mg</i>	PDL Non- Preferred Generic	PA
<i>oxaprozin 600 mg tablet f/c 600 mg</i>	PDL Non- Preferred Generic	PA
<i>oxaprozin 600 mg tablet film-coated 600 mg</i>	PDL Non- Preferred Generic	PA
<i>piroxicam 10 mg capsule 10 mg</i>	Non-PDL Generic	
<i>piroxicam 20 mg capsule 20 mg</i>	Non-PDL Generic	
PUB ALL DAY RELIEF 220 MG TAB 220 MG	PDL Preferred Generic	OTC
PUB ALL DAY RLF 220 MG CAPLET CAPLET 220 MG	PDL Preferred Generic	OTC

Drug	Status	Notes
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
<i>pub ibuprofen 200 mg tablet 200 mg</i>	Non-PDL Generic	OTC
PUB IBUPROFEN JR 100 MG CHEW 100 MG	Non-PDL Generic	OTC
PUB INF PROFENIB 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	OTC
<i>pub naproxen sod 220 mg tablet 220 mg</i>	PDL Preferred Generic	OTC
<i>qc ibuprofen 200 mg caplet 200 mg</i>	Non-PDL Generic	OTC
<i>qc ibuprofen 200 mg tablet 200 mg</i>	Non-PDL Generic	OTC
<i>qc ibuprofen 200 mg tablet coated 200 mg</i>	Non-PDL Generic	OTC
<i>qc naproxen sod 220 mg caplet 220 mg</i>	PDL Preferred Generic	OTC
<i>qc naproxen sod 220 mg tablet 220 mg</i>	PDL Preferred Generic	OTC
RA CHILD IBUPROFEN 100 MG/5 ML 100 MG/5 ML	Non-PDL Generic	OTC
RA CHILD IBUPROFEN 100 MG/5 ML BUBBLEGUM 100 MG/5 ML	Non-PDL Generic	OTC
RA CHILD IBUPROFEN 100 MG/5 ML D/F, BERRY FLAVOR 100 MG/5 ML	Non-PDL Generic	OTC
RA CHILD IBUPROFEN 100 MG/5 ML GLUTEN/F,BERRY 100 MG/5 ML	Non-PDL Generic	OTC
RA CHILD IBUPROFEN 100 MG/5 ML GLUTEN/F,GRAPE 100 MG/5 ML	Non-PDL Generic	OTC
RA CHILD IBUPROFEN 100 MG/5 ML GLUTN/F,BUBBLEGM 100 MG/5 ML	Non-PDL Generic	OTC
<i>ra ibuprofen 100 mg/5 ml susp (otc) 100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>ra ibuprofen 100 mg/5 ml susp children's (otc) 100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>ra ibuprofen 200 mg caplet 200 mg</i>	Non-PDL Generic	OTC

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

Drug	Status	Notes
SM IBUPROFEN IB 200 MG TABLET 200 MG	Non-PDL Generic	OTC
SM IBUPROFEN IB 200 MG TABLET COATED 200 MG	Non-PDL Generic	OTC
SM INF IBUPROFEN 50 MG/1.25 ML 50 MG/1.25 ML	Non-PDL Generic	OTC
SM INF IBUPROFEN 50 MG/1.25 ML D/F 50 MG/1.25 ML	Non-PDL Generic	OTC
SM INF IBUPROFEN 50 MG/1.25 ML W/DROPPER 50 MG/1.25 ML	Non-PDL Generic	OTC
<i>sm naproxen sod 220 mg caplet 220 mg</i>	PDL Preferred Generic	OTC
<i>sm naproxen sod 220 mg caplet gluten free, caplet 220 mg</i>	PDL Preferred Generic	OTC
<i>sulindac 150 mg tablet 150 mg</i>	PDL Preferred Generic	90DS
<i>sulindac 200 mg tablet 200 mg</i>	PDL Preferred Generic	
<i>tolmetin sodium 200 mg tab 200 mg</i>	Non-PDL Generic	
WAL-PROFEN 200 MG CAPLET F/C, CAPLET 200 MG	Non-PDL Generic	OTC
WAL-PROFEN 200 MG CAPLET F/C,CAPLET 200 MG	Non-PDL Generic	OTC
WAL-PROFEN 200 MG TABLET F/C 200 MG	Non-PDL Generic	OTC
WAL-PROFEN 200 MG TABLET F/C,TWIN PACK BONUS 200 MG	Non-PDL Generic	OTC
WAL-PROXEN 220 MG CAPLET 220 MG	PDL Preferred Generic	OTC
WAL-PROXEN 220 MG TABLET 220 MG	PDL Preferred Generic	OTC
ZIPSOR 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)

Drug	Status	Notes
ZORVOLEX 18 MG CAPSULE 18 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
ZORVOLEX 35 MG CAPSULE 35 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Plasma Kallikrein Inhibitors		
ORLADEYO 110 MG CAPSULE 110 MG	PDL Non-Preferred Brand	PA; SP
ORLADEYO 150 MG CAPSULE 150 MG	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
TAKHZYRO 300 MG/2 ML VIAL 300 MG/2 ML (150 MG/ML)	PDL Non-Preferred Brand	PA; SP
Local Anesthesia		
Local Anesthetics		
GLYDO 2% JELLY SYRINGE 2 %	Non-PDL Generic	
<i>lidocaine 2% viscous soln 2 %</i>	Non-PDL Generic	
LIDOCAINE 2% VISCOUS SOLN 2 %	Non-PDL Generic	
LIDOCAINE 2% VISCOUS SOLN INNER 2 %	Non-PDL Generic	
LIDOCAINE 2% VISCOUS SOLN OUTER 2 %	Non-PDL Generic	
<i>lidocaine hcl 2% jel urojet ac uro-jet ac, p/f, suv 2 %</i>	Non-PDL Generic	
<i>lidocaine hcl 2% jelly inner 2 %</i>	Non-PDL Generic	
<i>lidocaine hcl 2% jelly outer 2 %</i>	Non-PDL Generic	
<i>lidocaine hcl 2% jelly uro-jet uro-jet, p/f, suv 2 %</i>	Non-PDL Generic	
<i>lidocaine hcl 2% jelly uro-jet uro-jet,p/f, suv 2 %</i>	Non-PDL Generic	
<i>lidocaine hcl 2% jelly uro-jet uro-jet,single use 2 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>lidocaine hcl 2% jelly w/applicator cone 2 %</i>	Non-PDL Generic	
<i>lidocaine hcl 4% solution 4 % (40 mg/ml)</i>	Non-PDL Generic	
<i>lidocaine hcl 4% solution inner 4 % (40 mg/ml)</i>	Non-PDL Generic	
<i>lidocaine hcl 4% solution outer 4 % (40 mg/ml)</i>	Non-PDL Generic	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Chronic Inflammation. Colon Dx, 5-A-Salicylate, Rectal Tx		
CANASA 1,000 MG SUPPOSITORY OUTER 1,000 MG	PDL Preferred Brand	
<i>mesalamine 1,000 mg supp 1,000 mg</i>	PDL Non-Preferred Generic	PA
<i>mesalamine 1,000 mg supp inner 1,000 mg</i>	PDL Non-Preferred Generic	PA
<i>mesalamine 1,000 mg supp outer 1,000 mg</i>	PDL Non-Preferred Generic	PA
<i>mesalamine 4 gm/60 ml enema 7x60ml, outer 4 gram/60 ml</i>	PDL Non-Preferred Generic	PA
<i>mesalamine 4 gm/60 ml enema inner 4 gram/60 ml</i>	PDL Non-Preferred Generic	PA
<i>mesalamine 4 gm/60 ml enema outer 4 gram/60 ml</i>	PDL Non-Preferred Generic	PA
<i>mesalamine 4 gm/60 ml kit 28x60ml plus wipes 4 gram/60 ml</i>	PDL Non-Preferred Generic	PA
<i>mesalamine 4 gm/60 ml kit 4 gram/60 ml</i>	PDL Non-Preferred Generic	PA
<i>mesalamine 4 gm/60 ml kit 7x60ml 4 gram/60 ml</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>mesalamine 4 gm/60 ml kit 7x60ml plus wipes 4 gram/60 ml</i>	PDL Non-Preferred Generic	PA
ROWASA 4 GM/60 ML ENEMA INNER 4 GRAM/60 ML	PDL Preferred Brand	
ROWASA 4 GM/60 ML ENEMA KIT OUTER 4 GRAM/60 ML	PDL Preferred Brand	
SFROWASA 4 GM/60 ML ENEMA 4 GRAM/60 ML	PDL Preferred Brand	
SFROWASA 4 GM/60 ML ENEMA INNER 4 GRAM/60 ML	PDL Preferred Brand	
SFROWASA 4 GM/60 ML ENEMA OUTER 4 GRAM/60 ML	PDL Preferred Brand	
Drug Tx-Chronic Inflam. Colon Dx,5-Aminosalicylat		
APRISO ER 0.375 GRAM CAPSULE 0.375 GRAM	PDL Preferred Brand	
ASACOL HD DR 800 MG TABLET 800 MG	PDL Non-Preferred Brand	PA
AZULFIDINE 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA
AZULFIDINE ENTAB 500 MG 500 MG	PDL Non-Preferred Brand	PA
<i>balsalazide disodium 750 mg cp 750 mg</i>	PDL Preferred Generic	
COLAZAL 750 MG CAPSULE 750 MG	PDL Non-Preferred Brand	PA
DELZICOL DR 400 MG CAPSULE 400 MG	PDL Preferred Brand	

Drug	Status	Notes
DIPENTUM 250 MG CAPSULE 250 MG	PDL Non-Preferred Brand	PA
LIALDA DR 1.2 GM TABLET F/C 1.2 GRAM	PDL Preferred Brand	
LIALDA DR 1.2 GM TABLET FEDERAL SUPPLY 1.2 GRAM	PDL Preferred Brand	
LIALDA DR 1.2 GM TABLET SAMPLE 1.2 GRAM	PDL Preferred Brand	
<i>mesalamine 800 mg dr tablet 800 mg</i>	PDL Non-Preferred Generic	PA
<i>mesalamine dr 1.2 gm tablet 1.2 gram</i>	PDL Non-Preferred Generic	PA
<i>mesalamine dr 400 mg capsule 400 mg</i>	PDL Non-Preferred Generic	PA
<i>mesalamine er 0.375 gram cap 0.375 gram</i>	PDL Non-Preferred Generic	PA
PENTASA 250 MG CAPSULE 250 MG	PDL Preferred Brand	
PENTASA 500 MG CAPSULE 500 MG	PDL Preferred Brand	
<i>sulfasalazine 500 mg tablet 500 mg</i>	PDL Preferred Generic	
<i>sulfasalazine dr 500 mg tab 500 mg</i>	PDL Preferred Generic	
Hemorrhoidal Prep, Anti-Infam Steroid/Local Anesth		
ANA-LEX 2-2% KIT 2-2 %	Non-PDL Generic	
ANALPRAM HC 2.5%-1% CREAM 2.5-1 %	Non-PDL Brand	

Drug	Status	Notes
<i>hydrocort-pramoxine 1%-1% crm 1-1 %</i>	Non-PDL Generic	
<i>hydrocort-pramoxine 2.5%-1% cm inner 2.5-1 % (4g)</i>	Non-PDL Generic	
<i>hydrocort-pramoxine 2.5%-1% cm singles 12x4gm tube 2.5-1 % (4g)</i>	Non-PDL Generic	
<i>hydrocort-pramoxine 2.5%-1% cm singles 30x4gm tube 2.5-1 % (4g)</i>	Non-PDL Generic	
<i>hydrocort-pramoxine 2.5-1% crm 2.5-1 %</i>	Non-PDL Generic	
<i>lidocaine-hc 2.8-0.55% gel 2.8-0.55 %</i>	Non-PDL Generic	
<i>lidocaine-hc 3-0.5% cream 14 applicators 3-0.5 %</i>	Non-PDL Generic	
<i>lidocaine-hc 3-0.5% cream inner 3-0.5 %</i>	Non-PDL Generic	
<i>lidocaine-hc 3-0.5% cream kit 20 tubes/app,wipes 3-0.5 %</i>	Non-PDL Generic	
<i>lidocaine-hc 3-1% cream kit 20 tubes/appl,wipes 3-1 % (7 gram)</i>	Non-PDL Generic	
<i>lidocaine-hc 3-2.5% gel kit 20 single-use, outer 3-2.5 % (7 gram)</i>	Non-PDL Generic	
<i>lidocaine-hc 3-2.5% gel kit 20 tubes/app, wipes 3-2.5 % (7 gram)</i>	Non-PDL Generic	
<i>lidocaine-hydrocortisone 3-2.5% gel 3 %-2.5 % (7 gram)</i>	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
EQ HEMORRHOIDAL OINTMENT 0.25-14-71.9 %, 0.25-14-74.9 %	Non-PDL Generic	OTC
EQL HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	OTC
EQL HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	OTC
GNP HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	OTC
GS HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	OTC

Drug	Status	Notes
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
HM HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	OTC
PREPARATION H SUPPOSITORY 0.25-88.44 %	Non-PDL Generic	OTC
PUB HEMORRHOIDAL OINTMENT	Non-PDL Generic	OTC
PUB HEMORRHOIDAL SUPPOSITORIES 0.25-3 %	Non-PDL Generic	OTC
QC HEMORRHOIDAL SUPPOSITORIES 0.25-88.44 %	Non-PDL Generic	OTC
RA HEMORRHOIDAL H SUPP	Non-PDL Generic	OTC
RA HEMORRHOIDAL OINTMENT	Non-PDL Generic	OTC
SM HEMORRHOIDAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	OTC
Hemorrhoidals, Local Rectal Anesthetics		
<i>dibucaine 1% ointment 1 %</i>	Non-PDL Generic	OTC
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
LINZESS 145 MCG CAPSULE 145 MCG	Non-PDL Brand	QL (1 EA per 1 day)
LINZESS 290 MCG CAPSULE 290 MCG	Non-PDL Brand	QL (1 EA per 1 day)
LINZESS 72 MCG CAPSULE 72 MCG	Non-PDL Brand	QL (1 EA per 1 day)

Drug	Status	Notes
Rectal Preparations		
ANUCORT-HC 25 MG SUPPOSITORY 25 MG	Non-PDL Generic	
ANUCORT-HC 25 MG SUPPOSITORY INNER 25 MG	Non-PDL Generic	
ANUCORT-HC 25 MG SUPPOSITORY OUTER 25 MG	Non-PDL Generic	
<i>hydrocortisone ac 25 mg supp 25 mg</i>	Non-PDL Generic	
<i>hydrocortisone ac 25 mg supp inner 25 mg</i>	Non-PDL Generic	
<i>hydrocortisone ac 25 mg supp outer 25 mg</i>	Non-PDL Generic	
<i>hydrocortisone ac 30 mg supp 30 mg</i>	Non-PDL Generic	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)		
<i>hydrocortisone 100 mg/60 ml inner 100 mg/60 ml</i>	Non-PDL Generic	
<i>hydrocortisone 100 mg/60 ml outer 100 mg/60 ml</i>	Non-PDL Generic	
UCERIS 2 MG RECTAL FOAM INNER 2 MG/ACTUATION	PDL Non-Preferred Brand	PA
UCERIS 2 MG RECTAL FOAM OUTER 2 MG/ACTUATION	PDL Non-Preferred Brand	PA
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU 200 MG TAB FOR SUSP 200 MG	Non-PDL Brand	PA; SP
<i>carglumic acid 200 mg tab susp 200 mg</i>	Non-PDL Generic	PA; SP
ENULOSE 10 GM/15 ML SOLUTION 10 GRAM/15 ML	Non-PDL Generic	90DS
GENERLAC 10 GM/15 ML SOLUTION 10 GRAM/15 ML	Non-PDL Generic	90DS
<i>lactulose 10 gm/15 ml solution 10 gram/15 ml</i>	Non-PDL Generic	90DS
RAVICTI 1.1 GRAM/ML LIQUID 1.1 GRAM/ML	Non-PDL Brand	PA; SP
<i>sodium phenylbutyrate 500 mg tb 500 mg</i>	Non-PDL Generic	PA; SP

Drug	Status	Notes
<i>sodium phenylbutyrate powder 0.94 gram/gram</i>	Non-PDL Generic	PA; SP
Antidiarrheals		
ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	OTC
ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	OTC
ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	Non-PDL Generic	OTC
ANTI-DIARRHEAL 2 MG SOFTGEL SOFTGEL 2 MG	Non-PDL Generic	OTC
ANTI-DIARRHEAL 2 MG TABLET 2 MG	Non-PDL Generic	OTC
BISMATROL TABLET CHEW 262 MG	Non-PDL Generic	OTC
<i>bismuth 262 mg tablet chew 262 mg</i>	Non-PDL Generic	OTC
BISMUTH 262 MG TABLET CHEW 262 MG	Non-PDL Generic	OTC
CVS ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	OTC
CVS ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	OTC
CVS ANTI-DIARRHEAL 2 MG SFTGEL 2 MG	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 262 MG	Non-PDL Generic	OTC
CVS STOMACH RLF 262 MG CHEW TB 262 MG	Non-PDL Generic	OTC
DIAMODE 2 MG TABLET 6'S,MICROFILM COATED 2 MG	Non-PDL Generic	OTC
DIAMODE 2 MG TABLET INNER, F/C 2 MG	Non-PDL Generic	OTC
DIAMODE 2 MG TABLET OUTER, F/C 2 MG	Non-PDL Generic	OTC
DIAMODE 2 MG TABLET U-D,50'S,F/C 2 MG	Non-PDL Generic	OTC

Drug	Status	Notes
DIARRHEA RELIEF 262 MG/15 ML VANILLA 262 MG/15 ML	Non-PDL Generic	OTC
DIARRHEA RELIEF 262 MG/15 ML VANILLA FLAVOR 262 MG/15 ML	Non-PDL Generic	OTC
DIARRHEA RELIEF SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
DIGESTIVE RELIEF CAPLET 262 MG	Non-PDL Generic	OTC
DIGESTIVE RELIEF SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
DIOTAME 262 MG TABLET CHEW INNER 262 MG	Non-PDL Generic	OTC
DIOTAME 262 MG TABLET CHEW OUTER 262 MG	Non-PDL Generic	OTC
<i>diphenoxylate-atropine 2.5-0.025 mg tablet 2.5-0.025 mg</i>	Non-PDL Generic	
<i>diphenoxylate-atropine 2.5-0.025 mg tablet u-d, 10x10, inner 2.5-0.025 mg</i>	Non-PDL Generic	
<i>diphenoxylate-atropine 2.5-0.025 mg tablet u-d, outer, 10x10 2.5-0.025 mg</i>	Non-PDL Generic	
<i>diphenoxylate-atropine 2.5-0.025 mg/5 ml liquid w/dropper 2.5-0.025 mg/5 ml</i>	Non-PDL Generic	
EQ ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	OTC
EQ ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	OTC
EQ ANTI-DIARRHEAL 2 MG SFTGEL 2 MG	Non-PDL Generic	OTC
EQ STOMACH RELIEF 262 MG/15 ML 262 MG/15 ML	Non-PDL Generic	OTC
EQ STOMACH RELIEF 262 MG/15 ML REGULAR STRENGTH 262 MG/15 ML	Non-PDL Generic	OTC
EQ STOMACH RELIEF 525 MG/15 ML MAXIMUM STRENGTH 525 MG/15 ML	Non-PDL Generic	OTC
EQ STOMACH RLF 262 MG CHEW TAB 262 MG	Non-PDL Generic	OTC
EQL ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	OTC
EQL STOMACH RELIEF LIQUID 525 MG/15 ML	Non-PDL Generic	OTC
EQL STOMACH RLF 262 MG CHEW TB 262 MG	Non-PDL Generic	OTC

Drug	Status	Notes
EQL STOMACH RLF 262 MG/15 ML CHERRY 262 MG/15 ML	Non-PDL Generic	OTC
EQL STOMACH RLF 525 MG/15 ML 525 MG/15 ML	Non-PDL Generic	OTC
EQL STOMACH RLF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	OTC
GERI-PECTATE 262 MG/15 ML SUSP 262 MG/15 ML	Non-PDL Generic	OTC
GNP ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	OTC
GNP K-PEC SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
GNP PINK BISMUTH 262 MG TB CHW 262 MG	Non-PDL Generic	OTC
GNP PINK BISMUTH CAPLET 262 MG	Non-PDL Generic	OTC
GNP STOMACH RELIEF 525 MG/15 ML 525 MG/15 ML	Non-PDL Generic	OTC
GNP STOMACH RLF 262 MG/15 ML ORIGINAL STRENGTH 262 MG/15 ML	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 2 MG	Non-PDL Generic	OTC
HM ANTI-DIARRHEAL 2 MG CAPLET CAPLET, GLUTEN-FREE 2 MG	Non-PDL Generic	OTC
HM ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	Non-PDL Generic	OTC
HM STOMACH RELIEF 525 MG/15 ML 525 MG/15 ML	Non-PDL Generic	OTC
HM STOMACH RELIEF 525 MG/15 ML ORIGINAL, MAX STR 525 MG/15 ML	Non-PDL Generic	OTC
HM STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	OTC
HM STOMACH RLF 262 MG CHEW TAB 262 MG	Non-PDL Generic	OTC
IMODIUM A-D 2 MG SOFTGEL 2 MG	Non-PDL Generic	OTC
KAOPECTATE 262 MG/15 ML SUSP 262 MG/15 ML	Non-PDL Generic	OTC
KAOPECTATE 262 MG/15 ML SUSP CHERRY 262 MG/15 ML	Non-PDL Generic	OTC

Drug	Status	Notes
KAOPECTATE 262 MG/15 ML SUSP PEPPERMINT 262 MG/15 ML	Non-PDL Generic	OTC
KAOPECTATE EXTRA STRENGTH LIQ PEPPERMINT 525 MG/15 ML	Non-PDL Generic	OTC
K-PEC SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
KRO ANTI-DIARRHEAL 2 MG CAPLET CAPLET, GLUTEN FREE 2 MG	Non-PDL Generic	OTC
KRO ANTI-DIARRHEAL 2 MG CAPLET CAPLET, GLUTEN-FREE 2 MG	Non-PDL Generic	OTC
KRO STOMACH RLF 262 MG CHEW TB GLUTEN-FREE 262 MG	Non-PDL Generic	OTC
KRO STOMACH RLF 262 MG/15 ML GLUTEN FREE, ORIGINAL 262 MG/15 ML	Non-PDL Generic	OTC
<i>loperamide 2 mg caplet caplet 2 mg</i>	Non-PDL Generic	OTC
<i>loperamide 2 mg capsule (rx) 2 mg</i>	Non-PDL Generic	
<i>loperamide 2 mg capsule u-d, 10x10, inner (rx) 2 mg</i>	Non-PDL Generic	
<i>loperamide 2 mg capsule u-d, 10x10, outer (rx) 2 mg</i>	Non-PDL Generic	
<i>loperamide 2 mg tablet 2 mg</i>	Non-PDL Generic	OTC
MEDI-FIRST PEP-T-MED TAB CHEW 262 MG	Non-PDL Generic	OTC
<i>opium tincture 10 mg/ml 10 mg/ml (morphine)</i>	Non-PDL Generic	
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 TABLET CHEW 262 MG	Non-PDL Brand	OTC
PEPTO-BISMOL TABLET CHEW INSTACOOOL 262 MG	Non-PDL Brand	OTC

Drug	Status	Notes
PEPTO-BISMOL TO-GO 262 MG CHEW 2X12, CHERRY FLAVOR 262 MG	Non-PDL Brand	OTC
PEPTO-BISMOL TO-GO 262 MG CHEW 2X12,CHERRY FLAVOR 262 MG	Non-PDL Brand	OTC
PEPTO-BISMOL TO-GO 262 MG CHEW CHERRY FLAVOR 262 MG	Non-PDL Brand	OTC
PINK BISMUTH 262 MG TAB CHEW 262 MG	Non-PDL Generic	OTC
PINK BISMUTH 262 MG/15 ML SUSP 262 MG/15 ML	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 262 MG	Non-PDL Generic	OTC
PUB STOMACH RLF 262 MG/15 ML ORIGINAL FORMULA 262 MG/15 ML	Non-PDL Generic	OTC
QC ANTI-DIARRHEAL 2 MG CAPLET 2 MG	Non-PDL Generic	OTC
QC ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	Non-PDL Generic	OTC
QC DIARRHEA RLF 262 MG/15 ML VANILLA REG FLAVOR 262 MG/15 ML	Non-PDL Generic	OTC
QC PINK BISMUTH 262 MG CAPLET 262 MG	Non-PDL Generic	OTC
RA ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	OTC
RA ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	Non-PDL Generic	OTC
RA PINK BISMUTH 262 MG TAB CHW 262 MG	Non-PDL Generic	OTC
RA PINK BISMUTH 262 MG/15 ML 262 MG/15 ML	Non-PDL Generic	OTC
RA PINK BISMUTH CAPLET 262 MG	Non-PDL Generic	OTC
RA STOMACH RELIEF 262 MG/15 ML REG STRENGTH 262 MG/15 ML	Non-PDL Generic	OTC
RA STOMACH RELIEF MAX STR LIQ MAX STRENGTH 525 MG/15 ML	Non-PDL Generic	OTC
SM ANTI-DIARRHEAL 2 MG CAPLET CAPLET 2 MG	Non-PDL Generic	OTC

Drug	Status	Notes
SM ANTI-DIARRHEAL 2 MG SOFTGEL 2 MG	Non-PDL Generic	OTC
SM STOMACH RELIEF 525 MG/30 ML 262 MG/15 ML	Non-PDL Generic	OTC
SM STOMACH RLF 262 MG CHEW TAB 262 MG	Non-PDL Generic	OTC
SOOTHE 262 MG CAPLET CAPLET 262 MG	Non-PDL Generic	OTC
SOOTHE 262 MG CHEWABLE TABLET 262 MG	Non-PDL Generic	OTC
SOOTHE 262 MG/15 ML SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
SOOTHE 262 MG/15 ML SUSPENSION CHERRY 262 MG/15 ML	Non-PDL Generic	OTC
SOOTHE 262 MG/15 ML SUSPENSION ORIGINAL 262 MG/15 ML	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 262 MG	Non-PDL Generic	OTC
STOMACH RELIEF 262 MG CHEW TAB 262 MG	Non-PDL Generic	OTC
STOMACH RELIEF 262 MG/15 ML ORIGINAL STRENGTH 262 MG/15 ML	Non-PDL Generic	OTC
STOMACH RELIEF 525 MG/15 ML 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 262 MG/15 ML	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 2 MG	Non-PDL Generic	OTC
Bile Salts		
<i>ursodiol 250 mg tablet 250 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>ursodiol 250 mg tablet f/c 250 mg</i>	Non-PDL Generic	
<i>ursodiol 300 mg capsule 300 mg</i>	Non-PDL Generic	90DS
<i>ursodiol 300 mg capsule inner 300 mg</i>	Non-PDL Generic	90DS
<i>ursodiol 300 mg capsule outer 300 mg</i>	Non-PDL Generic	90DS
<i>ursodiol 500 mg tablet 500 mg</i>	Non-PDL Generic	
Farnesoid X Receptor (Fxr) Agonist, Bile Ac Analog		
OCALIVA 10 MG TABLET 10 MG	Non-PDL Brand	PA; SP
OCALIVA 5 MG TABLET 5 MG	Non-PDL Brand	PA; SP
Laxatives And Cathartics		
ALOPHEN PILLS 5 MG	Non-PDL Generic	OTC
<i>bisacodyl ec 5 mg tablet 5 mg</i>	Non-PDL Generic	OTC
<i>bisacodyl ec 5 mg tablet usp 5 mg</i>	Non-PDL Generic	OTC
<i>castor oil 100 %</i>	Non-PDL Generic	OTC
<i>castor oil stimulant laxative 100 %</i>	Non-PDL Generic	OTC
<i>castor oil usp (rx)</i>	Non-PDL Generic	
<i>castor oil usp 100 %</i>	Non-PDL Generic	OTC
CITROMA SOLUTION	Non-PDL Generic	OTC
CITRUCEL 500 MG CAPLET 500 MG	Non-PDL Brand	OTC
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

Drug	Status	Notes
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 SOLUTION INNER 10 MG-3.5 GRAM -12 GRAM/160 ML	Non-PDL Brand	\$0 COPAY IF AGE 45-75 YEARS
CLENPIQ SOLUTION OUTER 10 MG-3.5 GRAM -12 GRAM/160 ML	Non-PDL Brand	\$0 COPAY IF AGE 45-75 YEARS
CLENPIQ SOLUTION SAMPLE 10 MG-3.5 GRAM -12 GRAM/160 ML	Non-PDL Brand	\$0 COPAY IF AGE 45-75 YEARS
COLACE 100 MG CAPSULE 100 MG	Non-PDL Brand	OTC
COLACE CLEAR 50 MG SOFTGEL 50 MG	Non-PDL Brand	OTC
COLACE-T 100 MG CAPSULE 100 MG	Non-PDL Brand	OTC
COL-RITE 250 MG SOFTGEL 250 MG	Non-PDL Generic	OTC
CONSTULOSE 10 GM/15 ML SOLN 10 GRAM/15 ML	Non-PDL Generic	90DS
<i>cvs bisacodyl ec 5 mg tablet 5 mg</i>	Non-PDL Generic	OTC
<i>cvs castor oil 100 %</i>	Non-PDL Generic	OTC
<i>cvs citrate of magnesia soln</i>	Non-PDL Generic	OTC
CVS C-LAX LAXATIVE EC 5 MG TAB 5 MG	Non-PDL Generic	OTC
CVS DAILY FIBER 0.52 GRAM CAP 0.52 GRAM	Non-PDL Generic	OTC
CVS FIBER 0.52 G CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
CVS FIBER LAXATIVE 625 MG CPLT CAPLET 625 MG	Non-PDL Generic	OTC
CVS FIBER THERAPY 500 MG CAPLT SOLUBLE, CAPLET 500 MG	Non-PDL Generic	OTC
CVS FIBER THERAPY CAPSULE 0.52 GRAM	Non-PDL Generic	OTC

Drug	Status	Notes
CVS GENTLE LAXATIVE EC 5 MG TB 5 MG	Non-PDL Generic	OTC
CVS GENTLE LAXATIVE EC 5 MG TB COMFORT COATED 5 MG	Non-PDL Generic	OTC
<i>cvs magnesium citrate soln</i>	Non-PDL Generic	OTC
<i>cvs magnesium citrate solution</i>	Non-PDL Generic	OTC
CVS MILK OF MAGNESIA SUSP 400 MG/5 ML	Non-PDL Generic	OTC
CVS MILK OF MAGNESIA SUSP STIMULANT FREE 400 MG/5 ML	Non-PDL Generic	OTC
<i>cvs mineral oil</i>	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 10 DAILY DOSES 17 GRAM	Non-PDL Generic	OTC
CVS SENNA LAXATIVE 8.6 MG TAB 8.6 MG	Non-PDL Generic	OTC
CVS SENNA PLUS TABLET 8.6-50 MG	Non-PDL Generic	OTC
CVS STOOL SOFTENER 100 MG SFGL 100 MG	Non-PDL Generic	OTC
CVS STOOL SOFTENER 250 MG SFGL 250 MG	Non-PDL Generic	OTC
CVS STOOL SOFTENER 50 MG SOFTGEL 50 MG	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 5 MG	Non-PDL Generic	OTC
DAILY FIBER CAPSULE 0.4 GRAM	Non-PDL Generic	
DIOCTO 60 MG/15 ML SYRUP 60 MG/15 ML	Non-PDL Generic	OTC
DOCU LIQUID 50 MG/5 ML 50 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
<i>docusate sod 100 mg/10 ml cup inner 50 mg/5 ml</i>	Non-PDL Generic	OTC
<i>docusate sod 100 mg/10 ml cup outer 50 mg/5 ml</i>	Non-PDL Generic	OTC
<i>docusate sod 60 mg/15 ml syrp 60 mg/15 ml</i>	Non-PDL Generic	OTC
<i>docusate sodium 100 mg capsule 100 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 100 mg capsule u-d, 10x10, softgel 100 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 100 mg capsule u-d, 25x30, softgel 100 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 100 mg softgel 100 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 100 mg softgel inner, softgel 100 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 100 mg softgel outer, softgel 100 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 100 mg softgel softgel 100 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 100 mg softgel u-d, softgel 100 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 100 mg softgel u-d, softgel 100 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 250 mg capsule 250 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 250 mg capsule u-d, softgel 250 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 250 mg softgel 250 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 250 mg softgel softgel 250 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 250 mg softgel u-d, softgel 250 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium 50 mg/5 ml cup inner 50 mg/5 ml</i>	Non-PDL Generic	OTC
<i>docusate sodium 50 mg/5 ml cup outer 50 mg/5 ml</i>	Non-PDL Generic	OTC
<i>docusate sodium 50 mg/5 ml liq 50 mg/5 ml</i>	Non-PDL Generic	OTC
DOCUZEN 8.6-50 MG TABLET 8.6-50 MG	Non-PDL Generic	OTC

Drug	Status	Notes
DSS 250 MG SOFTGEL 250 MG	Non-PDL Generic	OTC
DULCOEASE 100 MG SOFTGEL 100 MG	Non-PDL Generic	OTC
DULCOLAX 1,200 MG/15 ML LIQUID 400 MG/5 ML	Non-PDL Generic	OTC
DULCOLAX EC 5 MG TABLET 5 MG	Non-PDL Brand	OTC
DULCOLAX SS 100 MG LIQUID GEL 100 MG	Non-PDL Generic	OTC
DULCOLAX SS 100 MG SOFTGEL 100 MG	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 0.52 GRAM	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 0.52 GRAM	Non-PDL Generic	OTC
EQ FIBER THERAPY 625 MG CAPLET 625 MG	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 5 MG	Non-PDL Generic	OTC
<i>eq magnesium citrate solution</i>	Non-PDL Generic	OTC
<i>eq magnesium citrate solution cherry</i>	Non-PDL Generic	OTC
EQ MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
<i>eq mineral oil odorless</i>	Non-PDL Generic	OTC
EQ NATURAL FIBER LAXATIVE POWD SMOOTH TEXTURE	Non-PDL Generic	OTC
EQ NATURAL LAXATIVE 8.6 MG TAB 8.6 MG	Non-PDL Generic	OTC

Drug	Status	Notes
EQ SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	OTC
EQ STOOL SOFTENER 100 MG SFTGL 100 MG	Non-PDL Generic	OTC
EQ STOOL SOFTENER 100 MG SFTGL SOFTGEL 100 MG	Non-PDL Generic	OTC
EQ STOOL SOFTENER-STIM LAX TAB 8.6- 50 MG	Non-PDL Generic	OTC
EQ VEGETABLE LAXATIVE 8.6 MG TB 8.6 MG	Non-PDL Generic	OTC
EQ WOMEN'S LAXATIVE 5 MG TAB 5 MG	Non-PDL Generic	OTC
<i>eqi castor oil 100 %</i>	Non-PDL Generic	OTC
EQL CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
EQL FIBER LAXATIVE 625 MG CPLT CAPLET 625 MG	Non-PDL Generic	OTC
EQL FIBER THERAPY 500 MG CPLT CAPLET 500 MG	Non-PDL Generic	OTC
EQL FIBER THERAPY POWDER (OTC) 3.4 GRAM/12 GRAM	Non-PDL Generic	OTC
EQL FIBER THERAPY POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
EQL FIBER THERAPY POWDER 3.4 GRAM/7 GRAM	Non-PDL Generic	OTC
EQL GENTLE LAXATIVE EC 5 MG TB 5 MG	Non-PDL Generic	OTC
<i>eqi magnesium citrate solution</i>	Non-PDL Generic	OTC
EQL MILK OF MAGNESIA SUSP 400 MG/5 ML	Non-PDL Generic	OTC
EQL NATURAL FIBER LAXATIVE CAP 0.52 GRAM	Non-PDL Generic	OTC
EQL SENNA LAXATIVE 8.6 MG TAB 8.6 MG	Non-PDL Generic	OTC
EQL SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	OTC
EQL STOOL SOFTENER 100 MG SFGL 100 MG	Non-PDL Generic	OTC
EQL STOOL SOFTENER 100 MG SFGL SOFTGEL 100 MG	Non-PDL Generic	OTC

Drug	Status	Notes
EQL STOOL SOFTENER-STIM LAX TB 8.6-50 MG	Non-PDL Generic	OTC
EVAC-U-GEN 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
FIBER LAX 625 MG CAPLET 625 MG	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG CAPLET 625 MG	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG CAPLET CAPLET 625 MG	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG CAPLET INNER 625 MG	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG CAPLET OUTER 625 MG	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG TABLET 625 MG	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG TABLET INNER 625 MG	Non-PDL Generic	OTC
FIBER LAXATIVE 625 MG TABLET OUTER 625 MG	Non-PDL Generic	OTC
FIBER TABLET UNBOXED 625 MG	Non-PDL Generic	OTC
FIBER TABS 625 MG	Non-PDL Generic	OTC
FIBER THERAPY 500 MG CAPLET CAPLET 500 MG	Non-PDL Generic	OTC
FIBER THERAPY 625 MG CAPLET 625 MG	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
FIBER THERAPY POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
FIBERCON 625 MG CAPLET 625 MG	Non-PDL Brand	OTC
FIBER-LAX CAPTABS 500MG POLYCARBOPHIL 625 MG	Non-PDL Generic	OTC
GAVILAX 8.5 GRAM POWDER PACKET 8.5 GRAM	Non-PDL Generic	OTC

Drug	Status	Notes
GAVILYTE-C SOLUTION 240-22.72-6.72 - 5.84 GRAM	Non-PDL Generic	\$0 COPAY IF AGE 45-75 YEARS
GAVILYTE-G SOLUTION 236-22.74-6.74 - 5.86 GRAM	Non-PDL Generic	\$0 COPAY IF AGE 45-75 YEARS
GENTLE LAXATIVE 5 MG TABLET 5 MG	Non-PDL Generic	OTC
GENTLE LAXATIVE EC 5 MG TABLET 5 MG	Non-PDL Generic	OTC
GENTLE LAXATIVE EC 5 MG TABLET EASY TO SWALLOW,N 5 MG	Non-PDL Generic	OTC
GENTLELAX POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
GERI-KOT 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
GERI-MUCIL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	Non-PDL Generic	OTC
GERI-MUCIL POWDER 3.4 GRAM/5.4 GRAM	Non-PDL Generic	OTC
GERI-MUCIL POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
<i>gnp castor oil 100 %</i>	Non-PDL Generic	OTC
<i>gnp castor oil usp 100 %</i>	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 500 MG	Non-PDL Generic	OTC
GNP GENTLE LAXATIVE EC 5 MG TB 5 MG	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
<i>gnp mineral oil</i>	Non-PDL Generic	OTC
GNP NATURAL FIBER LAXATIVE CAP 0.52 GRAM	Non-PDL Generic	OTC

Drug	Status	Notes
GNP NATURAL FIBER POWDER REGULAR 3.4 GRAM/7 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 8.6 MG	Non-PDL Generic	OTC
GNP SENNA PLUS 8.6-50 MG TAB 8.6-50 MG	Non-PDL Generic	OTC
GNP STOOL SOFTENER 100 MG SFGL 100 MG	Non-PDL Generic	OTC
GNP STOOL SOFTENER 250 MG SFGL 250 MG	Non-PDL Generic	OTC
GNP STOOL SOFTENER 50 MG/5 ML 50 MG/5 ML	Non-PDL Generic	OTC
GNP STOOL SOFTENER 60 MG/15 ML 60 MG/15 ML	Non-PDL Generic	OTC
GNP STOOL SOFTENER-STIM LAX TB 8.6- 50 MG	Non-PDL Generic	OTC
GNP WOMEN'S GENTLE LAX EC 5 MG 5 MG	Non-PDL Generic	OTC
<i>gs bisacodyl ec 5 mg tablet 5 mg</i>	Non-PDL Generic	OTC
GS CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
GS MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
<i>gs mineral oil</i>	Non-PDL Generic	OTC
GS SENNA LAXATIVE 8.6 MG TAB 8.6 MG	Non-PDL Generic	OTC
GS STOOL SOFTENER 100 MG SFTGL 100 MG	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

Drug	Status	Notes
<i>hm castor oil odorless-tasteless 100 %</i>	Non-PDL Generic	OTC
HM CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
HM CLEARLAX POWDER 7 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
HM FIBER 500 MG CAPLET 500 MG	Non-PDL Generic	OTC
HM LAXATIVE EC 5 MG TABLET 5 MG	Non-PDL Generic	OTC
<i>hm magnesium citrate solution</i>	Non-PDL Generic	OTC
HM MILK OF MAGNESIA SUSPENSION MINT 400 MG/5 ML	Non-PDL Generic	OTC
HM MILK OF MAGNESIA SUSPENSION ORIGINAL 400 MG/5 ML	Non-PDL Generic	OTC
<i>hm mineral oil</i>	Non-PDL Generic	OTC
HM SENNA 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
HM SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	OTC
HM STOOL SOFTENER 100 MG SFTGL 100 MG	Non-PDL Generic	OTC
HM STOOL SOFTENER 250 MG SFTGL 250 MG	Non-PDL Generic	OTC
HM STOOL SOFTENER-STIM LAX TAB 8.6- 50 MG	Non-PDL Generic	OTC
HV MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
HYDROCIL INSTANT POWDER	Non-PDL Generic	OTC
KONSYL PSYLLIUM FIBER POWDER ORANGE, GLUTEN FREE 3.4 GRAM/12 GRAM	Non-PDL Generic	OTC
KRISTALOSE 10 GM PACKET 30'S 10 GRAM	Non-PDL Brand	
KRISTALOSE 10 GM PACKET SAMPLE,SINGLE DS PKT 10 GRAM	Non-PDL Brand	
KRISTALOSE 20 GM PACKET 30'S 20 GRAM	Non-PDL Brand	QL (2 EA per 1 day)
KRISTALOSE 20 GM PACKET SAMPLE, SINGLE DOSE 20 GRAM	Non-PDL Brand	QL (2 EA per 1 day)

Drug	Status	Notes
KRO FIBER 625 MG CAPLET 625 MG	Non-PDL Generic	OTC
KRO FIBER LAXATIVE 625 MG CPLT CAPLET, GLUTEN-FREE 625 MG	Non-PDL Generic	OTC
KRO GENTLE LAXATIVE EC 5 MG TB 5 MG	Non-PDL Generic	OTC
KRO GENTLELAX 17 GRAM POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
KRO MILK OF MAGNESIA SUSP MINT, GLUTEN-FREE 400 MG/5 ML	Non-PDL Generic	OTC
KRO MILK OF MAGNESIA SUSP ORIGINAL 400 MG/5 ML	Non-PDL Generic	OTC
KRO STOOL SOFTENER 100 MG SFGL 100 MG	Non-PDL Generic	OTC
<i>lactulose 10 gm/15 ml solution 10 gram/15 ml</i>	Non-PDL Generic	90DS
<i>lactulose 10 gm/15 ml solution inner 10 gram/15 ml (15 ml)</i>	Non-PDL Generic	90DS
<i>lactulose 10 gm/15 ml solution outer 10 gram/15 ml (15 ml)</i>	Non-PDL Generic	90DS
<i>lactulose 10 gm/15 ml solution u-d, inner 10 gram/15 ml (15 ml)</i>	Non-PDL Generic	90DS
<i>lactulose 10 gm/15 ml solution u-d, outer 10 gram/15 ml (15 ml)</i>	Non-PDL Generic	90DS
<i>lactulose 10 gm/15 ml solution u-d, inner 10 gram/15 ml (15 ml)</i>	Non-PDL Generic	90DS
<i>lactulose 10 gm/15 ml solution u-d, outer, 15mlx50 10 gram/15 ml (15 ml)</i>	Non-PDL Generic	90DS
<i>lactulose 20 gm/30 ml solution u-d, inner 20 gram/30 ml</i>	Non-PDL Generic	
<i>lactulose 20 gm/30 ml solution u-d, outer 20 gram/30 ml</i>	Non-PDL Generic	
<i>lactulose 20 gm/30 ml solution u-d, inner 20 gram/30 ml</i>	Non-PDL Generic	
<i>lactulose 20 gm/30 ml solution u-d, outer, 30mlx50 20 gram/30 ml</i>	Non-PDL Generic	
LAX STOOL SOFTENER-SENNA TAB 8.6-50 MG	Non-PDL Generic	OTC
LAXA BASIC 100 MG SOFTGEL 100 MG	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 5 MG	Non-PDL Generic	OTC
LAXATIVE EC 5 MG TABLET 5 MG	Non-PDL Generic	OTC
<i>lubiprostone 24 mcg capsule 24 mcg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>lubiprostone 8 mcg capsule 8 mcg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>magnesium citrate solution</i>	Non-PDL Generic	OTC
<i>magnesium citrate solution cherry</i>	Non-PDL Generic	OTC
<i>magnesium citrate solution grape</i>	Non-PDL Generic	OTC
<i>magnesium citrate solution lemon</i>	Non-PDL Generic	OTC
<i>magnesium citrate solution saline laxative</i>	Non-PDL Generic	OTC
METAMUCIL POWDER ORANGE FLAVOR 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
MILK OF MAGNESIA CONCENTRATED INNER 2,400 MG/10 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA CONCENTRATED OUTER 2,400 MG/10 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION 100'S, U-D 400 MG/5 ML	Non-PDL Generic	OTC
<i>milk of magnesia suspension 400 mg/5 ml</i>	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
MILK OF MAGNESIA SUSPENSION GLUTEN-FREE,MINT 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION INNER 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION LOW SODIUM,ORIGL 400 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
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 OUTER 400 MG/5 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA SUSPENSION REGULAR 400 MG/5 ML	Non-PDL Generic	OTC
<i>mineral oil</i>	Non-PDL Generic	OTC
MINERAL OIL HEAVY HEAVY (OTC)	Non-PDL Generic	OTC
MINERAL OIL, HEAVY (OTC)	Non-PDL Generic	OTC
MINERAL OIL, HEAVY USP, HEAVY (RX)	Non-PDL Generic	
NATURAL FIBER LAXATIVE CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
NATURAL FIBER POWDER REGULAR 3.4 GRAM/7 GRAM	Non-PDL Generic	OTC
NATURAL FIBER POWDER SMOOTH TEXTURE	Non-PDL Generic	OTC
NATURAL FIBER POWDER SMOOTH TEXTURE	Non-PDL Generic	OTC
NATURAL LAXATIVE 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
ONELAX SENNA 8.8 MG/5 ML SYRUP 8.8 MG/5 ML	Non-PDL Generic	OTC
OSMOPREP TABLET 1.5 GRAM	Non-PDL Brand	\$0 COPAY IF AGE 45-75 YEARS
<i>peg 3350-electrolyte solution 420 gram</i>	Non-PDL Generic	\$0 COPAY IF AGE 45-75 YEARS
<i>peg 3350-electrolyte solution lemon 420 gram</i>	Non-PDL Generic	\$0 COPAY IF AGE 45-75 YEARS
<i>peg-3350 and electrolytes soln 236-22.74-6.74 -5.86 gram</i>	Non-PDL Generic	\$0 COPAY IF AGE 45-75 YEARS
<i>peg3350-sod sul-nacl-kcl-ascb-c 100-7.5-2.691-1.015-5.9-4.7g 100-7.5-2.691 gram</i>	Non-PDL Generic	\$0 COPAY IF AGE 45-75 YEARS
PEG-PREP KIT 5-210 MG-GRAM	Non-PDL Generic	\$0 COPAY IF AGE 45-75 YEARS

Drug	Status	Notes
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	Non-PDL Brand	\$0 COPAY IF AGE 45-75 YEARS
<i>polyethylene glycol 3350 powd (otc) 17 gram/dose</i>	Non-PDL Generic	OTC
<i>polyethylene glycol 3350 powd 14 once-daily doses (otc) 17 gram/dose</i>	Non-PDL Generic	OTC
<i>polyethylene glycol 3350 powd 17 grams pkt,inner (otc) 17 gram</i>	Non-PDL Generic	OTC
<i>polyethylene glycol 3350 powd 17 grams pkts,outer (otc) 17 gram</i>	Non-PDL Generic	OTC
<i>polyethylene glycol 3350 powd 30 once-daily doses (otc) 17 gram/dose</i>	Non-PDL Generic	OTC
<i>polyethylene glycol 3350 powd 7 once-daily doses (otc) 17 gram/dose</i>	Non-PDL Generic	OTC
<i>polyethylene glycol 3350 powd inner (otc) 17 gram</i>	Non-PDL Generic	OTC
<i>polyethylene glycol 3350 powd outer (otc) 17 gram</i>	Non-PDL Generic	OTC
POWDERLAX 17 G POWDER PACKET 17 GRAM	Non-PDL Generic	OTC
POWDERLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
<i>psyllium fiber 0.52 g capsule 0.52 gram</i>	Non-PDL Generic	OTC
<i>psyllium fiber capsule 0.4 gram</i>	Non-PDL Generic	
<i>pub docusate sodium 100 mg cap 100 mg</i>	Non-PDL Generic	OTC
PUB FIBER 625 MG CAPLET 625 MG	Non-PDL Generic	OTC
PUB FIBER CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
PUB LAXATIVE EC 5 MG TABLET 5 MG	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

Drug	Status	Notes
PUB MILK OF MAGNESIA SUSP ORIGINAL 400 MG/5 ML	Non-PDL Generic	OTC
<i>qc castor oil odorless-tasteless 100 %</i>	Non-PDL Generic	OTC
QC FIBER CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
QC MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
QC NATURAL VEGETABLE POWDER 48 DOSES, REG FLAVOR	Non-PDL Generic	OTC
QC NATURA-LAX 17 GM POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
QC STOOL SOFTENER 100 MG SFTGL 100 MG	Non-PDL Generic	OTC
QC VEGETABLE LAXATIVE 8.6 MG TB 8.6 MG	Non-PDL Generic	OTC
<i>ra bisacodyl ec 5 mg tablet 5 mg</i>	Non-PDL Generic	OTC
RA CITRATE OF MAGNESIA SOLN	Non-PDL Generic	OTC
RA COL-RITE 100 MG CAPSULE 100 MG	Non-PDL Generic	OTC
RA COL-RITE 100 MG SOFTGEL 100 MG	Non-PDL Generic	OTC
RA COL-RITE 250 MG SOFTGEL 250 MG	Non-PDL Generic	OTC
RA FIBER CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
RA FIBER THERAPY CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
RA LAXATIVE EC 5 MG TABLET 5 MG	Non-PDL Generic	OTC
RA LAXATIVE PEG 3350 POWDER 14 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
RA LAXATIVE PEG 3350 POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
RA LAXATIVE PEG 3350 POWDER 30 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
RA LAXATIVE PEG 3350 POWDER 7 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
RA MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
RA MILK OF MAGNESIA SUSPENSION WILD CHERRY 400 MG/5 ML	Non-PDL Generic	OTC
RA MINERAL OIL EXTRA-HEAVY EXTRA- HEAVY	Non-PDL Generic	OTC
RA MULTIHEALTH FIBER POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
RA MULTIHEALTH FIBER POWDER 3.4 GRAM/7 GRAM	Non-PDL Generic	OTC
RA P-COL RITE TABLET 8.6-50 MG	Non-PDL Generic	OTC
RA SENNA 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
RA SENNA PLUS TABLET 8.6-50 MG	Non-PDL Generic	OTC
RA SENNA-LAX 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
RA STOOL SOFTENER 100 MG CAP SOFTGEL 100 MG	Non-PDL Generic	OTC
RA WOMEN'S LAXATIVE TABLET 5 MG	Non-PDL Generic	OTC
RA WOMEN'S LAXATIVE TABLET 5 MG	Non-PDL Generic	OTC
REGULOID CAPSULE 0.4 GRAM	Non-PDL Generic	
SENEXON-S 50-8.6 MG TABLET 8.6-50 MG	Non-PDL Generic	OTC
<i>senna 26.4 mg/15 ml syrup cup inner 8.8 mg/5 ml</i>	Non-PDL Generic	OTC
<i>senna 26.4 mg/15 ml syrup cup outer 8.8 mg/5 ml</i>	Non-PDL Generic	OTC
SENNA 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
SENNA 8.8 MG/5 ML LIQUID 8.8 MG/5 ML	Non-PDL Generic	OTC
<i>senna 8.8 mg/5 ml syrup 8.8 mg/5 ml</i>	Non-PDL Generic	OTC
SENNA 8.8 MG/5 ML SYRUP 8.8 MG/5 ML	Non-PDL Generic	OTC
<i>senna 8.8 mg/5 ml syrup inner 8.8 mg/5 ml</i>	Non-PDL Generic	OTC
<i>senna 8.8 mg/5 ml syrup outer 8.8 mg/5 ml</i>	Non-PDL Generic	OTC

Drug	Status	Notes
SENNALAX 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
SENNALAXATIVE 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
SENNALAX PLUS 8.6-50 MG TABLET 8.6-50 MG	Non-PDL Generic	OTC
SENNALAX PLUS TABLET 8.6-50 MG	Non-PDL Generic	OTC
SENNALAX PLUS TABLET U-D, 10X10 8.6-50 MG	Non-PDL Generic	OTC
SENNALAX-LAX 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
SENNALAX-S 8.6-50 MG TABLET 8.6-50 MG	Non-PDL Generic	OTC
SENNALAX-S TABLET 8.6-50 MG	Non-PDL Generic	OTC
SENNALAX-TIME 8.6 MG TABLET 8.6 MG	Non-PDL Generic	OTC
SENNALAX-TIME S TABLET 8.6-50 MG	Non-PDL Generic	OTC
<i>sennosides-docusate sodium tab 8.6-50 mg</i>	Non-PDL Generic	OTC
SENNOKOT-S TABLET 8.6-50 MG	Non-PDL Generic	OTC
SENN-O-TAB 8.6 MG	Non-PDL Generic	OTC
SILACE 60 MG/15 ML SYRUP 60 MG/15 ML	Non-PDL Generic	OTC
<i>sm castor oil stimulant laxative 100 %</i>	Non-PDL Generic	OTC
SM CLEARLAX POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
SM CLEARLAX POWDER 7 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
SM FIBER 625 MG CAPLET 625 MG	Non-PDL Generic	OTC
SM FIBER CAPSULE 0.4 GRAM	Non-PDL Generic	
SM FIBER LAXATIVE 500 MG CPLT 500 MG	Non-PDL Generic	OTC
SM FIBER POWDER (RX) 3.4 GRAM/12 GRAM	Non-PDL Generic	

Drug	Status	Notes
SM GENTLE LAXATIVE EC 5 MG TAB 5 MG	Non-PDL Generic	OTC
<i>sm magnesium citrate solution</i>	Non-PDL Generic	OTC
SM MILK OF MAGNESIA SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
SM MILK OF MAGNESIA SUSPENSION MINT 400 MG/5 ML	Non-PDL Generic	OTC
<i>sm mineral oil</i>	Non-PDL Generic	OTC
SM SENNA LAXATIVE 8.6 MG TAB 8.6 MG	Non-PDL Generic	OTC
SM SENNA-S TABLET 8.6-50 MG	Non-PDL Generic	OTC
SM STOOL SOFTENER 100 MG SFTGL 100 MG	Non-PDL Generic	OTC
SM STOOL SOFTENER-LAXATIVE TAB 8.6-50 MG	Non-PDL Generic	OTC
SMOOTHLAX POWDER 14 ONCE-DAILY DOSES 17 GRAM/DOSE	Non-PDL Generic	OTC
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
<i>sod sul-potass sul-mag sul sol 2-6oz+mix cont,outer 17.5-3.13-1.6 gram</i>	Non-PDL Generic	\$0 COPAY IF AGE 45-75 YEARS
<i>sod sul-potass sul-mag sul sol inner 17.5-3.13-1.6 gram</i>	Non-PDL Generic	\$0 COPAY IF AGE 45-75 YEARS
<i>sod sul-potass sul-mag sul sol outer 17.5-3.13-1.6 gram</i>	Non-PDL Generic	\$0 COPAY IF AGE 45-75 YEARS
STIMULANT LAXATIVE PLUS TABLET 8.6-50 MG	Non-PDL Generic	OTC
STOOL SOFTENER 100 MG CAPSULE 100 MG	Non-PDL Generic	OTC
STOOL SOFTENER 100 MG CAPSULE ORIGINAL 100 MG	Non-PDL Generic	OTC

Drug	Status	Notes
STOOL SOFTENER 100 MG SOFTGEL 100 MG	Non-PDL Generic	OTC
STOOL SOFTENER 100 MG SOFTGEL SOFTGEL 100 MG	Non-PDL Generic	OTC
STOOL SOFTENER 100 MG SOFTGEL SOFTGEL, ORIGINAL 100 MG	Non-PDL Generic	OTC
STOOL SOFTENER 250 MG SOFTGEL 250 MG	Non-PDL Generic	OTC
STOOL SOFTENER 250 MG SOFTGEL EX-STR, SOFTGEL 250 MG	Non-PDL Generic	OTC
STOOL SOFTENER 50 MG/5 ML LIQ 50 MG/5 ML	Non-PDL Generic	OTC
STOOL SOFTENER 60 MG/15 ML SYR 60 MG/15 ML	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
SUTAB 1.479-0.225-0.188 GM TAB INNER 1.479-0.188- 0.225 GRAM	Non-PDL Brand	\$0 COPAY IF AGE 45-75 YEARS
SUTAB 1.479-0.225-0.188 GM TAB OUTER 1.479-0.188- 0.225 GRAM	Non-PDL Brand	\$0 COPAY IF AGE 45-75 YEARS
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 5 MG	Non-PDL Generic	OTC
WOMEN'S LAXATIVE 5 MG TABLET 5 MG	Non-PDL Generic	OTC

Drug	Status	Notes
Laxatives, Local/Rectal		
<i>bisacodyl 10 mg suppository 10 mg</i>	Non-PDL Generic	OTC
<i>child glycerin suppository</i>	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 10 MG	Non-PDL Generic	OTC
<i>cvs glycerin suppository</i>	Non-PDL Generic	OTC
<i>cvs glycerin suppository child size</i>	Non-PDL Generic	OTC
<i>cvs glycerin suppository laxative</i>	Non-PDL Generic	OTC
DULCOLAX 10 MG SUPPOSITORY 10 MG	Non-PDL Brand	OTC
ENEMA DISPOSABLE 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 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
ENEMEEZ MINI ENEMA 5CC TUBES, OUTER 283 MG/5 ML	Non-PDL Generic	OTC
EQL ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
FLEET ENEMA 19-7 GRAM/118 ML	Non-PDL Brand	OTC
FLEET ENEMA 2X133ML, TWIN PACK 19-7 GRAM/118 ML	Non-PDL Brand	OTC
FLEET ENEMA 4X133ML 19-7 GRAM/118 ML	Non-PDL Brand	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 Brand	OTC
GENTLE LAXATIVE 10 MG SUPP 10 MG	Non-PDL Generic	OTC
GENTLE LAXATIVE 10 MG SUPPOSIT 10 MG	Non-PDL Generic	OTC
GENTLE LAXATIVE 10 MG SUPPOSIT INNER 10 MG	Non-PDL Generic	OTC
GENTLE LAXATIVE 10 MG SUPPOSIT OUTER 10 MG	Non-PDL Generic	OTC
<i>glycerin adult suppository</i>	Non-PDL Generic	OTC
<i>glycerin pediatric suppository infants & children</i>	Non-PDL Generic	OTC
<i>glycerin suppository</i>	Non-PDL Generic	OTC
<i>glycerin suppository child size</i>	Non-PDL Generic	OTC
<i>glycerin suppository infant & children</i>	Non-PDL Generic	OTC
GNP GENTLE LAXATIVE 10 MG SUPP 10 MG	Non-PDL Generic	OTC
<i>gnp glycerin suppository</i>	Non-PDL Generic	OTC
<i>gnp glycerin suppository child size</i>	Non-PDL Generic	OTC
HM ENEMA READY TO USE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
HM ENEMA READY TO USE TWIN PAK 19-7 GRAM/118 ML	Non-PDL Generic	OTC
HM ENEMA READY TO USE TWIN PAK LATEX-FREE 19-7 GRAM/118 ML	Non-PDL Generic	OTC
HM GENTLE LAXATIVE 10 MG SUPP 10 MG	Non-PDL Generic	OTC
HM READY TO USE MIN OIL ENEMA	Non-PDL Generic	OTC
<i>infant & child glycerin suppos infant & children</i>	Non-PDL Generic	OTC
LAXATIVE 10 MG SUPPOSITORY 10 MG	Non-PDL Generic	OTC
MAGIC BULLET 10 MG SUPPOS 10 MG	Non-PDL Generic	OTC

Drug	Status	Notes
<i>mineral oil enema</i>	Non-PDL Generic	OTC
ONELAX 10 MG SUPPOSITORY 10 MG	Non-PDL Generic	OTC
PEDIATRIC ENEMA 9.5-3.5 GRAM/59 ML	Non-PDL Generic	OTC
PURE AND GENTLE MIN OIL ENEMA	Non-PDL Generic	OTC
PURE AND GENTLE SALINE ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	OTC
QC GENTLE LAXATIVE 10 MG SUPP 10 MG	Non-PDL Generic	OTC
QC READY TO USE ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	OTC
QC READY TO USE ENEMA TWIN PACK 19-7 GRAM/118 ML	Non-PDL Generic	OTC
RA ENEMA TWIN PACK 2 X 4.5OZ, RTU 19-7 GRAM/118 ML	Non-PDL Generic	OTC
RA FAST RELIEF LAX 10 MG SUPP 10 MG	Non-PDL Generic	OTC
<i>ra glycerin adult suppository</i>	Non-PDL Generic	OTC
<i>ra glycerin pediatric supp</i>	Non-PDL Generic	OTC
RA SALINE ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	OTC
READY TO USE ENEMA NO SODIUM	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 ENEMA READY TO USE TWIN PAK 19-7 GRAM/118 ML	Non-PDL Generic	OTC
SM READY TO USE ENEMA	Non-PDL Generic	OTC
Narcotic Antagonists, Peripherally-Acting		
MOVANTIK 12.5 MG TABLET 12.5 MG	Non-PDL Brand	QL (1 EA per 1 day)
MOVANTIK 25 MG TABLET 25 MG	Non-PDL Brand	QL (1 EA per 1 day)

Drug	Status	Notes
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 5 MG 30-VIAL KIT 5 MG	Non-PDL Brand	PA; SP
GATTEX 5 MG ONE-VIAL KIT 5 MG	Non-PDL Brand	PA; SP
Medical Supplies		
Durable Medical Equipment,Misc		
A.I.R.S. NEBULIZER REPLACE KIT	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
ADULT AEROSOL MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
ADULT DISPOSABLE MOUTHPIECE	Non-PDL Brand	SP; OTC; 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; OTC; 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)
EXPIRATORY MOUTHPIECE	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
HYPERSONIQ NEBULIZER CARTRIDGE	Non-PDL Brand	SP; 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 LC PLUS NEBULIZER KIT REUSABLE	Non-PDL Brand	SP; 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)
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)

Drug	Status	Notes
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)
SOOTHENEBS NBL100 ADULT MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SOOTHENEBS NBL100 CHILD MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SOOTHENEBS NBL100 MED CUP	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SOOTHENEBS 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)		
1ST TIER COMFORTOUCH 28G LANCT 28 GAUGE	Non-PDL Brand	OTC
1ST TIER COMFORTOUCH 30G LANCT 30 GAUGE	Non-PDL Brand	OTC
ACCU-CHEK FASTCLIX LANCET DRUM	Non-PDL Brand	OTC
ACCU-CHEK SAFE-T-PRO 23G LANCT 23 GAUGE	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 28G,SINGLE-USE,STRL 28 GAUGE	Non-PDL Brand	OTC
ADVANCED TRAVEL 28G LANCETS SINGLE-USE,STERILE 28 GAUGE	Non-PDL Brand	OTC
ADVANCED TRAVEL 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
ADVOCATE 26G LANCETS 26 G,STERILE 26 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 THIN, STERILE 30 GAUGE	Non-PDL Brand	OTC
ADVOCATE 30G LANCETS TWIST TOP 30 GAUGE	Non-PDL Brand	OTC
ALTERNATE SITE 26G LANCETS RECAPABLE 26 GAUGE	Non-PDL Brand	OTC
<i>assure comfort 28g lancets 28 gauge</i>	Non-PDL Brand	OTC
<i>assure comfort 30g lancets 30 gauge</i>	Non-PDL Brand	OTC
ASSURE HAEMOLANCE PLUS 18G 18 GAUGE	Non-PDL Brand	OTC
ASSURE HAEMOLANCE PLUS 21G 21 GAUGE	Non-PDL Brand	OTC
ASSURE HAEMOLANCE PLUS 25G 25 GAUGE	Non-PDL Brand	OTC
ASSURE HAEMOLANCE PLUS 28G 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
ASSURE HAEMOLANCE PLUS BLADE 1.2 MM	Non-PDL Brand	OTC
ASSURE LANCE 25G LANCETS 25 GAUGE	Non-PDL Brand	OTC
ASSURE LANCE 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
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
<i>bd lancets 33g 33 gauge</i>	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
BD ULTRA-FINE 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
BD ULTRA-FINE II 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
<i>blood lancets 30g easy twist 30 gauge</i>	Non-PDL Brand	OTC
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 THIN LANCET	Non-PDL Brand	OTC
CAREONE ULTRA THIN LANCET	Non-PDL Brand	OTC
CARESENS ULTRA THIN 30G LANCET 30 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
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
CLEVER CHEK ULTRA THIN 30G 30 GAUGE	Non-PDL Brand	OTC
COAGUCHEK LANCETS	Non-PDL Brand	OTC
COMFORT EZ SAFETY 21G LANCETS 21 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 LANCETS	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
<i>cvs micro thin 33g lancets 33 gauge</i>	Non-PDL Brand	OTC
CVS MICRO THIN 33G LANCETS UNIVERSAL 1 33 GAUGE	Non-PDL Brand	OTC
<i>cvs thin 26g lancets 26 gauge</i>	Non-PDL Brand	OTC
<i>cvs ultra thin 30g lancets 30 gauge</i>	Non-PDL Brand	OTC
CVS ULTRA THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
CVS ULTRA THIN 30G LANCETS STERILE 30 GAUGE	Non-PDL Brand	OTC
<i>dario 100 sterile lancets</i>	Non-PDL Brand	OTC
DROPLET 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
EASY COMFORT 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
EASY COMFORT 30G LANCETS 30G,PULL TOP,STERILE 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 PULL-TOP 26G LANCET 26 GAUGE	Non-PDL Brand	OTC
EASY TOUCH PULL-TOP 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
EASY TOUCH PULL-TOP 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
EASY TOUCH PULL-TOP 32G LANCET 32 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
EMBRACE 21G SAFETY LANCET 21 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
EMBRACE 28G SAFETY LANCET 28 GAUGE	Non-PDL Brand	OTC
EMBRACE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
EQL MICRO THIN 33G LANCETS COLOR 33 GAUGE	Non-PDL Brand	OTC
E-Z JECT COLORED LANCETS	Non-PDL Brand	OTC
E-Z JECT LANCETS	Non-PDL Brand	OTC
EZ SMART 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
E-ZJECT COLOR 32G LANCETS 32 GAUGE	Non-PDL Brand	OTC
E-ZJECT COLOR 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
E-ZJECT SUPER THIN 30G LANCETS SUPER THIN 30 GAUGE	Non-PDL Brand	OTC
<i>e-zject thin lancets 26 gauge</i>	Non-PDL Brand	OTC
EZ-LETS 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
FIFTY50 SAFETY SEAL 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
FIFTY50 SAFETY SEAL 32G LANCET 32 GAUGE	Non-PDL Brand	OTC
FIFTY50 UNILET 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
FINE 30 UNIVERSAL 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
FINGERSTIX LANCETS	Non-PDL Brand	OTC
<i>fora 30g lancets twist off, single use 30 gauge</i>	Non-PDL Brand	OTC
FORACARE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
FREESTYLE 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
FREESTYLE UNISTIK 2 LANCETS	Non-PDL Brand	OTC
GLUCOCOM 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
GLUCOCOM 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
GLUCOCOM 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
<i>gnp sterile 33g lancet 33 gauge</i>	Non-PDL Brand	OTC
GNP UNIVERSAL 1 STANDARD 21G 21 GAUGE	Non-PDL Brand	OTC
GNP UNIVERSAL 1 THIN 26G LANCT 26 GAUGE	Non-PDL Brand	OTC
GOJJI LANCETS 30G 30 GAUGE	Non-PDL Brand	OTC
GS UNIVERSAL 1 MICRO THIN 33G 33 GAUGE	Non-PDL Brand	OTC
GS UNIVERSAL 1 THIN 26G LANCET 26 GAUGE	Non-PDL Brand	OTC
GS UNIVERSAL 1 ULTRA THIN 30G 30 GAUGE	Non-PDL Brand	OTC
HEALTHY ACCENTS UNILET 30G 30 GAUGE	Non-PDL Brand	OTC
HEB MICRO THIN 33G LANCETS 33 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
INJECT EASE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
INVACARE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
KRO UNIVERSAL 1 THIN 26G LANCT 26 GAUGE	Non-PDL Brand	OTC
<i>kroger lancets</i>	Non-PDL Brand	OTC
KROGER SUPER THIN LANCETS	Non-PDL Brand	OTC
<i>lancets 26g 1.2, 1.8, 2.4mm,blue</i>	Non-PDL Brand	OTC

Drug	Status	Notes
<i>lancets 26g x 1.8mm yellow</i>	Non-PDL Brand	OTC
<i>lancets 28g lancets 28 gauge</i>	Non-PDL Brand	OTC
<i>lancets 28g x 1.8mm purple</i>	Non-PDL Brand	OTC
<i>lancets 30g 30 gauge</i>	Non-PDL Brand	OTC
<i>lancets 30g twist top,single use 30 gauge</i>	Non-PDL Brand	OTC
<i>lancets 33g 33 gauge</i>	Non-PDL Brand	OTC
LANCETS THIN 23G 23 GAUGE	Non-PDL Brand	OTC
<i>lancets ultra fine 28g 28 gauge</i>	Non-PDL Brand	OTC
LANCETS ULTRA THIN 26G 26 GAUGE	Non-PDL Brand	OTC
LITE TOUCH 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
LITE TOUCH 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
LITE TOUCH 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
LIVE BETTER SUPER THIN LANCET 30G	Non-PDL Brand	OTC
LIVE BETTER ULTRA THIN LANCET 28G	Non-PDL Brand	OTC
LONGS THIN LANCETS 26G 26G	Non-PDL Brand	OTC
LONGS THIN LANCETS 30G 30G	Non-PDL Brand	OTC
MEDISENSE THIN 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
<i>medisense thin lancets</i>	Non-PDL Brand	OTC
<i>medisense thin lancets mfg error</i>	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

Drug	Status	Notes
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 25 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS LITE 25G LANCETS 25G 25 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS LITE 25G LANCETS STERILE 25 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS LITE 25G LANCETS STERILE, 1.5MM 25 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Non-PDL Brand	OTC
<i>meijer lancets 30g</i>	Non-PDL Brand	OTC
MEIJER UNIVERSAL 1 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
MICRO THIN 33G LANCETS 33 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
MICRO THIN 33G LANCETS TRUE PLUS, WALGREENS 33 GAUGE	Non-PDL Brand	OTC
MICRO THIN 33G LANCETS UNIVERSAL 1 33 GAUGE	Non-PDL Brand	OTC
MICROLET LANCETS	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

Drug	Status	Notes
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
ON CALL PLUS 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
ONETOUCH DELICA 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
ONETOUCH DELICA 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
ONETOUCH DELICA PLUS 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
ONETOUCH DELICA PLUS 33G LANCET 33 GAUGE	Non-PDL Brand	OTC
ONETOUCH DELICA SAF 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
ONETOUCH SURESOFT 28G LANC DEV 28 GAUGE	Non-PDL Brand	OTC
ONETOUCH ULTRASOFT LANCETS	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
PHARMACIST CHOICE 28G LANCETS ULTRA THIN	Non-PDL Brand	OTC
<i>pharmacist choice 30g lancets ultra thin 30 gauge</i>	Non-PDL Brand	OTC
<i>pharmacist choice 33g lancets 33 gauge</i>	Non-PDL Brand	OTC
PIP 28G LANCET 28 GAUGE	Non-PDL Brand	OTC
PIP 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
<i>preferred plus lancets super thin</i>	Non-PDL Brand	OTC
<i>preferred plus thin lancets</i>	Non-PDL Brand	OTC
PRESSURE ACTIVATED 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
PRESSURE ACTIVATED 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
PRO COMFORT 30G LANCETS 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
<i>pub 28g lancets 28 gauge</i>	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 21G LANCET 21 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
RA E-ZJECT 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
RA E-ZJECT 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
RA E-ZJECT 30G LANCETS ULTRA THIN 30 GAUGE	Non-PDL Brand	OTC
RA E-ZJECT COLOR 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
READYLANCE 21G SAFETY LANCETS 21 GAUGE	Non-PDL Brand	OTC
READYLANCE 23G SAFETY LANCETS 23 GAUGE	Non-PDL Brand	OTC
READYLANCE 26G SAFETY LANCETS 26 GAUGE	Non-PDL Brand	OTC
READYLANCE 28G SAFETY LANCETS 28 GAUGE	Non-PDL Brand	OTC
READYLANCE 30G SAFETY LANCETS 30 GAUGE	Non-PDL Brand	OTC
RELIAMED 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
RELIAMED 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
RELIAMED SAFETY 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
RELIAMED SAFETY 28G LANCETS 28 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
RELIAMED TWIST&CAP 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
RELION MICRO THIN 33G LANCET 33 GAUGE	Non-PDL Brand	OTC
<i>relion thin 26g lancets 26 gauge</i>	Non-PDL Brand	OTC
RELION THIN 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
RELION ULTRA THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
RELION ULTRA THIN 30G LANCETS 5 COLORS 30 GAUGE	Non-PDL Brand	OTC
RELION ULTRA THIN PLUS 33G 33 GAUGE	Non-PDL Brand	OTC
REXALL UNIVERSAL 1 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
RIGHTTEST GL300 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
SAFETY 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
SAFETY 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC
SAFETY LANCETS 26G 26 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
<i>saps twist top 30g lancet 30 gauge</i>	Non-PDL Brand	OTC
<i>saps twist top 30g lancets 30 gauge</i>	Non-PDL Brand	OTC
SHOPKO ON-THE-GO 30G LANCETS GENTLE 30 GAUGE	Non-PDL Brand	OTC
SHOPKO UNILET SUPER THIN 30G STERILE 30 GAUGE	Non-PDL Brand	OTC
SHOPKO UNILET ULTRA THIN 28G STERILE 28 GAUGE	Non-PDL Brand	OTC
SINGLE-LET LANCETS	Non-PDL Brand	OTC
SM COLOR LANCETS 21G 21 GAUGE	Non-PDL Brand	OTC
<i>sm lancets 21g 21 gauge</i>	Non-PDL Brand	OTC
SM MICRO THIN 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
SM SUPER THIN 30G LANCETS STERILE TIP 30 GAUGE	Non-PDL Brand	OTC
SM THIN LANCETS 26G 26 GAUGE	Non-PDL Brand	OTC
SMART SENSE COLOR 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
SMART SENSE STANDARD 21G 21 GAUGE	Non-PDL Brand	OTC
SMART SENSE SUPER THIN 30G 30 GAUGE	Non-PDL Brand	OTC
SMART SENSE THIN 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
SMARTEST LANCET	Non-PDL Brand	OTC

Drug	Status	Notes
SOFT TOUCH LANCETS	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
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 RECAPABLE 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
SURE-TOUCH LANCET	Non-PDL Brand	OTC
TECHLITE 25G LANCETS 25 GAUGE	Non-PDL Brand	OTC
TECHLITE 28G LANCETS 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
TECHLITE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
TELCARE ULTRA THIN 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
THIN 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
THIN LANCETS 28G 28 GAUGE	Non-PDL Brand	OTC
TOPCARE UNIVERSAL1 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
TOPCARE UNIVERSAL1 THIN LANCET THIN, 26G	Non-PDL Brand	OTC
TOPCARE UNIVERSAL1 THIN LANCET ULTRA THIN, 30G	Non-PDL Brand	OTC
TRUE COMFORT 30G 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 SAFETY 28G LANCETS 28G, STERILE 28 GAUGE	Non-PDL Brand	OTC
TRUEPLUS SUPER THIN 28G LANCET 28G, STERILE 28 GAUGE	Non-PDL Brand	OTC
TRUEPLUS SUPER THIN 28G LANCET 28G,STRL 28 GAUGE	Non-PDL Brand	OTC
TRUEPLUS ULTRA THIN 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
<i>twist lancets 28g</i>	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

Drug	Status	Notes
ULTILET 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
ULTILET BASIC 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC
ULTILET CLASSIC 26G LANCETS	Non-PDL Brand	OTC
ULTILET CLASSIC 28G LANCETS , 28 GAUGE	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 FINE 30G LANCETS 30 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 THIN 33G LANCETS 33 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

Drug	Status	Notes
ULTRATLC LANCETS	Non-PDL Brand	OTC
UNILET COMFORTOUCH 26G LANCETS 26 GAUGE	Non-PDL Brand	OTC
UNILET COMFORTOUCH LANCET	Non-PDL Brand	OTC
UNILET EXCELITE II LANCET	Non-PDL Brand	OTC
UNILET EXCELITE LANCET	Non-PDL Brand	OTC
UNILET GP LANCET	Non-PDL Brand	OTC
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 ULTRA THIN,STERILE 28 GAUGE	Non-PDL Brand	OTC
UNILET ULTRA THIN 28G LANCETS UNIVERSAL FIT 28 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 COMFORT LANCET	Non-PDL Brand	OTC
UNISTIK 3 EXTRA 21G LANCETS 21 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 GENTLE 30G LANCETS 30 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
UNISTIK 3 GENTLE ON-THE-GO 30G 30 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 NORMAL 23G LANCETS 23 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 SAFETY 21G LANCETS 21 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
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
UNIVERSAL 1 33G LANCETS 33 GAUGE	Non-PDL Brand	OTC
VIVAGUARD 30G LANCET 30 GAUGE	Non-PDL Brand	OTC
WALGREENS THIN LANCETS THIN	Non-PDL Brand	OTC
WALGREENS ULTRA THIN LANCETS	Non-PDL Brand	OTC

Drug	Status	Notes
Syringes And Accessories		
ADVOCATE INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
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 0.3 ML 29GX1/2 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ADVOCATE INS SYR 0.5 ML 29GX1/2 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ADVOCATE INS SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ADVOCATE INS SYR 1 ML 30GX5/16 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
ASSURE ID SYR 0.5 ML 29GX1/2" (OTC) 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ASSURE ID SYR 0.5 ML 31GX15/64" 0.5 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
ASSURE ID SYR 1 ML 29GX1/2" (OTC) 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ASSURE ID SYR 1 ML 31GX15/64" 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
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 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 26 X 5/8"	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

Drug	Status	Notes
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 INS SYR 0.3 ML 8MMX31G(1/2) 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
BD INS SYR UF 0.3 ML 12.7MMX30G 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INS SYR UF 0.5 ML 12.7MMX30G 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INS SYR UF 0.5 ML 12.7MMX30G NOT FOR RETAIL SALE 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INS SYRINGE 1/2 ML 6MMX31G (ONLY FOR 500 UNIT/ML INSULIN) 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	
BD INS SYRN UF 1 ML 12.7MMX30G 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INS SYRN UF 1 ML 12.7MMX30G NOT FOR RETAIL SALE 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INS SYRNG 0.3 ML 29GX12.7MM 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INS SYRNG 0.5 ML 29GX12.7MM 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INS SYRNG UF 0.3 ML 8MMX31G 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
BD INS SYRNG UF 0.5 ML 8MMX31G 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
BD INSULIN SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INSULIN SYR 0.5 ML 28GX1/2" MICRO-FINE IV PERM N 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INSULIN SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INSULIN SYR 1 ML 25GX1" 1 ML 25 X 1"	Non-PDL Brand	OTC
BD INSULIN SYR 1 ML 25GX5/8" 1 ML 25 GAUGE X 5/8"	Non-PDL Brand	OTC
BD INSULIN SYR 1 ML 26GX1/2" 1 ML 26 X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
BD INSULIN SYR 1 ML 27GX12.7MM 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INSULIN SYR 1 ML 27GX5/8" MICRO-FINE 1 ML 27 GAUGE X 5/8"	Non-PDL Brand	OTC
<i>bd insulin syr 1 ml 28gx1/2" (otc) 1 ml 28 gauge x 1/2"</i>	Non-PDL Brand	OTC
BD INSULIN SYR 1 ML 28GX1/2" MICRO-FINE IV PERM N 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INSULIN SYR 1 ML 28GX1/2" MICRO-FINE IV PERM N 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INSULIN SYR 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INSULIN SYR 1 ML 29GX12.7MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
BD INSULIN SYR UF 1 ML 8MMX31G 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
BD INSULIN SYRINGE 1 ML W/O NEEDLE, SLIP TIP 1 ML	Non-PDL Brand	OTC
BD INTEGRA SYR 3 ML 21GX1 1/2" 3 ML 21 GAUGE X 1 1/2"	Non-PDL Brand	OTC
BD LUER-LOK SYR 3 ML 25GX5/8" 3 ML 25 X 5/8"	Non-PDL Brand	OTC
BD PRECISIONGLIDE 3 ML 22GX3/4 3 ML 22 GAUGE X 3/4"	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 SAFETGLD INS 0.5 ML 13MMX29G 0.5 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
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 22 X 1 1/2", 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

Drug	Status	Notes
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 VEO INS 0.3 ML 6MMX31G (1/2) 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
BD VEO INS SYRING 1 ML 6MMX31G 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
BD VEO INS SYRN 0.3 ML 6MMX31G 0.3 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
BD VEO INS SYRN 0.5 ML 6MMX31G 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
BD-TWINPAK 10 ML DUAL CANNULA 10 ML 20 GAUGE AND 17 GAUGE	Non-PDL Brand	OTC
<i>ca ins syr 0.3 ml 30gx5/16" short 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>ca ins syr 0.3 ml 31gx5/16" short 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>ca ins syr 0.5 ml 30gx5/16" short (otc) 0.5 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>ca ins syr 0.5 ml 31gx5/16" short 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>ca insulin syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ca insulin syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ca insulin syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ca insulin syr 1 ml 30gx5/16" short (otc) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>ca insulin syr 1 ml 31gx5/16" short 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>careone syr 0.3 ml 30gx1/2" regular, hri 0.3 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>careone syr 0.5 ml 30gx1/2" regular, hri (otc) 0.5 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>careone syr 1 ml 30gx1/2" regular, hri (otc) 1 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC

Drug	Status	Notes
CAREPOINT LL SYR 3 ML 20GX1.5" 3 ML 20 GAUGE X 1 1/2"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 21GX1" 3 ML 21 GAUGE X 1"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 21GX1.5" 3 ML 21 GAUGE X 1 1/2"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 22G 38MM 3 ML 22 X 1 1/2"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 22GX1" 3 ML 22 GAUGE X 1"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 23GX1" 3 ML 23 X 1"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 23GX1.5" 3 ML 23 GAUGE X 1 1/2"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 25G X 1" 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC
CAREPOINT LL SYR 3 ML 25GX5/8" 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
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

Drug	Status	Notes
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 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 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 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
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 0.5 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 30GX12.5MM 0.3 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 1 ML 29GX12.5MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 30GX12.5MM 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 30GX6MM 1 ML 30 GAUGE X 15/64"	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 31GX6MM 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INS SYR 1 ML 31GX8MM 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
DRUG MART ULTRA COMFORT SYR 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC
EASY COMFORT 0.3 ML SYRINGE 0.3 ML 30 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 1 ML 30GX1/2" 1 ML 30 GAUGE X 1/2"	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 27GX1/2" 1 ML 27 GAUGE X 1/2"	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 1 ML SYR 30GX1/2" 1 ML 30 GAUGE X 1/2"	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 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

Drug	Status	Notes
EASY TOUCH INSULIN SYR 1 ML 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
EASY TOUCH INSULIN SYR 1 ML RETRACTABLE 1 ML 30 GAUGE X 1/2"	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 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 12.7MM 1 ML 27 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
EASY TOUCH SYR 1 ML 28G 12.7MM 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH SYR 1 ML 29G 12.7MM 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
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

Drug	Status	Notes
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 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
<i>eqi ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>eqi insul syr 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>eqi insul syr 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>eqi insulin 0.3 ml syringe 0.3 ml 29 gauge</i>	Non-PDL Brand	OTC
<i>eqi insulin 0.3 ml syringe short needle 0.3 ml 30</i>	Non-PDL Brand	OTC
<i>eqi insulin 0.5 ml syringe 1/2 ml 29</i>	Non-PDL Brand	OTC
<i>eqi insulin 0.5 ml syringe short needle 1/2 ml 30 gauge</i>	Non-PDL Brand	OTC
<i>eqi insulin 1 ml syringe short needle 1 ml 30 gauge x 7/16"</i>	Non-PDL Brand	OTC
<i>eqi insulin syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16</i>	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
<i>exel ins syr u100 1 ml 28gx1/2 (otc) 1 ml 28 gauge x 1/2"</i>	Non-PDL Brand	OTC
EXEL SYRINGE 20GX1" 3 ML 3 ML 20 GAUGE X 1"	Non-PDL Brand	OTC
<i>exel syringe 20gx1-1/2" 3 ml 3 ml 20 gauge x 1 1/2"</i>	Non-PDL Brand	OTC
EXEL SYRINGE 21GX1" 3 ML 3 ML 21 GAUGE X 1"	Non-PDL Brand	OTC
<i>exel syringe 21gx1-1/2" 3 ml 3 ml 21 gauge x 1 1/2"</i>	Non-PDL Brand	OTC
EXEL SYRINGE 21GX1-1/2" 3 ML 3 ML 21 GAUGE X 1 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
EXEL SYRINGE 22GX1" 3 ML 3 ML 22 GAUGE X 1"	Non-PDL Brand	OTC
<i>exel syringe 22gx1-1/2" 3 ml 3 ml 22 x 1 1/2"</i>	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
<i>exel syringe 23gx1-1/2" 3 ml 3 ml 23 gauge x 1 1/2"</i>	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
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
<i>exel u100 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
EXEL U100 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
<i>exel u100 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	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
<i>exel u100 ins syr 1 ml 29gx1/2 (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>fifty50 ins 0.3 ml 31gx5/16" short needle 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>fifty50 ins 0.5 ml 31gx5/16" short needle 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>fifty50 ins syr 1 ml 31gx5/16" short needle 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
FREESTYLE PREC 0.5 ML 30GX5/16 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
FREESTYLE PREC 0.5 ML 31GX5/16 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
FREESTYLE PREC 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16	Non-PDL Brand	OTC

Drug	Status	Notes
FREESTYLE PREC 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
<i>gnp ins syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>gnp ins syringe 1 ml 28g 1/2" (otc) 1 ml 28 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>gnp insul syr 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>gnp insul syr 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>gnp insulin syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16</i>	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 ULTR COMFORT 1 ML 29GX1/2" 1 ML 29 GAUGE	Non-PDL Brand	OTC
GNP ULTRA COMFORT 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	Non-PDL Brand	OTC
GNP ULTRA COMFORT 1 ML SYRINGE 1 ML 29 GAUGE, 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
GNP ULTRA COMFRT 1 ML 28GX1/2" 1 ML 28 GAUGE	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
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

Drug	Status	Notes
<i>insulin 1 ml syringe 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 7/16"</i>	Non-PDL Brand	OTC
<i>insulin 1/2 ml syringe 1/2 ml 29 , 1/2 ml 30 gauge</i>	Non-PDL Brand	OTC
<i>insulin 3/10 ml syringe 0.3 ml 29 gauge, 0.3 ml 30</i>	Non-PDL Brand	OTC
<i>insulin syr 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syr 0.3 ml 31gx1/4(1/2) 0.3 ml 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 30gx1/2" 0.3 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 30gx1/2" short needle 0.3 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 30gx5/16" hri 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 30gx5/16" short 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 30gx5/16" short needle 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 31gx5/16" hri 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 31gx5/16" short 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 31gx5/16" short needle 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 31gx5/16" short needle,thin ii 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.3 ml 31gx5/16" ultra comfort 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.5 ml 28gx1/2" 1/2 ml 28 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syrin 0.5 ml 30g 1/2" (otc) 0.5 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC

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

Drug	Status	Notes
INSULIN SYRINGE 0.5 ML 1/2 ML 29	Non-PDL Brand	OTC
<i>insulin syringe 0.5 ml 31gx1/4 1/2 ml 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
INSULIN SYRINGE 1 ML 1 ML 29 GAUGE	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 27gx1/2" inner 1 ml 27 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 27gx1/2" outer 1 ml 27 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 28gx1/2" (otc) 1 ml 28 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 30g 1/2" (otc) 1 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 30g 5/16" (otc) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 30gx1/2" (otc) 1 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 30gx1/2" (rx) 1 ml 30 gauge x 1/2"</i>	Non-PDL Brand	
<i>insulin syringe 1 ml 30gx1/2" short needle (otc) 1 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 30gx5/16" (rx) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	
<i>insulin syringe 1 ml 30gx5/16" hri (otc) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 30gx5/16" short (otc) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 30gx5/16" short needle (otc) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 31gx1/4" 1 ml 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 31gx5/16" 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 31gx5/16" hri 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 31gx5/16" short 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC

Drug	Status	Notes
<i>insulin syringe 1 ml 31gx5/16" short needle 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml 31gx5/16" short needle,thin ii 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>insulin syringe 1 ml short 1 ml 30 gauge x 7/16"</i>	Non-PDL Brand	OTC
<i>kinray ins syr 1 ml 31gx5/16" preferred plus 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>kinray syring 0.3 ml 31gx5/16" preferred plus 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>kinray syring 0.5 ml 31gx5/16" preferred plus 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>kmart valu plus syr 1/2 ml 1/2 ml 29 , 1/2 ml 30 gauge</i>	Non-PDL Brand	OTC
<i>kro ins syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>kro ins syrin 0.3 ml 30gx5/16" 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>kro ins syrin 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>kro ins syrin 0.5 ml 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>kro ins syrin 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>kro ins syring 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>kro ins syringe 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>kro ins syringe 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>kro ins syringe 1 ml 31gx5/16" 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>kro insulin syr 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>kroger ins syr 0.3 ml 30gx5/16 short needle 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>kroger ins syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>kroger ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>kroger ins syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC

Drug	Status	Notes
<i> Kroger syr 0.5 ml 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i> Kroger syring 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i> leader ins syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i> leader ins syr 0.5 ml 28gx1/2" 1/2 ml 28 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i> leader ins syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i> leader ins syr 0.5 ml 30gx1/2" (otc) 0.5 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i> leader ins syr 1 ml 28gx1/2" (otc) 1 ml 28 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i> leader ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i> leader ins syr 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	OTC
<i> leader ins syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i> leader insulin syringe 0.3 ml 0.3 ml 30</i>	Non-PDL Brand	OTC
<i> leader syring 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i> leader syring 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
LITE TOUCH INSULIN 0.5 ML SYR 1/2 ML 28 GAUGE, 1/2 ML 29 , 1/2 ML 30 GAUGE	Non-PDL Brand	OTC
LITE TOUCH INSULIN 1 ML SYR 1 ML 28 GAUGE, 1 ML 29 GAUGE, 1 ML 30 GAUGE X 7/16"	Non-PDL Brand	OTC
LITE TOUCH INSULIN SYR 0.3 ML 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
LITE TOUCH INSULIN SYR 0.5 ML 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
LITE TOUCH INSULIN SYR 1 ML 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
LITETOUCH INS 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
LITETOUCH INS 0.3 ML 30GX5/16" 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
LITETOUCH INS 0.3 ML 31GX5/16" 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
LITETOUCH INS 0.5 ML 31GX5/16" 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
LITETOUCH SYR 0.5 ML 28GX1/2" 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
LITETOUCH SYR 0.5 ML 29GX1/2" 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
LITETOUCH SYR 0.5 ML 30GX5/16" 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
LITETOUCH SYRIN 1 ML 28GX1/2" 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
LITETOUCH SYRIN 1 ML 29GX1/2" 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
LITETOUCH SYRIN 1 ML 30GX5/16" 1 ML 30 GAUGE X 5/16"	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
MONOJECT 1 ML SYRN 28GX1/2" SOFTPACK (RX) 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	

Drug	Status	Notes
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 21GX1 1/2" 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 22GX1 1/2" 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 27GX1 1/4" 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
MONOJECT INSUL SYR U100 1 ML 1 ML 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
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) 1 ML	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 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) 1 ML	Non-PDL Brand	
MONOJECT SYRINGE 3 ML 20GX1 3 ML 20 GAUGE X 1"	Non-PDL Brand	OTC
MONOJECT SYRINGE 3 ML 22GX1" LUER LOCK 3 ML 22 GAUGE X 1"	Non-PDL Brand	OTC
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
<i>ms ins syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC

Drug	Status	Notes
<i>ms ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ms ins syringe 1 ml 30gx1/2" (otc) 1 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ms insul syr 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>ms insul syr 0.5 ml 30gx1/2" (otc) 0.5 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ms insul syr 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>ms insulin syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ms insulin syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>ms insulin syringe 0.3 ml 0.3 ml 30</i>	Non-PDL Brand	OTC
<i>pref plus ins 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>pref plus syr 0.5 ml 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>pref plus syring 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>preferred plus 0.3 ml 30gx5/16 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>preferred plus 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>preferred plus syringe 0.5 ml 1/2 ml 28 gauge</i>	Non-PDL Brand	OTC
<i>preferred plus syringe 1 ml 1 ml 28 gauge</i>	Non-PDL Brand	OTC
<i>prefpls ins syr 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16"</i>	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 31GX5/16" 0.5 ML 31 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

Drug	Status	Notes
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
<i>pub ins syrin 0.3 ml 30gx1/2" regular needle 0.3 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>pub ins syringe 1 ml 30gx1/2" regular needle (otc) 1 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>pub insul syr 0.3 ml 31gx5/16" short needle 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>pub insul syr 0.5 ml 30gx1/2" regular needle (otc) 0.5 ml 30 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>pub insul syr 0.5 ml 31gx5/16" short needle 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>pub insulin syr 1 ml 31gx5/16" short needle 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>ra ins syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ra ins syr 0.5 ml 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>ra ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ra ins syringe 1 ml 30gx5/16" (otc) 1 ml 30 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>relion ins syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>relion ins syr 0.3 ml 29gx1/2" 29gx1/2,inner 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>relion ins syr 0.3 ml 29gx1/2" outer 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>relion ins syr 0.3 ml 30gx5/16 inner 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>relion ins syr 0.3 ml 30gx5/16 outer 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>relion ins syr 0.3 ml 31gx6mm 0.3 ml 31 gauge x 15/64"</i>	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
<i>relion ins syr 0.5 ml 31gx6mm 1/2 ml 31 gauge x 15/64"</i>	Non-PDL Brand	OTC
<i>relion ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>relion ins syr 1 ml 29gx1/2" 29gx1/2,inner (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>relion ins syr 1 ml 29gx1/2" outer (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>relion ins syr 1 ml 31gx15/64" 1 ml 31 gauge x 15/64"</i>	Non-PDL Brand	OTC
<i>relion ins syr 1 ml 31gx5/16" 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>relion ins syr 1 ml 31gx5/16" inner 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>relion ins syr 1 ml 31gx5/16" outer,10x10 1 ml 31 gauge x 5/16</i>	Non-PDL Brand	OTC
<i>relion insulin syr 0.5 ml 1/2 ml 29</i>	Non-PDL Brand	OTC
<i>relion syring 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>relion syring 0.3 ml 31gx5/16" inner 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>relion syring 0.3 ml 31gx5/16" outer,10x10 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>relion syring 0.5 ml 31gx5/16" 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>relion syring 0.5 ml 31gx5/16" inner 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>relion syring 0.5 ml 31gx5/16" outer,10x10 0.5 ml 31 gauge x 5/16"</i>	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

Drug	Status	Notes
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
<i>sm ins syr 0.5 ml 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>sm ins syr 0.5 ml 30gx5/16" short needle (otc) 0.5 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>sm ins syr 1 ml 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>sm ins syringe 0.3 ml 30gx5/16" short needle 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>sm ins syringe 1 ml 28gx1/2" (otc) 1 ml 28 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>sm ins syringe 1 ml 30gx5/16" short needle (otc) 1 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>sm insul syr 0.3 ml 31gx5/16" short needle 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>sm insul syr 0.5 ml 31gx5/16" short needle 0.5 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>sm insulin syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>sm insulin syr 0.5 ml 28gx1/2" 1/2 ml 28 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>sm insulin syr 1 ml 31gx5/16" short needle 1 ml 31 gauge x 5/16"</i>	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

Drug	Status	Notes
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
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
TECHLITE 0.3 ML 29GX12MM (1/2) 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
TECHLITE 0.3 ML 30GX8MM (1/2) 0.3 ML 30 GAUGE X 5/16"	Non-PDL Brand	OTC
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

Drug	Status	Notes
TECHLITE 0.5 ML 30GX8MM (1/2) 0.5 ML 30 GAUGE X 5/16"	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 29GX12MM 1 ML 29 GAUGE X 1/2"	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
<i>terumo ins syr 0.3 ml 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	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
<i>terumo ins syringe u100-1 ml 1 ml 30 gauge x 3/8"</i>	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
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

Drug	Status	Notes
TOPCARE ULTRA COMFORT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	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 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 COMFRT PRO 0.5 ML 30G 1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
TRUEPLUS SYR 0.3 ML 29GX1/2" 0.3 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
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

Drug	Status	Notes
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
<i>ulticare ins syr 1 ml 31gx5/16" 31gx5/16" 1 ml 31 gauge x 5/16</i>	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
<i>ulticare ins safety 1 ml 29x1/2 (rx) 1 ml 29 gauge x 1/2"</i>	Non-PDL Brand	
<i>ulticare ins syr 1 ml 28gx1/2" 28gx1/2" (otc) 1 ml 28 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ulticare ins syr 1 ml 29gx1/2" 29gx1/2" (otc) 1 ml 29 gauge x 1/2"</i>	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
<i>ulticare safety 0.5 ml 29gx1/2 (rx) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	
ULTICARE SYR 0.3 ML 30GX1/2" 0.3 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
<i>ulticare syr 0.3 ml 30gx5/16" 30gx5/16" 0.3 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>ulticare syr 0.3 ml 31gx5/16" 0.3 ml 31 gauge x 5/16"</i>	Non-PDL Brand	OTC

Drug	Status	Notes
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
<i>ulticare syr 0.5 ml 29gx1/2" 29gx1/2" (otc) 0.5 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
ULTICARE SYR 0.5 ML 30GX1/2" 0.5 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
<i>ulticare syr 0.5 ml 30gx5/16" 30gx5/16" (otc) 0.5 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>ulticare syr 0.5 ml 31gx5/16" 31gx5/16" 0.5 ml 31 gauge x 5/16"</i>	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
<i>ulticare syr 1 ml 30gx5/16" 30gx5/16" (otc) 1 ml 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
ULTICARE SYR 1 ML 31GX5/16" 1 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
<i>ulticare syrin 0.3 ml 29gx1/2" 29gx1/2" 0.3 ml 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>ulticare syrin 0.5 ml 28gx1/2" 28gx1/2" 1/2 ml 28 gauge x 1/2"</i>	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
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

Drug	Status	Notes
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
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

Drug	Status	Notes
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-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 0.5 ML 30GX1/2" SY OUTER 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

Drug	Status	Notes
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
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 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

Miscellaneous Agents

Anaphylaxis Therapy Agents

<i>epinephrine 0.15 mg auto-injct inner, suv 0.15 mg/0.15 ml, 0.15 mg/0.3 ml</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
<i>epinephrine 0.15 mg auto-injct inner, suv 0.15 mg/0.3 ml</i>	PDL Preferred Generic	Mylan Preferred; QL (4 EA per 1 FILL)
<i>epinephrine 0.15 mg auto-injct outer, suv 0.15 mg/0.15 ml, 0.15 mg/0.3 ml</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
<i>epinephrine 0.15 mg auto-injct outer, suv 0.15 mg/0.3 ml</i>	PDL Preferred Generic	Mylan Preferred; QL (4 EA per 1 FILL)
<i>epinephrine 0.3 mg auto-inject inner, suv 0.3 mg/0.3 ml</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
<i>epinephrine 0.3 mg auto-inject inner, suv 0.3 mg/0.3 ml</i>	PDL Preferred Generic	Mylan Preferred; QL (4 EA per 1 FILL)

Drug	Status	Notes
<i>epinephrine 0.3 mg auto-inject outer, suv 0.3 mg/0.3 ml</i>	PDL Preferred Generic	Mylan Preferred; QL (4 EA per 1 FILL)
<i>epinephrine 0.3 mg auto-inject outer, suv, 0.3 mg/0.3 ml</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
<i>epinephrine 0.3 mg auto-inject suv, inner 0.3 mg/0.3 ml</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
<i>epinephrine 0.3 mg auto-inject suv, outer 0.3 mg/0.3 ml</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
<i>epinephrine 0.3 mg auto-inject suv,inner 0.3 mg/0.3 ml</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
<i>epinephrine 0.3 mg auto-inject suv,outer 0.3 mg/0.3 ml</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
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)
SYMJEPI 0.15 MG/0.3 ML SYRINGE SUV, INNER 0.15 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
SYMJEPI 0.15 MG/0.3 ML SYRINGE SUV, OUTER 0.15 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
SYMJEPI 0.3 MG/0.3 ML SYRINGE SUV, INNER 0.3 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
SYMJEPI 0.3 MG/0.3 ML SYRINGE SUV, OUTER 0.3 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)

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

Drug	Status	Notes
PALYNZIQ 20 MG/ML SYRINGE P/F, SUV, OUTER 20 MG/ML	Non-PDL Brand	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR 100 MG POWDER PACKET INNER 100 MG	Non-PDL Generic	PA; SP
JAVYGTOR 100 MG POWDER PACKET OUTER 100 MG	Non-PDL Generic	PA; SP
JAVYGTOR 100 MG TABLET 100 MG	Non-PDL Generic	PA; SP
JAVYGTOR 500 MG POWDER PACKET INNER 500 MG	Non-PDL Generic	PA; SP
JAVYGTOR 500 MG POWDER PACKET OUTER 500 MG	Non-PDL Generic	PA; SP
<i>sapropterin 100 mg powder pkt inner 100 mg</i>	Non-PDL Generic	PA; SP
<i>sapropterin 100 mg powder pkt outer 100 mg</i>	Non-PDL Generic	PA; SP
<i>sapropterin 100 mg tablet 100 mg</i>	Non-PDL Generic	PA; SP
<i>sapropterin 500 mg powder pkt inner 500 mg</i>	Non-PDL Generic	PA; SP
<i>sapropterin 500 mg powder pkt outer 500 mg</i>	Non-PDL Generic	PA; SP
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide 25 mg capsule 25 mg</i>	Non-PDL Generic	SP
<i>cyclophosphamide 25 mg tablet inner 25 mg</i>	Non-PDL Generic	SP
<i>cyclophosphamide 25 mg tablet outer 25 mg</i>	Non-PDL Generic	SP
<i>cyclophosphamide 50 mg capsule 50 mg</i>	Non-PDL Generic	SP
<i>cyclophosphamide 50 mg tablet inner 50 mg</i>	Non-PDL Generic	SP
<i>cyclophosphamide 50 mg tablet outer 50 mg</i>	Non-PDL Generic	SP
HYDREA 500 MG CAPSULE 500 MG	Non-PDL Brand	
<i>hydroxyurea 500 mg capsule 500 mg</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>hydroxyurea 500 mg capsule u-d,10x10,inner 500 mg</i>	Non-PDL Generic	90DS
<i>hydroxyurea 500 mg capsule u-d,10x10,outer 500 mg</i>	Non-PDL Generic	90DS
LEUKERAN 2 MG TABLET 2 MG	Non-PDL Brand	SP
<i>melphalan 2 mg tablet 2 mg</i>	Non-PDL Generic	
MYLERAN 2 MG TABLET 2 MG	Non-PDL Brand	SP
<i>temozolomide 100 mg capsule 100 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 100 mg capsule inner 100 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 100 mg capsule outer 100 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 140 mg capsule 140 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 140 mg capsule inner 140 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 140 mg capsule outer 140 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 180 mg capsule 180 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 180 mg capsule inner 180 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 180 mg capsule outer 180 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 20 mg capsule 20 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 20 mg capsule inner 20 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 20 mg capsule outer 20 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 250 mg capsule 250 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 250 mg capsule inner 250 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 250 mg capsule outer 250 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 5 mg capsule 5 mg</i>	Non-PDL Generic	PA; SP

Drug	Status	Notes
<i>temozolomide 5 mg capsule inner 5 mg</i>	Non-PDL Generic	PA; SP
<i>temozolomide 5 mg capsule outer 5 mg</i>	Non-PDL Generic	PA; SP
Antiandrogenic Agents		
<i>abiraterone acetate 250 mg tab 250 mg</i>	Non-PDL Generic	PA; SP
<i>abiraterone acetate 250 mg tab inner 250 mg</i>	Non-PDL Generic	PA; SP
<i>abiraterone acetate 250 mg tab outer 250 mg</i>	Non-PDL Generic	PA; SP
<i>abiraterone acetate 500 mg tab 500 mg</i>	Non-PDL Generic	PA; SP
<i>bicalutamide 50 mg tablet 50 mg</i>	Non-PDL Generic	
<i>bicalutamide 50 mg tablet f/c 50 mg</i>	Non-PDL Generic	
ERLEADA 60 MG TABLET 60 MG	Non-PDL Brand	PA; SP
<i>flutamide 125 mg capsule 125 mg</i>	Non-PDL Generic	
<i>nilutamide 150 mg tablet 150 mg</i>	Non-PDL Generic	SP; QL (2 EA per 1 day)
NUBEQA 300 MG TABLET 300 MG	Non-PDL Brand	PA; SP
XTANDI 40 MG CAPSULE 40 MG	Non-PDL Brand	PA; SP
XTANDI 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
XTANDI 80 MG TABLET 80 MG	Non-PDL Brand	PA; SP
Antimetabolites		
<i>capecitabine 150 mg tablet 150 mg</i>	Non-PDL Generic	PA; SP
<i>capecitabine 500 mg tablet 500 mg</i>	Non-PDL Generic	PA; SP
<i>capecitabine 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	PA; SP
<i>capecitabine 500 mg tablet f/c,inner 500 mg</i>	Non-PDL Generic	PA; SP
<i>capecitabine 500 mg tablet f/c,outer 500 mg</i>	Non-PDL Generic	PA; SP

Drug	Status	Notes
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
<i>mercaptopurine 50 mg tablet 50 mg</i>	Non-PDL Generic	
<i>methotrexate 1 gm vial p/f, lyophil, sdv 1 gram</i>	Non-PDL Generic	
<i>methotrexate 1 gm vial p/f, sdv 1 gram</i>	Non-PDL Generic	
<i>methotrexate 1 gm vial p/f, suv 1 gram</i>	Non-PDL Generic	
<i>methotrexate 1 gm vial suv, p/f 1 gram</i>	Non-PDL Generic	
<i>methotrexate 1 gram/40 ml vial p/f, sdv 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 1 gram/40 ml vial p/f, suv 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 1 gram/40 ml vial p/f, sdv 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	
<i>methotrexate 2.5 mg tablet u-d, 2x10, inner 2.5 mg</i>	Non-PDL Generic	
<i>methotrexate 2.5 mg tablet u-d, 10x10, blisters 2.5 mg</i>	Non-PDL Generic	
<i>methotrexate 2.5 mg tablet u-d, 2x10, outer 2.5 mg</i>	Non-PDL Generic	
<i>methotrexate 25 mg/ml vial p/f 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 250 mg/10 ml vial 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 250 mg/10 ml vial p/f, sdv 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 250 mg/10 ml vial p/f, suv 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 50 mg/2 ml vial 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 50 mg/2 ml vial inner 25 mg/ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>methotrexate 50 mg/2 ml vial inner, p/f, sdv 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 50 mg/2 ml vial outer 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 50 mg/2 ml vial outer, p/f, sdv 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 50 mg/2 ml vial p/f, sdv 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 50 mg/2 ml vial p/f, suv 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate 50 mg/2 ml vial p/f, suv 25 mg/ml</i>	Non-PDL Generic	
ONUREG 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP
ONUREG 300 MG TABLET 300 MG	Non-PDL Brand	PA; SP
PURIXAN 20 MG/ML ORAL SUSP INNER 20 MG/ML	Non-PDL Brand	SP
PURIXAN 20 MG/ML ORAL SUSP OUTER 20 MG/ML	Non-PDL Brand	SP
TABLOID 40 MG TABLET 40 MG	Non-PDL Brand	SP
TREXALL 10 MG TABLET 10 MG	Non-PDL Brand	
TREXALL 15 MG TABLET 15 MG	Non-PDL Brand	
TREXALL 5 MG TABLET 5 MG	Non-PDL Brand	
TREXALL 7.5 MG TABLET 7.5 MG	Non-PDL Brand	
Antineoplastic Aromatase Inhibitors		
<i>anastrozole 1 mg tablet 1 mg</i>	Non-PDL Generic	90DS; \$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>anastrozole 1 mg tablet coated 1 mg</i>	Non-PDL Generic	90DS; \$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>anastrozole 1 mg tablet f/c 1 mg</i>	Non-PDL Generic	90DS; \$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>exemestane 25 mg tablet 25 mg</i>	Non-PDL Generic	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>exemestane 25 mg tablet f/c 25 mg</i>	Non-PDL Generic	\$0 COPAY IF 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>letrozole 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>letrozole 2.5 mg tablet f/c 2.5 mg</i>	Non-PDL Generic	90DS
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI 50 MG CAPSULE INNER 50 MG	Non-PDL Brand	PA; SP
BRAFTOVI 50 MG CAPSULE OUTER 50 MG	Non-PDL Brand	PA; SP
BRAFTOVI 75 MG CAPSULE INNER 75 MG	Non-PDL Brand	PA; SP
BRAFTOVI 75 MG CAPSULE OUTER 75 MG	Non-PDL Brand	PA; SP
TAFINLAR 50 MG CAPSULE 50 MG	Non-PDL Brand	PA; SP
TAFINLAR 75 MG CAPSULE 75 MG	Non-PDL Brand	PA; SP
ZELBORAF 240 MG TABLET 240 MG	Non-PDL Brand	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
DAURISMO 25 MG TABLET 25 MG	Non-PDL Brand	PA; SP
ERIVEDGE 150 MG CAPSULE 150 MG	Non-PDL Brand	PA; SP
ODOMZO 200 MG CAPSULE 200 MG	Non-PDL Brand	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI 10 MG TABLET 10 MG	Non-PDL Brand	PA; SP
JAKAFI 15 MG TABLET 15 MG	Non-PDL Brand	PA; SP
JAKAFI 20 MG TABLET 20 MG	Non-PDL Brand	PA; SP
JAKAFI 25 MG TABLET 25 MG	Non-PDL Brand	PA; SP
JAKAFI 5 MG TABLET 5 MG	Non-PDL Brand	PA; SP
Antineoplastic - Kras Protein Inhibitor		
LUMAKRAS 120 MG TABLET INNER 120 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
LUMAKRAS 120 MG TABLET OUTER 120 MG	Non-PDL Brand	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC 20 MG TABLET 20 MG	Non-PDL Brand	PA; SP; QL (63 EA per 28 days)
KOSELUGO 10 MG CAPSULE 10 MG	Non-PDL Brand	PA; SP
KOSELUGO 25 MG CAPSULE 25 MG	Non-PDL Brand	PA; SP
MEKINIST 0.5 MG TABLET 0.5 MG	Non-PDL Brand	PA; SP
MEKINIST 2 MG TABLET 2 MG	Non-PDL Brand	PA; SP
MEKTOVI 15 MG TABLET 15 MG	Non-PDL Brand	PA; SP; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		
AFINITOR 10 MG TABLET INNER, U-D, 4X7 10 MG	Non-PDL Brand	PA; SP
AFINITOR 10 MG TABLET OUTER, U-D, 4X7 10 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 2 MG TABLET INNER 2 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 2 MG TABLET OUTER 2 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 3 MG TABLET INNER 3 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 3 MG TABLET OUTER 3 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 5 MG TABLET INNER 5 MG	Non-PDL Brand	PA; SP
AFINITOR DISPERZ 5 MG TABLET OUTER 5 MG	Non-PDL Brand	PA; SP
<i>everolimus 10 mg tablet 10 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 10 mg tablet inner 10 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 10 mg tablet outer 10 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 2 mg tab for susp inner 2 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 2 mg tab for susp outer 2 mg</i>	Non-PDL Generic	PA; SP

Drug	Status	Notes
<i>everolimus 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 2.5 mg tablet inner 2.5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 2.5 mg tablet outer 2.5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 3 mg tab for susp inner 3 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 3 mg tab for susp outer 3 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 5 mg tab for susp inner 5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 5 mg tab for susp outer 5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 5 mg tablet 5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 5 mg tablet inner 5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 5 mg tablet outer 5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 7.5 mg tablet 7.5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 7.5 mg tablet inner 7.5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus 7.5 mg tablet outer 7.5 mg</i>	Non-PDL Generic	PA; SP
Antineoplastic - Protein Methyltransferase Inhibit		
TAZVERIK 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN 0.25 MG CAPSULE 0.25 MG	Non-PDL Brand	SP
HYCAMTIN 1 MG CAPSULE 1 MG	Non-PDL Brand	SP
Antineoplastic Comb - Kinase And Aromatase Inhibit		
KISQALI FEMARA 200 MG CO-PACK 200 MG/DAY(200 MG X 1)-2.5 MG	Non-PDL Brand	PA; SP
KISQALI FEMARA 400 MG CO-PACK 400 MG/DAY(200 MG X 2)-2.5 MG	Non-PDL Brand	PA; SP
KISQALI FEMARA 600 MG CO-PACK 600 MG/DAY(200 MG X 3)-2.5 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
Antineoplastic Immunomodulator Agents		
<i>lenalidomide 10 mg capsule 10 mg</i>	Non-PDL Generic	PA; SP
<i>lenalidomide 15 mg capsule 15 mg</i>	Non-PDL Generic	PA; SP
<i>lenalidomide 2.5 mg capsule 2.5 mg</i>	Non-PDL Generic	PA; SP
<i>lenalidomide 20 mg capsule 20 mg</i>	Non-PDL Generic	PA; SP
<i>lenalidomide 25 mg capsule 25 mg</i>	Non-PDL Generic	PA; SP
<i>lenalidomide 5 mg capsule 5 mg</i>	Non-PDL Generic	PA; SP
POMALYST 1 MG CAPSULE 1 MG	Non-PDL Brand	PA; SP
POMALYST 2 MG CAPSULE 2 MG	Non-PDL Brand	PA; SP
POMALYST 3 MG CAPSULE 3 MG	Non-PDL Brand	PA; SP
POMALYST 4 MG CAPSULE 4 MG	Non-PDL Brand	PA; SP
REVLIMID 2.5 MG CAPSULE 2.5 MG	Non-PDL Brand	PA; SP
REVLIMID 20 MG CAPSULE 20 MG	Non-PDL Brand	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON 120 MG VIAL INNER,SUV 120 MG	Non-PDL Brand	SP; QL (2 EA per 365 days)
FIRMAGON 2 X 120 MG KIT SUV,OUTER 120 MG	Non-PDL Brand	SP; QL (2 EA per 365 days)
FIRMAGON 80 MG KIT 80 MG	Non-PDL Brand	SP; QL (1 EA per 30 days)
ORGOVYX 120 MG TABLET 120 MG	Non-PDL Brand	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA 150 MG CAPSULE 150 MG	Non-PDL Brand	PA; SP
AYVAKIT 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
AYVAKIT 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
AYVAKIT 25 MG TABLET 25 MG	Non-PDL Brand	PA; SP
AYVAKIT 300 MG TABLET 300 MG	Non-PDL Brand	PA; SP
AYVAKIT 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
BALVERSA 3 MG TABLET 3 MG	Non-PDL Brand	PA; SP
BALVERSA 4 MG TABLET 4 MG	Non-PDL Brand	PA; SP
BALVERSA 5 MG TABLET 5 MG	Non-PDL Brand	PA; SP
BOSULIF 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
BOSULIF 400 MG TABLET 400 MG	Non-PDL Brand	PA; SP
BOSULIF 500 MG TABLET 500 MG	Non-PDL Brand	PA; SP
BRUKINSA 80 MG CAPSULE 80 MG	Non-PDL Brand	PA; SP
CABOMETYX 20 MG TABLET 20 MG	Non-PDL Brand	PA; SP
CABOMETYX 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
CABOMETYX 60 MG TABLET 60 MG	Non-PDL Brand	PA; SP
CALQUENCE 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
CALQUENCE 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
CAPRELSA 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
CAPRELSA 300 MG TABLET 300 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
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)
<i>erlotinib hcl 100 mg tablet 100 mg</i>	Non-PDL Generic	PA; SP

Drug	Status	Notes
<i>erlotinib hcl 100 mg tablet inner 100 mg</i>	Non-PDL Generic	PA; SP
<i>erlotinib hcl 100 mg tablet outer 100 mg</i>	Non-PDL Generic	PA; SP
<i>erlotinib hcl 150 mg tablet 150 mg</i>	Non-PDL Generic	PA; SP
<i>erlotinib hcl 150 mg tablet inner 150 mg</i>	Non-PDL Generic	PA; SP
<i>erlotinib hcl 150 mg tablet outer 150 mg</i>	Non-PDL Generic	PA; SP
<i>erlotinib hcl 25 mg tablet 25 mg</i>	Non-PDL Generic	PA; SP
<i>erlotinib hcl 25 mg tablet inner 25 mg</i>	Non-PDL Generic	PA; SP
<i>erlotinib hcl 25 mg tablet outer 25 mg</i>	Non-PDL Generic	PA; SP
EXKIVITY 40 MG CAPSULE 40 MG	Non-PDL Brand	PA; SP
FOTIVDA 0.89 MG CAPSULE 0.89 MG	Non-PDL Brand	PA; SP
FOTIVDA 1.34 MG CAPSULE 1.34 MG	Non-PDL Brand	PA; SP
GAVRETO 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
GILOTRIF 20 MG TABLET 20 MG	Non-PDL Brand	PA; SP
GILOTRIF 30 MG TABLET 30 MG	Non-PDL Brand	PA; SP
GILOTRIF 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
IBRANCE 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
IBRANCE 100 MG TABLET INNER 100 MG	Non-PDL Brand	PA; SP
IBRANCE 100 MG TABLET OUTER 100 MG	Non-PDL Brand	PA; SP
IBRANCE 125 MG CAPSULE 125 MG	Non-PDL Brand	PA; SP
IBRANCE 125 MG TABLET INNER 125 MG	Non-PDL Brand	PA; SP
IBRANCE 125 MG TABLET OUTER 125 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
IBRANCE 75 MG CAPSULE 75 MG	Non-PDL Brand	PA; SP
IBRANCE 75 MG TABLET INNER 75 MG	Non-PDL Brand	PA; SP
IBRANCE 75 MG TABLET OUTER 75 MG	Non-PDL Brand	PA; SP
ICLUSIG 10 MG TABLET 10 MG	Non-PDL Brand	PA; SP
ICLUSIG 15 MG TABLET 15 MG	Non-PDL Brand	PA; SP
ICLUSIG 30 MG TABLET 30 MG	Non-PDL Brand	PA; SP
ICLUSIG 45 MG TABLET 45 MG	Non-PDL Brand	PA; SP
<i>imatinib mesylate 100 mg tab 100 mg</i>	Non-PDL Generic	PA; SP
<i>imatinib mesylate 100 mg tab f/c 100 mg</i>	Non-PDL Generic	PA; SP
<i>imatinib mesylate 100 mg tab inner 100 mg</i>	Non-PDL Generic	PA; SP
<i>imatinib mesylate 100 mg tab outer 100 mg</i>	Non-PDL Generic	PA; SP
<i>imatinib mesylate 400 mg tab 400 mg</i>	Non-PDL Generic	PA; SP
<i>imatinib mesylate 400 mg tab f/c 400 mg</i>	Non-PDL Generic	PA; SP
<i>imatinib mesylate 400 mg tab inner 400 mg</i>	Non-PDL Generic	PA; SP
<i>imatinib mesylate 400 mg tab outer 400 mg</i>	Non-PDL Generic	PA; SP
IMBRUVICA 140 MG CAPSULE 140 MG	Non-PDL Brand	PA; SP
IMBRUVICA 140 MG TABLET 140 MG	Non-PDL Brand	PA; SP
IMBRUVICA 280 MG TABLET 280 MG	Non-PDL Brand	PA; SP
IMBRUVICA 420 MG TABLET 420 MG	Non-PDL Brand	PA; SP
IMBRUVICA 560 MG TABLET 560 MG	Non-PDL Brand	PA; SP
IMBRUVICA 70 MG CAPSULE 70 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
IMBRUVICA 70 MG/ML SUSPENSION 70 MG/ML	Non-PDL Brand	PA; SP
INLYTA 1 MG TABLET 1 MG	Non-PDL Brand	PA; SP
INLYTA 5 MG TABLET 5 MG	Non-PDL Brand	PA; SP
INREBIC 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
IRESSA 250 MG TABLET 250 MG	Non-PDL Brand	PA; SP
KISQALI 200 MG DAILY DOSE 200 MG/DAY (200 MG X 1)	Non-PDL Brand	PA; SP
KISQALI 400 MG DAILY DOSE INNER 400 MG/DAY (200 MG X 2)	Non-PDL Brand	PA; SP
KISQALI 400 MG DAILY DOSE OUTER 400 MG/DAY (200 MG X 2)	Non-PDL Brand	PA; SP
KISQALI 600 MG DAILY DOSE INNER 600 MG/DAY (200 MG X 3)	Non-PDL Brand	PA; SP
KISQALI 600 MG DAILY DOSE OUTER 600 MG/DAY (200 MG X 3)	Non-PDL Brand	PA; SP
<i>lapatinib 250 mg tablet 250 mg</i>	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 4 MG	Non-PDL Brand	PA; SP
LENVIMA 4 MG CAPSULE OUTER 4 MG	Non-PDL Brand	PA; SP
LENVIMA 8 MG DAILY DOSE INNER 8 MG/DAY (4 MG X 2)	Non-PDL Brand	PA; SP
LENVIMA 8 MG DAILY DOSE OUTER 8 MG/DAY (4 MG X 2)	Non-PDL Brand	PA; SP
LORBRENA 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
LORBRENA 25 MG TABLET 25 MG	Non-PDL Brand	PA; SP
LYNPARZA 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
LYNPARZA 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
LYTGOBI 12 MG DAILY DOSE PACK 4 MG	Non-PDL Brand	PA; SP
LYTGOBI 16 MG DAILY DOSE PACK 4 MG	Non-PDL Brand	PA; SP
LYTGOBI 20 MG DAILY DOSE PACK 4 MG	Non-PDL Brand	PA; SP
NERLYNX 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
NINLARO 2.3 MG CAPSULE INNER 2.3 MG	Non-PDL Brand	PA; SP
NINLARO 2.3 MG CAPSULE OUTER 2.3 MG	Non-PDL Brand	PA; SP
NINLARO 3 MG CAPSULE INNER 3 MG	Non-PDL Brand	PA; SP
NINLARO 3 MG CAPSULE OUTER 3 MG	Non-PDL Brand	PA; SP
NINLARO 4 MG CAPSULE INNER 4 MG	Non-PDL Brand	PA; SP
NINLARO 4 MG CAPSULE OUTER 4 MG	Non-PDL Brand	PA; SP
PEMAZYRE 13.5 MG TABLET 13.5 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
PEMAZYRE 4.5 MG TABLET 4.5 MG	Non-PDL Brand	PA; SP
PEMAZYRE 9 MG TABLET 9 MG	Non-PDL Brand	PA; SP
PIQRAY 200 MG DAILY DOSE 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 INNER, SAMPLE 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 250 MG DAILY DOSE PACK OUTER, SAMPLE 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 INNER, SAMPLE 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
PIQRAY 300 MG DAILY DOSE PACK OUTER, SAMPLE 300 MG/DAY (150 MG X 2)	Non-PDL Brand	PA; SP
QINLOCK 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
RETEVMO 40 MG CAPSULE 40 MG	Non-PDL Brand	PA; SP
RETEVMO 80 MG CAPSULE 80 MG	Non-PDL Brand	PA; SP
ROZLYTREK 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
ROZLYTREK 200 MG CAPSULE 200 MG	Non-PDL Brand	PA; SP
RYDAPT 25 MG CAPSULE INNER 25 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
RYDAPT 25 MG CAPSULE OUTER 25 MG	Non-PDL Brand	PA; SP
SCEMBLIX 20 MG TABLET 20 MG	Non-PDL Brand	PA; SP
SCEMBLIX 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
<i>sorafenib 200 mg tablet 200 mg</i>	Non-PDL Generic	PA; SP
SPRYCEL 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
SPRYCEL 140 MG TABLET 140 MG	Non-PDL Brand	PA; SP
SPRYCEL 20 MG TABLET 20 MG	Non-PDL Brand	PA; SP
SPRYCEL 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
SPRYCEL 70 MG TABLET 70 MG	Non-PDL Brand	PA; SP
SPRYCEL 80 MG TABLET 80 MG	Non-PDL Brand	PA; SP
STIVARGA 40 MG TABLET 1X28, INNER 40 MG	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
STIVARGA 40 MG TABLET 3X28, OUTER 40 MG	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
STIVARGA 40 MG TABLET INNER 40 MG	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
STIVARGA 40 MG TABLET OUTER 40 MG	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
<i>sunitinib malate 12.5 mg cap 12.5 mg</i>	Non-PDL Generic	PA; SP
<i>sunitinib malate 25 mg capsule 25 mg</i>	Non-PDL Generic	PA; SP
<i>sunitinib malate 37.5 mg cap 37.5 mg</i>	Non-PDL Generic	PA; SP
<i>sunitinib malate 50 mg capsule 50 mg</i>	Non-PDL Generic	PA; SP
TABRECTA 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
TABRECTA 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP
TAGRISSE 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
TAGRISSO 80 MG TABLET 80 MG	Non-PDL Brand	PA; SP
TALZENNA 0.25 MG CAPSULE 0.25 MG	Non-PDL Brand	PA; SP
TALZENNA 0.5 MG CAPSULE 0.5 MG	Non-PDL Brand	PA; SP
TALZENNA 0.75 MG CAPSULE 0.75 MG	Non-PDL Brand	PA; SP
TALZENNA 1 MG CAPSULE 1 MG	Non-PDL Brand	PA; SP
TASIGNA 150 MG CAPSULE 4X28, OUTER 150 MG	Non-PDL Brand	PA; SP
TASIGNA 150 MG CAPSULE INNER 150 MG	Non-PDL Brand	PA; SP
TASIGNA 200 MG CAPSULE 4X28, OUTER PACK 200 MG	Non-PDL Brand	PA; SP
TASIGNA 200 MG CAPSULE INNER PACK 200 MG	Non-PDL Brand	PA; SP
TASIGNA 50 MG CAPSULE 50 MG	Non-PDL Brand	PA; SP
TEPMETKO 225 MG TABLET 225 MG	Non-PDL Brand	PA; SP
TRUSELTIQ 100 MG DAILY DOSE PK 100 MG/DAY (100 MG X 1)	Non-PDL Brand	PA; SP
TRUSELTIQ 125 MG DAILY DOSE PK 125 MG/DAY(100 MG X1-25MG X1)	Non-PDL Brand	PA; SP
TRUSELTIQ 50 MG DAILY DOSE PK 50 MG/DAY (25 MG X 2)	Non-PDL Brand	PA; SP
TRUSELTIQ 75 MG DAILY DOSE PK 75 MG/DAY (25 MG X 3)	Non-PDL Brand	PA; SP
TUKYSA 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
TUKYSA 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
TURALIO 200 MG CAPSULE 200 MG	Non-PDL Brand	PA; SP
VERZENIO 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
VERZENIO 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
VERZENIO 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
VERZENIO 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
VITRAKVI 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
VITRAKVI 20 MG/ML SOLUTION 20 MG/ML	Non-PDL Brand	PA; SP
VITRAKVI 25 MG CAPSULE 25 MG	Non-PDL Brand	PA; SP
VONJO 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
VOTRIENT 200 MG TABLET 200 MG	Non-PDL Brand	PA; SP
XALKORI 200 MG CAPSULE 200 MG	Non-PDL Brand	PA; SP
XALKORI 250 MG CAPSULE 250 MG	Non-PDL Brand	PA; SP
XOSPATA 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
ZEJULA 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
ZYDELIG 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
ZYDELIG 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
ZYKADIA 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
FARYDAK 10 MG CAPSULE 10 MG	Non-PDL Brand	PA; SP
FARYDAK 15 MG CAPSULE 15 MG	Non-PDL Brand	PA; SP
FARYDAK 20 MG CAPSULE 20 MG	Non-PDL Brand	PA; SP
ZOLINZA 100 MG CAPSULE 100 MG	Non-PDL Brand	SP
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA 10 MG TAB (10 MG X 2) 10 MG	Non-PDL Brand	PA; SP
VENCLEXTA 10 MG TABLET 10 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
VENCLEXTA 100 MG TABLET 100 MG	Non-PDL Brand	PA; SP
VENCLEXTA 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
VENCLEXTA STARTING PACK 10 MG-50 MG- 100 MG	Non-PDL Brand	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG 40 MG TABLET 40 MG	Non-PDL Brand	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
TIBSOVO 250 MG TABLET 250 MG	Non-PDL Brand	PA; SP
Antineoplastics,Miscellaneous		
<i>etoposide 50 mg capsule inner 50 mg</i>	Non-PDL Generic	
<i>etoposide 50 mg capsule outer 50 mg</i>	Non-PDL Generic	
LYSODREN 500 MG TABLET 500 MG	Non-PDL Brand	SP
MATULANE 50 MG CAPSULE 50 MG	Non-PDL Brand	SP
SYNRIBO 3.5 MG/ML VIAL 3.5 MG	Non-PDL Brand	PA; SP
<i>tretinoin 10 mg capsule 10 mg</i>	Non-PDL Generic	SP
<i>tretinoin 10 mg capsule 3x10, outer 10 mg</i>	Non-PDL Generic	SP
<i>tretinoin 10 mg capsule inner 10 mg</i>	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 (40 MG X 1)	Non-PDL Brand	PA; SP
XPOVIO 40 MG ONCE WEEKLY DOSE OUTER 40 MG/WEEK (40 MG X 1)	Non-PDL Brand	PA; SP
XPOVIO 40 MG TWICE WEEKLY DOSE INNER 40MG TWICE WEEK (40 MG X 2)	Non-PDL Brand	PA; SP

Drug	Status	Notes
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
XPOVIO 80 MG ONCE WEEKLY DOSE INNER 80 MG/WEEK (40 MG X 2)	Non-PDL Brand	PA; SP
XPOVIO 80 MG ONCE WEEKLY DOSE OUTER 80 MG/WEEK (40 MG X 2)	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		
<i>leucovorin calcium 10 mg tab 10 mg</i>	Non-PDL Generic	
<i>leucovorin calcium 15 mg tab 15 mg</i>	Non-PDL Generic	
<i>leucovorin calcium 25 mg tab 25 mg</i>	Non-PDL Generic	
<i>leucovorin calcium 25 mg tab u-d, 2x10, inner 25 mg</i>	Non-PDL Generic	
<i>leucovorin calcium 25 mg tab u-d,2x10,outer 25 mg</i>	Non-PDL Generic	
<i>leucovorin calcium 5 mg tab 5 mg</i>	Non-PDL Generic	
<i>leucovorin calcium 5 mg tab u-d, 5x10, inner 5 mg</i>	Non-PDL Generic	
<i>leucovorin calcium 5 mg tab u-d,5x10,outer 5 mg</i>	Non-PDL Generic	
VISTOGARD 10 GRAM PACKET INNER 10 GRAM	Non-PDL Brand	SP; QL (24 EA per 14 days)
VISTOGARD 10 GRAM PACKET OUTER 10 GRAM	Non-PDL Brand	SP; QL (24 EA per 14 days)

Drug	Status	Notes
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
<i>sterile talc powder 10's, single use 5 gram</i>	Non-PDL Generic	
Radioactive Therapeutic Agents		
<i>sodium iodide i-123 7.4 mbq cp 7.4 mbq (200 microci)</i>	Non-PDL Generic	
Selective Estrogen Receptor Modulators (Serm)		
SOLTAMOX 20 MG/10 ML SOLN 20 MG/10 ML	Non-PDL Brand	
<i>tamoxifen 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS; \$0 COPAY IF 35 YEARS OF AGE OR OLDER
<i>tamoxifen 10 mg tablet 15.2mg tamoxifen cit 10 mg</i>	Non-PDL Generic	90DS; \$0 COPAY IF 35 YEARS OF AGE OR OLDER
<i>tamoxifen 20 mg tablet 20 mg</i>	Non-PDL Generic	90DS; \$0 COPAY IF 35 YEARS OF AGE OR OLDER
<i>tamoxifen 20 mg tablet 30.4mg tamoxifen cit 20 mg</i>	Non-PDL Generic	90DS; \$0 COPAY IF 35 YEARS OF AGE OR OLDER
<i>toremifene citrate 60 mg tab 60 mg</i>	Non-PDL Generic	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		
<i>bexarotene 75 mg capsule 75 mg</i>	Non-PDL Generic	PA; SP
<i>bexarotene 75 mg capsule inner 75 mg</i>	Non-PDL Generic	PA; SP
<i>bexarotene 75 mg capsule outer 75 mg</i>	Non-PDL Generic	PA; SP
Steroid Antineoplastics		
EMCYT 140 MG CAPSULE 140 MG	Non-PDL Brand	SP
<i>megestrol 20 mg tablet 20 mg</i>	PDL Preferred Generic	90DS
<i>megestrol 40 mg tablet 40 mg</i>	PDL Preferred Generic	90DS
Neurological Disease - Miscellaneous Agents To Treat Multiple Sclerosis		
AUBAGIO 14 MG TABLET 14 MG	PDL Preferred Brand	PA; SP

Drug	Status	Notes
AUBAGIO 7 MG TABLET 7 MG	PDL Preferred Brand	PA; SP
AVONEX 30 MCG/0.5 ML SYRINGE 30 MCG/0.5 ML	PDL Preferred Brand	SP
AVONEX PEN 30 MCG/0.5 ML 30 MCG/0.5 ML	PDL Preferred Brand	SP
AVONEX PEN 30 MCG/0.5 ML KIT OUTER, SUV, P/F 30 MCG/0.5 ML	PDL Preferred Brand	SP; QL (1 EA per 28 days)
AVONEX PREFILLED SYR 30 MCG KIT OUTER, SUV, P/F 30 MCG/0.5 ML	PDL Preferred Brand	SP; QL (1 EA per 28 days)
BAFIERTAM DR 95 MG CAPSULE 95 MG	PDL Non-Preferred Brand	PA; SP
BETASERON 0.3 MG KIT INNER, SUV, P/F 0.3 MG	PDL Preferred Brand	PA; SP; QL (15 EA per 30 days)
BETASERON 0.3 MG KIT OUTER, SUV, P/F 0.3 MG	PDL Preferred Brand	SP; QL (15 EA per 30 days)
BETASERON 0.3 MG VIAL INNER, SUV, P/F 0.3 MG	PDL Preferred Brand	SP; QL (15 EA per 30 days)
COPAXONE 20 MG/ML SYRINGE 20 MG/ML	PDL Preferred Brand	SP; QL (30 ML per 30 days)
COPAXONE 40 MG/ML SYRINGE SAMPLE, SUV 40 MG/ML	PDL Non-Preferred Brand	PA; SP
COPAXONE 40 MG/ML SYRINGE SUV 40 MG/ML	PDL Non-Preferred Brand	PA; SP
<i>dimethyl fumarate 30d start pk 120 mg (14)-240 mg (46)</i>	PDL Non-Preferred Generic	PA; SP
<i>dimethyl fumarate dr 120 mg cp 120 mg</i>	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
<i>dimethyl fumarate dr 240 mg cp 240 mg</i>	PDL Non-Preferred Generic	PA; SP
EXTAVIA 0.3 MG KIT P/F, OUTER,SUV 0.3 MG	PDL Non-Preferred Brand	PA; SP; QL (15 EA per 30 days)
EXTAVIA 0.3 MG KIT P/F,INNER,SUV 0.3 MG	PDL Non-Preferred Brand	PA; SP; QL (15 EA per 30 days)
EXTAVIA 0.3 MG VIAL 0.3 MG	PDL Non-Preferred Brand	PA; SP; QL (15 EA per 30 days)
<i>fingolimod 0.5 mg capsule 0.5 mg</i>	Non-PDL Generic	PA; SP
GILENYA 0.25 MG CAPSULE 0.25 MG	PDL Preferred Brand	PA; SP
GILENYA 0.5 MG CAPSULE 0.5 MG	PDL Preferred Brand	PA; SP
<i>glatiramer 20 mg/ml syringe inner,suv 20 mg/ml</i>	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
<i>glatiramer 20 mg/ml syringe outer,suv 20 mg/ml</i>	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
<i>glatiramer 40 mg/ml syringe inner,sdv 40 mg/ml</i>	PDL Non-Preferred Generic	PA; SP
<i>glatiramer 40 mg/ml syringe outer,sdv 40 mg/ml</i>	PDL Non-Preferred Generic	PA; SP
GLATOPA 20 MG/ML SYRINGE INNER, SUV 20 MG/ML	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
GLATOPA 20 MG/ML SYRINGE OUTER, SUV 20 MG/ML	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
GLATOPA 40 MG/ML SYRINGE INNER,SUV 40 MG/ML	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
GLATOPA 40 MG/ML SYRINGE OUTER,SUV 40 MG/ML	PDL Non-Preferred Generic	PA; SP
KESIMPTA 20 MG/0.4 ML PEN 20 MG/0.4 ML	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 10 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 4 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 5 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 6 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 7 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 8 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD 10 MG X 9 TABLET PK 10 MG	PDL Non-Preferred Brand	PA; SP
MAYZENT 0.25 MG STARTER 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 0.25 MG	PDL Non-Preferred Brand	PA; SP
MAYZENT 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA; SP
MAYZENT 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
PLEGRIDY 125 MCG/0.5 ML PEN P/F, INNER, SDV 125 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY 125 MCG/0.5 ML PEN P/F, OUTER, SDV 125 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY 125 MCG/0.5 ML SYRINGE INNER, SUV, P/F 125 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY 125 MCG/0.5 ML SYRINGE OUTER, SUV, P/F 125 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY PEN INJ STARTER PACK 63 MCG/0.5 ML- 94 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY SYRINGE STARTER PACK 63 MCG/0.5 ML- 94 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PONVORY 14-DAY STARTER PACK 2 MG (2) - 10 MG (3)	PDL Non-Preferred Brand	PA; SP
PONVORY 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; SP
REBIF 22 MCG/0.5 ML SYRINGE P/F, INNER, SUV 22 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF 22 MCG/0.5 ML SYRINGE P/F, OUTER, SUV 22 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF 44 MCG/0.5 ML SYRINGE P/F, INNER, SUV 44 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF 44 MCG/0.5 ML SYRINGE P/F, OUTER, SUV 44 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML P/F, INNER, SUV 22 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE 22 MCG/0.5 ML P/F, OUTERM, SUV 22 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)

Drug	Status	Notes
REBIF REBIDOSE 44 MCG/0.5 ML P/F, INNER, SUV 44 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE 44 MCG/0.5 ML P/F, OUTER, SUV 44 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PDL Preferred Brand	SP
REBIF TITRATION PACK 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PDL Preferred Brand	SP
TECFIDERA DR 120 MG CAPSULE 120 MG	PDL Non-Preferred Brand	PA; SP
TECFIDERA DR 240 MG CAPSULE 240 MG	PDL Non-Preferred Brand	PA; SP
TECFIDERA STARTER PACK 120 MG (14)-240 MG (46)	PDL Non-Preferred Brand	PA; SP
VUMERITY DR 231 MG CAPSULE 231 MG	PDL Non-Preferred Brand	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
AMPYRA ER 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
<i>dalfampridine er 10 mg tablet 10 mg</i>	PDL Non-Preferred Generic	PA; SP
Amyotrophic Lateral Sclerosis Agents		
<i>riluzole 50 mg tablet 50 mg</i>	Non-PDL Generic	
<i>riluzole 50 mg tablet f/c 50 mg</i>	Non-PDL Generic	
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
SAVELLA 100 MG TABLET 100 MG	PDL Preferred Brand	

Drug	Status	Notes
SAVELLA 12.5 MG TABLET 12.5 MG	PDL Preferred Brand	
SAVELLA 25 MG TABLET 25 MG	PDL Preferred Brand	
SAVELLA 50 MG TABLET 50 MG	PDL Preferred Brand	
SAVELLA TITRATION PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	PDL Preferred Brand	
Movement Disorders(Drug Therapy)		
HORIZANT ER 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
HORIZANT ER 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
<i>tetrabenazine 12.5 mg tablet 12.5 mg</i>	Non-PDL Generic	PA; SP
<i>tetrabenazine 25 mg tablet 25 mg</i>	Non-PDL Generic	PA; SP
Neuropathic Agents		
LYRICA CR 165 MG TABLET 165 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
LYRICA CR 330 MG TABLET 330 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
LYRICA CR 82.5 MG TABLET 82.5 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
<i>pregabalin er 165 mg tablet 165 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>pregabalin er 330 mg tablet 330 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>pregabalin er 82.5 mg tablet 82.5 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)

Drug	Status	Notes
Postherpetic Neuralgia Agents		
GRALISE 300-600 MG SAMPLE PACK 300 MG (9)- 600 MG (24)	PDL Non-Preferred Brand	PA; QL (33 EA per 15 days)
GRALISE ER 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
GRALISE ER 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
ZEPOSIA 0.23-0.46 MG START PCK 0.23 MG (4)- 0.46 MG (3)	PDL Non-Preferred Brand	PA; SP
ZEPOSIA 0.23-0.46-0.92 MG KIT 0.23-0.46-0.92 MG	PDL Non-Preferred Brand	PA; SP
ZEPOSIA 0.92 MG CAPSULE 0.92 MG	PDL Non-Preferred Brand	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine 0.12% rinse 0.12 %</i>	Non-PDL Generic	
<i>chlorhexidine 0.12% rinse inner 0.12 %</i>	Non-PDL Generic	
<i>chlorhexidine 0.12% rinse outer 0.12 %</i>	Non-PDL Generic	
ORALONE 0.1% PASTE 0.1 %	Non-PDL Generic	
PAROEX 0.12% ORAL RINSE 0.12 %	Non-PDL Generic	
PERIOGARD 0.12% ORAL RINSE 0.12 %	Non-PDL Generic	
PERIOGARD 0.12% ORAL RINSE 12'S, 1.2MG=0.12% 0.12 %	Non-PDL Generic	
<i>triamcinolone 0.1% paste 0.1 %</i>	Non-PDL Generic	
Nose Preparations, Miscellaneous (Rx)		
<i>ipratropium 0.03% spray 21 mcg (0.03 %)</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>ipratropium 0.06% spray 42 mcg (0.06 %)</i>	PDL Preferred Generic	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate 20 mg tab 20 mg</i>	Non-PDL Generic	
<i>doxycycline hyclate 20 mg tab f/c 20 mg</i>	Non-PDL Generic	
Other Drugs		
Antidotes,Miscellaneous		
ACTIDOSE-AQUA 50 GM/240 ML LIQ 50 GRAM/240 ML	Non-PDL Generic	OTC
INSTA-CHAR 25 GM LIQUID 25'S, PEDI-SORBITOL 25 GRAM/120 ML	Non-PDL Generic	OTC
INSTA-CHAR 50 GM LIQUID 25'S, ADULT-SORBITOL 50 GRAM/240 ML	Non-PDL Generic	OTC
INSTA-CHAR 50 GM/240 ML LIQUID 25'S, ADULT-AQUEOUS 50 GRAM/240 ML	Non-PDL Generic	OTC
Antioxidant Agents		
ANTIOXIDANT SOFTGEL P/F,SOFTGELS	Non-PDL Generic	
<i>cvs lutein 20 mg softgel (rx) 20 mg</i>	Non-PDL Generic	
<i>eql lutein 20 mg softgel softgel (rx) 20 mg</i>	Non-PDL Generic	
HEALTHY EYES LUTEIN-ZEAXTHN CP 60 MG-13.5 MG- 15 MG-2 MG-6 MG	Non-PDL Generic	
<i>lutein 20 mg capsule p/f,yeast/f (rx) 20 mg</i>	Non-PDL Generic	
<i>lutein 20 mg softgel (rx) 20 mg</i>	Non-PDL Generic	
<i>lutein 20 mg softgel gluten-free,softgel (rx) 20 mg</i>	Non-PDL Generic	
<i>lutein 20 mg softgel p/f, no lactose (rx) 20 mg</i>	Non-PDL Generic	
<i>lutein 20 mg softgel p/f,yeast/f (rx) 20 mg</i>	Non-PDL Generic	
<i>lutein 20 mg softgel sftgl,p/f,glul/f (rx) 20 mg</i>	Non-PDL Generic	
<i>lutein 20 mg softgel softgel (rx) 20 mg</i>	Non-PDL Generic	
<i>lutein 20 mg softgel softgel, p/f (rx) 20 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>lutein 40 mg softgel 40 mg</i>	Non-PDL Generic	
<i>lutein 6 mg softgel p/f,gluten-free (rx) 6 mg</i>	Non-PDL Generic	
<i>lutein 6 mg softgel softgel (rx) 6 mg</i>	Non-PDL Generic	
<i>lutein 6 mg softgel softgel,n,p/f (rx) 6 mg</i>	Non-PDL Generic	
<i>lutein 6,000 mcg capsule (rx) 6 mg</i>	Non-PDL Generic	
<i>natural lutein 20 mg softgel p/f,gluten free (rx) 20 mg</i>	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 CAPSULE P/F (RX)	Non-PDL Generic	
SUPER ANTIOXIDANT SOFTGEL SFTGL,N,P/F	Non-PDL Generic	
<i>sv lutein 20 mg softgel softgel, p/f (rx) 20 mg</i>	Non-PDL Generic	
<i>sv lutein 6 mg softgel softgel, p/f (rx) 6 mg</i>	Non-PDL Generic	
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		
<i>megestrol 625 mg/5 ml susp 625 mg/5 ml (125 mg/ml)</i>	PDL Non-Preferred Generic	PA
<i>megestrol acet 40 mg/ml susp 400 mg/10 ml (40 mg/ml)</i>	PDL Preferred Generic	
<i>megestrol acet 400 mg/10 ml 50's, u-d,inner 400 mg/10 ml (10 ml)</i>	PDL Preferred Generic	
<i>megestrol acet 400 mg/10 ml 50's,u-d,outer 400 mg/10 ml (10 ml)</i>	PDL Preferred Generic	
<i>megestrol acet 400 mg/10 ml outer 400 mg/10 ml (10 ml)</i>	PDL Preferred Generic	

Drug	Status	Notes
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		
<i>glutaraldehyde 25% aq solution aqueous (rx) 25 %</i>	Non-PDL Generic	PA
Condoms		
FC2 FEMALE CONDOM	Preventive	OTC; QL (30 EA per 30 days)
Dietary Supplement, Miscellaneous		
GNP DIABETIC SUPPORT FORM TAB 167-100-83 MCG	Non-PDL Generic	
GNP HAIR, SKIN AND NAILS TAB VITAMINS & MINERALS 3.3 MG IRON-25 MCG	Non-PDL Generic	
HAIR, SKIN AND NAILS TABLET 3.3 MG IRON-25 MCG	Non-PDL Generic	
<i>nac 600 mg capsule 600 mg</i>	Non-PDL Generic	
NAC 600 MG CAPSULE 600 MG	Non-PDL Generic	
<i>n-acetyl-l-cysteine 600 mg cap 600 mg</i>	Non-PDL Generic	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone 10 mg capsule 10 mg</i>	Non-PDL Generic	PA; SP
<i>nitisinone 2 mg capsule 2 mg</i>	Non-PDL Generic	PA; SP
<i>nitisinone 5 mg capsule 5 mg</i>	Non-PDL Generic	PA; SP
NITYR 10 MG TABLET 10 MG	Non-PDL Brand	PA; SP
NITYR 2 MG TABLET 2 MG	Non-PDL Brand	PA; SP
NITYR 5 MG TABLET 5 MG	Non-PDL Brand	PA; SP
ORFADIN 20 MG CAPSULE 20 MG	Non-PDL Brand	PA; SP
ORFADIN 4 MG/ML SUSPENSION 4 MG/ML	Non-PDL Brand	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA 84 MG CAPSULE 84 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
<i>miglustat 100 mg capsule 100 mg</i>	Non-PDL Generic	PA; SP
<i>miglustat 100 mg capsule inner 100 mg</i>	Non-PDL Generic	PA; SP
<i>miglustat 100 mg capsule outer 100 mg</i>	Non-PDL Generic	PA; SP
Gastrointestinal Radiopaque Diagnostics		
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 3 %	Non-PDL Generic	
<i>sodium chloride 0.9% inhal vl 100's, u-d, suv, plf (rx) 0.9 %</i>	Non-PDL Generic	90DS
<i>sodium chloride 0.9% inhal vl 50's, u-d, suv, plf (rx) 0.9 %</i>	Non-PDL Generic	90DS
<i>sodium chloride 0.9% inhal vl plf, suv (rx) 0.9 %</i>	Non-PDL Generic	90DS
<i>sodium chloride 0.9% inhal vl suv,plf (rx) 0.9 %</i>	Non-PDL Generic	90DS
<i>sodium chloride 0.9% inhal vl u-d, suv, plf (rx) 0.9 %</i>	Non-PDL Generic	90DS
<i>sodium chloride 10% vial 50's, u-d, suv, plf 10 %</i>	Non-PDL Generic	
<i>sodium chloride 3% vial 3 %</i>	Non-PDL Generic	
<i>sodium chloride 3% vial plf 3 %</i>	Non-PDL Generic	
<i>sodium chloride 7% vial 60's, suv, plf 7 %</i>	Non-PDL Generic	
<i>sodium chloride 7% vial 60's, suv, plf, u-d 7 %</i>	Non-PDL Generic	
<i>sodium chloride 7% vial 7 %</i>	Non-PDL Generic	
Intra-Uterine Devices (Iud's)		
KYLEENA 19.5 MG SYSTEM 17.5 MCG/24 HRS (5 YRS) 19.5 MG	Preventive	
LILETTA 52 MG SYSTEM SUV 20.1 MCG/24 HRS (6 YRS) 52 MG	Preventive	
MIRENA 52 MG SYSTEM SINGLE USE 20 MCG/24 HOURS (8 YRS) 52 MG	Preventive	

Drug	Status	Notes
PARAGARD T 380-A IUD 380 SQUARE MM	Preventive	
SKYLA 13.5 MG SYSTEM 14 MCG/24 HRS (3 YRS) 13.5 MG	Preventive	
Metabolic Deficiency Agents		
<i>betaine 1 gram/scoop powder 1 gram/scoop</i>	Non-PDL Generic	SP
CYSTADANE 1 GRAM/SCOOP POWDER 1 GRAM/SCOOP	Non-PDL Brand	SP
<i>levocarnitine 1 g/10 ml soln 100 mg/ml</i>	Non-PDL Generic	
<i>levocarnitine 330 mg tablet (rx) 330 mg</i>	Non-PDL Generic	
<i>levocarnitine 330 mg tablet usp (rx) 330 mg</i>	Non-PDL Generic	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ 18 MG/0.45 ML VIAL INNER, P/F, SUV 18 MG/0.45 ML	Non-PDL Brand	PA; SP
STRENSIQ 18 MG/0.45 ML VIAL OUTER, P/F, SUV 18 MG/0.45 ML	Non-PDL Brand	PA; SP
STRENSIQ 28 MG/0.7 ML VIAL INNER, P/F, SUV 28 MG/0.7 ML	Non-PDL Brand	PA; SP
STRENSIQ 28 MG/0.7 ML VIAL OUTER, P/F, SUV 28 MG/0.7 ML	Non-PDL Brand	PA; SP
STRENSIQ 40 MG/ML VIAL INNER, P/F, SUV 40 MG/ML	Non-PDL Brand	PA; SP
STRENSIQ 40 MG/ML VIAL OUTER, P/F, SUV 40 MG/ML	Non-PDL Brand	PA; SP
STRENSIQ 80 MG/0.8 ML VIAL INNER, P/F, SUV 80 MG/0.8 ML	Non-PDL Brand	PA; SP
STRENSIQ 80 MG/0.8 ML VIAL OUTER, P/F, SUV 80 MG/0.8 ML	Non-PDL Brand	PA; SP
Metallic Poison, Agents To Treat		
<i>deferasirox 125 mg tb for susp 125 mg</i>	Non-PDL Generic	PA; SP
<i>deferasirox 250 mg tb for susp 250 mg</i>	Non-PDL Generic	PA; SP
<i>deferasirox 500 mg tb for susp 500 mg</i>	Non-PDL Generic	PA; SP
<i>deferiprone 1,000 mg tb(3x/dy) 1,000 mg</i>	Non-PDL Generic	PA; SP
<i>deferiprone 500 mg tablet 500 mg</i>	Non-PDL Generic	PA; SP

Drug	Status	Notes
<i>deferoxamine 2 gram vial p/f, sub 2 gram</i>	Non-PDL Generic	PA
<i>deferoxamine 2 gram vial sub 2 gram</i>	Non-PDL Generic	PA
<i>deferoxamine 2 gram vial sub, inner 2 gram</i>	Non-PDL Generic	PA
<i>deferoxamine 2 gram vial sub, outer 2 gram</i>	Non-PDL Generic	PA
<i>deferoxamine 2 gram vial sub,inner 2 gram</i>	Non-PDL Generic	PA
<i>deferoxamine 2 gram vial sub,outer 2 gram</i>	Non-PDL Generic	PA
<i>deferoxamine 500 mg vial inner 500 mg</i>	Non-PDL Generic	PA
<i>deferoxamine 500 mg vial outer 500 mg</i>	Non-PDL Generic	PA
<i>deferoxamine 500 mg vial sub 500 mg</i>	Non-PDL Generic	PA
<i>deferoxamine 500 mg vial sub, inner 500 mg</i>	Non-PDL Generic	PA
<i>deferoxamine 500 mg vial sub, outer 500 mg</i>	Non-PDL Generic	PA
<i>deferoxamine 500 mg vial sub,inner 500 mg</i>	Non-PDL Generic	PA
<i>deferoxamine 500 mg vial sub,outer 500 mg</i>	Non-PDL Generic	PA
FERRIPROX 100 MG/ML SOLUTION 100 MG/ML	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 PNTIP 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
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
1ST TIER UNIFINE PNTP 32GX5/32 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ABOUTTIME PEN NEEDLE 30G X 8MM 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ABOUTTIME PEN NEEDLE 31G X 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
ABOUTTIME PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ABOUTTIME PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ADVOCATE PEN NDL 12.7MM 29G 29 GAUGE X 1/2"	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
ASSURE ID PEN NEEDLE 30GX3/16" 30 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 PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
BD AUTOSHIELD DUO NDL 5MMX30G 30 GAUGE X 3/16"	Non-PDL Brand	OTC
BD NANO 2 GEN PEN NDL 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4"	Non-PDL Brand	OTC
BD UF MINI PEN NEEDLE 5MMX31G 31 GAUGE X 3/16"	Non-PDL Brand	OTC
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC

Drug	Status	Notes
BD UF ORIG PEN NDL 12.7MMX29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC
BD UF SHORT PEN NEEDLE 8MMX31G 31 GAUGE X 5/16"	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 PENTIP 4MM 32G STERILE, SINGLE USE 32 GAUGE X 5/32"	Non-PDL Brand	OTC
CAREONE UNIFINE PENTIP 5MM 31G SINGLE USE, STERILE 31 GAUGE X 3/16"	Non-PDL Brand	OTC
CAREONE UNIFINE PENTIP 6MM 31G 31GX6MM,MINI,STRL 31 GAUGE X 1/4"	Non-PDL Brand	OTC
CAREONE UNIFINE PENTIP 8MM 31G 31GX8MM,SHORT,STRL 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
CAREONE UNIFINE PENTP 31GX1/4" ULTRA SHORT, 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
CAREONE UNIFINE PNTTP 12MM 29G 29GX12MM,ORIGNL,STRL 29 GAUGE X 1/2"	Non-PDL Brand	OTC
CAREONE UNIFINE PNTTP 31GX3/16" MINI, 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
CAREONE UNIFINE PNTTP 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
CAREONE UNIFINE PNTTP 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

Drug	Status	Notes
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 31G X 1/4" NEEDLES 6MM, UNIVERSAL 31 GAUGE X 1/4"	Non-PDL Brand	OTC
CLICKFINE 31G X 5/16" NEEDLES 8MM, UNIVERSAL 31 GAUGE X 5/16"	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
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

Drug	Status	Notes
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
<i>comfort point pen ndl 29gx1/2" 12mm 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>comfort point pen ndl 31gx1/3" 31 gauge x 1/3"</i>	Non-PDL Brand	OTC
<i>comfort point pen ndl 31gx1/4" 6mm 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>comfort point pen ndl 31gx1/6" 31 gauge x 1/6"</i>	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
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

Drug	Status	Notes
COMFORT TOUCH PEN NDL 33G 6MM 33 GAUGE X 1/4"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NDL 33GX5MM 33 GAUGE X 3/16"	Non-PDL Brand	OTC
DROPLET MICRON 34G X 9/64" 34 GAUGE X 9/64"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 29GX3/8" 29 GAUGE X 3/8"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 30GX5/16" 30 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 32GX3/16" 32 GAUGE X 3/16"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 32GX5/16" 32 GAUGE X 5/16"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
DROPSAFE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC
DROPSAFE PEN NEEDLE 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
DROPSAFE PEN NEEDLE 31GX5/16" 31 GAUGE X 5/16"	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 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

Drug	Status	Notes
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
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
FIFTY50 PEN 31G X 3/16" NEEDLE (OTC) 31 GAUGE X 3/16"	Non-PDL Brand	OTC
<i>fifty50 pen 31g x 3/16" needle 5mm 31 gauge x 3/16"</i>	Non-PDL Brand	OTC
FIFTY50 PEN 31G X 5/16" NEEDLE (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	OTC
<i>fifty50 pen 31g x 5/16" needle 8mm 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>fifty50 pen needle 32g x 1/4" 32 gauge x 1/4"</i>	Non-PDL Brand	OTC

Drug	Status	Notes
<i>fifty50 pen needle 32g x 5/32" 4mm 32 gauge x 5/32"</i>	Non-PDL Brand	OTC
GNP CLICKFINE 31G X 1/4" NDL 6MM, UNIVERSAL 31 GAUGE X 1/4"	Non-PDL Brand	OTC
GNP CLICKFINE 31G X 5/16" NDL 8MM, UNIVERSAL 31 GAUGE X 5/16"	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
<i>gs pen needle 31g x 1/4" 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>gs pen needle 31g x 5/16" 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>gs pen needle 31g x 5mm 31 gauge x 3/16"</i>	Non-PDL Brand	OTC
<i>gs pen needle 31g x 6mm 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>gs pen needle 31g x 8mm 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>gs pen needle 32g x 4mm 32 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>gs pen needle 32g x 6mm 32 gauge x 1/4"</i>	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

Drug	Status	Notes
HEALTHY ACCENTS PENTIP 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
HEALTHY ACCENTS PENTIP 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	OTC
HEALTHY ACCENTS PENTIP 6MM 31G 31 GAUGE X 1/4"	Non-PDL Brand	OTC
HEALTHY ACCENTS PENTIP 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
HEALTHY ACCENTS PENTIP 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC
HEB UNIFINE PNTIP PLUS 31GX3/16 31 GAUGE X 3/16"	Non-PDL Brand	OTC
HEB UNIFINE PNTIP PLUS 31GX3/16 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
HEB UNIFINE PNTIP PLUS 32GX5/32 32 GAUGE X 5/32"	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
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

Drug	Status	Notes
INSUPEN PEN NEEDLE 29GX12MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 30GX8MM 30 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 31GX6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 31GX8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 32GX6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 32GX8MM 32 GAUGE X 5/16"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	Non-PDL Brand	OTC
<i>kro pen needle 4mm x 32g 32 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>kro pen needle 4mm x 33g 33 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>kro pen needle 5mm x 31g 31 gauge x 3/16"</i>	Non-PDL Brand	OTC
<i>kro pen needle 6mm x 31g 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>kro pen needle 8mm x 31g 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
KROGER PEN NEEDLES 31G X 5/16" (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	OTC
LITE TOUCH 31GX1/4" PEN NEEDLE 31 GAUGE X 1/4"	Non-PDL Brand	OTC
LITE TOUCH PEN NEEDLE 29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC
LITE TOUCH PEN NEEDLE 31G 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Non-PDL Brand	OTC
LIVE BETTER PEN NEEDLES 8MM 31G (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
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
MICRODOT PEN NEEDLE 31GX6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
MICRODOT PEN NEEDLE 32GX4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
MICRODOT PEN NEEDLE 33GX4MM 33 GAUGE X 5/32"	Non-PDL Brand	OTC
<i>mini pen needle 32g 4mm 32 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>mini pen needle 32g 5mm 32 gauge x 3/16"</i>	Non-PDL Brand	OTC
<i>mini pen needle 32g 6mm 32 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>mini pen needle 32g 8mm 32 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>mini pen needle 33g 4mm 33 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>mini pen needle 33g 5mm 33 gauge x 3/16"</i>	Non-PDL Brand	OTC
<i>mini pen needle 33g 6mm 33 gauge x 1/4"</i>	Non-PDL Brand	OTC
MINI ULTRA-THIN II PEN NDL 31G STERILE 31 GAUGE X 3/16"	Non-PDL Brand	OTC
MS PEN NEEDLE 6MM 31G SHORT, SINGLE USE 31 GAUGE X 1/4"	Non-PDL Brand	OTC
NOVOFINE 32G NEEDLES 32 GAUGE X 1/4"	Non-PDL Brand	OTC
NOVOFINE AUTOCOVER 30G NEEDLE 30 GAUGE X 1/3"	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

Drug	Status	Notes
<i>pen needle 12mm 29g 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
<i>pen needle 29g 12mm 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
PEN NEEDLE 30G X 5/16" 30 GAUGE X 5/16"	Non-PDL Brand	
<i>pen needle 30g x 8mm 30 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>pen needle 31g 5mm 31 gauge x 3/16"</i>	Non-PDL Brand	OTC
<i>pen needle 31g 6mm 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>pen needle 31g 8mm 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>pen needle 31g x 1/4" 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>pen needle 31g x 1/4" 6mm 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>pen needle 31g x 1/4" hri 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
PEN NEEDLE 31G X 3/16" (RX) 31 GAUGE X 3/16"	Non-PDL Brand	
<i>pen needle 31g x 3/16" 31 gauge x 3/16"</i>	Non-PDL Brand	OTC
<i>pen needle 31g x 3/16" hri 31 gauge x 3/16"</i>	Non-PDL Brand	OTC
PEN NEEDLE 31G X 5/16" (RX) 31 GAUGE X 5/16"	Non-PDL Brand	
<i>pen needle 31g x 5/16" 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>pen needle 31g x 5/16" 8mm 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>pen needle 31g x 5/16" hri 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>pen needle 31g x 8mm 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>pen needle 32g 4mm 32 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>pen needle 32g x 1/4" 32 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>pen needle 32g x 3/16" 32 gauge x 3/16"</i>	Non-PDL Brand	OTC

Drug	Status	Notes
<i>pen needle 32g x 5/32" 32 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>pen needle 32g x 5/32" 4mm 32 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>pen needle 32g x 5/32" hri 32 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>pen needle 33g 4mm 33 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>pen needle 4mm 32g 32 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>pen needle 5mm 31g 31 gauge x 3/16"</i>	Non-PDL Brand	OTC
PEN NEEDLE 6MM 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
<i>pen needle 8mm 31g 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>pen needles 12mm 29g 29gx12mm, strl 29 gauge x 1/2"</i>	Non-PDL Brand	OTC
PEN NEEDLES 12MM 29G 29GX12MM,STRL 29 GAUGE X 1/2"	Non-PDL Brand	OTC
<i>pen needles 12mm 29g strl 29 gauge x 1/2"</i>	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
<i>pen needles 6mm 31g 31gx6mm, strl 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>pen needles 6mm 31g strl 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>pen needles 8mm 31g 31gx8mm, strl 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
PEN NEEDLES 8MM 31G 31GX8MM,STRL,SHORT (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	OTC
<i>pen needles 8mm 31g strl 31 gauge x 5/16"</i>	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

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 31GX3/16" MINI, 5MM 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 31GX5/16" SHORT, 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 32G 6MM 32 GAUGE X 1/4"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 32GX5/32" 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE 6MM 31G 31 GAUGE X 1/4"	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 31GX5/16" 31 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

Drug	Status	Notes
PUB PEN 12MM 29G NEEDLES STANDARD LENGTH 29 GAUGE X 1/2"	Non-PDL Brand	OTC
PUB PEN 8MM 31G NEEDLES SHORT LENGTH (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PUB PEN NEEDLE 6MM 31G EXTRA SHORT, 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
PUB UNIFINE PNTIP PLUS 31GX3/16 MINI, 5MM 31 GAUGE X 3/16"	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
RA PEN NEEDLE 31GX3/16" 5MM (OTC) 31 GAUGE X 3/16"	Non-PDL Brand	OTC
RA PEN NEEDLE 31GX5/16" 8MM (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	OTC
RELION MINI PEN 31G X 1/4" NDL 31 GAUGE X 1/4"	Non-PDL Brand	OTC
RELION PEN 29G NEEDLE 12MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
RELION PEN 31G NEEDLE 8MM (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	OTC
<i>relion pen needle 29gx1/2" 29 gauge x 1/2"</i>	Non-PDL Brand	OTC

Drug	Status	Notes
RELION PEN NEEDLE 29GX1/2" 29 GAUGE X 1/2"	Non-PDL Brand	OTC
<i>relion pen needle 31g 6mm 31 gauge x 15/64"</i>	Non-PDL Brand	OTC
<i>relion pen needle 31gx1/4" 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
<i>relion pen needle 31gx5/16" 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
RELION PEN NEEDLE 31GX5/16" SHORT (OTC) 31 GAUGE X 5/16"	Non-PDL Brand	OTC
<i>relion pen needle 31gx5/16" short 31 gauge x 5/16"</i>	Non-PDL Brand	OTC
<i>relion pen needle 32gx5/32" 32 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>safety pen needle 31g 4mm 31 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>safety pen needle 31g 5mm 31 gauge x 3/16"</i>	Non-PDL Brand	OTC
SAFETY PEN NEEDLE 5MM X 31G 31 GAUGE X 3/16"	Non-PDL Brand	OTC
SECURES SAFE PEN NDL 30GX5/16" INNER 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SECURES SAFE PEN NDL 30GX5/16" OUTER 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SHOPKO UNIFINE PENTIPS 4MM 32G 32 GAUGE X 5/32"	Non-PDL Brand	OTC
SHOPKO UNIFINE PENTIPS 4MM 32G MICRO, STERILE 32 GAUGE X 5/32"	Non-PDL Brand	OTC
SHOPKO UNIFINE PENTIPS 5MM 31G 31 GAUGE X 3/16"	Non-PDL Brand	OTC
SHOPKO UNIFINE PENTIPS 5MM 31G MINI, STERILE 31 GAUGE X 3/16"	Non-PDL Brand	OTC
SHOPKO UNIFINE PENTIPS 8MM 31G 31 GAUGE X 5/16"	Non-PDL Brand	OTC
SHOPKO UNIFINE PENTIPS 8MM 31G SHORT, STERILE 31 GAUGE X 5/16"	Non-PDL Brand	OTC
SHOPKO UNIFINE PNTIPS 12MM 29G 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SHOPKO UNIFINE PNTIPS 12MM 29G ORIGINAL, STERILE 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SKY SAFETY PEN NEEDLE 30G 5MM 30 GAUGE X 3/16"	Non-PDL Brand	OTC

Drug	Status	Notes
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 31G PEN NEEDLE 31 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 31GX3/16" 31 GAUGE X 3/16"	Non-PDL Brand	OTC
SURE COMFORT PEN NDL 32GX1/4" 32 GAUGE X 1/4"	Non-PDL Brand	OTC
SURE COMFORT PEN NDL 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
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 29GX3/8" 29 GAUGE X 3/8"	Non-PDL Brand	OTC
TECHLITE PEN NEEDLE 31GX1/4" 31 GAUGE X 1/4"	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 32GX5/16" 32 GAUGE X 5/16"	Non-PDL Brand	OTC
TECHLITE PEN NEEDLE 32GX5/32" 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TODAY'S HLTH PN NEEDLE 6MM 31G 31GX6MM,STRL,MINI 31 GAUGE X 1/4"	Non-PDL Brand	OTC
TOPCARE CLICKFINE 31G X 1/4" 31 GAUGE X 1/4"	Non-PDL Brand	OTC

Drug	Status	Notes
TOPCARE CLICKFINE 31G X 5/16" 31 GAUGE X 5/16"	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
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
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

Drug	Status	Notes
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
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 SAFE PACK 29G 12.7MM 29 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTIGUARD SAFE PACK 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC
ULTIGUARD SAFE PACK 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTIGUARD SAFE PACK 31G 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTIGUARD SAFE PACK 32G 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTIGUARD SAFE PACK 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 FLO PEN NEEDLE 31G 5MM 31 GAUGE X 3/16"	Non-PDL Brand	OTC

Drug	Status	Notes
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
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-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 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 12MM 29G ORIGINAL 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

Drug	Status	Notes
UNIFINE PENTIPS 31G 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
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 6MM 31G ULTRA SHORT 31 GAUGE X 1/4"	Non-PDL Brand	OTC
UNIFINE PENTIPS 6MM NEEDLE ULTRA SHORT 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

Drug	Status	Notes
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
UNIFINE PENTIPS 8MM 31G 31GX8MM,STRL,SHORT 31 GAUGE X 5/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS 8MM 31G SHORT 31 GAUGE X 5/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS 8MM NEEDLE 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 NEEDLES 29G 29 GAUGE	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 29GX1/2" ORIGINAL, 12MM 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 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 31 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
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 33GX5/32" 33 GAUGE X 5/32"	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
VERIFINE PEN NEEDLE 31G X 6MM 31 GAUGE X 1/4"	Non-PDL Brand	OTC
VERIFINE PEN NEEDLE 31G X 8MM 31 GAUGE X 5/16"	Non-PDL Brand	OTC
VERIFINE PEN NEEDLE 32G X 4MM 32 GAUGE X 5/32"	Non-PDL Brand	OTC
VERIFINE PEN NEEDLE 32G X 5MM 32 GAUGE X 3/16"	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 0.65 %	Non-PDL Generic	OTC
AYR SALINE 0.65% NOSE DROPS 0.65 %	Non-PDL Generic	OTC
AYR SALINE 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	OTC

Drug	Status	Notes
BABY AYR SALINE 0.65% DROPS 0.65 %	Non-PDL Generic	OTC
CHILD SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	OTC
CVS SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	OTC
DEEP SEA 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	OTC
EQ NASAL 0.65% SPRAY 0.65 %	Non-PDL Generic	OTC
EQL SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	OTC
GNP NASAL MOIST 0.65% SPRAY 0.65 %	Non-PDL Generic	OTC
GNP SALINE 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	OTC
GS NASAL MOIST 0.65% SPRAY 0.65 %	Non-PDL Generic	OTC
HM SALINE 0.65% NASAL SPRAY GLUTEN-FREE 0.65 %	Non-PDL Generic	OTC
LITTLE REMEDIES 0.65% SPRAY FOR NOSES 0.65 %	Non-PDL Brand	OTC
LITTLE REMEDIES SALINE SPRAY 0.65 %	Non-PDL Generic	OTC
NASAL MOISTURIZING 0.65% SPRAY 0.65 %	Non-PDL Generic	OTC
OCEAN 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	OTC
OCEAN 0.65% NASAL SPRAY INCLUDE TRAVEL SIZE 0.65 %	Non-PDL Generic	OTC
PUB SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	OTC
RA SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	OTC
RA SALINE 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	OTC
SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	OTC
SALINE 0.65% NASAL SPRAY INFANT,CHILD 0.65 %	Non-PDL Generic	OTC
SALINE 0.65% NASAL SPRAY MOISTURIZING 0.65 %	Non-PDL Generic	OTC

Drug	Status	Notes
SALINE 0.65% NOSE SPRAY 0.65 %	Non-PDL Generic	OTC
SALINE MIST 0.65% NOSE SPRY 0.65 %	Non-PDL Generic	OTC
SM SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	OTC
ULTRA SALINE 0.65% NASAL SPRAY 0.65 %	Non-PDL Generic	OTC
Solvents		
MINERAL OIL LIGHT	Non-PDL Generic	OTC
Somatostatic Agents		
<i>octreotide 1,000 mcg/5 ml vial mdv 200 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide 1,000 mcg/5 ml vial muv 200 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide 1,000 mcg/ml vial mdv 1,000 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide 5,000 mcg/5 ml vial mdv 1,000 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide 5,000 mcg/5 ml vial muv 1,000 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acet 0.05 mg/ml vl suv,inner 50 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acet 0.05 mg/ml vl suv,outer 50 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acet 100 mcg/ml amp 10's, sdv 100 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acet 100 mcg/ml syr inner, single-dose 100 mcg/ml (1 ml)</i>	Non-PDL Generic	SP
<i>octreotide acet 100 mcg/ml syr outer,single-dose,10 100 mcg/ml (1 ml)</i>	Non-PDL Generic	SP
<i>octreotide acet 100 mcg/ml vl 10's,suv 100 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acet 100 mcg/ml vl inner, p/f, sdv 100 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acet 100 mcg/ml vl inner, suv, p/f 100 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acet 100 mcg/ml vl outer, p/f, sdv 100 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acet 100 mcg/ml vl outer, suv, p/f 100 mcg/ml</i>	Non-PDL Generic	SP

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

Drug	Status	Notes
<i>octreotide acet 500 mcg/ml v/ outer, sdv 500 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acet 500 mcg/ml v/ p/f, sdv 500 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acet 500 mcg/ml v/ sdv 500 mcg/ml</i>	Non-PDL Generic	SP
SIGNIFOR 0.3 MG/ML AMPULE INNER, SUV 0.3 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.3 MG/ML AMPULE OUTER, SUV 0.3 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.3 MG/ML AMPULE OUTER, SUV 0.3 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.6 MG/ML AMPULE INNER, SUV 0.6 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.6 MG/ML AMPULE OUTER, SUV 0.6 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.6 MG/ML AMPULE OUTER, SUV 0.6 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.9 MG/ML AMPULE INNER, SUV 0.9 MG/ML (1 ML)	Non-PDL Brand	PA; SP
SIGNIFOR 0.9 MG/ML AMPULE OUTER, SUV 0.9 MG/ML (1 ML)	Non-PDL Brand	PA; SP
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
Vaccine Adjuvants		
SHINGRIX ADJUVANT COMPONENT	Preventive	QL (1 ML per 365 days); Age (Min 50 Years)
Vehicles		
SYRSPEND SF LIQUID (RX)	Non-PDL Brand	
SYRSPEND SF LIQUID GRAPE (RX)	Non-PDL Brand	

Drug	Status	Notes
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
ESBRIET 267 MG CAPSULE 267 MG	Non-PDL Brand	PA; SP
<i>pirfenidone 267 mg tablet 267 mg</i>	Non-PDL Generic	PA; SP
<i>pirfenidone 267 mg tablet inner 267 mg</i>	Non-PDL Generic	PA; SP
<i>pirfenidone 267 mg tablet outer 267 mg</i>	Non-PDL Generic	PA; SP
<i>pirfenidone 534 mg tablet 534 mg</i>	Non-PDL Generic	PA; SP
<i>pirfenidone 801 mg tablet 801 mg</i>	Non-PDL Generic	PA; SP
<i>pirfenidone 801 mg tablet inner 801 mg</i>	Non-PDL Generic	PA; SP
<i>pirfenidone 801 mg tablet outer 801 mg</i>	Non-PDL Generic	PA; SP
Cystic Fib. Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO 150 MG TABLET 150 MG	Non-PDL Brand	PA; SP
KALYDECO 25 MG GRANULES PACKET 25 MG	Non-PDL Brand	PA; SP
KALYDECO 50 MG GRANULES PACKET 50 MG	Non-PDL Brand	PA; SP
KALYDECO 75 MG GRANULES PACKET 75 MG	Non-PDL Brand	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI 100 MG-125 MG TABLET 100- 125 MG	Non-PDL Brand	PA; SP
ORKAMBI 100-125 MG GRANULE PKT 100- 125 MG	Non-PDL Brand	PA; SP
ORKAMBI 150-188 MG GRANULE PKT 150- 188 MG	Non-PDL Brand	PA; SP
ORKAMBI 200 MG-125 MG TABLET 200- 125 MG	Non-PDL Brand	PA; SP
ORKAMBI 75-94 MG GRANULE PKT 75-94 MG	Non-PDL Brand	PA; SP
SYMDEKO 100/150 MG-150 MG TABS 100- 150 MG (D)/ 150 MG (N)	Non-PDL Brand	PA; SP

Drug	Status	Notes
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
TRIKAFTA 50-25-37.5 MG/75 MG 50-25-37.5 MG (D)/75 MG (N)	Non-PDL Brand	PA; SP
Mucolytics		
<i>acetylcysteine 10% vial (not for injection) 3's,w/drpr,strl,p/f 100 mg/ml (10 %)</i>	Non-PDL Generic	
<i>acetylcysteine 10% vial (not for injection) inner 100 mg/ml (10 %)</i>	Non-PDL Generic	
<i>acetylcysteine 10% vial (not for injection) outer 100 mg/ml (10 %)</i>	Non-PDL Generic	
<i>acetylcysteine 10% vial (not for injection) p/f 100 mg/ml (10 %)</i>	Non-PDL Generic	
<i>acetylcysteine 10% vial (not for injection) p/f, inner 100 mg/ml (10 %)</i>	Non-PDL Generic	
<i>acetylcysteine 10% vial (not for injection) p/f, outer 100 mg/ml (10 %)</i>	Non-PDL Generic	
<i>acetylcysteine 20% vial (not for injection) 200 mg/ml (20 %)</i>	Non-PDL Generic	
<i>acetylcysteine 20% vial (not for injection) inner 200 mg/ml (20 %)</i>	Non-PDL Generic	
<i>acetylcysteine 20% vial (not for injection) outer 200 mg/ml (20 %)</i>	Non-PDL Generic	
<i>acetylcysteine 20% vial (not for injection) p/f 200 mg/ml (20 %)</i>	Non-PDL Generic	
PULMOZYME 1 MG/ML AMPUL 30'S, OUTER 1 MG/ML	Non-PDL Brand	PA; SP
PULMOZYME 1 MG/ML AMPUL INNER 1 MG/ML	Non-PDL Brand	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
OFEV 100 MG CAPSULE 100 MG	Non-PDL Brand	PA; SP
OFEV 150 MG CAPSULE 150 MG	Non-PDL Brand	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen 50-325 mg tab 50-325 mg</i>	Non-PDL Generic	

Drug	Status	Notes
TENCON 50-325 MG TABLET 50-325 MG	Non-PDL Generic	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
<i>butalbital-aspirin-caffeine 50-325-40 mg capsule 50-325-40 mg</i>	Non-PDL Generic	
<i>butalbital-aspirin-caffeine 50-325-40 mg tablet 50-325-40 mg</i>	Non-PDL Generic	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
<i>butalb-acetaminophen-caff 50-325-40 tab 50-325-40 mg</i>	Non-PDL Generic	
<i>butalbital-acetaminophen-caffeine 50-300-40 mg capsule 50-300-40 mg</i>	Non-PDL Generic	
<i>butalbital-acetaminophen-caffeine 50-325-40 mg capsule 50-325-40 mg</i>	Non-PDL Generic	
<i>butalbital-acetaminophen-caffeine 50-325-40 mg tablet 50-325-40 mg</i>	Non-PDL Generic	
FIORICET 50-300-40 MG CAPSULE 50-300-40 MG	Non-PDL Generic	
ZEBUTAL 50-325-40 MG CAPSULE 50-325-40 MG	Non-PDL Generic	
Analgesic/Antipyretics, Salicylates		
<i>aspirin 325 mg tablet 125's 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet 250's, u-d 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet 2x100 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet 2x250 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet 50's 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet caffeine free 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet f/c 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet film-coated 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet micro-coated 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet n, caffeine-free 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet n,caffeine-free 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet regular strength 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet u-d 325 mg</i>	Preventive	OTC
<i>aspirin 325 mg tablet u-d,12's 325 mg</i>	Preventive	OTC
<i>aspirin ec 325 mg caplet 325 mg</i>	Preventive	OTC
<i>aspirin ec 325 mg tablet 325 mg</i>	Preventive	OTC
<i>aspirin ec 325 mg tablet bulk 325 mg</i>	Preventive	OTC

Drug	Status	Notes
<i>aspirin ec 325 mg tablet regular strength 325 mg</i>	Preventive	OTC
<i>aspirin ec 325 mg tablet safety-coated 325 mg</i>	Preventive	OTC
<i>aspirin ec 325 mg tablet u-d 325 mg</i>	Preventive	OTC
ASPIR-TRIN EC 325 MG TABLET 325 MG	Preventive	OTC
BAYER ASPIRIN 325 MG TABLET 325 MG	Preventive	OTC
BAYER ASPIRIN EC 325 MG TABLET 325 MG	Preventive	OTC
BAYER MIGRAINE FORMULA CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	OTC
<i>buffered aspirin 325 mg tb 325 mg</i>	Non-PDL Generic	OTC
BUFFERIN 325 MG TABLET COATED 325 MG	Non-PDL Generic	OTC
<i>choline mag trisal liquid 500 mg/5 ml</i>	Non-PDL Generic	
<i>cvs aspirin 325 mg caplet coated caplet 325 mg</i>	Preventive	OTC
<i>cvs aspirin 325 mg tablet 325 mg</i>	Preventive	OTC
<i>cvs aspirin ec 325 mg tablet 325 mg</i>	Preventive	OTC
CVS HEADACHE 250-250-65 MG GLTB 250-250-65 MG	Non-PDL Generic	OTC
CVS HEADACHE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	OTC
CVS MIGRAINE 250-250-65 MG CPT 250-250-65 MG	Non-PDL Generic	OTC
<i>diflunisal 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>diflunisal 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	
ECOTRIN EC 325 MG TABLET SAFETY COATED 325 MG	Preventive	OTC
ECOTRIN EC 325 MG TABLET SAFTEY COATED 325 MG	Preventive	OTC
<i>eq aspirin 325 mg tablet coated 325 mg</i>	Preventive	OTC
<i>eq aspirin ec 325 mg tablet 325 mg</i>	Preventive	OTC
<i>eq aspirin ec 325 mg tablet safety- coated 325 mg</i>	Preventive	OTC
EQ HEADACHE 250-250-65 MG CPLT 250-250-65 MG	Non-PDL Generic	OTC
<i>eql aspirin 325 mg tablet 325 mg</i>	Preventive	OTC

Drug	Status	Notes
<i>eql aspirin 325 mg tablet coated 325 mg</i>	Preventive	OTC
<i>eql aspirin ec 325 mg tablet 325 mg</i>	Preventive	OTC
EQL HEADACHE RELIEF TABLET 250-250-65 MG	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
EXTRA PAIN RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	OTC
EXTRAPRIN 250-250-65 MG CAPLET 250-250-65 MG	Non-PDL Generic	OTC
<i>gnp aspirin 325 mg tablet 325 mg</i>	Preventive	OTC
GNP HEADACHE 250-250-65 MG CPLT 250-250-65 MG	Non-PDL Generic	OTC
GNP HEADACHE RELIEF CAPLET 250-250-65 MG	Non-PDL Generic	OTC
GNP MIGRAINE 250-250-65 MG CPT COATED 250-250-65 MG	Non-PDL Generic	OTC
GNP MIGRAINE FORMULA CAPLET CAPLET 250-250-65 MG	Non-PDL Generic	OTC
GOODY'S MIGRAINE RELIEF ORAL TABLET 250-250-65 MG	Non-PDL Generic	OTC
<i>gs aspirin 325 mg tablet 325 mg</i>	Preventive	OTC
<i>gs aspirin ec 325 mg tablet 325 mg</i>	Preventive	OTC
GS MIGRAINE FORMULA CAPLET 250-250-65 MG	Non-PDL Generic	OTC
HEADACHE FORMULA ADDED STR ORAL TABLET 250-250-65 MG	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

Drug	Status	Notes
HEADACHE RELIEF TABLET EXTRA STRENGTH 250-250-65 MG	Non-PDL Generic	OTC
HEADACHE RLF 250-250-65 MG CPLT 250-250-65 MG	Non-PDL Generic	OTC
<i>hm aspirin 325 mg tablet 325 mg</i>	Preventive	OTC
<i>hm aspirin ec 325 mg tablet 325 mg</i>	Preventive	OTC
HM MIGRAINE 250-250-65 MG CPLT 250-250-65 MG	Non-PDL Generic	OTC
<i>kro aspirin 325 mg tablet for adults, coated 325 mg</i>	Preventive	OTC
KRO MIGRAINE FORMULA CAPLET CAPLET, GLUTEN-FREE 250-250-65 MG	Non-PDL Generic	OTC
MIGRAINE 250-250-65 MG CAPLET 250-250-65 MG	Non-PDL Generic	OTC
MIGRAINE 250-250-65 MG CPLT 250-250-65 MG	Non-PDL Generic	OTC
MIGRAINE 250-250-65 MG CPLT COATED 250-250-65 MG	Non-PDL Generic	OTC
MIGRAINE 250-250-65 MG CPLT COATED, CAPLET 250-250-65 MG	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 250-250-65 MG	Non-PDL Generic	OTC
PAIN RELIEVR 250-250-65 MG CPLT 250-250-65 MG	Non-PDL Generic	OTC
PAIN-OFF TABLET INNER, F/C 250-250-65 MG	Non-PDL Generic	OTC
PAIN-OFF TABLET OUTER, F/C 250-250-65 MG	Non-PDL Generic	OTC
<i>pub aspirin 325 mg tablet 325 mg</i>	Preventive	OTC
<i>pub aspirin 325 mg tablet caffeine free 325 mg</i>	Preventive	OTC
PUB MIGRAINE 250-250-65 MG CPT CAPLET, COATED 250-250-65 MG	Non-PDL Generic	OTC
<i>qc aspirin 325 mg tablet 325 mg</i>	Preventive	OTC
<i>qc aspirin ec 325 mg tablet 325 mg</i>	Preventive	OTC
QC HEADACHE RELIEF TABLET EXTRA STRENGTH 250-250-65 MG	Non-PDL Generic	OTC
<i>ra aspirin 325 mg tablet 325 mg</i>	Preventive	OTC

Drug	Status	Notes
<i>ra aspirin 325 mg tablet lightly coated 325 mg</i>	Preventive	OTC
<i>ra aspirin ec 325 mg tablet regular strength 325 mg</i>	Preventive	OTC
RA MIGRAINE 250-250-65 MG CPLT CAPLET 250-250-65 MG	Non-PDL Generic	OTC
RA PAIN RELIEVER TABLET 250-250-65 MG	Non-PDL Generic	OTC
RA PAIN RELIEVER TABLET COATED 250-250-65 MG	Non-PDL Generic	OTC
<i>salsalate 500 mg tablet 500 mg</i>	Non-PDL Generic	
<i>salsalate 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	
<i>salsalate 750 mg tablet 750 mg</i>	Non-PDL Generic	
<i>salsalate 750 mg tablet f/c 750 mg</i>	Non-PDL Generic	
<i>sm aspirin 325 mg tablet 325 mg</i>	Preventive	OTC
<i>sm aspirin ec 325 mg tablet 325 mg</i>	Preventive	OTC
SM MIGRAINE 250-250-65 MG CPLT 250-250-65 MG	Non-PDL Generic	OTC
<i>soba aspirin ec 325 mg tablet 325 mg</i>	Preventive	OTC
TRI-BUFFERED ASPIRIN 325 MG BOXED 325 MG	Non-PDL Generic	OTC
TRI-BUFFERED ASPIRIN 325 MG TB COATED TABLET 325 MG	Non-PDL Generic	OTC
Analgesic/Antipyretics,Non-Salicylate		
8 HOUR ACETAMINOPHEN ER 650 MG 650 MG	Non-PDL Generic	OTC
8HR ARTHRITIS PAIN ER 650 MG 650 MG	Non-PDL Generic	OTC
<i>acetaminophen 120 mg suppos 120 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 120 mg suppos inner 120 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 120 mg suppos outer 120 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 160 mg gummy 160 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 160 mg rapid tab 160 mg</i>	Non-PDL Generic	OTC

Drug	Status	Notes
<i>acetaminophen 160 mg/5 ml liq 160 mg/5 ml</i>	Non-PDL Generic	OTC
<i>acetaminophen 160 mg/5 ml sol 160 mg/5 ml (5 ml)</i>	Non-PDL Generic	OTC
<i>acetaminophen 160 mg/5 ml susp children's 160 mg/5 ml</i>	Non-PDL Generic	OTC
<i>acetaminophen 160 mg/5 ml susp inner 160 mg/5 ml (5 ml)</i>	Non-PDL Generic	OTC
<i>acetaminophen 160 mg/5 ml susp outer 160 mg/5 ml (5 ml)</i>	Non-PDL Generic	OTC
<i>acetaminophen 325 mg gelcap 325 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 325 mg tablet 325 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 325 mg tablet inner, f/c 325 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 325 mg tablet outer, f/c 325 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 325 mg tablet regular strength 325 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 325 mg tablet u-d 325 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 325 mg tablet u-d, 10x10, asa-free 325 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 325 mg/10.15 ml 325 mg/10.15 ml</i>	Non-PDL Generic	OTC
<i>acetaminophen 325 mg/10.15 ml inner 325 mg/10.15 ml</i>	Non-PDL Generic	OTC
<i>acetaminophen 325 mg/10.15 ml outer 325 mg/10.15 ml</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg caplet 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg caplet caplet 500 mg</i>	Non-PDL Generic	OTC
ACETAMINOPHEN 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	OTC
<i>acetaminophen 500 mg caplet caplet, extra 100 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg caplet caplet, extra str 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg caplet caplet, ex-strength 500 mg</i>	Non-PDL Generic	OTC

Drug	Status	Notes
<i>acetaminophen 500 mg caplet caplet,extra-strength 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg caplet u-d,caplet 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg gelcap 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg gelcap xtr str, gelcap 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg softgel 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet 12's,extra strength 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet 2x125,u-d,extra-str 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet 2x250,extra strength 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet 2x50, extra strength 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet asa-free,ex-str 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet aspirin free, u/d 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet aspirin free, u-d 500 mg</i>	Non-PDL Generic	OTC
ACETAMINOPHEN 500 MG TABLET EASY TAB,COATED 500 MG	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet ex-strength 500 mg</i>	Non-PDL Generic	OTC
ACETAMINOPHEN 500 MG TABLET EX-STRENGTH 500 MG	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet extra strength 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet extra-strength 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 500 mg tablet u-d 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 650 mg suppos 650 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 650 mg suppos inner 650 mg</i>	Non-PDL Generic	OTC

Drug	Status	Notes
<i>acetaminophen 650 mg suppos outer 650 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen 80 mg rapid tab children's 80 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen er 650 mg caplet 650 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen er 650 mg tablet 650 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen er 650 mg tablet inner 650 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen er 650 mg tablet outer 650 mg</i>	Non-PDL Generic	OTC
APHEN 325 MG TABLET 325 MG	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT 650 MG	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT 8 HOUR TEMP RELIEF 650 MG	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT 8 HR, GLUTEN-F, CAPLET 650 MG	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET 650 MG	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET, 8 HOUR 650 MG	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG CAPLT CAPLET, 8 HOUR 650 MG	Non-PDL Generic	OTC
ARTHRITIS PAIN ER 650 MG GELTB GELTAB 650 MG	Non-PDL Generic	OTC
BETATEMP 160 MG/5 ML SUSP 160 MG/5 ML	Non-PDL Generic	OTC
CHILD ACETAMINOPHEN 160 MG 160 MG	Non-PDL Generic	OTC
CHILD ACETAMINOPHEN 80 MG CHEW FRUIT 80 MG	Non-PDL Generic	OTC
CHILD FEVER REDUCER 120 MG SUP 120 MG	Non-PDL Generic	OTC
CHILD FEVER REDUCER 120 MG SUP 120 MG	Non-PDL Generic	OTC
CHILD PAIN REL-FEVER 120 MG SUP 120 MG	Non-PDL Generic	OTC
CHILD PAIN RLF 160 MG/5 ML ELX 160 MG/5 ML	Non-PDL Generic	OTC

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

Drug	Status	Notes
CHILD TYLENOL 160 MG TAB CHEW 160 MG	Non-PDL Generic	OTC
CHILDREN'S MAPAP 80 MG TAB CHW 80 MG	Non-PDL Generic	OTC
CHILD'S EASY-MELTS 80 MG TAB BUBBLEGUM 80 MG	Non-PDL Generic	OTC
CHILD'S EASY-MELTS 80 MG TAB GRAPE 80 MG	Non-PDL Generic	OTC
CHILD'S MAPAP 160 MG TAB CHEW 160 MG	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 160 MG/5 ML	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML GLUTEN/F, GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML GLUTEN/F,CHERRY 160 MG/5 ML	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML GLUTEN-FREE 160 MG/5 ML	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML INNER 160 MG/5 ML (5 ML)	Non-PDL Generic	OTC
CHLD ACETAMINOPHEN 160 MG/5 ML OUTER 160 MG/5 ML (5 ML)	Non-PDL Generic	OTC
CVS 8HR ARTHRIT PAIN ER 650 MG 650 MG	Non-PDL Generic	OTC
CVS 8HR MUSCLE ACHES ER 650 MG 650 MG	Non-PDL Generic	OTC
<i>cvs acetaminophen 325 mg gelcap 325 mg</i>	Non-PDL Generic	OTC
<i>cvs acetaminophen 500 mg cplt 500 mg</i>	Non-PDL Generic	OTC
<i>cvs acetaminophen 500 mg gelcp 500 mg</i>	Non-PDL Generic	OTC
<i>cvs acetaminophen 500 mg tab 500 mg</i>	Non-PDL Generic	OTC
CVS ARTHRIT PAIN RLF ER 650 MG 650 MG	Non-PDL Generic	OTC
CVS CHILD FEVER RED 120 MG SUP 120 MG	Non-PDL Generic	OTC

Drug	Status	Notes
CVS CHILD PAIN RELIEF 160 MG 160 MG	Non-PDL Generic	OTC
CVS CHILD PAIN RLF 160 MG/5 ML CHILDREN'S 160 MG/5 ML	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 325 MG TABLET 325 MG	Non-PDL Generic	OTC
CVS PAIN RELIEF 500 MG CAPLET 500 MG	Non-PDL Generic	OTC
CVS PAIN RELIEF 500 MG TABLET 500 MG	Non-PDL Generic	OTC
CVS PAIN RELIEVER 500 MG CPLT CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	OTC
ED-APAP 160 MG/5 ML LIQUID 160 MG/5 ML	Non-PDL Generic	OTC
EQ 8HR ARTHRITIS PAIN ER 650 MG 650 MG	Non-PDL Generic	OTC
EQ ACETAMINOPHEN 500 MG CAPLET 500 MG	Non-PDL Generic	OTC
EQ ACETAMINOPHEN 500 MG CAPLET CAPLET,EX-STR 500 MG	Non-PDL Generic	OTC
EQ ACETAMINOPHEN 500 MG CAPLET CAPLET,EXTRA STR 500 MG	Non-PDL Generic	OTC
<i>eq acetaminophen 500 mg caplet cplt,gluten- f,ex-str 500 mg</i>	Non-PDL Generic	OTC
EQ ACETAMINOPHEN 500 MG CAPLET EX-STR,CAPLET 500 MG	Non-PDL Generic	OTC
<i>eq acetaminophen 500 mg gelcap 500 mg</i>	Non-PDL Generic	OTC
<i>eq acetaminophen 500 mg gelcap gelcap, ex-strength 500 mg</i>	Non-PDL Generic	OTC
<i>eq acetaminophen 500 mg gelcap gelcap,ex- strength 500 mg</i>	Non-PDL Generic	OTC
<i>eq acetaminophen 500 mg tablet extra strength 500 mg</i>	Non-PDL Generic	OTC
EQ ARTHRITIS PAIN ER 650 MG 650 MG	Non-PDL Generic	OTC
EQ ARTHRITIS PAIN ER 650 MG 8 HOURS, CAPLET 650 MG	Non-PDL Generic	OTC

Drug	Status	Notes
EQ ARTHRITIS PAIN ER 650 MG 8 HR, CAPLET 650 MG	Non-PDL Generic	OTC
EQ ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	Non-PDL Generic	OTC
EQ ARTHRITIS PAIN ER 650 MG CAPLET,8 HOUR 650 MG	Non-PDL Generic	OTC
EQ CHLD PAIN-FEVER 160 MG/5 ML 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 325 MG	Non-PDL Generic	OTC
EQ PAIN RELIEVER 500 MG CAPLET 500 MG	Non-PDL Generic	OTC
<i>eql acetaminophen 500 mg cplt 500 mg</i>	Non-PDL Generic	OTC
<i>eql acetaminophen 500 mg gelcp 500 mg</i>	Non-PDL Generic	OTC
<i>eql acetaminophen 500 mg tab 500 mg</i>	Non-PDL Generic	OTC
EQL ARTHRIT PAIN RLF ER 650 MG 650 MG	Non-PDL Generic	OTC
EQL CHLD ACETAMINOPHN 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
EQL INF ACETAMINOPHEN 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
EQL JR ACETAMINOPHEN 160 MG TAB 160 MG	Non-PDL Generic	OTC
FEVERALL 120 MG SUPPOSITORY CHILDREN'S, INNER 120 MG	Non-PDL Generic	OTC
FEVERALL 120 MG SUPPOSITORY CHILDRENS, OUTER 120 MG	Non-PDL Generic	OTC
FEVERALL 120 MG SUPPOSITORY CHILDREN'S, OUTER 120 MG	Non-PDL Generic	OTC
FEVERALL 325 MG SUPPOSITORY JUNIOR STR, INNER 325 MG	Non-PDL Generic	OTC
FEVERALL 325 MG SUPPOSITORY JUNIOR STR, OUTER 325 MG	Non-PDL Generic	OTC

Drug	Status	Notes
FEVERALL 650 MG SUPPOSITORY ADULT, INNER 650 MG	Non-PDL Generic	OTC
FEVERALL 650 MG SUPPOSITORY ADULT, OUTER 650 MG	Non-PDL Generic	OTC
FEVERALL 80 MG SUPPOSITORY INFANT'S, INNER 80 MG	Non-PDL Brand	OTC
FEVERALL 80 MG SUPPOSITORY INFANT'S, OUTER 80 MG	Non-PDL Brand	OTC
GNP 8 HOUR PAIN RELIEF 650 MG 650 MG	Non-PDL Generic	OTC
GNP 8HR ACETAMINOPHEN ER 650 MG 650 MG	Non-PDL Generic	OTC
GNP 8HR ARTHRIT PAIN ER 650 MG 650 MG	Non-PDL Generic	OTC
<i>gnp acetaminophen 325 mg gelcp 325 mg</i>	Non-PDL Generic	OTC
<i>gnp acetaminophen 500 mg tab 500 mg</i>	Non-PDL Generic	OTC
GNP CHILD PAIN RELIEF 160 MG 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 80 MG	Non-PDL Generic	OTC
GNP CHLD'S EASY-MELTS 80 MG TB GRAPE 80 MG	Non-PDL Generic	OTC
GNP INF PAIN RLF 80 MG/0.8 ML CHERRY, D/F 80 MG/0.8 ML	Non-PDL Generic	OTC
GNP INFANT PAIN-FEVER 160 MG/5 W/SYRINGE, CHERRY 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 325 MG	Non-PDL Generic	OTC
GNP PAIN RELIEF 500 MG CAPLET 500 MG	Non-PDL Generic	OTC

Drug	Status	Notes
GNP PAIN RELIEF 500 MG CAPLET 500 MG	Non-PDL Generic	OTC
GNP PAIN RELIEF 500 MG CAPLET EXTRA STR, CAPLET 500 MG	Non-PDL Generic	OTC
GNP PAIN RELIEF 500 MG GELCAP 500 MG	Non-PDL Generic	OTC
GNP PAIN RELIEVER 325 MG TAB REGULAR STRENGTH 325 MG	Non-PDL Generic	OTC
GNP PAIN RELIEVER 500 MG CAPLT CPLT,X STR,COOL ICE 500 MG	Non-PDL Generic	OTC
GNP PAIN RELIEVER 500 MG TAB EXTRA STRENGTH 500 MG	Non-PDL Generic	OTC
GS ARTHRITIS PAIN ER 650 MG 650 MG	Non-PDL Generic	OTC
GS ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	Non-PDL Generic	OTC
GS CHILD FEVER-PAIN 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	OTC
GS CHILD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	OTC
GS INFANT PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
GS INFANT PAIN-FEVER 160 MG/5 CHERRY, DYE-FREE 160 MG/5 ML	Non-PDL Generic	OTC
GS PAIN RELIEF 325 MG TABLET 325 MG	Non-PDL Generic	OTC
GS PAIN RELIEF 500 MG CAPLET 500 MG	Non-PDL Generic	OTC
GS PAIN RELIEF 500 MG TABLET 500 MG	Non-PDL Generic	OTC
HM CHILD ACETAMINOPHEN 160 MG 160 MG	Non-PDL Generic	OTC
HM CHILD PAIN RLF 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	OTC
HM CHLD PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	OTC
HM PAIN RELIEF 500 MG CAPLET 500 MG	Non-PDL Generic	OTC
HM PAIN RELIEF 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	OTC
HM PAIN RELIEF 500 MG CAPLET CAPLET, FREE+50 500 MG	Non-PDL Generic	OTC

Drug	Status	Notes
HM PAIN RELIEF 500 MG GELCAP 500 MG	Non-PDL Generic	OTC
HM PAIN RELIEF 500 MG TABLET 500 MG	Non-PDL Generic	OTC
HM PAIN RELIEVER 325 MG TABLET REGULAR STRENGTH 325 MG	Non-PDL Generic	OTC
HM PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	OTC
INF ACETAMINOPHEN 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN RLF 80 MG/0.8 ML CHERRY, D/F 80 MG/0.8 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML AS,W/SYRINGE 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML BUBBLE GUM,W/SYR 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML CHERRY,GLUTEN-F 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML D/F, W/SYRINGE 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML D/F,CHERRY,W/SYR 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML D/F,GLUTEN-F,CHERRY 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML D/F,GLUTEN-F,GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML GLUTEN-F,GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML GRAPE,GLUTEN-F 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, CHERRY 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
INFANT PAIN-FEVER 160 MG/5 ML W/SYRINGE, GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
INFANTS PAIN-FEVER 160 MG/5 ML D/F, W/SYRINGE 160 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
INFANTS PAIN-FEVER 160 MG/5 ML DYE-FREE, CHERRY 160 MG/5 ML	Non-PDL Generic	OTC
INFANTS PAIN-FEVER 160 MG/5 ML GRAPE,W/SYRINGE 160 MG/5 ML	Non-PDL Generic	OTC
JR PAIN-FEVER 160 MG RAPID TAB BUBBLEGUM, ASA-F 160 MG	Non-PDL Generic	OTC
JR PAIN-FEVER 160 MG RAPID TAB JUNIOR,BUBBLEGUM 160 MG	Non-PDL Generic	OTC
JUNIOR PAIN RELIEVER 160 MG JR,GRAPE,MELTAWAYS 160 MG	Non-PDL Generic	OTC
<i>kro acetaminophen 325 mg tab gluten free 325 mg</i>	Non-PDL Generic	OTC
<i>kro acetaminophen 500 mg cplt caplet, ex-strength 500 mg</i>	Non-PDL Generic	OTC
<i>kro acetaminophen 500 mg cplt gluten free, caplet 500 mg</i>	Non-PDL Generic	OTC
KRO ARTHRIT PAIN RLF ER 650 MG CAPLET, GLUTEN-FREE 650 MG	Non-PDL Generic	OTC
KRO CHILD PAIN RLF 160 MG/5 ML D/F, GLUTEN-F 160 MG/5 ML	Non-PDL Generic	OTC
KRO CHILD PAIN RLF 160 MG/5 ML GLUTEN-F,ASA-F 160 MG/5 ML	Non-PDL Generic	OTC
KRO INFANT PAIN-FEVER 160 MG/5 D/F,GLUTEN-F 160 MG/5 ML	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 500 MG	Non-PDL Generic	OTC
MAPAP ARTHRITIS ER 650 MG CPLT 650 MG	Non-PDL Generic	OTC
MASOPHEN 325 MG TABLET 325 MG	Non-PDL Generic	OTC
MASOPHEN 500 MG TABLET 500 MG	Non-PDL Generic	OTC
MB NON-ASPIRIN 500 MG TABLET 500 MG	Non-PDL Generic	OTC
M-PAP 160 MG/5 ML LIQUID 160 MG/5 ML	Non-PDL Generic	OTC

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

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

Drug	Status	Notes
PAIN RELIEVER 500 MG TABLET 500 MG	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG TABLET EX-STR 500 MG	Non-PDL Generic	OTC
PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	OTC
PAIN RELIEVER ER 650 MG CAPLET 8 HOUR, CAPLET 650 MG	Non-PDL Generic	OTC
PHARBETOL 325 MG TABLET REG STRENGTH, BULK 325 MG	Non-PDL Generic	OTC
PHARBETOL 325 MG TABLET REGULAR STRENGTH 325 MG	Non-PDL Generic	OTC
PHARBETOL 500 MG CAPLET EXTRA-STR, CAPLET 500 MG	Non-PDL Generic	OTC
PHARBETOL 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	OTC
PUB ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	Non-PDL Generic	OTC
PUB CHILD PAIN RLF 160 MG/5 ML CHERRY FLAVOR 160 MG/5 ML	Non-PDL Generic	OTC
PUB PAIN RELIEF 500 MG CAPLET CAPLET, EX-STRENGTH 500 MG	Non-PDL Generic	OTC
PUB PAIN RELIEF 500 MG CAPLET EX-STRENGTH, CAPLET 500 MG	Non-PDL Generic	OTC
PUB PAIN RELIEF 500 MG GELTAB EX-STRENGTH, GELTAB 500 MG	Non-PDL Generic	OTC
PUB PAIN RELIEF 500 MG TABLET EX-STRENGTH, EASY TB 500 MG	Non-PDL Generic	OTC
QC CHILD PAIN RLF 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	OTC
QC CHILD PAIN RLF 160 MG/5 ML CHERRY 160 MG/5 ML	Non-PDL Generic	OTC
QC INFANT PAIN-FEVER 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
QC NON-ASPIRIN 500 MG CAPLET CAPLET,EX-STRENGTH 500 MG	Non-PDL Generic	OTC
QC NON-ASPIRIN 500 MG CAPLET XTRA STRENGTH,CAPLET 500 MG	Non-PDL Generic	OTC
QC NON-ASPIRIN 500 MG GELCAP GELCAP, EX-STR 500 MG	Non-PDL Generic	OTC
QC NON-ASPIRIN PAIN RELIEF TB EXTRA STRENGTH 500 MG	Non-PDL Generic	OTC

Drug	Status	Notes
QC PAIN RELIEF 325 MG TABLET 325 MG	Non-PDL Generic	OTC
QC PAIN RELIEF 325 MG TABLET REGULAR STRENGTH 325 MG	Non-PDL Generic	OTC
QC PAIN RELIEF 500 MG CAPLET 500 MG	Non-PDL Generic	OTC
RA 8 HOUR PAIN RELIEF 650 MG 650 MG	Non-PDL Generic	OTC
<i>ra acetaminophen 325 mg tablet 325 mg</i>	Non-PDL Generic	OTC
<i>ra acetaminophen 500 mg caplet 500 mg</i>	Non-PDL Generic	OTC
<i>ra acetaminophen 500 mg caplet caplet, x- strength 500 mg</i>	Non-PDL Generic	OTC
<i>ra acetaminophen 500 mg caplet caplet,ex- strength 500 mg</i>	Non-PDL Generic	OTC
<i>ra acetaminophen 500 mg caplet extra strength 500 mg</i>	Non-PDL Generic	OTC
RA ACETAMINOPHEN 500 MG GELCAP GELCAP, PAIN RELIEF 500 MG	Non-PDL Generic	OTC
<i>ra acetaminophen 500 mg gelcap rapid release gelcap 500 mg</i>	Non-PDL Generic	OTC
<i>ra acetaminophen 500 mg tablet extra strength 500 mg</i>	Non-PDL Generic	OTC
<i>ra acetaminophen er 650 mg tab 650 mg</i>	Non-PDL Generic	OTC
RA ARTHRITIS PAIN ER 650 MG 650 MG	Non-PDL Generic	OTC
RA ARTHRITIS PAIN ER 650 MG CAPLET 650 MG	Non-PDL Generic	OTC
RA ATHENOL 325 MG TABLET 325 MG	Non-PDL Generic	OTC
RA CHILD ACETAMINOPHEN 160 MG 160 MG	Non-PDL Generic	OTC
RA CHILD FEVER-PAIN 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	OTC
RA CHILD FEVER-PAIN 160 MG/5 ML GLUTEN/F,CHERRY 160 MG/5 ML	Non-PDL Generic	OTC
RA CHILD FEVER-PAIN 160 MG/5 ML GLUTEN/F,GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
RA CHILD FEVER-PAIN 160 MG/5 ML GLUTN/F,BUBBLEGM 160 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
RA FEVER REDUCER-PAIN 160 MG/5 INFANT W/SYR,D/F 160 MG/5 ML	Non-PDL Generic	OTC
RA INFANT FEVER-PAIN 160 MG/5 160 MG/5 ML	Non-PDL Generic	OTC
RA INFANT FEVER-PAIN 160 MG/5 INFANT W/SYR,D/F 160 MG/5 ML	Non-PDL Generic	OTC
RA NON-ASPIRIN 160 MG/5 ML CHILDREN'S,BUBBLEGUM 160 MG/5 ML	Non-PDL Generic	OTC
RA NON-ASPIRIN 160 MG/5 ML CHILDREN'S,CHERRY 160 MG/5 ML	Non-PDL Generic	OTC
RA NON-ASPIRIN 500 MG CAPLET CAPLET 500 MG	Non-PDL Generic	OTC
SHAKE THAT ACHE 500 MG CAPLET 500 MG	Non-PDL Generic	OTC
SILAPAP 160 MG/5 ML LIQUID 160 MG/5 ML	Non-PDL Generic	OTC
SM ARTHRITIS PAIN ER 650 MG TB 650 MG	Non-PDL Generic	OTC
SM CHILD'S PAIN RELIEVER SUSP 160 MG/5 ML	Non-PDL Generic	OTC
SM CHLD PAIN-FEVER 160 MG/5 ML AS, GLUTEN-F 160 MG/5 ML	Non-PDL Generic	OTC
SM INF PAIN RELV 80 MG/0.8 ML 80 MG/0.8 ML	Non-PDL Generic	OTC
SM INFANT PAIN RLF 160 MG/5 ML 160 MG/5 ML	Non-PDL Generic	OTC
SM INFANT PAIN-FEVER 160 MG/5 GLUTEN-F,GRAPE 160 MG/5 ML	Non-PDL Generic	OTC
SM PAIN RELIEVER 325 MG TABLET 325 MG	Non-PDL Generic	OTC
SM PAIN RELIEVER 500 MG CAPLET 500 MG	Non-PDL Generic	OTC
SM PAIN RELIEVER 500 MG CAPLET CAPLET, EXTRA STR 500 MG	Non-PDL Generic	OTC
SM PAIN RELIEVER 500 MG CAPLET CAPLET, EXTRA STR 500 MG	Non-PDL Generic	OTC
SM PAIN RELIEVER 500 MG GELCAP GELCAP,EX STRENGTH 500 MG	Non-PDL Generic	OTC
SM PAIN RELIEVER 500 MG TABLET 500 MG	Non-PDL Generic	OTC
SM PAIN RELIEVER 500 MG TABLET EXTRA STRENGTH 500 MG	Non-PDL Generic	OTC

Drug	Status	Notes
SM PAIN RELIEVER ER 650 MG 650 MG	Non-PDL Generic	OTC
SW PAIN RELIEF 500 MG GELCAP 500 MG	Non-PDL Generic	OTC
TYLOPHEN 500 MG CAPSULE 500 MG	Non-PDL Generic	OTC
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen 10-200 10-200 mg</i>	Non-PDL Generic	
<i>hydrocodone-ibuprofen 5-200 mg 5-200 mg</i>	Non-PDL Generic	
<i>hydrocodone-ibuprofen 7.5-200 7.5-200 mg</i>	Non-PDL Generic	
<i>hydrocodone-ibuprofen 7.5-200 f/c, inner 7.5-200 mg</i>	Non-PDL Generic	
<i>hydrocodone-ibuprofen 7.5-200 f/c, outer 7.5-200 mg</i>	Non-PDL Generic	
XYLON 10 ORAL TABLET 10-200 MG	Non-PDL Generic	
Analgesics, Narcotics		
BELBUCA 150 MCG FILM INNER 150 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 150 MCG FILM OUTER 150 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 300 MCG FILM INNER 300 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 300 MCG FILM OUTER 300 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 450 MCG FILM INNER 450 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 450 MCG FILM OUTER 450 MCG	PDL Preferred Brand	QL (2 EA per 1 day)
BELBUCA 600 MCG FILM INNER 600 MCG	PDL Preferred Brand	QL (2 EA per 1 day)

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

Drug	Status	Notes
<i>buprenorphine 10 mcg/hr patch 10 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 10 mcg/hr patch inner 10 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 10 mcg/hr patch outer 10 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 15 mcg/hr patch 15 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 15 mcg/hr patch inner 15 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 15 mcg/hr patch outer 15 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 20 mcg/hr patch 20 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 20 mcg/hr patch inner 20 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 20 mcg/hr patch outer 20 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 5 mcg/hr patch 5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 5 mcg/hr patch inner 5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 5 mcg/hr patch outer 5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 7.5 mcg/hr patch 7.5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>buprenorphine 7.5 mcg/hr patch inner 7.5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)

Drug	Status	Notes
<i>buprenorphine 7.5 mcg/hr patch outer 7.5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 28 days)
<i>butorphanol 1 mg/ml vial 10's, sdv 1 mg/ml</i>	Non-PDL Generic	
<i>butorphanol 1 mg/ml vial 10's, sdv 1 mg/ml</i>	Non-PDL Generic	
<i>butorphanol 1 mg/ml vial plf, suv, inner 1 mg/ml</i>	Non-PDL Generic	
<i>butorphanol 1 mg/ml vial plf, suv, outer 1 mg/ml</i>	Non-PDL Generic	
<i>butorphanol 10 mg/ml spray 10 mg/ml</i>	Non-PDL Generic	
<i>butorphanol 2 mg/ml vial 10's, sdv 2 mg/ml</i>	Non-PDL Generic	
<i>butorphanol 2 mg/ml vial 10's, sdv 2 mg/ml</i>	Non-PDL Generic	
<i>butorphanol 2 mg/ml vial plf, suv, inner 2 mg/ml</i>	Non-PDL Generic	
<i>butorphanol 2 mg/ml vial plf, suv, outer 2 mg/ml</i>	Non-PDL Generic	
<i>butorphanol 4 mg/2 ml vial plf, suv, inner 2 mg/ml</i>	Non-PDL Generic	
<i>butorphanol 4 mg/2 ml vial plf, suv, outer 2 mg/ml</i>	Non-PDL Generic	
<i>codeine sulfate 15 mg tablet 15 mg</i>	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate 30 mg tablet 30 mg</i>	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate 60 mg tablet 60 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
<i>fentanyl 100 mcg/hr patch 100 mcg/hr</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl 100 mcg/hr patch inner 100 mcg/hr</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl 100 mcg/hr patch non- saleable, inner 100 mcg/hr</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl 100 mcg/hr patch outer 100 mcg/hr</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)

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

Drug	Status	Notes
<i>fentanyl 62.5 mcg/hr patch inner 62.5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl 62.5 mcg/hr patch outer 62.5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl 75 mcg/hr patch 75 mcg/hr</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl 75 mcg/hr patch inner 75 mcg/hr</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl 75 mcg/hr patch non- saleable, inner 75 mcg/hr</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl 75 mcg/hr patch outer 75 mcg/hr</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl 87.5 mcg/hr patch inner 87.5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl 87.5 mcg/hr patch outer 87.5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl cit otfc 1,200 mcg 1,200 mcg</i>	Non-PDL Generic	PA
<i>fentanyl cit otfc 1,200 mcg inner 1,200 mcg</i>	Non-PDL Generic	PA
<i>fentanyl cit otfc 1,200 mcg outer 1,200 mcg</i>	Non-PDL Generic	PA
<i>fentanyl cit otfc 1,600 mcg 1,600 mcg</i>	Non-PDL Generic	PA
<i>fentanyl cit otfc 1,600 mcg inner 1,600 mcg</i>	Non-PDL Generic	PA
<i>fentanyl cit otfc 1,600 mcg outer 1,600 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 200 mcg 200 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 200 mcg inner 200 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 200 mcg outer 200 mcg</i>	Non-PDL Generic	PA

Drug	Status	Notes
<i>fentanyl citrate otfc 400 mcg 400 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 400 mcg inner 400 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 400 mcg outer 400 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 600 mcg 600 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 600 mcg inner 600 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 600 mcg outer 600 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 800 mcg 800 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 800 mcg inner 800 mcg</i>	Non-PDL Generic	PA
<i>fentanyl citrate otfc 800 mcg outer 800 mcg</i>	Non-PDL Generic	PA
<i>hydrocodone er 10 mg capsule 10 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>hydrocodone er 100 mg tablet 100 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>hydrocodone er 120 mg tablet 120 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>hydrocodone er 15 mg capsule 15 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>hydrocodone er 20 mg capsule 20 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>hydrocodone er 20 mg tablet 20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>hydrocodone er 30 mg capsule 30 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>hydrocodone er 30 mg tablet 30 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>hydrocodone er 40 mg capsule 40 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>hydrocodone er 40 mg tablet 40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>hydrocodone er 50 mg capsule 50 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>hydrocodone er 60 mg tablet 60 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>hydrocodone er 80 mg tablet 80 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>hydromorphone 1 mg/ml solution 1 mg/ml</i>	Non-PDL Generic	
<i>hydromorphone 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>hydromorphone 2 mg tablet u-d 2 mg</i>	Non-PDL Generic	
<i>hydromorphone 3 mg suppos 3 mg</i>	Non-PDL Generic	
<i>hydromorphone 4 mg tablet 4 mg</i>	Non-PDL Generic	
<i>hydromorphone 4 mg tablet u-d 4 mg</i>	Non-PDL Generic	
<i>hydromorphone 5 mg/5 ml soln 1 mg/ml</i>	Non-PDL Generic	
<i>hydromorphone 8 mg tablet 8 mg</i>	Non-PDL Generic	
<i>hydromorphone hcl er 12 mg tab 12 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl er 16 mg tab 16 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>hydromorphone hcl er 32 mg tab 32 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>hydromorphone hcl er 8 mg tab 8 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
HYSINGLA ER 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 120 MG TABLET 120 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
HYSINGLA ER 80 MG TABLET 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>levorphanol 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>meperidine 10 mg/ml cartrdge sdv 10 mg/ml</i>	Non-PDL Generic	
<i>meperidine 100 mg/ml vial inner, sdv 100 mg/ml</i>	Non-PDL Generic	
<i>meperidine 100 mg/ml vial sdv,25's,outer 100 mg/ml</i>	Non-PDL Generic	
<i>meperidine 25 mg/ml vial inner, sdv 25 mg/ml</i>	Non-PDL Generic	
<i>meperidine 50 mg/ml vial 25's,sdv,p/f,outer 50 mg/ml</i>	Non-PDL Generic	
<i>meperidine 50 mg/ml vial sdv,p/f,inner 50 mg/ml</i>	Non-PDL Generic	
<i>methadone 10 mg/5 ml solution 10 mg/5 ml</i>	PDL Non-Preferred Generic	PA; QL (20 ML per 1 day)
<i>methadone 10 mg/ml oral conc 10 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (4 ML per 1 day)

Drug	Status	Notes
<i>methadone 10 mg/ml oral conc cherry 10 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (4 ML per 1 day)
<i>methadone 10 mg/ml oral conc d/f, unflavored 10 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (4 ML per 1 day)
<i>methadone 5 mg/5 ml solution 5 mg/5 ml</i>	PDL Non-Preferred Generic	PA; QL (40 ML per 1 day)
<i>methadone hcl 10 mg tablet 10 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>methadone hcl 10 mg tablet 10x10, outer 10 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>methadone hcl 10 mg tablet inner 10 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>methadone hcl 10 mg tablet outer 10 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>methadone hcl 5 mg tablet 10x10, outer 5 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
<i>methadone hcl 5 mg tablet 5 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
<i>methadone hcl 5 mg tablet inner 5 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
METHADONE INTENSOL 10 MG/ML 10 MG/ML	PDL Non-Preferred Generic	PA; QL (4 ML per 1 day)
<i>morphine 10 mg/0.7 ml auto-inj 10 mg/0.7 ml</i>	Non-PDL Generic	
<i>morphine sulf 10 mg suppos 10 mg</i>	Non-PDL Generic	
<i>morphine sulf 10 mg/5 ml soln 10 mg/5 ml</i>	Non-PDL Generic	
<i>morphine sulf 10 mg/5 ml soln dosing cup 10 mg/5 ml</i>	Non-PDL Generic	
<i>morphine sulf 100 mg/5 ml conc 100 mg/5 ml (20 mg/ml)</i>	Non-PDL Generic	PA

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

Drug	Status	Notes
<i>morphine sulf er 30 mg tablet 10x10, outer 30 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>morphine sulf er 30 mg tablet 30 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>morphine sulf er 30 mg tablet f/c 30 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>morphine sulf er 30 mg tablet inner 30 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>morphine sulf er 60 mg tablet 10x10, outer 60 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>morphine sulf er 60 mg tablet 60 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>morphine sulf er 60 mg tablet f/c 60 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>morphine sulf er 60 mg tablet inner 60 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>morphine sulfate er 10 mg cap 10 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>morphine sulfate er 100 mg cap 100 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>morphine sulfate er 120 mg cap 120 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>morphine sulfate er 20 mg cap 20 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>morphine sulfate er 30 mg cap 30 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>morphine sulfate er 30 mg cap 30 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>morphine sulfate er 45 mg cap 45 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>morphine sulfate er 50 mg cap 50 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>morphine sulfate er 60 mg cap 60 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>morphine sulfate er 60 mg cap 60 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>morphine sulfate er 75 mg cap 75 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>morphine sulfate er 80 mg cap 80 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>morphine sulfate er 90 mg cap 90 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>morphine sulfate ir 15 mg tab 15 mg</i>	Non-PDL Brand	
<i>morphine sulfate ir 15 mg tab 15 mg</i>	Non-PDL Generic	
<i>morphine sulfate ir 30 mg tab 30 mg</i>	Non-PDL Brand	
<i>morphine sulfate ir 30 mg tab 30 mg</i>	Non-PDL Generic	
<i>morphine sulfate ir 30 mg tab u-d 4x25, blister 30 mg</i>	Non-PDL Brand	
MS CONTIN ER 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
MS CONTIN ER 15 MG TABLET 15 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
MS CONTIN ER 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
MS CONTIN ER 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)

Drug	Status	Notes
MS CONTIN ER 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
<i>nalbuphine 10 mg/ml ampul suv, inner 10 mg/ml</i>	Non-PDL Generic	
<i>nalbuphine 10 mg/ml ampul suv, outer 10 mg/ml</i>	Non-PDL Generic	
<i>nalbuphine 100 mg/10 ml vial muv, inner 10 mg/ml</i>	Non-PDL Generic	
<i>nalbuphine 100 mg/10 ml vial muv, outer 10 mg/ml</i>	Non-PDL Generic	
<i>nalbuphine 20 mg/ml ampul suv, inner 20 mg/ml</i>	Non-PDL Generic	
<i>nalbuphine 20 mg/ml ampul suv, outer 20 mg/ml</i>	Non-PDL Generic	
<i>nalbuphine 200 mg/10 ml vial muv, inner 20 mg/ml</i>	Non-PDL Generic	
<i>nalbuphine 200 mg/10 ml vial muv, outer 20 mg/ml</i>	Non-PDL Generic	
NUCYNTA 100 MG TABLET 100 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA 100 MG TABLET F/C,U-D,10X10 100 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA 50 MG TABLET 50 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA 50 MG TABLET F/C,U-D,10X10 50 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA 75 MG TABLET 75 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA 75 MG TABLET F/C,U-D,10X10 75 MG	Non-PDL Brand	QL (6 EA per 1 day)
NUCYNTA ER 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
NUCYNTA ER 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
NUCYNTA ER 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
NUCYNTA ER 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
NUCYNTA ER 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
<i>oxycodone hcl (ir) 10 mg tab 10 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 10 mg tab inner 10 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 10 mg tab outer 10 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 15 mg tab 15 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 15 mg tab inner 15 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 15 mg tab outer 15 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 15 mg tab u-d, 10x10, inner 15 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 15 mg tab u-d, 10x10, outer 15 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 20 mg tab 20 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 30 mg tab 30 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 30 mg tab inner 30 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 30 mg tab outer 30 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 30 mg tab u-d, 10x10, inner 30 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 30 mg tab u-d, 10x10, outer 30 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 5 mg cap 5 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 5 mg tablet 10x10, outer 5 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 5 mg tablet 5 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 5 mg tablet inner 5 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 5 mg tablet u-d, 10x10, inner 5 mg</i>	Non-PDL Generic	
<i>oxycodone hcl (ir) 5 mg tablet u-d, 10x10, outer 5 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>oxycodone hcl 100 mg/5 ml conc 20 mg/ml</i>	Non-PDL Generic	PA
<i>oxycodone hcl 100 mg/5 ml conc w/ 1ml syringe 20 mg/ml</i>	Non-PDL Generic	PA
<i>oxycodone hcl 100 mg/5 ml conc w/calibrated dropper 20 mg/ml</i>	Non-PDL Generic	PA
<i>oxycodone hcl 30 mg tablet 30 mg</i>	Non-PDL Generic	
<i>oxycodone hcl 5 mg/5 ml soln 5 mg/5 ml</i>	Non-PDL Generic	
<i>oxycodone hcl 5 mg/5 ml soln inner 5 mg/5 ml</i>	Non-PDL Generic	
<i>oxycodone hcl 5 mg/5 ml soln outer 5 mg/5 ml</i>	Non-PDL Generic	
<i>oxycodone hcl 5 mg/5 ml soln u-d 5 mg/5 ml</i>	Non-PDL Generic	
<i>oxycodone hcl 5 mg/5 ml soln u-d, 5x10's 5 mg/5 ml</i>	Non-PDL Generic	
<i>oxycodone hcl 5 mg/5 ml soln w/calibrated cup 5 mg/5 ml</i>	Non-PDL Generic	
<i>oxycodone hcl er 10 mg tablet 10 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>oxycodone hcl er 20 mg tablet 20 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>oxycodone hcl er 40 mg tablet 40 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>oxycodone hcl er 80 mg tablet 80 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
OXYCONTIN ER 10 MG TABLET 2X10, U-D 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 10 MG TABLET REFORMULATED 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ER 15 MG TABLET 2X10, U-D 15 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

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

Drug	Status	Notes
<i>oxymorphone hcl er 20 mg tab 20 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er 30 mg tab 30 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl er 40 mg tab 40 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl er 5 mg tablet 5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>oxymorphone hcl er 7.5 mg tab 7.5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>pentazocine-naloxone tablet 50-0.5 mg</i>	Non-PDL Generic	
<i>tramadol er 100 mg tablet coated 100 mg</i>	Non-PDL Generic	QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol er 200 mg tablet coated 200 mg</i>	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol er 300 mg tablet coated 300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol hcl 50 mg tablet 50 mg</i>	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol hcl 50 mg tablet f/c 50 mg</i>	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol hcl 50 mg tablet f/c, inner 50 mg</i>	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol hcl 50 mg tablet f/c, outer 50 mg</i>	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol hcl 50 mg tablet u-d,10x10,inner 50 mg</i>	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol hcl 50 mg tablet u-d,10x10,outer 50 mg</i>	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
<i>tramadol hcl er 100 mg tablet 100 mg</i>	Non-PDL Generic	QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol hcl er 100 mg tablet coated 100 mg</i>	Non-PDL Generic	QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol hcl er 200 mg tablet 200 mg</i>	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol hcl er 300 mg tablet 300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
XTAMPZA ER 13.5 MG CAPSULE 13.5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XTAMPZA ER 18 MG CAPSULE 18 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
XTAMPZA ER 27 MG CAPSULE 27 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
XTAMPZA ER 36 MG CAPSULE 36 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
XTAMPZA ER 9 MG CAPSULE 9 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Antimigraine Preparations		
AIMOVIG 140 MG/ML AUTOINJECTOR 140 MG/ML	PDL Non-Preferred Brand	PA
AIMOVIG 70 MG/ML AUTOINJECTOR 70 MG/ML	PDL Non-Preferred Brand	PA
AJOVY 225 MG/1.5 ML AUTOINJECT SAMPLE, P/F,SUV 225 MG/1.5 ML	PDL Preferred Brand	PA
AJOVY 225 MG/1.5 ML AUTOINJECT SUV, P/F 225 MG/1.5 ML	PDL Preferred Brand	PA
AJOVY 225 MG/1.5 ML SYRINGE P/F, SUV 225 MG/1.5 ML	PDL Preferred Brand	PA
AJOVY 225 MG/1.5 ML SYRINGE SUV, SAMPLE 225 MG/1.5 ML	PDL Preferred Brand	PA
<i>almotriptan malate 12.5 mg tab f/c, outer 12.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>almotriptan malate 12.5 mg tab f/c,inner 12.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>almotriptan malate 12.5 mg tab inner 12.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)

Drug	Status	Notes
<i>almotriptan malate 12.5 mg tab inner, f/c 12.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>almotriptan malate 12.5 mg tab outer 12.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>almotriptan malate 12.5 mg tab outer, f/c 12.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>almotriptan malate 6.25 mg tab f/c, inner 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>almotriptan malate 6.25 mg tab f/c, outer 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>almotriptan malate 6.25 mg tab inner 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>almotriptan malate 6.25 mg tab inner, f/c 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>almotriptan malate 6.25 mg tab outer 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>almotriptan malate 6.25 mg tab outer, f/c 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>dihydroergotamine 1 mg/ml amp 1 mg/ml</i>	Non-PDL Generic	QL (15 ML per 14 days)
<i>dihydroergotamine 1 mg/ml amp inner, sdv 1 mg/ml</i>	Non-PDL Generic	QL (15 ML per 14 days)
<i>dihydroergotamine 1 mg/ml amp inner, suv 1 mg/ml</i>	Non-PDL Generic	QL (15 ML per 14 days)
<i>dihydroergotamine 1 mg/ml amp outer, sdv 1 mg/ml</i>	Non-PDL Generic	QL (15 ML per 14 days)
<i>dihydroergotamine 1 mg/ml amp outer, suv 1 mg/ml</i>	Non-PDL Generic	QL (15 ML per 14 days)
<i>dihydroergotamine 1 mg/ml amp suv,inner 1 mg/ml</i>	Non-PDL Generic	QL (15 ML per 14 days)
<i>dihydroergotamine 1 mg/ml amp suv,outer 1 mg/ml</i>	Non-PDL Generic	QL (15 ML per 14 days)
<i>dihydroergotamine mesylate 4 mg/ml nasal spray 0.5 mg/pump act. (4 mg/ml)</i>	Non-PDL Generic	QL (8 ML per 28 days)

Drug	Status	Notes
<i>dihydroergotamine mesylate 4 mg/ml nasal spray inner 0.5 mg/pump act. (4 mg/ml)</i>	Non-PDL Generic	QL (8 ML per 28 days)
<i>dihydroergotamine mesylate 4 mg/ml nasal spray outer 0.5 mg/pump act. (4 mg/ml)</i>	Non-PDL Generic	QL (8 ML per 28 days)
<i>eletriptan hbr 20 mg tablet 20 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>eletriptan hbr 20 mg tablet inner 20 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>eletriptan hbr 20 mg tablet outer 20 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>eletriptan hbr 40 mg tablet 40 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>eletriptan hbr 40 mg tablet inner 40 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>eletriptan hbr 40 mg tablet outer 40 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
ELYXYB 120 MG/4.8 ML SOLUTION INNER 120 MG/4.8 ML (25 MG/ML)	PDL Non-Preferred Brand	PA
ELYXYB 120 MG/4.8 ML SOLUTION OUTER 120 MG/4.8 ML (25 MG/ML)	PDL Non-Preferred Brand	PA
EMGALITY 120 MG/ML PEN P/F, SUV, INNER 120 MG/ML	PDL Preferred Brand	PA
EMGALITY 120 MG/ML PEN P/F, SUV, OUTER 120 MG/ML	PDL Preferred Brand	PA
EMGALITY 120 MG/ML SYRINGE P/F, SUV, INNER 120 MG/ML	PDL Preferred Brand	PA
EMGALITY 120 MG/ML SYRINGE P/F, SUV, OUTER 120 MG/ML	PDL Preferred Brand	PA
<i>ergotamine-caffeine 1-100 mg tb 1-100 mg</i>	Non-PDL Generic	QL (10 EA per 7 days)

Drug	Status	Notes
FROVA 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
<i>frovatriptan succ 2.5 mg tab 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
<i>frovatriptan succ 2.5 mg tab inner 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
<i>frovatriptan succ 2.5 mg tab outer 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
IMITREX 100 MG TABLET 100MG SUMATRIPTAN BS 100 MG	PDL Non-Preferred Brand	PA; QL (9 EA per 30 days)
IMITREX 20 MG NASAL SPRAY 6X.1ML SPRAY 20 MG/ACTUATION	PDL Preferred Brand	QL (6 EA per 15 days)
IMITREX 25 MG TABLET 25MG SUMATRIPTAN BSE 25 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 5 days)
IMITREX 4 MG/0.5 ML CARTRIDGES 4 MG/0.5 ML	PDL Preferred Brand	QL (1 ML per 14 days)
IMITREX 4 MG/0.5 ML PEN INJECT 4 MG/0.5 ML	PDL Preferred Brand	QL (1 ML per 14 days)
IMITREX 5 MG NASAL SPRAY 6X.1ML SPRAY DEVICES 5 MG/ACTUATION	PDL Preferred Brand	QL (6 EA per 15 days)
IMITREX 50 MG TABLET 50MG SUMATRIPTAN BSE 50 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 5 days)
IMITREX 6 MG/0.5 ML CARTRIDGES 2 STAT DOSE SYR,SDV 6 MG/0.5 ML	PDL Preferred Brand	QL (1 ML per 14 days)
IMITREX 6 MG/0.5 ML PEN INJECT 2 STAT DOSE SYR,SDV 6 MG/0.5 ML	PDL Preferred Brand	QL (1 ML per 14 days)
IMITREX 6 MG/0.5 ML VIAL 5'S,0.5ML IN 2ML SDV 6 MG/0.5 ML	PDL Preferred Brand	QL (5 ML per 28 days)

Drug	Status	Notes
MAXALT 10 MG TABLET INNER 10 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
MAXALT 10 MG TABLET OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
MAXALT MLT 10 MG TABLET INNER 10 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
MAXALT MLT 10 MG TABLET OUTER 10 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
<i>naratriptan hcl 1 mg tablet 1 mg</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
<i>naratriptan hcl 2.5 mg tablet 2.5 mg</i>	PDL Non-Preferred Generic	PA; 90DS; QL (18 EA per 30 days)
<i>naratriptan hcl 2.5 mg tablet inner 2.5 mg</i>	PDL Non-Preferred Generic	PA; 90DS; QL (18 EA per 30 days)
<i>naratriptan hcl 2.5 mg tablet outer 2.5 mg</i>	PDL Non-Preferred Generic	PA; 90DS; QL (18 EA per 30 days)
NURTEC ODT 75 MG TABLET 75 MG	PDL Non-Preferred Brand	PA
ONZETRA XSAIL 11 MG/NOSEPIECE 11 MG	PDL Non-Preferred Brand	PA; QL (16 EA per 30 days)
QULIPTA 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
QULIPTA 30 MG TABLET 30 MG	PDL Non-Preferred Brand	PA
QULIPTA 60 MG TABLET 60 MG	PDL Non-Preferred Brand	PA
RELPAK 20 MG TABLET INNER 20 MG	PDL Preferred Brand	QL (12 EA per 30 days)

Drug	Status	Notes
RELPAx 20 MG TABLET OUTER 20 MG	PDL Preferred Brand	QL (12 EA per 30 days)
RELPAx 40 MG TABLET INNER 40 MG	PDL Preferred Brand	QL (12 EA per 30 days)
RELPAx 40 MG TABLET OUTER 40 MG	PDL Preferred Brand	QL (12 EA per 30 days)
REYVOW 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
REYVOW 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
<i>rizatriptan 10 mg odt 10 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 10 mg odt 3x6 10 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 10 mg odt inner 10 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 10 mg odt outer 10 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 10 mg tablet 3x6, outer 10 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 10 mg tablet 4x3, outer 10 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 10 mg tablet inner 10 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 10 mg tablet outer 10 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)

Drug	Status	Notes
<i>rizatriptan 10 mg tablet u-d, outer 10 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 5 mg odt 3x6 5 mg</i>	PDL Preferred Generic	QL (18 EA per 30 days)
<i>rizatriptan 5 mg odt 5 mg</i>	PDL Preferred Generic	QL (18 EA per 30 days)
<i>rizatriptan 5 mg odt 6x3, outer 5 mg</i>	PDL Preferred Generic	QL (18 EA per 30 days)
<i>rizatriptan 5 mg odt inner 5 mg</i>	PDL Preferred Generic	QL (18 EA per 30 days)
<i>rizatriptan 5 mg odt outer 5 mg</i>	PDL Preferred Generic	QL (18 EA per 30 days)
<i>rizatriptan 5 mg tablet 3x6, outer 5 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 5 mg tablet 4x3, outer 5 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 5 mg tablet inner 5 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 5 mg tablet outer 5 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>rizatriptan 5 mg tablet u-d, outer 5 mg</i>	PDL Preferred Generic	90DS; QL (18 EA per 30 days)
<i>sumatriptan 20 mg nasal spray 20 mg/actuation</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 15 days)
<i>sumatriptan 20 mg nasal spray inner 20 mg/actuation</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 15 days)

Drug	Status	Notes
<i>sumatriptan 20 mg nasal spray outer 20 mg/actuation</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 15 days)
<i>sumatriptan 4 mg/0.5 ml cart suv 4 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 14 days)
<i>sumatriptan 4 mg/0.5 ml inject inner, suv 4 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 14 days)
<i>sumatriptan 4 mg/0.5 ml inject outer, suv 4 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 14 days)
<i>sumatriptan 4 mg/0.5 ml inject suv 4 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 14 days)
<i>sumatriptan 5 mg nasal spray 5 mg/actuation</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 15 days)
<i>sumatriptan 5 mg nasal spray inner 5 mg/actuation</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 15 days)
<i>sumatriptan 5 mg nasal spray outer 5 mg/actuation</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 15 days)
<i>sumatriptan 6 mg/0.5 ml cart suv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 14 days)
<i>sumatriptan 6 mg/0.5 ml inject inner, suv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 14 days)
<i>sumatriptan 6 mg/0.5 ml inject outer, suv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 14 days)
<i>sumatriptan 6 mg/0.5 ml inject sdv, inner 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 14 days)
<i>sumatriptan 6 mg/0.5 ml inject sdv, outer 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 14 days)
<i>sumatriptan 6 mg/0.5 ml inject suv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 14 days)

Drug	Status	Notes
<i>sumatriptan 6 mg/0.5 ml syrng suv, p/f, inner 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (4 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml syrng suv, p/f, outer 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (4 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial inner, sdv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial inner, latex-free, suv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial inner, sdv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial outer, sdv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial outer, sdv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial sdv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial suv 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial suv, inner 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial suv, outer 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial suv, p/f, inner 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan 6 mg/0.5 ml vial suv, p/f, outer 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (5 ML per 28 days)
<i>sumatriptan succ 100 mg tablet 100 mg</i>	PDL Preferred Generic	90DS; QL (9 EA per 30 days)

Drug	Status	Notes
<i>sumatriptan succ 100 mg tablet f/c 100 mg</i>	PDL Preferred Generic	90DS; QL (9 EA per 30 days)
<i>sumatriptan succ 100 mg tablet inner 100 mg</i>	PDL Preferred Generic	90DS; QL (9 EA per 30 days)
<i>sumatriptan succ 100 mg tablet outer 100 mg</i>	PDL Preferred Generic	90DS; QL (9 EA per 30 days)
<i>sumatriptan succ 100 mg tablet u-d 100 mg</i>	PDL Preferred Generic	90DS; QL (9 EA per 30 days)
<i>sumatriptan succ 25 mg tablet 25 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 5 days)
<i>sumatriptan succ 25 mg tablet f/c 25 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 5 days)
<i>sumatriptan succ 25 mg tablet inner 25 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 5 days)
<i>sumatriptan succ 25 mg tablet outer 25 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 5 days)
<i>sumatriptan succ 25 mg tablet u-d 25 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 5 days)
<i>sumatriptan succ 50 mg tablet 50 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 5 days)
<i>sumatriptan succ 50 mg tablet f/c 50 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 5 days)
<i>sumatriptan succ 50 mg tablet inner 50 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 5 days)
<i>sumatriptan succ 50 mg tablet outer 50 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 5 days)
<i>sumatriptan succ 50 mg tablet u-d 50 mg</i>	PDL Preferred Generic	90DS; QL (3 EA per 5 days)

Drug	Status	Notes
<i>sumatriptan-naproxen 85-500 mg 85-500 mg</i>	PDL Non-Preferred Generic	PA; QL (9 EA per 30 days)
TOSYMRA 10 MG NASAL SPRAY INNER 10 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
TOSYMRA 10 MG NASAL SPRAY OUTER 10 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
TREXIMET 85-500 MG TABLET 85-500 MG	PDL Non-Preferred Brand	PA; QL (9 EA per 30 days)
TRUDHESA NASAL SPRAY INNER 0.725 MG/PUMP ACT. (4 MG/ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 days); Age (Min 18 Years)
TRUDHESA NASAL SPRAY OUTER 0.725 MG/PUMP ACT. (4 MG/ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 days); Age (Min 18 Years)
UBRELVY 100 MG TABLET INNER 100 MG	PDL Preferred Brand	PA
UBRELVY 100 MG TABLET OUTER 100 MG	PDL Preferred Brand	PA
UBRELVY 50 MG TABLET INNER 50 MG	PDL Preferred Brand	PA
UBRELVY 50 MG TABLET OUTER 50 MG	PDL Preferred Brand	PA
ZEMBRACE SYMTOUCH 3 MG/0.5 ML INNER, SUV 3 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (8 ML per 28 days)
ZEMBRACE SYMTOUCH 3 MG/0.5 ML OUTER, SUV 3 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (8 ML per 28 days)
<i>zolmitriptan 2.5 mg nasal spray 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 2.5 mg odt 1x6 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)

Drug	Status	Notes
<i>zolmitriptan 2.5 mg odt 1x6, outer 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 2.5 mg odt 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 2.5 mg odt inner 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 2.5 mg tablet 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 2.5 mg tablet f/c 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 2.5 mg tablet f/c, 1x6 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 2.5 mg tablet f/c, inner 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 2.5 mg tablet f/c, outer 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 2.5 mg tablet inner 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 2.5 mg tablet outer 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 5 mg nasal spray 5 mg</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 15 days)
<i>zolmitriptan 5 mg nasal spray inner 5 mg</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 15 days)
<i>zolmitriptan 5 mg nasal spray outer 5 mg</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 15 days)
<i>zolmitriptan 5 mg odt 1x3 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)

Drug	Status	Notes
<i>zolmitriptan 5 mg odt 1x3, outer 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 5 mg odt 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 5 mg odt inner 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 5 mg tablet 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 5 mg tablet f/c 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 5 mg tablet f/c, 1x3 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 5 mg tablet f/c, inner 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 5 mg tablet f/c, outer 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 5 mg tablet inner 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
<i>zolmitriptan 5 mg tablet outer 5 mg</i>	PDL Non-Preferred Generic	PA; QL (12 EA per 30 days)
ZOMIG 2.5 MG NASAL SPRAY 2.5 MG	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
ZOMIG 2.5 MG TABLET 2.5 MG	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)
ZOMIG 5 MG NASAL SPRAY 5 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 15 days)
ZOMIG 5 MG TABLET FILM COATED 5 MG	PDL Non-Preferred Brand	PA; QL (12 EA per 30 days)

Drug	Status	Notes
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
<i>butalbital-acetaminophen-caffeine-codeine 50-300-40-30 mg cp 50-300-40-30 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
<i>butalbital-acetaminophen-caffeine-codeine 50-325-40-30 mg cp 50-325-40-30 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
<i>asa-butalb-caff-cod #3 capsule 30-50-325-40 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
ASCOMP WITH CODEINE CAPSULE 30- 50-325-40 MG	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMP-CODEINE #3 CAP 30- 50-325-40 MG	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
BUTALBITAL COMP-CODEINE #3 CAP CAPSULE 30-50-325-40 MG	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-cod #2 tablet 300-15 mg</i>	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-cod #3 tablet 10x10, outer 300-30 mg</i>	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-cod #3 tablet 300-30 mg</i>	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-cod #3 tablet inner 300-30 mg</i>	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-cod #3 tablet u-d, 10x10, inner 300-30 mg</i>	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-cod #3 tablet u-d, emergi- script 300-30 mg</i>	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-cod #4 tablet 300-60 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine 120 mg-12 mg/5 ml solution 120-12 mg/5 ml</i>	Non-PDL Generic	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine 120-12 mg/5 ml 40x5 ml cups, outer 120 mg-12 mg /5 ml (5 ml)</i>	Non-PDL Generic	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine 120-12 mg/5 ml 5 ml cup, inner 120 mg-12 mg /5 ml (5 ml)</i>	Non-PDL Generic	QL (150 ML per 1 day); Age (Min 12 Years)
ENDOCET 10-325 MG TABLET 10-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
ENDOCET 2.5-325 MG TABLET 2.5-325 MG	Non-PDL Generic	QL (12 EA per 1 day)

Drug	Status	Notes
ENDOCET 5-325 MG TABLET 5-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
ENDOCET 7.5-325 MG TABLET 7.5-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 10-325 mg tablet 10-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 10-325 mg tablet inner 10-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 10-325 mg tablet outer 10-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 2.5-325 mg tablet 2.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 5-325 mg tablet 5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 5-325 mg tablet inner 5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 5-325 mg tablet outer 5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 7.5-325 mg tablet 7.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 7.5-325 mg tablet inner 7.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 7.5-325 mg tablet outer 7.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen 7.5-325 mg/15 ml solution 7.5-325 mg/15 ml</i>	Non-PDL Generic	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen 7.5-325 mg/15 ml solution cherry 7.5-325 mg/15 ml</i>	Non-PDL Generic	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen 7.5-325 mg/15 ml solution u-d, inner 7.5-325 mg/15 ml</i>	Non-PDL Generic	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen 7.5-325 mg/15 ml solution u-d, outer 7.5-325 mg/15 ml</i>	Non-PDL Generic	QL (184 ML per 1 day)
<i>oxycodone-acetaminophen 10-325 mg tab 10-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 10-325 mg tab 10x10, outer 10-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 10-325 mg tab inner 10-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 10-325 mg tab outer 10-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 10-325 mg tablet 10-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)

Drug	Status	Notes
<i>oxycodone-acetaminophen 2.5-325 mg tablet 2.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 5-325 mg tab 10x10, outer 5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 5-325 mg tab 5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 5-325 mg tab inner 5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 5-325 mg tab u-d, 10x10, inner 5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 5-325 mg tab u-d, 10x10, outer 5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 5-325 mg tablet 5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 5-325 mg/5 ml solution 5-325 mg/5 ml</i>	Non-PDL Generic	QL (61 ML per 1 day)
<i>oxycodone-acetaminophen 7.5-325 mg tablet 10x10, outer 7.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 7.5-325 mg tablet 7.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 7.5-325 mg tablet inner 7.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen 7.5-325 mg tablet outer 7.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>tramadol-acetaminophen 37.5-325 mg tab 37.5-325 mg</i>	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
<i>tramadol-acetaminophen 37.5-325 mg tab f/c 37.5-325 mg</i>	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
<i>tramadol-acetaminophen 37.5-325 mg tab f/c, inner 37.5-325 mg</i>	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
<i>tramadol-acetaminophen 37.5-325 mg tab f/c, outer 37.5-325 mg</i>	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine 2 mg tablet sl 2 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>buprenorphine 8 mg tablet sl 8 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>buprenorphine-naloxone 12-3 mg sl film inner 12-3 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

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

Drug	Status	Notes
SUBOXONE 4 MG-1 MG SL FILM OUTER 4-1 MG	PDL Preferred Brand	QL (1 EA per 1 day)
SUBOXONE 8 MG-2 MG SL FILM INNER 8-2 MG	PDL Preferred Brand	QL (2 EA per 1 day)
SUBOXONE 8 MG-2 MG SL FILM OUTER 8-2 MG	PDL Preferred Brand	QL (2 EA per 1 day)
ZUBSOLV 0.7-0.18 MG TABLET SL 0.7-0.18 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 1.4-0.36 MG TABLET SL 1.4-0.36 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 11.4-2.9 MG TABLET SL 11.4-2.9 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 2.9-0.71 MG TABLET SL 2.9-0.71 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 5.7-1.4 MG TABLET SL 5.7-1.4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV 8.6-2.1 MG TABLET SL 8.6-2.1 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
<i>carisoprodol-aspirin-codein tb 200-325-16 mg</i>	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)
Parkinsons Disease		
Antiparkinsonism Drugs,Anticholinergic		
<i>benztropine mes 0.5 mg tab 0.5 mg</i>	Non-PDL Generic	90DS
<i>benztropine mes 1 mg tablet 1 mg</i>	Non-PDL Generic	90DS
<i>benztropine mes 2 mg tablet 2 mg</i>	Non-PDL Generic	90DS
<i>trihexyphenidyl 2 mg tablet 2 mg</i>	Non-PDL Generic	90DS
<i>trihexyphenidyl 2 mg/5 ml soln 0.4 mg/ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>trihexyphenidyl 5 mg tablet 5 mg</i>	Non-PDL Generic	90DS
Antiparkinsonism Drugs,Other		
<i>amantadine 100 mg capsule 100 mg</i>	Non-PDL Generic	90DS
<i>amantadine 100 mg tablet 100 mg</i>	Non-PDL Generic	
<i>amantadine 100 mg tablet inner 100 mg</i>	Non-PDL Generic	
<i>amantadine 100 mg tablet outer 100 mg</i>	Non-PDL Generic	
<i>amantadine 100 mg/10 ml soln inner 50 mg/5 ml</i>	Non-PDL Generic	90DS
<i>amantadine 100 mg/10 ml soln outer 50 mg/5 ml</i>	Non-PDL Generic	90DS
<i>amantadine 50 mg/5 ml solution 50 mg/5 ml</i>	Non-PDL Generic	90DS
<i>amantadine 50 mg/5 ml solution d/f 50 mg/5 ml</i>	Non-PDL Generic	90DS
<i>bromocriptine 2.5 mg tablet 2.5 mg</i>	Non-PDL Generic	
<i>bromocriptine 5 mg capsule 5 mg</i>	Non-PDL Generic	
<i>carbidopa-levodopa 10-100 mg odt 10-100 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa 25-100 mg odt 25-100 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa 25-250 mg odt 25-250 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa er 25-100 tab 25-100 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa er 25-100 tab u-d,10x10,outer 25-100 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa er 25-100 tab u-d,inner 25-100 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>carbidopa-levo er 50-200 tab 50-200 mg</i>	PDL Preferred Generic	
<i>carbidopa-levo er 50-200 tab u-d, 10x10, inner 50-200 mg</i>	PDL Preferred Generic	
<i>carbidopa-levo er 50-200 tab u-d, outer 50-200 mg</i>	PDL Preferred Generic	
<i>carbidopa-levo er 50-200 tab u-d, 10x10, inner 50-200 mg</i>	PDL Preferred Generic	
<i>carbidopa-levo er 50-200 tab u-d, 10x10, outer 50-200 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa 10-100 tab 10-100 mg</i>	PDL Preferred Generic	90DS
<i>carbidopa-levodopa 25-100 tab 25-100 mg</i>	PDL Preferred Generic	90DS
<i>carbidopa-levodopa 25-100 tab robot ready, inner 25-100 mg</i>	PDL Preferred Generic	90DS
<i>carbidopa-levodopa 25-100 tab robot ready, outer 25-100 mg</i>	PDL Preferred Generic	90DS
<i>carbidopa-levodopa 25-250 tab 25-250 mg</i>	PDL Preferred Generic	90DS
<i>carbidopa-levodopa 25-250 tab u-d, 10x10 25-250 mg</i>	PDL Preferred Generic	90DS
<i>carbidopa-levodopa 25-250 tab u-d, 10x10, inner 25-250 mg</i>	PDL Preferred Generic	90DS
<i>carbidopa-levodopa 25-250 tab u-d, 10x10, outer 25-250 mg</i>	PDL Preferred Generic	90DS
<i>carbidopa-levodopa-entacapone 12.5-50-200 mg tab 12.5-50-200 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>carbidopa-levodopa-entacapone 18.75-75-200 mg tab 18.75-75-200 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa-entacapone 25-100-200 mg tab 25-100-200 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa-entacapone 31.25-125-200 mg tab 31.25-125-200 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa-entacapone 37.5-150-200 mg tab 37.5-150-200 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa-entacapone 50-200-200 mg tab 50-200-200 mg</i>	PDL Preferred Generic	
DHIVY 25-100 MG TABLET 25-100 MG	PDL Non-Preferred Brand	PA
<i>entacapone 200 mg tablet 200 mg</i>	PDL Preferred Generic	90DS
<i>entacapone 200 mg tablet f/c 200 mg</i>	PDL Preferred Generic	90DS
<i>entacapone 200 mg tablet inner 200 mg</i>	PDL Preferred Generic	90DS
<i>entacapone 200 mg tablet outer 200 mg</i>	PDL Preferred Generic	90DS
GOCOVRI ER 137 MG CAPSULE 137 MG	PDL Non-Preferred Brand	PA; SP
GOCOVRI ER 68.5 MG CAPSULE 68.5 MG	PDL Non-Preferred Brand	PA; SP
INBRIJA 42 MG INHALATION CAP 42 MG	PDL Non-Preferred Brand	PA; SP
INBRIJA 42 MG INHALATION CAP 42 MG	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
KYNMOBI 10 MG SL FILM INNER 10 MG	PDL Non-Preferred Brand	PA; SP
KYNMOBI 10 MG SL FILM OUTER 10 MG	PDL Non-Preferred Brand	PA; SP
KYNMOBI 15 MG SL FILM INNER 15 MG	PDL Non-Preferred Brand	PA; SP
KYNMOBI 15 MG SL FILM OUTER 15 MG	PDL Non-Preferred Brand	PA; SP
KYNMOBI 20 MG SL FILM INNER 20 MG	PDL Non-Preferred Brand	PA; SP
KYNMOBI 20 MG SL FILM OUTER 20 MG	PDL Non-Preferred Brand	PA; SP
KYNMOBI 25 MG SL FILM INNER 25 MG	PDL Non-Preferred Brand	PA; SP
KYNMOBI 25 MG SL FILM OUTER 25 MG	PDL Non-Preferred Brand	PA; SP
KYNMOBI 30 MG SL FILM INNER 30 MG	PDL Non-Preferred Brand	PA; SP
KYNMOBI 30 MG SL FILM OUTER 30 MG	PDL Non-Preferred Brand	PA; SP
KYNMOBI TITRATION KIT 10-15-20-25-30 MG	PDL Non-Preferred Brand	PA; SP
MIRAPEX 0.125 MG TABLET 0.125 MG	PDL Non-Preferred Brand	PA
MIRAPEX 0.25 MG TABLET 0.25 MG	PDL Non-Preferred Brand	PA
MIRAPEX 0.25 MG TABLET U-D,10X10 0.25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
MIRAPEX 0.5 MG TABLET 0.5 MG	PDL Non-Preferred Brand	PA
MIRAPEX 0.5 MG TABLET U-D,10X10 0.5 MG	PDL Non-Preferred Brand	PA
MIRAPEX 0.75 MG TABLET 0.75 MG	PDL Non-Preferred Brand	PA
MIRAPEX 1 MG TABLET 1 MG	PDL Non-Preferred Brand	PA
MIRAPEX 1 MG TABLET U-D,10X10 1 MG	PDL Non-Preferred Brand	PA
MIRAPEX 1.5 MG TABLET 1.5 MG	PDL Non-Preferred Brand	PA
MIRAPEX 1.5 MG TABLET U-D,10X10 1.5 MG	PDL Non-Preferred Brand	PA
MIRAPEX ER 0.375 MG TABLET 0.375 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 0.75 MG TABLET 0.75 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 1.5 MG TABLET 1.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 2.25 MG TABLET 2.25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 3 MG TABLET 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 3.75 MG TABLET 3.75 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MIRAPEX ER 4.5 MG TABLET 4.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
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)
NOURIANZ 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
NOURIANZ 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
ONGENTYS 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA
ONGENTYS 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA
<i>pramipexole 0.125 mg tablet 0.125 mg</i>	PDL Preferred Generic	90DS
<i>pramipexole 0.25 mg tablet 0.25 mg</i>	PDL Preferred Generic	90DS
<i>pramipexole 0.5 mg tablet 0.5 mg</i>	PDL Preferred Generic	90DS
<i>pramipexole 0.75 mg tablet 0.75 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>pramipexole 1 mg tablet 1 mg</i>	PDL Preferred Generic	90DS
<i>pramipexole 1.5 mg tablet 1.5 mg</i>	PDL Preferred Generic	90DS
<i>pramipexole er 0.375 mg tablet 0.375 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>pramipexole er 0.75 mg tablet 0.75 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>pramipexole er 1.5 mg tablet 1.5 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>pramipexole er 2.25 mg tablet 2.25 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>pramipexole er 3 mg tablet 3 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>pramipexole er 3.75 mg tablet 3.75 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>pramipexole er 4.5 mg tablet 4.5 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>rasagiline mesylate 0.5 mg tab 0.5 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>rasagiline mesylate 1 mg tab 1 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>ropinirole hcl 0.25 mg tablet 0.25 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 0.25 mg tablet f/c 0.25 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 0.5 mg tablet 0.5 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 0.5 mg tablet f/c 0.5 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>ropinirole hcl 1 mg tablet 1 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 1 mg tablet f/c 1 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 2 mg tablet 2 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 2 mg tablet f/c 2 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 3 mg tablet 3 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 3 mg tablet f/c 3 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 4 mg tablet 4 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 4 mg tablet f/c 4 mg</i>	PDL Preferred Generic	90DS
<i>ropinirole hcl 5 mg tablet 5 mg</i>	PDL Preferred Generic	
<i>ropinirole hcl 5 mg tablet f/c 5 mg</i>	PDL Preferred Generic	
<i>ropinirole hcl er 12 mg tablet 12 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>ropinirole hcl er 2 mg tablet 2 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>ropinirole hcl er 4 mg tablet 4 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>ropinirole hcl er 6 mg tablet 6 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>ropinirole hcl er 8 mg tablet 8 mg</i>	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)
<i>selegiline hcl 5 mg capsule 5 mg</i>	Non-PDL Generic	
<i>selegiline hcl 5 mg tablet 5 mg</i>	Non-PDL Generic	
SINEMET 10-100 MG TABLET 10-100 MG	PDL Non-Preferred Brand	PA
SINEMET 25-100 MG TABLET 25-100 MG	PDL Non-Preferred Brand	PA
STALEVO 100 TABLET 25-100-200 MG	PDL Non-Preferred Brand	PA
STALEVO 125 TABLET 31.25-125-200 MG	PDL Non-Preferred Brand	PA
STALEVO 150 TABLET 37.5-150-200 MG	PDL Non-Preferred Brand	PA
STALEVO 200 TABLET 50-200-200 MG	PDL Non-Preferred Brand	PA
STALEVO 50 TABLET 12.5-50-200 MG	PDL Non-Preferred Brand	PA
STALEVO 75 TABLET 18.75-75-200 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>tolcapone 100 mg tablet 100 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
XADAGO 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
XADAGO 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa 25 mg tablet 25 mg</i>	Non-PDL Generic	
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam 10 mg tablet 10 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>clobazam 2.5 mg/ml suspension 2.5 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (480 ML per 30 days)
<i>clobazam 20 mg tablet 20 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>clonazepam 0.125 mg dis tab 10x6, outer 0.125 mg</i>	Non-PDL Generic	
<i>clonazepam 0.125 mg dis tab inner 0.125 mg</i>	Non-PDL Generic	
<i>clonazepam 0.125 mg odt 0.125 mg</i>	Non-PDL Generic	
<i>clonazepam 0.125 mg odt inner 0.125 mg</i>	Non-PDL Generic	
<i>clonazepam 0.125 mg odt outer 0.125 mg</i>	Non-PDL Generic	
<i>clonazepam 0.25 mg odt 0.25 mg</i>	Non-PDL Generic	
<i>clonazepam 0.25 mg odt 10x6, outer 0.25 mg</i>	Non-PDL Generic	
<i>clonazepam 0.25 mg odt inner 0.25 mg</i>	Non-PDL Generic	
<i>clonazepam 0.25 mg odt outer 0.25 mg</i>	Non-PDL Generic	
<i>clonazepam 0.5 mg dis tablet 10x6, outer 0.5 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>clonazepam 0.5 mg dis tablet inner 0.5 mg</i>	Non-PDL Generic	
<i>clonazepam 0.5 mg odt 0.5 mg</i>	Non-PDL Generic	
<i>clonazepam 0.5 mg odt inner 0.5 mg</i>	Non-PDL Generic	
<i>clonazepam 0.5 mg odt outer 0.5 mg</i>	Non-PDL Generic	
<i>clonazepam 0.5 mg tablet 0.5 mg</i>	Non-PDL Generic	
<i>clonazepam 1 mg dis tablet 10x6, outer 1 mg</i>	Non-PDL Generic	
<i>clonazepam 1 mg dis tablet inner 1 mg</i>	Non-PDL Generic	
<i>clonazepam 1 mg odt 1 mg</i>	Non-PDL Generic	
<i>clonazepam 1 mg odt inner 1 mg</i>	Non-PDL Generic	
<i>clonazepam 1 mg odt outer 1 mg</i>	Non-PDL Generic	
<i>clonazepam 1 mg tablet 1 mg</i>	Non-PDL Generic	
<i>clonazepam 1 mg tablet u-d, 10x10, inner 1 mg</i>	Non-PDL Generic	
<i>clonazepam 1 mg tablet u-d, outer 1 mg</i>	Non-PDL Generic	
<i>clonazepam 2 mg odt 10x6, outer 2 mg</i>	Non-PDL Generic	
<i>clonazepam 2 mg odt 2 mg</i>	Non-PDL Generic	
<i>clonazepam 2 mg odt inner 2 mg</i>	Non-PDL Generic	
<i>clonazepam 2 mg odt outer 2 mg</i>	Non-PDL Generic	
<i>clonazepam 2 mg tablet 2 mg</i>	Non-PDL Generic	
<i>clonazepam 2 mg tablet u-d, 10x10, inner 2 mg</i>	Non-PDL Generic	
<i>clonazepam 2 mg tablet u-d, outer 2 mg</i>	Non-PDL Generic	
DIASTAT 2.5 MG PEDI SYSTEM 2.5 MG	PDL Preferred Brand	

Drug	Status	Notes
DIASTAT ACUDIAL 12.5-15-20 MG 12.5-15-17.5-20 MG	PDL Preferred Brand	
DIASTAT ACUDIAL 5-7.5-10 MG KT 5-7.5-10 MG	PDL Preferred Brand	
<i>diazepam 10 mg rectal gel syst 5-7.5-10 mg</i>	PDL Preferred Generic	
<i>diazepam 2.5 mg rectal gel sys 2.5 mg</i>	PDL Preferred Generic	
<i>diazepam 20 mg rectal gel syst 12.5-15-17.5-20 mg</i>	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 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ONFI 2.5 MG/ML SUSPENSION 2.5 MG/ML	PDL Non-Preferred Brand	PA; QL (480 ML per 30 days)
ONFI 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYMPAZAN 10 MG FILM INNER 10 MG	PDL Non-Preferred Brand	PA
SYMPAZAN 10 MG FILM OUTER 10 MG	PDL Non-Preferred Brand	PA
SYMPAZAN 20 MG FILM INNER 20 MG	PDL Non-Preferred Brand	PA
SYMPAZAN 20 MG FILM OUTER 20 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
SYMPAZAN 5 MG FILM INNER 5 MG	PDL Non-Preferred Brand	PA
SYMPAZAN 5 MG FILM OUTER 5 MG	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 100 MG/ML	PDL Non-Preferred Brand	PA; SP
EPIDIOLEX 100 MG/ML SOLUTION INNER 100 MG/ML	PDL Non-Preferred Brand	PA; SP
Anticonvulsants		
APTIOM 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTIOM 400 MG TABLET 400 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTIOM 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
APTIOM 800 MG TABLET 800 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BANZEL 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (16 EA per 1 day)

Drug	Status	Notes
BANZEL 40 MG/ML SUSPENSION 40 MG/ML	PDL Non-Preferred Brand	PA; QL (80 ML per 1 day)
BANZEL 400 MG TABLET 400 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
BRIVIACT 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 10 MG/ML ORAL SOLN 10 MG/ML	PDL Non-Preferred Brand	PA; QL (600 ML per 30 days)
BRIVIACT 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRIVIACT 75 MG TABLET 75 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
<i>carbamazepine 100 mg tab chew 100 mg</i>	PDL Preferred Generic	
<i>carbamazepine 100 mg tab chew 10x10 100 mg</i>	PDL Preferred Generic	
<i>carbamazepine 100 mg tab chew u-d, 10x10, inner 100 mg</i>	PDL Preferred Generic	
<i>carbamazepine 100 mg tab chew u-d, outer 100 mg</i>	PDL Preferred Generic	
<i>carbamazepine 100 mg/5 ml susp 100 mg/5 ml</i>	PDL Preferred Generic	
<i>carbamazepine 200 mg tablet 200 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>carbamazepine 200 mg tablet u-d,10x10 200 mg</i>	PDL Preferred Generic	90DS
<i>carbamazepine er 100 mg cap 100 mg</i>	PDL Non-Preferred Generic	PA
<i>carbamazepine er 100 mg tablet 100 mg</i>	PDL Preferred Generic	
<i>carbamazepine er 200 mg cap 200 mg</i>	PDL Non-Preferred Generic	PA
<i>carbamazepine er 200 mg tablet 200 mg</i>	PDL Preferred Generic	
<i>carbamazepine er 200 mg tablet coated 200 mg</i>	PDL Preferred Generic	
<i>carbamazepine er 300 mg cap 300 mg</i>	PDL Non-Preferred Generic	PA
<i>carbamazepine er 400 mg tablet 400 mg</i>	PDL Preferred Generic	
<i>carbamazepine er 400 mg tablet coated 400 mg</i>	PDL Preferred Generic	
CARBATROL ER 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
CARBATROL ER 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA
CARBATROL ER 300 MG CAPSULE 300 MG	PDL Non-Preferred Brand	PA
CELONTIN 300 MG KAPSEAL 300 MG	PDL Preferred Brand	
DEPAKOTE DR 125 MG SPRINKLE CP 125 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
DEPAKOTE DR 125 MG TABLET 125 MG	PDL Non-Preferred Brand	PA
DEPAKOTE DR 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA
DEPAKOTE DR 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA
DEPAKOTE ER 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA
DEPAKOTE ER 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA
DIACOMIT 250 MG CAPSULE 250 MG	PDL Non-Preferred Brand	PA; SP
DIACOMIT 250 MG POWDER PACKET 250 MG	PDL Non-Preferred Brand	PA; SP
DIACOMIT 500 MG CAPSULE 500 MG	PDL Non-Preferred Brand	PA; SP
DIACOMIT 500 MG POWDER PACKET 500 MG	PDL Non-Preferred Brand	PA; SP
DILANTIN 100 MG CAPSULE 100 MG	PDL Preferred Brand	
DILANTIN 125 MG/5 ML SUSP 125 MG/5 ML	PDL Non-Preferred Brand	PA
DILANTIN 30 MG CAPSULE 30 MG	PDL Preferred Brand	
DILANTIN 50 MG INFATAB INFATAB 50 MG	PDL Non-Preferred Brand	PA
DILANTIN 50 MG INFATAB U-D, INFATAB 50 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>divalproex dr 125 mg cap sprnk 125 mg</i>	PDL Preferred Generic	
<i>divalproex dr 125 mg cp(sprnk) 125 mg</i>	PDL Preferred Generic	
<i>divalproex dr 125 mg cp(sprnk) u-d, 10x10, inner 125 mg</i>	PDL Preferred Generic	
<i>divalproex dr 125 mg cp(sprnk) u-d, 10x10, outer 125 mg</i>	PDL Preferred Generic	
<i>divalproex sod dr 125 mg tab 125 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 125 mg tab coated 125 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 125 mg tab enteric-coated 125 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 250 mg tab 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 250 mg tab coated 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 250 mg tab enteric-coated 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 250 mg tab inner 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 250 mg tab inner,enteric- coated 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 250 mg tab outer 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 250 mg tab outer,enteric- coated 250 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>divalproex sod dr 500 mg tab 500 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 500 mg tab coated 500 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 500 mg tab enteric-coated 500 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 500 mg tab inner 500 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod dr 500 mg tab outer 500 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod er 250 mg tab 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod er 250 mg tab coated 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod er 250 mg tab f/c 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod er 250 mg tab f/c, inner 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod er 250 mg tab f/c, once-daily 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod er 250 mg tab f/c, outer 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod er 250 mg tab once daily 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod er 250 mg tab once-daily 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod er 250 mg tab u-d,f/c,10x8,inner 250 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>divalproex sod er 250 mg tab u-d,f/c,10x8,outer 250 mg</i>	PDL Preferred Generic	90DS
<i>divalproex sod er 500 mg tab 500 mg</i>	PDL Preferred Generic	
<i>divalproex sod er 500 mg tab coated 500 mg</i>	PDL Preferred Generic	
<i>divalproex sod er 500 mg tab f/c 500 mg</i>	PDL Preferred Generic	
<i>divalproex sod er 500 mg tab f/c, inner 500 mg</i>	PDL Preferred Generic	
<i>divalproex sod er 500 mg tab f/c, once daily 500 mg</i>	PDL Preferred Generic	
<i>divalproex sod er 500 mg tab f/c, outer 500 mg</i>	PDL Preferred Generic	
<i>divalproex sod er 500 mg tab once daily 500 mg</i>	PDL Preferred Generic	
<i>divalproex sod er 500 mg tab u-d,f/c,8x10,inner 500 mg</i>	PDL Preferred Generic	
<i>divalproex sod er 500 mg tab u-d,f/c,8x10,outer 500 mg</i>	PDL Preferred Generic	
ELEPSIA XR 1,000 MG TABLET 1,000 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR 1,500 MG TABLET 1,500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day); Age (Min 12 Years)
EPITOL 200 MG TABLET 200 MG	PDL Preferred Generic	90DS
<i>ethosuximide 250 mg capsule 250 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>ethosuximide 250 mg/5 ml soln 250 mg/5 ml</i>	PDL Preferred Generic	
<i>felbamate 400 mg tablet 400 mg</i>	PDL Preferred Generic	QL (9 EA per 1 day)
<i>felbamate 600 mg tablet 600 mg</i>	PDL Preferred Generic	QL (6 EA per 1 day)
<i>felbamate 600 mg/5 ml susp 600 mg/5 ml</i>	PDL Preferred Generic	QL (30 ML per 1 day)
FELBATOL 400 MG TABLET 400 MG	PDL Non-Preferred Brand	PA; QL (9 EA per 1 day)
FELBATOL 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
FELBATOL 600 MG/5 ML SUSP 600 MG/5 ML	PDL Preferred Brand	QL (30 ML per 1 day)
FINTEPLA 2.2 MG/ML SOLUTION 2.2 MG/ML	PDL Non-Preferred Brand	PA; SP
FYCOMPA 0.5 MG/ML ORAL SUSP 0.5 MG/ML	PDL Non-Preferred Brand	PA; QL (680 ML per 28 days)
FYCOMPA 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
FYCOMPA 12 MG TABLET 12 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
FYCOMPA 2 MG TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (120 EA per 30 days)
FYCOMPA 4 MG TABLET 4 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
FYCOMPA 6 MG TABLET 6 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)

Drug	Status	Notes
FYCOMPA 8 MG TABLET 8 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
<i>gabapentin 100 mg capsule 100 mg</i>	PDL Preferred Generic	
<i>gabapentin 100 mg capsule u-d, 10x10 100 mg</i>	PDL Preferred Generic	
<i>gabapentin 250 mg/5 ml soln 250 mg/5 ml</i>	PDL Preferred Generic	
<i>gabapentin 250 mg/5 ml soln inner 250 mg/5 ml (5 ml)</i>	PDL Preferred Generic	
<i>gabapentin 250 mg/5 ml soln outer 250 mg/5 ml (5 ml)</i>	PDL Preferred Generic	
<i>gabapentin 300 mg capsule 300 mg</i>	PDL Preferred Generic	
<i>gabapentin 300 mg/6 ml soln inner 300 mg/6 ml (6 ml)</i>	PDL Preferred Generic	
<i>gabapentin 300 mg/6 ml soln outer 300 mg/6 ml (6 ml)</i>	PDL Preferred Generic	
<i>gabapentin 400 mg capsule 400 mg</i>	PDL Preferred Generic	
<i>gabapentin 600 mg tablet 600 mg</i>	PDL Preferred Generic	
<i>gabapentin 600 mg tablet f/c 600 mg</i>	PDL Preferred Generic	
<i>gabapentin 600 mg tablet inner 600 mg</i>	PDL Preferred Generic	
<i>gabapentin 600 mg tablet outer 600 mg</i>	PDL Preferred Generic	

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

Drug	Status	Notes
KEPPRA XR 750 MG TABLET 750 MG	PDL Non-Preferred Brand	PA
<i>lacosamide 100 mg tablet 100 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>lacosamide 150 mg tablet 150 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>lacosamide 200 mg tablet 200 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>lacosamide 50 mg tablet 50 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
LAMICTAL 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
LAMICTAL 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA
LAMICTAL 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
LAMICTAL 25 MG DISPER TABLET 25 MG	PDL Non-Preferred Brand	PA
LAMICTAL 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA
LAMICTAL 5 MG DISPER TABLET 5 MG	PDL Non-Preferred Brand	PA
LAMICTAL ODT 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
LAMICTAL ODT 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
LAMICTAL ODT 25 MG TABLET 25 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)

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

Drug	Status	Notes
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
<i>lamotrigine 100 mg tablet 100 mg</i>	PDL Preferred Generic	90DS
<i>lamotrigine 100 mg tablet u-d,10x10,inner 100 mg</i>	PDL Preferred Generic	90DS
<i>lamotrigine 100 mg tablet u-d,10x10,outer 100 mg</i>	PDL Preferred Generic	90DS
<i>lamotrigine 150 mg tablet 150 mg</i>	PDL Preferred Generic	90DS
<i>lamotrigine 150 mg tablet u-d,inner,10x10 150 mg</i>	PDL Preferred Generic	90DS
<i>lamotrigine 150 mg tablet u-d,outer,10x10 150 mg</i>	PDL Preferred Generic	90DS
<i>lamotrigine 200 mg tablet 200 mg</i>	PDL Preferred Generic	90DS
<i>lamotrigine 200 mg tablet u-d,inner,10x10 200 mg</i>	PDL Preferred Generic	90DS
<i>lamotrigine 200 mg tablet u-d,outer,10x10 200 mg</i>	PDL Preferred Generic	90DS
<i>lamotrigine 25 mg disper tab 25 mg</i>	PDL Preferred Generic	
<i>lamotrigine 25 mg disper tab chew dispersible tab 25 mg</i>	PDL Preferred Generic	
<i>lamotrigine 25 mg tablet 25 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>lamotrigine 5 mg disper tablet 5 mg</i>	PDL Preferred Generic	
<i>lamotrigine 5 mg disper tablet chew dispersible tab 5 mg</i>	PDL Preferred Generic	
<i>lamotrigine er 100 mg tablet 100 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>lamotrigine er 100 mg tablet enteric-coated 100 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>lamotrigine er 100 mg tablet f/c 100 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>lamotrigine er 200 mg tablet 200 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>lamotrigine er 200 mg tablet enteric-coated 200 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>lamotrigine er 200 mg tablet f/c 200 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>lamotrigine er 25 mg tablet 25 mg</i>	PDL Preferred Generic	QL (6 EA per 1 day)
<i>lamotrigine er 25 mg tablet enteric-coated 25 mg</i>	PDL Preferred Generic	QL (6 EA per 1 day)
<i>lamotrigine er 25 mg tablet f/c 25 mg</i>	PDL Preferred Generic	QL (6 EA per 1 day)
<i>lamotrigine er 250 mg tablet 250 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>lamotrigine er 300 mg tablet 300 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>lamotrigine er 300 mg tablet enteric-coated 300 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
<i>lamotrigine er 300 mg tablet f/c 300 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>lamotrigine er 50 mg tablet 50 mg</i>	PDL Preferred Generic	QL (6 EA per 1 day)
<i>lamotrigine er 50 mg tablet enteric-coated 50 mg</i>	PDL Preferred Generic	QL (6 EA per 1 day)
<i>lamotrigine er 50 mg tablet f/c 50 mg</i>	PDL Preferred Generic	QL (6 EA per 1 day)
<i>lamotrigine odt 100 mg tablet 100 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>lamotrigine odt 100 mg tablet inner 100 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>lamotrigine odt 100 mg tablet outer 100 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>lamotrigine odt 200 mg tablet 200 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>lamotrigine odt 200 mg tablet inner 200 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>lamotrigine odt 200 mg tablet outer 200 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>lamotrigine odt 25 mg tablet 25 mg</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
<i>lamotrigine odt 25 mg tablet inner 25 mg</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
<i>lamotrigine odt 25 mg tablet outer 25 mg</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
<i>lamotrigine odt 50 mg tablet 50 mg</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)

Drug	Status	Notes
<i>lamotrigine odt kit (blue) 25 mg (21) -50 mg (7)</i>	PDL Non-Preferred Generic	PA
<i>lamotrigine odt kit (green) 50 mg (42) -100 mg (14)</i>	PDL Non-Preferred Generic	PA
<i>lamotrigine odt kit (orange) 25 mg(14)-50 mg (14)-100 mg (7)</i>	PDL Non-Preferred Generic	PA
<i>lamotrigine tab start kit-blue 25 mg (35)</i>	PDL Non-Preferred Generic	PA
<i>lamotrigine tab start kt-green 25 mg (84) - 100 mg (14)</i>	PDL Non-Preferred Generic	PA
<i>lamotrigine tab start kt-orang 25 mg (42) - 100 mg (7)</i>	PDL Non-Preferred Generic	PA
<i>levetiracetam 1,000 mg tablet 1,000 mg</i>	PDL Preferred Generic	
<i>levetiracetam 1,000 mg tablet f/c 1,000 mg</i>	PDL Preferred Generic	
<i>levetiracetam 1,000 mg tablet f/c,u-d,inner,5x10 1,000 mg</i>	PDL Preferred Generic	
<i>levetiracetam 1,000 mg tablet f/c,u-d,outer,5x10 1,000 mg</i>	PDL Preferred Generic	
<i>levetiracetam 100 mg/ml soln 100 mg/ml</i>	PDL Preferred Generic	
<i>levetiracetam 100 mg/ml soln bulk container 100 mg/ml</i>	PDL Preferred Generic	
<i>levetiracetam 100 mg/ml soln grape 100 mg/ml</i>	PDL Preferred Generic	
<i>levetiracetam 250 mg tablet 250 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>levetiracetam 250 mg tablet f/c 250 mg</i>	PDL Preferred Generic	90DS
<i>levetiracetam 250 mg tablet f/c, inner 250 mg</i>	PDL Preferred Generic	90DS
<i>levetiracetam 250 mg tablet f/c, outer 250 mg</i>	PDL Preferred Generic	90DS
<i>levetiracetam 250 mg tablet u-d, 10x10, f/c, inner 250 mg</i>	PDL Preferred Generic	90DS
<i>levetiracetam 250 mg tablet u-d, 10x10, f/c, outer 250 mg</i>	PDL Preferred Generic	90DS
<i>levetiracetam 500 mg tablet 500 mg</i>	PDL Preferred Generic	90DS
<i>levetiracetam 500 mg tablet f/c 500 mg</i>	PDL Preferred Generic	90DS
<i>levetiracetam 500 mg tablet u-d, 10x10, f/c, inner 500 mg</i>	PDL Preferred Generic	90DS
<i>levetiracetam 500 mg tablet u-d, 10x10, f/c, outer 500 mg</i>	PDL Preferred Generic	90DS
<i>levetiracetam 500 mg/5 ml soln 5mlx50, outer, u-d 500 mg/5 ml (5 ml)</i>	PDL Preferred Generic	
<i>levetiracetam 500 mg/5 ml soln u-d, inner 500 mg/5 ml (5 ml)</i>	PDL Preferred Generic	
<i>levetiracetam 750 mg tablet 750 mg</i>	PDL Preferred Generic	
<i>levetiracetam 750 mg tablet f/c 750 mg</i>	PDL Preferred Generic	
<i>levetiracetam 750 mg tablet f/c, inner 750 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>levetiracetam 750 mg tablet f/c, outer 750 mg</i>	PDL Preferred Generic	
<i>levetiracetam 750 mg tablet u- d, 10x10, f/c, inner 750 mg</i>	PDL Preferred Generic	
<i>levetiracetam 750 mg tablet u- d, 10x10, f/c, outer 750 mg</i>	PDL Preferred Generic	
<i>levetiracetam er 500 mg tablet 500 mg</i>	PDL Preferred Generic	
<i>levetiracetam er 500 mg tablet coated 500 mg</i>	PDL Preferred Generic	
<i>levetiracetam er 500 mg tablet f/c 500 mg</i>	PDL Preferred Generic	
<i>levetiracetam er 750 mg tablet 750 mg</i>	PDL Preferred Generic	
<i>levetiracetam er 750 mg tablet coated 750 mg</i>	PDL Preferred Generic	
<i>levetiracetam er 750 mg tablet f/c 750 mg</i>	PDL Preferred Generic	
LYRICA 100 MG CAPSULE 100 MG	PDL Non- Preferred Brand	PA
LYRICA 150 MG CAPSULE 150 MG	PDL Non- Preferred Brand	PA
LYRICA 20 MG/ML ORAL SOLUTION 20 MG/ML	PDL Non- Preferred Brand	PA
LYRICA 200 MG CAPSULE 200 MG	PDL Non- Preferred Brand	PA
LYRICA 225 MG CAPSULE 225 MG	PDL Non- Preferred Brand	PA

Drug	Status	Notes
LYRICA 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA
LYRICA 300 MG CAPSULE 300 MG	PDL Non-Preferred Brand	PA
LYRICA 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA
LYRICA 75 MG CAPSULE 75 MG	PDL Non-Preferred Brand	PA
MYSOLINE 250 MG TABLET 250 MG	PDL Non-Preferred Brand	PA
MYSOLINE 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
NEURONTIN 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA
NEURONTIN 250 MG/5 ML SOLUTION 250 MG/5 ML	PDL Non-Preferred Brand	PA
NEURONTIN 300 MG CAPSULE 300 MG	PDL Non-Preferred Brand	PA
NEURONTIN 300 MG CAPSULE U-D, 5 2X5 BLISTERS 300 MG	PDL Non-Preferred Brand	PA
NEURONTIN 400 MG CAPSULE 400 MG	PDL Non-Preferred Brand	PA
NEURONTIN 600 MG TABLET F/C, SCORED 600 MG	PDL Non-Preferred Brand	PA
NEURONTIN 800 MG TABLET F/C, SCORED 800 MG	PDL Non-Preferred Brand	PA
<i>oxcarbazepine 150 mg tablet 150 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>oxcarbazepine 150 mg tablet f/c 150 mg</i>	PDL Preferred Generic	90DS
<i>oxcarbazepine 150 mg tablet f/c, inner 150 mg</i>	PDL Preferred Generic	90DS
<i>oxcarbazepine 150 mg tablet f/c, outer 150 mg</i>	PDL Preferred Generic	90DS
<i>oxcarbazepine 300 mg tablet 300 mg</i>	PDL Preferred Generic	
<i>oxcarbazepine 300 mg tablet f/c 300 mg</i>	PDL Preferred Generic	
<i>oxcarbazepine 300 mg tablet f/c, inner 300 mg</i>	PDL Preferred Generic	
<i>oxcarbazepine 300 mg tablet f/c, outer 300 mg</i>	PDL Preferred Generic	
<i>oxcarbazepine 300 mg/5 ml susp 300 mg/5 ml (60 mg/ml)</i>	PDL Preferred Generic	
<i>oxcarbazepine 300 mg/5 ml susp inner 300 mg/5 ml (60 mg/ml)</i>	PDL Preferred Generic	
<i>oxcarbazepine 300 mg/5 ml susp outer 300 mg/5 ml (60 mg/ml)</i>	PDL Preferred Generic	
<i>oxcarbazepine 300 mg/5 ml susp syringe/btl adapter 300 mg/5 ml (60 mg/ml)</i>	PDL Preferred Generic	
<i>oxcarbazepine 600 mg tablet 600 mg</i>	PDL Preferred Generic	
<i>oxcarbazepine 600 mg tablet f/c 600 mg</i>	PDL Preferred Generic	
<i>oxcarbazepine 600 mg tablet f/c, inner 600 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>oxcarbazepine 600 mg tablet f/c, outer 600 mg</i>	PDL Preferred Generic	
OXTELLAR XR 150 MG TABLET 150 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OXTELLAR XR 300 MG TABLET 300 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OXTELLAR XR 600 MG TABLET 600 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
PHENYTEK 200 MG CAPSULE 200 MG	PDL Preferred Brand	
PHENYTEK 300 MG CAPSULE 300 MG	PDL Preferred Brand	
<i>phenytoin 100 mg/4 ml susp inner 100 mg/4 ml</i>	PDL Preferred Generic	
<i>phenytoin 100 mg/4 ml susp u-d, outer, 4mlx50 100 mg/4 ml</i>	PDL Preferred Generic	
<i>phenytoin 125 mg/5 ml susp 125 mg/5 ml</i>	PDL Preferred Generic	
<i>phenytoin 50 mg infatab chew 50 mg</i>	PDL Preferred Generic	
<i>phenytoin 50 mg tablet chew 50 mg</i>	PDL Preferred Generic	
<i>phenytoin 50 mg tablet chew 5x10, outer 50 mg</i>	PDL Preferred Generic	
<i>phenytoin 50 mg tablet chew inner 50 mg</i>	PDL Preferred Generic	
<i>phenytoin 50 mg tablet chew outer 50 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>phenytoin sod ext 100 mg cap 100 mg</i>	Non-PDL Generic	90DS
<i>phenytoin sod ext 100 mg cap inner 100 mg</i>	Non-PDL Generic	90DS
<i>phenytoin sod ext 100 mg cap outer 100 mg</i>	Non-PDL Generic	90DS
<i>phenytoin sod ext 100 mg cap u-d, 10x10, inner 100 mg</i>	Non-PDL Generic	90DS
<i>phenytoin sod ext 100 mg cap u-d, 10x10, outer 100 mg</i>	Non-PDL Generic	90DS
<i>phenytoin sod ext 200 mg cap 200 mg</i>	PDL Preferred Generic	
<i>phenytoin sod ext 300 mg cap 300 mg</i>	PDL Preferred Generic	
<i>pregabalin 100 mg capsule 100 mg</i>	PDL Preferred Generic	
<i>pregabalin 100 mg capsule inner 100 mg</i>	PDL Preferred Generic	
<i>pregabalin 100 mg capsule outer 100 mg</i>	PDL Preferred Generic	
<i>pregabalin 150 mg capsule 150 mg</i>	PDL Preferred Generic	
<i>pregabalin 150 mg capsule inner 150 mg</i>	PDL Preferred Generic	
<i>pregabalin 150 mg capsule outer 150 mg</i>	PDL Preferred Generic	
<i>pregabalin 20 mg/ml solution 20 mg/ml</i>	PDL Non- Preferred Generic	PA
<i>pregabalin 200 mg capsule 200 mg</i>	PDL Preferred Generic	
<i>pregabalin 225 mg capsule 225 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>pregabalin 25 mg capsule 25 mg</i>	PDL Preferred Generic	
<i>pregabalin 300 mg capsule 300 mg</i>	PDL Preferred Generic	
<i>pregabalin 50 mg capsule 50 mg</i>	PDL Preferred Generic	
<i>pregabalin 50 mg capsule inner 50 mg</i>	PDL Preferred Generic	
<i>pregabalin 50 mg capsule outer 50 mg</i>	PDL Preferred Generic	
<i>pregabalin 75 mg capsule 75 mg</i>	PDL Preferred Generic	
<i>pregabalin 75 mg capsule inner 75 mg</i>	PDL Preferred Generic	
<i>pregabalin 75 mg capsule outer 75 mg</i>	PDL Preferred Generic	
<i>primidone 250 mg tablet 250 mg</i>	PDL Preferred Generic	
<i>primidone 50 mg tablet 50 mg</i>	PDL Preferred Generic	
QUDEXY XR 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QUDEXY XR 150 MG CAPSULE 150 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
QUDEXY XR 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
QUDEXY XR 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
QUDEXY XR 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ROWEEPRA 1,000 MG TABLET 1,000 MG	PDL Preferred Brand	
ROWEEPRA 500 MG TABLET 500 MG	PDL Preferred Brand	
ROWEEPRA 750 MG TABLET 750 MG	PDL Preferred Brand	
ROWEEPRA XR 500 MG TABLET 500 MG	PDL Preferred Brand	
ROWEEPRA XR 750 MG TABLET 750 MG	PDL Preferred Brand	
<i>rufinamide 200 mg tablet 200 mg</i>	PDL Non-Preferred Generic	PA; QL (16 EA per 1 day)
<i>rufinamide 40 mg/ml suspension 40 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (80 ML per 1 day)
<i>rufinamide 400 mg tablet 400 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
SABRIL 500 MG POWDER PACKET 500 MG	PDL Non-Preferred Brand	PA; SP
SABRIL 500 MG TABLET 500 MG	PDL Non-Preferred Brand	PA; SP
SPRITAM 1,000 MG TABLET INNER 1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SPRITAM 1,000 MG TABLET OUTER 1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SPRITAM 250 MG TABLET INNER 250 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)

Drug	Status	Notes
SPRITAM 250 MG TABLET OUTER 250 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
SPRITAM 500 MG TABLET INNER 500 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
SPRITAM 500 MG TABLET OUTER 500 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
SPRITAM 750 MG TABLET INNER 750 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
SPRITAM 750 MG TABLET OUTER 750 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
SUBVENITE 100 MG TABLET 100 MG	PDL Preferred Generic	90DS
SUBVENITE 150 MG TABLET 150 MG	PDL Preferred Generic	90DS
SUBVENITE 200 MG TABLET 200 MG	PDL Preferred Generic	90DS
SUBVENITE 25 MG TABLET 25 MG	PDL Preferred Generic	90DS
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 100 MG/5 ML	PDL Non-Preferred Brand	PA
TEGRETOL 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
TEGRETOL XR 100 MG TABLET 100 MG	PDL Non-Preferred Brand	PA
TEGRETOL XR 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
TEGRETOL XR 400 MG TABLET 400 MG	PDL Non-Preferred Brand	PA
<i>tiagabine hcl 12 mg tablet 12 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>tiagabine hcl 16 mg tablet 16 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>tiagabine hcl 2 mg tablet 2 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>tiagabine hcl 4 mg tablet 4 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
TOPAMAX 100 MG TABLET COATED 100 MG	PDL Non-Preferred Brand	PA
TOPAMAX 15 MG SPRINKLE CAP 15 MG	PDL Non-Preferred Brand	PA
TOPAMAX 200 MG TABLET 200 MG	PDL Non-Preferred Brand	PA
TOPAMAX 25 MG SPRINKLE CAP 25 MG	PDL Non-Preferred Brand	PA
TOPAMAX 25 MG TABLET COATED 25 MG	PDL Non-Preferred Brand	PA
TOPAMAX 50 MG TABLET 50 MG	PDL Non-Preferred Brand	PA
<i>topiramate 100 mg tablet 100 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>topiramate 100 mg tablet f/c 100 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 100 mg tablet f/c, 10x10, u-d, inner 100 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 100 mg tablet f/c, 10x10, u-d, outer 100 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 15 mg sprinkle cap 15 mg</i>	PDL Preferred Generic	
<i>topiramate 200 mg tablet 200 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 200 mg tablet f/c 200 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 200 mg tablet f/c, 3x10, u-d, inner 200 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 200 mg tablet f/c, 3x10, u-d, outer 200 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 25 mg sprinkle cap 25 mg</i>	PDL Preferred Generic	
<i>topiramate 25 mg tablet 25 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 25 mg tablet f/c 25 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 25 mg tablet f/c, 10x10, u-d, inner 25 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 25 mg tablet f/c, 10x10, u-d, outer 25 mg</i>	PDL Preferred Generic	90DS
<i>topiramate 50 mg tablet 50 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>topiramate 50 mg tablet f/c 50 mg</i>	PDL Preferred Generic	90DS
<i>topiramate er 100 mg capsule 100 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>topiramate er 150 mg capsule 150 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>topiramate er 200 mg capsule 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>topiramate er 25 mg capsule 25 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>topiramate er 50 mg capsule 50 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
TRILEPTAL 150 MG TABLET F/C 150 MG	PDL Non-Preferred Brand	PA
TRILEPTAL 300 MG TABLET F/C 300 MG	PDL Non-Preferred Brand	PA
TRILEPTAL 300 MG/5 ML SUSP 300 MG/5 ML (60 MG/ML)	PDL Non-Preferred Brand	PA
TRILEPTAL 600 MG TABLET F/C 600 MG	PDL Non-Preferred Brand	PA
TROKENDI XR 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TROKENDI XR 200 MG CAPSULE 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TROKENDI XR 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
TROKENDI XR 50 MG CAPSULE 50 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
<i>valproic acid 250 mg capsule 250 mg</i>	PDL Preferred Generic	
<i>valproic acid 250 mg capsule u-d 250 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>valproic acid 250 mg/5 ml soln 250 mg/5 ml</i>	PDL Preferred Generic	90DS
<i>vigabatrin 500 mg powder packet 500 mg</i>	PDL Non-Preferred Generic	PA; SP
<i>vigabatrin 500 mg powder packet inner 500 mg</i>	PDL Non-Preferred Generic	PA; SP
<i>vigabatrin 500 mg powder packet outer 500 mg</i>	PDL Non-Preferred Generic	PA; SP
<i>vigabatrin 500 mg tablet 500 mg</i>	PDL Non-Preferred Generic	PA; SP
VIGADRONE 500 MG POWDER PACKET INNER 500 MG	PDL Non-Preferred Generic	PA; SP
VIGADRONE 500 MG POWDER PACKET OUTER 500 MG	PDL Non-Preferred Generic	PA; SP
VIMPAT 10 MG/ML SOLUTION 10 MG/ML	PDL Non-Preferred Brand	PA; QL (1200 ML per 30 days)
VIMPAT 100 MG TABLET F/C 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 100 MG TABLET F/C, U-D, 6X10 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 150 MG TABLET F/C 150 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 150 MG TABLET F/C, U-D, 6X10 150 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 200 MG TABLET F/C 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 200 MG TABLET F/C, U-D, 6X10 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
VIMPAT 50 MG TABLET F/C 50 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT 50 MG TABLET F/C, U-D, 6X10 50 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
VIMPAT STARTER KIT 50 MG (14)- 100 MG (14)	PDL Non-Preferred Brand	PA
XCOPRI 100 MG TABLET 100 MG	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 150 MG	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 200 MG	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 50 MG	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 250 MG	PDL Non-Preferred Brand	PA
ZARONTIN 250 MG/5 ML SOLUTION 250 MG/5 ML	PDL Non-Preferred Brand	PA
ZONEGRAN 100 MG CAPSULE 100 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
ZONEGRAN 25 MG CAPSULE 25 MG	PDL Non-Preferred Brand	PA
<i>zonisamide 100 mg capsule 100 mg</i>	PDL Preferred Generic	90DS
<i>zonisamide 25 mg capsule 25 mg</i>	PDL Preferred Generic	90DS
<i>zonisamide 50 mg capsule 50 mg</i>	PDL Preferred Generic	90DS
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
KEVEYIS 50 MG TABLET 50 MG	Non-PDL Brand	PA; SP
Skeletal Muscle Relaxants		
<i>baclofen 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS; QL (8 EA per 1 day)
<i>baclofen 10 mg tablet u-d,10x10 10 mg</i>	Non-PDL Generic	90DS; QL (8 EA per 1 day)
<i>baclofen 20 mg tablet 20 mg</i>	Non-PDL Generic	90DS; QL (4 EA per 1 day)
<i>baclofen 20 mg tablet u-d,10x10 20 mg</i>	Non-PDL Generic	90DS; QL (4 EA per 1 day)
<i>baclofen 5 mg tablet 5 mg</i>	Non-PDL Generic	QL (16 EA per 1 day)
<i>carisoprodol-aspirin 200-325 mg 200-325 mg</i>	Non-PDL Generic	
<i>carisoprodol 250 mg tablet 250 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
<i>carisoprodol 350 mg tablet 350 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
<i>carisoprodol compound tab 200-325 mg</i>	Non-PDL Generic	
<i>chlorzoxazone 500 mg tablet 500 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
<i>cyclobenzaprine 10 mg tablet 10 mg</i>	Non-PDL Generic	QL (3 EA per 1 day)
<i>cyclobenzaprine 10 mg tablet f/c 10 mg</i>	Non-PDL Generic	QL (3 EA per 1 day)

Drug	Status	Notes
<i>cyclobenzaprine 10 mg tablet u-d, 10x10, inner 10 mg</i>	Non-PDL Generic	QL (3 EA per 1 day)
<i>cyclobenzaprine 10 mg tablet u-d, outer 10 mg</i>	Non-PDL Generic	QL (3 EA per 1 day)
<i>cyclobenzaprine 5 mg tablet 5 mg</i>	Non-PDL Generic	QL (3 EA per 1 day)
<i>cyclobenzaprine 5 mg tablet f/c 5 mg</i>	Non-PDL Generic	QL (3 EA per 1 day)
<i>cyclobenzaprine er 15 mg cap 15 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>cyclobenzaprine er 30 mg cap 30 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>dantrolene sodium 100 mg cap 100 mg</i>	Non-PDL Generic	
<i>dantrolene sodium 25 mg cap 25 mg</i>	Non-PDL Generic	
<i>dantrolene sodium 25 mg cap u-d,3x10,inner 25 mg</i>	Non-PDL Generic	
<i>dantrolene sodium 25 mg cap u-d,3x10,outer 25 mg</i>	Non-PDL Generic	
<i>dantrolene sodium 50 mg cap 50 mg</i>	Non-PDL Generic	
<i>methocarbamol 500 mg tablet 500 mg</i>	Non-PDL Generic	QL (8 EA per 1 day)
<i>methocarbamol 500 mg tablet f/c 500 mg</i>	Non-PDL Generic	QL (8 EA per 1 day)
<i>methocarbamol 750 mg tablet 750 mg</i>	Non-PDL Generic	QL (6 EA per 1 day)
<i>methocarbamol 750 mg tablet f/c 750 mg</i>	Non-PDL Generic	QL (6 EA per 1 day)
<i>orphenadrine er 100 mg tablet 100 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>tizanidine hcl 2 mg tablet 2 mg</i>	Non-PDL Generic	QL (18 EA per 1 day)
<i>tizanidine hcl 4 mg tablet 4 mg</i>	Non-PDL Generic	QL (9 EA per 1 day)
<i>tizanidine hcl 4 mg tablet inner 4 mg</i>	Non-PDL Generic	QL (9 EA per 1 day)
<i>tizanidine hcl 4 mg tablet outer 4 mg</i>	Non-PDL Generic	QL (9 EA per 1 day)
<i>tizanidine hcl 4 mg tablet u-d,10x10,inner 4 mg</i>	Non-PDL Generic	QL (9 EA per 1 day)

Drug	Status	Notes
<i>tizanidine hcl 4 mg tablet u-d,10x10,outer 4 mg</i>	Non-PDL Generic	QL (9 EA per 1 day)
Smoking Cessation		
Smoking Deterrent Agents (Ganglionic Stim,Others)		
<i>cvs nicotine 14 mg/24hr patch (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>cvs nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>cvs nicotine 2 mg chewing gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>cvs nicotine 2 mg chewing gum mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>cvs nicotine 2 mg lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>cvs nicotine 2 mg lozenge mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>cvs nicotine 2 mg mini lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>cvs nicotine 21 mg/24hr patch (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>cvs nicotine 4 mg chewing gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>cvs nicotine 4 mg chewing gum mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>cvs nicotine 4 mg lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>cvs nicotine 4 mg mini lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)

Drug	Status	Notes
<i>cvs nicotine 4 mg mini lozenge mini,mint,quit tube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>cvs nicotine 7 mg/24hr patch (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>eq nicotine 14 mg/24hr patch clear, step 2 (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>eq nicotine 2 mg chewing gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 2 mg chewing gum coated, cool mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 2 mg chewing gum coated, fruit wave 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 2 mg chewing gum coated,cinnamon rush 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 2 mg chewing gum uncoated, mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 2 mg chewing gum uncoated, original 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 2 mg lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>eq nicotine 2 mg lozenge cherry 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>eq nicotine 2 mg lozenge mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>eq nicotine 2 mg mini lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>eq nicotine 21 mg/24hr patch 21+7, clear (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)

Drug	Status	Notes
<i>eq nicotine 21 mg/24hr patch clear, step 1 (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>eq nicotine 4 mg chewing gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 4 mg chewing gum coated, cool mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 4 mg chewing gum coated, fruit wave 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 4 mg chewing gum coated,cinnamon rush 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 4 mg chewing gum cool mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 4 mg chewing gum uncoated, mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 4 mg chewing gum uncoated, original 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 4 mg lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>eq nicotine 4 mg lozenge cherry 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>eq nicotine 4 mg lozenge inner 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>eq nicotine 4 mg lozenge mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>eq nicotine 4 mg lozenge mint flavor 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>eq nicotine 4 mg lozenge outer 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)

Drug	Status	Notes
<i>eq nicotine 7 mg/24hr patch clear, step 3 (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>eq nicotine 2 mg chewing gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 2 mg lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>eq nicotine 4 mg chewing gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>eq nicotine 4 mg lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>gnp nicotine 14 mg/24hr patch (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>gnp nicotine 2 mg chewing gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>gnp nicotine 2 mg lozenge mint, 3 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>gnp nicotine 2 mg mini lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>gnp nicotine 2 mg mini lozenge mini,mint,3 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>gnp nicotine 21 mg/24hr patch (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>gnp nicotine 4 mg chewing gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>gnp nicotine 4 mg chewing gum coated, mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>gnp nicotine 4 mg lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)

Drug	Status	Notes
<i>gnp nicotine 4 mg lozenge mint, 3 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>gnp nicotine 4 mg mini lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>gnp nicotine 4 mg mini lozenge mini,mint,3 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>gnp nicotine 7 mg/24hr patch (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>gs nicotine 2 mg chewing gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>gs nicotine 2 mg chewing gum original 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>gs nicotine 2 mg lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>gs nicotine 2 mg mini lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>gs nicotine 4 mg chewing gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>gs nicotine 4 mg chewing gum original 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>gs nicotine 4 mg lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>gs nicotine 4 mg mini lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>hm nicotine 14 mg/24hr patch (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>hm nicotine 2 mg chewing gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)

Drug	Status	Notes
<i>hm nicotine 2 mg chewing gum mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>hm nicotine 2 mg lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>hm nicotine 2 mg lozenge mint, 3 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>hm nicotine 2 mg mini lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>hm nicotine 21 mg/24hr patch (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>hm nicotine 4 mg chewing gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>hm nicotine 4 mg chewing gum mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>hm nicotine 4 mg lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>hm nicotine 4 mg lozenge mint, 3 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>hm nicotine 4 mg mini lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>hm nicotine 7 mg/24hr patch (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>kro nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>kro nicotine 2 mg chewing gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>kro nicotine 2 mg chewing gum coated, fruit wave 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)

Drug	Status	Notes
<i>kro nicotine 2 mg chewing gum original 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>kro nicotine 2 mg lozenge 3 quittube, cherry 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>kro nicotine 2 mg lozenge 3 quittube, mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>kro nicotine 2 mg mini lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>kro nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>kro nicotine 4 mg chewing gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>kro nicotine 4 mg chewing gum coated, fruit wave 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>kro nicotine 4 mg chewing gum original 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>kro nicotine 4 mg lozenge 3 quittube, cherry 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>kro nicotine 4 mg lozenge 3 quittube, mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>kro nicotine 4 mg mini lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>kro nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 14 mg/24hr patch (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 14 mg/24hr patch clear, step 2 (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)

Drug	Status	Notes
<i>nicotine 14 mg/24hr patch clear, step 2, outer (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 14 mg/24hr patch inner (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 14 mg/24hr patch outer (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 2 mg chewing gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum bonus 20 pieces 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum bonus 20 pieces,mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum bonus 30 pieces,mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum coated 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum coated fruit 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum coated gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum coated, cinnamon 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum coated, cool mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum coated, fruit 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)

Drug	Status	Notes
<i>nicotine 2 mg chewing gum coated, mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum coated,cinnamon 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum coated,mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum cool mint/coated 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum fruit wave, coated 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum original 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum refill 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum starter kit 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg chewing gum starter kit w/cd 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 2 mg lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge 3 quittube, mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge 4 quittube, mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge cherry 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)

Drug	Status	Notes
<i>nicotine 2 mg lozenge cherry, quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge cherry,3quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge cherry,4 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge cinnamon 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge cinnamon, 3 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge cinnamon,quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge inner 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge mint, 3 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge mint, 4 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge mint,3 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge mint,4 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge mint,7 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg lozenge outer 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)

Drug	Status	Notes
<i>nicotine 2 mg lozenge s/f,mint,4 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg mini lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg mini lozenge inner 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg mini lozenge mini,mint,3 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 2 mg mini lozenge outer 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 21 mg/24hr patch (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 21 mg/24hr patch clear, step 1 (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 21 mg/24hr patch inner (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 21 mg/24hr patch outer (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 21 mg/24hr patch outer, clear, step 1 (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 21 mg/24hr patch step 1, 1 week kit (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 4 mg chewing gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum bonus 20 pieces 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)

Drug	Status	Notes
<i>nicotine 4 mg chewing gum bonus 20 pieces,mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated cinnamon 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated fruit 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated, cinnamon 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated, cool mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated, fruit 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated, fruit wave 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated, mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated,cinnamon 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum coated,cinnamon rush 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum cool mint/coated 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)

Drug	Status	Notes
<i>nicotine 4 mg chewing gum fruit wave/coated 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum original 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum original refill 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum original starter kit 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum refill 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum refill kit 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum starter kit 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg chewing gum starter kit w/cd 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>nicotine 4 mg lozenge 3 quittube, cherry 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge 3 quittube, mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge 4 quittube, cherry 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge 4 quittube, mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)

Drug	Status	Notes
<i>nicotine 4 mg lozenge cherry 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge cherry,3quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge cinnamon 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge cinnamon, 3 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge inner 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge mint, 3 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge mint, 4 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge mint,3 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge mint,4 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge mint,7 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg lozenge outer 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg mini lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg mini lozenge inner 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)

Drug	Status	Notes
<i>nicotine 4 mg mini lozenge mini,mint 3 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg mini lozenge mini,mint,3 quittube 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 4 mg mini lozenge outer 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>nicotine 7 mg/24hr patch (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 7 mg/24hr patch 2 week kit (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 7 mg/24hr patch clear, step 3 (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 7 mg/24hr patch inner (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 7 mg/24hr patch outer (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 7 mg/24hr patch outer, clear, step 3 (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>nicotine transdermal system step 1,2,3 21- 14-7 mg/24 hr</i>	PDL Preferred Brand	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
NICOTROL CARTRIDGE INHALER 10 MG	PDL Non- Preferred Brand	PA; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1008 EA per 90 days)
NICOTROL NS 10 MG/ML SPRAY 10 MG/ML	PDL Non- Preferred Brand	PA; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (160 ML per 90 days)
PUB STOP SMOKING AID 2 MG LOZG 2 MG	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)

Drug	Status	Notes
PUB STOP SMOKING AID 4 MG LOZG 4 MG	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
QUIT 2 MG CHEWING GUM 2 MG	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
QUIT 2 MG LOZENGE INNER 2 MG	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
QUIT 2 MG LOZENGE MINT 2 MG	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
QUIT 2 MG LOZENGE OUTER 2 MG	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
QUIT 4 MG CHEWING GUM 4 MG	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
QUIT 4 MG LOZENGE INNER 4 MG	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
QUIT 4 MG LOZENGE MINT 4 MG	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
QUIT 4 MG LOZENGE OUTER 4 MG	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>ra nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>ra nicotine 2 mg chewing gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>ra nicotine 2 mg lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>ra nicotine 2 mg lozenge mint,4 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>ra nicotine 2 mg mini lozenge mini,mint,3 quittube 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)

Drug	Status	Notes
<i>ra nicotine 2 mg mini lozenge mini,mint,4 quittance 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>ra nicotine 21 mg/24hr patch (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>ra nicotine 21 mg/24hr patch step 1 (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>ra nicotine 4 mg chewing gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>ra nicotine 4 mg lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>ra nicotine 4 mg lozenge 4 quittance,mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>ra nicotine 4 mg mini lozenge mini,mint,3 quittance 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>ra nicotine 4 mg mini lozenge mini,mint,4 quittance 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>ra nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>sm nicotine 14 mg/24hr patch (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>sm nicotine 14 mg/24hr patch step 2 (otc) 14 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>sm nicotine 2 mg chewing gum 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>sm nicotine 2 mg lozenge 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>sm nicotine 21 mg/24hr patch (otc) 21 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)

Drug	Status	Notes
<i>sm nicotine 4 mg chewing gum 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>sm nicotine 4 mg lozenge 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>sm nicotine 7 mg/24hr patch (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>sm nicotine 7 mg/24hr patch step 3 (otc) 7 mg/24 hr</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>sw nicotine 2 mg chewing gum cool mint flavor 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>sw nicotine 2 mg chewing gum fruit flavor 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>sw nicotine 2 mg lozenge 3 quit tube x24,mint 2 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
<i>sw nicotine 4 mg chewing gum cool mint flavor 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>sw nicotine 4 mg chewing gum fruit flavor 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (24 EA per 1 day)
<i>sw nicotine 4 mg lozenge 3 quit tube x24,mint 4 mg</i>	PDL Preferred Generic	OTC; \$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (20 EA per 1 day)
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
<i>apo-varenicline 0.5 mg tablet 0.5 mg</i>	PDL Preferred Generic	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>apo-varenicline 1 mg tablet 1 mg</i>	PDL Preferred Generic	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
CHANTIX 1 MG CONT MONTH BOX 1 MG	PDL Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
CHANTIX 1 MG TABLET 1 MG	PDL Preferred Brand	QL (2 EA per 1 day)
CHANTIX STARTING MONTH BOX 0.5 MG (11)- 1 MG (42)	PDL Preferred Brand	QL (2 EA per 1 day)
<i>varenicline 0.5 mg tablet 0.5 mg</i>	PDL Preferred Generic	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline 1 mg tablet 1 mg</i>	PDL Preferred Generic	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline starting month box 0.5 mg (11)- 1 mg (42)</i>	PDL Preferred Generic	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other		
<i>bupropion hcl sr 150 mg tablet 150 mg</i>	PDL Preferred Generic	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>bupropion hcl sr 150 mg tablet f/c 150 mg</i>	PDL Preferred Generic	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>bupropion hcl sr 150 mg tablet f/c, starter kit 150 mg</i>	PDL Preferred Generic	\$0 COPAY IF 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Upper Gastrointestinal Disorders - Digestive		
Antiflatulents		
ANTI-GAS 180 MG SOFTGEL 180 MG	Non-PDL Generic	OTC
BICARSIM FORTE 125 MG TABLET 125 MG	Non-PDL Generic	OTC
CVS ANTI-GAS 180 MG SOFTGEL ULTRA STR, SOFTGEL 180 MG	Non-PDL Generic	OTC
CVS GAS RELF(SIMETH) 80 MG CHW 80 MG	Non-PDL Generic	OTC
CVS GAS RELIEF 125 MG CHEW TAB EXTRA STRENGTH 125 MG	Non-PDL Generic	OTC
CVS GAS RELIEF 125 MG SOFTGEL 125 MG	Non-PDL Generic	OTC
CVS GAS RELIEF 125 MG SOFTGEL 125 MG	Non-PDL Generic	OTC

Drug	Status	Notes
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 125 MG	Non-PDL Generic	OTC
EQ GAS RELIEF 125 MG SOFTGEL SOFTGEL, EX-STRENGTH 125 MG	Non-PDL Generic	OTC
EQ GAS RELIEF 125 MG SOFTGEL SOFTGEL,EX-STRENGTH 125 MG	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 CHEW TAB 125 MG	Non-PDL Generic	OTC
EQL GAS RELIEF 125 MG SOFTGEL SOFTGEL 125 MG	Non-PDL Generic	OTC
EQL GAS RELIEF 180 MG SOFTGEL SOFTGEL 180 MG	Non-PDL Generic	OTC
EQL GAS RELIEF DROPS INFANTS 40 MG/0.6 ML	Non-PDL Generic	OTC
GAS RELIEF (SIMETH) 80 MG CHEW 80 MG	Non-PDL Generic	OTC
GAS RELIEF 125 MG CHEW TABLET 125 MG	Non-PDL Generic	OTC
GAS RELIEF 125 MG CHEW TABLET EX-STR, CHERRY CREME 125 MG	Non-PDL Generic	OTC
GAS RELIEF 125 MG CHEW TABLET EXTRA STR,CHERRY CRM 125 MG	Non-PDL Generic	OTC
GAS RELIEF 125 MG CHEW TABLET EXTRA STRENGTH 125 MG	Non-PDL Generic	OTC
GAS RELIEF 125 MG SOFTGEL 125 MG	Non-PDL Generic	OTC
GAS RELIEF 125 MG SOFTGEL SOFTGEL 125 MG	Non-PDL Generic	OTC
GAS RELIEF 125 MG SOFTGEL SOFTGEL,EX-STRENGTH 125 MG	Non-PDL Generic	OTC
GAS RELIEF 180 MG SOFTGEL 180 MG	Non-PDL Generic	OTC
GAS RELIEF 180 MG SOFTGEL ULTRA STR, SOFTGEL 180 MG	Non-PDL Generic	OTC
GAS RELIEF 180 MG SOFTGEL ULT-STR,SOFTGEL 180 MG	Non-PDL Generic	OTC
GAS RELIEF DROPS 20 MG/0.3 ML INFANTS,DYE FREE 40 MG/0.6 ML	Non-PDL Generic	OTC

Drug	Status	Notes
GAS RELIEF DROPS INFANTS 40 MG/0.6 ML	Non-PDL Generic	OTC
GAS-X EX-STR 125 MG TAB CHEW 125 MG	Non-PDL Brand	OTC
GAS-X EX-STR 125 MG TAB CHEW CHERRY CREME 125 MG	Non-PDL Brand	OTC
GAS-X EX-STR 125 MG TAB CHEW EXTRA STRENGTH 125 MG	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
GNP ANTI-GAS 180 MG SOFTGEL 180 MG	Non-PDL Generic	OTC
GNP GAS RELIEF 125 MG CHEW TAB EXTRA STR,CHERRY CRM 125 MG	Non-PDL Generic	OTC
GNP GAS RELIEF 125 MG SOFTGEL 125 MG	Non-PDL Generic	OTC
GNP GAS RELIEF 125 MG SOFTGEL SOFTGEL,EX-STRENGTH 125 MG	Non-PDL Generic	OTC
GNP GAS RLF(SIMETH) 80 MG CHEW 80 MG	Non-PDL Generic	OTC
GS GAS RELIEF 180 MG SOFTGEL 180 MG	Non-PDL Generic	OTC
<i>gs simethicone 20 mg/0.3 ml 40 mg/0.6 ml</i>	Non-PDL Generic	OTC
HM GAS RELIEF 125 MG CHEW TAB 125 MG	Non-PDL Generic	OTC
HM GAS RELIEF 125 MG SOFTGEL 125 MG	Non-PDL Generic	OTC
HM GAS RELIEF(SIMETH) 80 MG CHW 80 MG	Non-PDL Generic	OTC
HM INF GAS RELIEF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	OTC
INFANT GAS RLF 20 MG/0.3 ML 40 MG/0.6 ML	Non-PDL Generic	OTC

Drug	Status	Notes
INFANTS' 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
KRO GAS RELIEF 180 MG SOFTGEL ULTRA STR, SOFTGEL 180 MG	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
MYLANTA GAS 125 MG CHEW TABLET 125 MG	Non-PDL Generic	OTC
PHAZYME 180 MG SOFTGEL 180 MG	Non-PDL Brand	OTC
PUB GAS RELIEF 125 MG SOFTGEL SOFTGEL, EX-STR 125 MG	Non-PDL Generic	OTC
PUB GAS RELIEF 180 MG SOFTGEL ULTRA STR, SOFTGEL 180 MG	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 125 MG	Non-PDL Generic	OTC
RA GAS RELIEF 125 MG SOFTGEL EX-STRENGTH, SOFTGEL 125 MG	Non-PDL Generic	OTC
RA GAS RELIEF 125 MG TAB CHEW 125 MG	Non-PDL Generic	OTC
RA GAS RELIEF 125 MG TAB CHEW EX-STR 125 MG	Non-PDL Generic	OTC
<i>simethicone 125 mg softgel 125 mg</i>	Non-PDL Generic	OTC
<i>simethicone 125 mg tab chew 125 mg</i>	Non-PDL Generic	OTC
<i>simethicone 125 mg tab chew extra strength 125 mg</i>	Non-PDL Generic	OTC
<i>simethicone 180 mg softgel 180 mg</i>	Non-PDL Generic	OTC
<i>simethicone 180 mg softgel softgel 180 mg</i>	Non-PDL Generic	OTC
<i>simethicone 80 mg tab chew 80 mg</i>	Non-PDL Generic	OTC

Drug	Status	Notes
<i>simethicone 80 mg tab chew anti gas 80 mg</i>	Non-PDL Generic	OTC
<i>simethicone 80 mg tab chew inner 80 mg</i>	Non-PDL Generic	OTC
<i>simethicone 80 mg tab chew outer 80 mg</i>	Non-PDL Generic	OTC
SM GAS RELIEF 125 MG CHEW TAB 125 MG	Non-PDL Generic	OTC
SM GAS RELIEF 180 MG SOFTGEL 180 MG	Non-PDL Generic	OTC
SM GAS RELIEF(SIMETH) 80 MG CHW 80 MG	Non-PDL Generic	OTC
SM INF GAS RELIEF 20 MG/0.3 ML NON-STAINING 40 MG/0.6 ML	Non-PDL Generic	OTC
Gastric Enzymes		
CVS DAIRY RELF 3,000 UNIT CPLT (RX) 3,000 UNIT	Non-PDL Generic	
CVS DAIRY RELIEF CAPLET (RX) 4,500 UNIT	Non-PDL Generic	
CVS DAIRY RLF 9,000 UNIT CHEW (RX) 9,000 UNIT	Non-PDL Generic	
CVS DAIRY RLF 9,000 UNIT CPLT (RX) 9,000 UNIT	Non-PDL Generic	
CVS DAIRY RLF 9,000 UNIT CPLT CAPLET, FAST ACTING (RX) 9,000 UNIT	Non-PDL Generic	
DAIRY AID 3,000 UNIT CAPLET 3,000 UNIT	Non-PDL Generic	
DAIRY DIGESTIVE 9,000 UNIT (RX) 9,000 UNIT	Non-PDL Generic	
DAIRY DIGESTIVE AID 9,000 UNIT CAPLET (RX) 9,000 UNIT	Non-PDL Generic	
DAIRY RELIEF 3,000 UNIT CAPLET (RX) 3,000 UNIT	Non-PDL Generic	
DAIRY RLF 9,000 UNIT TAB CHEW FAST ACTING, VANILLA (RX) 9,000 UNIT	Non-PDL Generic	
EQ DAIRY DIGESTIVE 9,000 UNIT (RX) 9,000 UNIT	Non-PDL Generic	
EQ DAIRY DIGESTIVE 9,000 UNIT CAPLET, FAST ACTING (RX) 9,000 UNIT	Non-PDL Generic	
EQL DAIRY RELIEF 9,000 UNIT (RX) 9,000 UNIT	Non-PDL Generic	
GNP DAIRY RELF 3,000 UNIT CPLT (RX) 3,000 UNIT	Non-PDL Generic	

Drug	Status	Notes
GNP DAIRY RLF 9,000 UNIT CHEW FAST ACTING, VANILLA (RX) 9,000 UNIT	Non-PDL Generic	
LACTAID FAST ACT 9,000 UNIT (RX) 9,000 UNIT	Non-PDL Brand	
<i>lactase 3,000 unit caplet (rx) 3,000 unit</i>	Non-PDL Generic	
<i>lactase enzyme 3,000 unit chew inner 3,000 unit</i>	Non-PDL Generic	
<i>lactase enzyme 3,000 unit chew outer 3,000 unit</i>	Non-PDL Generic	
<i>lactase enzyme 9,000 unit chew inner 9,000 unit</i>	Non-PDL Generic	
<i>lactase enzyme 9,000 unit chew outer 9,000 unit</i>	Non-PDL Generic	
LACTASE FAST ACTING 9,000 UNIT 9,000 UNIT	Non-PDL Generic	
LACTOSE FAST ACTING 9,000 UNIT 9,000 UNIT	Non-PDL Generic	
LACTOSE FAST ACTING 9,000 UNIT CHEW TABLET 9,000 UNIT	Non-PDL Generic	
LACTOSE FAST ACTING 9,000 UNIT CHEW TABLET, VANILLA 9,000 UNIT	Non-PDL Generic	
LACTOSE FAST ACTING RLF 9,000 9,000 UNIT	Non-PDL Generic	
PUB DAIRY DIGESTIVE 9,000 UNIT CAPLET, FAST ACTING (RX) 9,000 UNIT	Non-PDL Generic	
RA DAIRY AID 3,000 UNIT CAPLET (RX) 3,000 UNIT	Non-PDL Generic	
RA DAIRY RELIEF 9,000 UNIT CAPLET, FAST ACTING (RX) 9,000 UNIT	Non-PDL Generic	
RA DAIRY RLF 9,000 UNIT CHEW FAST ACTING (RX) 9,000 UNIT	Non-PDL Generic	
SUCRAID 17,000 UNIT/2 ML SOLN 8,500 UNIT/ML	Non-PDL Brand	PA; SP
SUCRAID 8,500 UNIT/ML SOLN 2X118ML, P/F, OUTER 8,500 UNIT/ML	Non-PDL Brand	PA; SP
SUCRAID 8,500 UNIT/ML SOLN P/F, STERILE, INNER 8,500 UNIT/ML	Non-PDL Brand	PA; SP
Pancreatic Enzymes		
CREON DR 12,000 UNIT CAPSULE 12,000-38,000 -60,000 UNIT	PDL Preferred Brand	

Drug	Status	Notes
CREON DR 24,000 UNIT CAPSULE 24,000-76,000 -120,000 UNIT	PDL Preferred Brand	
CREON DR 3,000 UNIT CAPSULE 3,000-9,500- 15,000 UNIT	PDL Preferred Brand	
CREON DR 36,000 UNIT CAPSULE 36,000-114,000- 180,000 UNIT	PDL Preferred Brand	
CREON DR 6,000 UNIT CAPSULE 6,000-19,000 -30,000 UNIT	PDL Preferred Brand	
PANCREAZE DR 10,500 UNIT CAP 10,500-35,500- 61,500 UNIT	PDL Non-Preferred Brand	PA
PANCREAZE DR 16,800 UNIT CAP 16,800-56,800- 98,400 UNIT	PDL Non-Preferred Brand	PA
PANCREAZE DR 2,600 UNIT CAP 2,600-8,800- 15,200 UNIT	PDL Non-Preferred Brand	PA
PANCREAZE DR 21,000 UNIT CAP 21,000-54,700- 83,900 UNIT	PDL Non-Preferred Brand	PA
PANCREAZE DR 37,000 UNIT CAP INNER 37,000-97,300- 149,900 UNIT	PDL Non-Preferred Brand	PA
PANCREAZE DR 37,000 UNIT CAP OUTER 37,000-97,300- 149,900 UNIT	PDL Non-Preferred Brand	PA
PANCREAZE DR 4,200 UNIT CAP 4,200-14,200- 24,600 UNIT	PDL Non-Preferred Brand	PA
PERTZYE DR 16,000 UNIT CAPSULE 16,000-57,500- 60,500 UNIT	PDL Non-Preferred Brand	PA
PERTZYE DR 24,000 UNIT CAPSULE 24,000-86,250- 90,750 UNIT	PDL Non-Preferred Brand	PA
PERTZYE DR 4,000 UNIT CAPSULE 4,000-14,375- 15,125 UNIT	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PERTZYE DR 8,000 UNIT CAPSULE 8,000-28,750- 30,250 UNIT	PDL Non-Preferred Brand	PA
VIOKACE 10,440-39,150 UNIT TAB 10,440-39,150- 39,150 UNIT	PDL Non-Preferred Brand	PA
VIOKACE 20,880-78,300 UNITS TB 20,880-78,300- 78,300 UNIT	PDL Non-Preferred Brand	PA
ZENPEP DR 10,000 UNIT CAPSULE 10,000-32,000 -42,000 UNIT	PDL Preferred Brand	
ZENPEP DR 15,000 UNIT CAPSULE 15,000-47,000 -63,000 UNIT	PDL Preferred Brand	
ZENPEP DR 20,000 UNIT CAPSULE 20,000-63,000- 84,000 UNIT	PDL Preferred Brand	
ZENPEP DR 25,000 UNIT CAPSULE 25,000-79,000- 105,000 UNIT	PDL Preferred Brand	
ZENPEP DR 3,000 UNIT CAPSULE 3,000-10,000 -14,000-UNIT	PDL Preferred Brand	
ZENPEP DR 40,000 UNIT CAPSULE 40,000-126,000- 168,000 UNIT	PDL Preferred Brand	
ZENPEP DR 5,000 UNIT CAPSULE 5,000-17,000- 24,000 UNIT	PDL Preferred Brand	

Upper Gastrointestinal Disorders - Spastic Disease

Anticholinergics/Antispasmodics

<i>dicyclomine 10 mg capsule 10 mg</i>	Non-PDL Generic	90DS
<i>dicyclomine 10 mg capsule u-d, 10x10, inner 10 mg</i>	Non-PDL Generic	90DS
<i>dicyclomine 10 mg capsule u-d, outer 10 mg</i>	Non-PDL Generic	90DS
<i>dicyclomine 10 mg/5 ml soln 10 mg/5 ml</i>	Non-PDL Generic	
<i>dicyclomine 20 mg tablet 20 mg</i>	Non-PDL Generic	

Drug	Status	Notes
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 0.125 MG	Non-PDL Generic	
<i>hyoscyamine 0.125 mg odt 0.125 mg</i>	Non-PDL Generic	
<i>hyoscyamine 0.125 mg tab sl 0.125 mg</i>	Non-PDL Generic	
<i>hyoscyamine 0.125 mg/5 ml elix 0.125 mg/5 ml</i>	Non-PDL Generic	
<i>hyoscyamine 0.125 mg/ml drop 0.125 mg/ml</i>	Non-PDL Generic	
<i>hyoscyamine er 0.375 mg tab 0.375 mg</i>	Non-PDL Generic	
<i>hyoscyamine sr 0.375 mg tab 0.375 mg</i>	Non-PDL Generic	
<i>hyoscyamine sulf 0.125 mg tab 0.125 mg</i>	Non-PDL Generic	
HYOSYNE 0.125 MG/ML DROP 0.125 MG/ML	Non-PDL Generic	
HYOSYNE 125 MCG/5 ML ELIXIR 0.125 MG/5 ML	Non-PDL Generic	
<i>methscopolamine brom 2.5 mg tb 2.5 mg</i>	Non-PDL Generic	
<i>methscopolamine brom 5 mg tab 5 mg</i>	Non-PDL Generic	
OSCIMIN 0.125 MG TABLET 0.125 MG	Non-PDL Generic	
OSCIMIN SL 0.125 MG TABLET 0.125 MG	Non-PDL Generic	
<i>phenobarb-hyo-atrop-scop elix 16.2-0.1037 -0.0194 mg/5 ml</i>	Non-PDL Generic	QL (1200 ML per 30 days)
<i>phenobarb-hyosc-atrop-scop tab 16.2-0.1037 -0.0194 mg</i>	Non-PDL Generic	QL (8 EA per 1 day)
PHENOHTRO 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

Drug	Status	Notes
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
ALMACONE-2 LIQUID 400-400-40 MG/5 ML	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
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 500 MG CHEWABLE TABLET REGULAR STRENGTH 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 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

Drug	Status	Notes
ANTACID EX-STR 750 MG TAB CHEW EX-STR, PEPPERMINT 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID EXTRA-STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	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
ANTACID PLUS ANTI-GAS SUSP CHERRY,MAX-STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ANTACID SUSPENSION MAX STR, FAST ACTING 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ANTACID TABLET CHEW 2X125 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ANTACID TABLET CHEW 2X250 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ANTACID TABLET CHEW 2X50 168 MG CALCIUM (420 MG)	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

Drug	Status	Notes
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
BAN-ACID MAX STR 750 CHEW TAB ASSORTED BERRY, INNER 300 MG (750 MG)	Non-PDL Generic	OTC
BAN-ACID MAX STR 750 CHEW TAB ASSORTED BERRY, OUTER 300 MG (750 MG)	Non-PDL Generic	OTC
CALCIUM ANTACID 1,000 MG TAB CHEWABLE, ULTRA STR 400 MG CALCIUM (1,000 MG)	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 200 MG CALCIUM (500 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

Drug	Status	Notes
CALCIUM ANTACID 500 MG CHW TAB GLUTEN-F, PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
CALCIUM ANTACID 500 MG CHW TAB REG STR, PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
CALCIUM ANTACID 750 MG TB CHEW 300 MG (750 MG), 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
<i>calcium carb 500 mg tab chew 200 mg calcium (500 mg)</i>	Non-PDL Generic	OTC
<i>calcium carb 500 mg tab chew assorted flavors 200 mg calcium (500 mg)</i>	Non-PDL Generic	OTC
<i>calcium carb 500 mg tab chew original 200 mg calcium (500 mg)</i>	Non-PDL Generic	OTC
<i>calcium carbonate 750 mg chew 300 mg (750 mg)</i>	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

Drug	Status	Notes
CVS ANTACID PLUS ANTI-GAS LIQ MAXIMUM STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	OTC
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 CHILD ANTACID 400 MG/5 ML 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 LIQUID ANTACID SUSP MAXIMUM STRENGTH 400-400-40 MG/5 ML	Non-PDL Generic	OTC
EQL ADV ANTACID-ANTIGAS LIQUID 400- 400-40 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
EQL ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
EQL ANTACID EX-STR 750 MG CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
EQL ANTACID LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
EQL ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	OTC
EQL ANTACID ULTRA STR TAB CHEW 400 MG CALCIUM (1,000 MG)	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 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 1,000 MG CHEW TAB 430 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
GS ANTACID PLUS ANTI-GAS LIQ 200-200-20 MG/5 ML	Non-PDL Generic	OTC
GS ANTACID PLUS ANTI-GAS SUSP 400-400-40 MG/5 ML	Non-PDL Generic	OTC
GS ANTACID-GAS RELIEF LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	OTC
GS ANTACID-SIMETHICONE LIQUID 400-400-40 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
HM ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
HM ANTACID ANTI-GAS SUSPENSION ORIGINAL, MAX STR 400-400-40 MG/5 ML	Non-PDL Generic	OTC
HM ANTACID EX-STR 750 MG CHEW 300 MG (750 MG)	Non-PDL Generic	OTC
HM ANTACID-ANTIGAS SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	OTC
HM CAL ANTACID 750 MG CHEW TAB EX-STR, ORANGE 300 MG (750 MG)	Non-PDL Generic	OTC
KRO ADV ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
KRO ADV ANTACID-ANTIGAS LIQUID MAX STRENGTH, CHERRY 400-400-40 MG/5 ML	Non-PDL Generic	OTC
KRO ANTACID-ANTIGAS LIQUID REGULAR STR, CLASSIC 200-200-20 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 SUSPENSION 100'S,U-D,10X10 200-200-20 MG/5 ML	Non-PDL Generic	OTC
MAG-AL PLUS XS SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	OTC
<i>magnesium oxide 400 mg tablet (otc) 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	OTC
<i>magnesium oxide 400 mg tablet gluten free (otc) 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	OTC
<i>magnesium oxide 400 mg tablet gluten-free (otc) 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	OTC
<i>magnesium oxide 400 mg tablet p/f,gluten-free (otc) 400 mg (241.3 mg magnesium)</i>	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
MYLANTA MAXIMUM STRENGTH PKT 400-400-40 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
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
PUB CALCIUM ANTACID 750 MG EX-STR, FRUIT 320 MG CALCIUM (750 MG)	Non-PDL Generic	OTC
<i>pub calcium carb 1,000 mg tab 400 mg calcium (1,000 mg)</i>	Non-PDL Generic	OTC
PV CAL ANTACID 500 MG CHW TAB CHEWABLE,REG STR 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
QC ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
QC ANTACID SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	OTC
QC ANTACID-ANTIGAS MAX STR 400-400- 40 MG/5 ML	Non-PDL Generic	OTC
QC ANTACID-ANTIGAS SUSPENSION REGULAR STRENGTH 200-200-20 MG/5 ML	Non-PDL Generic	OTC
RA ANTACID 1,000 MG CHEW TAB 430 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
RA ANTACID 500 MG CHEWABLE TAB 215 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
RA ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Non-PDL Generic	OTC
RA ANTACID-GAS RELIEF LIQUID 400- 400-40 MG/5 ML	Non-PDL Generic	OTC
SM ADV ANTACID-ANTIGAS LIQUID 200- 200-20 MG/5 ML	Non-PDL Generic	OTC
SM ADV ANTACID-ANTIGAS SUSP MAX STRENGTH, CHERRY 400-400-40 MG/5 ML	Non-PDL Generic	OTC
SM ANTACID 500 MG CHEW TABLET 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
SM ANTACID 750 MG CHEW TABLET 300 MG (750 MG)	Non-PDL Generic	OTC
SM ANTACID MAX STRENGTH SUSP ORIGINAL 400-400-40 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
SM ANTACID-ANTIGAS LIQUID 200-200-20 MG/5 ML	Non-PDL Generic	OTC
SM CAL ANTACID 750 MG CHEW TAB EX-STR, ORANGE 300 MG (750 MG)	Non-PDL Generic	OTC
SMOOTH ANTACID 750 MG CHEW TAB 300 MG (750 MG)	Non-PDL Generic	OTC
<i>sodium bicarb 10 grain tablet 650 mg</i>	Non-PDL Generic	OTC
<i>sodium bicarb 650 mg tablet 10 gr 650 mg</i>	Non-PDL Generic	OTC
<i>sodium bicarb 650 mg tablet 650 mg</i>	Non-PDL Generic	OTC
<i>sodium bicarb 650 mg tablet inner 650 mg</i>	Non-PDL Generic	OTC
<i>sodium bicarb 650 mg tablet outer 650 mg</i>	Non-PDL Generic	OTC
SW ANTACID PLUS GAS RELIEF LIQ 200-200-20 MG/5 ML	Non-PDL Generic	OTC
TUMS 750 MG CHEWY BITES 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 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
TUMS E-X TABLET CHEWABLE E-X, SINGLE ROLL 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS E-X TABLET CHEWABLE E-X,3-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 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

Drug	Status	Notes
TUMS SMOOTHIES CHEW TABLET 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS SMOOTHIES CHEW TABLET ASSTD TROPICAL FRUIT 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS SMOOTHIES CHEW TABLET BERRY FUSION, EX-STR 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS SMOOTHIES CHEW TABLET 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 ASSORTED FRUIT 200 MG CALCIUM (500 MG)	Non-PDL Brand	OTC
TUMS TABLET CHEWABLE PEPPERMINT 200 MG CALCIUM (500 MG)	Non-PDL Brand	OTC
TUMS ULTRA STR CHEWY DELIGHTS 470 MG CALCIUM (1,177 MG)	Non-PDL Generic	OTC
TUMS ULTRA TABLET CHEWABLE 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA TABLET CHEWABLE ASSORTED BERRIES 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA TABLET CHEWABLE ASSORTED FRUIT 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA TABLET CHEWABLE MAX STR, PEPPERMINT 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA TABLET CHEWABLE MAXIMUM STRENGTH 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA TABLET CHEWABLE TROP FRUIT, GLUTEN-F 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS X-STR 750 TABLET CHEWABLE ASST'D FRUIT FLAVOR 300 MG (750 MG)	Non-PDL Brand	OTC
Anticholinergics, Quaternary Ammonium		
<i>chlordiazepoxide-clidinium cap 5-2.5 mg</i>	Non-PDL Generic	
<i>glycopyrrolate 1 mg tablet 1 mg</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>glycopyrrolate 1 mg tablet dye-free 1 mg</i>	Non-PDL Generic	90DS
<i>glycopyrrolate 2 mg tablet 2 mg</i>	Non-PDL Generic	90DS
Anti-Ulcer Preparations		
<i>misoprostol 100 mcg tablet 100 mcg</i>	Non-PDL Generic	
<i>misoprostol 200 mcg tablet 200 mcg</i>	Non-PDL Generic	
<i>sucralfate 1 gm tablet 1 gram</i>	Non-PDL Generic	
<i>sucralfate 1 gm tablet inner 1 gram</i>	Non-PDL Generic	
<i>sucralfate 1 gm tablet outer 1 gram</i>	Non-PDL Generic	
<i>sucralfate 1 gm/10 ml susp 100 mg/ml</i>	Non-PDL Generic	
<i>sucralfate 1 gm/10 ml susp inner 100 mg/ml</i>	Non-PDL Generic	
<i>sucralfate 1 gm/10 ml susp outer 100 mg/ml</i>	Non-PDL Generic	
Anti-Ulcer-H.Pylori Agents		
<i>lansoprazol-amoxicil-clarithro 500-500-30 mg</i>	Non-PDL Generic	QL (112 EA per 10 days)
<i>lansoprazol-amoxicil-clarithro inner 500-500-30 mg</i>	Non-PDL Generic	QL (112 EA per 10 days)
<i>lansoprazol-amoxicil-clarithro outer 500-500-30 mg</i>	Non-PDL Generic	QL (112 EA per 10 days)
<i>lansoprazol-amoxicil-clarithro triple therapy,inner 500-500-30 mg</i>	Non-PDL Generic	QL (112 EA per 10 days)
<i>lansoprazol-amoxicil-clarithro triple therapy,outer 500-500-30 mg</i>	Non-PDL Generic	QL (112 EA per 10 days)
Histamine H2-Receptor Inhibitors		
ACID CONTROLLER 10 MG TABLET 10 MG	Non-PDL Generic	OTC
ACID CONTROLLER 20 MG TABLET 20 MG	Non-PDL Generic	90DS; OTC
ACID CONTROLLER 20 MG TABLET INNER 20 MG	Non-PDL Generic	90DS; OTC
ACID CONTROLLER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	90DS; OTC
ACID CONTROLLER 20 MG TABLET OUTER 20 MG	Non-PDL Generic	90DS; OTC

Drug	Status	Notes
ACID REDUCER 10 MG TABLET 10 MG	Non-PDL Generic	OTC
ACID REDUCER 10 MG TABLET ORIGINAL STRENGTH 10 MG	Non-PDL Generic	OTC
ACID REDUCER 10 MG TABLET U-D 10 MG	Non-PDL Generic	OTC
ACID REDUCER 20 MG TABLET 20 MG	Non-PDL Generic	90DS; OTC
ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	90DS; OTC
ACID REDUCER 20 MG TABLET MAX-STR 20 MG	Non-PDL Generic	90DS; OTC
ACID-PEP 20 MG TABLET 20 MG	Non-PDL Generic	90DS; OTC
<i>cimetidine 200 mg tablet (otc) 200 mg</i>	Non-PDL Generic	OTC
<i>cimetidine 200 mg tablet (rx) 200 mg</i>	Non-PDL Generic	
<i>cimetidine 200 mg tablet f/c (rx) 200 mg</i>	Non-PDL Generic	
<i>cimetidine 300 mg tablet 300 mg</i>	Non-PDL Generic	
<i>cimetidine 300 mg tablet f/c 300 mg</i>	Non-PDL Generic	
<i>cimetidine 300 mg/5 ml soln 300 mg/5 ml</i>	Non-PDL Generic	
<i>cimetidine 300 mg/5 ml soln inner 300 mg/5 ml</i>	Non-PDL Generic	
<i>cimetidine 300 mg/5 ml soln outer 300 mg/5 ml</i>	Non-PDL Generic	
<i>cimetidine 400 mg tablet 400 mg</i>	Non-PDL Generic	
<i>cimetidine 400 mg tablet f/c 400 mg</i>	Non-PDL Generic	
<i>cimetidine 400 mg/6.67 ml soln inner 300 mg/5 ml</i>	Non-PDL Generic	
<i>cimetidine 400 mg/6.67 ml soln outer 300 mg/5 ml</i>	Non-PDL Generic	
<i>cimetidine 800 mg tablet 800 mg</i>	Non-PDL Generic	
<i>cimetidine 800 mg tablet f/c 800 mg</i>	Non-PDL Generic	

Drug	Status	Notes
CVS ACID CONTROLLER 10 MG TAB 10 MG	Non-PDL Generic	OTC
CVS ACID CONTROLLER 20 MG TAB 20 MG	Non-PDL Generic	90DS; OTC
CVS ACID CONTROLLER 20 MG TAB MAXIMUM STRENGTH 20 MG	Non-PDL Generic	90DS; OTC
CVS HEARTBURN RELIEF 200 MG TB 200 MG	Non-PDL Generic	OTC
EQ ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	90DS; OTC
EQ ACID REDUCER 200 MG TABLET 200 MG	Non-PDL Generic	OTC
<i>eq famotidine 10 mg tablet 10 mg</i>	Non-PDL Generic	OTC
<i>eq famotidine 20 mg tablet (otc) 20 mg</i>	Non-PDL Generic	90DS; OTC
EQL HEARTBURN PREVEN 20 MG TAB 20 MG	Non-PDL Generic	90DS; OTC
EQL HEARTBURN PREVENTION TAB 10 MG	Non-PDL Generic	OTC
<i>famotidine 10 mg tablet 10 mg</i>	Non-PDL Generic	OTC
<i>famotidine 20 mg tablet (otc) 20 mg</i>	Non-PDL Generic	90DS; OTC
<i>famotidine 20 mg tablet (rx) 20 mg</i>	Non-PDL Generic	90DS
<i>famotidine 20 mg tablet 12's (rx) 20 mg</i>	Non-PDL Generic	90DS
<i>famotidine 20 mg tablet f/c (rx) 20 mg</i>	Non-PDL Generic	90DS
<i>famotidine 20 mg tablet u-d,10x10,inner (rx) 20 mg</i>	Non-PDL Generic	90DS
<i>famotidine 20 mg tablet u-d,10x10,outer (rx) 20 mg</i>	Non-PDL Generic	90DS
<i>famotidine 40 mg tablet 40 mg</i>	Non-PDL Generic	90DS
<i>famotidine 40 mg tablet f/c 40 mg</i>	Non-PDL Generic	90DS
<i>famotidine 40 mg/5 ml susp 40 mg/5 ml (8 mg/ml)</i>	Non-PDL Generic	
GNP ACID REDUCER 10 MG TABLET 10 MG	Non-PDL Generic	OTC

Drug	Status	Notes
GNP ACID REDUCER 10 MG TABLET U-D 10 MG	Non-PDL Generic	OTC
GNP ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	90DS; OTC
GNP ACID REDUCER 20 MG TABLET MAX-STR 20 MG	Non-PDL Generic	90DS; OTC
GS ACID REDUCER 10 MG TABLET 10 MG	Non-PDL Generic	OTC
GS ACID REDUCER 20 MG TABLET 20 MG	Non-PDL Generic	90DS; OTC
HEARTBURN RELIEF 10 MG TABLET 10 MG	Non-PDL Generic	OTC
HEARTBURN RELIEF 20 MG TABLET 20 MG	Non-PDL Generic	90DS; OTC
HEARTBURN RELIEF 200 MG TABLET 200 MG	Non-PDL Generic	OTC
<i>hm famotidine 10 mg tablet original strength 10 mg</i>	Non-PDL Generic	OTC
<i>hm famotidine 20 mg tablet maximum strength (otc) 20 mg</i>	Non-PDL Generic	90DS; OTC
KRO HEARTBURN PREVEN 20 MG TAB 20 MG	Non-PDL Generic	90DS; OTC
KRO HEARTBURN PREVENTION TAB 10 MG	Non-PDL Generic	OTC
<i>nizatidine 150 mg capsule 150 mg</i>	Non-PDL Generic	
<i>nizatidine 150 mg capsule gelatin 150 mg</i>	Non-PDL Generic	
<i>nizatidine 300 mg capsule 300 mg</i>	Non-PDL Generic	
PUB ACID REDUCER 10 MG TABLET ORIGINAL STRENGTH 10 MG	Non-PDL Generic	OTC
<i>pub famotidine 20 mg tablet (otc) 20 mg</i>	Non-PDL Generic	90DS; OTC
<i>pub famotidine 20 mg tablet max strength (otc) 20 mg</i>	Non-PDL Generic	90DS; OTC
RA ACID REDUCER 10 MG TABLET 10 MG	Non-PDL Generic	OTC
RA ACID REDUCER 10 MG TABLET 2X90CT BOTTLES 10 MG	Non-PDL Generic	OTC
RA ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	90DS; OTC

Drug	Status	Notes
SM ACID REDUCER 10 MG TABLET 10 MG	Non-PDL Generic	OTC
SM ACID REDUCER 20 MG TABLET 20 MG	Non-PDL Generic	90DS; OTC
SM ACID REDUCER 20 MG TABLET MAXIMUM STRENGTH 20 MG	Non-PDL Generic	90DS; OTC
ZANTAC-360(FAMOTIDINE) 20 MG TB 20 MG	Non-PDL Generic	90DS; OTC
Intestinal Motility Stimulants		
GIMOTI 15 MG NASAL SPRAY 15 MG/SPRAY	PDL Non- Preferred Brand	PA; SP
<i>metoclopramide 10 mg tablet 10 mg</i>	Non-PDL Generic	90DS
<i>metoclopramide 10 mg tablet inner 10 mg</i>	Non-PDL Generic	90DS
<i>metoclopramide 10 mg tablet outer 10 mg</i>	Non-PDL Generic	90DS
<i>metoclopramide 10 mg tablet u-d,10x10 10 mg</i>	Non-PDL Generic	90DS
<i>metoclopramide 10 mg/10 ml sol 50's,outer,u-d 5 mg/5 ml</i>	Non-PDL Generic	
<i>metoclopramide 10 mg/10 ml sol 50's,u- d,inner 5 mg/5 ml</i>	Non-PDL Generic	
<i>metoclopramide 5 mg tablet 5 mg</i>	Non-PDL Generic	90DS
<i>metoclopramide 5 mg tablet inner 5 mg</i>	Non-PDL Generic	90DS
<i>metoclopramide 5 mg tablet outer 5 mg</i>	Non-PDL Generic	90DS
<i>metoclopramide 5 mg tablet u-d,10x10 5 mg</i>	Non-PDL Generic	90DS
<i>metoclopramide 5 mg/5 ml soln 5 mg/5 ml</i>	Non-PDL Generic	
Proton-Pump Inhibitors		
ACID REDUCER DR 20 MG CAP 20 MG	PDL Preferred Generic	OTC
ACIPHEX DR 20 MG TABLET 20 MG	PDL Non- Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
ACIPHEX SPRINKLE DR 10 MG CAP 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ACIPHEX SPRINKLE DR 5 MG CAP 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>cvs esomeprazole mag 20 mg cap (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>cvs esomeprazole mag 20 mg cap inner (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>cvs esomeprazole mag 20 mg cap outer (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>cvs lansoprazole dr 15 mg cap (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>cvs lansoprazole odt 15 mg tab (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>cvs omeprazole dr 20 mg tablet 20 mg</i>	PDL Preferred Generic	OTC
<i>cvs omeprazole mag dr 20 mg cp 20 mg</i>	PDL Preferred Generic	OTC
<i>cvs omeprazole-bicarb 20-1,100 (otc) 20-1.1 mg-gram</i>	PDL Non-Preferred Generic	PA; OTC; QL (1 EA per 1 day)
DEXILANT DR 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DEXILANT DR 60 MG CAPSULE 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>eq lansoprazole dr 15 mg cap (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>eq lansoprazole dr 15 mg cap inner (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>eq lansoprazole dr 15 mg cap outer (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>eq omeprazole dr 20 mg tablet 1x14 day course 20 mg</i>	PDL Preferred Generic	OTC

Drug	Status	Notes
<i>eq omeprazole dr 20 mg tablet 20 mg</i>	PDL Preferred Generic	OTC
<i>eq omeprazole dr 20 mg tablet 2x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>eq omeprazole dr 20 mg tablet 3x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>eq omeprazole mag dr 20.6 mg 14-day course 20 mg</i>	PDL Preferred Generic	OTC
<i>eq omeprazole mag dr 20.6 mg three 14-day course 20 mg</i>	PDL Preferred Generic	OTC
<i>eq omeprazole mag dr 20.6 mg two 14-days course 20 mg</i>	PDL Preferred Generic	OTC
<i>eq lansoprazole dr 15 mg cap (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>eq omeprazole dr 20 mg tablet 20 mg</i>	PDL Preferred Generic	OTC
<i>esomeprazole dr 10 mg packet 10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>esomeprazole dr 20 mg packet 20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>esomeprazole dr 40 mg packet 40 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>esomeprazole mag dr 20 mg cap (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>esomeprazole mag dr 20 mg cap (rx) 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>esomeprazole mag dr 20 mg cap inner (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)

Drug	Status	Notes
<i>esomeprazole mag dr 20 mg cap inner (rx) 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>esomeprazole mag dr 20 mg cap outer (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>esomeprazole mag dr 20 mg cap outer (rx) 20 mg</i>	PDL Preferred Generic	90DS; QL (1 EA per 1 day)
<i>esomeprazole mag dr 40 mg cap 40 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>esomeprazole mag dr 40 mg cap inner 40 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>esomeprazole mag dr 40 mg cap outer 40 mg</i>	PDL Preferred Generic	90DS; QL (2 EA per 1 day)
<i>gnp esomeprazole mag dr 20 mg (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>gnp lansoprazole dr 15 mg cap (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>gnp omeprazole dr 20 mg tablet 1x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>gnp omeprazole dr 20 mg tablet 20 mg</i>	PDL Preferred Generic	OTC
<i>gnp omeprazole dr 20 mg tablet delayed release 20 mg</i>	PDL Preferred Generic	OTC
<i>gnp omeprazole mag dr 20 mg cp 20 mg</i>	PDL Preferred Generic	OTC
<i>gs esomeprazole mag dr 20 mg (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>gs lansoprazole dr 15 mg cap (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>gs omeprazole dr 20 mg tablet 14 day course 20 mg</i>	PDL Preferred Generic	OTC

Drug	Status	Notes
<i>gs omeprazole dr 20 mg tablet 20 mg</i>	PDL Preferred Generic	OTC
<i>hm esomeprazole mag dr 20 mg (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>hm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>hm lansoprazole dr 15 mg cap gluten-free, 3 bottle (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>hm omeprazole dr 20 mg tablet 1x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>hm omeprazole dr 20 mg tablet 2x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>hm omeprazole dr 20 mg tablet 3x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>kro lansoprazole dr 15 mg cap sodium & gluten free (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>kro omeprazole dr 20 mg tablet 1x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>kro omeprazole dr 20 mg tablet 2x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>kro omeprazole dr 20 mg tablet 3 x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>kro omeprazole dr 20 mg tablet 3x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>lansoprazole dr 15 mg capsule (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>lansoprazole dr 15 mg capsule (rx) 15 mg</i>	PDL Preferred Generic	
<i>lansoprazole dr 15 mg capsule 14 dy, gluten-f, inner (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>lansoprazole dr 15 mg capsule 1x14 day course (otc) 15 mg</i>	Non-PDL Generic	OTC

Drug	Status	Notes
<i>lansoprazole dr 15 mg capsule 1x14 day course,n (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>lansoprazole dr 15 mg capsule 2x14 day course,n (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>lansoprazole dr 15 mg capsule 3x14 day course (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>lansoprazole dr 15 mg capsule 3x14 day course,n (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>lansoprazole dr 15 mg capsule 3x14, gluten/f, n (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>lansoprazole dr 15 mg capsule inner (rx) 15 mg</i>	PDL Preferred Generic	
<i>lansoprazole dr 15 mg capsule outer (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>lansoprazole dr 15 mg capsule outer (rx) 15 mg</i>	PDL Preferred Generic	
<i>lansoprazole dr 15 mg capsule sodium & gluten free (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>lansoprazole dr 30 mg capsule 30 mg</i>	PDL Preferred Generic	90DS
<i>lansoprazole dr 30 mg capsule u-d, 10x10 30 mg</i>	PDL Preferred Generic	90DS
<i>lansoprazole dr 30 mg capsule u-d,8x10,inner 30 mg</i>	PDL Preferred Generic	90DS
<i>lansoprazole dr 30 mg capsule u-d,8x10,outer 30 mg</i>	PDL Preferred Generic	90DS
<i>lansoprazole odt 15 mg tablet (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>lansoprazole odt 15 mg tablet inner (rx) 15 mg</i>	PDL Non-Preferred Generic	PA
<i>lansoprazole odt 15 mg tablet outer (rx) 15 mg</i>	PDL Non-Preferred Generic	PA
<i>lansoprazole odt 30 mg tablet inner 30 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>lansoprazole odt 30 mg tablet outer 30 mg</i>	PDL Non-Preferred Generic	PA
NEXIUM 24HR 20 MG CAPSULE 20 MG	PDL Non-Preferred Brand	PA; OTC; QL (1 EA per 1 day)
NEXIUM DR 10 MG PACKET 10 MG	PDL Preferred Brand	QL (1 EA per 1 day)
NEXIUM DR 2.5 MG PACKET 2.5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
NEXIUM DR 20 MG CAPSULE DELAYED-RELEASE 20 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEXIUM DR 20 MG PACKET 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
NEXIUM DR 40 MG CAPSULE DELAYED-RELEASE 40 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
NEXIUM DR 40 MG PACKET 40 MG	PDL Preferred Brand	QL (2 EA per 1 day)
NEXIUM DR 5 MG PACKET 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
<i>omeprazole dr 10 mg capsule 10 mg</i>	PDL Preferred Generic	90DS
<i>omeprazole dr 20 mg capsule 20 mg</i>	PDL Preferred Generic	90DS
<i>omeprazole dr 20 mg capsule u-d 20 mg</i>	PDL Preferred Generic	90DS
<i>omeprazole dr 20 mg capsule u-d, 10x10, inner 20 mg</i>	PDL Preferred Generic	90DS
<i>omeprazole dr 20 mg capsule u-d, 10x10, outer 20 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>omeprazole dr 20 mg tablet 14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole dr 20 mg tablet 1x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole dr 20 mg tablet 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole dr 20 mg tablet 2x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole dr 20 mg tablet 3x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole dr 40 mg capsule 40 mg</i>	PDL Preferred Generic	90DS
<i>omeprazole mag dr 20 mg cap 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole mag dr 20 mg cap inner 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole mag dr 20 mg cap outer 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole mag dr 20 mg tablet inner 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole mag dr 20 mg tablet outer 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole mag dr 20.6 mg cap 14-day course 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole mag dr 20.6 mg cap 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole mag dr 20.6 mg cap one 14-day course 20 mg</i>	PDL Preferred Generic	OTC

Drug	Status	Notes
<i>omeprazole mag dr 20.6 mg cap three 14-day course 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole mag dr 20.6 mg cap two 14-day course 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole-bicarb 20-1,100 cap (otc) 20-1.1 mg-gram</i>	PDL Non-Preferred Generic	PA; OTC; QL (1 EA per 1 day)
<i>omeprazole-bicarb 20-1,100 cap (rx) 20-1.1 mg-gram</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>omeprazole-bicarb 20-1,100 cap 1x14 day course (otc) 20-1.1 mg-gram</i>	PDL Non-Preferred Generic	PA; OTC; QL (1 EA per 1 day)
<i>omeprazole-bicarb 20-1,100 cap 2x14 day course (otc) 20-1.1 mg-gram</i>	PDL Non-Preferred Generic	PA; OTC; QL (1 EA per 1 day)
<i>omeprazole-bicarb 20-1,100 cap 3x14 day course (otc) 20-1.1 mg-gram</i>	PDL Non-Preferred Generic	PA; OTC; QL (1 EA per 1 day)
<i>omeprazole-bicarb 20-1,680 pkt 20-1,680 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>omeprazole-bicarb 20-1,680 pkt inner 20-1,680 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>omeprazole-bicarb 20-1,680 pkt outer 20-1,680 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>omeprazole-bicarb 40-1,100 cap 40-1.1 mg-gram</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>omeprazole-bicarb 40-1,680 pkt 40-1,680 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>omeprazole-bicarb 40-1,680 pkt inner 40-1,680 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>omeprazole-bicarb 40-1,680 pkt outer 40-1,680 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>pantoprazole 40 mg suspension inner 40 mg</i>	PDL Non-Preferred Generic	PA
<i>pantoprazole 40 mg suspension outer 40 mg</i>	PDL Non-Preferred Generic	PA
<i>pantoprazole sod dr 20 mg tab 20 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 20 mg tab f/c 20 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 20 mg tab inner 20 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 20 mg tab outer 20 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 40 mg tab 40 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 40 mg tab enteric-coated 40 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 40 mg tab f/c 40 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 40 mg tab inner 40 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 40 mg tab outer 40 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 40 mg tab u-d,10x10 40 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 40 mg tab u-d,inner,f/c,10x10 40 mg</i>	PDL Preferred Generic	90DS
<i>pantoprazole sod dr 40 mg tab u-d,outer,f/c,10x10 40 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
PREVACID 30 MG SOLUTAB INNER 30 MG	PDL Non-Preferred Brand	PA
PREVACID 30 MG SOLUTAB OUTER 30 MG	PDL Non-Preferred Brand	PA
PREVACID DR 30 MG CAPSULE 30 MG	PDL Non-Preferred Brand	PA
PRILOSEC DR 10 MG SUSPENSION 10 MG	PDL Non-Preferred Brand	PA
PRILOSEC DR 2.5 MG SUSPENSION 2.5 MG	PDL Non-Preferred Brand	PA
PROTONIX 40 MG SUSPENSION INNER 40 MG	PDL Non-Preferred Brand	PA
PROTONIX 40 MG SUSPENSION OUTER 40 MG	PDL Non-Preferred Brand	PA
PROTONIX DR 20 MG TABLET 20 MG	PDL Non-Preferred Brand	PA
PROTONIX DR 40 MG TABLET 40 MG	PDL Non-Preferred Brand	PA
<i>pub omeprazole dr 20 mg tablet 20 mg</i>	PDL Preferred Generic	OTC
<i>qc esomeprazole mag dr 20 mg (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>qc omeprazole mag dr 20.6 mg three 14-day course 20 mg</i>	PDL Preferred Generic	OTC
<i>ra esomeprazole mag dr 20 mg (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>ra lansoprazole dr 15 mg cap 14capsx3 bottles (otc) 15 mg</i>	Non-PDL Generic	OTC

Drug	Status	Notes
<i>ra omeprazole dr 20 mg tablet 20 mg</i>	PDL Preferred Generic	OTC
<i>ra omeprazole dr 20 mg tablet delayed release 20 mg</i>	PDL Preferred Generic	OTC
<i>rabeprazole sod dr 20 mg tab 20 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>sm esomeprazole mag dr 20 mg (otc) 20 mg</i>	PDL Preferred Generic	90DS; OTC; QL (1 EA per 1 day)
<i>sm lansoprazole dr 15 mg cap (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>sm lansoprazole dr 15 mg cap gluten-free, 1 bottle (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>sm lansoprazole dr 15 mg cap gluten-free, 3 bottle (otc) 15 mg</i>	Non-PDL Generic	OTC
<i>sm omeprazole dr 20 mg tablet 14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>sm omeprazole dr 20 mg tablet 1x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>sm omeprazole dr 20 mg tablet 2x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>sm omeprazole dr 20 mg tablet 3x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>sw omeprazole dr 20 mg tablet 1x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>sw omeprazole dr 20 mg tablet 2x14 day course 20 mg</i>	PDL Preferred Generic	OTC
<i>sw omeprazole dr 20 mg tablet 3x14 day course 20 mg</i>	PDL Preferred Generic	OTC
ZEGERID 20 MG CAPSULE 20-1.1 MG-GRAM	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
ZEGERID 20 MG PACKET INNER 20-1,680 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZEGERID 20 MG PACKET OUTER 20-1,680 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZEGERID 40 MG CAPSULE 40-1.1 MG-GRAM	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZEGERID 40 MG PACKET INNER 40-1,680 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZEGERID 40 MG PACKET OUTER 40-1,680 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin hcl er 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>alfuzosin hcl er 10 mg tablet f/c 10 mg</i>	PDL Preferred Generic	90DS
AVODART 0.5 MG SOFTGEL 0.5 MG	PDL Non-Preferred Brand	PA
<i>dutasteride 0.5 mg capsule 0.5 mg</i>	PDL Preferred Generic	90DS
<i>finasteride 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS
<i>finasteride 5 mg tablet f/c 5 mg</i>	PDL Preferred Generic	90DS
FLOMAX 0.4 MG CAPSULE 0.4 MG	PDL Non-Preferred Brand	PA
PROSCAR 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PROSCAR 5 MG TABLET F/C 5 MG	PDL Non-Preferred Brand	PA
RAPAFLO 4 MG CAPSULE 4 MG	PDL Non-Preferred Brand	PA
RAPAFLO 8 MG CAPSULE 8 MG	PDL Non-Preferred Brand	PA
<i>silodosin 4 mg capsule 4 mg</i>	PDL Non-Preferred Generic	PA
<i>silodosin 8 mg capsule 8 mg</i>	PDL Non-Preferred Generic	PA
<i>tamsulosin hcl 0.4 mg capsule 0.4 mg</i>	PDL Preferred Generic	90DS
<i>tamsulosin hcl 0.4 mg capsule 10x10,inner,u-d 0.4 mg</i>	PDL Preferred Generic	90DS
<i>tamsulosin hcl 0.4 mg capsule 10x10,outer,u-d 0.4 mg</i>	PDL Preferred Generic	90DS
<i>tamsulosin hcl 0.4 mg capsule inner 0.4 mg</i>	PDL Preferred Generic	90DS
<i>tamsulosin hcl 0.4 mg capsule outer 0.4 mg</i>	PDL Preferred Generic	90DS
<i>tamsulosin hcl 0.4 mg capsule u-d, 10x10 0.4 mg</i>	PDL Preferred Generic	90DS
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin 0.5-0.4 0.5-0.4 mg</i>	PDL Non-Preferred Generic	PA
JALYN 0.5-0.4 MG CAPSULE 0.5-0.4 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
Cystine-Depleting Agents, Nephropathic Cystinosis		
PROCYSBI DR 25 MG CAPSULE 25 MG	Non-PDL Brand	PA; SP
PROCYSBI DR 300 MG GRANULE PKT 300 MG	Non-PDL Brand	PA; SP
PROCYSBI DR 75 MG CAPSULE 75 MG	Non-PDL Brand	PA; SP
PROCYSBI DR 75 MG GRANULE PKT 75 MG	Non-PDL Brand	PA; SP
Kidney Stone Agents		
THIOLA EC 100 MG TABLET 100 MG	Non-PDL Brand	SP
THIOLA EC 300 MG TABLET 300 MG	Non-PDL Brand	SP
<i>tiopronin 100 mg tablet 100 mg</i>	Non-PDL Generic	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA 75 MG TABLET 75 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MYRBETRIQ ER 25 MG TABLET F/C 25 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
MYRBETRIQ ER 50 MG TABLET F/C 50 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
MYRBETRIQ ER 8 MG/ML SUSP 8 MG/ML	PDL Non-Preferred Brand	PA
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE 15 MG TABLET 15 MG	Non-PDL Brand	PA; SP
JYNARQUE 15 MG-15 MG TABLET INNER 15 MG (AM)/ 15 MG (PM)	Non-PDL Brand	PA; SP
JYNARQUE 15 MG-15 MG TABLET OUTER 15 MG (AM)/ 15 MG (PM)	Non-PDL Brand	PA; SP
JYNARQUE 30 MG TABLET 30 MG	Non-PDL Brand	PA; SP
JYNARQUE 30 MG-15 MG TABLET INNER 30 MG (AM)/ 15 MG (PM)	Non-PDL Brand	PA; SP

Drug	Status	Notes
JYNARQUE 30 MG-15 MG TABLET OUTER 30 MG (AM)/ 15 MG (PM)	Non-PDL Brand	PA; SP
JYNARQUE 45 MG-15 MG TABLET INNER 45 MG (AM)/ 15 MG (PM)	Non-PDL Brand	PA; SP
JYNARQUE 45 MG-15 MG TABLET OUTER 45 MG (AM)/ 15 MG (PM)	Non-PDL Brand	PA; SP
JYNARQUE 60 MG-30 MG TABLET INNER 60 MG (AM)/ 30 MG (PM)	Non-PDL Brand	PA; SP
JYNARQUE 60 MG-30 MG TABLET OUTER 60 MG (AM)/ 30 MG (PM)	Non-PDL Brand	PA; SP
JYNARQUE 90 MG-30 MG TABLET INNER 90 MG (AM)/ 30 MG (PM)	Non-PDL Brand	PA; SP
JYNARQUE 90 MG-30 MG TABLET OUTER 90 MG (AM)/ 30 MG (PM)	Non-PDL Brand	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	
<i>potass cit-sod cit-citric soln 550-500-334 mg/5 ml</i>	Non-PDL Generic	
<i>potassium cit-citric acid soln 1,100-334 mg/5 ml</i>	Non-PDL Generic	
<i>potassium citrate er 10 meq tb 10 meq (1,080 mg)</i>	Non-PDL Generic	
<i>potassium citrate er 10 meq tb inner 10 meq (1,080 mg)</i>	Non-PDL Generic	
<i>potassium citrate er 10 meq tb outer 10 meq (1,080 mg)</i>	Non-PDL Generic	
<i>potassium citrate er 15 meq tb 15 meq</i>	Non-PDL Generic	
<i>potassium citrate er 5 meq tab 5 meq (540 mg)</i>	Non-PDL Generic	
<i>sod citrate-citric acid soln (rx) 500-334 mg/5 ml</i>	Non-PDL Generic	
<i>sod citrate-citric acid soln 100's, u-d (rx) 500-334 mg/5 ml</i>	Non-PDL Generic	
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML	Non-PDL Generic	
VIRTRATE-2 SOLUTION (RX) 500-334 MG/5 ML	Non-PDL Generic	

Drug	Status	Notes
VIRTRATE-3 SOLUTION (RX) 550-500-334 MG/5 ML	Non-PDL Generic	
VIRTRATE-K SOLUTION (RX) 1,100-334 MG/5 ML	Non-PDL Generic	
Urinary Tract Analgesic Agents		
ELMIRON 100 MG CAPSULE 100 MG	Non-PDL Brand	PA
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin er 15 mg tablet 15 mg</i>	PDL Non-Preferred Generic	PA
<i>darifenacin er 7.5 mg tablet 7.5 mg</i>	PDL Non-Preferred Generic	PA
<i>solifenacin 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>solifenacin 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS
VESICARE 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
VESICARE 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
VESICARE LS 5 MG/5 ML SUSP 1 MG/ML	PDL Non-Preferred Brand	PA
Urinary Tract Antispasmodic/Antiincontinence Agent		
DETROL 1 MG TABLET F/C 1 MG	PDL Non-Preferred Brand	PA
DETROL 2 MG TABLET F/C 2 MG	PDL Non-Preferred Brand	PA
DETROL LA 2 MG CAPSULE 2 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
DETROL LA 4 MG CAPSULE 4 MG	PDL Non-Preferred Brand	PA
DITROPAN XL 10 MG TABLET 10 MG	PDL Non-Preferred Brand	PA
DITROPAN XL 5 MG TABLET 5 MG	PDL Non-Preferred Brand	PA
<i>fesoterodine er 4 mg tablet 4 mg</i>	Non-PDL Generic	
<i>fesoterodine er 8 mg tablet 8 mg</i>	Non-PDL Generic	
<i>flavoxate hcl 100 mg tablet 100 mg</i>	PDL Non-Preferred Generic	PA
<i>flavoxate hcl 100 mg tablet f/c 100 mg</i>	PDL Non-Preferred Generic	PA
GELNIQUE 10% GEL SACHET INNER 10 % (100 MG/GRAM)	PDL Non-Preferred Brand	PA
GELNIQUE 10% GEL SACHET OUTER 10 % (100 MG/GRAM)	PDL Non-Preferred Brand	PA
<i>oxybutynin 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin 5 mg tablet inner 5 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin 5 mg tablet outer 5 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin 5 mg/5 ml syrup 5 mg/5 ml</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 10 mg tablet 10 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 10 mg tablet coated 10 mg</i>	PDL Preferred Generic	90DS

Drug	Status	Notes
<i>oxybutynin cl er 10 mg tablet inner 10 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 10 mg tablet outer 10 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 10 mg tablet u-d,10x10,outer 10 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 10 mg tablet u-d,inner 10 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 15 mg tablet 15 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 15 mg tablet coated 15 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 5 mg tablet 10x10, u-d, inner 5 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 5 mg tablet 10x10, u-d, outer 5 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 5 mg tablet 5 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 5 mg tablet coated 5 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 5 mg tablet u-d,10x10,outer 5 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 5 mg tablet u-d,3x10 5 mg</i>	PDL Preferred Generic	90DS
<i>oxybutynin cl er 5 mg tablet u-d,inner 5 mg</i>	PDL Preferred Generic	90DS
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 3.9 MG/24 HOUR	PDL Preferred Brand	OTC
OXYTROL FOR WOMEN 3.9 MG/24HR 16-DAY SUPPLY, OUTER 3.9 MG/24 HOUR	PDL Preferred Brand	OTC
OXYTROL FOR WOMEN 3.9 MG/24HR 32-DAY SUPPLY 3.9 MG/24 HOUR	PDL Preferred Brand	OTC
OXYTROL FOR WOMEN 3.9 MG/24HR 32-DAY SUPPLY, OUTER 3.9 MG/24 HOUR	PDL Preferred Brand	OTC
OXYTROL FOR WOMEN 3.9 MG/24HR 4-DAY SUPPLY, INNER 3.9 MG/24 HOUR	PDL Preferred Brand	OTC
OXYTROL FOR WOMEN 3.9 MG/24HR INNER 3.9 MG/24 HOUR	PDL Preferred Brand	OTC
OXYTROL FOR WOMEN 3.9 MG/24HR OUTER 3.9 MG/24 HOUR	PDL Preferred Brand	OTC
<i>tolterodine tart er 2 mg cap 2 mg</i>	PDL Preferred Generic	
<i>tolterodine tart er 2 mg cap inner 2 mg</i>	PDL Preferred Generic	
<i>tolterodine tart er 2 mg cap outer 2 mg</i>	PDL Preferred Generic	
<i>tolterodine tart er 4 mg cap 4 mg</i>	PDL Preferred Generic	
<i>tolterodine tart er 4 mg cap inner 4 mg</i>	PDL Preferred Generic	
<i>tolterodine tart er 4 mg cap outer 4 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>tolterodine tartrate 1 mg tab 1 mg</i>	PDL Preferred Generic	
<i>tolterodine tartrate 1 mg tab f/c 1 mg</i>	PDL Preferred Generic	
<i>tolterodine tartrate 2 mg tab 2 mg</i>	PDL Preferred Generic	
<i>tolterodine tartrate 2 mg tab f/c 2 mg</i>	PDL Preferred Generic	
<i>tolterodine tartrate 2 mg tab f/c,inner 2 mg</i>	PDL Preferred Generic	
<i>tolterodine tartrate 2 mg tab f/c,outer 2 mg</i>	PDL Preferred Generic	
TOVIAZ ER 4 MG TABLET 4 MG	PDL Preferred Brand	
TOVIAZ ER 8 MG TABLET 8 MG	PDL Preferred Brand	
<i>trospium chloride 20 mg tablet 20 mg</i>	PDL Non- Preferred Generic	PA
<i>trospium chloride er 60 mg cap 60 mg</i>	PDL Non- Preferred Generic	PA
Vaginal Disorders		
Vaginal Antibiotics		
<i>clindamycin 2% vaginal cream 2 %</i>	Non-PDL Generic	
<i>metronidazole vaginal 0.75% gl 0.75 % (37.5mg/5 gram)</i>	Non-PDL Generic	
Vaginal Antifungals		
3-DAY VAGINAL CREAM 2 %	Non-PDL Generic	OTC
<i>clotrimazole 1% vaginal cream 1 %</i>	Non-PDL Generic	OTC
CLOTRIMAZOLE-3 2% CREAM 2 %	Non-PDL Generic	OTC

Drug	Status	Notes
CLOTRIMAZOLE-3 2% CREAM 2 %	Non-PDL Generic	OTC
CLOTRIMAZOLE-7 VAGINAL CREAM 1 %	Non-PDL Generic	OTC
CVS CLOTRIMAZOLE-3 2% CREAM 2 %	Non-PDL Generic	OTC
<i>cvs miconazole 1 combo pack 1,200-2 mg-%</i>	Non-PDL Generic	OTC
<i>cvs miconazole 1 combo pack sftgl insert/9gm crm 1,200-2 mg-%</i>	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
<i>eq miconazole 1 combo pack sftgl insert/9gm crm 1,200-2 mg-%</i>	Non-PDL Generic	OTC
<i>eq miconazole 2% vaginal cream w/7 disp applicators 2 %</i>	Non-PDL Generic	OTC
EQ MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	OTC
<i>eq1 miconazole 1 combo pack softgel 1,200-2 mg-%</i>	Non-PDL Generic	OTC
EQL MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	Non-PDL Generic	OTC
GNP CLOTRIMAZOLE-3 2% CREAM 2 %	Non-PDL Generic	OTC
<i>gnp miconazole 1 combo pack 1,200-2 mg-%</i>	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 2 %	Non-PDL Brand	

Drug	Status	Notes
GYNE-LOTRIMIN 3 DAY 2% CRM 2 %	Non-PDL Brand	OTC
GYNE-LOTRIMIN-7 1% CREAM 1 %	Non-PDL Brand	OTC
<i>kro miconazole 1 combo pack sftgl insert/9gm crm 1,200-2 mg-%</i>	Non-PDL Generic	OTC
KRO MICONAZOLE 3 COMBO PACK 3 SUPP,9GM CRM W/APP 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
KRO MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	Non-PDL Generic	OTC
<i>miconazole 1 combination pack 1,200-2 mg- %</i>	Non-PDL Generic	OTC
<i>miconazole 1 combination pack sftgl insert/9gm crm 1,200-2 mg-%</i>	Non-PDL Generic	OTC
<i>miconazole 2% vaginal cream 2 %</i>	Non-PDL Generic	OTC
MICONAZOLE 3 200 MG VAG SUPP 200 MG	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
<i>miconazole 3 combo pack 3 pref-applic,9gm cr 4 % (200 mg)- 2 % (9 gram)</i>	Non-PDL Generic	OTC
MICONAZOLE 3 COMBO PACK 3 SUP,9GM CRM W/APP 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
<i>miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)</i>	Non-PDL Generic	OTC
<i>miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)</i>	Non-PDL Generic	OTC
MICONAZOLE 3 KIT 3PREF APP W/CRM+3WIP 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Generic	OTC
<i>miconazole 7 100 mg vag supp 100 mg</i>	Non-PDL Generic	OTC
<i>miconazole 7 cream 2 %</i>	Non-PDL Generic	OTC
MICONAZOLE 7 CREAM 2 %	Non-PDL Generic	OTC

Drug	Status	Notes
MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	Non-PDL Generic	OTC
<i>miconazole-7 cream 2 %</i>	Non-PDL Generic	OTC
MONISTAT 1 COMBINATION PACK OVULE INSERT/9GM CRM 1,200-2 MG-%	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 CREAM 1 APPLICATOR 2 %	Non-PDL Generic	OTC
MONISTAT 7 CREAM 7 APPLICATORS 2 %	Non-PDL Generic	OTC
PUB MICONAZOLE3DAY COMBO PACK 3 SUPP W/9 GM CREAM 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
<i>qc clotrimazole 1% vag cream 1 %</i>	Non-PDL Generic	OTC
<i>qc miconazole-7 cream 1 applicator 2 %</i>	Non-PDL Generic	OTC
<i>ra clotrimazole 1% vag cream 1 %</i>	Non-PDL Generic	OTC
RA MICONAZOLE 3 COMBO PACK 3 SUP,9GM CRM W/APP 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
<i>ra miconazole 3 combo pack 4 % (200 mg)- 2 % (9 gram)</i>	Non-PDL Generic	OTC
RA MICONAZOLE 3 KIT 3PREF APP W/CRM+6WIP 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Generic	OTC
RA MICONAZOLE 7 CREAM W/7 DISP APPLICATORS 2 %	Non-PDL Generic	OTC
SM 3-DAY VAGINAL CREAM 2 %	Non-PDL Generic	OTC
<i>sm clotrimazole 1% vag cream 1 %</i>	Non-PDL Generic	OTC
<i>sm miconazole 2% vaginal cream 2 %</i>	Non-PDL Generic	OTC
<i>sm miconazole 2% vaginal cream w/disp applicators 2 %</i>	Non-PDL Generic	OTC

Drug	Status	Notes
SM MICONAZOLE 3 COMBO PACK W/DISPOSABLE APPLICA 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
SM MICONAZOLE 7 100 MG VAG SUP 100 MG	Non-PDL Generic	OTC
SM MICONAZOLE 7 CREAM W/REUSABLE APPLIC 2 %	Non-PDL Generic	OTC
<i>terconazole 0.4% cream 0.4 %</i>	Non-PDL Generic	
<i>terconazole 0.8% cream 0.8 %</i>	Non-PDL Generic	
<i>terconazole 0.8% cream 3-day therapy 0.8 %</i>	Non-PDL Generic	
<i>terconazole 80 mg suppository inner 80 mg</i>	Non-PDL Generic	
<i>terconazole 80 mg suppository outer 80 mg</i>	Non-PDL Generic	
<i>terconazole 80 mg suppository w/applicator 80 mg</i>	Non-PDL Generic	
Vaginal Estrogen Preparations		
<i>estradiol 0.01% cream 0.01 % (0.1 mg/gram)</i>	Non-PDL Generic	
<i>estradiol 10 mcg vaginal insrt inner 10 mcg</i>	Non-PDL Generic	
<i>estradiol 10 mcg vaginal insrt outer 10 mcg</i>	Non-PDL Generic	
PREMARIN VAGINAL CREAM-APPL VAGINAL 0.625 MG/GRAM	Non-PDL Brand	
YUVAFEM 10 MCG VAGINAL INSERT 10 MCG	Non-PDL Generic	
YUVAFEM 10 MCG VAGINAL INSERT INNER 10 MCG	Non-PDL Generic	
YUVAFEM 10 MCG VAGINAL INSERT OUTER 10 MCG	Non-PDL Generic	
Vitamin And/Or Mineral Deficiency		
Antioxidant Multivitamin Combinations		
CVS EYE HEALTH AND LUTEIN TAB 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 14,320-226-200 UNIT-MG-UNIT	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 14,320-226-200 UNIT-MG-UNIT	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	
ICAPS AREDS SOFTGEL SOFTGEL (RX) 14,320-226-200 UNIT-MG-UNIT	Non-PDL Generic	
I-CAPS WITH LUTEIN-OMEGA 3 SFG 280-10-2 MG	Non-PDL Generic	
I-VITE TABLET 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
PRESERVISION AREDS SOFTGEL (RX) 14,320-226-200 UNIT-MG-UNIT	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	
<i>calcium 1,000 + d3 caplet 1,000 mg-20 mcg (800 unit)</i>	Non-PDL Generic	
CALCIUM 250-D TABLET OYSTER SHELL (RX) 250 MG-3.125 MCG (125 UNIT)	Non-PDL Generic	
<i>calcium 250-vit d3 125 tablet 250 mg-3.125 mcg (125 unit)</i>	Non-PDL Generic	
CALCIUM 500 MG CHEWABLE TABLET (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
<i>calcium 500 mg chewable tablet tab chew,p/f (rx) 500 mg calcium (1,250 mg)</i>	Non-PDL Generic	
<i>calcium 500 mg tablet (rx) 500 mg calcium (1,250 mg)</i>	Non-PDL Generic	
<i>calcium 500 mg tablet 500mg elemental ca (rx) 500 mg calcium (1,250 mg)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>calcium 500 mg tablet oyster shell,p/f (rx)</i> <i>500 mg calcium (1,250 mg)</i>	Non-PDL Generic	
<i>calcium 500 mg-vit d3 10 mcg tab (rx) 500 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
<i>calcium 500 mg-vit d3 15 mcg tab 500 mg-15 mcg (600 unit)</i>	Non-PDL Generic	
<i>calcium 500 mg-vit d3 5 mcg tb (rx) 500 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium 500 mg-vit d3 600 unit 500 mg-15 mcg (600 unit)</i>	Non-PDL Generic	
CALCIUM 500+D TABLET CHEW 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
<i>calcium 500-vit d3 10 mcg chew 500 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
<i>calcium 500-vit d3 125 caplet 500 mg-3.125 mcg (125 unit)</i>	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	
<i>calcium 500-vit d3 400 tablet (rx) 500 mg-10 mcg (400 unit)</i>	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	

Drug	Status	Notes
CALCIUM 500-VIT D3 400 TABLET P/F,N,NO LACTOSE (RX) 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
<i>calcium 500-vit d3 600 caplet 500 mg-15 mcg (600 unit)</i>	Non-PDL Generic	
<i>calcium 500-vit d3 600 tablet 500 mg-15 mcg (600 unit)</i>	Non-PDL Generic	
CALCIUM 600 + VIT D 400 CAPLET S/F, P/F, CAPLET 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	OTC
<i>calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)</i>	Non-PDL Generic	
CALCIUM 600 MG TABLET (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
<i>calcium 600 mg tablet 10x10 u-d,600mg elem (rx) 600 mg calcium (1,500 mg)</i>	Non-PDL Generic	
CALCIUM 600 MG TABLET 600MG ELEMENTAL (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
<i>calcium 600 mg tablet gluten-free (rx) 600 mg calcium (1,500 mg)</i>	Non-PDL Generic	
<i>calcium 600 mg tablet gluten-free,p/f (rx) 600 mg calcium (1,500 mg)</i>	Non-PDL Generic	
CALCIUM 600 MG TABLET P/F, N (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
<i>calcium 600 mg-d3 10 mcg sfgl 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
<i>calcium 600 mg-d3 20 mcg cplt (rx) 600 mg- 20 mcg (800 unit)</i>	Non-PDL Generic	
<i>calcium 600 mg-d3 20 mcg tab (rx) 600 mg- 20 mcg (800 unit)</i>	Non-PDL Generic	
<i>calcium 600 mg-d3 400 unit sfgl 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
<i>calcium 600 mg-vit d3 10 mcg tb (rx) 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
<i>calcium 600 mg-vit d3 5 mcg tb (rx) 600 mg- 5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium 600+d plus minerals tb p/f, n (rx) 600 mg calcium- 400 unit</i>	Non-PDL Generic	
CALCIUM 600+D SOFTGEL 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
<i>calcium 600-d3 20 mcg(800 unit) (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>calcium 600-d3-minerals chw tb (rx) 600 mg calcium- 800 unit-40 mg</i>	Non-PDL Generic	
<i>calcium 600-vit d3 200 tablet (rx) 600 mg-5 mcg (200 unit)</i>	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	
<i>calcium 600-vit d3 200 tablet gluten-free (rx) 600 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
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 LACTOSE FREE,P/F (RX) 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
<i>calcium 600-vit d3 200 tablet p/f (rx) 600 mg-5 mcg (200 unit)</i>	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	
<i>calcium 600-vit d3 200 tablet p/f,high potency (rx) 600 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium 600-vit d3 400 caplet (rx) 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
<i>calcium 600-vit d3 400 caplet caplet (rx) 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
<i>calcium 600-vit d3 400 tablet (rx) 600 mg-10 mcg (400 unit)</i>	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	
<i>calcium 600-vit d3 400 tablet gluten-free (rx) 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET HIGH POTENCY (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
<i>calcium 600-vit d3 400 tablet inner (rx) 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	

Drug	Status	Notes
CALCIUM 600-VIT D3 400 TABLET NEW FORMULA (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
<i>calcium 600-vit d3 400 tablet outer (rx) 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
<i>calcium 600-vit d3 400 tablet p/f (rx) 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET P/F, N (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
<i>calcium 600-vit d3 400 tablet p/f, no yeast (rx) 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
CALCIUM 600-VIT D3 400 TABLET P/F, LACTOSE-FREE (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
<i>calcium 600-vit d3 500 softgel rapid release, sftgl (rx) 600 mg-12.5 mcg (500 unit)</i>	Non-PDL Generic	
CALCIUM 600-VIT D3 500 SOFTGEL SOFTGEL (RX) 600 MG-12.5 MCG (500 UNIT)	Non-PDL Generic	
<i>calcium 600-vit d3 800 tablet (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	
<i>calcium 600-vit d3 800 tablet coated, gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	
<i>calcium 600-vit d3 800 tablet gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	
<i>calcium 600-vit d3 800 tablet p/f (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	
<i>calcium 600-vit d3 800 tablet p/f, gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	
<i>calcium 600-vit d3-min chew tb 600 mg calcium- 400 unit-40 mg</i>	Non-PDL Generic	
<i>calcium carb 1,250 mg/5 ml sus (rx) 500 mg/5 ml (1,250 mg/5 ml)</i>	Non-PDL Generic	
<i>calcium carb 1,250 mg/5 ml sus n (otc) 500 mg/5 ml (1,250 mg/5 ml)</i>	Non-PDL Generic	OTC
<i>calcium cit 200 mg-d3 125 unit (rx) 200 mg-3.125 mcg (125 unit)</i>	Non-PDL Generic	
<i>calcium cit 200-vit d3 250 tab (rx) 200 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>calcium cit 250 mg-d3 200 unit (rx) 250 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium cit 315 mg-d3 250 unit (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>calcium cit 315 mg-vit d3 5 mcg (rx) 315 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium cit 315-vit d3 250 cpt (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
CALCIUM CITRATE - VIT D CAPLET (RX) 315 MG-5 MCG (200 UNIT)	Non-PDL Generic	
<i>calcium citrate - vit d caplet caplet, coated (rx) 315 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium citrate - vit d caplet caplet,p/f (rx) 315 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium citrate - vit d caplet p/f, caplet (rx) 315 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium citrate - vit d tablet p/f,coated (rx) 315 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium citrate - vit d3 tab (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>calcium citrate 200 mg caplet caplet, p/f (rx) 200 mg (950 mg)</i>	Non-PDL Generic	
<i>calcium citrate 200 mg tablet (rx) 200 mg (950 mg)</i>	Non-PDL Generic	
<i>calcium citrate 200 mg tablet coated, p/f (rx) 200 mg (950 mg)</i>	Non-PDL Generic	
<i>calcium citrate 200 mg tablet p/f (rx) 200 mg (950 mg)</i>	Non-PDL Generic	
<i>calcium citrate-vit d caplet maximum (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>calcium citrate-vit d3 caplet caplet (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>calcium citrate-vit d3 caplet p/f (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>calcium citrate-vit d3 tablet (rx) 200 mg-6.25 mcg (250 unit), 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>calcium citrate-vit d3 tablet coated, petites (rx) 200 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>calcium citrate-vit d3 tablet inner (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>calcium citrate-vit d3 tablet outer (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>calcium citrate-vit d3 tablet p/f,gluten-free (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>calcium citrate-vit d3 tablet petites (rx) 200 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>calcium cit-vit d 315-200 tab p/f, lactose-free (rx) 315 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
CALTRATE 600 + D SOFT CHEW TAB CHOCOLATE TRUFFLE 600 MG-20 MCG (800 UNIT)	Non-PDL Brand	
CALTRATE 600 + D SOFT CHEW TAB VANILLA CREME 600 MG-20 MCG (800 UNIT)	Non-PDL Brand	
CITRACAL + D MAXIMUM CAPLET (RX) 315 MG-6.25 MCG (250 UNIT)	Non-PDL Generic	
CITRUS CALCIUM 200-VIT D3 250 200 MG- 6.25 MCG (250 UNIT)	Non-PDL Generic	
<i>cvs cal cit 200 mg-d3 6.25 mcg (rx) 200 mg- 6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>cvs calcium 500-vit d3 125 tab 500 mg-3.125 mcg (125 unit)</i>	Non-PDL Generic	
<i>cvs calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)</i>	Non-PDL Generic	
<i>cvs calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	
<i>cvs calcium 600-d3-min chew tb (rx) 600 mg calcium- 800 unit-40 mg</i>	Non-PDL Generic	
<i>cvs calcium 600-vit d3 800 tab p/f,gluten-free (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	
EQ CALCIUM 500-VIT D3 400 TAB OYSTER SHELL (RX) 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
<i>eq calcium cit 315-vit d3 250 (rx) 315 mg- 6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>eq calcium citrate-d tablet p/f,gluten-free (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>eql calcium 600-vit d3 800 tab (rx) 600 mg- 20 mcg (800 unit)</i>	Non-PDL Generic	
<i>eql calcium citrate-vit d3 cpt (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
FOSFREE TABLET 175.5-14.5 MG	Non-PDL Generic	
<i>gnp calcium 500-vit d3 600 tab 500 mg-15 mcg (600 unit)</i>	Non-PDL Generic	
<i>gnp calcium 600 mg tablet (rx) 600 mg calcium (1,500 mg)</i>	Non-PDL Generic	
<i>gnp calcium 600 mg-d3 800 unit p/f,gluten- free (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>gnp calcium 600-d3-min chew tb p/f,gluten/f,yeast/f (rx) 600 mg calcium- 800 unit-40 mg</i>	Non-PDL Generic	
<i>gnp calcium citrate-vit d3 tab (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>hm calcium 500-vit d3 200 cplt (rx) 500 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
HM CALCIUM 500-VIT D3 200 CPLT CAPLET, GLUTEN-FREE (OTC) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	OTC
<i>hm calcium 600-d3-min chew tab gluten-free (otc) 600 mg calcium- 800 unit-40 mg</i>	Non-PDL Generic	OTC
HM CALCIUM 600-VIT D3 400 TAB GLUTEN-FREE (OTC) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	OTC
<i>hm calcium citrate-vit d cplt caplet, gluten-free (otc) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	OTC
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	
NATURAL CALCIUM 500 MG TABLET 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OS-CAL 500-VIT D3 200 CAPLET CAPLET (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Brand	
OS-CAL 500-VIT D3 600 CAPLET 500 MG-15 MCG (600 UNIT)	Non-PDL Brand	
OYSCO 500-VIT D3 200 TABLET 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
<i>oyster shell 250 mg-d3 3.12 mcg 250 mg-3.125 mcg (125 unit)</i>	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	

Drug	Status	Notes
OYSTER SHELL 500-VIT D3 200 TB CAPLET (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
<i>oyster shell calcium 500 mg tb (rx) 500 mg calcium (1,250 mg)</i>	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 P/F (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM 500 MG TB U-D, 10X10 (RX) 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM-VIT D TAB 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 CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT	Non-PDL Generic	OTC
OYSTER SHELL-D 250 MG TABLET U-D, 10X10 (RX) 250 MG-3.125 MCG (125 UNIT)	Non-PDL Generic	
OYSTERCAL-D 500 MG-400 UNIT TB 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
PARVA-CAL 500 TABLET 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
<i>ra cal 600-vit d3-min chew tab 600 mg calcium- 400 unit-40 mg</i>	Non-PDL Generic	
RA CALCIUM 600 MG TABLET P/F (RX) 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
RA CALCIUM 600-MINERALS TAB (RX) 600 MG CALCIUM- 200 UNIT	Non-PDL Generic	
RA CALCIUM 600-VIT D3 400 TAB (RX) 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
<i>ra calcium citrate - vit d tab plf, dlf (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>ra calcium citrate-vit d3 tab petites (rx) 200 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
RA HI-CAL PLUS VITAMIN D TAB (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
RA OYSTER SHELL 500-VIT D3 200 NATURAL,P/F (RX) 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
<i>sm cal cit 315 mg-d3 250 unit caplet, gluten-free (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
<i>sm calcium 600-vit d3 800 tab (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	
<i>sm calcium cit 315-d3 6.5 mcg (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
SUPER CALCIUM 600 MG TABLET 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
<i>super calcium 600-vit d3 400 p/f (rx) 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
<i>sv calc 600 mg-d3 12.5 mcg sfgl (rx) 600 mg-12.5 mcg (500 unit)</i>	Non-PDL Generic	
<i>sv calcium 600 mg tablet p/f, gluten-free (rx) 600 mg calcium (1,500 mg)</i>	Non-PDL Generic	
<i>sv calcium 600 mg-d3 20 mcg tab (rx) 600 mg-20 mcg (800 unit)</i>	Non-PDL Generic	
<i>sv calcium citrate-vit d3 tab p/f,gluten-free (rx) 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
Fluoride Preparations		
DENTA 5000 PLUS CREAM 1.1 %	Non-PDL Generic	
DENTAGEL 1.1% GEL 1.1 %	Non-PDL Generic	
<i>fluoride 0.25 mg tablet chew cherry flavor (rx) 0.25 mg(0.55 mg sod. fluoride)</i>	Preventive	90DS; Age (Max 6 Years)
<i>fluoride 0.5 mg tablet chew grape flavor (rx) 0.5 mg (1.1 mg sodium fluorid)</i>	Preventive	90DS; Age (Max 6 Years)
<i>fluoride 1 mg tablet chewable orange flavor (rx) 1 mg (2.2 mg sod. fluoride)</i>	Preventive	90DS; Age (Max 6 Years)
FLUORIDEX SENSITIV RLF PASTE 1.1-5 %	Non-PDL Brand	
GEL-KAM 0.4% DENTAL GEL 12'S 0.4 %	Non-PDL Generic	OTC
PREVIDENT 0.2% RINSE 0.2 %	Non-PDL Brand	

Drug	Status	Notes
PREVIDENT 1.1% GEL 1.1 %	Non-PDL Brand	
PREVIDENT 1.1% GEL 12'S 1.1 %	Non-PDL Brand	
PREVIDENT 5000 ENAMEL PROTECT 1.1-5 %	Non-PDL Brand	
PREVIDENT 5000 PLUS CREAM 1.1 %	Non-PDL Brand	
PREVIDENT 5000 PLUS CREAM 12'S 1.1 %	Non-PDL Brand	
PREVIDENT 5000 PLUS CREAM 12'S, TWIN PACK 1.1 %	Non-PDL Brand	
PREVIDENT 5000 SENSITIVE PASTE 1.1-5 %	Non-PDL Brand	
PREVIDENT DENTAL RINSE 0.2 %	Non-PDL Brand	
SF 1.1% GEL 1.1 %	Non-PDL Generic	
SF 5000 PLUS CREAM 1.1 %	Non-PDL Generic	
<i>sod fluoride enam prot 5000ppm 1.1-5 %</i>	Non-PDL Generic	
<i>sodium fluoride 0.2% rinse 0.2 %</i>	Non-PDL Generic	
<i>sodium fluoride 0.25 (0.55) mg (rx) 0.25 mg(0.55 mg sod. fluoride)</i>	Preventive	90DS; Age (Max 6 Years)
<i>sodium fluoride 0.5 mg(1.1 mg) (rx) 0.5 mg (1.1 mg sodium fluorid)</i>	Preventive	90DS; Age (Max 6 Years)
<i>sodium fluoride 0.5 mg/ml drop (rx) 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Preventive	Age (Max 6 Years)
<i>sodium fluoride 0.5 mg/ml drop d/f,gluten-free (rx) 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Preventive	Age (Max 6 Years)
<i>sodium fluoride 1 mg (2.2 mg) (rx) 1 mg (2.2 mg sod. fluoride)</i>	Preventive	90DS; Age (Max 6 Years)
<i>sodium fluoride 1.1% cream 1.1 %</i>	Non-PDL Generic	
<i>sodium fluoride 1.1% gel 1.1 %</i>	Non-PDL Generic	
SODIUM FLUORIDE 5000 DRY MOUTH 1.1 %	Non-PDL Generic	
SODIUM FLUORIDE 5000 PLUS CRM 1.1 %	Non-PDL Generic	

Drug	Status	Notes
<i>sodium fluoride 5000 ppm cream 1.1 %</i>	Non-PDL Generic	
<i>sodium fluoride 5000 ppm paste 1.1 %</i>	Non-PDL Generic	
<i>sodium fluoride sensiv 5000ppm 1.1-5 %</i>	Non-PDL Generic	
Folic Acid Preparations		
<i>cvs folic acid 800 mcg tablet (rx) 800 mcg</i>	Preventive	
<i>folic acid 0.4 mg tablet (rx) 400 mcg</i>	Preventive	
<i>folic acid 0.8 mg tablet (rx) 800 mcg</i>	Preventive	
<i>folic acid 1 mg tablet (rx) 1 mg</i>	Non-PDL Generic	
<i>folic acid 1,000 mcg tablet (rx) 1 mg</i>	Non-PDL Generic	
<i>folic acid 1,000 mcg tablet p/f (rx) 1 mg</i>	Non-PDL Generic	
<i>folic acid 400 mcg tablet (rx) 400 mcg</i>	Preventive	
<i>folic acid 400 mcg tablet gluten-free (rx) 400 mcg</i>	Preventive	
<i>folic acid 400 mcg tablet p/f (rx) 400 mcg</i>	Preventive	
<i>folic acid 400 mcg tablet p/f, lactose free (rx) 400 mcg</i>	Preventive	
<i>folic acid 400 mcg tablet p/f,gluten-free (rx) 400 mcg</i>	Preventive	
<i>folic acid 5 mg/ml vial mdv 5 mg/ml</i>	Non-PDL Generic	
<i>folic acid 5 mg/ml vial mdv, 10's 5 mg/ml</i>	Non-PDL Generic	
<i>folic acid 50 mg/10 ml vial muv 5 mg/ml</i>	Non-PDL Generic	
<i>folic acid 800 mcg tablet (rx) 800 mcg</i>	Preventive	
<i>folic acid 800 mcg tablet maximum strength (rx) 800 mcg</i>	Preventive	
<i>folic acid 800 mcg tablet n,p/f (rx) 800 mcg</i>	Preventive	
<i>folic acid 800 mcg tablet p/f,gluten-free (rx) 800 mcg</i>	Preventive	
<i>folic acid 800 mcg tablet pure,gluten-free (rx) 800 mcg</i>	Preventive	
<i>gnp folic acid 400 mcg tablet (rx) 400 mcg</i>	Preventive	
<i>ra folic acid 0.4 mg tablet p/f (rx) 400 mcg</i>	Preventive	
<i>ra folic acid 800 mcg tablet p/f (rx) 800 mcg</i>	Preventive	
<i>sm folic acid 400 mcg tablet (rx) 400 mcg</i>	Preventive	

Drug	Status	Notes
<i>sv folic acid 800 mcg tablet (rx) 800 mcg</i>	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	
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	
VITRUM SENIOR TABLET F/F,P/F (RX)	Non-PDL Generic	
Iron Replacement		
<i>cvx iron 27 mg tablet (rx) 240 mg (27 mg iron)</i>	Non-PDL Generic	
<i>cvx iron 65 mg tablet (rx) 325 mg (65 mg iron)</i>	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 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	

Drug	Status	Notes
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	
FERRETTIS 325 MG TABLET 325 MG (106 MG IRON)	Non-PDL Generic	
FERREX 150 CAPSULE 150 MG IRON	Non-PDL Generic	
FERREX 150 CAPSULE INNER, U-D 150 MG IRON	Non-PDL Generic	
FERREX 150 CAPSULE OUTER, U-D 150 MG IRON	Non-PDL Generic	
FERREX 150 CAPSULE U-D,10X10 150 MG IRON	Non-PDL Generic	
FERREX 150 FORTE CAPSULE 150-25-1 MG-MCG-MG	Non-PDL Generic	
FERROCITE TABLET 324 MG (106 MG IRON)	Non-PDL Generic	
FERRO-TIME 325 MG TABLET F/C, GREEN 325 MG (65 MG IRON)	Non-PDL Generic	
FERRO-TIME 325 MG TABLET F/C, RED 325 MG (65 MG IRON)	Non-PDL Generic	
<i>ferrous fumarate 324 mg tab 324 mg (106 mg iron)</i>	Non-PDL Generic	
<i>ferrous gluconate 240 mg tab (rx) 240 mg (27 mg iron)</i>	Non-PDL Generic	
<i>ferrous gluconate 240 mg tab 240mg=27mg elemental (rx) 240 mg (27 mg iron)</i>	Non-PDL Generic	
<i>ferrous gluconate 324 mg tab (rx) 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml</i>	Non-PDL Generic	
<i>ferrous sulf 220 mg/5 ml elix (rx) 220 mg (44 mg iron)/5 ml</i>	Non-PDL Generic	
<i>ferrous sulf 300 mg/5 ml cup 100's, u-d 300 mg (60 mg iron)/5 ml</i>	Non-PDL Generic	
<i>ferrous sulf 300 mg/5 ml cup 300 mg (60 mg iron)/5 ml</i>	Non-PDL Generic	
<i>ferrous sulf 300 mg/5 ml cup inner 300 mg (60 mg iron)/5 ml</i>	Non-PDL Generic	
<i>ferrous sulf 300 mg/5 ml cup outer 300 mg (60 mg iron)/5 ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>ferrous sulf 44 mg iron/5 ml lq (rx) 220 mg (44 mg iron)/5 ml</i>	Non-PDL Generic	
<i>ferrous sulf ec 324 mg tablet 324 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulf ec 325 mg tablet (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulf ec 325 mg tablet u-d, inner (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulf ec 325 mg tablet u-d, outer (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulfate 325 mg tablet (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulfate 325 mg tablet f/c (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulfate 325 mg tablet f/c, green (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulfate 325 mg tablet f/c, red (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulfate 325 mg tablet n,p/f (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulfate 325 mg tablet p/f (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulfate 325 mg tablet u-d, 10x10, f/c (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulfate 325 mg tablet u-d,10x10, film coat (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
GNP IRON 45 MG TABLET 159 MG (45 MG IRON)	Non-PDL Generic	
GNP IRON 65 MG TABLET (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
HEMOCYTE TABLET 324 MG (106 MG IRON)	Non-PDL Generic	
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	
IRON 100 PLUS TABLET 100-250-25-1 MG-MG-MCG-MG	Non-PDL Generic	
<i>iron 27 mg tablet (rx) 236 mg (27 mg iron), 240 mg (27 mg iron)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>iron 28 mg tablet 256 mg (28 mg iron)</i>	Non-PDL Generic	
IRON 45 MG TABLET 159 MG (45 MG IRON)	Non-PDL Generic	
<i>iron 65 mg tablet (rx) 325 mg (65 mg iron)</i>	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	
<i>iron 65 mg tablet gluten-free (rx) 325 mg (65 mg iron)</i>	Non-PDL Generic	
<i>iron 65 mg tablet plf (rx) 325 mg (65 mg iron)</i>	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 15 MG	Non-PDL Generic	
MYFERON 150 CAPSULE 150 MG IRON	Non-PDL Generic	
MYFERON-150 FORTE CAPSULE (RX) 150-25-1 MG-MCG-MG	Non-PDL Generic	
NU-IRON 150 CAPSULE 150 MG IRON	Non-PDL Generic	
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	
<i>polysaccharide iron 150 mg cap (rx) 150 mg iron</i>	Non-PDL Generic	
RA IRON 65 MG TABLET P/F, D/F (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
RA SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
SIDEROL TABLET	Non-PDL Generic	
SLOW RELEASE IRON 160 MG TAB P/F, GLUTEN-FREE (RX) 160 MG (50 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON 45 MG TABLET (RX) 140 MG (45 MG IRON), 143 MG (45 MG IRON)	Non-PDL Generic	

Drug	Status	Notes
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 (RX) 160 MG (50 MG IRON)	Non-PDL Generic	
SLOW RELEASE IRON TABLET 168 MG (50 MG IRON)	Non-PDL Generic	
SM SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
SV IRON 65 MG TABLET P/F, D/F (RX) 325 MG (65 MG IRON)	Non-PDL Generic	
SV SLOW RELEASE IRON 45 MG TAB (RX) 142 MG (45 MG IRON)	Non-PDL Generic	
Magnesium Salts Replacement		
<i>cvs magnesium 250 mg caplet (rx) 250 mg magnesium</i>	Non-PDL Generic	
<i>cvs magnesium 500 mg caplet (rx) 500 mg</i>	Non-PDL Generic	
<i>gnp magnesium 250 mg tablet (rx) 250 mg magnesium</i>	Non-PDL Generic	
MAG DELAY DR 64 MG TABLET 64 MG	Non-PDL Generic	
MAG64 DR 64 MG TABLET (RX) 64 MG	Non-PDL Generic	
MAG-G 500 MG TABLET 27 MG MAGNESIUM (500 MG)	Non-PDL Generic	
<i>magnesium 250 mg caplet (rx) 250 mg magnesium</i>	Non-PDL Generic	
<i>magnesium 250 mg tablet (rx) 250 mg magnesium</i>	Non-PDL Generic	
<i>magnesium 250 mg tablet plf (rx) 250 mg magnesium</i>	Non-PDL Generic	
<i>magnesium 250 mg tablet plf, no lactose (rx) 250 mg magnesium</i>	Non-PDL Generic	
<i>magnesium 400 mg tablet gluten-free 400 mg magnesium</i>	Non-PDL Generic	
<i>magnesium 500 mg tablet plf, gluten/f (rx) 500 mg</i>	Non-PDL Generic	
<i>magnesium chloride ec 64 mg tb (rx) 64 mg</i>	Non-PDL Generic	
<i>magnesium chloride ec 70 mg tb 70 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>magnesium gluc 500 mg tablet 27 mg magnesium (500 mg)</i>	Non-PDL Generic	
<i>magnesium gluc 500 mg tablet 27.5mg elem mag (rx) 27.5 mg magne- sium (500 mg)</i>	Non-PDL Generic	
<i>magnesium gluc 500 mg tablet lactose free (rx) 27.5 mg magne- sium (500 mg)</i>	Non-PDL Generic	
<i>magnesium oxide 250 mg caplet p/f, gluten/f (rx) 250 mg magnesium</i>	Non-PDL Generic	
<i>magnesium oxide 250 mg tablet (rx) 250 mg magnesium</i>	Non-PDL Generic	
<i>magnesium oxide 250 mg tablet p/f, gluten-f (rx) 250 mg magnesium</i>	Non-PDL Generic	
<i>magnesium oxide 400 mg tablet (rx) 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	
<i>magnesium oxide 400 mg tablet 240mg elemental (rx) 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	
<i>magnesium oxide 400 mg tablet 400 mg magnesium</i>	Non-PDL Generic	
<i>magnesium oxide 400 mg tablet gluten-free (rx) 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	
<i>magnesium oxide 400 mg tablet inner (rx) 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	
<i>magnesium oxide 400 mg tablet outer (rx) 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	
<i>magnesium oxide 400 mg tablet p/f,gluten- free (rx) 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	
<i>magnesium oxide 400 mg tablet p/f,soy-free (rx) 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	
<i>magnesium oxide 500 mg tablet extra strength (rx) 500 mg</i>	Non-PDL Generic	
<i>magnesium oxide 500 mg tablet p/f,lactose- free (rx) 500 mg</i>	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	
<i>mag-oxide magnesium 200 mg tab 200 mg magnesium</i>	Non-PDL Generic	
MGO 400 MG TABLET 400 MG (241.3 MG MAGNESIUM)	Non-PDL Generic	
NU-MAG 71.5 MG TABLET 71.5 MG	Non-PDL Generic	

Drug	Status	Notes
PHILLIPS 500 MG CAPLET 500 MG	Non-PDL Generic	
<i>ra magnesium 250 mg tablet (rx) 250 mg</i>	Non-PDL Generic	
<i>sm magnesium 250 mg tablet (rx) 250 mg magnesium</i>	Non-PDL Generic	
<i>sm magnesium 250 mg tablet gluten-free (rx) 250 mg</i>	Non-PDL Generic	
<i>sv magnesium oxide 400 mg tab 400 mg magnesium</i>	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	
ABC PLUS TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
ADULTS 50 PLUS DAILY FORMULA 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	

Drug	Status	Notes
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	
<i>b-complex with c tablet (rx)</i>	Non-PDL Generic	
<i>b-complex w-vitamin c caplet caplet,p/f (rx)</i>	Non-PDL Generic	
CALCIUM PNV ORAL CAPSULE 28-1-250 MG	Non-PDL Generic	
CENTAMIN LIQUID 9 MG IRON/15 ML	Non-PDL Generic	
CENTRAM-CARE MULTIVIT-MIN LIQ 9 MG IRON/15 ML	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	
CENTRAVITES TABLET 0.4-162-18 MG	Non-PDL Generic	
CENTRUM ADULTS TABLET 18-400 MG-MCG	Non-PDL Generic	
CENTRUM COMPLETE MULTIVIT TAB (RX) 18-400 MG-MCG	Non-PDL Generic	
CENTRUM MULTIVIT-MINERAL LIQ (RX) 9 MG IRON/15 ML	Non-PDL Generic	
CENTRUM SILVER TABLET (RX) 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CENTRUM SILVER TABLET ADULTS 50 + (RX) 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CENTRUM SILVER TABLET ADULTS 50+ (RX) 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CENTRUM SILVER TABLET FOR ADULT 50+ (RX) 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CENTRUM WOMEN TABLET 18-400 MG-MCG	Non-PDL Generic	
CENTURY ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CEROVITE SENIOR TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	

Drug	Status	Notes
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	
COMPETE ORAL TABLET	Non-PDL Generic	OTC
<i>cv's b-complex-vit c caplet caplet (rx)</i>	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 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	
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-300 MCG	Non-PDL Generic	
CVS SPECTRAVITE WOMEN TABLET 18-400 MG-MCG	Non-PDL Generic	
DAILY MULTI VITAMIN-IRON TAB (RX)	Non-PDL Generic	
DAILY MULTIVIT-MINERALS TAB (RX)	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	

Drug	Status	Notes
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	
EQ ONE DAILY WOMEN'S TABLET GLUTEN FREE 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
EQL ONE DAILY MEN'S TABLET (RX)	Non-PDL Generic	
EQL ONE DAILY WOMEN'S 50 PLUS 400 MCG-500 MG CALCIUM-20 MCG	Non-PDL Generic	
ESSENTIA TABLET 18-400 MG-MCG	Non-PDL Generic	
FOLIVANE-OB CAPSULE 85-1 MG	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 HAIR,SKIN & NAILS CAPLET CAPLET	Non-PDL Generic	OTC
GNP MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG	Non-PDL Generic	

Drug	Status	Notes
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+ TABLET 400-600-120 MCG-MCG-MG	Non-PDL Generic	
GNP ONE DAILY PLUS IRON TABLET (RX) 18-400 MG-MCG	Non-PDL Generic	
GNP ONE DAILY TABLET 0.4-600 MG-MCG	Non-PDL Generic	
GNP ONE DAILY WOMEN'S 50+ TAB WOMEN'S HEALTH 50+ 400-120 MCG-MG	Non-PDL Generic	
GNP ONE DAILY WOMEN'S HLTH TAB 18 MG IRON-400 MCG-450 MG CA	Non-PDL Generic	
HAIR VITAMINS	Non-PDL Generic	
HAIR,SKIN & NAILS CAPLET CAPLET	Non-PDL Generic	OTC
HIGH POTENCY MULTIVITAMIN TAB 18-400 MG-MCG, 9 MG IRON-400 MCG	Non-PDL Generic	
HIGH POTENCY MULTIVITAMIN TAB 400 MCG	Non-PDL Generic	
HONEY BEARS CHEWABLE TABLET	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	
MEGA MULTI FOR WOMEN TAB 13.5-200-250 MG-MCG-MCG	Non-PDL Generic	
MEGA MULTIVIT-CHELATED MIN TAB	Non-PDL Generic	
MEN UNDER 50 MULTIVITAMIN TAB 8 MG IRON- 200 MCG-600 MCG	Non-PDL Generic	
MEN'S 50 PLUS DAILY FORMULA TB 400-20-370 MCG	Non-PDL Generic	
MEN'S 50 PLUS MULTIVITAMIN TAB 400-20-370 MCG	Non-PDL Generic	

Drug	Status	Notes
MEN'S DAILY FORMULA CAPSULE 0.4-600 MG-MCG	Non-PDL Generic	
MULTI COMPLETE-IRON TABLET 18-400 MG-MCG	Non-PDL Generic	
MULTI FOR HER TABLET 18 MG IRON-600 MCG-80 MCG	Non-PDL Generic	
MULTI-DAY PLUS IRON TABLET 18-400 MG-MCG	Non-PDL Generic	
<i>multiple vitamin with iron tab (rx)</i>	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	
<i>multivitamin tablet (rx)</i>	Non-PDL Generic	
MULTIVITAMIN WITH IRON TABLET (RX) 18-400 MG-MCG	Non-PDL Generic	
MULTIVITAMIN WOMEN 50 PLUS TAB 8 MG IRON-400 MCG-300 MCG	Non-PDL Generic	
MULTIVITAMIN-MINERAL LIQUID 9 MG IRON/15 ML	Non-PDL Generic	
<i>multivitamin-minerals tablet 7.5 mg iron-400 mcg</i>	Non-PDL Generic	
<i>multivitamin-minerals tablet p/f 7.5 mg iron-400 mcg</i>	Non-PDL Generic	
<i>multivitamins tablet (rx)</i>	Non-PDL Generic	
MULTI-VITE LIQUID 9 MG IRON/15 ML	Non-PDL Generic	
MULTIVIT-MINERAL HP CAP	Non-PDL Generic	
MY FAVORITE MULTIPLE LIQUID	Non-PDL Generic	

Drug	Status	Notes
MYVITALIFE SOFT-GEL CAPSULE	Non-PDL Generic	
NIVA-PLUS TABLET 27 MG IRON- 1 MG	Non-PDL Generic	
OCUTABS TABLET (RX)	Non-PDL Generic	
OMNICAP TABLET 0.4 MG	Non-PDL Generic	
ONCCOR TABLET 200-10-10 MCG	Non-PDL Generic	
ONCOVITE TABLET	Non-PDL Generic	
ONE DAILY COMPLETE TABLET , 18-0.4 MG	Non-PDL Generic	
ONE DAILY ESSENTIAL TABLET (RX)	Non-PDL Generic	
ONE DAILY ESSENTIAL TABLET 400 MCG	Non-PDL Generic	
ONE DAILY FOR MEN 50+ ADV TAB 400-600-120 MCG-MCG-MG	Non-PDL Generic	
ONE DAILY FOR MEN TABLET 0.4-600 MG-MCG	Non-PDL Generic	
ONE DAILY FOR WOMEN 50+ ADV TB W/GINKGO,50+ADVANCED 400-120 MCG-MG	Non-PDL Generic	
ONE DAILY FOR WOMEN TABLET 18-0.4 MG	Non-PDL Generic	
ONE DAILY MAXIMUM TABLET (RX) 18-0.4 MG	Non-PDL Generic	
ONE DAILY MEN'S 50 PLUS D3 TAB 400-20-370 MCG	Non-PDL Generic	
ONE DAILY MEN'S 50+ TABLET 400-600-120 MCG-MCG-MG	Non-PDL Generic	
ONE DAILY MEN'S HEALTH TABLET 0.4-600 MG-MCG	Non-PDL Generic	
ONE DAILY MULTIVITAMIN TABLET 400 MCG	Non-PDL Generic	
ONE DAILY MULTIVITAMIN-IRON TB 18-400 MG-MCG	Non-PDL Generic	
ONE DAILY MULTIVIT-MINERAL TAB 4.5 MG IRON	Non-PDL Generic	
ONE DAILY PLUS IRON TABLET (RX) 18-400 MG-MCG	Non-PDL Generic	

Drug	Status	Notes
ONE DAILY TABLET 0.4-600 MG-MCG	Non-PDL Generic	
ONE DAILY WITH IRON-CALCIUM TB	Non-PDL Generic	
ONE DAILY WITH MINERALS TABLET (RX)	Non-PDL Generic	
ONE DAILY WOMENS 50 PLUS TAB (RX) 0.4 MG	Non-PDL Generic	
ONE DAILY WOMEN'S 50+ TABLET WOMEN'S HEALTH 50+ 400-120 MCG-MG	Non-PDL Generic	
ONE DAILY WOMEN'S HEALTH TAB 18 MG IRON-400 MCG-450 MG CA	Non-PDL Generic	
ONE DAILY WOMEN'S TABLET (RX) 27-0.4 MG	Non-PDL Generic	
ONE-A-DAY CHOLESTEROL PLUS TAB 0.4 MG	Non-PDL Generic	
ONE-A-DAY ESSENTIAL TABLET (RX)	Non-PDL Generic	
ONE-A-DAY MAX FORMULA TAB	Non-PDL Generic	
ONE-A-DAY MEN'S TABLET 400-20-300 MCG	Non-PDL Generic	
ONE-A-DAY TEEN ADVANTAGE TAB 18- 400 MG-MCG, 9 MG IRON-400 MCG	Non-PDL Generic	
ONE-A-DAY WOMEN'S TABLET 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
ONE-DAILY MULTI-VIT POWDER PKT	Non-PDL Generic	
ONE-DAILY MULTI-VITAMIN TAB (RX)	Non-PDL Generic	
PNV-DHA SOFTGEL 27 MG IRON-1 MG - 300 MG	Non-PDL Generic	
PNV-OMEGA SOFTGEL 28-1-300 MG	Non-PDL Generic	
PRENATAL ONE TABLET 27 MG-360 MCG- 125 MG-32 MG	Non-PDL Generic	
PRENATAL-U CAPSULE 106.5-1 MG	Non-PDL Generic	
PROSIGHT TABLET 5,000-60-30 UNIT-MG- UNIT	Non-PDL Generic	
PUREFE OB PLUS CAPSULE 106 MG IRON- 1 MG	Non-PDL Generic	

Drug	Status	Notes
PUREFE PLUS CAPSULE 106 MG IRON- 1 MG	Non-PDL Generic	
QUINTABS-M IRON FREE TABLET 0.4 MG	Non-PDL Generic	
RA CENTRAL-VITE WOMEN'S TABLET 8 MG IRON-400 MCG-300 MCG	Non-PDL Generic	
RA ONE DAILY ENERGY TABLET	Non-PDL Generic	
RA ONE DAILY ESSENTIAL TABLET (RX) 0.4 MG	Non-PDL Generic	
RA ONE DAILY MAXIMUM TABLET (RX) 18-0.4 MG	Non-PDL Generic	
RA ONE DAILY MEN'S 50 PLUS D3 400-20-370 MCG	Non-PDL Generic	
RA ONE DAILY WOMEN'S TABLET 18 MG IRON-400 MCG-450 MG CA	Non-PDL Generic	
SENIOR TABS 0.4 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	
<i>sm b complex with vit c tablet (rx)</i>	Non-PDL Generic	
SM COMPLETE 50 PLUS TABLET (RX) 0.4-300-250 MG-MCG-MCG	Non-PDL Generic	
SM COMPLETE MULTI-VIT-MINERAL GLUTEN-FREE 18-400 MG-MCG	Non-PDL Generic	
SM COMPLETE TABLET 27-0.4 MG	Non-PDL Generic	OTC
SM WOMEN'S ONE DAILY TABLET GLUTEN-FREE 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
SUNVITE TABLET 18 MG IRON-400 MCG-25 MCG	Non-PDL Generic	
SUPER B WITH VIT C CAPSULE (RX)	Non-PDL Generic	
SUPER MULTIPLE VIT-MINERAL TAB	Non-PDL Generic	

Drug	Status	Notes
SUPER MULTIVITAMIN TABLET	Non-PDL Generic	
SUPER THERA VITE M TABLET (RX)	Non-PDL Generic	
SUPPORT LIQUID (RX)	Non-PDL Generic	
SUPPORT-500 SOFTGEL	Non-PDL Generic	
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 M PLUS TABLET 9 MG IRON-400 MCG	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	
THERA-M TABLET W/BETA CAROTENE 9 MG IRON-400 MCG	Non-PDL Generic	
THERAPEUTIC-M TABLET 9 MG IRON-400 MCG	Non-PDL Generic	
THERA-TABS CAPLET	Non-PDL Generic	
THERA-TABS M CAPLET CAPLET 27 MG IRON-400 MCG	Non-PDL Generic	
THERATRUM COMPLETE 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	

Drug	Status	Notes
ULTRA FREEDA WITH IRON TABLET 6 MG IRON-267 MCG	Non-PDL Generic	
VIRT-PN DHA SOFTGEL (RX) 27 MG IRON-1 MG -300 MG	Non-PDL Generic	
VISION VITAMINS (RX)	Non-PDL Generic	
VITACEL TABLET 800-250-750 MCG	Non-PDL Generic	
VITALEE TABLET 0.4 MG	Non-PDL Generic	
<i>vitamin b complex-vit c cap (rx)</i>	Non-PDL Generic	
<i>vitamin b complex-vit c caplet (rx)</i>	Non-PDL Generic	
<i>vitamin b complex-vitamin c tb (rx)</i>	Non-PDL Generic	
VITAMINS FOR HAIR CAPSULE 400-400 MCG	Non-PDL Generic	
VITATRUM TABLET 18-500-300-250 MG-MCG-MCG-MCG	Non-PDL Generic	
VITRUM 50 PLUS SENIOR TABLET 500-300-250 MCG	Non-PDL Generic	
WESCAP-C DHA SOFTGEL 35-1-200 MG	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	
WOMEN'S DAILY FORMULA CAPLET 27-0.4 MG	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		
ANIMAL CHEWS TABLET	Non-PDL Generic	

Drug	Status	Notes
CHILDREN MULTIVITAMIN GUMMIES GLUTEN-FREE	Non-PDL Generic	
CHILDREN'S CHEWABLE ORAL TABLET,CHEWABLE	Non-PDL Generic	OTC
CHILDREN'S CHEWABLES 300 MCG	Non-PDL Generic	
CHILDREN'S COMPLETE VITAMIN ORAL TABLET,CHEWABLE 18 MG IRON	Non-PDL Generic	OTC
CHILDREN'S MULTI-VIT GUMMIES 200 MCG	Non-PDL Generic	
CHILD'S CHEWABLE MULTIVIT TAB 300 MCG	Non-PDL Generic	
CVS CHILD GUMMY DINOS GUMMIES	Non-PDL Generic	
CVS KIDS' MULTIVITAMIN GUMMY	Non-PDL Generic	
EQ CHILD MULTIVITAMIN GUMMIES P/F	Non-PDL Generic	
FLINTSTONES COMPLETE TABLET	Non-PDL Generic	
FLINTSTONES EXTRA C TAB CHEW (RX)	Non-PDL Generic	
FLINTSTONES TABLET CHEWABLE	Non-PDL Generic	
GNP CHILDREN'S CHEWABLES 300 MCG	Non-PDL Generic	
GUMMI BEAR MULTIVIT TAB CHEW MULTIVIT & MINERALS (RX)	Non-PDL Generic	
HONEY BEARS IRON-ZINC TAB CHEW 4.5 MG	Non-PDL Generic	
LITTLE ANIMALS CHILD TB CHW	Non-PDL Generic	
LITTLE ANIMALS-IRON TAB CHEW	Non-PDL Generic	
LYSIPLEX PLUS LIQUID	Non-PDL Generic	
MULTIVIT-FLUOR 0.25 MG TAB CHW (RX) 0.25 MG	Non-PDL Generic	90DS
MULTIVIT-FLUOR 0.25 MG TAB CHW CHEWABLE, D/F (RX) 0.25 MG	Non-PDL Generic	90DS
MULTIVIT-FLUOR 0.25 MG TAB CHW GRAPE FLAVOR (RX) 0.25 MG	Non-PDL Generic	90DS

Drug	Status	Notes
MULTIVIT-FLUOR 0.25 MG/ML DROP (RX) 0.25 MG/ML	Non-PDL Generic	
MULTIVIT-FLUOR 0.5 MG TAB CHEW (RX) 0.5 MG	Non-PDL Generic	90DS
MULTIVIT-FLUOR 0.5 MG TAB CHEW CHEWABLE, D/F (RX) 0.5 MG	Non-PDL Generic	90DS
MULTIVIT-FLUOR 0.5 MG TAB CHEW GRAPE FLAVOR (RX) 0.5 MG	Non-PDL Generic	90DS
MULTIVIT-FLUOR 0.5 MG/ML DROP (RX) 0.5 MG/ML	Non-PDL Generic	90DS
MULTIVIT-FLUORIDE 1 MG TAB CHW (RX) 1 MG	Non-PDL Generic	90DS
MULTIVIT-FLUORIDE 1 MG TAB CHW CHEWABLE, D/F (RX) 1 MG	Non-PDL Generic	90DS
MULTIVIT-FLUORIDE 1 MG TAB CHW GRAPE FLAVOR (RX) 1 MG	Non-PDL Generic	90DS
MULTIVIT-FLUOR-IRON 0.25 MG/ML (RX) 0.25MG FLUORIDE -10 MG IRON/ML	Non-PDL Generic	
MULTIVIT-IRON-FL 0.25 MG/ML (OTC) 0.25MG FLUORIDE -10 MG IRON/ML	Non-PDL Generic	OTC
MULTIVIT-IRON-FLUOR 0.25 MG/ML (RX) 0.25MG FLUORIDE -10 MG IRON/ML	Non-PDL Generic	
MVC-FLUORIDE 0.25 MG TAB CHEW CHEWABLE, D/F (RX) 0.25 MG	Non-PDL Generic	90DS
MVC-FLUORIDE 0.5 MG TAB CHEW CHEWABLE, D/F (RX) 0.5 MG	Non-PDL Generic	90DS
MVC-FLUORIDE 1 MG TAB CHEW CHEWABLE, D/F (RX) 1 MG	Non-PDL Generic	90DS
MVW COMPLETE FORM MULTIVI SFGL 1,500-800 UNIT-MCG	Non-PDL Generic	
MVW COMPLETE FORM MULTIVIT CHW 1,500-1,000 UNIT-MCG	Non-PDL Generic	
PEDIA POLY-VITE DROPS 750 UNIT-35 MG- 400 UNIT/ML	Non-PDL Brand	
PEDIA TRI-VITE DROP 750 UNIT-35 MG - 400 UNIT/ML	Non-PDL Generic	
PEDIATRIC TRI-VITE DROPS 750 UNIT-35 MG -400 UNIT/ML	Non-PDL Generic	
<i>pharmacist choice ped poly-vit 750 unit-35 mg- 400 unit/ml</i>	Non-PDL Generic	
<i>pharmacist choice ped tri-vit 750 unit-35 mg - 400 unit/ml</i>	Non-PDL Generic	

Drug	Status	Notes
POLY-VITA DROPS 750 UNIT-35 MG- 400 UNIT/ML	Non-PDL Brand	
QUFLORA FE 0.25 MG CHEW TABLET 9-0.25 MG	Non-PDL Generic	
QUFLORA FE PED 0.25 MG/ML DROP 9.5-0.25 MG/ML	Non-PDL Generic	
QUFLORA PED 0.25 MG CHEW TAB 0.25MG FLUORIDE (0.55 MG)	Non-PDL Generic	
QUFLORA PED 0.25 MG/ML DROP 0.25MG FLUORIDE (0.55 MG)/ML	Non-PDL Generic	
QUFLORA PED 0.5 MG CHEW TAB 0.5 MG FLUORIDE (1.1 MG)	Non-PDL Generic	
QUFLORA PED 0.5 MG/ML DROP 0.5 MG FLUORIDE (1.1 MG)/ML	Non-PDL Generic	
QUFLORA PED 1 MG CHEW TAB 1 MG FLUORIDE (2.2 MG)	Non-PDL Generic	
SCOOBY-DOO ONE A DAY TABLET	Non-PDL Generic	
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 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	
VIT A,C,D-FLUORIDE 0.25 MG/ML 0.25 MG FLUOR. (0.55 MG)/ML	Non-PDL Generic	
VIT A,C,D-FLUORIDE 0.5 MG/ML 0.5 MG FLUORIDE (1.1 MG)/ML	Non-PDL Generic	
VITALETS TABLET CHEWABLE CHILD, ORANGE (RX)	Non-PDL Generic	
VITALETS TABLET CHEWABLE CHILD, RASPBERRY 10 MG IRON	Non-PDL Generic	
ZOO FRIENDS PLUS IRON ORAL TABLET,CHEWABLE 15 MG	Non-PDL Generic	OTC
Prenatal Vitamin Preparations		
BAL-CARE DHA COMBO PACK 27-1-430 MG	Non-PDL Generic	
BAL-CARE DHA ESSENTIAL PACK 27 MG IRON-1 MG -374 MG	Non-PDL Generic	

Drug	Status	Notes
C-NATE DHA SOFTGEL 28 MG IRON-1 MG -200 MG	Non-PDL Generic	
COMPLETENATE TABLET CHEW 29 MG IRON- 1 MG	Non-PDL Generic	
CVS PRENATAL MULTI-DHA SOFTGEL 27MG IRON- 800 MCG-250 MG	Non-PDL Generic	
CVS PRENATAL VITAMINS TABLET (RX) 27 MG IRON- 0.8 MG	Non-PDL Generic	
CVS WOMEN'S PRENATAL PLUS DHA 28 MG-975 MCG- 200 MG	Non-PDL Generic	
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG	Non-PDL Generic	
GNP PRENATAL VITAMINS TABLET W/ FOLIC ACID (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
GS PRENATAL VITAMINS TABLET 28-800 MG-MCG	Non-PDL Generic	
KOSHER PRENATAL PLUS IRON TAB 30 MG IRON- 1 MG	Non-PDL Generic	
KPN TABLET	Non-PDL Generic	
KRO PRENATAL VITAMINS TABLET 28-800 MG-MCG	Non-PDL Generic	
MARNATAL-F CAPSULE 60 MG IRON-1 MG	Non-PDL Generic	
M-NATAL PLUS TABLET 27 MG IRON- 1 MG	Non-PDL Generic	90DS
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Non-PDL Generic	
MYNATAL CAPSULE 65 MG IRON- 1 MG	Non-PDL Generic	
MYNATAL ORAL TABLET 90-1-50 MG	Non-PDL Generic	
MYNATAL PLUS CAPTAB 65 MG IRON- 1 MG	Non-PDL Generic	
MYNATAL-Z CAPTAB 65 MG IRON- 1 MG	Non-PDL Generic	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Non-PDL Generic	
NEWGEN TABLET 32-1,000 MG-MCG	Non-PDL Generic	
OBSTETRIX DHA ORAL COMBO PACK, TABLET AND CAP, DR 29 MG IRON- 1 MG -50 MG	Non-PDL Generic	

Drug	Status	Notes
PNV PRENATAL PLUS MULTIVIT TAB GLUTEN-FREE (RX) 27 MG IRON- 1 MG	Non-PDL Generic	90DS
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Non-PDL Generic	
PNV-FERROUS FUMARATE-DOCU-FA ORAL TABLET 29 MG IRON- 1 MG-25 MG	Non-PDL Generic	
PNV-SELECT TABLET 27-1 MG	Non-PDL Generic	
PR NATAL 400 COMBO PACK 29-1-400 MG	Non-PDL Generic	
PR NATAL 400 EC COMBO PACK 29-1-400 MG	Non-PDL Generic	
PR NATAL 430 COMBO PACK 29 MG IRON-1 MG -430 MG	Non-PDL Generic	
PR NATAL 430 EC COMBO PACK 29-1-430 MG	Non-PDL Generic	
PRENA1 CHEW TABLET 1.4 MG	Non-PDL Generic	
PRENA1 PEARL SOFTGEL 30-1.4-200 MG	Non-PDL Generic	
PRENA1 TRUE COMBO PACK 30 MG IRON- 1.4 MG-300 MG	Non-PDL Generic	
PRENAISSANCE ORAL CAPSULE 29-1.25- 55-325 MG	Non-PDL Generic	
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Non-PDL Generic	
PRENATABS FA TABLET 29-1 MG	Non-PDL Generic	90DS
PRENATABS RX TABLET 29 MG IRON- 1 MG	Non-PDL Generic	90DS
PRENATAL + DHA COMBO PACK 28 MG IRON- 975 MCG-200 MG	Non-PDL Generic	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Non-PDL Generic	
PRENATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG	Non-PDL Generic	90DS
PRENATAL CAPLET (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL GUMMIES 400-32.5 MCG-MG	Non-PDL Generic	
PRENATAL MULTI-DHA SOFTGEL 27 MG IRON-800 MCG-260 MG	Non-PDL Brand	

Drug	Status	Notes
PRENATAL MULTI-DHA SOFTGEL 27MG IRON- 800 MCG-250 MG	Non-PDL Generic	
PRENATAL MULTIVITAMIN TABLET (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL MULTIVITAMIN-DHA SFGL 27MG IRON- 800 MCG-250 MG	Non-PDL Generic	
PRENATAL ONE DAILY TABLET 27 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL PLUS IRON TABLET (RX) 29 MG IRON- 1 MG	Non-PDL Generic	
PRENATAL TABLET (RX) 27 MG IRON- 0.8 MG	Non-PDL Generic	
PRENATAL TABLET (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
<i>prenatal tablet 28 mg iron- 800 mcg</i>	Non-PDL Generic	
<i>prenatal tablet 28 mg iron- 800 mcg</i>	Non-PDL Generic	
PRENATAL TABLET INNER (RX) 27 MG IRON- 0.8 MG	Non-PDL Generic	
PRENATAL TABLET N, GLUTEN-FREE (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL TABLET NO LACTOSE,P/F,N (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL TABLET NO LACTOSE,P/F,N (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL TABLET OUTER (RX) 27 MG IRON- 0.8 MG	Non-PDL Generic	
PRENATAL TABLET P/F,N (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL TABLET VITAMIN & MINERAL (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL VITAMIN PLUS LOW IRON 27 MG IRON- 1 MG	Non-PDL Generic	90DS
PRENATAL VITAMIN TABLET (RX) 27 MG IRON- 0.8 MG	Non-PDL Generic	
PRENATAL VITAMIN TABLET 27 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL VITAMINS TABLET PHOSPHORUS FREE (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
PRENATAL VITAMINS TABLET W/ FOLIC ACID (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	

Drug	Status	Notes
PREPLUS CA-FE 27 MG-FA 1 MG TB (RX) 27 MG IRON- 1 MG	Non-PDL Generic	
RA ONE DAILY PRENATAL DHA PACK 30'S TAB & 30'S CAP 28-800-440 MG-MCG- MG	Non-PDL Generic	
RA PRENATAL FORMULA TABLET (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
RA PRENATAL TABLET (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
R-NATAL OB SOFTGEL 20 MG IRON- 1 MG-320 MG	Non-PDL Generic	
SELECT-OB CHEWABLE CAPLET 29 MG IRON- 1 MG	Non-PDL Generic	
SELECT-OB CHEWABLE CAPLET 29 MG IRON- 1 MG	Non-PDL Generic	
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG	Non-PDL Generic	90DS
SM PRENATAL TABLET GLUTEN-FREE (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
SV PRENATAL TABLET P/F, GLUTEN- FREE (RX) 28 MG IRON- 800 MCG	Non-PDL Generic	
SV PRENATAL VITAMINS TABLET 28-800 MG-MCG	Non-PDL Generic	
TENDERA-OB SOFTGEL 27 MG IRON-1 MG -205 MG	Non-PDL Brand	
TRINATE TABLET 28 MG IRON- 1 MG	Non-PDL Generic	90DS
TRIVEEN-DUO DHA COMBO PACK 29-1- 400 MG	Non-PDL Generic	
TRIVEEN-PRX RNF ORAL CAPSULE 26- 1.2-55-300 MG	Non-PDL Generic	
VENA-BAL DHA ORAL COMBO PACK, TABLET AND CAP, DR 27-1-430 MG	Non-PDL Generic	
VINATE GT ORAL TABLET 90-1-50 MG	Non-PDL Generic	
VINATE II ORAL TABLET 29 MG IRON- 1 MG	Non-PDL Generic	
VINATE ULTRA ORAL TABLET 90-1-50 MG	Non-PDL Generic	
VIRT-NATE DHA SOFTGEL 28 MG IRON-1 MG -200 MG	Non-PDL Generic	
VITAFOL GUMMIES 3.33 MG IRON- 0.33 MG	Non-PDL Generic	

Drug	Status	Notes
VITAFOL NANO TABLET 18 MG IRON- 1 MG	Non-PDL Generic	
VITAFOL-OB+DHA COMBO PACK 65-1-250 MG	Non-PDL Generic	
VIVA DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Non-PDL Generic	
VP-CH PLUS ORAL CAPSULE 29 MG IRON-1 MG -50 MG-265 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	Non-PDL Generic	90DS
Prenatal Vitamins Without Iron		
CVS PRENATAL GUMMIES 400 MCG	Non-PDL Generic	
Vitamin A Preparations		
<i>beta carotene 7,500 mcg sfgl (rx) 25,000 unit</i>	Non-PDL Generic	
<i>beta-carotene 25,000 unit sfgl softgel (rx) 25,000 unit</i>	Non-PDL Generic	
<i>cvs beta-carotene 25,000 unit (rx) 25,000 unit</i>	Non-PDL Generic	
<i>cvs vitamin a 2,400 mcg sftgl (rx) 2,400 mcg</i>	Non-PDL Generic	
<i>gnp vitamin a 10,000 unit sfgl dlf, gluten-free (rx) 10,000 unit</i>	Non-PDL Generic	
<i>gnp vitamin a 8,000 unit cap natural 2,400 mcg</i>	Non-PDL Generic	OTC
PREVENT SOFTGELS	Non-PDL Generic	
<i>ra vitamin a 10,000 unit sftgl plf,softgel (rx) 10,000 unit</i>	Non-PDL Generic	
<i>vitamin a 10,000 unit capsule palmitate (rx) 10,000 unit</i>	Non-PDL Generic	
<i>vitamin a 10,000 unit softgel (rx) 10,000 unit</i>	Non-PDL Generic	
<i>vitamin a 10,000 unit softgel plf,n,softgel (rx) 10,000 unit</i>	Non-PDL Generic	
<i>vitamin a 3,000 mcg softgel (rx) 10,000 unit</i>	Non-PDL Generic	

Drug	Status	Notes
<i>vitamin a 8,000 unit capsule (rx) 2,400 mcg</i>	Non-PDL Generic	
<i>vitamin a 8,000 unit capsule natural 2,400 mcg</i>	Non-PDL Generic	OTC
Vitamin B Preparations		
<i>b complex capsule (rx)</i>	Non-PDL Generic	
B COMPLEX NUMBER 1 TABLET 0.4 MG	Non-PDL Generic	
B COMPLEX TABLET	Non-PDL Generic	
B COMPLEX WITH VITAMIN C TAB 18-10-45-5-250 MG	Non-PDL Generic	
BALANCE B-100 TABLET 0.4 MG	Non-PDL Generic	
BALANCE B-50 TABLET 0.4 MG	Non-PDL Generic	
BALANCE B-50 TABLET INNER,P/F,GLUTEN/F 0.4 MG	Non-PDL Generic	
BALANCE B-50 TABLET OUTER,P/F,GLUTEN/F 0.4 MG	Non-PDL Generic	
<i>balanced b-complex caplet p/f,no-lactose (rx) 400 mcg</i>	Non-PDL Generic	
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	
<i>b-complex plus vitamin c cplt (rx) 400 mcg</i>	Non-PDL Generic	
B-COMPLEX WITH B12 TABLET (RX)	Non-PDL Generic	
<i>b-complex with vit c caplet (rx) 400 mcg</i>	Non-PDL Generic	
<i>b-complex with vit c caplet p/f,gluten-free (rx) 400 mcg</i>	Non-PDL Generic	
<i>b-complex with vit c tablet (rx) 400 mcg</i>	Non-PDL Generic	
<i>cvs super b-complex-vit c cplt (rx) 400 mcg</i>	Non-PDL Generic	
DIALYVITE TABLET 100-1 MG	Non-PDL Generic	
<i>eq1 b complex 50 tablet high potency (rx)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>eqi super b complex tablet (rx) 400 mcg</i>	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-VITE TABLET (RX) 0.8 MG	Non-PDL Generic	
RA BALANCED B-50 TABLET NATURAL,P/F (RX)	Non-PDL Generic	
<i>ra b-complex tablet p/f (rx)</i>	Non-PDL Generic	
RA B-COMPLEX TABLET P/F (RX)	Non-PDL Generic	
<i>ra b-complex-vitamin b-12 tab p/f (rx)</i>	Non-PDL Generic	
RENAL CAPS SOFTGEL 1 MG	Non-PDL Generic	
RENAL VITAMIN TABLET 0.8 MG	Non-PDL Generic	
RENAL-VITE TABLET 0.8 MG	Non-PDL Generic	
RENA-VITE TABLET (RX) 0.8 MG	Non-PDL Generic	
RENO CAPS SOFTGEL 1 MG	Non-PDL Generic	
SM BALANCED B-50 TABLET (OTC)	Non-PDL Generic	OTC
<i>super b complex tablet (rx) 400 mcg</i>	Non-PDL Generic	
<i>super b complex tablet p/f (rx) 400 mcg</i>	Non-PDL Generic	
<i>super b complex-vit c caplet (rx) 400 mcg</i>	Non-PDL Generic	

Drug	Status	Notes
SUPER QUINTS B-50 TABLETS	Non-PDL Generic	
TRIPHROCAPS SOFTGEL SOFTGEL (RX) 1 MG	Non-PDL Generic	
VIRT-CAPS SOFTGEL (RX) 1 MG	Non-PDL Generic	
VITAMIN B COMPLEX CAPSULE (RX)	Non-PDL Generic	
<i>vitamin b complex softgel (rx)</i>	Non-PDL Generic	
<i>vitamin b complex tablet (rx)</i>	Non-PDL Generic	
<i>vitamin b complex tablet n,p/f (rx) 0.4 mg</i>	Non-PDL Generic	
<i>vitamin b complex-vitamin c tb (rx) 400 mcg</i>	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		
B-1 100 MG TABLET P/F,GLUTEN-FREE (RX) 100 MG	Non-PDL Generic	
CVS B-1 100 MG TABLET P/F,GLUTEN- FREE (RX) 100 MG	Non-PDL Generic	
<i>cvs vitamin b-1 100 mg tablet (rx) 100 mg</i>	Non-PDL Generic	
GNP VITAMIN B-1 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
<i>ra vitamin b-1 100 mg tablet 100 mg</i>	Non-PDL Generic	
RA VITAMIN B-1 100 MG TABLET P/F (RX) 100 MG	Non-PDL Generic	
<i>thiamine 100 mg tablet coated (rx) 100 mg</i>	Non-PDL Generic	
<i>thiamine 200 mg/2 ml vial 25's,mdv,outer 100 mg/ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>thiamine 200 mg/2 ml vial inner, muv 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine 200 mg/2 ml vial inner,muv 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine 200 mg/2 ml vial mdv, inner 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine 200 mg/2 ml vial mdv, outer 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine 200 mg/2 ml vial mdv,inner 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine 200 mg/2 ml vial muv 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine 200 mg/2 ml vial muv, inner 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine 200 mg/2 ml vial muv, outer 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine 200 mg/2 ml vial outer, muv 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine 200 mg/2 ml vial outer,muv 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine 250 mg tablet (rx) 250 mg</i>	Non-PDL Generic	
<i>vitamin b-1 100 mg tablet (rx) 100 mg</i>	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
<i>vitamin b-1 100 mg tablet 100 mg</i>	Non-PDL Generic	
<i>vitamin b-1 100 mg tablet gluten-free 100 mg</i>	Non-PDL Generic	
<i>vitamin b-1 100 mg tablet inner 100 mg</i>	Non-PDL Generic	
<i>vitamin b-1 100 mg tablet outer 100 mg</i>	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET P/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-1 100 MG TABLET P/F, GLUTEN-FREE (RX) 100 MG	Non-PDL Generic	
VITAMIN B-1 250 MG TABLET (RX) 250 MG	Non-PDL Generic	

Drug	Status	Notes
<i>vitamin b-1 50 mg tablet (rx) 50 mg</i>	Non-PDL Generic	
VITAMIN B-1 50 MG TABLET GLUTEN FREE (RX) 50 MG	Non-PDL Generic	
Vitamin B12 Preparations		
<i>b-12 1,000 mcg tablet (rx) 1,000 mcg</i>	Non-PDL Brand	
<i>b-12 1,000 mcg tablet p/f,gluten-free (rx) 1,000 mcg</i>	Non-PDL Brand	
B-12 500 MCG TABLET (RX) 500 MCG	Non-PDL Generic	
B-12 DOTS 500 MCG TABLET 500 MCG	Non-PDL Generic	
B-12 ER 1,000 MCG TAB ER (RX) 1,000 MCG	Non-PDL Generic	
<i>cvs b-12 1,000 mcg tablet (rx) 1,000 mcg</i>	Non-PDL Brand	
<i>cvs vit b-12 tr 1,000 mcg tab (rx) 1,000 mcg</i>	Non-PDL Generic	
<i>cvs vitamin b-12 500 mcg tab p/f, gluten-f 500 mcg</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl inner 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl inner, muv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl inner, suv, p/f 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl inner,suv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl mdv,inner 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl muv, inner 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl muv, outer 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl outer 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl outer, muv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl outer, suv, p/f 1,000 mcg/ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>cyanocobalamin 1,000 mcg/ml vl outer,mdv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 1,000 mcg/ml vl outer,suv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 10,000 mcg/10 ml inner, muv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 10,000 mcg/10 ml inner,mdv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 10,000 mcg/10 ml inner,muv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 10,000 mcg/10 ml mdv, inner 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 10,000 mcg/10 ml mdv, outer 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 10,000 mcg/10 ml mdv,inner 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 10,000 mcg/10 ml mdv,outer 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 10,000 mcg/10 ml outer, muv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 10,000 mcg/10 ml outer,mdv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 10,000 mcg/10 ml outer,muv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml inner, muv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml inner,mdv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml inner,muv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml mdv, inner 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml mdv, outer 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml mdv,5's 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml muv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml muv, inner 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml muv, outer 1,000 mcg/ml</i>	Non-PDL Generic	

Drug	Status	Notes
<i>cyanocobalamin 30,000 mcg/30 ml outer, muv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml outer,mdv 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin 30,000 mcg/30 ml outer,muv 1,000 mcg/ml</i>	Non-PDL Generic	
DODEX 1,000 MCG/ML VIAL MUV, INNER 1,000 MCG/ML	Non-PDL Generic	
DODEX 1,000 MCG/ML VIAL MUV, OUTER 1,000 MCG/ML	Non-PDL Generic	
DODEX 10,000 MCG/10 ML VIAL MUV 1,000 MCG/ML	Non-PDL Generic	
DODEX 30,000 MCG/30 ML VIAL MUV 1,000 MCG/ML	Non-PDL Generic	
<i>eql vit b-12 er 1,000 mcg tab (rx) 1,000 mcg</i>	Non-PDL Generic	
EQL VITAMIN B-12 500 MCG TAB (RX) 500 MCG	Non-PDL Generic	
FN VITAMIN B-12 1,000 MCG TAB TIME RELEASE,LAC/FRE (RX) 1,000 MCG	Non-PDL Generic	
<i>gnp vit b-12 er 1,000 mcg tab prolonged release (rx) 1,000 mcg</i>	Non-PDL Generic	
<i>gnp vit b-12 tr 1,000 mcg tab natural 1,000 mcg</i>	Non-PDL Generic	OTC
<i>gnp vitamin b-12 500 mcg tab maximum strength 500 mcg</i>	Non-PDL Generic	
<i>hm vitamin b-12 500 mcg tablet 500 mcg</i>	Non-PDL Generic	
<i>hydroxocobalamin 1,000 mcg/ml 1,000 mcg/ml</i>	Non-PDL Generic	
<i>ra vit b12 1,000 mcg tab sa natural,p/f (rx) 1,000 mcg</i>	Non-PDL Generic	
RA VITAMIN B-12 100 MCG TABLET (RX) 100 MCG	Non-PDL Generic	
<i>ra vitamin b12 tr 1,000 mcg tb (rx) 1,000 mcg</i>	Non-PDL Generic	
<i>sm vitamin b12 1,000 mcg tab natural (otc) 1,000 mcg</i>	Non-PDL Generic	OTC
<i>sv vitamin b-12 500 mcg tablet 500 mcg</i>	Non-PDL Generic	
<i>sv vitamin b12 tr 1,000 mcg tb (rx) 1,000 mcg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>vitamin b12 1,000 mcg tab sa (rx) 1,000 mcg</i>	Non-PDL Generic	
<i>vitamin b-12 1,000 mcg tablet (rx) 1,000 mcg</i>	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET (RX) 1,000 MCG	Non-PDL Generic	
<i>vitamin b-12 1,000 mcg tablet gluten-free (rx) 1,000 mcg</i>	Non-PDL Generic	
<i>vitamin b-12 1,000 mcg tablet inner (rx) 1,000 mcg</i>	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET N, P/F (RX) 1,000 MCG	Non-PDL Generic	
<i>vitamin b-12 1,000 mcg tablet outer (rx) 1,000 mcg</i>	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET P/F, GLUTEN-FREE (RX) 1,000 MCG	Non-PDL Generic	
VITAMIN B-12 1,000 MCG TABLET P/F, STARCH/SOY-FREE (RX) 1,000 MCG	Non-PDL Generic	
<i>vitamin b-12 100 mcg tablet (rx) 100 mcg</i>	Non-PDL Generic	
VITAMIN B-12 100 MCG TABLET (RX) 100 MCG	Non-PDL Generic	
VITAMIN B-12 100 MCG TABLET P/F,N (RX) 100 MCG	Non-PDL Generic	
<i>vitamin b-12 250 mcg tablet (rx) 250 mcg</i>	Non-PDL Generic	
VITAMIN B-12 250 MCG TABLET (RX) 250 MCG	Non-PDL Generic	
VITAMIN B12 500 MCG TABLET (RX) 500 MCG	Non-PDL Generic	
VITAMIN B-12 500 MCG TABLET (RX) 500 MCG	Non-PDL Generic	
<i>vitamin b-12 500 mcg tablet 500 mcg</i>	Non-PDL Generic	
<i>vitamin b-12 500 mcg tablet gluten-free 500 mcg</i>	Non-PDL Generic	
<i>vitamin b-12 500 mcg tablet inner 500 mcg</i>	Non-PDL Generic	
<i>vitamin b-12 500 mcg tablet outer 500 mcg</i>	Non-PDL Generic	
VITAMIN B-12 500 MCG TABLET P/F (RX) 500 MCG	Non-PDL Generic	

Drug	Status	Notes
<i>vitamin b-12 500 mcg tablet p/f,gluten-free 500 mcg</i>	Non-PDL Generic	
<i>vitamin b-12 tr 1,000 mcg tab (rx) 1,000 mcg</i>	Non-PDL Generic	
<i>vitamin b-12 tr 1,000 mcg tab gluten-free, f/c (rx) 1,000 mcg</i>	Non-PDL Generic	
<i>vitamin b-12 tr 1,000 mcg tab natural 1,000 mcg</i>	Non-PDL Generic	OTC
VITAMIN B-12 TR 1,000 MCG TAB P/F (RX) 1,000 MCG	Non-PDL Generic	
Vitamin B2 Preparations		
<i>cvs vitamin b-2 100 mg tablet 100 mg</i>	Non-PDL Generic	
<i>riboflavin 100 mg tablet 100 mg</i>	Non-PDL Generic	
<i>vitamin b-2 100 mg tablet 100 mg</i>	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET COATED,P/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET GLUTEN-FREE (RX) 100 MG	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET P/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET P/F, LACTOSE-F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-2 100 MG TABLET Y/F, GLUTEN/F (RX) 100 MG	Non-PDL Generic	
Vitamin B6 Preparations		
<i>cvs vitamin b-6 100 mg tablet (rx) 100 mg</i>	Non-PDL Generic	
EQL VITAMIN B-6 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
GNP VITAMIN B-6 100 MG TABLET GLUTEN FREE (RX) 100 MG	Non-PDL Generic	
<i>pyridoxine 100 mg/ml vial muv, inner 100 mg/ml</i>	Non-PDL Generic	
<i>pyridoxine 100 mg/ml vial muv, outer 100 mg/ml</i>	Non-PDL Generic	
<i>pyridoxine 25 mg tablet (rx) 25 mg</i>	Non-PDL Generic	
<i>pyridoxine 25 mg tablet coated (rx) 25 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>pyridoxine 50 mg tablet (rx) 50 mg</i>	Non-PDL Generic	
RA VITAMIN B-6 100 MG TABLET P/F (RX) 100 MG	Non-PDL Generic	
RA VITAMIN B-6 50 MG TABLET P/F (RX) 50 MG	Non-PDL Generic	
<i>sm vitamin b-6 100 mg tablet (rx) 100 mg</i>	Non-PDL Generic	
<i>sv vitamin b-6 100 mg tablet (rx) 100 mg</i>	Non-PDL Generic	
<i>vitamin b-6 100 mg tablet (rx) 100 mg</i>	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET (RX) 100 MG	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET P/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET P/F,NO LACTOSE (RX) 100 MG	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET P/F,NO-LACTOSE (RX) 100 MG	Non-PDL Generic	
VITAMIN B-6 100 MG TABLET Y/F, GLUTEN/F (RX) 100 MG	Non-PDL Generic	
VITAMIN B-6 25 MG TABLET (RX) 25 MG	Non-PDL Generic	
<i>vitamin b-6 50 mg tablet (rx) 50 mg</i>	Non-PDL Generic	
VITAMIN B-6 50 MG TABLET (RX) 50 MG	Non-PDL Generic	
<i>vitamin b-6 50 mg tablet inner (rx) 50 mg</i>	Non-PDL Generic	
<i>vitamin b-6 50 mg tablet outer (rx) 50 mg</i>	Non-PDL Generic	
VITAMIN B-6 50 MG TABLET P/F (RX) 50 MG	Non-PDL Generic	
VITAMIN B-6 50 MG TABLET Y/F, GLUTEN/F (RX) 50 MG	Non-PDL Generic	
Vitamin C Preparations		
ACEROLA C 500 MG TABLET CHEW 500 MG	Non-PDL Generic	
ACEROLA C 500 MG WAFER (RX) 500 MG	Non-PDL Generic	
<i>ascorbic acid 500 mg tablet (rx) 500 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>ascorbic acid 500 mg/ml vial p/f, suv 500 mg/ml</i>	Non-PDL Generic	
<i>ascorbic acid 500 mg/ml vial suv 500 mg/ml</i>	Non-PDL Generic	
<i>ascorbic acid granules (rx)</i>	Non-PDL Generic	
C COMPLEX 1,000 MG TABLET SA 1,000 MG	Non-PDL Generic	
C COMPLEX 500 MG TABLET SA 500 MG	Non-PDL Generic	
C-1,000 MG TABLET (RX) 1,000 MG	Non-PDL Generic	
C-1,000 MG TABLET SA N,STARCH/F (RX) 1,000 MG	Non-PDL Generic	
C-1,000 MG WITH ROSE HIPS CPLT CAPLET 1,000 MG	Non-PDL Generic	
C-1,000 MG WITH ROSE HIPS TAB P/F 1,000 MG	Non-PDL Generic	
C-1000 ER CAPLET 1,000 MG	Non-PDL Generic	
C-500 ER TABLET 500 MG	Non-PDL Generic	
C-500 MG TABLET (RX) 500 MG	Non-PDL Generic	
C-500 MG TABLET CHEWABLE (RX) 500 MG	Non-PDL Generic	
C-500 MG TABLET ROSE HIPS (RX) 500 MG	Non-PDL Generic	
CVS VIT C-ROSE HIP 1,000 MG TB (RX) 1,000 MG	Non-PDL Generic	
CVS VIT C-ROSE HIP 500 MG CHEW 500 MG	Non-PDL Generic	
CVS VIT C-ROSE HIPS 500 MG TAB (RX) 500 MG	Non-PDL Generic	
<i>cvs vitamin c 1,000 mg caplet (rx) 1,000 mg</i>	Non-PDL Generic	
<i>cvs vitamin c 250 mg tablet (rx) 250 mg</i>	Non-PDL Generic	
CVS VITAMIN C 500 MG CAPLET P/F, GLUTEN-FREE (RX) 500 MG	Non-PDL Generic	
<i>cvs vitamin c 500 mg tablet (rx) 500 mg</i>	Non-PDL Generic	

Drug	Status	Notes
ENDUR-C ROSE HIPS SR 1,000 MG 1,000 MG	Non-PDL Generic	
ENDUR-C ROSE HIPS SR 500 MG TB 500 MG	Non-PDL Generic	
EQL VIT C-ROSE HIP 1,000 MG TB (RX) 1,000 MG	Non-PDL Generic	
EQL VIT C-ROSE HIPS 500 MG TAB (RX) 500 MG	Non-PDL Generic	
EQL VITAMIN C 1,000 MG TABLET P/F, LACTOSE FREE (RX) 1,000 MG	Non-PDL Generic	
FRUIT C-500 TABLET CHEWABLE 500 MG	Non-PDL Generic	
GNP VIT C-ROSE HIP 1,000 MG TB 1,000 MG	Non-PDL Generic	OTC
GNP VIT C-ROSE HIP 500 MG CAPL CAPLET,NATURAL 500 MG	Non-PDL Generic	OTC
GNP VIT C-ROSE HIPS 500 MG TAB (RX) 500 MG	Non-PDL Generic	
GNP VITAMIN C 1,000 MG TABLET (RX) 1,000 MG	Non-PDL Generic	
GNP VITAMIN C 1,000 MG TABLET 1,000 MG	Non-PDL Generic	OTC
GNP VITAMIN C 1,000 MG TABLET WITH ROSE HIPS (RX) 1,000 MG	Non-PDL Generic	
GNP VITAMIN C 250 MG TABLET (RX) 250 MG	Non-PDL Generic	
GNP VITAMIN C 250 MG TABLET 2TABX100 SAMPLE PACK (RX) 250 MG	Non-PDL Generic	
GNP VITAMIN C 500 MG CAPLET CAPLET,NATURAL 500 MG	Non-PDL Generic	OTC
GNP VITAMIN C 500 MG TAB CHEW CHEWABLES (RX) 500 MG	Non-PDL Generic	
GNP VITAMIN C 500 MG TABLET (RX) 500 MG	Non-PDL Generic	
GNP VITAMIN C ER 500 MG TABLET PROLONGED RELEASE (RX) 500 MG	Non-PDL Generic	
<i>hm vitamin c 500 mg tab chew (rx) 500 mg</i>	Non-PDL Generic	
RA VIT C-ROSE HIPS 500 MG TAB NATURAL,P/F (RX) 500 MG	Non-PDL Generic	
RA VITAMIN C 1,000 MG TAB SA W/BIOFLAVONOIDS (RX) 1,000 MG	Non-PDL Generic	

Drug	Status	Notes
RA VITAMIN C 1,000 MG TABLET P/F,NATURAL (RX) 1,000 MG	Non-PDL Generic	
RA VITAMIN C 1,000 MG TABLET W/ROSE HIPS,P/F (RX) 1,000 MG	Non-PDL Generic	
RA VITAMIN C 250 MG TABLET P/F (RX) 250 MG	Non-PDL Generic	
RA VITAMIN C 500 MG CHEW TAB ORANGE (RX) 500 MG	Non-PDL Generic	
<i>ra vitamin c 500 mg tab chew (rx) 500 mg</i>	Non-PDL Generic	
RA VITAMIN C 500 MG TAB CHEW P/F (RX) 500 MG	Non-PDL Generic	
RA VITAMIN C 500 MG TABLET P/F (RX) 500 MG	Non-PDL Generic	
RA VITAMIN C 500 MG TABLET P/F,NATURAL (RX) 500 MG	Non-PDL Generic	
RA VITAMIN C TR 500 MG CAPLET CAPLET,P/F (RX) 500 MG	Non-PDL Generic	
<i>sm vitamin c 1,000 mg tablet (rx) 1,000 mg</i>	Non-PDL Generic	
<i>sm vitamin c 500 mg chew tab (rx) 500 mg</i>	Non-PDL Generic	
SM VITAMIN C 500 MG TABLET 500 MG	Non-PDL Generic	OTC
SOOTHING PUREWAY-C 500 MG TAB 500 MG	Non-PDL Generic	
SV VIT C-ROSE HIPS 1,000 MG TB P/F,GLUTEN-FREE (RX) 1,000 MG	Non-PDL Generic	
SV VIT C-ROSE HIPS 500 MG TAB (RX) 500 MG	Non-PDL Generic	
SV VIT C-ROSE HIPS 500 MG TAB P/F, GLUTEN FREE (RX) 500 MG	Non-PDL Generic	
SV VITAMIN C 500 MG TAB CHEW P/F, GLUTEN-FREE (RX) 500 MG	Non-PDL Generic	
SV VITAMIN C TR 1,000 MG TAB W/ROSE HIPS,P/F (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIP 1,000 MG CAPLET (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS 1,000 MG CPLT CAPLET,P/F (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS 1,000 MG TAB (RX) 1,000 MG	Non-PDL Generic	

Drug	Status	Notes
VIT C-ROSE HIPS 1,000 MG TAB 1,000 MG	Non-PDL Generic	OTC
VIT C-ROSE HIPS 500 MG CAPLET CAPLET,NATURAL 500 MG	Non-PDL Generic	OTC
VIT C-ROSE HIPS 500 MG TABLET (RX) 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET N,NATURAL (RX) 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET P/F (RX) 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS 500 MG TABLET WITH ROSE HIPS,P/F (RX) 500 MG	Non-PDL Generic	
VIT C-ROSE HIPS TR 1,000 MG (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS TR 1,000 MG CAPLET,P/F (RX) 1,000 MG	Non-PDL Generic	
VIT C-ROSE HIPS TR 500 MG CPLT CAPLET,P/F (RX) 500 MG	Non-PDL Generic	
<i>vit c-rose hips tr 500 mg tab (rx) 500 mg</i>	Non-PDL Generic	
<i>vitamin c 1,000 mg caplet (rx) 1,000 mg</i>	Non-PDL Generic	
VITAMIN C 1,000 MG CAPLET (RX) 1,000 MG	Non-PDL Generic	
VITAMIN C 1,000 MG CAPLET N,CAPLET (RX) 1,000 MG	Non-PDL Generic	
<i>vitamin c 1,000 mg tablet (rx) 1,000 mg</i>	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET (RX) 1,000 MG	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET 1,000 MG	Non-PDL Generic	OTC
<i>vitamin c 1,000 mg tablet n,caplet (rx) 1,000 mg</i>	Non-PDL Generic	
VITAMIN C 1,000 MG TABLET P/F (RX) 1,000 MG	Non-PDL Generic	
<i>vitamin c 250 mg tablet (rx) 250 mg</i>	Non-PDL Generic	
VITAMIN C 250 MG TABLET (RX) 250 MG	Non-PDL Generic	
VITAMIN C 250 MG TABLET GLUTEN- FREE (RX) 250 MG	Non-PDL Generic	

Drug	Status	Notes
VITAMIN C 250 MG TABLET P/F (RX) 250 MG	Non-PDL Generic	
VITAMIN C 500 MG CAPLET CAPLET,NATURAL 500 MG	Non-PDL Generic	OTC
VITAMIN C 500 MG CHEW TABLET (RX) 500 MG	Non-PDL Generic	
<i>vitamin c 500 mg tablet (rx) 500 mg</i>	Non-PDL Generic	
VITAMIN C 500 MG TABLET (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET 10X10, U-D (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW NATURAL & ART ORANGE (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET CHEW P/F (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET GLUTEN- FREE (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET P/F (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET P/F, GLUTEN- FREE (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET U-D (RX) 500 MG	Non-PDL Generic	
VITAMIN C 500 MG TABLET Y/F, GLUTEN/F (RX) 500 MG	Non-PDL Generic	
<i>vitamin c 500 mg wafer 500 mg</i>	Non-PDL Generic	
VITAMIN C TR 1,000 MG TABLET TIMED RELEASE (RX) 1,000 MG	Non-PDL Generic	
VITAMIN C TR 500 MG CAPLET CAPLET (RX) 500 MG	Non-PDL Generic	
VITAMIN C TR 500 MG TABLET TIMED RELEASE (RX) 500 MG	Non-PDL Generic	
VITAMIN C-ROSE HIP 1,000 MG TB (RX) 1,000 MG	Non-PDL Generic	

Drug	Status	Notes
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	
<i>baby vit d3 10 mcg/drop conc 10 mcg/drop (400 unit/drop)</i>	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	
<i>calcitriol 0.25 mcg capsule 0.25 mcg</i>	Non-PDL Generic	90DS
<i>calcitriol 0.5 mcg capsule 0.5 mcg</i>	Non-PDL Generic	
<i>calcitriol 1 mcg/ml solution 1 mcg/ml</i>	Non-PDL Generic	
<i>cvs vitamin d3 10 mcg softgel (rx) 10 mcg (400 unit)</i>	Non-PDL Generic	
<i>cvs vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>cvs vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>cvs vitamin d3 25 mcg softgel softgel (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>cvs vitamin d3 50 mcg softgel 50 mcg (2,000 unit)</i>	Non-PDL Generic	
D3 DOTS 2,000 UNIT TABLET P/F (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
D3-2000 UNIT SOFTGEL 50 MCG (2,000 UNIT)	Non-PDL Generic	
<i>d3-50 50,000 unit capsule d/f,gluten free (rx) 1,250 mcg (50,000 unit)</i>	Non-PDL Brand	
<i>d3-50 50,000 unit capsule d/f,p/f (rx) 1,250 mcg (50,000 unit)</i>	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	
DELTA D3 400 UNIT TABLET Y/F, GLUTEN/F 10 MCG (400 UNIT)	Non-PDL Generic	

Drug	Status	Notes
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	
D-VI-SOL 400 UNIT/ML LIQUID (RX) 10 MCG/ML (400 UNIT/ML)	Non-PDL Generic	
<i>eql vitamin d3 1,000 unit sfgl softgel (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>eql vitamin d3 2,000 unit sfgl softgel 50 mcg (2,000 unit)</i>	Non-PDL Generic	
<i>eql vitamin d3 400 unit sftgl (rx) 10 mcg (400 unit)</i>	Non-PDL Generic	
<i>eql vitamin d3 5,000 unit sfgl softgel (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>ergocalciferol 200 mcg/ml drop (rx) 200 mcg/ml (8,000 unit/ml)</i>	Non-PDL Generic	
<i>ergocalciferol 8,000 unit/ml (rx) 200 mcg/ml (8,000 unit/ml)</i>	Non-PDL Generic	
<i>gnp vitamin d3 1,000 unit tab extra strength (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>gnp vitamin d3 10 mcg tablet 10 mcg (400 unit)</i>	Non-PDL Generic	
<i>gnp vitamin d3 2,000 unit tab maximum strength (rx) 50 mcg (2,000 unit)</i>	Non-PDL Generic	
<i>gnp vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>gnp vitamin d3 25 mcg(1000 unt) (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
HM VITAMIN D3 400 UNIT TABLET GLUTEN-FREE (OTC) 10 MCG (400 UNIT)	Non-PDL Generic	OTC
<i>infant vitamin d 10 mcg/ml drp (rx) 10 mcg/ml (400 unit/ml)</i>	Non-PDL Generic	
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	
<i>pharm choice d3 400 unit/ml (rx) 10 mcg/ml (400 unit/ml)</i>	Non-PDL Generic	
<i>ra vitamin d3 1,000 unit tab (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	

Drug	Status	Notes
RA VITAMIN D3 1,000 UNIT TAB GLUTEN/F, YEAST/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
RA VITAMIN D3 2,000 UNIT SFGL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
RA VITAMIN D3 2,000 UNIT SFGL SOFTGEL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
RA VITAMIN D3 2,000 UNIT SFTGL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
<i>ra vitamin d3 5,000 unit sftgl softgel (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>sm vitamin d3 50 mcg softgel 50 mcg (2,000 unit)</i>	Non-PDL Generic	
<i>sv vitamin d3 1,000 unit sftgl (rx) 25 mcg (1,000 unit)</i>	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	
<i>sv vitamin d3 25 mcg(1000 unit) (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
SV VITAMIN D3 400 UNIT SOFTGEL SOFTGEL , P/F (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
<i>sv vitamin d3 5,000 unit sftgl softgel (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>sv vitamin d3 5,000 unit sftgl softgel, p/f (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
THERA-D 2000 TABLET 50 MCG (2,000 UNIT)	Non-PDL Generic	
THERA-D RAPID REPLETION TABLET RAPID REPLETION 50 MCG (2,000 UNIT)	Non-PDL Generic	
THERA-D SPORT 2,000 UNIT TAB GLUTEN-FREE 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D 1,000 UNIT TABLET 25 MCG (1,000 UNIT)	Non-PDL Generic	OTC
<i>vitamin d2 1.25 mg(50,000 unit) 1,250 mcg (50,000 unit)</i>	Non-PDL Generic	90DS
VITAMIN D2 1.25 MG(50,000 UNIT) CAPSULE 1,250 MCG (50,000 UNIT)	Non-PDL Generic	90DS
<i>vitamin d2 1.25 mg(50,000 unit) softgel 1,250 mcg (50,000 unit)</i>	Non-PDL Generic	90DS

Drug	Status	Notes
<i>vitamin d2 400 unit tablet y/f,gluten/f (rx) 10 mcg (400 unit)</i>	Non-PDL Generic	
<i>vitamin d3 1,000 unit softgel (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
VITAMIN D3 1,000 UNIT SOFTGEL (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
<i>vitamin d3 1,000 unit softgel p/f, n,sftgl (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 1,000 unit softgel p/f,gluten-free (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
VITAMIN D3 1,000 UNIT SOFTGEL P/F, GLUTEN-FREE (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
<i>vitamin d3 1,000 unit softgel sftgl,p/f,no lactose (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 1,000 unit softgel softgel (rx) 25 mcg (1,000 unit)</i>	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	
<i>vitamin d3 1,000 unit softgel softgel,p/f (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 1,000 unit softgel softgel,p/f,n (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 1,000 unit tablet (rx) 25 mcg (1,000 unit)</i>	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	
<i>vitamin d3 1,000 unit tablet gluten-free (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
VITAMIN D3 1,000 UNIT TABLET P/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
<i>vitamin d3 1,000 unit tablet p/f, gluten-free (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
VITAMIN D3 1,000 UNIT TABLET P/F, GLUTEN FREE (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	

Drug	Status	Notes
<i>vitamin d3 1,250 mcg capsule (rx) 1,250 mcg (50,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 1.25 mg softgel (rx) 1,250 mcg (50,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 10 mcg/ml drop (rx) 10 mcg/ml (400 unit/ml)</i>	Non-PDL Generic	
<i>vitamin d3 10 mcg/ml liquid w/dropper (rx) 10 mcg/ml (400 unit/ml)</i>	Non-PDL Generic	
<i>vitamin d3 125 mcg (5000 unit) (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 125 mcg capsule (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 125 mcg softgel (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 2,000 unit softgel 50 mcg (2,000 unit)</i>	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	
<i>vitamin d3 2,000 unit softgel p/f,n,softgel 50 mcg (2,000 unit)</i>	Non-PDL Generic	
VITAMIN D3 2,000 UNIT SOFTGEL SOFTGEL (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
<i>vitamin d3 2,000 unit softgel softgel 50 mcg (2,000 unit)</i>	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	
<i>vitamin d3 2,000 unit tablet (rx) 50 mcg (2,000 unit)</i>	Non-PDL Generic	
VITAMIN D3 2,000 UNIT TABLET (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
<i>vitamin d3 2,000 unit tablet gluten-free (rx) 50 mcg (2,000 unit)</i>	Non-PDL Generic	
VITAMIN D3 2,000 UNIT TABLET P/F (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	

Drug	Status	Notes
VITAMIN D3 2,000 UNIT TABLET P/F, GLUTEN-FREE (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 2,000 UNIT TABLET SUPER STRENGTH (RX) 50 MCG (2,000 UNIT)	Non-PDL Brand	
VITAMIN D3 2,000 UNIT TABLET W/ CALCIUM CARBONATE (RX) 50 MCG (2,000 UNIT)	Non-PDL Generic	
<i>vitamin d3 25 mcg (1,000 unit) (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 25 mcg softgel (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 25 mcg tablet (rx) 25 mcg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 25 mcg tablet bonus 10 tb,max str (rx) 25 mcg (1,000 unit)</i>	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	
<i>vitamin d3 400 unit softgel (rx) 10 mcg (400 unit)</i>	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	
<i>vitamin d3 400 unit tablet 10 mcg (400 unit)</i>	Non-PDL Generic	
VITAMIN D3 400 UNIT TABLET GLUTEN-FREE (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
<i>vitamin d3 400 unit tablet inner 10 mcg (400 unit)</i>	Non-PDL Generic	
VITAMIN D3 400 UNIT TABLET N,P/F,D/F (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
<i>vitamin d3 400 unit tablet outer 10 mcg (400 unit)</i>	Non-PDL Generic	
VITAMIN D3 400 UNIT TABLET P/F (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
<i>vitamin d3 400 unit/ml liquid (rx) 10 mcg/ml (400 unit/ml)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>vitamin d3 400 unit/ml liquid supplement drop (rx) 10 mcg/ml (400 unit/ml)</i>	Non-PDL Generic	
<i>vitamin d3 5,000 unit capsule gluten-free (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 5,000 unit capsule veggie caps (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 5,000 unit softgel (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 5,000 unit softgel p/f, softgel, glut-f (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 5,000 unit softgel softgel (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 5,000 unit softgel softgel, p/f (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 5,000 unit softgel softgel,no lactose (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 5,000 unit softgel softgel,p/f (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 50 mcg (2,000 unit) 50 mcg (2,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 50 mcg capsule 50 mcg (2,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 50 mcg softgel 50 mcg (2,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 50 mcg tablet (rx) 50 mcg (2,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 50,000 unit capsule (rx) 1,250 mcg (50,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 50,000 unit capsule gluten-free (rx) 1,250 mcg (50,000 unit)</i>	Non-PDL Generic	
<i>vitamin d3 max 125 mcg softgel (rx) 125 mcg (5,000 unit)</i>	Non-PDL Generic	
VITAMIN D-400 TABLET EASY TO SWALLOW (RX) 10 MCG (400 UNIT)	Non-PDL Generic	
WEEKLY-D 1,250 MCG SOFTGEL 1,250 MCG (50,000 UNIT)	Non-PDL Generic	
Vitamin E Preparations		
<i>cvs vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>cvs vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)</i>	Non-PDL Generic	
<i>cvs vitamin e 90 mg softgel 90 mg (200 unit)</i>	Non-PDL Generic	

Drug	Status	Notes
E-200 UNIT SOFTGEL 90 MG (200 UNIT)	Non-PDL Generic	
<i>eql vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>gnp vitamin e 180 mg softgel (rx) 400 unit</i>	Non-PDL Generic	
<i>gnp vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)</i>	Non-PDL Generic	
<i>gnp vitamin e 90 mg softgel softgel 90 mg (200 unit)</i>	Non-PDL Generic	
<i>hm vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>ra vitamin e 268 mg softgel (rx) 268 mg (400 unit)</i>	Non-PDL Generic	
<i>sv vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>sv vitamin e 400 unit softgel p/f, gluten-free (rx) 268 mg (400 unit)</i>	Non-PDL Generic	
<i>sv vitamin e 450 mg softgel water soluble, p/f (rx) 450 mg (1,000 unit)</i>	Non-PDL Generic	
<i>sv vitamin e 670 mg softgel p/f, gluten-free (rx) 670 mg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin e 1,000 unit capsule (rx) 1,000 unit</i>	Non-PDL Generic	
<i>vitamin e 1,000 unit capsule (rx) 450 mg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin e 1,000 unit softgel p/f, blend, softgel (rx) 1,000 unit</i>	Non-PDL Generic	
<i>vitamin e 1,000 unit softgel p/f, gluten-f,sftgel (rx) 670 mg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin e 1,000 unit softgel p/f,softgel (rx) 1,000 unit</i>	Non-PDL Generic	
<i>vitamin e 1,000 unit softgel softgel, finest (rx) 1,000 unit</i>	Non-PDL Generic	
<i>vitamin e 1,000 unit softgel softgel, p/f (rx) 450 mg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin e 1,000 unit softgel softgel,gluten-free (rx) 450 mg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin e 100 unit softgel softgel (rx) 45 mg (100 unit)</i>	Non-PDL Generic	
<i>vitamin e 180 mg softgel (rx) 180 mg (400 unit)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>vitamin e 180 mg(400 unit) sfgl (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 180 mg(400 unit) sfgl inner (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 180 mg(400 unit) sfgl outer (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 200 unit softgel p/f, gluten-f,sftgel (rx) 134 mg (200 unit)</i>	Non-PDL Generic	
<i>vitamin e 200 unit softgel p/f, no lactose (rx) 134 mg (200 unit)</i>	Non-PDL Generic	
<i>vitamin e 400 unit capsule (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 400 unit capsule softgel, p/f (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 400 unit capsule synthetic (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 400 unit softgel (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 400 unit softgel economy size (rx) 268 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 400 unit softgel softgel (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 400 unit softgel softgel (rx) 268 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 400 unit softgel softgel, p/f (rx) 180 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 400 unit softgel softgel,100% natural (rx) 268 mg (400 unit)</i>	Non-PDL Generic	
<i>vitamin e 45 mg softgel (rx) 45 mg (100 unit)</i>	Non-PDL Generic	
<i>vitamin e 450 mg softgel (rx) 450 mg (1,000 unit)</i>	Non-PDL Generic	
<i>vitamin e 90 mg capsule 90 mg (200 unit)</i>	Non-PDL Generic	
<i>vitamin e 90 mg softgel 90 mg (200 unit)</i>	Non-PDL Generic	
Zinc Replacement		
<i>zinc 50 mg tablet (rx) 50 mg zinc (220 mg)</i>	Non-PDL Generic	
<i>zinc sulfate 220 mg (50 mg) cap (rx) 50 mg zinc (220 mg)</i>	Non-PDL Generic	
<i>zinc sulfate 220 mg capsule (rx) 50 mg zinc (220 mg)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>zinc sulfate 220 mg capsule inner (rx) 50 mg zinc (220 mg)</i>	Non-PDL Generic	
<i>zinc sulfate 220 mg capsule outer (rx) 50 mg zinc (220 mg)</i>	Non-PDL Generic	
<i>zinc sulfate 50 mg (220 mg) tb (rx) 50 mg zinc (220 mg)</i>	Non-PDL Generic	
ZINC-220 CAPSULE (RX) 50 MG ZINC (220 MG)	Non-PDL Generic	
Weight Reduction		
Anorexic Agents		
ADIPEX-P 37.5 MG CAPSULE 37.5 MG	Non-PDL Brand	
ADIPEX-P 37.5 MG TABLET 37.5 MG	Non-PDL Brand	
<i>benzphetamine hcl 50 mg tablet (rx) 50 mg</i>	Non-PDL Generic	PA
<i>benzphetamine hcl 50 mg tablet 50 mg</i>	Non-PDL Generic	PA
<i>diethylpropion 25 mg tablet 25 mg</i>	Non-PDL Generic	PA
<i>diethylpropion er 75 mg tablet 75 mg</i>	Non-PDL Generic	PA
LOMAIRA 8 MG TABLET 8 MG	Non-PDL Generic	PA
<i>phendimetrazine 35 mg tablet 35 mg</i>	Non-PDL Generic	PA
<i>phendimetrazine er 105 mg cap 105 mg</i>	Non-PDL Generic	PA
<i>phentermine 15 mg capsule 15 mg</i>	Non-PDL Generic	
<i>phentermine 30 mg capsule 30 mg</i>	Non-PDL Generic	
<i>phentermine 37.5 mg capsule 37.5 mg</i>	Non-PDL Generic	
<i>phentermine 37.5 mg tablet 37.5 mg</i>	Non-PDL Generic	
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

Drug	Status	Notes
QSYMIA 7.5 MG-46 MG CAPSULE 7.5-46 MG	Non-PDL Brand	PA
Anti-Obesity - Opioid Antag/Norepi & Da Reup Inhib		
CONTRAVE ER 8-90 MG TABLET 8-90 MG	Non-PDL Brand	PA
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
SAXENDA 18 MG/3 ML PEN 3 MG/0.5 ML (18 MG/3 ML)	Non-PDL Brand	PA
WEGOVY 0.25 MG/0.5 ML PEN INNER, SUV, SAMPLE 0.25 MG/0.5 ML	Non-PDL Brand	PA
WEGOVY 0.25 MG/0.5 ML PEN INNER,SUV 0.25 MG/0.5 ML	Non-PDL Brand	PA
WEGOVY 0.25 MG/0.5 ML PEN OUTER, SUV, SAMPLE 0.25 MG/0.5 ML	Non-PDL Brand	PA
WEGOVY 0.25 MG/0.5 ML PEN OUTER,SUV 0.25 MG/0.5 ML	Non-PDL Brand	PA
WEGOVY 0.5 MG/0.5 ML PEN INNER,SUV 0.5 MG/0.5 ML	Non-PDL Brand	PA
WEGOVY 0.5 MG/0.5 ML PEN OUTER,SUV 0.5 MG/0.5 ML	Non-PDL Brand	PA
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WEGOVY 1.7 MG/0.75 ML PEN INNER,SUV 1.7 MG/0.75 ML	Non-PDL Brand	PA
WEGOVY 1.7 MG/0.75 ML PEN OUTER,SUV 1.7 MG/0.75 ML	Non-PDL Brand	PA
WEGOVY 2.4 MG/0.75 ML PEN INNER,SUV 2.4 MG/0.75 ML	Non-PDL Brand	PA
WEGOVY 2.4 MG/0.75 ML PEN OUTER,SUV 2.4 MG/0.75 ML	Non-PDL Brand	PA
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THERA-TABS M	975	TOBRADEX	451	<i>trandolapril</i>	194
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