



Medical Assistance List of Covered Drugs (Formulary)

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

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

Address
PrimeWest Health
3905 Dakota St
Alexandria, MN 56308

Website
www.primewest.org/programs

Service Area Counties:

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

The information included in this list of covered drugs was correct as of 08/2026. To get the most current information, visit our website at www.primewest.org/programs. If you have questions, contact Member Services at the number listed on this page. You can ask for a printed copy of this Medical Assistance **List of Covered Drugs** at any time.

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

This list is subject to change and is not all-inclusive. The document is subject to State-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands, and mandatory generics whenever applicable. Note to existing members: This list of covered drugs has changed since last year and may change throughout the year. Please review this document to make sure the drugs you take are still on the list. Please contact Member Services at the number listed on this page with questions. You can also find updates to this list at www.primewest.org/programs.

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

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

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

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

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

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

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

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

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

တိန်နီ- ဖဲနမ့်ကတိၤကညီကျိၣ်န့ၣ်,သဘျုကျိၣ်တၢ်ဟ့ၣ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်ကအိၣ်ဝဲဒၣ်လၢနဂီၢ်လၢတလိၣ်ဟ့ၣ်အပူၤဒီးတထုးတၢ်ဆၢကတိၢ်ယံၣ်ယံၣ်ဘၣ်န့ၣ်လီၤ. အမံၤညါ, တၢ်န့ၣ်ဟ့ၣ်အပီးအလီၤလၢအဖိးမံဒီးတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢကဟ့ၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤလၢက့ၢ်ဂီၢ်လၢတၢ်မၤန့ၢ်သ့အီၤညီန့ၣ်ကအိၣ်ဝဲဒၣ်လၢအပူၤတအိၣ်ဒီးတၢ်ကဟ့ၣ်အီၤအဆၢကတိၢ်ဘၣ်ဘၣ်န့ၣ်လီၤ. ဝံသးစူၤကိးဘၣ်လိတဲစိနီၢ်ဂီၢ်လၢထးမ့တမ့ၢ်ကတိၤတၢ်ဒီးန့ၣ်ဟ့ၣ်တၢ်မၤစၢၤတၢ်တက့ၢ်. Karen

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

ចូរកត់ចំណាំ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយភាសាគតិកត្តាផ្លូវអាចរកបានសម្រាប់អ្នកដោយមិនគិតថ្លៃនិងដោយគ្មានការពន្យារពេលមិនចាំបាច់។ ព្រឹត្តិការណ៍នេះ ផ្តល់នូវសេវាកម្មជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងរូបវន្តដែលអាចចូលប្រើបាន អាចរកបានដោយមិនគិតថ្លៃ និងទាន់ពេលវេលា។ សូមទូរសព្ទទៅលេខខាងលើ ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។ Khmer

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

ຂໍຂວັນ ເອົາໃຈໃສ່: ຖ້າ ທ່ານ ເວົ້າ ລາວ, ການບໍລິການການ ຊ່ວຍເຫຼືອ ດ້ານພາສາ ແມ່ນມີໃຫ້ ທ່ານ ໂດຍບໍ່ເສຍຄ່າ ແລະ ໂດຍບໍ່ມີການ ຊັກຊ້າທີ່ບໍ່ຈຳ ເປັນ. ນອກຈາກນັ້ນ, ການ ຊ່ວຍ ເຫຼືອ ແລະ ການບໍລິການຜົນທີ່ເໝາະສົມໃນການສະໜອງຂໍ້ມູນ ໃນຮູບແບບທີ່ສາມາດເຂົ້າ ເຖິງໄດ້ແມ່ນມີໃຫ້ໂດຍບໍ່ເສຍຄ່າ ແລະ ທັນເວລາ. ກະລຸນາໂທຫາເບີໂທຂ້າງເທິງ ຫຼື ຜົ້ນກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ. Lao

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

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

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

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

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

Civil Rights Notice

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

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

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

Civil Rights Coordinator

PrimeWest Health

3905 Dakota St Alexandria, MN 56308

Toll Free: 1-866-431-0801; TTY: 1-800-627-3529 or 711; Fax: 1-320-762-8750

Email: compliance@primewest.org

Auxiliary Aids and Services: PrimeWest Health provides auxiliary aids and services, like qualified interpreters or information in accessible formats, free of charge and in a timely manner to ensure an equal opportunity to participate in our health care programs.

Contact PrimeWest Health at memberservices@primewest.org, or call Member Services at 1-866-431-0801 or TTY 1-800-627-3529 or 711. The call is free.

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

Civil Rights Complaints

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

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

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

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

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

Office for Civil Rights, U.S. Department of Health and Human Services

Midwest Region

233 N. Michigan Avenue, Suite 240 Chicago, IL 60601

Customer Response Center: 800-368-1019, TTY: 800-537-7697

Email: ocrmail@hhs.gov

Minnesota Department of Human Rights (MDHR)

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

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

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

Minnesota Department of Human Rights

540 Fairview Avenue North, Suite 201, St. Paul, MN 55104

651-539-1100 (voice), 800-657-3704 (toll-free), 711 or 800-627-3529 (MN Relay), 651-296-9042 (fax)

Info.MDHR@state.mn.us (email)

Minnesota Department of Human Services (DHS)

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

- race
- color
- national origin
- religion (in some cases)
- age
- disability (including physical or mental impairment)
- sex (including sex stereotypes and gender identity)

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

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

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

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

Civil Rights Coordinator

Minnesota Department of Human Services

Equal Opportunity and Access Division

P.O. Box 64997

St. Paul, MN 55164-0997

651-431-3040 (voice) or use your preferred relay service

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

IMPORTANT INFORMATION

What is a list of covered drugs?

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

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

Does the list of covered drugs ever change?

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

Examples of some changes that may occur are:

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

How are drugs listed in the list of covered drugs?

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

What is a Preferred Drug List?

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

<https://minnesota.primetherapeutics.com/links>.

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

What are generic or biosimilar drugs?

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

A biosimilar drug is an FDA-approved biologic drug (most often an injectable prescription drug) that is highly similar to an already-approved biological product. It has no clinically meaningful differences in terms of safety and effectiveness.

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

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

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

Within the list of covered drugs, brand name drugs are capitalized (e.g., DRIZALMA) and generic drugs are in lower-case italics (e.g., *lisinopril*).

What are over-the-counter drugs?

Drugs and products that are available for purchase without a prescription are referred to as over-the-counter (OTC). Although an OTC product is available without a prescription, if a doctor writes a prescription for an OTC product, PrimeWest Health may cover it. Within the list of covered drugs, OTC drugs and products are marked with OTC in the Notes column.

What are specialty drugs?

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

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

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

You will also need to call the specialty pharmacy where your prescription is sent to set up an account. You will need to have your PrimeWest Health member identification card when you call the specialty pharmacy.

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

What if a drug is not on the list of covered drugs?

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

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

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

Your health care provider can request a non-formulary drug by contacting PrimeWest Health’s Pharmacy Benefit Manager at **1-877-391-9298**, 7 days a week, 24 hours a day; TTY users call **1-800-627-3529** or **711**. The call is free. Or, they can submit a formulary exception request form. The form is available on our website at www.primewest.org. If you were receiving the prescribed non-formulary drug upon enrollment with us, up to a 34-day supply will be covered during the review process. You and your health care provider will be notified of the decision.

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

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

Are there any restrictions on my coverage?

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

- **Prior authorization:** PrimeWest Health requires you or your health care provider to get prior authorization for certain drugs. This means that you will need to get approval from PrimeWest Health before you fill your prescription. If you don’t get approval, PrimeWest Health may not cover the drug.

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

- **Quantity limits:** For certain drugs, PrimeWest Health limits the amount of the drug that we will cover.
- **Age requirements:** Some drugs have age requirements. A prior authorization may be needed depending on your age and the specific drug prescribed.

You can find out if your drug requires prior authorization, has quantity limits, or has an age requirement by looking in this list of covered drugs. An exception to a drug restriction or limit can be made if your doctor submits a statement or documentation supporting the request. Refer to *Prescription Drugs* in Section 7: Covered Services of your **Member Handbook** for more information. You can also get more information about the restrictions applied to specific covered drugs by calling Member Services at **1-866-431-0801** or TTY **1-800-627-3529** or **711** (the call is free) or by visiting our website at www.primewest.org/programs. Also refer to “Can I ask for an exception to the coverage restrictions?”

Excluded drugs: Some drugs are excluded from the list of covered drugs. This means they are not covered. Excluded drugs include the following:

- Drugs used to treat sexual or erectile dysfunction
- Drugs used to enhance fertility
- Drugs used for cosmetic purposes, including drugs to treat hair loss
- Drugs excluded from coverage by Federal or State law
- Experimental drugs, investigational drugs, or drugs not approved or authorized by the Food and Drug Administration (FDA)
- Medical cannabis

Can I ask for an exception to the coverage restrictions?

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

What will a prescription cost?

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

List of Covered Drugs

Coverage Abbreviations

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

Symbol	Description
PA	Prior Authorization Restriction
QL	Quantity Limit Restriction
Age	Age Limit Restriction
SP	Specialty Drug
OTC	Over-the-Counter Drug
90DS	90-Day Supply Available

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Drug	Status	Notes
Allergy		
2Nd Gen Antihistamine & Decongestant Combinations		
24HR ALLERGY-CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALAVERT D-12 ALLERGY-SINUS ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALL DAY ALLERGY-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY AND CONGESTION RELIEF ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY D-12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF D12 ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF D-24HR ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF,NASAL DECONGEST ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF-D (CETIRIZINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF-D (LORATADINE) ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
ALLERGY RELIEF-D(FEXOFENADINE) ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY-CONGESTION RELIEF-D ORAL TABLET EXTENDED RELEASE 24 HR 10- 240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG	PDL Non- Preferred Brand	PA; Age (Min 2 Years)
<i>fexofenadine-pseudoephedrine oral tablet extended release 24 hr 180-240 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-ITIN D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
Allergenic Extracts, Therapeutics		
GRASTEK SUBLINGUAL TABLET 2,800 BAU	Non-PDL Brand	PA
ODACTRA SUBLINGUAL TABLET 12 SQ- HDM	Non-PDL Brand	PA
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY	Non-PDL Brand	PA
PALFORZIA (LEVEL 0) ORAL CAPSULE, SPRINKLE 1 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
PALFORZIA (LEVEL 1) ORAL CAPSULE, SPRINKLE 3 MG (1 MG X 3)	Non-PDL Brand	PA; SP
PALFORZIA (LEVEL 2) ORAL CAPSULE, SPRINKLE 6 MG (1 MG X 6)	Non-PDL Brand	PA; SP
PALFORZIA (LEVEL 3) ORAL CAPSULE, SPRINKLE 12 MG (1 MG X 2, 10 MG X 1)	Non-PDL Brand	PA; SP
PALFORZIA (LEVEL 4) ORAL CAPSULE, SPRINKLE 20 MG	Non-PDL Brand	PA; SP
PALFORZIA (LEVEL 5) ORAL CAPSULE, SPRINKLE 40 MG (20 MG X 2)	Non-PDL Brand	PA; SP
PALFORZIA (LEVEL 6) ORAL CAPSULE, SPRINKLE 80 MG (20 MG X 4)	Non-PDL Brand	PA; SP
PALFORZIA (LEVEL 7) ORAL CAPSULE, SPRINKLE 120 MG (20 MG X 1, 100 MG X 1)	Non-PDL Brand	PA; SP
PALFORZIA (LEVEL 8) ORAL CAPSULE, SPRINKLE 160 MG (20 MG X 3, 100 MG X 1)	Non-PDL Brand	PA; SP
PALFORZIA (LEVEL 9) ORAL CAPSULE, SPRINKLE 200 MG (100 MG X 2)	Non-PDL Brand	PA; SP
PALFORZIA (LEVEL 10) ORAL CAPSULE, SPRINKLE 240 MG (20 MG X 2, 100 MG X 2)	Non-PDL Brand	PA; SP
PALFORZIA (LEVEL 11 UP-DOSE) ORAL POWDER IN PACKET 300 MG	Non-PDL Brand	PA; SP
PALFORZIA INITIAL (1-3 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3 MG	Non-PDL Brand	PA; SP
PALFORZIA INITIAL (4-17 YRS) ORAL CAPSULE, SPRINKLE 0.5/1/1.5/3/6 MG	Non-PDL Brand	PA; SP
PALFORZIA LEVEL 11 MAINTENANCE ORAL POWDER IN PACKET 300 MG	Non-PDL Brand	PA; SP
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT	Non-PDL Brand	PA
Antihistamines - 1St Generation		
ALER-CAP ORAL CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLER-CHLOR ORAL TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLER-G-TIME ORAL TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY (CHLORPHENIRAMINE) ORAL TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
ALLERGY (DIPHENHYDRAMINE) ORAL LIQUID 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY (DIPHENHYDRAMINE) ORAL TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY MEDICINE ORAL TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL LIQUID 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF(DIPHENHYDRAMIN) ORAL TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ALLERGY-TIME ORAL TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
BANOPHEN ORAL CAPSULE 50 MG	Non-PDL Generic	OTC; 90 DS; Age (Min 2 Years)
BANOPHEN ORAL TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
BENADRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
BENADRYL ALLERGY ORAL TABLET 25 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
BENADRYL ORAL CAPSULE 25 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
<i>carbinoxamine maleate oral liquid 4 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>carbinoxamine maleate oral tablet 4 mg</i>	Non-PDL Generic	Age (Min 2 Years)
CARBZAH ORAL LIQUID 4 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
CHILD ALLERGY RELIEF (DIPHEN) ORAL TABLET,DISINTEGRATING 12.5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD DIMETAPP COUGH-ALLERGY ORAL TABLET,CHEWABLE 12.5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S ALLERGY (DIPHENHYD) ORAL LIQUID 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S ALLERGY (DIPHENHYD) ORAL TABLET,CHEWABLE 12.5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S BENADRYL ALLERGY ORAL TABLET,CHEWABLE 12.5 MG	Non-PDL Brand	OTC; Age (Min 2 Years)

Drug	Status	Notes
CHILDREN'S WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S WAL-DRYL ALLERGY ORAL PREFILLED SPOON 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S WAL-DRYL ALLERGY ORAL TABLET,DISINTEGRATING 12.5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>chlorpheniramine maleate oral tablet extended release 12 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
CHLORTABS ORAL TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	Non-PDL Generic	Age (Min 2 Years)
CLEMSZA ORAL TABLET 2.68 MG	Non-PDL Generic	Age (Min 2 Years)
COMPLETE ALLERGY MEDICINE ORAL CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
COMPLETE ALLERGY ORAL CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
COMPLETE ALLERGY ORAL TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>cyproheptadine oral tablet 4 mg</i>	Non-PDL Generic	90 DS; Age (Min 2 Years)
DAYHIST ALLERGY ORAL TABLET 1.34 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
DIMETANE (DIPHENHYDRAMINE HCL) ORAL CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
DIMETANE (DIPHENHYDRAMINE HCL) ORAL CAPSULE 50 MG	Non-PDL Generic	OTC; 90 DS; Age (Min 2 Years)
DIPHEDRYL ORAL LIQUID 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
DIPHEN ORAL ELIXIR 12.5 MG/5 ML	Non-PDL Generic	Age (Min 2 Years)
DIPHEN ORAL TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine hcl oral capsule 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine hcl oral capsule 50 mg</i>	Non-PDL Generic	OTC; 90 DS; Age (Min 2 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)

Drug	Status	Notes
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>diphenhydramine hcl oral tablet 25 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
GERI-DRYL ORAL LIQUID 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
GERI-DRYL ORAL TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Non-PDL Generic	Age (Min 2 Years)
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	Non-PDL Generic	Age (Min 2 Years)
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
M-DRYL ORAL LIQUID 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
MICLARA LQ ORAL SYRUP 1.25 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
NARAMIN ORAL LIQUID IN PACKET 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
NIGHTTIME ALLERGY RELIEF ORAL TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
PHARBECHLOR ORAL TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
PHARBEDRYL ORAL CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
PHARBEDRYL ORAL CAPSULE 50 MG	Non-PDL Generic	OTC; 90 DS; Age (Min 2 Years)
<i>promethazine injection solution 25 mg/ml, 50 mg/ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
<i>promethazine oral tablet 12.5 mg, 25 mg</i>	Non-PDL Generic	90 DS; Age (Min 2 Years)
<i>promethazine oral tablet 50 mg</i>	Non-PDL Generic	Age (Min 2 Years)
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
WAL-DRYL ALLERGY ORAL TABLET 25 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-FINATE ORAL TABLET 4 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
Antihistamines - 2Nd Generation		
24HOUR ALLERGY ORAL TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
24HR ALLERGY RELIEF ORAL TABLET 5 MG	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)
ALAVERT ORAL TABLET,DISINTEGRATING 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALL DAY ALLERGY (CETIRIZINE) ORAL TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLEGRA ALLERGY ORAL TABLET 60 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERCLEAR ORAL TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLER-EASE ORAL TABLET 180 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLER-FEX ORAL TABLET 180 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF (CETIRIZINE) ORAL SOLUTION 1 MG/ML	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF (CETIRIZINE) ORAL TABLET 5 MG	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)
ALLERGY RELIEF (FEXOFENADINE) ORAL TABLET 180 MG, 60 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF (LEVOCETIRIZIN) ORAL TABLET 5 MG	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)

Drug	Status	Notes
ALLERGY RELIEF (LORATADINE) ORAL SOLUTION 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF (LORATADINE) ORAL TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY RELIEF (LORATADINE) ORAL TABLET,DISINTEGRATING 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLERGY-HIVES RELIEF ORAL TABLET 180 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
ALLER-TEC ORAL TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine oral solution 1 mg/ml</i>	PDL Preferred Generic	90 DS; Age (Min 2 Years)
<i>cetirizine oral solution 5 mg/5 ml</i>	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)
<i>cetirizine oral tablet 10 mg, 5 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>cetirizine oral tablet,chewable 10 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
CHILD ALLERGY RELF(CETIRIZINE) ORAL SOLUTION 1 MG/ML	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)
CHILDREN'S ALLEGRA ALLERGY ORAL SUSPENSION 30 MG/5 ML	PDL Preferred Generic	OTC; QL (10 ML per 1 day); Age (Min 2 Years)
CHILDREN'S ALLERGY RELIEF(FEX) ORAL SUSPENSION 30 MG/5 ML	PDL Preferred Generic	OTC; QL (10 ML per 1 day); Age (Min 2 Years)
CHILDREN'S ALLERGY RELIEF(LOR) ORAL SOLUTION 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
CHILDREN'S ALLERGY RELIEF(LOR) ORAL TABLET,CHEWABLE 5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S ALLERGY(CETIRIZINE) ORAL SOLUTION 1 MG/ML	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)

Drug	Status	Notes
CHILDREN'S ALLER-TEC ORAL SOLUTION 1 MG/ML	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)
CHILDREN'S CETIRIZINE ORAL SOLUTION 1 MG/ML	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)
CHILDREN'S CETIRIZINE ORAL TABLET,CHEWABLE 10 MG, 5 MG	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
CHILDREN'S CLARITIN ORAL SOLUTION 5 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILDREN'S LORATADINE ORAL TABLET,CHEWABLE 5 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S WAL-FEX ORAL SUSPENSION 30 MG/5 ML	PDL Preferred Generic	OTC; QL (10 ML per 1 day); Age (Min 2 Years)
CHILDREN'S WAL-ZYR ORAL SOLUTION 1 MG/ML	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)
CHILDREN'S WAL-ZYR ORAL TABLET,CHEWABLE 10 MG	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
CHILDREN'S ZYRTEC ALLERGY ORAL SOLUTION 1 MG/ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CHILDREN'S ZYRTEC ALLERGY ORAL TABLET,CHEWABLE 10 MG	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
CHILD'S ALL DAY ALLERGY(CETIR) ORAL SOLUTION 1 MG/ML	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)
CLARINEX ORAL TABLET 5 MG	PDL Non-Preferred Brand	PA; Age (Min 2 Years)
CLARITIN ORAL SOLUTION 5 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
CLARITIN ORAL TABLET 10 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
CLARITIN REDITABS ORAL TABLET,DISINTEGRATING 10 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
<i>desloratadine oral solution 0.5 mg/ml</i>	PDL Non-Preferred Generic	PA; Age (Min 2 Years)

Drug	Status	Notes
<i>desloratadine oral tablet 5 mg</i>	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
<i>desloratadine oral tablet, disintegrating 2.5 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; Age (Min 2 Years)
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	PDL Preferred Generic	Age (Min 2 Years)
<i>levocetirizine oral tablet 5 mg</i>	PDL Preferred Generic	90 DS; Age (Min 2 Years)
LORADAMED ORAL TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine oral solution 5 mg/5 ml</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine oral tablet 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
<i>loratadine oral tablet, disintegrating 10 mg</i>	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-FEX ALLERGY ORAL TABLET 180 MG, 60 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN ORAL SOLUTION 5 MG/5 ML	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ITIN ORAL TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)
WAL-ZYR (CETIRIZINE) ORAL SOLUTION 1 MG/ML	PDL Preferred Generic	OTC; 90 DS; Age (Min 2 Years)
WAL-ZYR (CETIRIZINE) ORAL TABLET 10 MG	PDL Preferred Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
ZYRTEC ORAL TABLET,CHEWABLE 10 MG	PDL Non-Preferred Generic	PA; OTC; Age (Min 2 Years)
Nasal Antihistamine		
<i>azelastine nasal spray,non-aerosol 137 mcg (0.1 %)</i>	PDL Preferred Generic	90 DS
<i>azelastine nasal spray,non-aerosol 205.5 mcg (0.15 %)</i>	PDL Preferred Generic	
<i>olopatadine nasal spray,non-aerosol 0.6 %</i>	PDL Non-Preferred Generic	PA
Nasal Antihistamine & Anti-Inflam. Steroid Comb.		
<i>azelastine-fluticasone nasal spray,non-aerosol 137-50 mcg/spray</i>	PDL Non-Preferred Generic	PA; QL (23 GM per 30 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY	PDL Non-Preferred Brand	PA; QL (23 GM per 30 days)
RYALTRIS NASAL SPRAY,NON-AEROSOL 665-25 MCG/SPRAY	PDL Non-Preferred Brand	PA; QL (29 GM per 30 days)
Nasal Anti-Inflammatory Steroids		
24 HOUR ALLERGY RELIEF NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	PDL Preferred Generic	OTC; 90 DS; QL (16 ML per 30 days)
ALLER-FLO NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	PDL Preferred Generic	OTC; 90 DS; QL (16 ML per 30 days)
ALLERGY NASAL (MOMETASONE) NASAL SPRAY,NON-AEROSOL 50 MCG/ACTUATION	PDL Preferred Generic	OTC
ALLERGY RELIEF (FLUTICASONE) NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	PDL Preferred Generic	OTC; 90 DS; QL (16 ML per 30 days)
CLARISPRAY NASAL SPRAY,SUSPENSION 50 MCG/ACTUATION	PDL Preferred Generic	OTC; 90 DS; QL (16 ML per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	PDL Non-Preferred Generic	PA; QL (25 ML per 30 days)

Drug	Status	Notes
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	PDL Preferred Generic	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	PDL Preferred Generic	OTC
OMNARIS NASAL SPRAY,NON-AEROSOL 50 MCG	PDL Non-Preferred Brand	PA; QL (5 GM per 12 days)
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (6.8 GM per 30 days)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (10.6 GM per 30 days)
TICANASE NASAL KIT,SPRAY SUSPENSION AND SPRAY 50 MCG- 0.9 %	PDL Non-Preferred Brand	PA
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (32 ML per 30 days)
Nasal Mast Cell Stabilizers Agents		
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i>	Non-PDL Generic	OTC
NASALCROM NASAL SPRAY,NON-AEROSOL 5.2 MG/SPRAY (4 %)	Non-PDL Brand	OTC
Antiemesis/Antivertigo		
Antiemetic, Cannabinoid-Type		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
Antiemetic/Antivertigo Agents		
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 21 FILLS)
ANTIVERT ORAL TABLET,CHEWABLE 25 MG	Non-PDL Brand	
<i>aprepitant oral capsule 125 mg</i>	Non-PDL Generic	QL (1 EA per 21 FILLS)
<i>aprepitant oral capsule 40 mg</i>	Non-PDL Generic	QL (1 EA per 28 FILLS)
<i>aprepitant oral capsule 80 mg</i>	Non-PDL Generic	QL (2 EA per 21 FILLS)
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	Non-PDL Generic	QL (3 EA per 21 FILLS)

Drug	Status	Notes
BONINE ORAL TABLET,CHEWABLE 25 MG	Non-PDL Brand	OTC
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
COMPRO RECTAL SUPPOSITORY 25 MG	Non-PDL Generic	
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG	PDL Preferred Brand	QL (120 EA per 30 days)
<i>doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg</i>	PDL Non-Preferred Generic	PA; QL (120 EA per 30 days)
DRAMAMINE (MECLIZINE) ORAL TABLET 25 MG	Non-PDL Generic	OTC
DRAMAMINE (MECLIZINE) ORAL TABLET,CHEWABLE 25 MG	Non-PDL Generic	OTC
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG	Non-PDL Generic	OTC
<i>granisetron hcl oral tablet 1 mg</i>	PDL Non-Preferred Generic	PA; QL (10 EA per 21 days)
<i>meclizine oral tablet 12.5 mg</i>	Non-PDL Generic	OTC
<i>meclizine oral tablet 25 mg</i>	Non-PDL Generic	
<i>meclizine oral tablet,chewable 25 mg</i>	Non-PDL Generic	OTC
MEDI-MECLIZINE ORAL TABLET 25 MG	Non-PDL Generic	OTC
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG	Non-PDL Generic	OTC
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET 25 MG	Non-PDL Generic	OTC
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE 25 MG	Non-PDL Generic	OTC
MOTION-TIME ORAL TABLET,CHEWABLE 25 MG	Non-PDL Generic	OTC
<i>ondansetron hcl oral solution 4 mg/5 ml</i>	PDL Preferred Generic	90 DS; QL (150 ML per 21 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	PDL Preferred Generic	90 DS

Drug	Status	Notes
<i>ondansetron oral tablet,disintegrating 16 mg</i>	PDL Preferred Generic	
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	PDL Preferred Generic	90 DS
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	Non-PDL Generic	
<i>prochlorperazine rectal suppository 25 mg</i>	Non-PDL Generic	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	Non-PDL Generic	
PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG, 50 MG	Non-PDL Generic	
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 21 days)
<i>scopolamine base transdermal patch 3 day 1 mg over 3 days</i>	PDL Non-Preferred Generic	PA
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS	PDL Preferred Brand	
TRAVEL-EASE (MECLIZINE) ORAL TABLET 25 MG	Non-PDL Generic	OTC
<i>trimethobenzamide oral capsule 300 mg</i>	Non-PDL Generic	
WAL-DRAM 2 ORAL TABLET 25 MG	Non-PDL Generic	OTC
Asthma And Copd		
5-Lipoxygenase Inhibitors		
<i>zileuton oral tablet, er multiphase 12 hr 600 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
Anticholinergic, Orally Inhaled Short Acting		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION	PDL Preferred Brand	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation hfa aerosol inhaler 17 mcg/actuation</i>	Non-PDL Generic	QL (25.8 GM per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	PDL Preferred Generic	90 DS

Drug	Status	Notes
Anticholinergics, Orally Inhaled Long Acting		
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION	PDL Preferred Brand	QL (4 GM per 30 days)
SPIRIVA WITH HANDIHALER INHALATION CAPSULE, W/INHALATION DEVICE 18 MCG	PDL Preferred Brand	QL (30 EA per 30 days)
<i>tiotropium bromide inhalation capsule, w/inhalation device 18 mcg</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
<i>umeclidinium inhalation blister with device 62.5 mcg/actuation</i>	Non-PDL Generic	QL (30 EA per 30 days)
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML	PDL Non-Preferred Brand	PA; QL (90 ML per 30 days)
Beta-Adrenergic Agents		
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	PDL Preferred Generic	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PDL Non-Preferred Generic	PA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	Non-PDL Generic	
Beta-Adrenergic Agents, Inhaled, Short Acting		
<i>albuterol sulfate inhalation hfa aerosol inhaler 90 mcg/actuation</i>	PDL Preferred Generic	6.7gm/Pkg; Generic for Proventil HFA; QL (20.1 GM per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg/0.5 ml, 5 mg/ml</i>	PDL Preferred Generic	
<i>albuterol sulfate inhalation solution for nebulization 2.5 mg /3 ml (0.083 %)</i>	PDL Preferred Generic	90 DS

Drug	Status	Notes
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	PDL Non-Preferred Generic	PA
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	PDL Non-Preferred Generic	PA
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION	PDL Non-Preferred Brand	PA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	PDL Preferred Brand	QL (54 GM per 30 days)
XOPENEX HFA INHALATION HFA AEROSOL INHALER 45 MCG/ACTUATION	PDL Preferred Brand	
Beta-Adrenergic Agents, Inhaled, Ultra-Long Acting		
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (4 GM per 30 days)
Beta-Adrenergic Agents, Orally Inhaled, Long Acting		
<i>arformoterol inhalation solution for nebulization 15 mcg/2 ml</i>	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
<i>formoterol fumarate inhalation solution for nebulization 20 mcg/2 ml</i>	PDL Non-Preferred Generic	PA; QL (120 ML per 30 days)
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE	PDL Preferred Brand	QL (60 EA per 30 days)
Beta-Adrenergic And Anticholinergic Combinations		
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION	PDL Preferred Brand	QL (60 EA per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG	PDL Non-Preferred Brand	PA; QL (10.7 GM per 30 days)

Drug	Status	Notes
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION	PDL Preferred Brand	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400-12 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	PDL Preferred Generic	90 DS
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION	PDL Preferred Brand	QL (4 GM per 30 days)
<i>umeclidinium-vilanterol inhalation blister with device 62.5-25 mcg/actuation</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
Beta-Adrenergic And Glucocorticoid Combinations		
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	PDL Preferred Brand	QL (60 EA per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION	PDL Preferred Brand	QL (12 GM per 30 days)
AIRSUPRA INHALATION HFA AEROSOL INHALER 90-80 MCG/ACTUATION	PDL Non-Preferred Brand	PA; 10.7gm/Pkg; QL (32.1 GM per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE, 50-25 MCG/DOSE	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
BREYNA INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	PDL Non-Preferred Generic	PA; QL (30.9 GM per 30 days)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	PDL Non-Preferred Generic	PA; QL (30.9 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 50-5 MCG/ACTUATION	PDL Preferred Brand	QL (39 GM per 30 days)
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION	PDL Preferred Brand	QL (13 GM per 30 days)
<i>fluticasone furoate-vilanterol inhalation blister with device 100-25 mcg/dose, 200-25 mcg/dose</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)

Drug	Status	Notes
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation hfa aerosol inhaler 115-21 mcg/actuation, 230-21 mcg/actuation, 45-21 mcg/actuation</i>	PDL Non-Preferred Generic	PA; QL (12 GM per 30 days)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION	PDL Preferred Brand	QL (30.9 GM per 30 days)
WIXELA INHUB INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
Beta-Adrenergic-Anticholinergic-Glucocort, Inhaled		
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (10.7 GM per 30 days)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
Glucocorticoids, Orally Inhaled		
ALVESCO INHALATION HFA AEROSOL INHALER 160 MCG/ACTUATION, 80 MCG/ACTUATION	PDL Non-Preferred Brand	PA; QL (12.2 GM per 30 days)
ARNUIITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	PDL Preferred Brand	QL (30 EA per 30 days)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION	PDL Preferred Brand	QL (13 GM per 30 days)
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60)	PDL Preferred Brand	QL (1 EA per 30 days)
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml</i>	PDL Preferred Generic	QL (120 ML per 30 days)

Drug	Status	Notes
<i>budesonide inhalation suspension for nebulization 1 mg/2 ml</i>	PDL Preferred Generic	QL (60 ML per 30 days)
<i>fluticasone furoate inhalation blister with device 100 mcg/actuation, 200 mcg/actuation, 50 mcg/actuation</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 100 mcg/actuation, 50 mcg/actuation</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>fluticasone propionate inhalation blister with device 250 mcg/actuation</i>	PDL Non-Preferred Generic	PA; QL (120 EA per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 110 mcg/actuation</i>	PDL Preferred Generic	QL (12 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 220 mcg/actuation</i>	PDL Preferred Generic	QL (24 GM per 30 days)
<i>fluticasone propionate inhalation hfa aerosol inhaler 44 mcg/actuation</i>	PDL Preferred Generic	QL (21.2 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTION, 90 MCG/ACTION	PDL Preferred Brand	QL (1 EA per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 0.25 MG/2 ML, 0.5 MG/2 ML	PDL Non-Preferred Brand	PA; QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION FOR NEBULIZATION 1 MG/2 ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTION, 80 MCG/ACTION	PDL Preferred Brand	QL (21.2 GM per 30 days)
Interleukin-4(IL-4) Receptor Alpha Antagonist, Mab		
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML	PDL Preferred Brand	PA; SP
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML	PDL Preferred Brand	PA; SP
Interleukin-5(IL-5) Receptor Alpha Antagonist, Mab		

Drug	Status	Notes
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML	PDL Non-Preferred Brand	PA; SP
Leukotriene Receptor Antagonists		
ACCOLATE ORAL TABLET 10 MG, 20 MG	PDL Non-Preferred Brand	PA
<i>montelukast oral granules in packet 4 mg</i>	PDL Non-Preferred Generic	PA
<i>montelukast oral tablet 10 mg</i>	PDL Preferred Generic	90 DS
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	PDL Preferred Generic	90 DS
SINGULAIR ORAL GRANULES IN PACKET 4 MG	PDL Non-Preferred Brand	PA
SINGULAIR ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA
SINGULAIR ORAL TABLET, CHEWABLE 4 MG, 5 MG	PDL Non-Preferred Brand	PA
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PDL Non-Preferred Generic	PA
Mast Cell Stabilizers		
<i>cromolyn oral concentrate 100 mg/5 ml</i>	Non-PDL Generic	
Mast Cell Stabilizers, Orally Inhaled		
<i>cromolyn inhalation solution for nebulization 20 mg/2 ml</i>	Non-PDL Generic	
Monoclonal Antibodies To Immunoglobulin E(IgE)		
XOLAIR SUBCUTANEOUS AUTO-INJECTOR 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PDL Preferred Brand	PA; SP
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML, 75 MG/0.5 ML	PDL Preferred Brand	PA; SP
Monoclonal Antibody - Interleukin-5 Antagonists		

Drug	Status	Notes
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PDL Non-Preferred Brand	PA; SP
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML, 40 MG/0.4 ML	PDL Non-Preferred Brand	PA; SP
Phosphodiesterase-4 (Pde4) Inhibitors		
DALIRESP ORAL TABLET 250 MCG, 500 MCG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
OHTUVAYRE INHALATION SUSPENSION FOR NEBULIZATION 3 MG/2.5 ML	PDL Non-Preferred Brand	PA; SP
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
Respiratory Aids, Devices, Equipment		
ACE AEROSOL CLOUD ENHANCER SPACER	Non-PDL Brand	
AEROCHAMBER MECHANICAL VENT SPACER	Non-PDL Brand	
AEROCHAMBER MINI SPACER	Non-PDL Brand	
AEROCHAMBER MV SPACER	Non-PDL Brand	
AEROCHAMBER PLUS FLOW-VU SPACER	Non-PDL Brand	
AEROCHAMBER PLUS FLOW-VU,L MSK SPACER	Non-PDL Brand	
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER	Non-PDL Brand	
AEROCHAMBER PLUS FLOW-VU,S MSK SPACER	Non-PDL Brand	
AEROCHAMBER PLUS Z STAT LG MSK SPACER	Non-PDL Brand	
AEROCHAMBER PLUS Z STAT MD MSK SPACER	Non-PDL Brand	
AEROCHAMBER PLUS Z STAT SM MSK SPACER	Non-PDL Brand	
AEROCHAMBER PLUS Z STAT SPACER	Non-PDL Brand	
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER	Non-PDL Brand	

Drug	Status	Notes
AEROCHAMBER2GO SPACER	Non-PDL Brand	
AEROECLIPSE II NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
AEROECLIPSE XL NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
AERONEB GO NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
AEROTRACH PLUS SPACER	Non-PDL Brand	
AEROVENT PLUS SPACER	Non-PDL Brand	
ALL-IN-ONE NEBULIZER SYSTEM DEVICE	Non-PDL Brand	OTC; 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	Non-PDL Brand	QL (1 EA per 365 days)
BREATHERITE MDI SPACER SPACER	Non-PDL Brand	
BREATHERITE SPACER-MASK, NEO. SPACER	Non-PDL Brand	
BREATHERITE SPACER-MASK,ADULT SPACER	Non-PDL Brand	
BREATHERITE SPACER-MASK,CHILD SPACER	Non-PDL Brand	
BREATHERITE SPACER-MASK,INFANT SPACER	Non-PDL Brand	
BREATHERITE SPACER-MASK,S.CHLD SPACER	Non-PDL Brand	
BREATHERITE VALVED MDI CHAMBER SPACER	Non-PDL Brand	
BREATHERITE VALVED MDI SPACER SPACER	Non-PDL Brand	
CLEVER CHOICE CHAMBER-LRG MASK SPACER	Non-PDL Brand	
CLEVER CHOICE CHAMBER-MED MASK SPACER	Non-PDL Brand	
CLEVER CHOICE CHAMBER-SM MASK SPACER	Non-PDL Brand	
CLEVER CHOICE NEBULIZER DEVICE	Non-PDL Brand	QL (1 EA per 365 days)

Drug	Status	Notes
CLEVER CHOICE WHISPER AIRE PED DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
COMFORTSEAL LARGE MASK DEVICE	Non-PDL Brand	
COMFORTSEAL MEDIUM MASK DEVICE	Non-PDL Brand	
COMFORTSEAL SMALL MASK DEVICE	Non-PDL Brand	
COMPACT COMPRESSOR NEBULIZER	Non-PDL Brand	OTC; QL (1 EA per 365 days)
COMPACT SPACE CHAMBER SPACER	Non-PDL Brand	
COMPACT SPACE CHAMBER-LRG MASK SPACER	Non-PDL Brand	
COMPACT SPACE CHAMBER-MED MASK SPACER	Non-PDL Brand	
COMPACT SPACE CHAMBER-SM MASK SPACER	Non-PDL Brand	
COMPACT ULTRASONIC NEBULIZER	Non-PDL Brand	OTC; QL (1 EA per 365 days)
COMP-AIR NEBULIZER COMPRESSOR DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS DISPOSABLE NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS PULMO-AIDE COMPRESSR DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS PULMOMATE COMPRESSOR DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
DEVILBISS TRAVELER COMPRESSOR DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
EASIVENT HOLDING CHAMBER SPACER	Non-PDL Brand	
EASIVENT MASK LARGE DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
EASIVENT MASK MEDIUM DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
EASIVENT MASK SMALL DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
EASY NEB COMPRESSOR NEBULIZER DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
EASYAIR COMPRESSOR NEBULIZER DEVICE	Non-PDL Brand	OTC; QL (1 EA per 365 days)
EBASE CONTROLLER DEVICE	Non-PDL Brand	QL (1 EA per 365 days)

Drug	Status	Notes
FLEXICHAMBER SPACER	Non-PDL Brand	
FLEXICHAMBER-LG CHILD MASK DEVICE	Non-PDL Brand	
FLEXICHAMBER-SM ADULT MASK DEVICE	Non-PDL Brand	
FLEXICHAMBER-SM CHILD MASK DEVICE	Non-PDL Brand	
HOME NEBULIZER PLUS SIDESTREAM DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
IN-CHECK DIAL TRAINING DEVICE DEVICE	Non-PDL Brand	OTC
INNOSPIRE DELUXE DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
INNOSPIRE ELEGANCE DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
INNOSPIRE ESSENCE DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
INNOSPIRE GO NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
INNOSPIRE MINI DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
INSPIRACHAMBER SPACER	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-LARGE SPACER	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-MED SPACER	Non-PDL Brand	
INSPIRACHAMBER WITH MASK-SMALL SPACER	Non-PDL Brand	
LC PLUS	Non-PDL Brand	QL (1 EA per 365 days)
LC PLUS NEBULIZER-PED MASK	Non-PDL Brand	QL (1 EA per 365 days)
LITE TOUCH-MEDIUM MASK DEVICE	Non-PDL Brand	
LITEAIRE MDI CHAMBER SPACER	Non-PDL Brand	
LITETOUCH-LARGE MASK DEVICE	Non-PDL Brand	
LITETOUCH-SMALL MASK DEVICE	Non-PDL Brand	
MC 300 NEBULIZER W-MOUTHPIECE	Non-PDL Brand	QL (1 EA per 365 days)

Drug	Status	Notes
MC 300 NEBULIZER-UNVRSL TUBING	Non-PDL Brand	QL (1 EA per 365 days)
MICROAIR MESH NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
MICROCHAMBER SPACER	Non-PDL Brand	
MICROSPACER SPACER	Non-PDL Brand	
MINI PLUS NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
MOUTHPIECE DEVICE	Non-PDL Brand	OTC; QL (1 EA per 365 days)
NAVAGE PORTABLE NEBULIZER	Non-PDL Brand	OTC; QL (1 EA per 365 days)
NEB200 NEBULIZER DEVICE	Non-PDL Brand	OTC; QL (1 EA per 365 days)
<i>nebulizer and compressor device</i>	Non-PDL Brand	QL (1 EA per 365 days)
<i>nebulizers</i>	Non-PDL Brand	OTC; QL (1 EA per 365 days)
OMBRA COMPRESSOR SYSTEM DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
ONE WAY VALVED MOUTHPIECE DEVICE	Non-PDL Brand	OTC
OPTICHAMBER ADULT MASK-LARGE DEVICE	Non-PDL Brand	
OPTICHAMBER DIAMOND LG MASK SPACER	Non-PDL Brand	
OPTICHAMBER DIAMOND VHC SPACER	Non-PDL Brand	
OPTICHAMBER DIAMOND-MED MSK SPACER	Non-PDL Brand	
OPTICHAMBER DIAMOND-SML MASK SPACER	Non-PDL Brand	
PANDA MASK DEVICE	Non-PDL Brand	OTC
PARI LC SPRINT NEBULIZER SET	Non-PDL Brand	QL (1 EA per 365 days)
PARI LC SPRINT SINUS	Non-PDL Brand	QL (1 EA per 365 days)
PARI TREK S COMBO PACK DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
PARI TREK S COMPACT COMPRESSOR DEVICE	Non-PDL Brand	QL (1 EA per 365 days)

Drug	Status	Notes
PEDIATRIC BEAR NEBULIZER DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC COMP-AIR COMPRES NEB DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
PEDIATRIC MEDIUM MASK DEVICE	Non-PDL Brand	OTC
PEDIATRIC PANDA MASK DEVICE	Non-PDL Brand	OTC
PEDIATRIC SMALL MASK DEVICE	Non-PDL Brand	OTC
PFLEX INSPIRATORY TRAINER DEVICE	Non-PDL Brand	
POCKET CHAMBER SPACER	Non-PDL Brand	
PRIMEAIRE SPACER	Non-PDL Brand	
PRO COMFORT SPACER-ADULT MASK SPACER	Non-PDL Brand	OTC
PRO COMFORT SPACER-CHILD MASK SPACER	Non-PDL Brand	OTC
PRO COMFORT SPACER-INFANT MASK SPACER	Non-PDL Brand	OTC
PROCARE COMPRESSOR NEBULIZER DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
PROCARE PEDIATRIC NEBULIZER DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
PROCARE SPACER WITH ADULT MASK SPACER	Non-PDL Brand	
PROCARE SPACER WITH CHILD MASK SPACER	Non-PDL Brand	
PROCHAMBER SPACER	Non-PDL Brand	
PRODIGY MINI-MIST NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
PRONEB MAX COMPRESSOR-LC PLUS DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
PRONEB MAX COMPRESSR-LC SPRINT DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
PULMO-AIDE COMPRESSOR DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
PULMONEB LT COMPRESSOR NEBUL DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
PURE COMFORT SPACER-ADULT MASK SPACER	Non-PDL Brand	OTC

Drug	Status	Notes
PUREAIR MINI NEBULIZER DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
PURECOMFORT PEAK FLOW MOUTHPIECE DEVICE	Non-PDL Brand	OTC
RITFLO AEROCHAMBER SPACER	Non-PDL Brand	
SAMI THE SEAL DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
SIDESTREAM	Non-PDL Brand	QL (1 EA per 365 days)
SIDESTREAM NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
SIDESTREAM PEDIATRIC FACE MASK DEVICE	Non-PDL Brand	OTC
SIDESTREAM PLUS	Non-PDL Brand	QL (1 EA per 365 days)
SILICONE MASK - INFANT DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
SILICONE MASK - PEDIATRIC DEVICE	Non-PDL Brand	OTC
SINUSTAR NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
SMARTNEB COMPRESSOR NEBULIZER DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
SOOTHENEB COMPRESSOR NEBULIZER DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
SOOTHENEB MESH NEBULIZER	Non-PDL Brand	QL (1 EA per 365 days)
SPACE CHAMBER SPACER	Non-PDL Brand	
SPACE CHAMBER WITH LARGE MASK SPACER	Non-PDL Brand	
SPACE CHAMBER WITH MEDIUM MASK SPACER	Non-PDL Brand	
SPACE CHAMBER WITH SMALL MASK SPACER	Non-PDL Brand	
SUNRISE COMPRESSOR-NEBULIZER DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
THRESHOLD IMT TRAINER DEVICE	Non-PDL Brand	
THRESHOLD PEP DEVICE DEVICE	Non-PDL Brand	
VIOS AEROSOL DELIVERY SYSTEM DEVICE	Non-PDL Brand	QL (1 EA per 365 days)

Drug	Status	Notes
VORTEX ADULT MASK DEVICE	Non-PDL Brand	OTC
VORTEX HOLDING CHAMBER SPACER	Non-PDL Brand	
VORTEX VHC PEDIATRIC MASK SPACER	Non-PDL Brand	
WILLIS THE WHALE COMPRESSOR NEB DEVICE	Non-PDL Brand	QL (1 EA per 365 days)
WINDMILL TRAINER DEVICE	Non-PDL Brand	OTC
Thymic Stromal Lymphopoietin (Tslp) Inhibitors		
TEZSPIRE SUBCUTANEOUS PEN INJECTOR 210 MG/1.91 ML (110 MG/ML)	PDL Non-Preferred Brand	PA; SP
Xanthines		
<i>caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)</i>	Non-PDL Generic	
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG	Non-PDL Brand	
<i>theophylline oral elixir 80 mg/15 ml</i>	Non-PDL Generic	
<i>theophylline oral solution 80 mg/15 ml</i>	Non-PDL Generic	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	Non-PDL Generic	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	Non-PDL Generic	
Autonomic Nervous System Disorders		
Alzheimer's Therapy, Nmda Receptor Antagonists		
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>memantine oral solution 2 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (300 ML per 30 days)
<i>memantine oral tablet 10 mg, 5 mg</i>	PDL Preferred Generic	90 DS; QL (60 EA per 30 days)
<i>memantine oral tablets, dose pack 5-10 mg</i>	PDL Non-Preferred Generic	PA; QL (49 EA per 28 days)

Drug	Status	Notes
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG	Non-PDL Brand	QL (28 EA per 28 days)
Alzheimer's Thx,Nmda Recept Antag & Cholines Inhib		
<i>memantine-donepezil oral capsule,sprinkle,er 24hr 14-10 mg, 21-10 mg, 28-10 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Cholinesterase Inhibitors		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/24 HOUR, 5 MG/24 HOUR	PDL Non-Preferred Brand	PA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG	PDL Non-Preferred Brand	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	PDL Preferred Generic	90 DS
<i>donepezil oral tablet 23 mg</i>	PDL Non-Preferred Generic	PA
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	PDL Preferred Generic	
EXELON PATCH TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HOUR, 9.5 MG/24 HOUR	PDL Preferred Brand	QL (30 EA per 30 days)
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>galantamine oral solution 4 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (200 ML per 30 days)
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	Non-PDL Generic	
<i>pyridostigmine bromide oral tablet 60 mg</i>	Non-PDL Generic	
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	PDL Non-Preferred Generic	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
ZUNVEYL ORAL TABLET, DELAYED RELEASE (DR/EC) 10 MG, 15 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Behavioral Health - Antidepressants		
Alpha-2 Receptor Antagonist Antidepressants		
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PDL Preferred Generic	90 DS
<i>mirtazapine oral tablet, disintegrating 15 mg, 30 mg, 45 mg</i>	PDL Preferred Generic	
REMERON ORAL TABLET 15 MG, 30 MG	PDL Non-Preferred Brand	PA
REMERON SOLTAB ORAL TABLET, DISINTEGRATING 15 MG, 30 MG, 45 MG	PDL Non-Preferred Brand	PA
Antidepressant - Postpartum Depression (Ppd)		
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG	PDL Non-Preferred Brand	PA; SP
Maois - Non-Selective & Irreversible		
<i>phenelzine oral tablet 15 mg</i>	Non-PDL Generic	
<i>tranylcypromine oral tablet 10 mg</i>	Non-PDL Generic	
Ndma Receptor Antagonist And Ndri Comb		
AUVELITY ORAL TABLET, IR AND ER, BIPHASIC 45-105 MG	PDL Non-Preferred Brand	PA
Norepinephrine And Dopamine Reuptake Inhib (Ndris)		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>bupropion hcl oral tablet 100 mg</i>	PDL Preferred Generic	
<i>bupropion hcl oral tablet 75 mg</i>	PDL Preferred Generic	90 DS
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	PDL Preferred Generic	90 DS
<i>bupropion hcl oral tablet extended release 24 hr 450 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	PDL Preferred Generic	90 DS
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
WELLBUTRIN SR ORAL TABLET SUSTAINED-RELEASE 12 HR 100 MG, 150 MG, 200 MG	PDL Non-Preferred Brand	PA
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	PDL Non-Preferred Brand	PA
Selective Serotonin Reuptake Inhibitor (Ssris)		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG	PDL Non-Preferred Brand	PA
<i>citalopram oral capsule 30 mg</i>	PDL Non-Preferred Generic	PA
<i>citalopram oral solution 10 mg/5 ml</i>	PDL Preferred Generic	
<i>citalopram oral tablet 10 mg, 20 mg, 40 mg</i>	PDL Preferred Generic	90 DS
<i>escitalopram oxalate oral solution 5 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PDL Preferred Generic	90 DS

Drug	Status	Notes
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	PDL Preferred Generic	90 DS
<i>fluoxetine oral capsule, delayed release(dr/ec) 90 mg</i>	PDL Non-Preferred Generic	PA
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	PDL Preferred Generic	
<i>fluoxetine oral tablet 10 mg</i>	PDL Non-Preferred Generic	PA; 90 DS
<i>fluoxetine oral tablet 20 mg, 60 mg</i>	PDL Non-Preferred Generic	PA
<i>fluvoxamine oral capsule, extended release 24hr 100 mg, 150 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG	PDL Non-Preferred Brand	PA
<i>paroxetine hcl oral suspension 10 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PDL Preferred Generic	90 DS
<i>paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg</i>	PDL Non-Preferred Generic	PA
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG	PDL Non-Preferred Brand	PA
PAXIL ORAL SUSPENSION 10 MG/5 ML	PDL Non-Preferred Brand	PA
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>sertraline oral capsule 150 mg, 200 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>sertraline oral concentrate 20 mg/ml</i>	PDL Preferred Generic	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	90 DS
ZOLOFT ORAL CONCENTRATE 20 MG/ML	PDL Non-Preferred Brand	PA
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA
Serotonin-2 Antagonist/Reuptake Inhibitors (Saris)		
<i>nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	PDL Preferred Generic	
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	PDL Preferred Generic	90 DS
<i>trazodone oral tablet 300 mg</i>	PDL Preferred Generic	
Serotonin-Norepinephrine Reuptake-Inhib (Snris)		
<i>desvenlafaxine oral tablet extended release 24 hr 100 mg, 50 mg</i>	PDL Preferred Brand	QL (1 EA per 1 day)
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	
DRIZALMA SPRINKLE ORAL CAPSULE, DELAYED REL SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	PDL Non-Preferred Brand	PA
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg, 60 mg</i>	PDL Preferred Generic	90 DS
<i>duloxetine oral capsule, delayed release(dr/ec) 40 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
EFFEXOR XR ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG, 37.5 MG, 75 MG	PDL Non-Preferred Brand	PA
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26)	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA
<i>venlafaxine besylate oral tablet extended release 24hr 112.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	PDL Preferred Generic	90 DS
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 75 mg</i>	PDL Preferred Generic	90 DS
<i>venlafaxine oral tablet 50 mg</i>	PDL Preferred Generic	
<i>venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg</i>	PDL Non-Preferred Generic	PA
Ssri & 5Ht1a Partial Agonist Antidepressant		
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG	PDL Preferred Brand	
<i>vilazodone oral tablet 10 mg, 20 mg, 40 mg</i>	PDL Non-Preferred Generic	PA
Ssri & Serotonin Receptor Modulator Antidepressant		
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Tricyclic Antidepressant/Benzodiazepine Combination		
<i>amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg</i>	Non-PDL Generic	

Drug	Status	Notes
Tricyclic Antidepressant/Phenothiazine Combinatns		
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	Non-PDL Generic	
Tricyclic Antidepressants & Rel. Non-Sel. Ru-Inhib		
<i>amitriptyline oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Non-PDL Generic	90 DS
<i>amitriptyline oral tablet 150 mg, 75 mg</i>	Non-PDL Generic	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	Non-PDL Generic	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	Non-PDL Generic	
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	Non-PDL Generic	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 75 mg</i>	Non-PDL Generic	
<i>doxepin oral capsule 25 mg, 50 mg</i>	Non-PDL Generic	90 DS
<i>doxepin oral concentrate 10 mg/ml</i>	Non-PDL Generic	90 DS
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	Non-PDL Generic	90 DS
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	Non-PDL Generic	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	Non-PDL Generic	90 DS
<i>nortriptyline oral solution 10 mg/5 ml</i>	Non-PDL Generic	
<i>protriptyline oral tablet 10 mg, 5 mg</i>	Non-PDL Generic	
<i>trimipramine oral capsule 100 mg, 25 mg, 50 mg</i>	Non-PDL Generic	
Behavioral Health - Other		
Adrenergics, Aromatic, Non-Catecholamine		
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 10 MG, 15 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ADDERALL XR ORAL CAPSULE,EXTENDED RELEASE 24HR 20 MG, 25 MG, 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
ADZENYS XR-ODT ORAL TABLET,DISINTEGR BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG	PDL Non- Preferred Brand	PA; QL (1 EA per 1 day)
<i>amphetamine oral tablet,disintegr er biphas 24h 12.5 mg, 15.7 mg, 18.8 mg, 3.1 mg, 6.3 mg, 9.4 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	PDL Non- Preferred Generic	PA; QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 10 mg</i>	PDL Preferred Generic	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral capsule, extended release 15 mg</i>	PDL Preferred Generic	QL (120 EA per 30 days)
<i>dextroamphetamine sulfate oral capsule, extended release 5 mg</i>	PDL Preferred Generic	QL (60 EA per 30 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5 ml</i>	PDL Non- Preferred Generic	PA; QL (1800 ML per 30 days)
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 5 mg, 7.5 mg</i>	PDL Preferred Generic	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule, er triphasic 24 hr 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	PDL Non- Preferred Generic	PA; QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)

Drug	Status	Notes
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML	PDL Non-Preferred Brand	PA; QL (240 ML per 30 days)
DYANAVEL XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10 MG, 15 MG, 20 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
EVEKEO ORAL TABLET 10 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
<i>lisdexamfetamine oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	PDL Preferred Generic	
<i>lisdexamfetamine oral tablet, chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	Non-PDL Generic	
<i>methamphetamine oral tablet 5 mg</i>	Non-PDL Generic	QL (150 EA per 30 days)
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5 ML	PDL Non-Preferred Brand	PA; QL (1800 ML per 30 days)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	PDL Preferred Brand	
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	PDL Non-Preferred Brand	PA
XELSTRYM TRANSDERMAL PATCH 24 HOUR 13.5 MG/9 HOUR, 18 MG/9 HOUR, 4.5 MG/9 HOUR, 9 MG/9 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZENZEDI ORAL TABLET 10 MG, 15 MG, 2.5 MG, 5 MG, 7.5 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
ZENZEDI ORAL TABLET 20 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
ZENZEDI ORAL TABLET 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Anti-Alcoholic Preparations		
<i>acamprosate oral tablet, delayed release (dr/ec) 333 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>disulfiram oral tablet 250 mg, 500 mg</i>	Non-PDL Generic	
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG	Non-PDL Brand	
Anti-Anxiety - Benzodiazepines		
ALPRAZOLAM INTENSOL ORAL CONCENTRATE 1 MG/ML	Non-PDL Brand	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Non-PDL Generic	
<i>alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg</i>	Non-PDL Generic	
<i>alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Non-PDL Generic	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	Non-PDL Generic	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	Non-PDL Generic	
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	Non-PDL Generic	
<i>diazepam oral concentrate 5 mg/ml</i>	Non-PDL Generic	
<i>diazepam oral solution 5 mg/5 ml (1 mg/ml)</i>	Non-PDL Generic	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	Non-PDL Generic	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	Non-PDL Generic	
<i>lorazepam oral concentrate 2 mg/ml</i>	Non-PDL Generic	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Non-PDL Generic	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	Non-PDL Generic	
Anti-Anxiety Drugs		
<i>buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	Non-PDL Generic	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	Non-PDL Generic	
Anti-Mania Drugs		
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	Non-PDL Generic	90 DS
<i>lithium carbonate oral tablet 300 mg</i>	Non-PDL Generic	90 DS
<i>lithium carbonate oral tablet extended release 300 mg, 450 mg</i>	Non-PDL Generic	90 DS
<i>lithium citrate oral solution 8 meq/5 ml</i>	Non-PDL Generic	
Antipsychotic-Atypical,D3/D2 Partial Ag-5Ht Mixed		
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 1.5 MG, 3 MG, 4.5 MG, 6 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics, Atyp, D2 Partial Agonist/5Ht Mixed		
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 720 MG/2.4 ML	PDL Preferred Brand	QL (2.4 ML per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 960 MG/3.2 ML	PDL Preferred Brand	QL (3.2 ML per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 400 MG	PDL Preferred Brand	QL (2 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG	PDL Preferred Brand	QL (1 EA per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 400 MG	PDL Preferred Brand	QL (2 EA per 26 days)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>aripiprazole oral solution 1 mg/ml</i>	PDL Preferred Generic	QL (30 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>aripiprazole oral tablet,disintegrating 10 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>aripiprazole oral tablet,disintegrating 15 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML	PDL Non-Preferred Brand	PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML	PDL Non-Preferred Brand	PA; QL (3.9 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 441 MG/1.6 ML	PDL Non-Preferred Brand	PA; QL (1.6 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 662 MG/2.4 ML	PDL Non-Preferred Brand	PA; QL (2.4 ML per 14 days)
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 882 MG/3.2 ML	PDL Non-Preferred Brand	PA; QL (3.2 ML per 14 days)
OPIPZA ORAL FILM 10 MG, 2 MG, 5 MG	PDL Non-Preferred Brand	PA
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics, Dopamine & Serotonin Antagonists		
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	Non-PDL Generic	
Antipsychotics,Atypical,Dopamine,& Serotonin Antag		
<i>asenapine maleate sublingual tablet 10 mg, 2.5 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
ERZOFRI INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	PDL Non-Preferred Brand	PA; QL (0.75 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 156 MG/ML, 351 MG/2.25 ML	PDL Non-Preferred Brand	PA; QL (1 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	PDL Non-Preferred Brand	PA; QL (1.5 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	PDL Non-Preferred Brand	PA; QL (0.25 ML per 21 days)
ERZOFRI INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (0.5 ML per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FANAPT TITRATION PACK A ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2)	PDL Non-Preferred Brand	PA; QL (8 EA per 28 days)
FANAPT TITRATION PACK B ORAL TABLETS,DOSE PACK 1 MG(6)-2MG(2)- 6 MG(2)-8 MG(2)	PDL Non-Preferred Brand	PA; QL (12 EA per 28 days)
FANAPT TITRATION PACK C ORAL TABLETS,DOSE PACK 1 MG(4)-2 MG(2) -6 MG (2)	PDL Non-Preferred Brand	PA; QL (8 EA per 28 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.)	PDL Non-Preferred Brand	PA
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,092 MG/3.5 ML	PDL Preferred Brand	QL (3.5 ML per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SYRINGE 1,560 MG/5 ML	PDL Preferred Brand	QL (5 ML per 166 days)

Drug	Status	Notes
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 3 MG, 9 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML	PDL Preferred Brand	QL (0.75 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 156 MG/ML	PDL Preferred Brand	QL (1 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 234 MG/1.5 ML	PDL Preferred Brand	QL (1.5 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 39 MG/0.25 ML	PDL Preferred Brand	QL (0.25 ML per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 78 MG/0.5 ML	PDL Preferred Brand	QL (0.5 ML per 21 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.88 ML	PDL Preferred Brand	QL (0.88 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 410 MG/1.32 ML	PDL Preferred Brand	QL (1.32 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 546 MG/1.75 ML	PDL Preferred Brand	QL (1.75 ML per 70 days)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 819 MG/2.63 ML	PDL Preferred Brand	QL (2.63 ML per 70 days)
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG	PDL Non-Preferred Brand	PA
<i>lurasidone oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PDL Preferred Generic	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>olanzapine intramuscular recon soln 10 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
<i>olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>paliperidone oral tablet extended release 24hr 6 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 120 MG, 90 MG	Non-PDL Brand	QL (1 EA per 28 days)
<i>quetiapine oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PDL Preferred Generic	90 DS; QL (3 EA per 1 day)
<i>quetiapine oral tablet 150 mg</i>	PDL Preferred Generic	
<i>quetiapine oral tablet extended release 24 hr 150 mg, 200 mg, 50 mg</i>	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
<i>quetiapine oral tablet extended release 24 hr 300 mg, 400 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	PDL Preferred Brand	QL (1 EA per 14 days)
RISPERDAL ORAL SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA; QL (8 ML per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
<i>risperidone microspheres intramuscular suspension,extended rel recon 12.5 mg/2 ml, 25 mg/2 ml, 37.5 mg/2 ml, 50 mg/2 ml</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 14 days)

Drug	Status	Notes
<i>risperidone oral solution 1 mg/ml</i>	PDL Preferred Generic	90 DS; QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PDL Preferred Generic	90 DS; QL (2 EA per 1 day)
<i>risperidone oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24 HOUR, 5.7 MG/24 HOUR, 7.6 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 100 MG/0.28 ML	PDL Non-Preferred Brand	PA; QL (0.28 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 125 MG/0.35 ML	PDL Non-Preferred Brand	PA; QL (0.35 ML per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 150 MG/0.42 ML	PDL Non-Preferred Brand	PA; QL (0.42 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 200 MG/0.56 ML	PDL Non-Preferred Brand	PA; QL (0.56 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 250 MG/0.7 ML	PDL Non-Preferred Brand	PA; QL (0.7 ML per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 50 MG/0.14 ML	PDL Non-Preferred Brand	PA; QL (0.14 ML per 28 days)

Drug	Status	Notes
UZEDY SUBCUTANEOUS SUSPENSION,EXTENDED REL SYRING 75 MG/0.21 ML	PDL Non-Preferred Brand	PA; QL (0.21 ML per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	PDL Non-Preferred Brand	PA; QL (18 ML per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ziprasidone mesylate intramuscular recon soln 20 mg/ml (final conc.)</i>	PDL Non-Preferred Generic	PA
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 14 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 405 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 28 days)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antipsychotics,Dopamine Antagonists, Thioxanthenes		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	Non-PDL Generic	
Antipsychotics,Dopamine Antagonists,Butyrophenones		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lactate injection solution 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lactate intramuscular syringe 5 mg/ml</i>	Non-PDL Generic	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	Non-PDL Generic	90 DS
<i>haloperidol oral tablet 0.5 mg, 5 mg</i>	Non-PDL Generic	90 DS

Drug	Status	Notes
<i>haloperidol oral tablet 1 mg, 10 mg, 2 mg, 20 mg</i>	Non-PDL Generic	
Anti-Psychotics, Phenothiazines		
<i>chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	Non-PDL Generic	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	Non-PDL Generic	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	Non-PDL Generic	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	Non-PDL Generic	
<i>fluphenazine hcl oral elixir 2.5 mg/5 ml</i>	Non-PDL Generic	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	Non-PDL Generic	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	Non-PDL Generic	
<i>thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Non-PDL Generic	
<i>trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	Non-PDL Generic	
Barbiturates		
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	Non-PDL Generic	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	Non-PDL Generic	
Hypnotics, Melatonin Mt1/Mt2 Receptor Agonists		
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML	PDL Non-Preferred Brand	PA; SP
HETLIOZ ORAL CAPSULE 20 MG	PDL Non-Preferred Brand	PA; SP
<i>ramelteon oral tablet 8 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
ROZEREM ORAL TABLET 8 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>tasimelteon oral capsule 20 mg</i>	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
Narcolepsy And Sleep Disorder Therapy Agents		
<i>modafinil oral tablet 100 mg, 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
Narcotic Antagonists		
KLOXXADO NASAL SPRAY, NON-AEROSOL 8 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 30 days)
<i>naloxone injection syringe 0.4 mg/ml</i>	Non-PDL Generic	
<i>naloxone injection syringe 1 mg/ml</i>	PDL Preferred Generic	
<i>naloxone nasal spray, non-aerosol 4 mg/actuation</i>	Non-PDL Generic	OTC; QL (4 EA per 30 days)
<i>naltrexone oral tablet 50 mg</i>	Non-PDL Generic	
NARCAN NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 30 days)
OPVEE NASAL SPRAY, NON-AEROSOL 2.7 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (4 EA per 30 days)
REXTOVY NASAL SPRAY, NON-AEROSOL 4 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 30 days)
RIVIVE NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	Non-PDL Brand	OTC
ZIMHI INJECTION SYRINGE 5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 30 days)
ZURNAI INJECTION AUTO-INJECTOR 1.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 1 day)
Pineal Hormone Agents		
CHILDREN'S MELATONIN ORAL TABLET, CHEWABLE 1 MG	Non-PDL Generic	
CHILDREN'S SLEEP (MELATONIN) ORAL LIQUID 1 MG/ML	Non-PDL Brand	
CHILDREN'S SLEEP (MELATONIN) ORAL TABLET, CHEWABLE 1 MG	Non-PDL Brand	
KIDS MELATONIN ORAL TABLET, CHEWABLE 1 MG	Non-PDL Generic	

Drug	Status	Notes
MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML	Non-PDL Generic	
<i>melatonin oral capsule 10 mg, 5 mg</i>	Non-PDL Brand	
<i>melatonin oral capsule 3 mg</i>	Non-PDL Generic	
<i>melatonin oral drops 1 mg/4 ml</i>	Non-PDL Brand	
<i>melatonin oral drops 10 mg/ml, 3 mg/4 ml</i>	Non-PDL Generic	
<i>melatonin oral liquid 2.5 mg/10 ml</i>	Non-PDL Brand	
<i>melatonin oral liquid 5 mg/15 ml</i>	Non-PDL Generic	
<i>melatonin oral tablet 1 mg, 10 mg, 12 mg, 3 mg, 5 mg</i>	Non-PDL Generic	
<i>melatonin oral tablet extended release 1 mg, 10 mg, 3 mg</i>	Non-PDL Generic	
<i>melatonin oral tablet, ir and er, biphasic 5 mg</i>	Non-PDL Brand	
<i>melatonin oral tablet, chewable 1 mg, 2.5 mg, 5 mg</i>	Non-PDL Generic	
<i>melatonin oral tablet, disintegrating 1 mg, 10 mg, 12 mg, 3 mg</i>	Non-PDL Generic	
<i>melatonin oral tablet, disintegrating 5 mg</i>	Non-PDL Brand	
MELATONINMAX ORAL TABLET, CHEWABLE 10 MG	Non-PDL Generic	
<i>melatonin-pyridoxine hcl (b6) oral tablet, ir and er, biphasic 10-10 mg</i>	Non-PDL Brand	
<i>melatonin-vit b6 3-10 mg tab</i>	Non-PDL Generic	
VITAJEY MELATONIN ORAL TABLET, CHEWABLE 2.5 MG	Non-PDL Generic	
Sedative-Hypnotics - Benzodiazepines		
<i>estazolam oral tablet 1 mg, 2 mg</i>	Non-PDL Generic	
<i>flurazepam oral capsule 15 mg, 30 mg</i>	Non-PDL Generic	
<i>midazolam oral syrup 2 mg/ml</i>	Non-PDL Generic	
<i>quazepam oral tablet 15 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	Non-PDL Generic	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	Non-PDL Generic	
Sedative-Hypnotics,Non-Barbiturate		
ALKA-SELTZER PLUS ALLERGY ORAL TABLET 25 MG	Non-PDL Generic	OTC
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AMBIEN ORAL TABLET 10 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
DORMIN ORAL CAPSULE 25 MG	Non-PDL Generic	OTC
<i>doxepin oral tablet 3 mg, 6 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NIGHTTIME SLEEP AID (DIPHEN) ORAL CAPSULE 25 MG	Non-PDL Generic	OTC
NIGHTTIME SLEEP AID (DIPHEN) ORAL TABLET 25 MG	Non-PDL Generic	OTC
NYTOL ORAL TABLET 25 MG	Non-PDL Generic	OTC
QUVIVIQ ORAL TABLET 25 MG, 50 MG	PDL Non-Preferred Brand	PA
REST SIMPLY NIGHTTIME SLEEP ORAL TABLET 25 MG	Non-PDL Generic	OTC

Drug	Status	Notes
SIMPLY SLEEP ORAL TABLET 25 MG	Non-PDL Generic	OTC
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 25 MG	Non-PDL Generic	OTC
SLEEP AID (DIPHENHYDRAMINE) ORAL TABLET 25 MG	Non-PDL Generic	OTC
SLEEP II ORAL TABLET 25 MG	Non-PDL Generic	OTC
SLEEP-TABS ORAL TABLET 25 MG	Non-PDL Generic	OTC
SOMINEX ORAL TABLET 25 MG	Non-PDL Generic	OTC
WAL-SLEEP Z ORAL CAPSULE 25 MG	Non-PDL Generic	OTC
<i>zaleplon oral capsule 10 mg, 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem oral capsule 7.5 mg</i>	PDL Non-Preferred Generic	PA
<i>zolpidem oral tablet 10 mg, 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>zolpidem sublingual tablet 1.75 mg, 3.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ZZZQUIL ORAL CAPSULE 25 MG	Non-PDL Brand	OTC
Selective Serotonin 5-Ht2a Inverse Agonists (Ssia)		
NUPLAZID ORAL CAPSULE 34 MG	PDL Non-Preferred Brand	PA; SP
NUPLAZID ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
Ssri &Antipsych,Atyp,Dopamine&Serotonin Antag Comb		

Drug	Status	Notes
<i>olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Tx For Adhd - Selective Alpha-2A Receptor Agonist		
<i>clonidine hcl oral tablet extended release 12 hr 0.1 mg</i>	PDL Preferred Generic	QL (120 EA per 30 days)
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
INTUNIV ER ORAL TABLET EXTENDED RELEASE 24 HR 1 MG, 2 MG, 3 MG, 4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ONYDA XR ORAL SUSPENSION,EXTEND RELEASE 24HR 0.1 MG/ML	PDL Non-Preferred Brand	PA; QL (4 ML per 1 day)
Tx For Attention Deficit-Hyperact(Adhd)/Narcolepsy		
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
AZSTARYS ORAL CAPSULE 26.1 MG- 5.2 MG, 39.2 MG- 7.8 MG, 52.3 MG- 10.4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 36 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 8.6 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 25.9 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)

Drug	Status	Notes
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
METADATE ER ORAL TABLET EXTENDED RELEASE 20 MG	PDL Preferred Generic	QL (90 EA per 30 days)
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML	PDL Preferred Brand	
<i>methylphenidate hcl oral cap,er sprinkle,biphasic 40-60 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 40 mg, 50 mg, 60 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 30 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 40 mg, 60 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 30 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml</i>	PDL Preferred Generic	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)

Drug	Status	Notes
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	PDL Preferred Generic	QL (90 EA per 30 days)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>methylphenidate hcl oral tablet extended release 24hr 45 mg, 63 mg, 72 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 10 mg</i>	PDL Non-Preferred Generic	PA; QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet, chewable 2.5 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; QL (90 EA per 30 days)
<i>methylphenidate transdermal patch 24 hour 10 mg/9 hr, 15 mg/9 hr, 20 mg/9 hr, 30 mg/9 hr</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 20 MG, 40 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QUILLICHEW ER ORAL TABLET, CHEW, IR-ER. BIPHASIC 24HR 30 MG	PDL Non-Preferred Brand	PA; QL (2 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)
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 54 MG, 63 MG, 72 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
RELEXXII ORAL TABLET EXTENDED RELEASE 24HR 36 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (90 EA per 30 days)
Tx For Attention Deficit-Hyperact.(Adhd), Nri-Type		
<i>atomoxetine oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	PDL Preferred Generic	QL (60 EA per 30 days)
<i>atomoxetine oral capsule 100 mg, 60 mg, 80 mg</i>	PDL Preferred Generic	QL (30 EA per 30 days)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 150 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Cardiovascular Disease - Arrhythmia		
Antiarrhythmics		
<i>amiodarone oral tablet 100 mg, 400 mg</i>	Non-PDL Generic	
<i>amiodarone oral tablet 200 mg</i>	Non-PDL Generic	90 DS
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	Non-PDL Generic	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	Non-PDL Generic	
<i>flecainide oral tablet 100 mg, 50 mg</i>	Non-PDL Generic	90 DS
<i>flecainide oral tablet 150 mg</i>	Non-PDL Generic	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	Non-PDL Generic	
MULTAQ ORAL TABLET 400 MG	Non-PDL Brand	
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG	Non-PDL Brand	

Drug	Status	Notes
PACERONE ORAL TABLET 100 MG	Non-PDL Generic	
PACERONE ORAL TABLET 200 MG	Non-PDL Generic	90 DS
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	Non-PDL Generic	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	Non-PDL Generic	
<i>quinidine gluconate oral tablet extended release 324 mg</i>	Non-PDL Generic	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	Non-PDL Generic	
Cardiovascular Disease - Cardiac Stimulant		
Adrenergic Agents, Catecholamines		
<i>epinephrine injection syringe 0.1 mg/ml</i>	Non-PDL Generic	
Digitalis Glycosides		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	Non-PDL Brand	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	Non-PDL Generic	90 DS
Cardiovascular Disease - Hypertension		
Ace Inhibitor/Calcium Channel Blocker Combination		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	PDL Preferred Generic	90 DS
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG	PDL Non-Preferred Brand	PA
<i>trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	PDL Non-Preferred Generic	PA
Ace Inhibitor/Thiazide & Thiazide-Like Diuretic		
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	PDL Preferred Generic	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	PDL Preferred Generic	
<i>fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg</i>	PDL Preferred Generic	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PDL Preferred Generic	90 DS
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	PDL Non-Preferred Brand	PA
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	PDL Preferred Generic	
VASERETIC ORAL TABLET 10-25 MG	PDL Non-Preferred Brand	PA
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG	PDL Non-Preferred Brand	PA
Alpha/Beta-Adrenergic Blocking Agents		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	PDL Preferred Generic	90 DS
<i>carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG	PDL Non-Preferred Brand	PA
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	PDL Preferred Generic	90 DS
<i>labetalol oral tablet 400 mg</i>	PDL Preferred Generic	
Alpha-Adrenergic Blocking Agents		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG	PDL Non-Preferred Brand	PA
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	PDL Preferred Generic	90 DS
<i>phenoxybenzamine oral capsule 10 mg</i>	Non-PDL Generic	PA; SP
<i>prazosin oral capsule 1 mg, 2 mg</i>	Non-PDL Generic	90 DS
<i>prazosin oral capsule 5 mg</i>	Non-PDL Generic	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PDL Preferred Generic	90 DS
TEZRULY ORAL SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA
Angioten.Receptr Antag./Cal.Chanl Blkr/Thiazide Cb		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	PDL Preferred Generic	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG	PDL Non-Preferred Brand	PA
<i>olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	PDL Non-Preferred Generic	PA
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG	PDL Non-Preferred Brand	PA
Angiotensin Receptor Antag./Thiazide Diuretic Comb		
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG	PDL Non-Preferred Brand	PA
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG	PDL Non-Preferred Brand	PA
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	PDL Non-Preferred Generic	PA
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG	PDL Non-Preferred Brand	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG	PDL Non-Preferred Brand	PA
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG	PDL Non-Preferred Brand	PA
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	PDL Preferred Generic	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	PDL Preferred Generic	90 DS
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG	PDL Non-Preferred Brand	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	PDL Preferred Generic	
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	PDL Non-Preferred Generic	PA
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-25 mg, 80-12.5 mg</i>	PDL Preferred Generic	90 DS
<i>valsartan-hydrochlorothiazide oral tablet 320-12.5 mg</i>	PDL Preferred Generic	
Angiotensin Receptor Antgnst & Calc.Channel Blockr		
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	PDL Non-Preferred Generic	PA
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	PDL Preferred Generic	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG	PDL Non-Preferred Brand	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	PDL Non-Preferred Generic	PA
Antihypertensives, Ace Inhibitors		
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG	PDL Non-Preferred Brand	PA
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PDL Preferred Generic	90 DS
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	
<i>enalapril maleate oral solution 1 mg/ml</i>	PDL Non-Preferred Generic	PA
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PDL Preferred Generic	90 DS
EPANED ORAL SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA
<i>fosinopril oral tablet 10 mg, 20 mg</i>	PDL Preferred Generic	90 DS
<i>fosinopril oral tablet 40 mg</i>	PDL Preferred Generic	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	PDL Preferred Generic	90 DS
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG	PDL Non-Preferred Brand	PA
<i>moexipril oral tablet 15 mg, 7.5 mg</i>	PDL Preferred Generic	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
QBRELIS ORAL SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA
<i>quinapril oral tablet 10 mg, 5 mg</i>	PDL Non-Preferred Generic	PA
<i>quinapril oral tablet 20 mg, 40 mg</i>	PDL Non-Preferred Generic	PA; 90 DS
<i>ramipril oral capsule 1.25 mg</i>	PDL Preferred Generic	
<i>ramipril oral capsule 10 mg, 2.5 mg, 5 mg</i>	PDL Preferred Generic	90 DS
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	PDL Preferred Generic	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	PDL Non-Preferred Brand	PA
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG	PDL Non-Preferred Brand	PA
Antihypertensives, Angiotensin Receptor Antagonist		
ARBLI ORAL SUSPENSION 10 MG/ML	PDL Non-Preferred Brand	PA
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG	PDL Non-Preferred Brand	PA
AVAPRO ORAL TABLET 150 MG, 300 MG	PDL Non-Preferred Brand	PA
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG	PDL Non-Preferred Brand	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PDL Non-Preferred Generic	PA
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG	PDL Non-Preferred Brand	PA
EDARBI ORAL TABLET 40 MG, 80 MG	PDL Non-Preferred Brand	PA
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	PDL Preferred Generic	90 DS
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	90 DS
MICARDIS ORAL TABLET 40 MG, 80 MG	PDL Non-Preferred Brand	PA
<i>olmesartan oral tablet 20 mg, 5 mg</i>	PDL Preferred Generic	
<i>olmesartan oral tablet 40 mg</i>	PDL Preferred Generic	90 DS
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	PDL Non-Preferred Generic	PA
<i>valsartan oral solution 4 mg/ml</i>	PDL Non-Preferred Generic	PA
<i>valsartan oral tablet 160 mg</i>	PDL Preferred Generic	
<i>valsartan oral tablet 320 mg, 40 mg, 80 mg</i>	PDL Preferred Generic	90 DS
Antihypertensives, Sympatholytic		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	Non-PDL Generic	90 DS
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	Non-PDL Generic	
<i>guanfacine oral tablet 1 mg</i>	Non-PDL Generic	90 DS
<i>guanfacine oral tablet 2 mg</i>	Non-PDL Generic	
<i>methyldopa oral tablet 250 mg</i>	Non-PDL Generic	90 DS

Drug	Status	Notes
<i>methyldopa oral tablet 500 mg</i>	Non-PDL Generic	
Antihypertensives, Vasodilators		
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	Non-PDL Generic	90 DS
<i>minoxidil oral tablet 10 mg</i>	Non-PDL Generic	
<i>minoxidil oral tablet 2.5 mg</i>	Non-PDL Generic	90 DS
Beta-Adrenergic Blocking Agents		
<i>acebutolol oral capsule 200 mg, 400 mg</i>	PDL Non-Preferred Generic	PA
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	90 DS
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG	PDL Non-Preferred Brand	PA
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG	PDL Non-Preferred Brand	PA
<i>betaxolol oral tablet 10 mg, 20 mg</i>	PDL Non-Preferred Generic	PA
<i>bisoprolol fumarate oral tablet 10 mg, 2.5 mg</i>	PDL Preferred Generic	
<i>bisoprolol fumarate oral tablet 5 mg</i>	PDL Preferred Generic	90 DS
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG	PDL Non-Preferred Brand	PA
HEMANGEOL ORAL SOLUTION 4.28 MG/ML	PDL Non-Preferred Brand	PA; QL (360 ML per 30 days)
INDERAL LA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 160 MG, 60 MG, 80 MG	PDL Non-Preferred Brand	PA
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG	PDL Non-Preferred Brand	PA
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA
LOPRESSOR ORAL SOLUTION 10 MG/ML	PDL Non-Preferred Brand	PA
LOPRESSOR ORAL TABLET 100 MG, 50 MG	PDL Non-Preferred Brand	PA
LOPRESSOR ORAL TABLET 12.5 MG	PDL Preferred Brand	QL (4 EA per 1 day)
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	90 DS
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg</i>	PDL Preferred Generic	90 DS
<i>metoprolol tartrate oral tablet 12.5 mg</i>	PDL Preferred Brand	QL (4 EA per 1 day)
<i>metoprolol tartrate oral tablet 75 mg</i>	PDL Preferred Generic	
<i>nadolol oral tablet 20 mg, 40 mg</i>	PDL Preferred Generic	90 DS
<i>nadolol oral tablet 80 mg</i>	PDL Preferred Generic	
<i>nebivolol oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PDL Preferred Brand	
<i>pindolol oral tablet 10 mg, 5 mg</i>	PDL Non-Preferred Generic	PA
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	PDL Preferred Generic	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg</i>	PDL Preferred Generic	90 DS
<i>propranolol oral tablet 60 mg, 80 mg</i>	PDL Preferred Generic	
SOTALOL AF ORAL TABLET 120 MG, 160 MG	PDL Preferred Generic	
SOTALOL AF ORAL TABLET 80 MG	PDL Preferred Generic	90 DS
<i>sotalol oral tablet 120 mg, 160 mg, 240 mg</i>	PDL Preferred Generic	
<i>sotalol oral tablet 80 mg</i>	PDL Preferred Generic	90 DS
SOTYLIZE ORAL SOLUTION 5 MG/ML	PDL Non-Preferred Brand	PA; 250mL Bottle; QL (64 ML per 1 day)
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	PDL Non-Preferred Generic	PA
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA
Beta-Adrenergic Blocking Agents/Thiazide & Related		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	PDL Non-Preferred Generic	PA
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	PDL Preferred Generic	
<i>metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
TENORETIC 100 ORAL TABLET 100-25 MG	PDL Non-Preferred Brand	PA
TENORETIC 50 ORAL TABLET 50-25 MG	PDL Non-Preferred Brand	PA
Calcium Channel Blocking Agents		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	PDL Preferred Generic	90 DS
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG	PDL Non-Preferred Brand	PA
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	PDL Non-Preferred Brand	PA
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG	PDL Non-Preferred Brand	PA
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG	PDL Preferred Generic	90 DS
CARTIA XT ORAL CAPSULE,EXTENDED RELEASE 24HR 300 MG	PDL Preferred Generic	
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	PDL Preferred Generic	
<i>diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg</i>	PDL Preferred Generic	
<i>diltiazem hcl oral capsule,extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PDL Preferred Generic	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 360 mg</i>	PDL Preferred Generic	90 DS
<i>diltiazem hcl oral capsule,extended release 24hr 300 mg</i>	PDL Preferred Generic	
<i>diltiazem hcl oral tablet 120 mg, 60 mg, 90 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>diltiazem hcl oral tablet 30 mg</i>	PDL Preferred Generic	90 DS
<i>diltiazem hcl oral tablet extended release 24 hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	PDL Non-Preferred Generic	PA
DILT-XR ORAL CAPSULE,EXT.REL 24H DEGRADABLE 120 MG, 180 MG, 240 MG	PDL Preferred Generic	
<i>felodipine oral tablet extended release 24 hr 10 mg</i>	PDL Preferred Generic	90 DS
<i>felodipine oral tablet extended release 24 hr 2.5 mg, 5 mg</i>	PDL Preferred Generic	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	PDL Non-Preferred Generic	PA
KATERZIA ORAL SUSPENSION 1 MG/ML	PDL Non-Preferred Brand	PA
<i>levamlodipine oral tablet 2.5 mg, 5 mg</i>	PDL Non-Preferred Generic	PA
MATZIM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	PDL Non-Preferred Generic	PA
<i>nicardipine oral capsule 20 mg, 30 mg</i>	PDL Non-Preferred Generic	PA
<i>nifedipine oral capsule 10 mg, 20 mg</i>	PDL Preferred Generic	
<i>nifedipine oral tablet extended release 24hr 30 mg, 60 mg</i>	PDL Preferred Generic	90 DS
<i>nifedipine oral tablet extended release 24hr 90 mg</i>	PDL Preferred Generic	
<i>nifedipine oral tablet extended release 30 mg</i>	PDL Preferred Generic	90 DS

Drug	Status	Notes
<i>nifedipine oral tablet extended release 60 mg, 90 mg</i>	PDL Preferred Generic	
<i>nimodipine oral capsule 30 mg</i>	PDL Non-Preferred Generic	PA
<i>nimodipine oral solution 60 mg/20 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	PDL Non-Preferred Generic	PA
NORLIQVA ORAL SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG	PDL Non-Preferred Brand	PA
NYMALIZE ORAL SOLUTION 60 MG/10 ML	PDL Non-Preferred Brand	PA
NYMALIZE ORAL SYRINGE 30 MG/5 ML, 60 MG/10 ML	PDL Non-Preferred Brand	PA
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG	PDL Non-Preferred Brand	PA
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG	PDL Non-Preferred Brand	PA
TIADYL ER ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	PDL Preferred Generic	
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	PDL Non-Preferred Brand	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	PDL Non-Preferred Generic	PA
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>verapamil oral capsule,ext rel. pellets 24 hr 360 mg</i>	PDL Non-Preferred Generic	PA
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	PDL Preferred Generic	90 DS
<i>verapamil oral tablet extended release 120 mg</i>	PDL Preferred Generic	
<i>verapamil oral tablet extended release 180 mg, 240 mg</i>	PDL Preferred Generic	90 DS
Loop Diuretics		
<i>bumetanide oral tablet 0.5 mg, 2 mg</i>	Non-PDL Generic	
<i>bumetanide oral tablet 1 mg</i>	Non-PDL Generic	90 DS
<i>furosemide oral solution 10 mg/ml</i>	Non-PDL Generic	90 DS
<i>furosemide oral solution 40 mg/5 ml (8 mg/ml)</i>	Non-PDL Generic	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	Non-PDL Generic	90 DS
<i>torseamide oral tablet 10 mg, 20 mg, 5 mg</i>	Non-PDL Generic	90 DS
<i>torseamide oral tablet 100 mg</i>	Non-PDL Generic	
Potassium Sparing Diuretics		
<i>amiloride oral tablet 5 mg</i>	Non-PDL Generic	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	Non-PDL Generic	90 DS
Potassium Sparing Diuretics In Combination		
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	Non-PDL Generic	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	Non-PDL Generic	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	Non-PDL Generic	90 DS
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	Non-PDL Generic	90 DS
Pulm Anti-Htn,Soluble Guanylate Cyclase Stimulator		

Drug	Status	Notes
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	PDL Non-Preferred Brand	PA; SP
Pulm.Anti-Htn,Sel.C-Gmp Phosphodiesterase T5 Inhib		
ADCIRCA ORAL TABLET 20 MG	PDL Non-Preferred Brand	PA; SP; QL (2 EA per 1 day)
ALYQ ORAL TABLET 20 MG	PDL Non-Preferred Generic	PA; SP; QL (2 EA per 1 day)
REVATIO ORAL TABLET 20 MG	PDL Non-Preferred Brand	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	PDL Preferred Generic	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	PDL Preferred Generic	PA
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	PDL Non-Preferred Generic	PA; SP; QL (2 EA per 1 day)
TADLIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	PDL Non-Preferred Brand	PA; SP; QL (10 ML per 1 day)
Pulmonary Anti-Htn, Endothelin Receptor Antagonist		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	PDL Preferred Generic	PA; SP; QL (30 EA per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	PDL Non-Preferred Generic	PA; SP; QL (60 EA per 30 days)
<i>bosentan oral tablet for suspension 32 mg</i>	Non-PDL Generic	PA; SP
LETAIRIS ORAL TABLET 10 MG, 5 MG	PDL Non-Preferred Brand	PA; SP; QL (30 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG	PDL Preferred Brand	SP; QL (60 EA per 30 days)

Drug	Status	Notes
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG	PDL Non-Preferred Brand	PA; SP
Pulmonary Antihyper Agent, Actriia-Fc		
WINREVAIR SUBCUTANEOUS KIT 120 MG (60 MG X 2), 45 MG, 60 MG, 90 MG (45 MG X 2)	Non-PDL Brand	PA; SP
Pulmonary Antihypertensives, Prostacyclin-Type		
ORENITRAM MONTH 1 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (42)	PDL Non-Preferred Brand	PA; SP
ORENITRAM MONTH 2 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG (210)	PDL Non-Preferred Brand	PA; SP
ORENITRAM MONTH 3 TITRATION KT ORAL TABLET EXTENDED REL,DOSE PACK 0.125 MG (126)- 0.25 MG(42)-1MG	PDL Non-Preferred Brand	PA; SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG	PDL Non-Preferred Brand	PA; SP
REMODULIN INJECTION SOLUTION 1 MG/ML, 10 MG/ML, 2.5 MG/ML, 5 MG/ML	Non-PDL Brand	PA; SP
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	Non-PDL Generic	PA; SP
TYVASO DPI INHALATION CARTRIDGE WITH INHALER 16 MCG, 16(112)-32(112) - 48(28) MCG, 32 MCG, 32-64 MCG, 48 MCG, 48-64 MCG, 64 MCG, 80 MCG	PDL Non-Preferred Brand	PA; SP
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PDL Non-Preferred Brand	PA; SP
TYVASO INSTITUTIONAL START KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	PDL Non-Preferred Brand	PA; SP
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML)	PDL Non-Preferred Brand	PA; SP
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML	PDL Non-Preferred Brand	PA; SP
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60)	PDL Non-Preferred Brand	PA; SP
YUTREPIA INHALATION CAPSULE, W/INHALATION DEVICE 106 MCG, 26.5 MCG, 53 MCG, 79.5 MCG	PDL Non-Preferred Brand	PA; SP
Pulmonary Htn-Endothelin Recept Antg-Cgmp Pde5 Inh		
OPSYNVI ORAL TABLET 10-20 MG, 10-40 MG	PDL Non-Preferred Brand	PA; SP
Renin Inhibitor, Direct		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	PDL Non-Preferred Generic	PA
TEKTURNA ORAL TABLET 150 MG, 300 MG	PDL Non-Preferred Brand	PA
Thiazide And Related Diuretics		
<i>chlorthalidone oral tablet 25 mg</i>	Non-PDL Generic	90 DS
<i>chlorthalidone oral tablet 50 mg</i>	Non-PDL Generic	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	Non-PDL Generic	90 DS
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	Non-PDL Generic	90 DS
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	Non-PDL Generic	90 DS
<i>metolazone oral tablet 10 mg, 2.5 mg</i>	Non-PDL Generic	
<i>metolazone oral tablet 5 mg</i>	Non-PDL Generic	90 DS
Vasodilators, Combination		
<i>isosorbide-hydralazine oral tablet 20-37.5 mg</i>	Non-PDL Generic	
Cardiovascular Disease - Lipid Irregularity		
Antihyperlip.Hmg Coa Reduct Inhib&Cholest.Ab.Inhib		
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>ezetimibe-simvastatin oral tablet 10-80 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
VYTORIN 10-10 ORAL TABLET 10-10 MG	PDL Non-Preferred Brand	PA
VYTORIN 10-20 ORAL TABLET 10-20 MG	PDL Non-Preferred Brand	PA
VYTORIN 10-40 ORAL TABLET 10-40 MG	PDL Non-Preferred Brand	PA
VYTORIN 10-80 ORAL TABLET 10-80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Apo B-100 Synthesis Inhibitor		
TRYNGOLZA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
Antihyperlipidemic - Atp Citrate Lyase Inhibitor		
NEXLETOL ORAL TABLET 180 MG	PDL Non-Preferred Brand	PA
Antihyperlipidemic - Hmg Coa Reductase Inhibitors		
ATORVALIQ ORAL SUSPENSION 20 MG/5 ML (4 MG/ML)	PDL Non-Preferred Brand	PA
<i>atorvastatin oral tablet 10 mg, 20 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>atorvastatin oral tablet 40 mg, 80 mg</i>	PDL Preferred Generic	90 DS
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML)	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>fluvastatin oral capsule 20 mg</i>	Preventive	PA; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral capsule 40 mg</i>	Preventive	PA; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (2 EA per 1 day)
<i>fluvastatin oral tablet extended release 24 hr 80 mg</i>	Preventive	PA; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG	PDL Non-Preferred Brand	PA
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>lovastatin oral tablet 40 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 2 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	Preventive	PA; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS; QL (1 EA per 1 day)

Drug	Status	Notes
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>rosuvastatin oral tablet 10 mg, 5 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>rosuvastatin oral tablet 20 mg, 40 mg</i>	PDL Preferred Generic	90 DS
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 1 IN 1 DAY, AGE 40-75 YEARS, AND NO HISTORY OF CARDIOVASCULAR SECONDARY PREVENTION MEDICATIONS IN 120 DAYS
<i>simvastatin oral tablet 80 mg</i>	PDL Preferred Generic	PA; 90 DS; QL (1 EA per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG	PDL Non-Preferred Brand	PA
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperlipidemic - Mtp Inhibitor		
JUXTAPID ORAL CAPSULE 10 MG, 2 MG, 20 MG, 30 MG, 5 MG	Non-PDL Brand	PA; SP
Antihyperlipidemic - Pcsk9 Inhibitors		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML	PDL Non-Preferred Brand	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML	PDL Non-Preferred Brand	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML	PDL Non-Preferred Brand	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML	PDL Non-Preferred Brand	PA
Antihyperlipidemic-Acly And Choles Absorp Inhib		

Drug	Status	Notes
NEXLIZET ORAL TABLET 180-10 MG	PDL Non-Preferred Brand	PA
Bile Salt Sequestrants		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	PDL Preferred Generic	
<i>cholestyramine (with sugar) oral powder in packet 4 gram</i>	PDL Preferred Generic	
CHOLESTYRAMINE LIGHT ORAL POWDER 4 GRAM	PDL Preferred Generic	
CHOLESTYRAMINE LIGHT ORAL POWDER IN PACKET 4 GRAM	PDL Preferred Generic	
<i>colesevelam oral powder in packet 3.75 gram</i>	PDL Non-Preferred Generic	PA
<i>colesevelam oral tablet 625 mg</i>	PDL Non-Preferred Generic	PA
COLESTID ORAL TABLET 1 GRAM	PDL Non-Preferred Brand	PA
<i>colestipol oral granules 5 gram</i>	PDL Preferred Generic	
<i>colestipol oral packet 5 gram</i>	PDL Preferred Generic	
<i>colestipol oral tablet 1 gram</i>	PDL Preferred Generic	
PREVALITE ORAL POWDER 4 GRAM	PDL Preferred Generic	
PREVALITE ORAL POWDER IN PACKET 4 GRAM	PDL Preferred Generic	
QUESTRAN LIGHT ORAL POWDER 4 GRAM	PDL Non-Preferred Brand	PA

Drug	Status	Notes
QUESTRAN ORAL POWDER 4 GRAM	PDL Non-Preferred Brand	PA
QUESTRAN ORAL POWDER IN PACKET 4 GRAM	PDL Non-Preferred Brand	PA
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM	PDL Non-Preferred Brand	PA
WELCHOL ORAL TABLET 625 MG	PDL Non-Preferred Brand	PA
Lipotropics		
<i>ezetimibe oral tablet 10 mg</i>	PDL Preferred Generic	90 DS; QL (1 EA per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	PDL Preferred Generic	
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	PDL Preferred Generic	90 DS
<i>fenofibrate oral capsule 150 mg, 50 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibrate oral tablet 160 mg</i>	PDL Preferred Generic	90 DS
<i>fenofibrate oral tablet 54 mg</i>	PDL Preferred Generic	
<i>fenofibric acid (choline) oral capsule, delayed release(dr/ec) 135 mg, 45 mg</i>	PDL Non-Preferred Generic	PA
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
FIBRICOR ORAL TABLET 105 MG, 35 MG	PDL Non-Preferred Brand	PA
<i>gemfibrozil oral tablet 600 mg</i>	PDL Preferred Generic	90 DS
<i>icosapent ethyl oral capsule 0.5 gram</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
<i>icosapent ethyl oral capsule 1 gram</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG	PDL Non-Preferred Brand	PA
LOPID ORAL TABLET 600 MG	PDL Non-Preferred Brand	PA
<i>niacin 500 mg tablet (rx)</i>	Non-PDL Generic	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	PDL Preferred Generic	
NIACOR ORAL TABLET 500 MG	Non-PDL Generic	
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	PDL Preferred Generic	QL (4 EA per 1 day)
ZETIA ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Niacin Preparations		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG	PDL Preferred Generic	
<i>niacin 500 mg tablet (rx)</i>	PDL Preferred Generic	
<i>niacin 500 mg tablet y/f,gluten/f (rx)</i>	PDL Preferred Generic	
<i>niacin oral capsule, extended release 250 mg, 500 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>niacin oral tablet 100 mg, 250 mg, 50 mg</i>	PDL Preferred Generic	
<i>niacin oral tablet extended release 1,000 mg, 250 mg, 500 mg</i>	PDL Preferred Generic	
<i>niacinamide oral tablet 500 mg</i>	PDL Preferred Generic	
<i>plain niacin 500 mg tablet (rx)</i>	PDL Preferred Generic	
Cardiovascular Disease - Miscellaneous Agents		
Adrenergic Vasopressor Agents		
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	Non-PDL Generic	PA; SP
<i>midodrine oral tablet 10 mg</i>	Non-PDL Generic	90 DS
<i>midodrine oral tablet 2.5 mg, 5 mg</i>	Non-PDL Generic	
Angiotensin Recept-Neprilysin Inhibitor Comb(Arni)		
ENTRESTO ORAL TABLET 24-26 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
ENTRESTO ORAL TABLET 49-51 MG, 97-103 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ENTRESTO SPRINKLE ORAL PELLETT 15-16 MG, 6-6 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
<i>sacubitril-valsartan oral tablet 24-26 mg</i>	PDL Preferred Generic	QL (6 EA per 1 day)
<i>sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
Antianginal & Anti-Ischemic Agents,Non-Hemodynamic		
<i>ranolazine oral tablet extended release 12 hr 1,000 mg</i>	Non-PDL Generic	
<i>ranolazine oral tablet extended release 12 hr 500 mg</i>	Non-PDL Generic	90 DS

Drug	Status	Notes
Antihyperlip - Hmg-Coa&Calcium Channel Blocker Cb		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Cardiovascular Disease - Vasodilation		
Vasodilators, Coronary		
ISORDIL ORAL TABLET 40 MG	Non-PDL Brand	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	Non-PDL Generic	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	Non-PDL Generic	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg</i>	Non-PDL Generic	
<i>isosorbide mononitrate oral tablet extended release 24 hr 30 mg, 60 mg</i>	Non-PDL Generic	90 DS
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	Non-PDL Brand	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	Non-PDL Generic	
<i>nitroglycerin transdermal ointment 2 %</i>	Non-PDL Generic	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	Non-PDL Generic	
NITRO-TIME ORAL CAPSULE, EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG	Non-PDL Generic	
Vasodilators, Peripheral		
<i>ergoloid oral tablet 1 mg</i>	Non-PDL Generic	
<i>papaverine injection solution 30 mg/ml</i>	Non-PDL Generic	
Contraception/Oxytocics		
Contraceptives, Intravaginal, Systemic		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR	Preventive	
ELURYNG VAGINAL RING 0.12-0.015 MG/24 HR	Preventive	
ENILLORING VAGINAL RING 0.12-0.015 MG/24 HR	Preventive	

Drug	Status	Notes
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i>	Preventive	
HALOETTE VAGINAL RING 0.12-0.015 MG/24 HR	Preventive	
Contraceptives,Implantable		
NEXPLANON SUBDERMAL IMPLANT 68 MG	Preventive	\$0 COPAY IF QUANTITY IS LIMITED TO 1 IN 365 DAYS
Contraceptives,Injectable		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML	Preventive	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (0.65 ML per 84 days)
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	Preventive	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	Preventive	\$0 COPAY IF DAY SUPPLY LIMITED TO 90; QL (1 ML per 84 days)
Contraceptives,Intravaginal		
PHEXX VAGINAL GEL 1.8-1-0.4 %	Preventive	
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Preventive	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 %	Preventive	OTC
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 %	Preventive	OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 %	Preventive	OTC
Contraceptives,Oral		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AFTER PILL ORAL TABLET 1.5 MG	Preventive	OTC; 90 DS
AFTERA ORAL TABLET 1.5 MG	Preventive	OTC; 90 DS
ALTAVERA (28) ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ALYACEN 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AMETHIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AMETHYST (28) ORAL TABLET 90-20 MCG (28)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
APRI ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ARANELLE (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
ASHLYNA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUBRA ORAL TABLET 0.1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 1/20 (21) ORAL TABLET 1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AUROVELA FE 1-20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVERI ORAL TABLET 0.15 MG-0.03 MG (21)/36.5 MG(7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AVIANE ORAL TABLET 0.1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AYUNA ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
AZURETTE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Non-PDL Brand	90 DS; QL (28 EA per 28 days)
BALZIVA (28) ORAL TABLET 0.4-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
BLISOVI FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
BRIELLYN ORAL TABLET 0.4-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMILA ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)

Drug	Status	Notes
CAZIAN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHARLOTTE 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
CHATEAL EQ (28) ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
CRYSSELLE (28) ORAL TABLET 0.3-30 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED EQ ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
CYRED ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
DASETTA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
DAYSEE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
DEBLITANE ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
DOLISHALE ORAL TABLET 90-20 MCG (28)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ECONTRA EZ ORAL TABLET 1.5 MG	Preventive	OTC; 90 DS
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	Preventive	OTC; 90 DS
ELINEST ORAL TABLET 0.3-30 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ELLA ORAL TABLET 30 MG	Preventive	90 DS
EMZAHH ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENPRESSE ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ENSKYCE ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ERRIN ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
ESTARYLLA ORAL TABLET 0.25-0.035 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
FALMINA (28) ORAL TABLET 0.1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEIRZA ORAL TABLET 1 MG-20 MCG (21)/75 MG (7), 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
FEMLYV ORAL TABLET,DISINTEGRATING 1 MG- 20 MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
FINZALA ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
GALBRIELA ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
GEMMILY ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
HAILEY ORAL TABLET 1.5-30 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
HEATHER ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ICLEVIA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
INCASSIA ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
INTROVALE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
ISIBLOOM ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
JAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
JASMIEL (28) ORAL TABLET 3-0.02 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
JENCYCLA ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)

Drug	Status	Notes
JOYEAUX ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
JULEBER ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL 1/20 (21) ORAL TABLET 1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
JUNEL FE 24 ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
KAITLIB FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
KALLIGA ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
KARIVA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
KELNOR 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
KURVELO (28) ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>L norgest/e.estradiol-e.estradiol oral tablets,dose pack,3 month 0.1 mg-20 mcg (84)/10 mcg (7)</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
LARIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LARIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LEENA 28 ORAL TABLET 0.5/1/0.5-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LESSINA ORAL TABLET 0.1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LEVONEST (28) ORAL TABLET 50-30 (6)/75-40 (5)/125-30(10)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
<i>levonorgest-eth.estradiol-iron oral tablet 0.1 mg-0.02 mg (21)/iron (7)</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
<i>levonorgestrel oral tablet 1.5 mg</i>	Preventive	OTC; 90 DS
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
<i>levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOJAIMIESS ORAL TABLETS,DOSE PACK,3 MONTH 0.1 MG-20 MCG (84)/10 MCG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
LORYNA (28) ORAL TABLET 3-0.02 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LOW-OGESTREL (28) ORAL TABLET 0.3-30 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LO-ZUMANDIMINE (28) ORAL TABLET 3-0.02 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUIZZA ORAL TABLET 1-20 MG-MCG, 1.5-30 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LUTERA (28) ORAL TABLET 0.1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYLEQ ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
LYZA ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
MARLISSA (28) ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
MELEYA ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
MIBELAS 24 FE ORAL TABLET,CHEWABLE 1 MG-20 MCG(24) /75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1.5/30 (28) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
MICROGESTIN FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
MILI ORAL TABLET 0.25-0.035 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
MINZOYA ORAL TABLET 0.1 MG-0.02 MG (21)/IRON (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (28 EA per 28 days)
MONO-LINYAH ORAL TABLET 0.25-0.035 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
MY CHOICE ORAL TABLET 1.5 MG	Preventive	OTC; 90 DS
MY WAY ORAL TABLET 1.5 MG	Preventive	OTC; 90 DS
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/2 MG-3 MG/1 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
NEW DAY ORAL TABLET 1.5 MG	Preventive	OTC; 90 DS
NEXTSTELLIS ORAL TABLET 3 MG- 14.2 MG (28)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
NIKKI (28) ORAL TABLET 3-0.02 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORA-BE ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethindrone-e.estradiol-iron oral capsule 1 mg-20 mcg (24)/75 mg (4)</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethindrone-e.estradiol-iron oral tablet 1.5 mg-30 mcg (21)/75 mg (7)</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norethindrone-e.estradiol-iron oral tablet, chewable 1 mg-20 mcg(24) /75 mg (4)</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-0.025 mg, 0.18/0.215/0.25 mg-0.035mg (28), 0.25-0.035 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
NORTREL 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
NYLIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
NYLIA 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPCICON ONE-STEP ORAL TABLET 1.5 MG	Preventive	OTC; 90 DS
OPIII ORAL TABLET 0.075 MG	Preventive	OTC; 90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
OPTION-2 ORAL TABLET 1.5 MG	Preventive	OTC; 90 DS
ORQUIDEA ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
PHILITH ORAL TABLET 0.4-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
PIMTREA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
PORTIA 28 ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
RECLIPSEN (28) ORAL TABLET 0.15-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
RIVELSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ROSYRAH ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
SETLAKIN ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SHAROBEL ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMLIYA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
SIMPESSE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (91 EA per 84 days)
SLYND ORAL TABLET 4 MG (28)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS; QL (1 EA per 1 day)
SPRINTEC (28) ORAL TABLET 0.25-0.035 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
SRONYX ORAL TABLET 0.1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
SYEDA ORAL TABLET 3-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TAKE ACTION ORAL TABLET 1.5 MG	Preventive	OTC; 90 DS
TARINA 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
TARINA FE 1/20 (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TARINA FE 1-20 EQ (28) ORAL TABLET 1 MG-20 MCG (21)/75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TILIA FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LEGEST FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-SPRINTEC (28) ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-0.025 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-0.035MG (28)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TULANA ORAL TABLET 0.35 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TURQOZ (28) ORAL TABLET 0.3-30 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYBLUME ORAL TABLET,CHEWABLE 0.1 MG- 20 MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
TYDEMY ORAL TABLET 3-0.03-0.451 MG (21) (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
VALTYA ORAL TABLET 1-35 MG-MCG, 1-50 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
VELIVET TRIPHASIC REGIMEN (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
VESTURA (28) ORAL TABLET 3-0.02 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
VIENVA ORAL TABLET 0.1-20 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS

Drug	Status	Notes
VIORELE (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
VOLNEA (28) ORAL TABLET 0.15-0.02 MGX21 /0.01 MG X 5	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYFEMLA (28) ORAL TABLET 0.4-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
VYLIBRA ORAL TABLET 0.25-0.035 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
WERA (28) ORAL TABLET 0.5-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
WYMZYA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
XARAH FE ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
XELRIA FE ORAL TABLET,CHEWABLE 0.4MG-35MCG(21) AND 75 MG (7)	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZARAH ORAL TABLET 3-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZOVIA 1-35 (28) ORAL TABLET 1-35 MG-MCG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
ZUMANDIMINE (28) ORAL TABLET 3-0.03 MG	Preventive	90 DS; \$0 COPAY IF QUANTITY 28 IN 21 DAYS
Contraceptives,Transdermal		
<i>norelgestromin-ethin.estradiol transdermal patch weekly 150-35 mcg/24 hr</i>	Preventive	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24 HR	Preventive	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Preventive	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR	Preventive	
Diaphragms/Cervical Cap		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM	Preventive	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM	Preventive	
Intra-Uterine Devices (IUD's)		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 17.5 MCG/24 HR (5 YRS) 19.5 MG	Preventive	
LILETTA INTRAUTERINE INTRAUTERINE DEVICE 20.4 MCG/24 HR (8 YRS) 52 MG	Preventive	
MIRENA INTRAUTERINE INTRAUTERINE DEVICE 21 MCG/24HR (UP TO 8 YRS) 52 MG	Preventive	

Drug	Status	Notes
MIUDELLA INTRAUTERINE INTRAUTERINE DEVICE 175 SQUARE MM	Preventive	
PARAGARD T 380A INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Preventive	
PARAGARD T380A (SINGLE HAND) INTRAUTERINE INTRAUTERINE DEVICE 380 SQUARE MM	Preventive	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 14 MCG/24 HR (3 YRS) 13.5 MG	Preventive	
Oxytocics		
<i>methylergonovine oral tablet 0.2 mg</i>	Non-PDL Generic	QL (28 EA per 30 days)
Cough And Cold		
1St Gen Antihistamine & Decongestant Combinations		
APRODINE ORAL TABLET 2.5-60 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILD WAL-TAP COLD-ALLERGY ORAL SOLUTION 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S COLD-ALLERGY (PE) ORAL SOLUTION 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S DIBROMM COLD-ALLERG ORAL SOLUTION 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
ED A-HIST ORAL LIQUID 4-10 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
<i>promethazine-phenylephrine oral syrup 6.25- 5 mg/5 ml</i>	Non-PDL Generic	Age (Min 2 Years)
RYNEX PE ORAL SOLUTION 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-ACT D COLD AND ALLERGY ORAL TABLET 2.5-60 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-TAP ORAL SOLUTION 1-2.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
1St Gen Antihist-Decongest- Anticholinergic Comb		
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG	Non-PDL Generic	
Antitussives,Non-Narcotic		
12-HOUR COUGH RELIEF ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
<i>benzonatate oral capsule 100 mg, 200 mg</i>	Non-PDL Generic	
CHILDREN'S COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	Non-PDL Generic	OTC
COUGH DM ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	Non-PDL Generic	OTC
<i>dextromethorphan polistirex oral suspension,extended rel 12 hr 30 mg/5 ml</i>	Non-PDL Generic	OTC
ROBITUSSIN ER ORAL SUSPENSION,EXTENDED REL 12 HR 30 MG/5 ML	Non-PDL Generic	OTC
Cough And/Or Cold Preparations		
MEDIKOFF MUCOUS MEMBRANE LOZENGE 6.1 MG	Non-PDL Generic	OTC
Decongestant-Expectorant Combinations		
CHEST CONGESTION RELIEF PE ORAL TABLET 10-400 MG	Non-PDL Generic	OTC
CONGEST-EZE PE ORAL TABLET 10-400 MG	Non-PDL Generic	OTC
FENESIN PE IR ORAL TABLET 10-400 MG	Non-PDL Generic	OTC
LIQUIBID D-R ORAL TABLET 10-400 MG	Non-PDL Generic	OTC
MUCINEX D ORAL TABLET EXTENDED RELEASE 12 HR 60-600 MG	Non-PDL Brand	OTC
MUCUS D ORAL TABLET EXTENDED RELEASE 12 HR 120-1,200 MG, 60-600 MG	Non-PDL Generic	OTC
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET 40-400 MG	Non-PDL Generic	OTC
MUCUS RELIEF D (PSEUDOEPHED) ORAL TABLET EXTENDED RELEASE 12 HR 120- 1,200 MG, 60-600 MG	Non-PDL Generic	OTC
MUCUS RELIEF PE ORAL TABLET 10-400 MG	Non-PDL Generic	OTC
<i>pseudoephedrine-guaifenesin oral tablet extended release 12 hr 120-1,200 mg, 60- 600 mg</i>	Non-PDL Generic	OTC
REFENESEN PE ORAL TABLET 10-400 MG	Non-PDL Generic	OTC
Decongestants, Oral		
NASAL DECONGESTANT (PE) ORAL TABLET 10 MG	Non-PDL Generic	OTC

Drug	Status	Notes
SINUS DECONGESTANT (PE) ORAL TABLET 10 MG	Non-PDL Generic	OTC
SINUS PE DECONGESTANT ORAL TABLET 10 MG	Non-PDL Generic	OTC
WAL-PHED PE ORAL TABLET 10 MG	Non-PDL Generic	OTC
Expectorants		
ADULT TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
ADULT WAL-TUSSIN ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
CHEST CONGESTION RELIEF ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
CHEST CONGESTION RELIEF ORAL TABLET 400 MG	Non-PDL Generic	OTC
CHILD MUCUS RELIEF EXPECTORANT ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
COUGH SYRUP ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
EXPECTORANT ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
EXPECTORANT ORAL TABLET 200 MG	Non-PDL Generic	OTC
FENESIN IR ORAL TABLET 400 MG	Non-PDL Generic	OTC
GERI-TUSSIN ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
G-FENESIN ORAL TABLET 400 MG	Non-PDL Generic	OTC
GUAIFED (GUAIFENESIN) ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
<i>guaifenesin oral liquid 100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	Non-PDL Generic	OTC
<i>guaifenesin oral tablet extended release 12hr 1,200 mg, 600 mg</i>	Non-PDL Generic	OTC
MAXTUSSIN ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
MUCINEX ORAL TABLET EXTENDED RELEASE 12HR 600 MG	Non-PDL Brand	OTC

Drug	Status	Notes
MUCOLYTE (GUAIFENESIN) ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
MUCOSA ORAL TABLET 400 MG	Non-PDL Generic	OTC
MUCUS RELIEF ER ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG, 600 MG	Non-PDL Generic	OTC
MUCUS RELIEF ORAL TABLET 400 MG	Non-PDL Generic	OTC
MUCUS-ER MAX ORAL TABLET EXTENDED RELEASE 12HR 1,200 MG	Non-PDL Generic	OTC
REFENESIN ORAL TABLET 400 MG	Non-PDL Generic	OTC
SCOT-TUSSIN EXPECTORANT ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN MUCUS-CHEST CONGESTION ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN ORAL TABLET 400 MG	Non-PDL Generic	OTC
WAL-TUSSIN ORAL LIQUID 100 MG/5 ML	Non-PDL Generic	OTC
Narcotic Antituss-1St Gen. Antihistamine-Decongest		
MAR-COF BP ORAL LIQUID 2-30-7.5 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
RYDEX ORAL 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 SYRUP 30-10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
Narcotic Antitussive-1St Generation Antihistamine		
<i>hydrocodone-chlorpheniramine oral suspension, extended rel 12 hr 10-8 mg/5 ml</i>	Non-PDL Generic	QL (10 ML per 1 day); Age (Min 18 Years)
Narcotic Antitussive-Anticholinergic Comb.		
HYCODAN ORAL SOLUTION 5-1.5 MG/5 ML (5 ML)	Non-PDL Brand	QL (30 ML per 1 day); Age (Min 18 Years)
<i>hydrocodone-homatropine oral solution 5-1.5 mg/5 ml</i>	Non-PDL Generic	QL (30 ML per 1 day); Age (Min 18 Years)

Drug	Status	Notes
<i>hydrocodone-homatropine oral tablet 5-1.5 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 18 Years)
HYDROMET ORAL SOLUTION 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-guaifenesin oral liquid 10-100 mg/5 ml</i>	Non-PDL Generic	OTC; Age (Min 12 Years)
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
G TUSSIN AC ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
GUAIFENESIN AC ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
MAXI-TUSS AC ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML	Non-PDL Generic	OTC; Age (Min 12 Years)
Non-Narc Antituss-1St Gen. Antihistamine-Decongest		
ALTIPRES-B ORAL LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	OTC
AP-HIST DM ORAL LIQUID 4-7.5-15 MG/5 ML	Non-PDL Generic	OTC
BROMFED DM ORAL SYRUP 2-30-10 MG/5 ML	Non-PDL Generic	
<i>brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml</i>	Non-PDL Generic	
CHILDREN'S COLD AND COUGH (PE) ORAL SOLUTION 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S DIBROMM DM COLD-COU ORAL SOLUTION 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
CHLOR A-HIST DM ORAL LIQUID 4-10-15 MG/5 ML	Non-PDL Generic	OTC
COLD AND COUGH ELIXIR ORAL SOLUTION 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
ED A-HIST DM ORAL LIQUID 4-10-15 MG/5 ML	Non-PDL Generic	OTC
ENDACOF - DM ORAL SOLUTION 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
GLENMAX PEB DM FORTE ORAL LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
GLENMAX PEB DM ORAL LIQUID 2-5-10 MG/5 ML	Non-PDL Generic	OTC
LOHIST-DM ORAL LIQUID 2-5-10 MG/5 ML	Non-PDL Generic	OTC
MAXI-TUSS DM (BROMPHEN-PE-DM) ORAL SOLUTION 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
NOHIST-DM ORAL LIQUID 4-10-15 MG/5 ML	Non-PDL Generic	OTC
PRESGEN B ORAL LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	OTC
RYNEX DM ORAL SOLUTION 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
TUSSI PRES-B ORAL LIQUID 4-10-20 MG/5 ML	Non-PDL Generic	OTC
WAL-TAP DM ORAL SOLUTION 1-2.5-5 MG/5 ML	Non-PDL Generic	OTC
Non-Narc Antituss-Decongestant-Analgesic-Expect Cb		
COLD AND FLU SEVERE ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
COLD HEAD CONGESTION SEVER DAY ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
MUCINEX FAST-MAX COLD-FLU ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
MUCINEX FAST-MAX COLD-FLU-THRT ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
MUCINEX SINUS-MAX PRESSURE-CGH ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
MUCUS RELIEF COLD-FLU-SORE THR ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
MUCUS RELIEF SEV CONGEST-COLD ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
SEVERE COLD AND FLU (PE) ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
SEVERE COLD MULTI-SYMPTOM ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
SEVERE COLD ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
VICKS DAYQUIL SEVERE COLD-FLU ORAL TABLET 5-10-325-200 MG	Non-PDL Generic	OTC
Non-Narc Antitussive-1St Gen Antihistamine Comb.		
<i>promethazine-dm oral solution 6.25-15 mg/5 ml</i>	Non-PDL Generic	

Drug	Status	Notes
Non-Narcotic Antituss-Decongestant-Expectorant Cmb		
ACTIDOM DMX ORAL LIQUID 10-30-200 MG/5 ML	Non-PDL Generic	OTC
TUSICOF ORAL TABLET 10-20-400 MG	Non-PDL Generic	OTC
Non-Narcotic Antitussive And Expectorant Comb.		
ALTITUSS ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
BIOCOTRON ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
CHEST CONGESTION RELIEF DM ORAL SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S GILTUSS COUGH-CHEST ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
CONTAC COUGH-CONGESTION MAX ER ORAL TABLET EXTENDED RELEASE 12 HR 60-1,200 MG	Non-PDL Generic	OTC
<i>dextromethorphan-guaifenesin oral liquid 10-100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>dextromethorphan-guaifenesin oral tablet extended release 12 hr 60-1,200 mg</i>	Non-PDL Generic	OTC
DIABETIC TUSSIN DM ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
EXPECTORANT DM ORAL SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
GERI-TUSSIN DM ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
GILTUSS COUGH-CONGESTION ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
GILTUSS DIABETIC ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
GILTUSS HBP ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
GUAIASORB DM ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
GUAIFED-DM ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
GUAIFENESIN-DM ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
MAXI-TUSS G ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
MAXTUSSIN DM ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG	Non-PDL Brand	OTC
MUCOLYTE-DM ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
MUCUS DM MAX ER ORAL TABLET EXTENDED RELEASE 12 HR 60-1,200 MG	Non-PDL Generic	OTC
MUCUS DM ORAL TABLET EXTENDED RELEASE 12 HR 30-600 MG	Non-PDL Generic	OTC
NEO-TUSS ORAL LIQUID 30-200 MG/5 ML	Non-PDL Generic	OTC
SAFE TUSSIN DM ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
SILTUSSIN DM DAS ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
SORBUGEN NR ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
TUSNEL DIABETIC ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN DM CLEAR ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN DM COUGH AND CHEST ORAL SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN DM ORAL LIQUID 10-100 MG/5 ML	Non-PDL Generic	OTC
TUSSIN DM ORAL SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
WAL-TUSSIN DM CLEAR ORAL SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
WAL-TUSSIN DM ORAL SYRUP 10-100 MG/5 ML	Non-PDL Generic	OTC
Nose Preparations, Vasoconstrictors(Otc)		
12 HOUR NASAL RELIEF SPRAY NASAL SPRAY,NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
4 WAY NASAL SPRAY,NON-AEROSOL 1 %	Non-PDL Generic	OTC
AFRIN (OXYMETAZOLINE) NASAL MIST 0.05 %	Non-PDL Generic	OTC
AFRIN (OXYMETAZOLINE) NASAL SPRAY,NON-AEROSOL 0.05 %	Non-PDL Brand	OTC

Drug	Status	Notes
AFRIN NO DRIP(OXYMETAZOLIN) NASAL MIST 0.05 %	Non-PDL Generic	OTC
AFRIN SINUS (OXYMETAZOLINE) NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Brand	OTC
ALLERGY NASAL (OXYMETAZOLINE) NASAL MIST 0.05 %	Non-PDL Generic	OTC
ANEFNIN NASAL MIST 0.05 %	Non-PDL Generic	OTC
ANEFNIN NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
CHILD AFRIN NO DRIP(OXYMETAZL) NASAL MIST 0.05 %	Non-PDL Generic	OTC
CHILD MUCINEX STUFFY NOSE SPRY NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
DRISTAN LONG LASTING NASAL MIST 0.05 %	Non-PDL Generic	OTC
DRISTAN LONG LASTING NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
EPHRINE NASAL DROPS 1 %	Non-PDL Generic	OTC
FAST ACTING NASAL NASAL SPRAY, NON-AEROSOL 1 %	Non-PDL Generic	OTC
GILTUSS SEVERE SINUS NASAL MIST 0.05 %	Non-PDL Generic	OTC
LONG ACTING NASAL SPRAY NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
MUCINEX SINUS-MAX NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
NASAL DECONGESTANT (OXYMETAZL) NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
NASAL FOUR NASAL SPRAY, NON-AEROSOL 1 %	Non-PDL Generic	OTC
NASAL SPRAY (OXYMETAZOLINE) NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
NASAL SPRAY 12HR(OXYMETAZOLINE) NASAL MIST 0.05 %	Non-PDL Generic	OTC
NASAL SPRAY 12HR(OXYMETAZOLINE) NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
NASAL SPRAY LONG ACTING NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
NO DRIP NASAL MIST NASAL MIST 0.05 %	Non-PDL Generic	OTC
NO DRIP NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC

Drug	Status	Notes
NOSTRILLA NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
ORIGINAL NASAL SPRAY NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
<i>oxymetazoline nasal spray, non-aerosol 0.05 %</i>	Non-PDL Generic	OTC
SINUS NASAL SPRAY NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
SINUS RELIEF (OXYMETAZOLINE) NASAL MIST 0.05 %	Non-PDL Generic	OTC
SINUS RELIEF (OXYMETAZOLINE) NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
SINUS RELIEF (PHENYLEPHRINE) NASAL SPRAY, NON-AEROSOL 1 %	Non-PDL Generic	OTC
THERAFLU CONGESTION RELIEF NASAL MIST 0.05 %	Non-PDL Generic	OTC
VICKS VapoRub (OXYMETAZOLINE) NASAL MIST 0.05 %	Non-PDL Generic	OTC
VICKS SINEX 12-HOUR NASAL SPRAY, NON-AEROSOL 0.05 %	Non-PDL Generic	OTC
VICKS SINEX ULTRA FINE MIST 12 NASAL MIST 0.05 %	Non-PDL Generic	OTC
WAL-FOUR NASAL SPRAY, NON-AEROSOL 1 %	Non-PDL Generic	OTC
Sympathomimetic Agents		
12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
12 HOUR NASAL DECONGEST (PSE) ORAL TABLET EXTENDED RELEASE 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
CHILDREN'S SUDAFED ORAL LIQUID 15 MG/5 ML	Non-PDL Brand	OTC; Age (Min 2 Years)
LONG ACTING NASAL DECONG (PSE) ORAL TABLET EXTENDED RELEASE 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET EXTENDED RELEASE 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
NEXAFED ORAL TABLET (ABUSE-RESISTANT) 30 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
<i>pseudoephedrine hcl oral tablet 30 mg, 60 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)

Drug	Status	Notes
<i>pseudoephedrine hcl oral tablet extended release 120 mg</i>	Non-PDL Generic	OTC; Age (Min 2 Years)
SINUS 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SINUS-CONGESTION ORAL TABLET 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDAFED 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDAFED ORAL TABLET 30 MG	Non-PDL Brand	OTC; Age (Min 2 Years)
SUDOGEST 12-HOUR ORAL TABLET EXTENDED RELEASE 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SUDOGEST ORAL TABLET 30 MG, 60 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML	Non-PDL Generic	OTC; Age (Min 2 Years)
SUPHEDRIN ORAL TABLET 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
SUPHEDRINE 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED D ORAL TABLET EXTENDED RELEASE 120 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
WAL-PHED ORAL TABLET 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
ZEPHREX-D ORAL TABLET (ABUSE- RESISTANT) 30 MG	Non-PDL Generic	OTC; Age (Min 2 Years)
Dermatology - Acne		
Acne Agents, Systemic		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Non-PDL Generic	
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Non-PDL Generic	
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Non-PDL Generic	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	Non-PDL Generic	
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	Non-PDL Generic	
Acne Agents, Topical		
ACANYA TOPICAL GEL WITH PUMP 1.2- 2.5 %	PDL Non- Preferred Brand	PA

Drug	Status	Notes
<i>adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %</i>	PDL Non-Preferred Generic	PA
CABTREO TOPICAL GEL 0.15-3.1-1.2 %	PDL Non-Preferred Brand	PA
<i>clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %</i>	PDL Preferred Generic	
<i>clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2 %(1 % base) -3.75 %, 1.2-2.5 %</i>	PDL Non-Preferred Generic	PA
<i>clindamycin-tretinoin topical gel 1.2-0.025 %</i>	PDL Non-Preferred Generic	PA
<i>dapsone topical gel 5 %, 7.5 %</i>	PDL Non-Preferred Generic	PA
NEUAC KIT TOPICAL COMBO PACK, CREAM AND GEL 1.2-5 %	PDL Non-Preferred Brand	PA
NEUAC TOPICAL GEL 1.2 %(1 % BASE) -5 %	PDL Preferred Generic	
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) -3.75 %	PDL Non-Preferred Brand	PA
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	PDL Preferred Generic	
ZIANA TOPICAL GEL 1.2-0.025 %	PDL Non-Preferred Brand	PA
Astringents		
DERMELEVE SCALP TOPICAL SOLUTION	Non-PDL Generic	OTC
Keratolytic-Glucocorticoid Combinations		
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 %	Non-PDL Brand	
Rosacea Agents, Topical		
<i>azelaic acid topical gel 15 %</i>	Non-PDL Generic	
<i>metronidazole topical cream 0.75 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>metronidazole topical gel 0.75 %, 1 %</i>	Non-PDL Generic	
<i>metronidazole topical gel with pump 1 %</i>	Non-PDL Generic	
<i>metronidazole topical lotion 0.75 %</i>	Non-PDL Generic	
ROSADAN TOPICAL CREAM 0.75 %	Non-PDL Generic	
Topical Antiandrogenic Agents		
WINLEVI TOPICAL CREAM 1 %	PDL Non-Preferred Brand	PA; QL (60 GM per 30 days)
Topical Preparations, Antibacterials		
ANTISEPTIC SKIN CLNSR(CHLORHE) TOPICAL LIQUID 4 %	Non-PDL Generic	OTC
BETASEPT SURGICAL SCRUB TOPICAL LIQUID 4 %	Non-PDL Generic	OTC
<i>chlorhexidine gluconate topical liquid 4 %</i>	Non-PDL Generic	OTC
DYNA-HEX TOPICAL LIQUID 4 %	Non-PDL Brand	OTC
HIBICLENS TOPICAL LIQUID 4 %	Non-PDL Brand	OTC
<i>hydrocortisone-iodoquinol topical cream 1-1 %</i>	Non-PDL Generic	
<i>hydrogen peroxide topical spray, non-aerosol 3 %</i>	Non-PDL Generic	OTC
LUGOLS TOPICAL SOLUTION 5-10 %	Non-PDL Generic	
<i>silver nitrate topical solution 0.5 %, 25 %, 50 %</i>	Non-PDL Generic	
STRONG IODINE TOPICAL SOLUTION 5-10 %	Non-PDL Generic	
Vitamin A Derivatives		
<i>adapalene topical cream 0.1 %</i>	PDL Non-Preferred Generic	PA
<i>adapalene topical gel 0.1 %</i>	PDL Preferred Generic	OTC
<i>adapalene topical gel 0.3 %</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>adapalene topical gel with pump 0.3 %</i>	PDL Non-Preferred Generic	PA
<i>adapalene topical lotion 0.1 %</i>	Non-PDL Generic	Age (Max 39 Years)
<i>adapalene topical swab 0.1 %</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
ALTRENO TOPICAL LOTION 0.05 %	PDL Non-Preferred Brand	PA; Age (Max 39 Years)
ATRALIN TOPICAL GEL 0.05 %	PDL Non-Preferred Brand	PA
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 %	PDL Non-Preferred Brand	PA; Age (Max 39 Years)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 %	PDL Non-Preferred Brand	PA; Age (Max 39 Years)
<i>tretinoin microspheres topical gel 0.04 %, 0.1 %</i>	PDL Non-Preferred Generic	PA; Age (Max 39 Years)
<i>tretinoin microspheres topical gel with pump 0.04 %, 0.08 %, 0.1 %</i>	PDL Non-Preferred Generic	PA; Age (Max 39 Years)
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	PDL Preferred Generic	
<i>tretinoin topical gel 0.01 %, 0.025 %, 0.05 %</i>	PDL Preferred Generic	
Vitamin A Derivatives, Topical Acne Agents		
AKLIEF TOPICAL CREAM 0.005 %	PDL Non-Preferred Brand	PA; Age (Max 39 Years)
ARAZLO TOPICAL LOTION 0.045 %	PDL Non-Preferred Brand	PA
FABIOR TOPICAL FOAM 0.1 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>tazarotene topical foam 0.1 %</i>	PDL Non-Preferred Generic	PA
Vitamin A Derivatives, Topical Cosmetic Agents		
<i>tretinoin (emollient) topical cream 0.05 %</i>	Non-PDL Generic	SP
Dermatology - Antiinfective		
Topical Antibiotics		
AMZEEQ TOPICAL FOAM 4 %	PDL Non-Preferred Brand	PA; Age (Min 9 Years)
ANTIBIOTIC (BACITRACIN ZINC) TOPICAL OINTMENT 500 UNIT/GRAM	Non-PDL Generic	OTC
ANTIBIOTIC (NEOMY-BACIT-POLYM) TOPICAL OINTMENT 3.5MG-400 UNIT-5,000 UNIT/GRAM	Non-PDL Generic	OTC
<i>bacitracin topical ointment 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin topical packet 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin zinc topical ointment 500 unit/gram</i>	Non-PDL Generic	OTC
<i>bacitracin zinc topical ointment in packet 500 unit/gram</i>	Non-PDL Generic	OTC
BACITRAYCIN PLUS TOPICAL OINTMENT 500 UNIT/GRAM	Non-PDL Generic	OTC
CENTANY AT TOPICAL OINTMENT KIT 2 %	PDL Non-Preferred Brand	PA
CENTANY TOPICAL OINTMENT 2 %	PDL Non-Preferred Brand	PA; QL (90 GM per 1 FILL)
CLEOCIN T TOPICAL LOTION 1 %	PDL Non-Preferred Brand	PA
CLINDACIN ETZ TOPICAL KIT 1 %	PDL Non-Preferred Brand	PA
CLINDACIN PAC TOPICAL KIT 1 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>clindamycin phosphate topical foam 1 %</i>	PDL Non-Preferred Generic	PA
<i>clindamycin phosphate topical gel 1 %</i>	PDL Preferred Generic	
<i>clindamycin phosphate topical gel, once daily 1 %</i>	PDL Non-Preferred Generic	PA
<i>clindamycin phosphate topical lotion 1 %</i>	PDL Preferred Generic	
<i>clindamycin phosphate topical solution 1 %</i>	PDL Preferred Generic	QL (180 ML per 1 FILL)
<i>clindamycin phosphate topical swab 1 %</i>	PDL Preferred Generic	
DOUBLE ANTIBIOTIC (B.TRACN ZN) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	OTC
ERY PADS TOPICAL SWAB 2 %	PDL Preferred Generic	
<i>erythromycin with ethanol topical gel 2 %</i>	PDL Preferred Generic	
<i>erythromycin with ethanol topical solution 2 %</i>	PDL Preferred Generic	QL (180 ML per 1 FILL)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	PDL Preferred Generic	
FIRST AID ANTIBIOTIC TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT, 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
FIRST AID ANTIBIOTIC-PAIN RLF TOPICAL OINTMENT 3.5-500-10,000 MG- UNIT-UNIT/G	Non-PDL Generic	OTC
<i>gentamicin topical cream 0.1 %</i>	Non-PDL Generic	QL (90 GM per 1 FILL)
<i>gentamicin topical ointment 0.1 %</i>	Non-PDL Generic	QL (90 GM per 1 FILL)

Drug	Status	Notes
<i>mupirocin calcium topical cream 2 %</i>	PDL Non-Preferred Generic	PA; QL (90 GM per 1 FILL)
<i>mupirocin topical ointment 2 %</i>	PDL Preferred Generic	QL (90 GM per 1 FILL)
NEOSPORIN PLUS BURN RELIEF TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
NEOSPORIN PLUS PAINRELIEF(BAC) TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
POLY BACITRACIN (ZINC) TOPICAL OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	OTC
POLYSPORIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC PLUS TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC TOPICAL OINTMENT 3.5MG-400 UNIT- 5,000 UNIT/GRAM	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC TOPICAL OINTMENT IN PACKET 3.5-400-5,000 MG-UNIT-UNIT	Non-PDL Generic	OTC
TRIPLE ANTIBIOTIC-PAIN RELIEF TOPICAL OINTMENT 3.5-500-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	OTC
WAL-SPORIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	OTC
XEPI TOPICAL CREAM 1 %	PDL Non-Preferred Brand	PA
Topical Antifungal/Anti-inflammatory, Steroid Agent		
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	PDL Preferred Generic	
<i>clotrimazole-betamethasone topical lotion 1-0.05 %</i>	PDL Non-Preferred Generic	PA
Topical Antifungals		
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 %	PDL Preferred Generic	OTC

Drug	Status	Notes
ANTIFUNGAL (MICONAZOLE) TOPICAL CREAM 2 %	PDL Preferred Generic	OTC
ANTIFUNGAL (MICONAZOLE) TOPICAL POWDER 2 %	PDL Preferred Generic	OTC
ANTIFUNGAL (TOLNAFTATE) TOPICAL AEROSOL, SPRAY 1 %	Non-PDL Generic	OTC
ANTIFUNGAL (TOLNAFTATE) TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
ANTIFUNGAL (TOLNAFTATE) TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
ANTIFUNGAL EXTRA THICK TOPICAL CREAM 2 %	PDL Preferred Generic	OTC
ANTIFUNGAL SPRAY TOPICAL AEROSOL POWDER 1 %	Non-PDL Generic	OTC
ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
ATHLETE'S FOOT (CLOTRIMAZOLE) TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
ATHLETE'S FOOT (TERBINAFINE) TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
ATHLETE'S FOOT (TOLNAFTATE) TOPICAL AEROSOL POWDER 1 %	Non-PDL Generic	OTC
ATHLETE'S FOOT (TOLNAFTATE) TOPICAL AEROSOL, SPRAY 1 %	Non-PDL Generic	OTC
ATHLETE'S FOOT (TOLNAFTATE) TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
ATHLETE'S FOOT TOPICAL AEROSOL POWDER 2 %	Non-PDL Generic	OTC
ATHLETE'S FOOT TOPICAL AEROSOL, SPRAY 2 %	Non-PDL Generic	OTC
ATHLETE'S FOOT TOPICAL POWDER 2 %	PDL Preferred Generic	OTC

Drug	Status	Notes
ATHLETIC FOOT CREAM TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
BAZA ANTIFUNGAL TOPICAL CREAM 2 %	PDL Preferred Generic	OTC
BLIS-TO-SOL (TOLNAFTATE) TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
<i>ciclopirox topical cream 0.77 %</i>	PDL Preferred Generic	QL (180 GM per 1 FILL)
<i>ciclopirox topical gel 0.77 %</i>	PDL Non-Preferred Generic	PA
<i>ciclopirox topical shampoo 1 %</i>	PDL Non-Preferred Generic	PA
<i>ciclopirox topical solution 8 %</i>	PDL Preferred Generic	QL (19.8 ML per 1 FILL)
<i>ciclopirox topical suspension 0.77 %</i>	PDL Preferred Generic	QL (180 ML per 1 FILL)
<i>ciclopirox-ure-camph-menth-euc topical solution 8 %</i>	Non-PDL Generic	QL (19.8 ML per 1 FILL)
<i>clotrimazole topical cream 1 %</i>	PDL Preferred Generic	OTC
<i>clotrimazole topical solution 1 %</i>	PDL Non-Preferred Generic	PA; OTC
DERMAFUNGAL TOPICAL CREAM 2 %	PDL Preferred Generic	OTC
DESENEX TOPICAL CREAM 2 %	PDL Preferred Generic	OTC
DESENEX TOPICAL POWDER 2 %	PDL Preferred Generic	OTC
<i>econazole nitrate topical cream 1 %</i>	PDL Preferred Generic	QL (170 GM per 1 FILL)

Drug	Status	Notes
ERTACZO TOPICAL CREAM 2 %	PDL Non-Preferred Brand	PA
EXELDERM TOPICAL CREAM 1 %	Non-PDL Brand	
EXELDERM TOPICAL SOLUTION 1 %	Non-PDL Brand	
EXODERM TOPICAL LOTION 25-1 %	Non-PDL Generic	
FOOT AND SNEAKER TOPICAL AEROSOL POWDER 1 %	Non-PDL Generic	OTC
FORMULA 3 TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
FUNGI CURE TOPICAL SPRAY, NON-AEROSOL 1 %	Non-PDL Generic	OTC
FUNGI-NAIL (TOLNAFTATE) TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
INZO ANTIFUNGAL TOPICAL CREAM 2 %	PDL Preferred Generic	OTC
ITCH RELIEF (CLOTRIMAZOLE) TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
JOCK ITCH (CLOTRIMAZOLE) TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
JOCK ITCH (TERBINAFINE) TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
JOCK ITCH TOPICAL AEROSOL POWDER 1 %	Non-PDL Generic	OTC
JUBLIA TOPICAL SOLUTION WITH APPLICATOR 10 %	PDL Non-Preferred Brand	PA
<i>ketoconazole topical cream 2 %</i>	PDL Preferred Generic	QL (180 GM per 1 FILL)
<i>ketoconazole topical foam 2 %</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>ketoconazole topical shampoo 2 %</i>	PDL Preferred Generic	QL (360 ML per 1 FILL)
KETODAN TOPICAL FOAM 2 %	PDL Non-Preferred Generic	PA
KLAYESTA TOPICAL POWDER 100,000 UNIT/GRAM	PDL Preferred Generic	
LAMISIL AT TOPICAL CREAM 1 %	Non-PDL Brand	OTC
LASOLEX TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 %	PDL Non-Preferred Brand	PA; QL (180 GM per 1 FILL)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 %	PDL Non-Preferred Brand	PA; QL (180 ML per 1 FILL)
LOPROX KIT TOPICAL COMBO PACK 0.77 %	PDL Non-Preferred Brand	PA
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 %	PDL Non-Preferred Brand	PA
LOTRIMIN AF (CLOTRIMAZOLE) TOPICAL CREAM 1 %	Non-PDL Brand	OTC
LOTRIMIN AF POWDER TOPICAL AEROSOL POWDER 2 %	Non-PDL Generic	OTC
LOTRIMIN AF TOPICAL AEROSOL, SPRAY 2 %	Non-PDL Generic	OTC
LOTRIMIN AF TOPICAL POWDER 2 %	Non-PDL Brand	OTC
<i>luliconazole topical cream 1 %</i>	PDL Non-Preferred Generic	PA; QL (60 GM per 28 days)
LUZU TOPICAL CREAM 1 %	PDL Non-Preferred Brand	PA; QL (60 GM per 28 days)
MICOMITIN TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC

Drug	Status	Notes
<i>miconazole nitrate topical cream 2 %</i>	PDL Preferred Generic	OTC
<i>miconazole nitrate-zinc ox-pet topical ointment 0.25-15-81.35 %</i>	PDL Non-Preferred Generic	PA
MICONAZORB AF TOPICAL POWDER 2 %	PDL Preferred Generic	OTC
MICOTRIN AC TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
MICOTRIN AL TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
MICOTRIN AP TOPICAL POWDER 2 %	PDL Preferred Generic	OTC
MICRO-GUARD TOPICAL POWDER 2 %	PDL Preferred Generic	OTC
MYCOZYL AC TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
MYCOZYL AL TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
MYCOZYL AP TOPICAL POWDER 2 %	PDL Preferred Generic	OTC
<i>naftifine topical cream 1 %</i>	PDL Non-Preferred Generic	PA
<i>naftifine topical cream 2 %</i>	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
NAFTIN TOPICAL GEL 2 %	PDL Non-Preferred Brand	PA
NYAMYC TOPICAL POWDER 100,000 UNIT/GRAM	PDL Preferred Generic	

Drug	Status	Notes
<i>nystatin topical cream 100,000 unit/gram</i>	PDL Preferred Generic	
<i>nystatin topical ointment 100,000 unit/gram</i>	PDL Preferred Generic	QL (90 GM per 1 FILL)
<i>nystatin topical powder 100,000 unit/gram</i>	PDL Preferred Generic	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	PDL Preferred Generic	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
NYSTOP TOPICAL POWDER 100,000 UNIT/GRAM	PDL Preferred Generic	
ODOR CONTROL FOOT-SNEAKER TOPICAL AEROSOL POWDER 1 %	Non-PDL Generic	OTC
ODOR-X ATHLETE'S FOOT TOPICAL AEROSOL POWDER 1 %	Non-PDL Generic	OTC
<i>oxiconazole topical cream 1 %</i>	PDL Non-Preferred Generic	PA; QL (180 GM per 1 FILL)
OXISTAT TOPICAL LOTION 1 %	PDL Non-Preferred Brand	PA
REMEDY ANTIFUNGAL TOPICAL CREAM 2 %	PDL Preferred Generic	OTC
REMEDY ANTIFUNGAL TOPICAL POWDER 2 %	PDL Preferred Generic	OTC
REMEDY PHYTOPLEX ANTIFUNGAL TOPICAL POWDER 2 %	PDL Preferred Generic	OTC
RINGWORM TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
SECURA ANTIFUNGAL EXTRA THICK TOPICAL CREAM 2 %	PDL Preferred Generic	OTC

Drug	Status	Notes
<i>sulconazole topical cream 1 %</i>	Non-PDL Generic	
<i>sulconazole topical solution 1 %</i>	Non-PDL Generic	
<i>tavaborole topical solution with applicator 5 %</i>	PDL Non-Preferred Generic	PA
<i>terbinafine hcl topical cream 1 %</i>	PDL Preferred Generic	OTC
TINACTIN TOPICAL CREAM 1 %	Non-PDL Brand	OTC
TINACTIN TOPICAL POWDER 1 %	Non-PDL Brand	OTC
TOE AREA TREATMENT ANTIFUNGAL TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
TOLNAFI-AL TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
<i>tolnaftate topical aerosol powder 1 %</i>	Non-PDL Generic	OTC
<i>tolnaftate topical cream 1 %</i>	PDL Preferred Generic	OTC
<i>tolnaftate topical powder 1 %</i>	Non-PDL Generic	OTC
<i>tolnaftate topical solution 1 %</i>	PDL Non-Preferred Generic	PA; OTC
TRIMAZOLE TOPICAL CREAM 1 %	PDL Preferred Generic	OTC
TRITOLNACIDE S TOPICAL SOLUTION 1 %	PDL Non-Preferred Generic	PA; OTC
VUSION TOPICAL OINTMENT 0.25-15- 81.35 %	PDL Non-Preferred Brand	PA
ZEASORB AF TOPICAL POWDER 2 %	PDL Preferred Generic	OTC
Topical Antiparasitics		

Drug	Status	Notes
COMPLETE LICE TREATMENT TOPICAL KIT 4-0.33-0.5 %	Non-PDL Brand	OTC
CROTAN TOPICAL LOTION 10 %	PDL Non-Preferred Brand	PA
EURAX TOPICAL CREAM 10 %	Non-PDL Brand	
EURAX TOPICAL LOTION 10 %	PDL Non-Preferred Brand	PA
<i>ivermectin topical lotion 0.5 %</i>	Non-PDL Brand	OTC
LICE KILLING (PERMETHRIN) TOPICAL LIQUID 1 %	Non-PDL Brand	OTC
LICE KILLING TOPICAL SHAMPOO 0.33-4 %	Non-PDL Brand	OTC
LICE SOLUTION TOPICAL KIT 4-0.33-0.5 %	Non-PDL Brand	OTC
LICE TREATMENT (PERMETHRIN) TOPICAL LIQUID 1 %	Non-PDL Brand	OTC
LICE TREATMENT TOPICAL LIQUID 1 %	Non-PDL Brand	OTC
<i>malathion topical lotion 0.5 %</i>	PDL Non-Preferred Generic	PA
NATROBA TOPICAL SUSPENSION 0.9 %	PDL Preferred Brand	
NIX COMPLETE COMBO PACK 1-0.25 %	Non-PDL Brand	OTC
NIX CREME RINSE TOPICAL LIQUID 1 %	Non-PDL Brand	OTC
NIX ULTRA (MINERAL OIL) TOPICAL SHAMPOO	Non-PDL Brand	OTC
NIX ULTRA TOPICAL SOLUTION	Non-PDL Brand	OTC
NIX ULTRA TREATMENT-PREVENTION TOPICAL COMBO PACK 0.06-0.35-0.6 %	Non-PDL Brand	OTC
OVIDE TOPICAL LOTION 0.5 %	PDL Non-Preferred Brand	PA
<i>permethrin topical cream 5 %</i>	PDL Preferred Generic	

Drug	Status	Notes
PRURADIK TOPICAL LOTION 10 %	PDL Non-Preferred Brand	PA
RID COMPLETE LICE ELIM KIT TOPICAL KIT 4-0.33-0.5 %	Non-PDL Brand	OTC
RID LICE KILLING TOPICAL SHAMPOO 0.33-4 %	Non-PDL Brand	OTC
SKLICE TOPICAL LOTION 0.5 %	Non-PDL Brand	OTC
<i>spinosad topical suspension 0.9 %</i>	PDL Non-Preferred Generic	PA
ULESFIA TOPICAL LOTION 5 %	Non-PDL Brand	
ULTRA PESTICIDE FREE LICE TOPICAL SOLUTION	Non-PDL Brand	OTC
VANALICE TOPICAL GEL 0.3-3.5 %	Non-PDL Brand	OTC
Topical Antivirals		
<i>acyclovir topical cream 5 %</i>	PDL Non-Preferred Generic	PA
<i>acyclovir topical ointment 5 %</i>	PDL Preferred Generic	
DENAVIR TOPICAL CREAM 1 %	PDL Preferred Brand	
<i>docosanol topical cream 10 %</i>	Non-PDL Generic	OTC
<i>penciclovir topical cream 1 %</i>	PDL Non-Preferred Generic	PA
ZOVIRAX TOPICAL CREAM 5 %	PDL Non-Preferred Brand	PA
ZOVIRAX TOPICAL OINTMENT 5 %	PDL Non-Preferred Brand	PA
Topical Antivirals/Antiinflammatory, Steroid Agent		
XERESE TOPICAL CREAM 5-1 %	PDL Non-Preferred Brand	PA; QL (10 GM per 365 days)

Drug	Status	Notes
Topical Sulfonamides		
AVAR TOPICAL CLEANSER 10-5 % (W/W)	PDL Non-Preferred Brand	PA; QL (1419 GM per 1 FILL)
CLEANSING WASH TOPICAL CLEANSER 10-4-10 %	Non-PDL Generic	
<i>mafenide acetate topical packet 50 gram</i>	Non-PDL Generic	
<i>silver sulfadiazine topical cream 1 %</i>	Non-PDL Generic	
SSD TOPICAL CREAM 1 %	Non-PDL Generic	
SSS 10-5 TOPICAL CREAM 10-5 % (W/W)	PDL Preferred Generic	
SSS 10-5 TOPICAL FOAM 10-5 %	PDL Preferred Generic	
<i>sulfacetamide sodium-sulfur topical cleanser 10-2 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	PDL Preferred Generic	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	PDL Preferred Generic	QL (1419 GM per 1 FILL)
<i>sulfacetamide sodium-sulfur topical cleanser 8-4 %</i>	Non-PDL Generic	
<i>sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %</i>	PDL Preferred Generic	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %</i>	PDL Preferred Generic	
<i>sulfacetamide sodium-sulfur topical pads, medicated 10-4 %</i>	PDL Preferred Generic	
<i>sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %, 9-4.25 %</i>	PDL Non-Preferred Generic	PA
<i>sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %</i>	PDL Preferred Generic	QL (1419 ML per 1 FILL)
SULFACLEANSE 8-4 TOPICAL SUSPENSION 8-4 %	PDL Non-Preferred Generic	PA

Drug	Status	Notes
SULFAMYLLON TOPICAL CREAM 85 MG/G	Non-PDL Brand	
Dermatology - Antiinflammatory		
Interleukin-13 (Il-13) Inhibitors, Mab		
ADBRY SUBCUTANEOUS AUTO-INJECTOR 300 MG/2 ML	PDL Non-Preferred Brand	PA; SP
ADBRY SUBCUTANEOUS SYRINGE 150 MG/ML	PDL Non-Preferred Brand	PA; SP
EBGLYSS PEN SUBCUTANEOUS PEN INJECTOR 250 MG/2 ML	PDL Non-Preferred Brand	PA; SP
EBGLYSS SYRINGE SUBCUTANEOUS SYRINGE 250 MG/2 ML	PDL Non-Preferred Brand	PA; SP
Interleukin-31(II-31)Receptor Alpha Antagonist,Mab		
NEMLUVIO SUBCUTANEOUS PEN INJECTOR 30 MG	PDL Non-Preferred Brand	PA; SP
Top. Anti-Inflam.,Phosphodiesterase-4 (Pde4) Inhib		
EUCRISA TOPICAL OINTMENT 2 %	PDL Preferred Brand	PA; QL (100 GM per 30 days); Age (Min 2 Years)
ZORYVE TOPICAL CREAM 0.05 %, 0.15 %	PDL Non-Preferred Brand	PA; QL (60 GM per 30 days)
Topical Anti-Inflammatory Steroidal		
ALA-CORT TOPICAL CREAM 1 %	Non-PDL Generic	
ALA-SCALP TOPICAL LOTION 2 %	Non-PDL Generic	
<i>alclometasone topical cream 0.05 %</i>	Non-PDL Generic	
<i>alclometasone topical ointment 0.05 %</i>	Non-PDL Generic	
<i>amcinonide topical cream 0.1 %</i>	Non-PDL Generic	
ANTI-ITCH (HC) TOPICAL CREAM 1 %	Non-PDL Generic	OTC
ANTI-ITCH (HC) TOPICAL LOTION 1 %	Non-PDL Generic	OTC

Drug	Status	Notes
ANTI-ITCH (HC) TOPICAL OINTMENT 1 %	Non-PDL Generic	OTC
ANTI-ITCH(HYDROCORTISONE)-ALOE TOPICAL CREAM 1 %	Non-PDL Generic	OTC
AQUANIL HC TOPICAL LOTION 1 %	Non-PDL Generic	OTC
AQUAPHOR ITCH RELIEF TOPICAL OINTMENT 1 %	Non-PDL Generic	OTC
AVEENO ANTI-ITCH (HYDROCORTSN) TOPICAL CREAM 1 %	Non-PDL Generic	OTC
BETA-HC TOPICAL LOTION 1 %	Non-PDL Generic	OTC
<i>betamethasone dipropionate topical cream 0.05 %</i>	Non-PDL Generic	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	Non-PDL Generic	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	Non-PDL Generic	
<i>betamethasone valerate topical cream 0.1 %</i>	Non-PDL Generic	
<i>betamethasone valerate topical lotion 0.1 %</i>	Non-PDL Generic	
<i>betamethasone valerate topical ointment 0.1 %</i>	Non-PDL Generic	
<i>betamethasone, augmented topical cream 0.05 %</i>	Non-PDL Generic	
<i>betamethasone, augmented topical gel 0.05 %</i>	Non-PDL Generic	
<i>betamethasone, augmented topical lotion 0.05 %</i>	Non-PDL Generic	
<i>betamethasone, augmented topical ointment 0.05 %</i>	Non-PDL Generic	
<i>clobetasol scalp solution 0.05 %</i>	Non-PDL Generic	
<i>clobetasol topical cream 0.05 %</i>	Non-PDL Generic	
<i>clobetasol topical foam 0.05 %</i>	Non-PDL Generic	
<i>clobetasol topical gel 0.05 %</i>	Non-PDL Generic	
<i>clobetasol topical lotion 0.05 %</i>	Non-PDL Generic	
<i>clobetasol topical ointment 0.05 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>clobetasol topical shampoo 0.05 %</i>	Non-PDL Generic	
<i>clobetasol topical spray,non-aerosol 0.05 %</i>	Non-PDL Generic	
<i>clobetasol-emollient topical cream 0.05 %</i>	Non-PDL Generic	
<i>clobetasol-emollient topical foam 0.05 %</i>	Non-PDL Generic	
<i>clocortolone pivalate topical cream 0.1 %</i>	Non-PDL Generic	
CORTISONE (HYDROCORTISONE) TOPICAL CREAM 1 %	Non-PDL Generic	OTC
CORTISONE (HYDROCORTISONE) TOPICAL LOTION 1 %	Non-PDL Generic	OTC
CORTISONE WITH ALOE TOPICAL CREAM 1 %	Non-PDL Generic	OTC
CORTIZONE-10 TOPICAL CREAM 1 %	Non-PDL Generic	OTC
CORTIZONE-10 TOPICAL LOTION 1 %	Non-PDL Brand	OTC
CORTIZONE-10 TOPICAL OINTMENT 1 %	Non-PDL Generic	OTC
CORTIZONE-10 WITH ALOE TOPICAL CREAM 1 %	Non-PDL Generic	OTC
DERMAREST ECZEMA (HYDROCORT) TOPICAL LOTION 1 %	Non-PDL Generic	OTC
<i>desonide topical ointment 0.05 %</i>	Non-PDL Generic	
<i>desoximetasone topical cream 0.05 %, 0.25 %</i>	Non-PDL Generic	
<i>fluocinolone and shower cap scalp oil 0.01 %</i>	Non-PDL Generic	
<i>fluocinolone topical cream 0.01 %, 0.025 %</i>	Non-PDL Generic	
<i>fluocinolone topical oil 0.01 %</i>	Non-PDL Generic	
<i>fluocinolone topical ointment 0.025 %</i>	Non-PDL Generic	
<i>fluocinolone topical solution 0.01 %</i>	Non-PDL Generic	
<i>fluocinonide topical cream 0.05 %, 0.1 %</i>	Non-PDL Generic	
<i>fluocinonide topical gel 0.05 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>fluocinonide topical ointment 0.05 %</i>	Non-PDL Generic	
<i>fluocinonide topical solution 0.05 %</i>	Non-PDL Generic	
FLUOCINONIDE-E TOPICAL CREAM 0.05 %	Non-PDL Generic	
<i>fluocinonide-emollient topical cream 0.05 %</i>	Non-PDL Generic	
<i>flurandrenolide topical lotion 0.05 %</i>	Non-PDL Generic	
<i>flurandrenolide topical ointment 0.05 %</i>	Non-PDL Generic	QL (180 GM per 30 days)
<i>fluticasone propionate topical cream 0.05 %</i>	Non-PDL Generic	
<i>fluticasone propionate topical ointment 0.005 %</i>	Non-PDL Generic	
<i>halobetasol propionate topical cream 0.05 %</i>	Non-PDL Generic	
<i>halobetasol propionate topical ointment 0.05 %</i>	Non-PDL Generic	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone acetate topical ointment 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone butyrate topical cream 0.1 %</i>	Non-PDL Generic	
<i>hydrocortisone butyrate topical solution 0.1 %</i>	Non-PDL Generic	
HYDROCORTISONE PLUS TOPICAL CREAM 1 %	Non-PDL Generic	OTC
<i>hydrocortisone topical cream 0.5 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone topical cream 1 %, 2.5 %</i>	Non-PDL Generic	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	Non-PDL Generic	
<i>hydrocortisone topical lotion 1 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone topical lotion 2 %, 2.5 %</i>	Non-PDL Generic	
<i>hydrocortisone topical ointment 0.5 %</i>	Non-PDL Generic	OTC
<i>hydrocortisone topical ointment 1 %, 2.5 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>hydrocortisone valerate topical cream 0.2 %</i>	Non-PDL Generic	
<i>hydrocortisone valerate topical ointment 0.2 %</i>	Non-PDL Generic	
<i>hydrocortisone-aloe vera topical cream 0.5 %, 1 %</i>	Non-PDL Generic	OTC
HYDROCREAM TOPICAL CREAM 1 %	Non-PDL Generic	OTC
ITCH RELIEF (HC) TOPICAL OINTMENT 1 %	Non-PDL Generic	OTC
ITCH RELIEF (HC) WITH ALOE TOPICAL CREAM 1 %	Non-PDL Generic	OTC
<i>mometasone topical cream 0.1 %</i>	Non-PDL Generic	
<i>mometasone topical ointment 0.1 %</i>	Non-PDL Generic	
<i>mometasone topical solution 0.1 %</i>	Non-PDL Generic	
MONISTAT CARE (HYDROCORTISONE) TOPICAL CREAM 1 %	Non-PDL Generic	OTC
NOBLE FORMULA HC TOPICAL CREAM 1 %	Non-PDL Generic	OTC
<i>prednicarbate topical cream 0.1 %</i>	Non-PDL Generic	
PREPARATION H HYDROCORTISONE TOPICAL CREAM 1 %	Non-PDL Generic	OTC
PROCTO-MED HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-PDL Generic	
PROCTOSOL HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-PDL Generic	
PROCTOZONE-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %	Non-PDL Generic	
SCALACORT DK TOPICAL COMBO PACK 2-2-2 %	Non-PDL Brand	
<i>triamcinolone acetonide topical aerosol 0.147 mg/gram</i>	Non-PDL Generic	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %</i>	Non-PDL Generic	
<i>triamcinolone acetonide topical cream 0.5 %</i>	Non-PDL Generic	QL (454 GM per 30 days)
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	Non-PDL Generic	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>triamcinolone acetonide topical ointment 0.05 %</i>	Non-PDL Generic	QL (430 GM per 30 days)
TRIANEX TOPICAL OINTMENT 0.05 %	Non-PDL Generic	QL (430 GM per 30 days)
TRIDERM TOPICAL CREAM 0.5 %	Non-PDL Generic	QL (454 GM per 30 days)
VANICREAM HC TOPICAL CREAM 1 %	Non-PDL Generic	OTC
Topical Anti-Inflammatory, Nsaids		
ARTHRITIS PAIN (DICLOFENAC) TOPICAL GEL 1 %	PDL Preferred Generic	OTC; 90 DS; QL (900 GM per 28 days)
ASPERCREME ARTHRITIS PAIN TOPICAL GEL 1 %	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	PDL Non-Preferred Generic	PA
<i>diclofenac sodium topical drops 1.5 %</i>	PDL Non-Preferred Generic	PA; QL (60 ML per 30 days)
<i>diclofenac sodium topical gel 1 %</i>	PDL Preferred Generic	OTC; 90 DS; QL (900 GM per 28 days)
<i>diclofenac sodium topical solution in metered-dose pump 20 mg/gram /actuation(2 %)</i>	PDL Non-Preferred Generic	PA; QL (224 GM per 28 days)
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 %	PDL Non-Preferred Brand	PA
LICART TRANSDERMAL PATCH 24 HOUR 1.3 %	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
MOTRIN ARTHRITIS PAIN TOPICAL GEL 1 %	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
VOLTAREN ARTHRITIS PAIN TOPICAL GEL 1 %	PDL Preferred Generic	OTC; QL (900 GM per 28 days)
Topical Janus Kinase (Jak) Inhibitors		
ANZUPGO TOPICAL CREAM 2 %	PDL Non-Preferred Brand	PA; QL (60 GM per 30 days)

Drug	Status	Notes
OPZELURA TOPICAL CREAM 1.5 %	PDL Non-Preferred Brand	PA; QL (60 GM per 30 days)
Dermatology - Antipruritic Drugs		
Antipruritics, Topical		
ANTI-ITCH(DIPHENHYD) WITH ZINC TOPICAL CREAM 1-0.1 %, 2-0.1 %	Non-PDL Generic	OTC
BANOPHEN ANTI-ITCH TOPICAL CREAM 2-0.1 %	Non-PDL Generic	OTC
BENADRYL ITCH COOLING TOPICAL AEROSOL, SPRAY 2-0.1 %	Non-PDL Brand	OTC
ITCH RELIEF TOPICAL AEROSOL, SPRAY 2-0.1 %	Non-PDL Generic	OTC
ITCH RELIEF TOPICAL CREAM 1-0.1 %, 2-0.1 %	Non-PDL Generic	OTC
WAL-DRYL (DIPHENHYDRAMINE) TOPICAL AEROSOL, SPRAY 2 %	Non-PDL Generic	OTC
WAL-DRYL (DIPHENHYDRAMINE-ZN) TOPICAL AEROSOL, SPRAY 2-0.1 %	Non-PDL Generic	OTC
WAL-DRYL (DIPHENHYDRAMINE-ZN) TOPICAL CREAM 2-0.1 %	Non-PDL Generic	OTC
Dermatology - Miscellaneous		
Antiseborrheic Agents		
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 %	Non-PDL Brand	
<i>selenium sulfide topical lotion 2.5 %</i>	Non-PDL Generic	
<i>selenium sulfide topical shampoo 2.25 %</i>	Non-PDL Generic	
Antiseptics, General		
ALCOHOL PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
<i>alcohol swabs topical pads, medicated</i>	Non-PDL Brand	OTC
ALCOHOL WIPES TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
CARETOUCH ALCOHOL PREP PAD TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
CURITY ALCOHOL SWABS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
DROPSAFE ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC

Drug	Status	Notes
EASY COMFORT ALCOHOL PAD TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
EASY TOUCH ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
INCONTROL ALCOHOL PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
PRO COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
PRO-COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
PURE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
SURE COMFORT ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
SURE-PREP ALCOHOL PREP PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
TRUE COMFORT ALCOHOL PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
TRUE COMFORT PRO ALCOHOL PADS TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
ULTILET ALCOHOL SWAB TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
WEBCOL TOPICAL PADS, MEDICATED	Non-PDL Brand	OTC
Emollients		
AMLACTIN TOPICAL LOTION 12 %	Non-PDL Generic	
<i>ammonium lactate topical cream 12 %</i>	Non-PDL Generic	
<i>ammonium lactate topical lotion 12 %</i>	Non-PDL Generic	
AVO CREAM TOPICAL EMULSION	Non-PDL Generic	
DRY SKIN THERAPY(W-PETROLATUM) TOPICAL CREAM	Non-PDL Generic	
EMULSION SB TOPICAL EMULSION	Non-PDL Generic	
HPR PLUS-MB HYDROGEL TOPICAL COMBO PACK,GEL AND FOAM 96.53-3-0.4 -0.066 %	Non-PDL Generic	
LOBANA BATH TOPICAL OIL	Non-PDL Generic	
MB HYDROGEL TOPICAL KIT,CREAM AND GEL 96.53-3-0.4 -0.066 %	Non-PDL Generic	

Drug	Status	Notes
MINERAL OIL LIGHT TOPICAL OIL	Non-PDL Generic	OTC
MINERIN CREME TOPICAL CREAM	Non-PDL Generic	
PRUCLAIR TOPICAL CREAM	Non-PDL Generic	
SKIN TREATMENT TOPICAL LOTION 12 %	Non-PDL Generic	OTC
SONAFINE TOPICAL EMULSION	Non-PDL Generic	
THERAPEUTIC MOISTURIZING CREAM TOPICAL CREAM	Non-PDL Generic	
THERAPEUTIC MOISTURIZING TOPICAL CREAM	Non-PDL Generic	
<i>vitamin e topical oil</i>	Non-PDL Generic	
Hypertrichotic Agents, Systemic/Incl. Combinations		
<i>finasteride oral tablet 1 mg</i>	Non-PDL Generic	SP
Iodine Antiseptics		
FIRST AID ANTISEPTIC(POVIDONE) TOPICAL SOLUTION 10 %	Non-PDL Generic	OTC
<i>povidone-iodine topical liquid in packet 10 %</i>	Non-PDL Generic	OTC
<i>povidone-iodine topical ointment 10 %</i>	Non-PDL Generic	OTC
<i>povidone-iodine topical solution 10 %</i>	Non-PDL Generic	OTC
<i>povidone-iodine topical spray,non-aerosol 10 %</i>	Non-PDL Generic	OTC
Irrigants		
<i>acetic acid irrigation solution 0.25 %</i>	Non-PDL Generic	
CURITY STERILE WATER IRRIGATION SOLUTION	Non-PDL Generic	OTC
<i>neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml</i>	Non-PDL Generic	
<i>ringer's irrigation solution</i>	Non-PDL Generic	
SEA-CLENS WOUND CLEANSER IRRIGATION SOLUTION	Non-PDL Generic	OTC
<i>sodium chloride irrigation solution 0.9 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>sorbitol irrigation solution 3 %</i>	Non-PDL Generic	
<i>sorbitol-mannitol transurethral solution 2.7-0.54 gram/100 ml</i>	Non-PDL Generic	
<i>water for irrigation, sterile irrigation solution</i>	Non-PDL Generic	
Irritants/Counter-Irritants		
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 %, 0.1 %	Non-PDL Generic	OTC
ASPERCREME MAX TOPICAL LIQUID 16 %	Non-PDL Generic	OTC
CAPSAICIN HP TOPICAL CREAM 0.1 %	Non-PDL Generic	OTC
<i>capsaicin topical cream 0.025 %, 0.075 %, 0.1 %</i>	Non-PDL Generic	OTC
CAPSAID ES TOPICAL CREAM 0.1 %	Non-PDL Generic	OTC
CAPZIX TOPICAL CREAM 0.1 %	Non-PDL Generic	OTC
COOL 'N HEAT TOPICAL LIQUID 16 %	Non-PDL Generic	OTC
IONIL T TOPICAL SHAMPOO 1 %	Non-PDL Generic	OTC
<i>methyl salicylate oil</i>	Non-PDL Generic	
<i>methyl salicylate topical liquid</i>	Non-PDL Generic	
QUTENZA TOPICAL KIT 8 %	PDL Non-Preferred Brand	PA
TARSUM PROFESSIONAL TOPICAL SHAMPOO 2 %	Non-PDL Generic	OTC
THERA-GEL TOPICAL SHAMPOO 0.5 %	Non-PDL Generic	OTC
THERAPEUTIC SHAMPOO TOPICAL SHAMPOO 0.5 %, 1 %	Non-PDL Generic	OTC
T-PLUS TOPICAL SHAMPOO 0.5 %	Non-PDL Generic	OTC
X-SEB T PLUS TOPICAL SHAMPOO 2 %	Non-PDL Generic	OTC
ZOSTRIX TOPICAL CREAM 0.033 %	Non-PDL Generic	OTC
ZOSTRIX-HP TOPICAL CREAM 0.1 %	Non-PDL Generic	OTC

Drug	Status	Notes
Keratolytics		
ACNE CONTROL(BENZOYL PEROXIDE) TOPICAL CLEANSER 10 %	PDL Preferred Generic	OTC
ACNE FOAMING WASH TOPICAL CLEANSER 10 %	PDL Preferred Generic	OTC
ACNE MEDICATION TOPICAL GEL 10 %, 5 %	PDL Preferred Generic	OTC
ACNE TREATMENT (BENZOYL PEROX) TOPICAL CREAM 10 %	Non-PDL Generic	OTC
ACNE TREATMENT (BENZOYL PEROX) TOPICAL GEL 10 %	PDL Preferred Generic	OTC
ACNE-CLEAR TOPICAL GEL 10 %	PDL Preferred Generic	OTC
ADVANCED ACNE WASH TOPICAL CLEANSER,EXTENDED RELEASE 4.4 %	PDL Non- Preferred Brand	PA; OTC
ADVANCED EXFOLIATING CLEANSER TOPICAL CLEANSER 5 %	PDL Preferred Generic	OTC
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 %	Non-PDL Generic	
BENZEPRO TOPICAL FOAM 5.3 %, 9.8 %	PDL Non- Preferred Generic	PA; OTC
BENZEPRO TOPICAL TOWELETTE 6 %	Non-PDL Generic	
<i>benzoyl peroxide topical cleanser 10 %, 5 %, 6 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide topical cleanser 7 %</i>	Non-PDL Generic	
<i>benzoyl peroxide topical foam 9.8 %</i>	Non-PDL Generic	
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	PDL Preferred Generic	OTC
<i>benzoyl peroxide topical lotion 10 %, 5 %</i>	PDL Preferred Generic	OTC

Drug	Status	Notes
BP WASH TOPICAL CLEANSER 10 %, 5 %	PDL Preferred Generic	OTC
BP WASH TOPICAL CLEANSER 2.5 %	PDL Non-Preferred Brand	PA; OTC
BPO TOPICAL GEL 4 %	PDL Preferred Generic	OTC
BPO TOPICAL GEL 8 %	PDL Preferred Generic	
BPO TOPICAL TOWELETTE 6 %	PDL Non-Preferred Generic	PA; OTC
CALLUS REMOVER TOPICAL ADHESIVE PATCH,MEDICATED 40 %	Non-PDL Generic	OTC
CALLUS REMOVERS TOPICAL ADHESIVE PATCH,MEDICATED 40 %	Non-PDL Generic	OTC
CEM-UREA TOPICAL GEL 45 %	Non-PDL Generic	
CLEAR AWAY TOPICAL ADHESIVE PATCH,MEDICATED 40 %	Non-PDL Generic	OTC
CLEAR PORE CLEANSER-MASK TOPICAL CLEANSER 3.5 %	PDL Non-Preferred Brand	PA; OTC
CLEARASIL DAILY CLEAR(BENZOYL) TOPICAL CREAM 10 %	Non-PDL Generic	OTC
CLEARASIL ULTRA TOPICAL CREAM 10 %	Non-PDL Generic	OTC
COMPOUND W TOPICAL ADHESIVE PATCH,MEDICATED 40 %	Non-PDL Generic	OTC
COMPOUND W TOPICAL LIQUID 17 %	Non-PDL Generic	OTC
CORN REMOVER TOPICAL ADHESIVE PATCH,MEDICATED 40 %	Non-PDL Generic	OTC
CORN-CALLUS REMOVER TOPICAL LIQUID 17 %	Non-PDL Generic	OTC
CREAMY ACNE FACE TOPICAL CLEANSER 4 %	PDL Non-Preferred Generic	PA; OTC
DR SCHOLL'S CLEAR AWAY TOPICAL ADHESIVE PATCH,MEDICATED 40 %	Non-PDL Generic	OTC

Drug	Status	Notes
DUOFILM TOPICAL LIQUID 17 %	Non-PDL Generic	OTC
DURAGEL CALLUS REMOVERS TOPICAL ADHESIVE PATCH,MEDICATED 40 %	Non-PDL Generic	OTC
FOAMING ACNE FACE WASH TOPICAL CLEANSER 10 %	PDL Preferred Generic	OTC
LINTERA TOPICAL CLEANSER 10 %	PDL Preferred Generic	OTC
LIQUID CORN AND CALLUS REMOVER TOPICAL LIQUID 17 %	Non-PDL Generic	OTC
MEDIPLAST CORN-CALLUS-WART TOPICAL ADHESIVE PATCH,MEDICATED 40 %	Non-PDL Generic	OTC
PANOXYL TOPICAL CLEANSER 10 %	PDL Preferred Generic	OTC
PANOXYL TOPICAL CLEANSER 4 %	PDL Non-Preferred Generic	PA; OTC
PERSA-GEL TOPICAL GEL 10 %	PDL Preferred Generic	OTC
PLANTAR WART REMOVER TOPICAL ADHESIVE PATCH,MEDICATED 40 %	Non-PDL Generic	OTC
PODOCON TOPICAL LIQUID 25 %	Non-PDL Generic	
<i>podofilox topical gel 0.5 %</i>	Non-PDL Generic	QL (0.5 GM per 1 day)
<i>podofilox topical solution 0.5 %</i>	Non-PDL Generic	QL (0.5 ML per 1 day)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 %	Non-PDL Generic	
<i>salicylic acid topical cream 6 %</i>	Non-PDL Generic	
<i>salicylic acid topical cream,extended release 6 %</i>	Non-PDL Generic	
<i>salicylic acid topical film forming liquid w/appl 27.5 %</i>	Non-PDL Generic	
<i>salicylic acid topical gel 6 %</i>	Non-PDL Generic	
<i>salicylic acid topical liquid 26 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>salicylic acid topical lotion 6 %</i>	Non-PDL Generic	
<i>salicylic acid topical lotion,extended release 6 %</i>	Non-PDL Generic	
<i>salicylic acid topical shampoo 6 %</i>	Non-PDL Generic	
<i>salicylic acid-ceramides no.1 topical kit,cleanser and cream er 6 %</i>	Non-PDL Generic	
SALYNTRA TOPICAL GEL 6 %	Non-PDL Generic	
<i>silver nitrate applicators topical stick 75-25 %</i>	Non-PDL Generic	
<i>silver nitrate topical solution 10 %</i>	Non-PDL Generic	
UREA NAIL STICK TOPICAL SOLUTION 50 %	Non-PDL Generic	
<i>urea topical cream 39 %, 40 %, 45 %, 50 %</i>	Non-PDL Generic	
<i>urea topical foam 35 %</i>	Non-PDL Generic	
<i>urea topical gel 45 %</i>	Non-PDL Generic	
WART REMOVER TOPICAL ADHESIVE PATCH,MEDICATED 40 %	Non-PDL Generic	OTC
WART REMOVER TOPICAL LIQUID 17 %	Non-PDL Generic	OTC
Oxidizing Agents		
<i>hydrogen peroxide solution 3 %</i>	Non-PDL Generic	OTC
PEROXIDE SORE MOUTH CLEANSER MUCOUS MEMBRANE SOLUTION 1.5 %	Non-PDL Generic	OTC
PEROXYL MUCOUS MEMBRANE SOLUTION 1.5 %	Non-PDL Generic	OTC
Protectives		
4-N-1 NO RINSE WASH TOPICAL CLEANSER 1 %	Non-PDL Generic	OTC
4-N-1 NO RINSE WASH TOPICAL CREAM 1 %	Non-PDL Generic	OTC
AQUAPHOR BABY DIAPER RASH TOPICAL OINTMENT 40 %	Non-PDL Generic	OTC
<i>benzoin topical tincture</i>	Non-PDL Generic	OTC
BOUDREAUXS BUTT PASTE BARRIER TOPICAL OINTMENT 1 %	Non-PDL Generic	OTC

Drug	Status	Notes
CALASOOTHE TOPICAL CREAM IN PACKET 0.44-20.6 %	Non-PDL Brand	OTC
CALASOOTHE TOPICAL OINTMENT 0.44-20.6 %	Non-PDL Brand	OTC
CALASOOTHE TOPICAL OINTMENT IN PACKET 0.44-20.6 %	Non-PDL Generic	OTC
CALMOSEPTINE TOPICAL OINTMENT 0.44-20.6 %	Non-PDL Brand	OTC
CALPROTECT TOPICAL OINTMENT 0.44-20.6 %	Non-PDL Generic	OTC
COOL BOTTOMS TOPICAL CREAM 1 %	Non-PDL Generic	OTC
DERMASEPTIN TOPICAL OINTMENT 0.5-20.65 %	Non-PDL Generic	OTC
DIAPER RASH TOPICAL OINTMENT 40 %	Non-PDL Generic	OTC
DIAPER RASH TOPICAL PASTE 40 %	Non-PDL Generic	OTC
DR. SMITH'S DIAPER TOPICAL OINTMENT 10 %	Non-PDL Generic	OTC
ENDIT (ZINC OXIDE) TOPICAL OINTMENT 20 %	Non-PDL Generic	OTC
HYDROSEPTINE TOPICAL OINTMENT 0.44-20.6 %	Non-PDL Generic	OTC
<i>menthol-zinc oxide topical ointment 0.44-20.6 %</i>	Non-PDL Generic	OTC
MOISTURE BARRIER OINTMENT TOPICAL OINTMENT 0.44-20.6 %	Non-PDL Generic	OTC
NEUTRAPHOR TOPICAL CREAM 1 %	Non-PDL Generic	OTC
PERIGUARD TOPICAL OINTMENT	Non-PDL Generic	OTC
PR CREAM TOPICAL CREAM	Non-PDL Generic	
PROSHIELD PLUS TOPICAL OINTMENT 1 %	Non-PDL Generic	OTC
REMEDY CALAZIME PROTECT PASTE TOPICAL PASTE 0.2-20 %, 3.5-0.2-69-16.5 %	Non-PDL Brand	OTC
RISAMINE TOPICAL OINTMENT 0.44-20.6 %	Non-PDL Generic	OTC
TRIPLE PASTE TOPICAL OINTMENT 12.8 %	Non-PDL Brand	OTC

Drug	Status	Notes
TRIPLE PASTE TOPICAL OINTMENT 40 %	Non-PDL Generic	OTC
<i>zinc oxide topical ointment , 20 %, 40 %</i>	Non-PDL Generic	OTC
ZINC-OXYDE PLUS TOPICAL OINTMENT 0.44-20 %	Non-PDL Brand	OTC
Topical Anti-Inflammatory Steroid-Local Anesthetic		
ANALPRAM-HC TOPICAL LOTION 2.5-1 %	Non-PDL Brand	
<i>hydrocortisone-pramoxine topical cream 2.5-1 %</i>	Non-PDL Generic	
<i>lidocaine hcl-hydrocortison ac topical cream 3-0.5 %</i>	Non-PDL Generic	
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 %	Non-PDL Brand	
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 %	Non-PDL Brand	
Topical Antineoplastic & Premalignant Lesion Agnts		
<i>bexarotene topical gel 1 %</i>	Non-PDL Generic	PA; SP
<i>diclofenac sodium topical gel 3 %</i>	Non-PDL Generic	
<i>fluorouracil topical cream 5 %</i>	Non-PDL Generic	
<i>fluorouracil topical solution 2 %, 5 %</i>	Non-PDL Generic	
PANRETIN TOPICAL GEL 0.1 %	Non-PDL Brand	SP; QL (60 GM per 28 days)
VALCHLOR TOPICAL GEL 0.016 %	Non-PDL Brand	PA; SP
Topical Local Anesthetics		
ANLIDO TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ASPERCREME (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ASPERFLEX (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
BLUE-EMU LIDOCAINE PATCH TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
DERMACINRX LIDOCAINE TOPICAL CREAM 3 %	Non-PDL Generic	OTC

Drug	Status	Notes
DERMACINRX LIDOCAN TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>dibucaine topical ointment 1 %</i>	Non-PDL Generic	OTC
<i>ethyl chloride topical aerosol,spray 100 %</i>	Non-PDL Generic	
HEMORRHOIDAL-ANALGESIC TOPICAL OINTMENT 1 %	Non-PDL Generic	OTC
LIDO KING TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
<i>lidocaine hcl topical cream 3 %</i>	Non-PDL Generic	
LIDOCAINE PAIN RELIEF TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
<i>lidocaine topical adhesive patch,medicated 4 %</i>	Non-PDL Generic	OTC; QL (30 EA per 30 days)
<i>lidocaine topical adhesive patch,medicated 5 %</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>lidocaine topical ointment 5 %</i>	Non-PDL Generic	QL (240 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	Non-PDL Generic	
LIDOCAN III TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
LIDOCAN IV TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
LIDOCAN V TOPICAL ADHESIVE PATCH,MEDICATED 5 %	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
LIDOCARE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOCORE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOFOR TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOGUARD TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
LIDOTRODE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)

Drug	Status	Notes
LIDOZO TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
NEUROCAINE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
RE-LIEVED LIDOCAINE TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
SALONPAS (LIDOCAINE) TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ULTRA LIDO GEL TOPICAL ADHESIVE PATCH,MEDICATED 4 %	Non-PDL Generic	OTC; QL (30 EA per 30 days)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 %	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Dermatology - Pigmentation Disorders		
Hypopigmentation Agents		
<i>hydroquinone topical cream 4 %</i>	Non-PDL Generic	
OBAGI ELASTIDERM TOPICAL CREAM 4 %	Non-PDL Generic	
OBAGI NU-DERM BLENDER TOPICAL CREAM 4 %	Non-PDL Generic	
OBAGI NU-DERM CLEAR TOPICAL CREAM 4 %	Non-PDL Generic	
Dermatology - Psoriasis/Eczema		
Antipsoriatic Agents, Systemic		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	Non-PDL Generic	
BIMZELX AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 160 MG/ML, 320 MG/2 ML	PDL Non-Preferred Brand	PA; SP
BIMZELX SUBCUTANEOUS SYRINGE 160 MG/ML, 320 MG/2 ML	PDL Non-Preferred Brand	PA; SP
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML	PDL Non-Preferred Brand	PA; SP
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PDL Non-Preferred Brand	PA; SP
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
COSENTYX UNOREADY PEN SUBCUTANEOUS PEN INJECTOR 300 MG/2 ML	PDL Non-Preferred Brand	PA; SP
<i>methoxsalen oral capsule, liqd-filled, rapid rel 10 mg</i>	Non-PDL Generic	
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML	PDL Non-Preferred Brand	PA; SP
SKYRIZI SUBCUTANEOUS PEN INJECTOR 150 MG/ML	PDL Non-Preferred Brand	PA; SP
SKYRIZI SUBCUTANEOUS SYRINGE 150 MG/ML	PDL Non-Preferred Brand	PA; SP
SOTYKTU ORAL TABLET 6 MG	PDL Non-Preferred Brand	PA; SP
SPEVIGO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML	PDL Non-Preferred Brand	PA; SP
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML	PDL Non-Preferred Brand	PA; SP
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 20 MG/0.25 ML, 40 MG/0.5 ML, 80 MG/ML	PDL Non-Preferred Brand	PA; SP
Antipsoriatics Agents		
<i>calcipotriene scalp solution 0.005 %</i>	Non-PDL Generic	
<i>calcipotriene topical cream 0.005 %</i>	Non-PDL Generic	
<i>calcipotriene topical ointment 0.005 %</i>	Non-PDL Generic	
<i>calcitriol topical ointment 3 mcg/gram</i>	Non-PDL Generic	

Drug	Status	Notes
DRITHOCREME HP TOPICAL CREAM 1 %	Non-PDL Brand	
<i>tazarotene topical cream 0.1 %</i>	PDL Non-Preferred Generic	PA
<i>tazarotene topical gel 0.05 %, 0.1 %</i>	PDL Non-Preferred Generic	PA; Age (Max 39 Years)
II-23 Receptor Antagonist, Monoclonal Antibody		
OMVOH PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	PDL Non-Preferred Brand	PA; SP
OMVOH SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML (100 MG/ML X 2)	PDL Non-Preferred Brand	PA; SP
SKYRIZI SUBCUTANEOUS WEARABLE INJECTOR 180 MG/1.2 ML (150 MG/ML), 360 MG/2.4 ML (150 MG/ML)	PDL Non-Preferred Brand	PA; SP
TREMFYA ONE-PRESS SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML	PDL Non-Preferred Brand	PA; SP
TREMFYA PEN INDUCTION PK(2PEN) SUBCUTANEOUS PEN INJECTOR 200 MG/2 ML	PDL Non-Preferred Brand	PA; SP
TREMFYA PEN SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 200 MG/2 ML	PDL Non-Preferred Brand	PA; SP
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML, 200 MG/2 ML	PDL Non-Preferred Brand	PA; SP
Topical Immunosuppressive Agents		
<i>tacrolimus topical ointment 0.03 %, 0.1 %</i>	Non-PDL Generic	Age (Min 2 Years)
Topical Vit D Analog/Antiinflammatory, Steroidal		
<i>calcipotriene-betamethasone topical ointment 0.005-0.064 %</i>	Non-PDL Generic	
Diabetes		
Antihypergly, (Dpp-4) Inhibitor & Biguanide Comb.		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)

Drug	Status	Notes
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG	PDL Preferred Brand	QL (1 EA per 1 day)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG, 50-500 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 5-1,000 MG	PDL Preferred Brand	QL (1 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 2.5-1,000 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>saxagliptin-metformin oral tablet, er multiphase 24 hr 5-1,000 mg, 5-500 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>sitagliptin-metformin oral tablet 50-1,000 mg, 50-500 mg</i>	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZITUVIMET ORAL TABLET 50-1,000 MG, 50-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
ZITUVIMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Antihypergly,Dpp-4 Enzyme Inhib &Thiazolidinedione		
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Antihypergly,Incretin Mimetic(Glp-1 Recep.Agonist)		
<i>exenatide subcutaneous pen injector 10 mcg/dose(250 mcg/ml) 2.4 ml, 5 mcg/dose (250 mcg/ml) 1.2 ml</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>liraglutide subcutaneous pen injector 0.6 mg/0.1 ml (18 mg/3 ml)</i>	PDL Non-Preferred Generic	PA
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	PDL Non-Preferred Brand	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/3 ML), 1 MG/DOSE (4 MG/3 ML), 2 MG/DOSE (8 MG/3 ML)	PDL Preferred Brand	PA
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	PDL Non-Preferred Brand	PA
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML	PDL Preferred Brand	PA
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred Brand	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML)	PDL Preferred Brand	PA
Antihyperglycemic-Sod/Gluc Cotransport2(Sglt2)Inhib		
<i>dapagliflozin oral tablet 10 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
FARXIGA ORAL TABLET 10 MG, 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
INPEFA ORAL TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INPEFA ORAL TABLET 400 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
INVOKANA ORAL TABLET 100 MG, 300 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	PDL Preferred Brand	QL (1 EA per 1 day)
STEGLATRO ORAL TABLET 15 MG, 5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Antihyperglycemic - Incretin Mimetics Combination		
MOUNJARO SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	PDL Non-Preferred Brand	PA
Antihyperglycemic, Alpha-Glucosidase Inhib (N-S)		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PDL Non-Preferred Generic	PA
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA
Antihyperglycemic, Dpp-4 Inhibitors		
<i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
BRYNOVIN ORAL SOLUTION 25 MG/ML	PDL Non-Preferred Brand	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	PDL Preferred Brand	QL (1 EA per 1 day)
<i>saxagliptin oral tablet 2.5 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>sitagliptin oral tablet 100 mg, 25 mg, 50 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
TRADJENTA ORAL TABLET 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperglycemic, Insulin-Release Stimulant Type		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	Non-PDL Generic	90 DS
<i>glipizide oral tablet 10 mg, 5 mg</i>	Non-PDL Generic	90 DS

Drug	Status	Notes
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	Non-PDL Generic	90 DS
<i>glyburide micronized oral tablet 1.5 mg</i>	Non-PDL Generic	90 DS
<i>glyburide micronized oral tablet 3 mg, 6 mg</i>	Non-PDL Generic	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	Non-PDL Generic	90 DS
<i>nateglinide oral tablet 120 mg, 60 mg</i>	Non-PDL Generic	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	Non-PDL Generic	
Antihyperglycemic, Insulin-Response Enhancer (N-S)		
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	PDL Preferred Generic	90 DS
Antihyperglycemic, SglT-2 & Dpp-4 Inhibitor Comb.		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Antihyperglycemic,Biguanide Type(Non-Sulfonylurea)		
<i>metformin oral solution 500 mg/5 ml</i>	Non-PDL Generic	PA; QL (20 ML per 1 day)
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	Non-PDL Generic	90 DS
<i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i>	Non-PDL Generic	90 DS
Antihyperglycemic,Insulin & Glp-1 Receptor Agonist		
SOLQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML	PDL Non-Preferred Brand	PA; QL (15 ML per 25 days)
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN 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		

Drug	Status	Notes
<i>glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	Non-PDL Generic	
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	Non-PDL Generic	
<i>glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg</i>	Non-PDL Generic	90 DS
Antihyperglycemic, Insulin-Response & Release Comb.		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Antihyperglycemic-Glucocorticoid Receptor Blocker		
<i>mifepristone oral tablet 300 mg</i>	Non-PDL Generic	PA; SP
Antihyperglycemic-Sglt2 Inhibitor & Biguanide Comb		
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 10-1,000 mg, 10-500 mg, 5-500 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>dapagliflozin-metformin oral tablet, ir - er, biphasic 24hr 5-1,000 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG	PDL Preferred Brand	QL (2 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 25-1,000 MG	PDL Preferred Brand	QL (1 EA per 1 day)
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-1,000 MG, 5-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-500 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG	PDL Preferred Brand	QL (2 EA per 1 day)
Antihyperglycm,Insul-Resp.Enhancer & Biguanide Cmb		
ACTOPLUS MET ORAL TABLET 15-850 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
<i>pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
Antihypergly-Sglt-2 Inhib,Dpp-4 Inhib,Biguanide Cb		
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 25-5-1,000 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 12.5-2.5-1,000 MG, 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 STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
ACCU-CHEK GUIDE TEST STRIPS STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
ACCU-CHEK SMARTVIEW TEST STRIP STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
ACCUTREND GLUCOSE TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ADVANCED GLUC METER TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ADVOCATE REDI-CODE PLUS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
AGAMATRIX AMP TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
AGAMATRIX JAZZ TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
AGAMATRIX PRESTO TEST STRIPS STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
ASSURE 4 STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ASSURE PLATINUM TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ASSURE PRISM MULTI STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ASSURE TITANIUM TEST STRIP STRIP	Non-PDL Brand	QL (200 EA per 30 days)
BIONIME RIGHTEST TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
BLOOD GLUCOSE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
BLULINK GLUCOSE TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CARESENS N TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CARESENS S TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CARETOUCH TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CHOICEDM CLARUS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE MICRO TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE PRO STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE TALK TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CLEVER CHOICE VOICE PLUS TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
CONTOUR NEXT TEST STRIPS STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
CONTOUR PLUS TEST STRIP STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)
CONTOUR TEST STRIPS STRIP	PDL Preferred Brand	OTC; QL (200 EA per 30 days)

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

Drug	Status	Notes
EVENCARE PROVIEW TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EVENCARE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EVOLUTION TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EZ SMART PLUS TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
EZ SMART TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA 6 CONNECT GLUCOSE STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA 6CONN-GTEL-TN'G ADV STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA D40-G31 TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA G20 STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
FORA GD50 TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA GTEL GLUCOSE TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA TN'G ADVAN PRO TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA TN'G VOICE TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA V10 STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORA V10-V12-D10-D20 STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORACARE GD20 STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FORACARE GD40 TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
FREESTYLE INSULINX STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
FREESTYLE INSULINX TEST STRIPS STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)

Drug	Status	Notes
FREESTYLE LITE STRIPS STRIP	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 STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
GE100 BLOOD GLUCOSE TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GE333 BLOOD GLUCOSE TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GLUCO NAVII TEST STRIP 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 STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
GLUCOCARD SHINE TEST STRIPS STRIP	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 STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GLUCOCOM GLUCOSE STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GM100 STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
HARMONY GLUCOSE TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
HEALTHPRO TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
IHEALTH GLUCOSE TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
INFINITY TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
MICRO BLOOD GLUCOSE STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
MICRODOT BLOOD GLUCOSE SYSTEM STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
MICRODOT XTRA BLOOD GLUCOSE STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
MYGLUCOHEALTH STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
NEUTEK 2TEK TEST STRIPS STRIP	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)
ON CALL EXPRESS TEST STRIP 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)
ONETOUCH VERIO TEST STRIPS STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
OPTIUM EZ STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PHARMACIST CHOICE STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PLATINUM TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PRECISION PCX PLUS TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PRECISION POINT OF CARE TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PRECISION XTRA TEST STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
PREMIER TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PREMIUM V10 STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PRO VOICE V8-V9 TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
PRODIGY NO CODING STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
QUINTET AC STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
QUINTET GLUCOSE TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
REFUAH PLUS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RELION CONFIRM-MICRO STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RELION PRIME TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RELION ULTIMA STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
REVEAL TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RIGHTEST GS550 TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
RIGHTEST GT333 TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
SMART SENSE TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
SMARTEST TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
SOLUS V2 TEST STRIPS STRIP	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)
TELCARE TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
TEST N'GO TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
TRUE METRIX GLUCOSE TEST STRIP STRIP	PDL Non-Preferred Brand	PA; OTC; QL (200 EA per 30 days)
TRUETEST TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
TRUETRACK TEST STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ULTIMA TEST STRIPS STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ULTRATRAK STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
ULTRATRAK ULTIMATE STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
UNISTRIPI1 TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
VIVAGUARD INO TEST STRIP STRIP	Non-PDL Brand	OTC; QL (200 EA per 30 days)
Diabetic Supplies		

Drug	Status	Notes
ACCU-CHEK AVIVA CONTROL SOLN SOLUTION	Non-PDL Brand	OTC
ACCU-CHEK FASTCLIX LANCING DEV KIT	Non-PDL Brand	OTC
ACCU-CHEK GUIDE GLUCOSE METER	PDL Preferred Brand	OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR	PDL Preferred Brand	OTC
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION	Non-PDL Brand	OTC
ACCU-CHEK SOFT DEV LANCETS KIT	Non-PDL Brand	OTC
ADJUSTABLE LANCING DEVICE	Non-PDL Brand	OTC
ADVANCED LANCING DEVICE KIT	Non-PDL Brand	OTC
ADVOCATE LANCING DEVICE	Non-PDL Brand	OTC
AGAMATRIX PRESTO SYSTEM	PDL Non-Preferred Brand	PA; OTC
ALTERNATE SITE LANCING DEVICE	Non-PDL Brand	OTC
AQUA LANCE LANCING DEVICE	Non-PDL Brand	OTC
AUTOLET IMPRESSION LANC DEV KIT	Non-PDL Brand	OTC
AUTOLET LANCING DEVICE	Non-PDL Brand	OTC
AUTOLET LITE	Non-PDL Brand	OTC
CAREONE LANCING DEVICE	Non-PDL Brand	OTC
CARETOUCH LANCING DEVICE	Non-PDL Brand	OTC
CHOSEN LANCING DEVICE	Non-PDL Brand	OTC
CONTOUR METER	PDL Preferred Brand	OTC

Drug	Status	Notes
CONTOUR NEXT EZ METER	PDL Preferred Brand	OTC
CONTOUR NEXT GEN METER	PDL Non-Preferred Brand	PA; OTC
CONTOUR NEXT GEN METER KIT	PDL Non-Preferred Brand	PA; OTC
CONTOUR NEXT GLUCOSE METER KIT	PDL Preferred Brand	OTC
CONTOUR NEXT METER	PDL Non-Preferred Brand	PA; OTC
CONTOUR NEXT ONE METER	PDL Preferred Brand	OTC
CONTOUR NEXT ONE METER KIT	PDL Preferred Brand	OTC
CONTOUR PLUS BLUE METER	PDL Preferred Brand	OTC
DEXCOM G6 RECEIVER	PDL Preferred Brand	QL (1 EA per 365 days)
DEXCOM G6 SENSOR DEVICE	PDL Preferred Brand	QL (3 EA per 30 days)
DEXCOM G6 TRANSMITTER DEVICE	PDL Preferred Brand	QL (1 EA per 90 days)
DEXCOM G7 15 DAY SENSOR DEVICE	PDL Preferred Brand	
DEXCOM G7 RECEIVER	PDL Preferred Brand	QL (1 EA per 365 days)
DEXCOM G7 SENSOR DEVICE	PDL Preferred Brand	
DROPLET GENTEEL LANCING DEVICE	Non-PDL Brand	OTC

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

Drug	Status	Notes
FREESTYLE LITE METER KIT	PDL Non-Preferred Brand	PA; OTC
FREESTYLE PRECISION NEO METER	Non-PDL Brand	OTC
GLUCOCARD EXPRESSION	PDL Non-Preferred Brand	PA; OTC
GLUCOCARD EXPRESSION KIT	PDL Non-Preferred Brand	PA; OTC
GLUCOCARD SHINE METER	PDL Non-Preferred Brand	PA; OTC
GLUCOCARD SHINE METER KIT KIT	PDL Non-Preferred Brand	PA; OTC
GLUCOCARD SHINE XL METER	PDL Non-Preferred Brand	PA; OTC
GOJJI LANCING DEVICE	Non-PDL Brand	OTC
GUARDIAN LINK 3 TRANSMITTER DEVICE	Non-PDL Brand	PA
GUARDIAN SENSOR 3 DEVICE	Non-PDL Brand	PA
HYPOLANCE AST LANCING KIT	Non-PDL Brand	OTC
INCONTROL LANCING DEVICE	Non-PDL Brand	OTC
<i>lancing device</i>	Non-PDL Brand	OTC
LANCING DEVICE WITH LANCETS	Non-PDL Brand	OTC
<i>lancing device with lancets kit</i>	Non-PDL Brand	OTC
LANCING SYSTEM	Non-PDL Brand	OTC
LANZO LANCING DEVICE KIT	Non-PDL Brand	OTC
MICROLET 2 LANCING DEVICE KIT	Non-PDL Brand	OTC
MICROLET NEXT LANCING DEVICE KIT	Non-PDL Brand	OTC

Drug	Status	Notes
MINI LANCING DEVICE	Non-PDL Brand	OTC
MULTI-LANCET DEVICE 2 KIT	Non-PDL Brand	OTC
OMNIPOD 5 G6-G7 INTRO KT(GEN5) SUBCUTANEOUS CARTRIDGE	Non-PDL Brand	PA
OMNIPOD 5 G6-G7 PODS (GEN 5) SUBCUTANEOUS CARTRIDGE	Non-PDL Brand	PA
OMNIPOD DASH INTRO KIT (GEN 4) SUBCUTANEOUS CARTRIDGE	Non-PDL Brand	PA
OMNIPOD DASH PDM KIT (GEN 4)	Non-PDL Brand	PA
OMNIPOD DASH PODS (GEN 4) SUBCUTANEOUS CARTRIDGE	Non-PDL Brand	PA
ON CALL LANCING DEVICE	Non-PDL Brand	OTC
ONETOUCH DELICA PLUS LANC DEV KIT	Non-PDL Brand	OTC
ONETOUCH ULTRA2 METER	PDL Non-Preferred Brand	PA; OTC
ONETOUCH VERIO FLEX METER	PDL Non-Preferred Brand	PA; OTC
PRECISION XTRA MONITOR	PDL Non-Preferred Brand	PA; OTC
PRODIGY AUTOCODE METER KIT	PDL Non-Preferred Brand	PA; OTC
PRODIGY LANCING DEVICE	Non-PDL Brand	OTC
PRODIGY POCKET METER KIT	PDL Non-Preferred Brand	PA; OTC
PRODIGY VOICE GLUCOSE METER KIT	PDL Non-Preferred Brand	PA; OTC
RELIAMED MINI LANCING DEVICE	Non-PDL Brand	OTC
RIGHTTEST GD500 LANCING DEVICE	Non-PDL Brand	OTC
SMARTDIABETES VANTAGE	Non-PDL Brand	OTC

Drug	Status	Notes
SOLUS V2 LANCING DEVICE KIT	Non-PDL Brand	OTC
SURE COMFORT LANCING PEN	Non-PDL Brand	OTC
SUREFLEX DEVICE WITH LANCETS KIT	Non-PDL Brand	OTC
SUREFLEX LANCING DEVICE	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 KIT	PDL Non-Preferred Brand	PA; OTC
TRUE METRIX GLUCOSE METER	PDL Non-Preferred Brand	PA; OTC
TRUE METRIX LEVEL 1 SOLUTION	Non-PDL Brand	OTC
TRUE METRIX LEVEL 2 SOLUTION	Non-PDL Brand	OTC
TRUE METRIX LEVEL 3 SOLUTION	Non-PDL Brand	OTC
TRUEDRAW LANCING DEVICE	Non-PDL Brand	OTC
ULTI-LANCE	Non-PDL Brand	OTC
ULTI-LANCE KIT	Non-PDL Brand	OTC
UNISTIK 2 DEVICE KIT	Non-PDL Brand	OTC
VIVAGUARD LANCING DEVICE	Non-PDL Brand	OTC
Hyperglycemics		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION	PDL Preferred Brand	QL (4 EA per 1 FILL)
<i>diazoxide oral suspension 50 mg/ml</i>	PDL Non-Preferred Generic	PA
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG	Non-PDL Generic	QL (4 EA per 1 FILL)

Drug	Status	Notes
GLUCOSE GEL ORAL GEL 40 %	Non-PDL Generic	
<i>glucose oral tablet, chewable 4 gram</i>	Non-PDL Generic	
GLUTOSE-15 ORAL GEL 40 %	Non-PDL Generic	
GLUTOSE-45 ORAL GEL 40 %	Non-PDL Generic	
GLUTOSE-5 ORAL GEL 40 %	Non-PDL Generic	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	PDL Non- Preferred Brand	PA; QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 1-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	PDL Non- Preferred Brand	PA; QL (0.8 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 0.5 MG/0.1 ML	PDL Non- Preferred Brand	PA; QL (0.4 ML per 1 FILL)
GVOKE HYOPEN 2-PACK SUBCUTANEOUS AUTO-INJECTOR 1 MG/0.2 ML	PDL Non- Preferred Brand	PA; QL (0.8 ML per 1 FILL)
GVOKE PFS 1-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	PDL Non- Preferred Brand	PA; QL (0.8 ML per 1 FILL)
GVOKE PFS 2-PACK SYRINGE SUBCUTANEOUS SYRINGE 1 MG/0.2 ML	PDL Non- Preferred Brand	PA; QL (0.8 ML per 1 FILL)
GVOKE SUBCUTANEOUS SOLUTION 1 MG/0.2 ML	PDL Non- Preferred Brand	PA; QL (0.8 ML per 1 FILL)
PROGLYCEM ORAL SUSPENSION 50 MG/ML	PDL Preferred Brand	
TRUEPLUS GLUCOSE ORAL GEL IN PACKET 15 GRAM/32 ML	Non-PDL Generic	
ZEGALOGUE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 0.6 MG/0.6 ML	PDL Preferred Brand	QL (2.4 ML per 1 FILL)
ZEGALOGUE SYRINGE SUBCUTANEOUS SYRINGE 0.6 MG/0.6 ML	PDL Preferred Brand	QL (2.4 ML per 1 FILL)
Insulins		

Drug	Status	Notes
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90)	PDL Non-Preferred Brand	PA
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
BASAGLAR TEMPO PEN(U-100)INSLN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
FIASP PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
FIASP PUMPCART SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (1.6 ML)	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML	PDL Preferred Brand	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PDL Preferred Brand	QL (30 ML per 28 days)
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 FILLS)

Drug	Status	Notes
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50)	PDL Preferred Brand	QL (30 ML per 28 FILLs)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25)	PDL Preferred Brand	QL (30 ML per 28 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25)	PDL Preferred Brand	QL (40 ML per 28 FILLs)
HUMALOG TEMPO PEN(U-100)INSULN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	PDL Non- Preferred Brand	PA; QL (30 ML per 28 days)
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	PDL Preferred Brand	QL (30 ML per 28 FILLs)
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	PDL Preferred Brand	OTC; QL (40 ML per 28 FILLs)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	PDL Preferred Brand	OTC; QL (30 ML per 28 FILLs)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non- Preferred Brand	PA; OTC; QL (30 ML per 28 FILLs)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	PDL Preferred Brand	OTC; QL (40 ML per 28 FILLs)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML)	PDL Preferred Brand	QL (24 ML per 28 FILLs)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	PDL Preferred Brand	QL (40 ML per 28 days)

Drug	Status	Notes
<i>insulin aspart u-100 subcutaneous cartridge 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous insulin pen 100 unit/ml (3 ml)</i>	PDL Preferred Brand	QL (30 ML per 28 days)
<i>insulin aspart u-100 subcutaneous solution 100 unit/ml</i>	PDL Preferred Brand	QL (40 ML per 28 days)
<i>insulin degludec subcutaneous insulin pen 100 unit/ml (3 ml)</i>	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
<i>insulin degludec subcutaneous insulin pen 200 unit/ml (3 ml)</i>	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)
<i>insulin degludec subcutaneous solution 100 unit/ml</i>	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (1.5 ml)</i>	PDL Non-Preferred Brand	PA; QL (13.5 ML per 28 days)
<i>insulin glargine u-300 conc subcutaneous insulin pen 300 unit/ml (3 ml)</i>	PDL Non-Preferred Brand	PA; QL (18 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous insulin pen 100 unit/ml (3 ml)</i>	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
<i>insulin glargine-yfgn subcutaneous solution 100 unit/ml</i>	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	PDL Non-Preferred Brand	PA; QL (30 ML per 28 FILLs)
<i>insulin lispro subcutaneous insulin pen 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 FILLs)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	PDL Preferred Brand	QL (30 ML per 28 FILLs)
<i>insulin lispro subcutaneous solution 100 unit/ml</i>	PDL Preferred Brand	QL (40 ML per 28 FILLs)

Drug	Status	Notes
KIRSTY PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
KIRSTY SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
LYUMJEV KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 FILLs)
LYUMJEV KWIKPEN U-200 INSULIN SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (12 ML per 28 FILLs)
LYUMJEV TEMPO PEN(U-100)INSULIN SUBCUTANEOUS INSULIN PEN, SENSOR 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
LYUMJEV U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 FILLs)
MERIOLOG SOLOSTAR SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA
MERIOLOG SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred Brand	PA
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; OTC; QL (40 ML per 28 days)
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML	PDL Preferred Brand	OTC; QL (40 ML per 28 days)

Drug	Status	Notes
NOVOLIN R FLEXPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; OTC; QL (30 ML per 28 days)
NOVOLIN R REGULAR U100 INSULIN INJECTION SOLUTION 100 UNIT/ML	PDL Preferred Brand	OTC; QL (40 ML per 28 days)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Preferred Brand	QL (30 ML per 28 days)
NOVOLOG MIX 70-30 U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (40 ML per 28 days)
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30)	PDL Preferred Brand	QL (30 ML per 28 days)
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML	PDL Preferred Brand	QL (30 ML per 28 days)
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Preferred Brand	QL (40 ML per 28 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
SEMGLEE(INSULIN GLARGINE-YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 days)
SEMGLEE(INSULIN GLARG-YFGN)PEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 days)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 FILLS)
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML)	PDL Non-Preferred Brand	PA; QL (13.5 ML per 28 FILLS)
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (30 ML per 28 FILLS)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML)	PDL Non-Preferred Brand	PA; QL (18 ML per 28 FILLS)

Drug	Status	Notes
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML	PDL Non-Preferred Brand	PA; QL (40 ML per 28 FILLs)
Ear - General Disorders		
Ear Preparations Anti-Inflammatory		
<i>fluocinolone acetonide oil otic (ear) drops 0.01 %</i>	Non-PDL Generic	
Ear Preparations, Misc. Anti-Infectives		
<i>acetic acid otic (ear) solution 2 %</i>	Non-PDL Generic	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	Non-PDL Generic	
Ear Preparations, Antibiotics		
<i>ciprofloxacin hcl otic (ear) dropperette 0.2 %</i>	PDL Non-Preferred Generic	PA
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML	PDL Non-Preferred Brand	PA
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	PDL Preferred Generic	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	PDL Preferred Generic	
<i>ofloxacin otic (ear) drops 0.3 %</i>	PDL Preferred Generic	90 DS
Ear Preparations, Ear Wax Removers		
CLEARCANAL EARWAX SOFTENER OTIC (EAR) DROPS 6.5 %	Non-PDL Generic	OTC
CLINERE EAR WAX REMOVAL OTIC (EAR) DROPS 6.5 %	Non-PDL Generic	OTC
DEBROX OTIC (EAR) DROPS 6.5 %	Non-PDL Generic	OTC
EAR DROPS (CARBAMIDE PEROXIDE) OTIC (EAR) DROPS 6.5 %	Non-PDL Generic	OTC
EAR WAX REMOVAL DROPS OTIC (EAR) DROPS 6.5 %	Non-PDL Generic	OTC
EAR WAX REMOVAL KIT OTIC (EAR) DROPS 6.5 %	Non-PDL Generic	OTC
Otic Preparations, Anti-Inflammatory-Antibiotics		

Drug	Status	Notes
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 %	PDL Preferred Brand	
<i>ciprofloxacin-dexamethasone otic (ear) drops,suspension 0.3-0.1 %</i>	PDL Preferred Generic	
<i>ciprofloxacin-fluocinolone otic (ear) solution 0.3-0.025 % (0.25 ml)</i>	PDL Non- Preferred Generic	PA
Electrolyte Regulation		
Electrolyte Depleters		
AURYXIA ORAL TABLET 210 MG IRON	PDL Non- Preferred Brand	PA; QL (12 EA per 1 day)
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	PDL Preferred Generic	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	PDL Preferred Generic	
FOSRENOL ORAL POWDER IN PACKET 1,000 MG, 750 MG	PDL Non- Preferred Brand	PA; QL (3 EA per 1 day)
FOSRENOL ORAL TABLET,CHEWABLE 1,000 MG, 500 MG, 750 MG	PDL Non- Preferred Brand	PA
KIONEX ORAL SUSPENSION 15 GRAM/60 ML	Non-PDL Generic	
<i>lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg</i>	PDL Non- Preferred Generic	PA
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM	PDL Non- Preferred Brand	PA
RENVELA ORAL TABLET 800 MG	PDL Non- Preferred Brand	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	PDL Preferred Generic	
<i>sevelamer carbonate oral tablet 800 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PDL Non-Preferred Generic	PA
<i>sodium polystyrene sulfonate oral powder 15 gram</i>	Non-PDL Generic	
<i>sodium polystyrene sulfonate oral suspension 15 gram/60 ml</i>	Non-PDL Generic	
SPS (WITH SORBITOL) ORAL SUSPENSION 15-20 GRAM/60 ML	Non-PDL Generic	
VELPHORO ORAL TABLET,CHEWABLE 500 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
XPHOZAH ORAL TABLET 20 MG, 30 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Electrolyte Maintenance		
<i>electrolytes-dextrose oral solution</i>	Non-PDL Generic	
ENFAMIL ENFALYTE ORAL SOLUTION	Non-PDL Brand	
HYDRALYTE ORAL SOLUTION	Non-PDL Generic	
KINDERLYTE ORAL SOLUTION	Non-PDL Brand	
ORALYTE ORAL SOLUTION	Non-PDL Generic	
PEDIALYTE ADVANCED CARE ORAL SOLUTION	Non-PDL Brand	
PEDIALYTE ADVANCED CARE PLUS ORAL SOLUTION	Non-PDL Brand	
PEDIALYTE FREEZER POPS ORAL SOLUTION	Non-PDL Brand	
PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION	Non-PDL Brand	
PEDIALYTE ORAL SOLUTION	Non-PDL Brand	
PEDIALYTE SINGLES ORAL SOLUTION	Non-PDL Brand	
PEDIATRIC ELECTROLYTE ORAL SOLUTION	Non-PDL Generic	
TRUELYTE ADVANCED HYDRATION ORAL SOLUTION	Non-PDL Brand	
Potassium Replacement		

Drug	Status	Notes
EFFER-K ORAL TABLET, EFFERVESCENT 25 MEQ	Non-PDL Generic	
KLOR-CON M10 ORAL TABLET,ER PARTICLES/CRYSTALS 10 MEQ	Non-PDL Generic	90 DS
KLOR-CON M15 ORAL TABLET,ER PARTICLES/CRYSTALS 15 MEQ	Non-PDL Generic	
KLOR-CON M20 ORAL TABLET,ER PARTICLES/CRYSTALS 20 MEQ	Non-PDL Generic	90 DS
<i>potassium chloride oral capsule, extended release 10 meq</i>	Non-PDL Generic	90 DS
<i>potassium chloride oral capsule, extended release 8 meq</i>	Non-PDL Generic	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	Non-PDL Generic	
<i>potassium chloride oral packet 20 meq</i>	Non-PDL Generic	
<i>potassium chloride oral tablet extended release 10 meq</i>	Non-PDL Generic	90 DS
<i>potassium chloride oral tablet extended release 20 meq, 8 meq</i>	Non-PDL Generic	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	Non-PDL Generic	90 DS
<i>potassium chloride oral tablet,er particles/crystals 15 meq</i>	Non-PDL Generic	
Sodium/Saline Preparations		
BD POSIFLUSH NORMAL SALINE 0.9 INJECTION SYRINGE	Non-PDL Generic	
NORMAL SALINE FLUSH INJECTION SYRINGE	Non-PDL Generic	
<i>sodium chlor 0.9% bacteriostat injection solution 0.9 %</i>	Non-PDL Generic	
<i>sodium chloride 0.45 % intravenous parenteral solution 0.45 %</i>	Non-PDL Generic	
<i>sodium chloride 0.9 % (flush) injection syringe</i>	Non-PDL Generic	
<i>sodium chloride 0.9 % injection solution</i>	Non-PDL Generic	
<i>sodium chloride 0.9 % intravenous parenteral solution</i>	Non-PDL Generic	
<i>sodium chloride 0.9 % intravenous piggyback</i>	Non-PDL Generic	
<i>sodium chloride injection syringe 0.9 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>sodium chloride tablet, soluble 1,000 mg</i>	Non-PDL Generic	OTC
Endocrine Disorder - Fertility		
Drugs To Treat Impotency		
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Non-PDL Generic	PA; SP; QL (1 EA per 1 day)
VIAGRA ORAL TABLET 100 MG, 25 MG, 50 MG	Non-PDL Brand	SP; QL (1 EA per 5 days)
Fertility Stimulating Preparations, Non-Fsh		
CLOMID ORAL TABLET 50 MG	Non-PDL Brand	SP
<i>clomiphene citrate oral tablet 50 mg</i>	Non-PDL Generic	SP
MILOPHENE ORAL TABLET 50 MG	Non-PDL Generic	SP
Follicle Stim./Luteinizing Hormones		
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT	Non-PDL Brand	SP
Follicle-Stimulating Hormone (Fsh)		
FOLLISTIM AQ SUBCUTANEOUS CARTRIDGE 300 UNIT/0.36 ML, 600 UNIT/0.72 ML, 900 UNIT/1.08 ML	Non-PDL Brand	SP
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300 UNIT/0.48 ML, 450 UNIT/0.72 ML, 900 UNIT/1.44 ML	Non-PDL Brand	SP
GONAL-F SUBCUTANEOUS RECON SOLN 450 UNIT	Non-PDL Brand	SP
Human Chorionic Gonadotropin (Hcg)		
<i>chorionic gonadotropin, human intramuscular recon soln 10,000 unit</i>	Non-PDL Brand	SP
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT	Non-PDL Brand	SP
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML	Non-PDL Brand	SP
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT	Non-PDL Brand	SP
Pregnancy Facilitating/Maintaining Agent, Hormonal		
CRINONE VAGINAL GEL 8 %	Non-PDL Brand	SP
<i>progesterone micronized vaginal insert 100 mg</i>	Non-PDL Generic	SP
Endocrine Disorder - Other		

Drug	Status	Notes
Antidiuretic And Vasopressor Hormones		
<i>desmopressin injection solution 4 mcg/ml</i>	Non-PDL Generic	
<i>desmopressin nasal spray with pump 10 mcg/spray (0.1 ml)</i>	Non-PDL Generic	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	Non-PDL Generic	
<i>desmopressin oral tablet 0.1 mg</i>	Non-PDL Generic	90 DS
<i>desmopressin oral tablet 0.2 mg</i>	Non-PDL Generic	
Antineoplastic Lhrh(Gnrh) Agonist,Pituitary Suppr.		
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG	Non-PDL Brand	PA; SP
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Non-PDL Brand	PA; SP
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	Non-PDL Generic	PA; SP
VABRINTY (1 MONTH) SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH)	Non-PDL Brand	PA; SP
Bone Formation Stim. Agents - Parathyroid Hormone		
BONSITY SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	PDL Non-Preferred Brand	PA; SP
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (560MCG/2.24ML)	PDL Preferred Brand	SP
<i>teriparatide subcutaneous pen injector 20 mcg/dose (560mcg/2.24ml)</i>	PDL Non-Preferred Generic	PA; SP
Bone Formation Stimulating Agts - Pth Rel Peptides		
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML)	PDL Non-Preferred Brand	PA; SP
Bone Resorption Inhibitor & Vitamin D Combinations		
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)
Bone Resorption Inhibitors		

Drug	Status	Notes
ACTONEL ORAL TABLET 150 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 30 days)
ACTONEL ORAL TABLET 35 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)
<i>alendronate oral solution 70 mg/75 ml</i>	PDL Preferred Generic	QL (75 ML per 7 days)
<i>alendronate oral tablet 10 mg, 5 mg</i>	PDL Preferred Generic	
<i>alendronate oral tablet 35 mg, 70 mg</i>	PDL Preferred Generic	90 DS
ATELVIA ORAL TABLET, DELAYED RELEASE (DR/EC) 35 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 7 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 28 days)
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	PDL Preferred Generic	
EVISTA ORAL TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
FOSAMAX ORAL TABLET 70 MG	PDL Non-Preferred Brand	PA
<i>ibandronate oral tablet 150 mg</i>	PDL Preferred Generic	90 DS
<i>raloxifene oral tablet 60 mg</i>	Preventive	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER; QL (1 EA per 1 day)
<i>risedronate oral tablet 150 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 30 days)
<i>risedronate oral tablet 30 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>risedronate oral tablet 35 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
<i>risedronate oral tablet, delayed release (dr/ec) 35 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 7 days)
Calcimimetic, Parathyroid Calcium Enhancer		
<i>cinacalcet oral tablet 30 mg, 60 mg</i>	Non-PDL Generic	SP
<i>cinacalcet oral tablet 90 mg</i>	Non-PDL Generic	SP; QL (4 EA per 1 day)
SENSIPAR ORAL TABLET 30 MG, 60 MG	Non-PDL Brand	SP
SENSIPAR ORAL TABLET 90 MG	Non-PDL Brand	SP; QL (4 EA per 1 day)
Growth Hormone Receptor Antagonists		
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	Non-PDL Brand	SP
Growth Hormone Releasing Hormone (Ghrh) & Analogs		
EGRIFTA SV SUBCUTANEOUS RECON SOLN 2 MG	Non-PDL Brand	PA; SP
EGRIFTA WR SUBCUTANEOUS KIT 11.6 MG	Non-PDL Brand	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML	PDL Non-Preferred Brand	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML)	PDL Non-Preferred Brand	PA; SP
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT)	PDL Non-Preferred Brand	PA; SP
NGENLA SUBCUTANEOUS PEN INJECTOR 24 MG/1.2 ML (20 MG/ML), 60 MG/1.2 ML (50 MG/ML)	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PDL Preferred Brand	PA; SP
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PDL Non- Preferred Brand	PA; SP
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG	PDL Non- Preferred Brand	PA; SP
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG	PDL Non- Preferred Brand	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG	PDL Non- Preferred Brand	PA; SP
SOGROYA SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML)	PDL Non- Preferred Brand	PA; SP
ZOMACTON SUBCUTANEOUS RECON SOLN 10 MG, 5 MG	PDL Preferred Brand	PA; SP
Hyperparathyroid Tx Agents - Vitamin D Analog-Type		
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	Non-PDL Generic	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	Non-PDL Generic	
Insulin-Like Growth Factor-1 (Igf-1) Hormones		
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML	Non-PDL Brand	PA; SP
Leptin Hormone Analogs		
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.)	Non-PDL Brand	PA; SP
Lhrh(Gnrh) Agonist Analog Pituitary Suppressants		
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML	Non-PDL Brand	PA; SP
Lhrh(Gnrh) Antagonist, Pituitary Suppressant Agents		

Drug	Status	Notes
<i>ganirelix subcutaneous syringe 250 mcg/0.5 ml</i>	Non-PDL Brand	SP
ORLISSA ORAL TABLET 150 MG, 200 MG	Non-PDL Brand	PA
Pituitary Suppressive Agents		
<i>cabergoline oral tablet 0.5 mg</i>	Non-PDL Generic	90 DS
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	Non-PDL Generic	
Endocrine Disorder - Thyroid		
Antithyroid Preparations		
<i>methimazole oral tablet 10 mg, 5 mg</i>	Non-PDL Generic	
<i>propylthiouracil oral tablet 50 mg</i>	Non-PDL Generic	
Iodine Containing Agents		
<i>potassium iodide oral solution 1 gram/ml</i>	Non-PDL Generic	
SSKI ORAL SOLUTION 1 GRAM/ML	Non-PDL Generic	
STRONG IODINE ORAL SOLUTION 5 %	Non-PDL Generic	
Thyroid Hormones		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 60 MG	Non-PDL Brand	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG	Non-PDL Brand	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	Non-PDL Generic	90 DS
EVEXITHROID ORAL TABLET 120 MG, 15 MG, 180 MG, 30 MG, 60 MG	Non-PDL Brand	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	Non-PDL Generic	90 DS
<i>levothyroxine oral tablet 300 mcg</i>	Non-PDL Generic	
LIOMNY ORAL TABLET 25 MCG, 50 MCG	Non-PDL Generic	
LIOMNY ORAL TABLET 5 MCG	Non-PDL Generic	90 DS

Drug	Status	Notes
<i>liothyronine oral tablet 25 mcg, 50 mcg</i>	Non-PDL Generic	
<i>liothyronine oral tablet 5 mcg</i>	Non-PDL Generic	90 DS
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Non-PDL Brand	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Non-PDL Generic	
RENTHYROID ORAL TABLET 120 MG, 15 MG	Non-PDL Brand	
<i>thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	Non-PDL Generic	
Eye - General Disorders		
Eye Antibiotic-Corticoid Combinations		
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	Non-PDL Generic	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	Non-PDL Generic	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	Non-PDL Generic	
<i>neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml</i>	Non-PDL Generic	
NEO-POLYCIN HC OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT/G-1%	Non-PDL Generic	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 %	Non-PDL Brand	
<i>tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %</i>	Non-PDL Generic	
<i>tobramycin-lotepred ophthalmic (eye) drops,suspension 0.3-0.5 %</i>	Non-PDL Generic	
Eye Antihistamines		
ADVANCED EYE RELIEF (OLOPATAD) OPHTHALMIC (EYE) DROPS 0.2 %	PDL Preferred Generic	OTC; 90 DS; QL (3 ML per 30 days)
ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
ALLERGY EYE (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC

Drug	Status	Notes
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	PDL Preferred Generic	QL (12 ML per 30 days)
<i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i>	PDL Non- Preferred Generic	PA; QL (10 ML per 30 days)
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 %	PDL Preferred Brand	QL (10 ML per 30 days)
CHILDREN'S ALAWAY OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	PDL Non- Preferred Generic	PA; QL (10 ML per 30 days)
EYE ALLERGY ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.2 %	PDL Preferred Generic	OTC; 90 DS; QL (3 ML per 30 days)
EYE ALLERGY ITCH-REDNESS RLF OPHTHALMIC (EYE) DROPS 0.1 %	PDL Preferred Generic	OTC; 90 DS
EYE ITCH RELIEF OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	PDL Preferred Generic	OTC
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	PDL Preferred Generic	OTC; 90 DS
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	PDL Preferred Generic	OTC; 90 DS; QL (3 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.7 %</i>	Non-PDL Generic	OTC; QL (2.5 ML per 30 days)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.2 %	Non-PDL Brand	OTC; QL (3 ML per 30 days)
PATADAY ONCE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.7 %	Non-PDL Brand	OTC; QL (2.5 ML per 30 days)
PATADAY TWICE DAILY RELIEF OPHTHALMIC (EYE) DROPS 0.1 %	Non-PDL Brand	OTC
RETAIN E ALLERGY OPHTHALMIC (EYE) DROPS 0.2 %	PDL Preferred Generic	OTC; 90 DS; QL (3 ML per 30 days)

Drug	Status	Notes
WAL-ZYR (KETOTIFEN) OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	PDL Preferred Generic	OTC
ZADITOR OPHTHALMIC (EYE) DROPS 0.025 % (0.035 %)	PDL Non-Preferred Brand	PA; OTC
ZERVIAE OPHTHALMIC (EYE) DROPPERETTE 0.24 %	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
Eye Antiinflammatory Agents		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 %	PDL Non-Preferred Brand	PA
ACULAR OPHTHALMIC (EYE) DROPS 0.5 %	PDL Non-Preferred Brand	PA; QL (20 ML per 30 days)
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 %	PDL Non-Preferred Brand	PA; QL (60 EA per 15 days)
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 %	PDL Preferred Brand	QL (10 ML per 14 days)
<i>bromfenac ophthalmic (eye) drops 0.07 %</i>	PDL Non-Preferred Generic	PA; QL (3 ML per 16 days)
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	PDL Non-Preferred Generic	PA; QL (3.4 ML per 16 days)
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 %	PDL Non-Preferred Brand	PA; QL (5 ML per 16 days)
<i>clobetasol ophthalmic (eye) drops,suspension 0.05 %</i>	Non-PDL Generic	QL (3.5 ML per 14 days)
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	Non-PDL Generic	QL (15 ML per 14 days)
DEXTENZA INTRACANALICULAR INSERT 0.4 MG	PDL Non-Preferred Brand	PA
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	PDL Preferred Generic	QL (10 ML per 14 days)
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	PDL Non-Preferred Generic	PA; QL (10 ML per 14 days)

Drug	Status	Notes
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 %	PDL Non-Preferred Brand	PA; QL (10 ML per 14 days)
EYSUVIS OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	PDL Non-Preferred Brand	PA
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	Non-PDL Brand	QL (15 ML per 14 days)
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	PDL Preferred Generic	QL (10 ML per 14 days)
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	PDL Non-Preferred Generic	PA
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	Non-PDL Brand	QL (10 ML per 14 days)
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 %	PDL Non-Preferred Brand	PA; QL (3.4 ML per 16 days)
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	PDL Non-Preferred Brand	PA; QL (5.6 ML per 14 days)
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	PDL Preferred Generic	
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	PDL Preferred Generic	90 DS; QL (20 ML per 30 days)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 %	PDL Non-Preferred Brand	PA; QL (10 GM per 14 days)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 %	PDL Non-Preferred Brand	PA; QL (7 GM per 14 days)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 %	Non-PDL Brand	QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,gel 0.5 %</i>	PDL Non-Preferred Generic	PA; QL (10 GM per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.2 %</i>	Non-PDL Generic	QL (10 ML per 14 days)
<i>loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %</i>	PDL Non-Preferred Generic	PA; QL (20 ML per 14 days)

Drug	Status	Notes
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 %	PDL Non-Preferred Brand	PA; QL (9 ML per 16 days)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 %	Non-PDL Brand	QL (20 ML per 14 days)
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	PDL Preferred Generic	QL (20 ML per 14 days)
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	PDL Non-Preferred Generic	PA; QL (20 ML per 30 days)
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 %	PDL Non-Preferred Brand	PA; QL (3 ML per 16 days)
Eye Antivirals		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	Non-PDL Generic	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 %	Non-PDL Brand	
Eye Local Anesthetics		
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 %	Non-PDL Generic	
ALTACAIN OPHTHALMIC (EYE) DROPS 0.5 %	Non-PDL Generic	
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 %	Non-PDL Generic	
<i>fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %</i>	Non-PDL Generic	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	Non-PDL Generic	
<i>tetracaine hcl (pf) ophthalmic (eye) drops 0.5 %</i>	Non-PDL Generic	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	Non-PDL Generic	
Eye Sulfonamides		
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 %	Non-PDL Brand	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	Non-PDL Generic	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	PDL Non-Preferred Generic	PA
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	Non-PDL Generic	

Drug	Status	Notes
Eye Vasoconstrictors (Rx Only)		
<i>phenylephrine hcl ophthalmic (eye) drops 10 % , 2.5 %</i>	Non-PDL Generic	
Nicotinic Recept.Partial Agonist, Alpha4beta2 Spec		
TYRVAYA NASAL SPRAY, METERED, NON-AEROSOL 0.03 MG/SPRAY	PDL Non- Preferred Brand	PA
Ophthalmic Antibiotics		
AZASITE OPHTHALMIC (EYE) DROPS 1 %	PDL Non- Preferred Brand	PA
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	PDL Non- Preferred Generic	PA
<i>bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram</i>	Non-PDL Generic	
<i>besifloxacin ophthalmic (eye) drops,suspension 0.6 %</i>	Non-PDL Generic	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 %	PDL Non- Preferred Brand	PA
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 %	PDL Non- Preferred Brand	PA
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	PDL Preferred Generic	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	Non-PDL Generic	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	PDL Non- Preferred Generic	PA
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	Non-PDL Generic	
<i>levofloxacin ophthalmic (eye) drops 0.5 %, 1.5 %</i>	Non-PDL Generic	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	PDL Preferred Generic	
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	PDL Non- Preferred Generic	PA

Drug	Status	Notes
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	Non-PDL Generic	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	Non-PDL Generic	
NEO-POLYCIN OPHTHALMIC (EYE) OINTMENT 3.5-400-10,000 MG-UNIT-UNIT/G	Non-PDL Generic	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 %	PDL Non-Preferred Brand	PA
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	PDL Preferred Generic	
POLYCIN OPHTHALMIC (EYE) OINTMENT 500-10,000 UNIT/GRAM	Non-PDL Generic	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	Non-PDL Generic	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	Non-PDL Generic	
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 %	Non-PDL Brand	
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 %	PDL Non-Preferred Brand	PA
Ophthalmic Antifungal Agents		
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 %	PDL Non-Preferred Brand	PA
Ophthalmic Anti-Inflammatory Immunomodulator-Type		
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 %	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
<i>cyclosporine ophthalmic (eye) dropperette 0.05 %</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 %	PDL Preferred Brand	QL (5.5 ML per 30 days)
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 %	PDL Preferred Brand	QL (60 EA per 30 days)

Drug	Status	Notes
VERKAZIA OPHTHALMIC (EYE) DROPPERETTE 0.1 %	PDL Non-Preferred Brand	PA
VEVYE OPHTHALMIC (EYE) DROPS 0.1 %	PDL Non-Preferred Brand	PA
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 %	PDL Preferred Brand	QL (60 EA per 30 days)
Ophthalmic Mast Cell Stabilizers		
<i>cromolyn ophthalmic (eye) drops 4 %</i>	PDL Preferred Generic	90 DS; QL (50 ML per 30 days)
Ophthalmic Preparations, Miscellaneous		
ALTACHLORE OPHTHALMIC (EYE) DROPS 5 %	Non-PDL Generic	OTC
ALTACHLORE OPHTHALMIC (EYE) OINTMENT 5 %	Non-PDL Generic	OTC
MURO 128 OPHTHALMIC (EYE) DROPS 2 %, 5 %	Non-PDL Generic	OTC
MURO 128 OPHTHALMIC (EYE) OINTMENT 5 %	Non-PDL Generic	OTC
<i>sodium chloride ophthalmic (eye) drops 5 %</i>	Non-PDL Generic	OTC
<i>sodium chloride ophthalmic (eye) ointment 5 %</i>	Non-PDL Generic	OTC
Eye - Glaucoma		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide oral capsule, extended release 500 mg</i>	Non-PDL Generic	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	Non-PDL Generic	
Miotics/Other Intraoc. Pressure Reducers		
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 %, 0.15 %	PDL Preferred Brand	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	PDL Non-Preferred Generic	PA
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>betaxolol ophthalmic (eye) drops 0.5 %</i>	PDL Non-Preferred Generic	PA
BETIMOL OPHTHALMIC (EYE) DROPS 0.5 %	PDL Non-Preferred Brand	PA
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 %	PDL Non-Preferred Brand	PA
<i>bimatoprost ophthalmic (eye) drops 0.01 %</i>	PDL Non-Preferred Generic	PA; QL (2.5 ML per 25 days)
<i>bimatoprost ophthalmic (eye) drops 0.03 %</i>	PDL Non-Preferred Generic	PA; QL (1 ML per 12 days)
<i>brimonidine ophthalmic (eye) drops 0.1 %</i>	Non-PDL Generic	
<i>brimonidine ophthalmic (eye) drops 0.15 %</i>	PDL Non-Preferred Generic	PA
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	PDL Preferred Generic	90 DS
<i>brimonidine-timolol ophthalmic (eye) drops 0.2-0.5 %</i>	PDL Non-Preferred Generic	PA
<i>brinzolamide ophthalmic (eye) drops,suspension 1 %</i>	PDL Non-Preferred Generic	PA
<i>carteolol ophthalmic (eye) drops 1 %</i>	PDL Non-Preferred Generic	PA
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 %	PDL Preferred Brand	
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML	PDL Non-Preferred Brand	PA
<i>dorzolamide (pf) ophthalmic (eye) drops 2 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	PDL Preferred Generic	90 DS
<i>dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	PDL Preferred Generic	90 DS
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 %	PDL Non-Preferred Brand	PA
ISTALOL OPHTHALMIC (EYE) DROPS, ONCE DAILY 0.5 %	PDL Non-Preferred Brand	PA
IYUZEH (PF) OPHTHALMIC (EYE) DROPPERETTE 0.005 %	PDL Non-Preferred Brand	PA; QL (2.5 EA per 25 days)
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	PDL Preferred Generic	90 DS
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	PDL Non-Preferred Generic	PA
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 25 days)
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	PDL Non-Preferred Generic	PA
<i>pilocarpine hcl ophthalmic (eye) drops 1.25 %</i>	PDL Non-Preferred Generic	PA; QL (10 ML per 30 days)
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 30 days)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 25 days)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 %	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>tafluprost (pf) ophthalmic (eye) dropperette 0.0015 %</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>timolol maleate (pf) ophthalmic (eye) dropperette 0.5 %</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	PDL Preferred Generic	90 DS
<i>timolol maleate ophthalmic (eye) drops, once daily 0.5 %</i>	PDL Non-Preferred Generic	PA
<i>timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %</i>	PDL Preferred Generic	
<i>timolol ophthalmic (eye) drops 0.5 %</i>	PDL Preferred Generic	
TIMOPTIC OCUDOSE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.25 %, 0.5 %	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 %	PDL Preferred Brand	QL (2.5 ML per 25 days)
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	PDL Non-Preferred Generic	PA; QL (2.5 ML per 25 days)
VIZZ OPHTHALMIC (EYE) DROPPERETTE 1.44 %	Non-PDL Brand	QL (1 EA per 1 day)
VUITY OPHTHALMIC (EYE) DROPS 1.25 %	PDL Non-Preferred Brand	PA; QL (10 ML per 30 days)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 30 days)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 %	PDL Non-Preferred Brand	PA
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 %	PDL Non-Preferred Brand	PA; QL (2.5 ML per 25 days)
ZIOPTAN (PF) OPHTHALMIC (EYE) DROPPERETTE 0.0015 %	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
Mydriatics		
<i>atropine ophthalmic (eye) drops 0.01 %, 0.025 %, 0.05 %, 1 %</i>	Non-PDL Generic	
<i>cyclopentolate ophthalmic (eye) drops 1 %</i>	Non-PDL Generic	90 DS
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 %	Non-PDL Generic	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	Non-PDL Generic	90 DS
Eye - Miscellaneous		
Artificial Tears		
ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE , 0.1-0.3 %	Non-PDL Generic	OTC
ARTIFICIAL TEARS(DEX70-HYPRO) OPHTHALMIC (EYE) DROPS , 0.1-0.3 %	Non-PDL Generic	OTC
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 %	Non-PDL Generic	OTC
<i>carboxymethylcellulose sodium ophthalmic (eye) dropperette 0.5 %</i>	Non-PDL Generic	OTC
<i>carboxymethylcellulose sodium ophthalmic (eye) drops 0.5 %</i>	Non-PDL Generic	OTC
CLEAR EYES NATURAL TEARS OPHTHALMIC (EYE) DROPS 0.5-0.6 %	Non-PDL Generic	OTC
EQ GENTLE OPHTHALMIC (EYE) DROPS 0.3 %	Non-PDL Generic	OTC
EYES ALIVE OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Non-PDL Generic	OTC
GENTEAL TEARS MODERATE OPHTHALMIC (EYE) DROPS 0.1-0.3-0.2 %	Non-PDL Brand	OTC
LUBRICANT EYE (CMC-GLYCERIN) OPHTHALMIC (EYE) DROPS 0.5-0.9 %	Non-PDL Generic	OTC
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT EYE (PG-PEG 400)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 %	Non-PDL Generic	OTC
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Non-PDL Generic	OTC
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 %	Non-PDL Generic	OTC
LUBRICATING PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Non-PDL Generic	OTC

Drug	Status	Notes
MIEBO (PF) OPHTHALMIC (EYE) DROPS 100 %	PDL Non-Preferred Brand	PA
NATURAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 %	Non-PDL Generic	OTC
<i>polyvinyl alcohol ophthalmic (eye) drops 1.4 %</i>	Non-PDL Generic	OTC
PURE AND GENTLE EYE OPHTHALMIC (EYE) DROPS 0.3 %	Non-PDL Generic	OTC
REFRESH CELLUVISC OPHTHALMIC (EYE) DROPPERETTE, GEL 1 %	Non-PDL Brand	OTC
REFRESH LIQUIGEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 %	Non-PDL Brand	OTC
REFRESH PLUS OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Non-PDL Brand	OTC
REFRESH TEARS OPHTHALMIC (EYE) DROPS 0.5 %	Non-PDL Brand	OTC
RESTORE PLUS (CMCELLULOSE) OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Non-PDL Generic	OTC
RETAIN CMC OPHTHALMIC (EYE) DROPPERETTE 0.5 %	Non-PDL Generic	OTC
STYE (PVA-POVIDONE) OPHTHALMIC (EYE) DROPS 0.5-0.6 %	Non-PDL Generic	OTC
ULTRA FRESH OPHTHALMIC (EYE) DROPS 0.5 %	Non-PDL Generic	OTC
ULTRA LUBRICANT EYE OPHTHALMIC (EYE) DROPS 0.4-0.3 %	Non-PDL Generic	OTC
VENTIVA TEARS OPHTHALMIC (EYE) DROPS 0.5 %	Non-PDL Generic	OTC
VISTA TEARS OPHTHALMIC (EYE) DROPS 0.4-0.3 %	Non-PDL Generic	OTC
Eye Diagnostic Agents		
BIOGLO OPHTHALMIC (EYE) STRIP 1 MG	Non-PDL Generic	SP
<i>fluorescein ophthalmic (eye) strip 1 mg</i>	Non-PDL Generic	SP
GLOSTRIPS OPHTHALMIC (EYE) STRIP 1 MG	Non-PDL Generic	SP
GREEN GLO OPHTHALMIC (EYE) STRIP 1.5 MG	Non-PDL Generic	SP
Eye Irrigations		
EYE WASH STERILE OPHTHALMIC (EYE) SOLUTION	Non-PDL Generic	OTC

Drug	Status	Notes
Eye Preparations, Miscellaneous (Otc)		
FOR STY RELIEF OPHTHALMIC (EYE) OINTMENT	Non-PDL Generic	OTC
GENTEAL TEARS SEVERE(PETROLAT) OPHTHALMIC (EYE) OINTMENT 94-3 %	Non-PDL Brand	OTC
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	Non-PDL Generic	OTC
LUBRIFRESH PM OPHTHALMIC (EYE) OINTMENT 83-15 %	Non-PDL Generic	OTC
NIGHTTIME DRY-EYE RELIEF OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	Non-PDL Generic	OTC
OVERNIGHT LUBRICATING EYE OPHTHALMIC (EYE) OINTMENT 94-3 %	Non-PDL Generic	OTC
REFRESH P.M. OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	Non-PDL Brand	OTC
RESTORE PM OPHTHALMIC (EYE) OINTMENT 57.3-42.5 %	Non-PDL Generic	OTC
RETAIN PM OPHTHALMIC (EYE) OINTMENT 80-20 %	Non-PDL Generic	OTC
SOOTHE NIGHT TIME LUBRICANT OPHTHALMIC (EYE) OINTMENT 80-20 %	Non-PDL Generic	OTC
ULTRA FRESH PM OPHTHALMIC (EYE) OINTMENT	Non-PDL Generic	OTC
Ophthalmic Cystine Depleting Agents		
CYSTADROPS OPHTHALMIC (EYE) DROPS 0.37 %	Non-PDL Brand	PA; SP
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 %	Non-PDL Brand	PA; SP
Fluid Replacement		
Nucleic Acid/Nucleotide Supplements		
XURIDEN ORAL GRANULES IN PACKET 2 GRAM	Non-PDL Brand	PA; SP
Gout And Related Diseases		
Colchicine		
<i>colchicine oral capsule 0.6 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
Hyperuricemia Tx - Purine Inhibitors		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	Non-PDL Generic	90 DS
<i>febuxostat oral tablet 40 mg, 80 mg</i>	Non-PDL Generic	
Uricosuric Agents		

Drug	Status	Notes
<i>probenecid oral tablet 500 mg</i>	Non-PDL Generic	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	Non-PDL Generic	
Hematological Disorders		
Anticoagulants, Coumarin Type		
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	PDL Preferred Generic	90 DS
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	PDL Preferred Generic	90 DS
Antifibrinolytic Agents		
<i>aminocaproic acid oral solution 250 mg/ml (25 %)</i>	Non-PDL Generic	
<i>aminocaproic acid oral tablet 1,000 mg, 500 mg</i>	Non-PDL Generic	
<i>tranexamic acid oral tablet 650 mg</i>	Non-PDL Generic	
Antihemophilic Factors		
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT	PDL Preferred Brand	SP
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	PDL Preferred Brand	SP
ALPHANATE INTRAVENOUS RECON SOLN 1,000 (400 VWF) UNIT/10 ML, 1,500 (600 VWF) UNIT/10 ML, 2,000 (800 VWF) UNIT/10 ML, 250 (100 VWF) UNIT/5 ML, 500 (200 VWF) UNIT/5 ML	PDL Preferred Brand	SP
ALTUVIIIIO INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4000 (+/-) UNIT, 500 (+/-) UNIT	Non-PDL Brand	SP

Drug	Status	Notes
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT	PDL Preferred Brand	SP
ESPEROCT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
FEIBA NF INTRAVENOUS RECON SOLN 1,750-3,250 UNIT, 350-650 UNIT, 700-1,300 UNIT	PDL Preferred Brand	SP
HEMOFIL M HIGH INTRAVENOUS RECON SOLN 801-1,500 UNIT	PDL Preferred Brand	SP
HEMOFIL M LOW INTRAVENOUS RECON SOLN 220-400 UNIT	PDL Preferred Brand	SP
HEMOFIL M MID INTRAVENOUS RECON SOLN 401-800 UNIT	PDL Preferred Brand	SP
HEMOFIL M SUPER HIGH INTRAVENOUS RECON SOLN 1,501-2,000 UNIT	PDL Preferred Brand	SP
HUMATE-P INTRAVENOUS RECON SOLN 1,000-2,400 UNIT, 250-600 UNIT, 500-1,200 UNIT	PDL Preferred Brand	SP
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
KOATE INTRAVENOUS RECON SOLN 250 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP

Drug	Status	Notes
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG)	PDL Preferred Brand	SP
NUWIQ INTRAVENOUS RECON SOLN 1,500 UNIT, 1000 UNIT, 2,000 UNIT, 2,500 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	PDL Preferred Brand	SP
OBIZUR INTRAVENOUS RECON SOLN 500 (+/-) UNIT RANGE	PDL Preferred Brand	SP
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
SEVENFACT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG)	PDL Preferred Brand	SP
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT	PDL Preferred Brand	SP
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
Blood Factors,Miscellaneous		
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE	PDL Preferred Brand	SP
Citrates As Anticoagulants		
<i>sodium citrate solution 4 gram /100 ml (4 %)</i>	Non-PDL Generic	
Direct Factor Xa Inhibitors		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS)	PDL Preferred Brand	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	PDL Preferred Brand	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG	PDL Preferred Brand	QL (74 EA per 30 days)

Drug	Status	Notes
ELIQUIS ORAL TABLET FOR SUSPENSION 0.5 MG, 1.5 MG (0.5 MG X 3), 2 MG (0.5 MG X 4)	PDL Preferred Brand	QL (32 EA per 1 day)
ELIQUIS SPRINKLE ORAL CAPSULE, SPRINKLE 0.15 MG	PDL Preferred Brand	QL (4 EA per 1 day)
<i>rivaroxaban oral suspension for reconstitution 1 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (20 ML per 1 day)
<i>rivaroxaban oral tablet 2.5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)-20 MG (9)	PDL Preferred Brand	QL (51 EA per 30 days)
XARELTO ORAL SUSPENSION FOR RECONSTITUTION 1 MG/ML	PDL Non-Preferred Brand	PA; QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG	PDL Preferred Brand	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG	PDL Preferred Brand	QL (2 EA per 1 day)
Factor Ix Complex (Pcc) Preparations		
PROFILNINE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
Factor Ix Preparations		
ALPHANINE SD INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT	PDL Preferred Brand	SP
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	PDL Preferred Brand	SP
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP

Drug	Status	Notes
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 3,000 UNIT, 500 UNIT	PDL Preferred Brand	SP
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT	PDL Preferred Brand	SP
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT	PDL Preferred Brand	SP
Factor X Preparations		
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE	PDL Preferred Brand	SP
Factor Xiii Preparations		
CORIFACT INTRAVENOUS RECON SOLN 1,000-1,600 UNIT	PDL Preferred Brand	SP
TRETEN INTRAVENOUS RECON SOLN 2,500 UNIT	PDL Preferred Brand	SP
Hematinics, Other		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 200 MCG/0.4 ML, 40 MCG/0.4 ML	PDL Preferred Brand	SP; QL (1.6 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 100 MCG/0.5 ML	PDL Preferred Brand	SP; QL (2 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 150 MCG/0.3 ML, 60 MCG/0.3 ML	PDL Preferred Brand	SP; QL (1.2 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 25 MCG/0.42 ML	PDL Preferred Brand	SP; QL (1.68 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 300 MCG/0.6 ML	PDL Preferred Brand	SP; QL (2.4 ML per 28 days)
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 500 MCG/ML	PDL Preferred Brand	SP; QL (4 ML per 28 days)

Drug	Status	Notes
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	PDL Preferred Brand	PA; SP; QL (12 ML per 28 days)
MIRCERA INJECTION SYRINGE 100 MCG/0.3 ML, 120 MCG/0.3 ML, 150 MCG/0.3 ML, 200 MCG/0.3 ML, 30 MCG/0.3 ML, 50 MCG/0.3 ML, 75 MCG/0.3 ML	PDL Non-Preferred Brand	PA; SP
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (12 ML per 28 days)
PROCRIT INJECTION SOLUTION 40,000 UNIT/ML	PDL Non-Preferred Brand	PA; SP; QL (6 ML per 28 days)
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML	PDL Preferred Brand	PA; SP
Hemophilia Treatment Agents,Non-Factor Replacement		
ALHEMO PEN SUBCUTANEOUS PEN INJECTOR 150 MG/1.5 ML (100 MG/ML), 300 MG/3 ML (100 MG/ML), 60 MG/1.5 ML (40 MG/ML)	Non-PDL Brand	PA; SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 12 MG/0.4 ML, 150 MG/ML, 30 MG/ML, 300 MG/2 ML (150 MG/ML), 60 MG/0.4 ML	Non-PDL Brand	PA; SP
HYMPAVZI PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML	Non-PDL Brand	PA; SP
QFITLIA PEN SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML	Non-PDL Brand	PA; SP
QFITLIA SUBCUTANEOUS SOLUTION 20 MG/0.2 ML	Non-PDL Brand	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline oral tablet extended release 400 mg</i>	Non-PDL Generic	
Heparin And Related Preparations		
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML	PDL Non-Preferred Brand	PA; QL (24 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 2.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (15 ML per 30 days)

Drug	Status	Notes
ARIXTRA SUBCUTANEOUS SYRINGE 5 MG/0.4 ML	PDL Non-Preferred Brand	PA; QL (12 ML per 30 days)
ARIXTRA SUBCUTANEOUS SYRINGE 7.5 MG/0.6 ML	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
<i>enoxaparin subcutaneous solution 300 mg/3 ml</i>	PDL Preferred Generic	QL (30 ML per 30 days)
<i>enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml</i>	PDL Preferred Generic	
<i>fondaparinux subcutaneous syringe 10 mg/0.8 ml</i>	PDL Non-Preferred Generic	PA; QL (24 ML per 30 days)
<i>fondaparinux subcutaneous syringe 2.5 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (15 ML per 30 days)
<i>fondaparinux subcutaneous syringe 5 mg/0.4 ml</i>	PDL Non-Preferred Generic	PA; QL (12 ML per 30 days)
<i>fondaparinux subcutaneous syringe 7.5 mg/0.6 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 2,500 ANTI-XA UNIT/ML	PDL Preferred Brand	QL (8 ML per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML	PDL Preferred Brand	QL (7.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML	PDL Non-Preferred Brand	PA; QL (60 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 12,500 ANTI-XA UNIT/0.5 ML	PDL Non-Preferred Brand	PA; QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 15,000 ANTI-XA UNIT/0.6 ML	PDL Non-Preferred Brand	PA; QL (36 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 18,000 ANTI-XA UNIT/0.72 ML	PDL Non-Preferred Brand	PA; QL (43.2 ML per 30 days)

Drug	Status	Notes
FRAGMIN SUBCUTANEOUS SYRINGE 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML	PDL Non- Preferred Brand	PA; QL (12 ML per 30 days)
FRAGMIN SUBCUTANEOUS SYRINGE 7,500 ANTI-XA UNIT/0.3 ML	PDL Non- Preferred Brand	PA; QL (18 ML per 30 days)
HEP FLUSH-10 (PF) INTRAVENOUS SOLUTION 10 UNIT/ML	Non-PDL Generic	
<i>heparin (porcine) in 5 % dex intravenous parenteral solution 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)</i>	Non-PDL Generic	
<i>heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)</i>	Non-PDL Generic	
<i>heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin (porcine) injection syringe 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin lock flush (porcine) intravenous solution 10 unit/ml</i>	Non-PDL Generic	
HEPARIN LOCKFLUSH(PORCINE)(PF) INTRAVENOUS SYRINGE 10 UNIT/ML, 100 UNIT/ML	Non-PDL Generic	
<i>heparin, porcine (pf) injection solution 1,000 unit/ml</i>	Non-PDL Generic	
<i>heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml, 5,000 unit/ml</i>	Non-PDL Generic	
<i>heparin, porcine (pf) intravenous syringe 1 unit/ml, 10 unit/ml, 100 unit/ml</i>	Non-PDL Generic	
LOVENOX SUBCUTANEOUS SOLUTION 300 MG/3 ML	PDL Non- Preferred Brand	PA; QL (30 ML per 30 days)
LOVENOX SUBCUTANEOUS SYRINGE 100 MG/ML, 120 MG/0.8 ML, 150 MG/ML, 30 MG/0.3 ML, 40 MG/0.4 ML, 60 MG/0.6 ML, 80 MG/0.8 ML	PDL Non- Preferred Brand	PA
Human Monoclonal Antibody Complement(C5) Inhibitor		
TAVNEOS ORAL CAPSULE 10 MG	PDL Non- Preferred Brand	PA; SP
Leukocyte (Wbc) Stimulants		
LEUKINE INJECTION RECON SOLN 250 MCG	Non-PDL Brand	PA; SP

Drug	Status	Notes
NEULASTA ONPRO SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML	Non-PDL Brand	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML	Non-PDL Brand	PA; SP
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML	Non-PDL Brand	PA; SP
NYVEPRIA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML	Non-PDL Brand	PA; SP
Platelet Aggregation Inhibitors		
ADULT ASPIRIN REGIMEN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Preventive	OTC
ADULT LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Preventive	OTC
ASPIRIN CHILDRENS ORAL TABLET,CHEWABLE 81 MG	Preventive	OTC
<i>aspirin oral tablet,chewable 81 mg</i>	Preventive	OTC
<i>aspirin oral tablet,delayed release (dr/ec) 81 mg</i>	Preventive	OTC
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	PDL Non-Preferred Generic	PA
BAYER LOW DOSE ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Preventive	OTC
BRILINTA ORAL TABLET 60 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
BRILINTA ORAL TABLET 90 MG	PDL Non-Preferred Brand	PA
CHILDREN'S ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Preventive	OTC
<i>cilostazol oral tablet 100 mg, 50 mg</i>	Non-PDL Generic	90 DS
<i>clopidogrel oral tablet 300 mg</i>	PDL Preferred Generic	QL (4 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	PDL Preferred Generic	90 DS

Drug	Status	Notes
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	PDL Preferred Generic	
EFFIENT ORAL TABLET 10 MG, 5 MG	PDL Non-Preferred Brand	PA
PLAVIX ORAL TABLET 75 MG	PDL Non-Preferred Brand	PA
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	PDL Preferred Generic	
ST JOSEPH ASPIRIN ORAL TABLET,CHEWABLE 81 MG	Preventive	OTC
ST. JOSEPH ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 81 MG	Preventive	OTC
<i>ticagrelor oral tablet 60 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>ticagrelor oral tablet 90 mg</i>	PDL Preferred Generic	
Platelet Reducing Agents		
<i>anagrelide oral capsule 0.5 mg, 1 mg</i>	Non-PDL Generic	
Sickle Cell Anemia Agents		
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	PDL Preferred Brand	
ENDARI ORAL POWDER IN PACKET 5 GRAM	PDL Preferred Brand	SP
<i>glutamine (sickle cell) oral powder in packet 5 gram</i>	PDL Non-Preferred Generic	PA; SP
SIKLOS ORAL TABLET 1,000 MG	PDL Non-Preferred Brand	PA
SIKLOS ORAL TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
XROMI ORAL SOLUTION 100 MG/ML	PDL Non-Preferred Brand	PA
Thrombin Inhibitors, Selective, Direct, & Reversible		
<i>dabigatran etexilate oral capsule 150 mg, 75 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG	PDL Preferred Brand	QL (2 EA per 1 day)
PRADAXA ORAL PELLETS IN PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG	PDL Non-Preferred Brand	PA
Thrombopoietin Receptor Agonists		
<i>eltrombopag olamine oral powder in packet 12.5 mg, 25 mg</i>	Non-PDL Generic	PA; SP
<i>eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg</i>	Non-PDL Generic	PA; SP
Topical Hemostatics		
THROMBIN-JMI NASAL NASAL SPRAY SYRINGE 5,000 UNIT	Non-PDL Generic	
THROMBIN-JMI TOPICAL RECON SOLN 20,000 UNIT, 5,000 UNIT	Non-PDL Generic	
THROMBIN-JMI TOPICAL SPRAY SYRINGE 20,000 UNIT, 5,000 UNIT	Non-PDL Generic	
THROMBIN-JMI TOPICAL SPRAY, NON-AEROSOL 20,000 UNIT	Non-PDL Generic	
Vitamin K Preparations		
<i>phytonadione (vitamin k1) injection solution 10 mg/ml</i>	Non-PDL Generic	
<i>phytonadione (vitamin k1) injection syringe 1 mg/0.5 ml</i>	Non-PDL Generic	
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	Non-PDL Generic	
VITAMIN K INJECTION SOLUTION 1 MG/0.5 ML	Non-PDL Generic	
VITAMIN K1 INJECTION SOLUTION 10 MG/ML	Non-PDL Generic	
Hormonal Deficiency		
Androgenic Agents		
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %)	PDL Non-Preferred Brand	PA; QL (5 GM per 1 day)

Drug	Status	Notes
METHITEST ORAL TABLET 10 MG	Non-PDL Brand	PA
<i>methyltestosterone oral capsule 10 mg</i>	Non-PDL Generic	PA
TESTIM TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	PDL Preferred Brand	PA; QL (10 GM per 1 day)
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	Non-PDL Generic	PA; QL (10 ML per 28 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	Non-PDL Generic	PA; QL (5 ML per 28 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	PDL Non-Preferred Generic	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation</i>	PDL Non-Preferred Generic	PA; QL (4 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	PDL Non-Preferred Generic	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in metered-dose pump 20.25 mg/1.25 gram (1.62 %)</i>	PDL Preferred Generic	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1.62 % (40.5 mg/2.5 gram)</i>	PDL Non-Preferred Generic	PA; QL (5 GM per 1 day)
<i>testosterone transdermal gel in packet 1 % (50 mg/5 gram)</i>	PDL Non-Preferred Generic	PA; QL (10 GM per 1 day)
<i>testosterone transdermal gel in packet 1.62 % (20.25 mg/1.25 gram)</i>	PDL Non-Preferred Generic	PA; QL (1.25 GM per 1 day)
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	PDL Non-Preferred Generic	PA; QL (6 ML per 1 day)
VOGELXO TRANSDERMAL GEL 50 MG/5 GRAM (1 %)	PDL Non-Preferred Brand	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN METERED-DOSE PUMP 12.5 MG/ 1.25 GRAM (1 %)	PDL Non-Preferred Brand	PA; QL (10 GM per 1 day)
VOGELXO TRANSDERMAL GEL IN PACKET 1 % (50 MG/5 GRAM)	PDL Non-Preferred Brand	PA; QL (10 GM per 1 day)

Drug	Status	Notes
Estrogen & Selective Estrogen Recept Mod(Serm)Comb		
DUAVEE ORAL TABLET 0.45-20 MG	Non-PDL Brand	
Estrogen/Androgen Combinations		
COVARYX H.S. ORAL TABLET 0.625-1.25 MG	Non-PDL Generic	
COVARYX ORAL TABLET 1.25-2.5 MG	Non-PDL Generic	
EEMT HS ORAL TABLET 0.625-1.25 MG	Non-PDL Generic	
EEMT ORAL TABLET 1.25-2.5 MG	Non-PDL Generic	
ESTRATEST H.S. ORAL TABLET 0.625-1.25 MG	Non-PDL Brand	
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	Non-PDL Generic	
Estrogenic Agents		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	Non-PDL Generic	
ABIGALE ORAL TABLET 1-0.5 MG	Non-PDL Generic	
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR	Non-PDL Brand	QL (2 EA per 7 days)
<i>conjugated estrogens oral tablet 0.3 mg, 0.45 mg, 0.625 mg, 0.9 mg, 1.25 mg</i>	Non-PDL Generic	
DOTTI TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	Non-PDL Generic	90 DS
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Non-PDL Generic	QL (2 EA per 7 days)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	Non-PDL Generic	QL (1 EA per 7 days)
<i>estradiol transdermal patch weekly 0.0375 mg/24 hr</i>	Non-PDL Generic	90 DS; QL (1 EA per 7 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	Non-PDL Generic	

Drug	Status	Notes
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	Non-PDL Generic	
JINTELI ORAL TABLET 1-5 MG-MCG	Non-PDL Generic	
LYLLANA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR	Non-PDL Generic	QL (2 EA per 7 days)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Non-PDL Brand	
MIMVEY ORAL TABLET 1-0.5 MG	Non-PDL Generic	
<i>norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	Non-PDL Generic	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14)	Non-PDL Brand	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	Non-PDL Brand	
Menopausal Symptoms Suppressant - Ssris		
<i>paroxetine mesylate(menop.sym) oral capsule 7.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
Progestational Agents		
GALLIFREY ORAL TABLET 5 MG	Non-PDL Generic	
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	Non-PDL Generic	90 DS
<i>norethindrone acetate oral tablet 5 mg</i>	Non-PDL Generic	
<i>progesterone intramuscular oil 50 mg/ml</i>	Non-PDL Generic	
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	Non-PDL Generic	90 DS
Immunization		
Antisera		
GAMMAGARD LIQUID ERC INJECTION SOLUTION 10 %	Non-PDL Brand	PA; SP
GAMMAGARD LIQUID INJECTION SOLUTION 10 %	Non-PDL Brand	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP

Drug	Status	Notes
HIZENTRA SUBCUTANEOUS SYRINGE 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %)	Non-PDL Brand	PA; SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %)	Non-PDL Brand	PA; SP
Covid-19 Vaccines		
COMIRNATY 2025-2026(5-11Y)(PF) INTRAMUSCULAR SUSPENSION 10 MCG/0.3 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
COMIRNATY 2025-26 (12Y UP)(PF) INTRAMUSCULAR SYRINGE 30 MCG/0.3 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MNEXSPIKE 2025-2026 (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.2 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
NUVAXOVID 2025-2026 (PF) INTRAMUSCULAR SYRINGE 5 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-2026(12Y UP)(PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SPIKEVAX 2025-26 (6M-11Y) (PF) INTRAMUSCULAR SYRINGE 25 MCG/0.25 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Enteric Virus Vaccines		
IPOLE INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ROTATEQ VACCINE ORAL SOLUTION 2 ML	Non-PDL Brand	
Gram Negative Cocci Vaccines		
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR SOLUTION 10-5 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENBRAYA (PF) INTRAMUSCULAR KIT 5- 120 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PENMENVY MEN A-B-C-W-Y (PF) INTRAMUSCULAR KIT 0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Gram Positive Cocci Vaccines		
CAPVAXIVE INTRAMUSCULAR SYRINGE 0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAXNEUVANCE (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Influenza Virus Vaccines		
FLUMIST 2025-2026 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Non-PDL Brand	
FLUMIST HOME 2025-2026 NASAL (HOME ADMIN) NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML	Non-PDL Brand	
Vaccine/Toxoid Preparations, Combinations		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF- (2.5-5-3-5 MCG)-5LF/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3- 5 MCG)-5LF/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
PRIORIX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3.4-4.2- 3.3CCID50/0.5ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Viral/Tumorigenic Vaccines		
ABRYSVO (PF) INTRAMUSCULAR RECON SOLN 120 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE; Age (Min 19 Years)
AREXVY (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 120 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE; Age (Min 60 Years)
ENGRIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
ENGRIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
MRESVIA (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE

Drug	Status	Notes
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
SHINGRIX (PF) INTRAMUSCULAR SYRINGE 50 MCG/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SUSPENSION 50 UNIT/ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VAQTA (PF) INTRAMUSCULAR SYRINGE 50 UNIT/ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML	Preventive	\$0 COPAY WITH RESTRICTIONS THAT APPLY ACCORDING TO CDC GUIDANCE
Immunosuppression/Modulation		
Immunomodulators		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML	Non-PDL Brand	PA; SP
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML	Non-PDL Brand	
<i>imiquimod topical cream in packet 5 %</i>	Non-PDL Generic	
Immunosuppressives		
ASTAGRAF XL ORAL CAPSULE,EXTENDED RELEASE 24HR 0.5 MG, 1 MG, 5 MG	PDL Non-Preferred Brand	PA
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	PDL Preferred Generic	
CELLCEPT ORAL CAPSULE 250 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML	PDL Preferred Brand	
CELLCEPT ORAL TABLET 500 MG	PDL Non-Preferred Brand	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	
<i>cyclosporine modified oral solution 100 mg/ml</i>	PDL Preferred Generic	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	PDL Preferred Generic	
ENVARBUS XR ORAL TABLET EXTENDED RELEASE 24 HR 0.75 MG, 1 MG, 4 MG	PDL Non-Preferred Brand	PA
<i>everolimus (immunosuppressive) oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	PDL Non-Preferred Generic	PA
GENGRAF ORAL CAPSULE 100 MG, 25 MG	PDL Non-Preferred Generic	PA
IMURAN ORAL TABLET 50 MG	PDL Non-Preferred Brand	PA
<i>mycophenolate mofetil oral capsule 250 mg</i>	PDL Preferred Generic	
<i>mycophenolate mofetil oral suspension for reconstitution 200 mg/ml</i>	PDL Non-Preferred Generic	PA
<i>mycophenolate mofetil oral tablet 500 mg</i>	PDL Preferred Generic	
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	PDL Non-Preferred Generic	PA
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
MYHIBBIN ORAL SUSPENSION 200 MG/ML	PDL Non-Preferred Brand	PA
NEORAL ORAL CAPSULE 100 MG, 25 MG	PDL Non-Preferred Brand	PA
NEORAL ORAL SOLUTION 100 MG/ML	PDL Non-Preferred Brand	PA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG	PDL Non-Preferred Brand	PA
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG	Non-PDL Brand	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG	PDL Non-Preferred Brand	PA
<i>sirolimus oral solution 1 mg/ml</i>	PDL Preferred Generic	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	PDL Preferred Generic	
<i>tacrolimus oral capsule 0.5 mg</i>	PDL Preferred Generic	90 DS
<i>tacrolimus oral capsule 1 mg, 5 mg</i>	PDL Preferred Generic	
<i>tacrolimus oral capsule, extended release 24hr 0.5 mg, 1 mg, 5 mg</i>	Non-PDL Generic	
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG	PDL Non-Preferred Brand	PA
Rho Kinase Inhibitor		
REZUROCK ORAL TABLET 200 MG	PDL Non-Preferred Brand	PA; SP
Infectious Disease - Bacterial		
Absorbable Sulfonamides		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	Non-PDL Generic	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	Non-PDL Generic	

Drug	Status	Notes
SULFATRIM ORAL SUSPENSION 200-40 MG/5 ML	Non-PDL Generic	
Betalactams		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML	PDL Non-Preferred Brand	PA; SP
Cephalosporins - 1St Generation		
<i>cefadroxil oral capsule 500 mg</i>	PDL Preferred Generic	
<i>cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml</i>	PDL Preferred Generic	
<i>cefadroxil oral tablet 1 gram</i>	PDL Non-Preferred Generic	PA
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	PDL Preferred Generic	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	PDL Preferred Generic	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	PDL Non-Preferred Generic	PA
Cephalosporins - 2Nd Generation		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	PDL Preferred Generic	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	PDL Preferred Generic	
<i>cefaclor oral tablet extended release 12 hr 500 mg</i>	PDL Non-Preferred Generic	PA
<i>cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	PDL Preferred Generic	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	PDL Preferred Generic	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
Cephalosporins - 3Rd Generation		
<i>cefдинир oral capsule 300 mg</i>	PDL Preferred Generic	
<i>cefдинир oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	PDL Preferred Generic	
<i>cefixime oral capsule 400 mg</i>	PDL Preferred Generic	
<i>cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>cefподoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>cefподoxime oral tablet 100 mg, 200 mg</i>	PDL Non-Preferred Generic	PA
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML, 500 MG/5 ML	PDL Non-Preferred Brand	PA
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG	PDL Non-Preferred Brand	PA
Chemotherapeutics, Antibacterial, Misc.		
<i>methenamine hippurate oral tablet 1 gram</i>	Non-PDL Generic	
<i>methenamine mandelate oral tablet 0.5 gram, 1 gram</i>	Non-PDL Generic	
<i>methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg</i>	Non-PDL Generic	
PRIMSOL ORAL SOLUTION 50 MG/5 ML	Non-PDL Brand	
<i>trimethoprim oral tablet 100 mg</i>	Non-PDL Generic	
URETRON D-S ORAL TABLET 81.6-10.8-40.8 MG	Non-PDL Brand	
URIBEL TABS ORAL TABLET 81.6-0.12-10.8 MG	Non-PDL Brand	
UROGESIC-BLUE ORAL TABLET 81.6-40.8-0.12 MG	Non-PDL Generic	
URO-MP ORAL CAPSULE 118-10-40.8-36 MG	Non-PDL Generic	

Drug	Status	Notes
Macrolides		
<i>azithromycin oral packet 1 gram</i>	PDL Preferred Generic	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	PDL Preferred Generic	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	PDL Preferred Generic	
<i>clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	PDL Preferred Generic	
<i>clarithromycin oral tablet extended release 24 hr 500 mg</i>	PDL Non-Preferred Generic	PA
DIFICID ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	Non-PDL Brand	QL (10 ML per 1 day)
E.E.S. 400 ORAL TABLET 400 MG	PDL Non-Preferred Generic	PA
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	PDL Non-Preferred Brand	PA
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	PDL Non-Preferred Brand	PA
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML	PDL Non-Preferred Brand	PA
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 250 MG, 500 MG	PDL Preferred Generic	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 333 MG	PDL Non-Preferred Brand	PA
ERYTHROCIN (AS STEARATE) ORAL TABLET 250 MG	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	PDL Non-Preferred Generic	PA
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	PDL Non-Preferred Generic	PA
<i>erythromycin oral tablet 250 mg, 500 mg</i>	PDL Preferred Generic	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	PDL Preferred Generic	
<i>fidaxomicin oral tablet 200 mg</i>	Non-PDL Generic	QL (20 EA per 10 days)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML	PDL Non-Preferred Brand	PA
ZITHROMAX ORAL TABLET 250 MG, 500 MG	PDL Non-Preferred Brand	PA
ZITHROMAX TRI-PAK ORAL TABLET 500 MG	PDL Non-Preferred Brand	PA
ZITHROMAX Z-PAK ORAL TABLET 250 MG	PDL Non-Preferred Brand	PA
Nitrofurans		
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	Non-PDL Generic	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	Non-PDL Generic	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	Non-PDL Generic	PA
Oxazolidinones		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	Non-PDL Generic	
<i>linezolid oral tablet 600 mg</i>	Non-PDL Generic	
SIVEXTRO ORAL TABLET 200 MG	Non-PDL Brand	PA
Penicillins		

Drug	Status	Notes
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	Non-PDL Generic	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	Non-PDL Generic	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	Non-PDL Generic	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	Non-PDL Generic	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	PDL Preferred Generic	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	PDL Preferred Generic	
<i>amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg</i>	PDL Non-Preferred Generic	PA
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	PDL Non-Preferred Generic	PA
<i>ampicillin oral capsule 500 mg</i>	Non-PDL Generic	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML	PDL Non-Preferred Brand	PA
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML	PDL Non-Preferred Brand	PA; QL (150 ML per 30 days)
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	Non-PDL Generic	
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	Non-PDL Generic	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	Non-PDL Generic	
Quinolones		
BAXDELA ORAL TABLET 450 MG	PDL Non-Preferred Brand	PA
CIPRO ORAL SUSPENSION, MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML	PDL Non-Preferred Brand	PA

Drug	Status	Notes
CIPRO ORAL TABLET 250 MG, 500 MG	PDL Non-Preferred Brand	PA
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	PDL Preferred Generic	
<i>ciprofloxacin oral suspension, microcapsule recon 250 mg/5 ml, 500 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>levofloxacin oral solution 250 mg/10 ml</i>	PDL Preferred Generic	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	PDL Preferred Generic	
<i>moxifloxacin oral tablet 400 mg</i>	PDL Non-Preferred Generic	PA
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	PDL Non-Preferred Generic	PA
Tetracyclines		
<i>demeclocycline oral tablet 150 mg, 300 mg</i>	Non-PDL Generic	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	Non-PDL Generic	
<i>doxycycline hyclate oral tablet 100 mg</i>	Non-PDL Generic	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	Non-PDL Generic	
<i>doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml</i>	Non-PDL Generic	
<i>doxycycline monohydrate oral tablet 100 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg, 50 mg, 75 mg</i>	Non-PDL Generic	
<i>minocycline oral capsule 100 mg, 50 mg, 75 mg</i>	Non-PDL Generic	
<i>minocycline oral tablet 100 mg, 50 mg, 75 mg</i>	Non-PDL Generic	
MONDOXYNE NL ORAL CAPSULE 100 MG	Non-PDL Generic	
MORGIDOX ORAL CAPSULE 50 MG	Non-PDL Brand	

Drug	Status	Notes
<i>tetracycline oral capsule 250 mg, 500 mg</i>	Non-PDL Generic	
Infectious Disease - Fungal		
Antifungal Agents		
ANCOBON ORAL CAPSULE 250 MG, 500 MG	PDL Non-Preferred Brand	PA
<i>clotrimazole mucous membrane troche 10 mg</i>	Non-PDL Generic	
CRESEMBA ORAL CAPSULE 186 MG	PDL Non-Preferred Brand	PA
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 40 MG/ML	PDL Non-Preferred Brand	PA
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	PDL Preferred Generic	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PDL Preferred Generic	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	PDL Non-Preferred Generic	PA
<i>itraconazole oral capsule 100 mg</i>	PDL Non-Preferred Generic	PA
<i>itraconazole oral solution 10 mg/ml</i>	PDL Non-Preferred Generic	PA
<i>ketoconazole oral tablet 200 mg</i>	PDL Non-Preferred Generic	PA
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML)	PDL Non-Preferred Brand	PA
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG	PDL Non-Preferred Brand	PA
<i>posaconazole oral suspension 200 mg/5 ml (40 mg/ml)</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
<i>posaconazole oral tablet, delayed release (dr/ec) 100 mg</i>	PDL Non-Preferred Generic	PA
SPORANOX ORAL CAPSULE 100 MG	PDL Non-Preferred Brand	PA
<i>terbinafine hcl oral tablet 250 mg</i>	PDL Preferred Generic	
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG	PDL Non-Preferred Brand	PA
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML)	PDL Non-Preferred Brand	PA
VIVJOA ORAL CAPSULE 150 MG	PDL Non-Preferred Brand	PA
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	PDL Non-Preferred Generic	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PDL Preferred Generic	
Antifungal Antibiotics		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>griseofulvin microsize oral tablet 500 mg</i>	PDL Non-Preferred Generic	PA
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	PDL Non-Preferred Generic	PA
<i>nystatin oral suspension 100,000 unit/ml</i>	PDL Preferred Generic	
<i>nystatin oral tablet 500,000 unit</i>	PDL Non-Preferred Generic	PA
Infectious Disease - Miscellaneous		
Aminoglycosides		

Drug	Status	Notes
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML	PDL Non-Preferred Brand	PA; SP
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML	PDL Preferred Brand	SP
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	PDL Preferred Brand	SP
<i>neomycin oral tablet 500 mg</i>	Non-PDL Generic	
TOBI INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	PDL Non-Preferred Brand	PA; SP
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG	PDL Non-Preferred Brand	PA; SP
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	PDL Preferred Generic	PA; SP
<i>tobramycin inhalation solution for nebulization 300 mg/4 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	PDL Non-Preferred Generic	PA; SP
Antibacterial Agents,Miscellaneous		
<i>glycine urologic solution irrigation solution 1.5 %</i>	Non-PDL Generic	
Antileptotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	Non-PDL Generic	
THALOMID ORAL CAPSULE 100 MG, 50 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
Anti-Mycobacterium Agents		
<i>ethambutol oral tablet 100 mg, 400 mg</i>	Non-PDL Generic	
<i>isoniazid oral solution 50 mg/5 ml</i>	Non-PDL Generic	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	Non-PDL Generic	
<i>pyrazinamide oral tablet 500 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>rifabutin oral capsule 150 mg</i>	Non-PDL Generic	
Antitubercular Antibiotics		
<i>cycloserine oral capsule 250 mg</i>	Non-PDL Generic	
<i>pretomanid oral tablet 200 mg</i>	Non-PDL Brand	QL (1 EA per 1 day)
<i>rifampin oral capsule 150 mg, 300 mg</i>	Non-PDL Generic	
SIRTURO ORAL TABLET 100 MG	Non-PDL Brand	PA; SP
Lincosamides		
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	Non-PDL Generic	
<i>clindamycin palmitate hcl oral recon soln 75 mg/5 ml</i>	Non-PDL Generic	
CLINDAMYCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML	Non-PDL Generic	
Vancomycin And Derivatives		
<i>vancomycin oral capsule 125 mg</i>	Non-PDL Generic	QL (77 EA per 28 FILLs)
<i>vancomycin oral capsule 250 mg</i>	Non-PDL Generic	QL (112 EA per 1 FILL)
<i>vancomycin oral recon soln 25 mg/ml</i>	Non-PDL Generic	QL (300 ML per 1 FILL)
<i>vancomycin oral recon soln 50 mg/ml</i>	Non-PDL Generic	QL (600 ML per 1 FILL)
Infectious Disease - Parasitic		
2Nd Gen. Anaerobic Antiprotozoal-Antibacterial		
<i>tinidazole oral tablet 250 mg, 500 mg</i>	Non-PDL Generic	
Anaerobic Antiprotozoal-Antibacterial Agents		
<i>metronidazole oral capsule 375 mg</i>	Non-PDL Generic	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	Non-PDL Generic	
Anthelmintics		
<i>albendazole oral tablet 200 mg</i>	Non-PDL Generic	
EMVERM ORAL TABLET,CHEWABLE 100 MG	Non-PDL Brand	PA

Drug	Status	Notes
<i>ivermectin oral tablet 3 mg</i>	Non-PDL Generic	
PINAWAY ORAL SUSPENSION 50 MG/ML	Non-PDL Generic	OTC
PINWORM TREATMENT ORAL SUSPENSION 50 MG/ML	Non-PDL Generic	OTC
<i>praziquantel oral tablet 600 mg</i>	Non-PDL Generic	
REESE'S PINWORM MEDICINE ORAL SUSPENSION 50 MG/ML	Non-PDL Generic	OTC
Antimalarial Drugs		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	Non-PDL Generic	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	Non-PDL Generic	
<i>hydroxychloroquine oral tablet 200 mg</i>	Non-PDL Generic	QL (100 EA per 30 days)
KRINTAFEL ORAL TABLET 150 MG	Non-PDL Brand	QL (2 EA per 1 FILL)
<i>mefloquine oral tablet 250 mg</i>	Non-PDL Generic	
<i>primaquine oral tablet 26.3 mg (15 mg base)</i>	Non-PDL Brand	
<i>pyrimethamine oral tablet 25 mg</i>	Non-PDL Generic	PA; SP
<i>quinine sulfate oral capsule 324 mg</i>	Non-PDL Generic	
Antiprotozoal Drugs, Miscellaneous		
<i>atovaquone oral suspension 750 mg/5 ml</i>	Non-PDL Generic	
IMPAVIDO ORAL CAPSULE 50 MG	Non-PDL Brand	PA
NEBUPENT INHALATION RECON SOLN 300 MG	Non-PDL Brand	
<i>pentamidine inhalation recon soln 300 mg</i>	Non-PDL Generic	
Infectious Disease - Viral		
Antiretroviral - Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG	Non-PDL Brand	PA; SP
SUNLENCA SUBCUTANEOUS SOLUTION 309 MG/ML	Non-PDL Brand	PA; SP
Antiretroviral - Capsid Inhibitors (Prep)		

Drug	Status	Notes
YEZTUGO SUBCUTANEOUS SOLUTION 309 MG/ML	Non-PDL Brand	PA; SP
Antiretroviral-Integrase Inhibitor And Nnrti Comb.		
JULUCA ORAL TABLET 50-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antiretroviral-Integrase Inhibitor And Nrti Comb.		
DOVATO ORAL TABLET 50-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antiretroviral- Nucleoside,Nucleotide,Protease Inh.		
SYMITUZA ORAL TABLET 800-150-200-10 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antiviral - Main Protease (Mpro) Inhibitor		
PAXLOVID ORAL TABLETS,DOSE PACK 150 MG (10)- 100 MG (10), 150 MG (6)- 100 MG (5)	PDL Preferred Brand	QL (20 EA per 28 days); Age (Min 12 Years)
PAXLOVID ORAL TABLETS,DOSE PACK 300 MG (150 MG X 2)-100 MG	PDL Preferred Brand	QL (30 EA per 28 days); Age (Min 12 Years)
Antiviral Nucleotide Analogs		
LAGEVRIO (EUA) ORAL CAPSULE 200 MG	Non-PDL Generic	QL (40 EA per 29 days); Age (Min 18 Years)
Antivirals, General		
<i>acyclovir oral capsule 200 mg</i>	PDL Preferred Generic	90 DS
<i>acyclovir oral suspension 200 mg/5 ml</i>	PDL Preferred Generic	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PDL Preferred Generic	90 DS
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PDL Non- Preferred Generic	PA
<i>oseltamivir oral capsule 30 mg, 45 mg, 75 mg</i>	PDL Preferred Generic	
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	PDL Preferred Generic	

Drug	Status	Notes
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION	PDL Preferred Brand	QL (40 EA per 180 FILLS)
<i>ribavirin inhalation recon soln 6 gram</i>	Non-PDL Generic	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG	PDL Non-Preferred Brand	PA
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML	PDL Non-Preferred Brand	PA
TEMBEXA ORAL SUSPENSION 10 MG/ML	Non-PDL Brand	
TEMBEXA ORAL TABLET 100 MG	Non-PDL Brand	
TPOXX (NATIONAL STOCKPILE) ORAL CAPSULE 200 MG	Non-PDL Brand	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	PDL Preferred Generic	90 DS
<i>valganciclovir oral tablet 450 mg</i>	Non-PDL Generic	
VALTREX ORAL TABLET 1 GRAM, 500 MG	PDL Non-Preferred Brand	PA
XOFLUZA ORAL TABLET 40 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 180 days)
XOFLUZA ORAL TABLET 80 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 180 days)
Antivirals, Hiv-Spec, Non-Peptidic Protease Inhib		
APTIVUS ORAL CAPSULE 250 MG	Non-PDL Brand	QL (4 EA per 1 day)
<i>darunavir oral tablet 600 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>darunavir oral tablet 800 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG-MG	Non-PDL Brand	QL (1 EA per 1 day)
PREZISTA ORAL SUSPENSION 100 MG/ML	Non-PDL Brand	QL (400 ML per 30 days)

Drug	Status	Notes
PREZISTA ORAL TABLET 150 MG	Non-PDL Brand	QL (8 EA per 1 day)
PREZISTA ORAL TABLET 75 MG	Non-PDL Brand	QL (16 EA per 1 day)
Antivirals, Hiv-Spec, Nucleoside-Nucleotide Analog		
CIMDUO ORAL TABLET 300-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 120-15 MG	Non-PDL Brand	QL (1 EA per 1 day)
DESCOVY ORAL TABLET 200-25 MG	Preventive	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>emtricitabine-tenofovir (tdf) oral tablet 200-300 mg</i>	Preventive	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
Antivirals, Hiv-Spec., Nucleoside Analog, Rti Comb		
<i>abacavir-lamivudine oral tablet 600-300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
Antivirals, Hiv-Specific, Ccr5 Co-Receptor Antag.		
<i>maraviroc oral tablet 150 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>maraviroc oral tablet 300 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
SELZENTRY ORAL SOLUTION 20 MG/ML	Non-PDL Brand	QL (31 ML per 1 day)
Antivirals, Hiv-Specific, Cd4 Attachment Inhibitor		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HR 600 MG	Non-PDL Brand	PA
Antivirals, Hiv-Specific, Non-Nucleoside, Rti		
EDURANT ORAL TABLET 25 MG	Non-PDL Brand	QL (1 EA per 1 day)
EDURANT PED ORAL TABLET FOR SUSPENSION 2.5 MG	Non-PDL Brand	QL (180 EA per 30 days)
<i>efavirenz oral tablet 600 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>etravirine oral tablet 100 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
<i>etravirine oral tablet 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
INTELENCE ORAL TABLET 25 MG	Non-PDL Brand	QL (4 EA per 1 day)
<i>nevirapine oral suspension 50 mg/5 ml</i>	Non-PDL Generic	QL (1200 ML per 30 days)
<i>nevirapine oral tablet 200 mg</i>	Non-PDL Generic	90 DS; QL (2 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 100 mg</i>	Non-PDL Generic	QL (3 EA per 1 day)
<i>nevirapine oral tablet extended release 24 hr 400 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
PIFELTRO ORAL TABLET 100 MG	Non-PDL Brand	QL (2 EA per 1 day)
<i>rilpivirine hcl oral tablet 25 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Nucleoside Analog, Rti		
<i>abacavir oral solution 20 mg/ml</i>	Non-PDL Generic	QL (960 ML per 30 days)
<i>abacavir oral tablet 300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>emtricitabine oral capsule 200 mg</i>	Preventive	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
EMTRIVA ORAL SOLUTION 10 MG/ML	Non-PDL Brand	QL (850 ML per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	Non-PDL Generic	QL (960 ML per 30 days)
<i>lamivudine oral tablet 150 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>lamivudine oral tablet 300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>zidovudine oral capsule 100 mg</i>	Non-PDL Generic	QL (6 EA per 1 day)
<i>zidovudine oral syrup 10 mg/ml</i>	Non-PDL Generic	QL (1920 ML per 30 days)
<i>zidovudine oral tablet 300 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)

Drug	Status	Notes
Antivirals, Hiv-Specific, Nucleotide Analog, Rti		
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	Preventive	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (1 EA per 1 day)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM)	Non-PDL Brand	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Non-PDL Brand	QL (1 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitor Comb		
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	Non-PDL Generic	QL (10 EA per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
Antivirals, Hiv-Specific, Protease Inhibitors		
<i>atazanavir oral capsule 150 mg, 200 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>atazanavir oral capsule 300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
EVOTAZ ORAL TABLET 300-150 MG	Non-PDL Brand	QL (1 EA per 1 day)
<i>fosamprenavir oral tablet 700 mg</i>	Non-PDL Generic	QL (4 EA per 1 day)
NORVIR ORAL POWDER IN PACKET 100 MG	Non-PDL Brand	QL (12 EA per 1 day)
REYATAZ ORAL POWDER IN PACKET 50 MG	Non-PDL Brand	QL (5 EA per 1 day)
<i>ritonavir oral tablet 100 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
VIRACEPT ORAL TABLET 250 MG, 625 MG	Non-PDL Brand	
Antivirals,Hiv-1 Integrase Strand Transfer Inhibtr		
APRETUDE INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE 600 MG/3 ML (200 MG/ML)	Preventive	\$0 COPAY IF QUANTITY 0.15 IN 1 DAY, FILL OF 7 IN 365 DAYS, AND NO HISTORY OF HIV TREATMENT IN 120 DAYS; QL (21 ML per 365 days); Age (Min 12 Years)
ISENTRESS HD ORAL TABLET 600 MG	Non-PDL Brand	QL (2 EA per 1 day)
ISENTRESS ORAL POWDER IN PACKET 100 MG	Non-PDL Brand	QL (2 EA per 1 day)

Drug	Status	Notes
ISENTRESS ORAL TABLET 400 MG	Non-PDL Brand	QL (2 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 100 MG	Non-PDL Brand	QL (6 EA per 1 day)
ISENTRESS ORAL TABLET,CHEWABLE 25 MG	Non-PDL Brand	QL (24 EA per 1 day)
TIVICAY ORAL TABLET 50 MG	Non-PDL Brand	QL (2 EA per 1 day)
TIVICAY PD ORAL TABLET FOR SUSPENSION 5 MG	Non-PDL Brand	QL (6 EA per 1 day)
Artv Cmb Nucleoside,Nucleotide,&Non-Nucleoside Rti		
DELSTRIGO ORAL TABLET 100-300-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
<i>efavirenz-emtricitabin-tenofov oral tablet 600-200-300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>efavirenz-lamivu-tenofov disop oral tablet 400-300-300 mg, 600-300-300 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>emtricitra-rilpivirine-tenof df oral tablet 200-25-300 mg</i>	Non-PDL Brand	QL (1 EA per 1 day)
ODEFSEY ORAL TABLET 200-25-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
Arv Cmb-Nrti,N(T)Rti, Integrase Inhibitor		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	Non-PDL Brand	QL (1 EA per 1 day)
GENVOYA ORAL TABLET 150-150-200-10 MG	Non-PDL Brand	QL (1 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
Arv Comb-Nrtis & Integrase Inhibitor		
TRIUMEQ ORAL TABLET 600-50-300 MG	Non-PDL Brand	QL (1 EA per 1 day)
TRIUMEQ PD ORAL TABLET FOR SUSPENSION 60-5-30 MG	Non-PDL Brand	QL (6 EA per 1 day)
Cytochrome P450 Inhibitors		
TYBOST ORAL TABLET 150 MG	Non-PDL Brand	QL (1 EA per 1 day)
Hep C - Ns5a, Ns3/4A, Nucleotide Ns5b Inhib Combo		
VOSEVI ORAL TABLET 400-100-100 MG	PDL Non-Preferred Brand	PA; SP
Hep C Virus - Ns5a & Ns5b Polymerase Inhib. Combo.		

Drug	Status	Notes
EPCLUSA ORAL PELLETS IN PACKET 150-37.5 MG, 200-50 MG	PDL Non-Preferred Brand	PA; SP
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	PDL Non-Preferred Brand	PA; SP
HARVONI ORAL PELLETS IN PACKET 33.75-150 MG, 45-200 MG	PDL Non-Preferred Brand	PA; SP
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	PDL Non-Preferred Brand	PA; SP
<i>ledipasvir-sofosbuvir oral tablet 90-400 mg</i>	PDL Non-Preferred Generic	PA; SP
<i>sofosbuvir-velpatasvir oral tablet 400-100 mg</i>	PDL Non-Preferred Generic	PA; SP
Hep C Virus,Nucleotide Analog Ns5b Polymerase Inh		
SOVALDI ORAL PELLETS IN PACKET 150 MG, 200 MG	PDL Non-Preferred Brand	PA; SP
SOVALDI ORAL TABLET 200 MG, 400 MG	PDL Non-Preferred Brand	PA; SP
Hepatitis B Treatment Agents		
<i>adefovir oral tablet 10 mg</i>	PDL Non-Preferred Generic	PA; SP; QL (1 EA per 1 day)
BARACLUDE ORAL SOLUTION 0.05 MG/ML	PDL Preferred Brand	SP; QL (630 ML per 30 days)
BARACLUDE ORAL TABLET 0.5 MG, 1 MG	PDL Non-Preferred Brand	PA; SP; QL (1 EA per 1 day)
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	PDL Preferred Generic	SP; QL (1 EA per 1 day)
<i>lamivudine oral tablet 100 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
VEMLIDY ORAL TABLET 25 MG	PDL Non-Preferred Brand	PA; SP; QL (1 EA per 1 day)

Drug	Status	Notes
Hepatitis C Treatment Agents		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	PDL Preferred Brand	PA; SP
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML	PDL Preferred Brand	SP
<i>ribavirin oral capsule 200 mg</i>	PDL Preferred Generic	
<i>ribavirin oral tablet 200 mg</i>	PDL Preferred Generic	
Hepatitis C Virus- Ns5a And Ns3/4A Inhibitor Comb		
MAVYRET ORAL PELLETS IN PACKET 50-20 MG	PDL Preferred Brand	SP
MAVYRET ORAL TABLET 100-40 MG	PDL Preferred Brand	SP
ZEPATIER ORAL TABLET 50-100 MG	PDL Non-Preferred Brand	PA; SP
Inflammatory Disease		
Anti-Arthritic And Chelating Agents		
<i>penicillamine oral tablet 250 mg</i>	Non-PDL Generic	PA; SP
Anti-Arthritic, Folate Antagonist Agents		
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML	Non-PDL Brand	QL (0.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 12.5 MG/0.25 ML	Non-PDL Brand	QL (1 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 15 MG/0.3 ML	Non-PDL Brand	QL (1.2 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 17.5 MG/0.35 ML	Non-PDL Brand	QL (1.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 20 MG/0.4 ML	Non-PDL Brand	QL (1.6 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 22.5 MG/0.45 ML	Non-PDL Brand	QL (1.8 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 25 MG/0.5 ML	Non-PDL Brand	QL (2 ML per 28 days)

Drug	Status	Notes
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 30 MG/0.6 ML	Non-PDL Brand	QL (2.4 ML per 28 days)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 7.5 MG/0.15 ML	Non-PDL Brand	QL (0.6 ML per 28 days)
Anti-Flam. Interleukin-1 Receptor Antagonist		
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG	PDL Non-Preferred Brand	PA; SP
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML	PDL Non-Preferred Brand	PA; SP
Anti-Inflammatory Tumor Necrosis Factor Inhibitor		
ABRILADA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
ABRILADA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
<i>adalimumab-aacf subcutaneous pen injector kit 40 mg/0.8 ml</i>	PDL Non-Preferred Brand	PA; SP
<i>adalimumab-aacf subcutaneous syringe kit 40 mg/0.8 ml</i>	PDL Non-Preferred Brand	PA; SP
ADALIMUMAB-AACF(CF) PEN CROHNS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
ADALIMUMAB-AACF(CF) PEN PS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
<i>adalimumab-aaty subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml</i>	PDL Non-Preferred Brand	PA; SP
<i>adalimumab-aaty subcutaneous syringe kit 20 mg/0.2 ml, 40 mg/0.4 ml</i>	PDL Non-Preferred Brand	PA; SP
ADALIMUMAB-AATY(CF) AI CROHNS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
<i>adalimumab-adaz subcutaneous pen injector 40 mg/0.4 ml, 80 mg/0.8 ml</i>	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
<i>adalimumab-adaz subcutaneous syringe 10 mg/0.1 ml, 40 mg/0.4 ml</i>	PDL Non-Preferred Brand	PA; SP
<i>adalimumab-adbm subcutaneous pen injector kit 40 mg/0.4 ml, 40 mg/0.8 ml</i>	PDL Preferred Brand	PA; SP; Boehringer Preferred
<i>adalimumab-adbm subcutaneous syringe kit 10 mg/0.2 ml, 20 mg/0.4 ml, 40 mg/0.4 ml, 40 mg/0.8 ml</i>	PDL Preferred Brand	PA; SP; Boehringer Preferred
<i>adalimumab-fkjp subcutaneous pen injector kit 40 mg/0.8 ml</i>	PDL Non-Preferred Brand	PA; SP
<i>adalimumab-fkjp subcutaneous syringe kit 20 mg/0.4 ml, 40 mg/0.8 ml</i>	PDL Non-Preferred Brand	PA; SP
<i>adalimumab-ryvk subcutaneous auto-injector, kit 40 mg/0.4 ml, 80 mg/0.8 ml</i>	PDL Non-Preferred Generic	PA; SP
<i>adalimumab-ryvk subcutaneous syringe kit 40 mg/0.4 ml</i>	PDL Non-Preferred Generic	PA; SP
AMJEVITA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML, 40 MG/0.8 ML, 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
AMJEVITA(CF) SUBCUTANEOUS SYRINGE 10 MG/0.2 ML, 20 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS)	PDL Non-Preferred Brand	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2)	PDL Non-Preferred Brand	PA; SP
CIMZIA SUBCUTANEOUS SYRINGE KIT 200 MG/ML, 400 MG/2 ML (200 MG/ML X 2)	PDL Non-Preferred Brand	PA; SP
CYLTEZO(CF) PEN CROHN'S-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
CYLTEZO(CF) PEN PSORIASIS-UV SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Preferred Brand	PA; SP

Drug	Status	Notes
CYLTEZO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
CYLTEZO(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.4 ML, 40 MG/0.8 ML	PDL Preferred Brand	PA; SP
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML)	PDL Preferred Brand	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML	PDL Preferred Brand	PA; SP
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML)	PDL Preferred Brand	PA; SP
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML)	PDL Preferred Brand	PA; SP
HADLIMA PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
HADLIMA SUBCUTANEOUS SYRINGE 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
HADLIMA(CF) PUSHTOUCH SUBCUTANEOUS AUTO-INJECTOR 40 MG/0.4 ML	PDL Non-Preferred Brand	PA; SP
HADLIMA(CF) SUBCUTANEOUS SYRINGE 40 MG/0.4 ML	PDL Non-Preferred Brand	PA; SP
HULIO(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
HULIO(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.4 ML, 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
HUMIRA SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML	PDL Non- Preferred Brand	PA; SP
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML	PDL Non- Preferred Brand	PA; SP
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PDL Non- Preferred Brand	PA; SP
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PDL Non- Preferred Brand	PA; SP
HYRIMOZ PEN CROHN'S-UC STARTER SUBCUTANEOUS PEN INJECTOR 80 MG/0.8 ML	PDL Non- Preferred Brand	PA; SP
HYRIMOZ PEN PSORIASIS STARTER SUBCUTANEOUS PEN INJECTOR 80MG/0.8ML(X1)- 40 MG/0.4ML(X2)	PDL Non- Preferred Brand	PA; SP
HYRIMOZ(CF) PEDI CROHN STARTER SUBCUTANEOUS SYRINGE 80 MG/0.8 ML, 80 MG/0.8 ML- 40 MG/0.4 ML	PDL Non- Preferred Brand	PA; SP
HYRIMOZ(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.4 ML, 80 MG/0.8 ML	PDL Non- Preferred Brand	PA; SP
HYRIMOZ(CF) SUBCUTANEOUS SYRINGE 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML	PDL Non- Preferred Brand	PA; SP
SIMLANDI(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PDL Non- Preferred Brand	PA; SP
SIMLANDI(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	PDL Non- Preferred Brand	PA; SP
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML	PDL Non- Preferred Brand	PA; SP
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML	PDL Non- Preferred Brand	PA; SP
YUFLYMA(CF) AI CROHN'S-UC-HS SUBCUTANEOUS AUTO-INJECTOR, KIT 80 MG/0.8 ML	PDL Non- Preferred Brand	PA; SP

Drug	Status	Notes
YUFLYMA(CF) AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR, KIT 40 MG/0.4 ML, 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
YUFLYMA(CF) SUBCUTANEOUS SYRINGE KIT 20 MG/0.2 ML, 40 MG/0.4 ML	PDL Non-Preferred Brand	PA; SP
YUSIMRY(CF) PEN SUBCUTANEOUS PEN INJECTOR 40 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP
ZYMFENTRA SUBCUTANEOUS PEN INJECTOR KIT 120 MG/ML	PDL Non-Preferred Brand	PA; SP
ZYMFENTRA SUBCUTANEOUS SYRINGE KIT 120 MG/ML	PDL Non-Preferred Brand	PA; SP
Anti-Inflammatory, Pyrimidine Synthesis Inhibitor		
<i>leflunomide oral tablet 10 mg, 20 mg</i>	Non-PDL Generic	
Anti-Inflammatory, Phosphodiesterase-4(Pde4) Inhib.		
OTEZLA ORAL TABLET 20 MG, 30 MG	PDL Preferred Brand	PA; SP
OTEZLA STARTER ORAL TABLETS, DOSE PACK 10 MG (4)- 20 MG (51), 10 MG (4)-20 MG (4)-30 MG (47)	PDL Preferred Brand	PA; SP
OTEZLA XR INITIATION ORAL TABLET AND TABLET ER DOSE PACK 10-20-30-75 MG	PDL Non-Preferred Brand	PA; SP
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HR 75 MG	PDL Non-Preferred Brand	PA; SP
Antinflammatory, Sel. Costim. Mod., T-Cell Inhibitor		
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML	PDL Non-Preferred Brand	PA; SP
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML	PDL Non-Preferred Brand	PA; SP
Bradykinin B2 Receptor Antagonists		
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
<i>icatibant subcutaneous syringe 30 mg/3 ml</i>	PDL Preferred Generic	PA; SP
SAJAZIR SUBCUTANEOUS SYRINGE 30 MG/3 ML	Non-PDL Generic	PA; SP
C1 Esterase Inhibitors		
BERINERT INTRAVENOUS KIT 500 UNIT (10 ML)	PDL Preferred Brand	PA; SP
CINRYZE INTRAVENOUS RECON SOLN 500 UNIT (5 ML)	PDL Preferred Brand	PA; SP
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT	PDL Non-Preferred Brand	PA; SP
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT	PDL Non-Preferred Brand	PA; SP
Glucocorticoids		
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	PDL Non-Preferred Generic	PA
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	PDL Non-Preferred Generic	PA
<i>cortisone oral tablet 25 mg</i>	Non-PDL Generic	
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	Non-PDL Generic	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	Non-PDL Generic	
<i>dexamethasone oral tablet 0.5 mg, 1 mg, 4 mg</i>	Non-PDL Generic	90 DS
<i>dexamethasone oral tablet 0.75 mg, 1.5 mg, 2 mg, 6 mg</i>	Non-PDL Generic	
<i>dexamethasone oral tablets, dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs)</i>	Non-PDL Generic	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	Non-PDL Generic	
MEDROL ORAL TABLET 2 MG	Non-PDL Brand	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	Non-PDL Generic	
<i>prednisolone oral solution 15 mg/5 ml</i>	Non-PDL Generic	90 DS
<i>prednisolone sodium phosphate oral solution 10 mg/5 ml, 25 mg/5 ml (5 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)</i>	Non-PDL Generic	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml), 15 mg/5 ml (5 ml)</i>	Non-PDL Generic	90 DS
<i>prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg</i>	Non-PDL Generic	
PREDNISON INTENSOL ORAL CONCENTRATE 5 MG/ML	Non-PDL Brand	
<i>prednisone oral solution 5 mg/5 ml</i>	Non-PDL Generic	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	Non-PDL Generic	90 DS
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	Non-PDL Generic	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (21 TABS)	Non-PDL Generic	
Gold Salts		
<i>auranofin oral capsule 3 mg</i>	Non-PDL Generic	
Interleukin-6 (Il-6) Receptor Inhibitors		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PDL Non-Preferred Brand	PA; SP
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PDL Non-Preferred Brand	PA; SP
ENSPRYNG SUBCUTANEOUS SYRINGE 120 MG/ML	PDL Non-Preferred Brand	PA; SP
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML	PDL Non-Preferred Brand	PA; SP
TYENNE AUTOINJECTOR SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
TYENNE SUBCUTANEOUS SYRINGE 162 MG/0.9 ML	PDL Non-Preferred Brand	PA; SP
Janus Kinase (Jak) Inhibitors		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG	PDL Non-Preferred Brand	PA; SP
RINVOQ LQ ORAL SOLUTION 1 MG/ML	PDL Non-Preferred Brand	PA; SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 30 MG, 45 MG	PDL Non-Preferred Brand	PA; SP
XELJANZ ORAL SOLUTION 1 MG/ML	PDL Preferred Brand	PA; SP
XELJANZ ORAL TABLET 10 MG, 5 MG	PDL Preferred Brand	PA; SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG	PDL Non-Preferred Brand	PA; SP
Mineralocorticoids		
<i>fludrocortisone oral tablet 0.1 mg</i>	Non-PDL Generic	
Monoclonal Antibody-Human Interleukin 12/23 Inhib		
IMULDOSA INTRAVENOUS SOLUTION 130 MG/26 ML	PDL Non-Preferred Brand	PA; SP
IMULDOSA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PDL Non-Preferred Brand	PA; SP
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
OTULFI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PDL Non-Preferred Brand	PA; SP
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PDL Preferred Brand	PA; SP

Drug	Status	Notes
SELARSDI SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
SELARSDI SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PDL Non-Preferred Brand	PA; SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PDL Non-Preferred Brand	PA; SP
STEQEYMA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PDL Preferred Brand	PA; SP
<i>ustekinumab subcutaneous solution 45 mg/0.5 ml</i>	PDL Non-Preferred Brand	PA; SP
<i>ustekinumab subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i>	PDL Non-Preferred Brand	PA; SP
<i>ustekinumab-aekn subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i>	PDL Non-Preferred Brand	PA; SP
<i>ustekinumab-ttwe subcutaneous syringe 45 mg/0.5 ml, 90 mg/ml</i>	PDL Non-Preferred Brand	PA; SP
WEZLANA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PDL Non-Preferred Brand	PA; SP
WEZLANA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PDL Non-Preferred Brand	PA; SP
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5 ML	PDL Preferred Brand	PA; SP
YESINTEK SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML	PDL Preferred Brand	PA; SP
Nsaid & Histamine H2 Receptor Antagonist Comb.		
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)

Drug	Status	Notes
Nsaid, Cox Inhibitor-Type & Proton Pump Inhib Comb		
<i>naproxen-esomeprazole oral tablet,ir,delayed rel,biphasic 375-20 mg, 500-20 mg</i>	PDL Non-Preferred Generic	PA
Nsaids (Cox Non-Specific Inhib)& Prostaglandin Cmb		
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG	PDL Non-Preferred Brand	PA
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG	PDL Non-Preferred Brand	PA
<i>diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg</i>	PDL Non-Preferred Generic	PA
Nsaids, Cyclooxygenase 2 Inhibitor - Type		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG	PDL Non-Preferred Brand	PA
<i>celecoxib oral capsule 100 mg, 200 mg</i>	PDL Preferred Generic	90 DS
<i>celecoxib oral capsule 400 mg, 50 mg</i>	PDL Preferred Generic	
VYSCOXIA ORAL SUSPENSION 10 MG/ML	Non-PDL Brand	PA; QL (40 ML per 1 day)
Nsaids, Cyclooxygenase Inhibitor-Type		
ADDAPRIN ORAL TABLET 200 MG	Non-PDL Generic	OTC
ADVIL JUNIOR STRENGTH ORAL TABLET,CHEWABLE 100 MG	Non-PDL Brand	OTC
ADVIL ORAL TABLET 200 MG	Non-PDL Brand	OTC
ALEVE ORAL TABLET 220 MG	Non-PDL Brand	OTC
ALL DAY PAIN RELIEF ORAL TABLET 220 MG	PDL Preferred Generic	OTC
ALL DAY RELIEF ORAL TABLET 220 MG	PDL Preferred Generic	OTC

Drug	Status	Notes
CHILDREN'S ADVIL ORAL SUSPENSION 100 MG/5 ML	Non-PDL Brand	OTC
CHILDREN'S IBUPROFEN ORAL SUSPENSION 100 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S MOTRIN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG	Non-PDL Brand	OTC
CHILDREN'S MOTRIN ORAL SUSPENSION 100 MG/5 ML	Non-PDL Brand	OTC
CHILDREN'S PROFEN IB ORAL SUSPENSION 100 MG/5 ML	Non-PDL Generic	OTC
<i>diclofenac potassium oral capsule 25 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>diclofenac potassium oral tablet 25 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	PDL Non-Preferred Generic	PA
<i>diclofenac sodium oral tablet extended release 24 hr 100 mg</i>	PDL Preferred Generic	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 25 mg</i>	PDL Preferred Generic	
<i>diclofenac sodium oral tablet, delayed release (dr/ec) 50 mg, 75 mg</i>	PDL Preferred Generic	90 DS
<i>etodolac oral capsule 200 mg, 300 mg</i>	PDL Preferred Generic	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PDL Preferred Generic	
<i>etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg</i>	PDL Non-Preferred Generic	PA
<i>fenoprofen oral capsule 200 mg, 400 mg</i>	PDL Non-Preferred Generic	PA
<i>fenoprofen oral tablet 600 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
FLANAX (NAPROXEN) ORAL TABLET 220 MG	PDL Preferred Generic	OTC
<i>flurbiprofen oral tablet 100 mg</i>	PDL Preferred Generic	
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	PDL Preferred Generic	90 DS
IBU-200 ORAL TABLET 200 MG	Non-PDL Generic	OTC
IBUPROFEN IB ORAL TABLET,CHEWABLE 100 MG	Non-PDL Generic	OTC
IBUPROFEN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG	Non-PDL Generic	OTC
<i>ibuprofen oral drops,suspension 50 mg/1.25 ml</i>	Non-PDL Generic	OTC
<i>ibuprofen oral suspension 100 mg/5 ml</i>	Non-PDL Generic	OTC
<i>ibuprofen oral tablet 200 mg</i>	Non-PDL Generic	OTC
<i>ibuprofen oral tablet 300 mg</i>	PDL Non-Preferred Generic	PA
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	PDL Preferred Generic	90 DS
<i>ibuprofen oral tablet,chewable 100 mg</i>	Non-PDL Generic	OTC
<i>indomethacin oral capsule 25 mg</i>	PDL Preferred Generic	
<i>indomethacin oral capsule 50 mg</i>	PDL Preferred Generic	90 DS
<i>indomethacin oral capsule, extended release 75 mg</i>	PDL Preferred Generic	90 DS
<i>indomethacin oral suspension 25 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>indomethacin rectal suppository 100 mg, 50 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
INFANT'S ADVIL ORAL DROPS,SUSPENSION 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANT'S MOTRIN ORAL DROPS,SUSPENSION 50 MG/1.25 ML	Non-PDL Generic	OTC
INFANTS PROFENIB ORAL DROPS,SUSPENSION 50 MG/1.25 ML	Non-PDL Generic	OTC
I-PRIN ORAL TABLET 200 MG	Non-PDL Generic	OTC
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	PDL Non-Preferred Generic	PA
<i>ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg</i>	PDL Non-Preferred Generic	PA
<i>ketorolac injection solution 15 mg/ml, 30 mg/ml, 30 mg/ml (1 ml)</i>	Non-PDL Generic	
<i>ketorolac injection syringe 15 mg/ml</i>	Non-PDL Generic	
<i>ketorolac intramuscular solution 60 mg/2 ml</i>	Non-PDL Generic	
<i>ketorolac oral tablet 10 mg</i>	PDL Preferred Generic	QL (20 EA per 5 FILLs)
LOFENA ORAL TABLET 25 MG	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
LURBIRO ORAL TABLET 100 MG	PDL Preferred Generic	
<i>meclofenamate oral capsule 100 mg, 50 mg</i>	PDL Non-Preferred Generic	PA
MEDIPROXEN ORAL TABLET 220 MG	PDL Preferred Generic	OTC
<i>mefenamic acid oral capsule 250 mg</i>	PDL Non-Preferred Generic	PA
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PDL Preferred Generic	90 DS

Drug	Status	Notes
<i>meloxicam submicronized oral capsule 10 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
MOTRIN IB ORAL TABLET 200 MG	Non-PDL Brand	OTC
<i>nabumetone oral tablet 500 mg</i>	PDL Preferred Generic	90 DS
<i>nabumetone oral tablet 750 mg</i>	PDL Preferred Generic	
NALFON ORAL CAPSULE 400 MG	PDL Non-Preferred Brand	PA
NALFON ORAL TABLET 600 MG	PDL Non-Preferred Brand	PA
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG	PDL Non-Preferred Brand	PA
<i>naproxen oral suspension 125 mg/5 ml</i>	PDL Non-Preferred Generic	PA
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PDL Preferred Generic	90 DS
<i>naproxen oral tablet, delayed release (dr/ec) 375 mg, 500 mg</i>	PDL Preferred Generic	
<i>naproxen sodium oral capsule 220 mg</i>	PDL Preferred Generic	OTC
<i>naproxen sodium oral tablet 220 mg</i>	PDL Preferred Generic	OTC
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	PDL Preferred Generic	
<i>naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg, 750 mg</i>	PDL Non-Preferred Generic	PA
<i>oxaprozin oral tablet 600 mg</i>	PDL Non-Preferred Generic	PA

Drug	Status	Notes
PAIN RELIEF (IBUPROFEN) ORAL TABLET 200 MG	Non-PDL Generic	OTC
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PDL Preferred Generic	
RELAFEN DS ORAL TABLET 1,000 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day); Age (Min 18 Years)
<i>sulindac oral tablet 150 mg</i>	PDL Preferred Generic	90 DS
<i>sulindac oral tablet 200 mg</i>	PDL Preferred Generic	
<i>tolmetin oral capsule 400 mg</i>	PDL Non-Preferred Generic	PA
<i>tolmetin oral tablet 600 mg</i>	PDL Non-Preferred Generic	PA
WAL-PROFEN ORAL TABLET 200 MG	Non-PDL Generic	OTC
WAL-PROXEN ORAL TABLET 220 MG	PDL Preferred Generic	OTC
ZORVOLEX ORAL CAPSULE 35 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
Plasma Kallikrein Inhibitors		
DAWNZERA SUBCUTANEOUS AUTO-INJECTOR 80 MG/0.8 ML	PDL Non-Preferred Brand	PA; SP; QL (0.8 ML per 28 days)
EKTERLY ORAL TABLET 300 MG	PDL Non-Preferred Brand	PA; SP; QL (4 EA per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG	PDL Non-Preferred Brand	PA; SP
ORLADEYO ORAL PELLETS IN PACKET 108 MG, 132 MG, 72 MG, 96 MG	PDL Non-Preferred Brand	PA; SP
TAKHZYRO SUBCUTANEOUS SYRINGE 150 MG/ML, 300 MG/2 ML (150 MG/ML)	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
Local Anesthesia		
Local Anesthetics		
GLYDO MUCOUS MEMBRANE JELLY IN APPLICATOR 2 %	Non-PDL Generic	
<i>lidocaine hcl mucous membrane jelly 2 %</i>	Non-PDL Generic	
<i>lidocaine hcl mucous membrane jelly in applicator 2 %</i>	Non-PDL Generic	
<i>lidocaine hcl mucous membrane solution 2 %, 4 % (40 mg/ml)</i>	Non-PDL Generic	
Lower Gastrointestinal Disorders - Bowel Inflammation		
Bowel Antiinflammatory Agents		
<i>sulfadiazine oral tablet 500 mg</i>	Non-PDL Generic	
Chronic Inflammation: Colon Disease, 5-Aminosalicylate, Rectal Treatment		
CANASA RECTAL SUPPOSITORY 1,000 MG	PDL Non-Preferred Brand	PA
<i>mesalamine rectal enema 4 gram/60 ml</i>	PDL Non-Preferred Generic	PA
<i>mesalamine rectal suppository 1,000 mg</i>	PDL Preferred Generic	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	PDL Non-Preferred Generic	PA
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML	PDL Preferred Brand	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML	PDL Preferred Brand	
Drug Treatment-Chronic Inflammation: Colon Disease, 5-Aminosalicylate		
AZULFIDINE EN-TABS ORAL TABLET, DELAYED RELEASE (DR/EC) 500 MG	PDL Non-Preferred Brand	PA
AZULFIDINE ORAL TABLET 500 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>balsalazide oral capsule 750 mg</i>	PDL Preferred Generic	
DIPENTUM ORAL CAPSULE 250 MG	PDL Non-Preferred Brand	PA
LIALDA ORAL TABLET, DELAYED RELEASE (DR/EC) 1.2 GRAM	PDL Non-Preferred Brand	PA
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	PDL Non-Preferred Generic	PA
<i>mesalamine oral capsule, extended release 500 mg</i>	PDL Non-Preferred Generic	PA
<i>mesalamine oral capsule, extended release 24hr 0.375 gram</i>	PDL Non-Preferred Generic	PA
<i>mesalamine oral tablet, delayed release (dr/ec) 1.2 gram</i>	PDL Preferred Generic	
<i>mesalamine oral tablet, delayed release (dr/ec) 800 mg</i>	PDL Non-Preferred Generic	PA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG	PDL Preferred Brand	
<i>sulfasalazine oral tablet 500 mg</i>	PDL Preferred Generic	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	PDL Preferred Generic	
Hemorrhoidal Prep, Anti-Inflam Steroid/Local Anesth		
ANALPRAM-HC RECTAL CREAM 2.5-1 %	Non-PDL Brand	
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G)	Non-PDL Generic	
<i>hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)</i>	Non-PDL Generic	
<i>lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %</i>	Non-PDL Generic	

Drug	Status	Notes
<i>lidocaine hcl-hydrocortison ac rectal gel 3 %-2.5 % (7 gram)</i>	Non-PDL Generic	
<i>lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram), 3-2.5 % (7 gram)</i>	Non-PDL Generic	
<i>lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %</i>	Non-PDL Generic	
PROCTOFOAM HC RECTAL FOAM 1-1 %	Non-PDL Brand	
Hemorrhoidal Preparations		
HEMORRHOID RECTAL OINTMENT	Non-PDL Generic	OTC
HEMORRHOIDAL (PHENYLEPH-COCOA) RECTAL SUPPOSITORY 0.25-88.44 %	Non-PDL Generic	OTC
HEMORRHOIDAL COOLING TOPICAL GEL 0.25-50 %	Non-PDL Generic	OTC
HEMORRHOIDAL RECTAL OINTMENT	Non-PDL Generic	OTC
HEMORRHOIDAL RECTAL SUPPOSITORY 0.25-3 %	Non-PDL Generic	OTC
HEMORRHOIDAL(PE-MIN OIL-PETRO) RECTAL OINTMENT 0.25-14-74.9 %	Non-PDL Generic	OTC
PREPARATION H (PE) RECTAL SUPPOSITORY 0.25 %	Non-PDL Generic	OTC
PREPARATION H(PE,CB) RECTAL SUPPOSITORY 0.25-88.44 %	Non-PDL Generic	OTC
Ibs Agents,Mixed Opioid Recep Agonists/Antagonists		
VIBERZI ORAL TABLET 100 MG, 75 MG	PDL Non-Preferred Brand	PA
Integrin Receptor Antagonist, Monoclonal Antibody		
ENTYVIO PEN SUBCUTANEOUS PEN INJECTOR 108 MG/0.68 ML	PDL Non-Preferred Brand	PA; SP
Irritable Bowel Agents,Guanylate Cylase-C Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	PDL Preferred Brand	QL (1 EA per 1 day)
Rectal Preparations		
ANUCORT-HC RECTAL SUPPOSITORY 25 MG	Non-PDL Generic	

Drug	Status	Notes
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	Non-PDL Generic	
Rectal/Lower Bowel Prep., Glucocort. (Non-Hemorr)		
<i>budesonide rectal foam 2 mg/actuation</i>	PDL Non-Preferred Generic	PA
<i>hydrocortisone rectal enema 100 mg/60 ml</i>	Non-PDL Generic	
Lower Gastrointestinal Disorders - Other		
Ammonia Inhibitors		
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG	Non-PDL Brand	PA; SP
<i>carglumic acid oral tablet, dispersible 200 mg</i>	Non-PDL Generic	PA; SP
ENULOSE ORAL SOLUTION 10 GRAM/15 ML	Non-PDL Generic	90 DS
GENERLAC ORAL SOLUTION 10 GRAM/15 ML	Non-PDL Generic	90 DS
<i>glycerol phenylbutyrate oral liquid 1.1 gram/ml</i>	Non-PDL Generic	PA; SP
<i>sodium phenylbutyrate oral powder 0.94 gram/gram</i>	Non-PDL Generic	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	Non-PDL Generic	PA; SP
Antidiarrheals		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL CAPSULE 2 MG	Non-PDL Generic	OTC
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG	Non-PDL Generic	OTC
ANTI-DIARRHEAL ORAL SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
BISMUTH ORAL TABLET, CHEWABLE 262 MG	Non-PDL Generic	OTC
<i>bismuth subsalicylate oral tablet, chewable 262 mg</i>	Non-PDL Generic	OTC
DIAMODE ORAL TABLET 2 MG	Non-PDL Generic	OTC
DIARRHEA RELIEF (BISMUTH SUBS) ORAL SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
DIGESTIVE RELIEF ORAL TABLET 262 MG	Non-PDL Generic	OTC
DIOTAME ORAL TABLET, CHEWABLE 262 MG	Non-PDL Generic	OTC

Drug	Status	Notes
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	Non-PDL Generic	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	Non-PDL Generic	
IMODIUM A-D ORAL CAPSULE 2 MG	Non-PDL Generic	OTC
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
KAOPECTATE (BISMUTH SUBSALICY) ORAL TABLET,CHEWABLE 262 MG	Non-PDL Generic	OTC
KAOPECTATE MAX ORAL SUSPENSION 525 MG/15 ML	Non-PDL Generic	OTC
K-PEC ANTIDIARRHEAL (BISM SUB) ORAL SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
<i>loperamide oral capsule 2 mg</i>	Non-PDL Generic	
<i>loperamide oral tablet 2 mg</i>	Non-PDL Generic	OTC
<i>opium tincture oral tincture 10 mg/ml (morphine)</i>	Non-PDL Generic	
PEPTO-BISMOL MAX ST ORAL SUSPENSION 525 MG/15 ML	Non-PDL Brand	OTC
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15 ML	Non-PDL Brand	OTC
PEPTO-BISMOL ORAL TABLET,CHEWABLE 262 MG	Non-PDL Brand	OTC
PEPTO-BISMOL TO-GO ORAL TABLET,CHEWABLE 262 MG	Non-PDL Brand	OTC
PINK BISMUTH MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15 ML	Non-PDL Generic	OTC
PINK BISMUTH ORAL SUSPENSION 525 MG/15 ML	Non-PDL Generic	OTC
PINK BISMUTH ORAL TABLET 262 MG	Non-PDL Generic	OTC
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG	Non-PDL Generic	OTC
SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET 262 MG	Non-PDL Generic	OTC
SOOTHE (BISMUTH SUBSALICYLATE) ORAL TABLET,CHEWABLE 262 MG	Non-PDL Generic	OTC
SOOTHE REGULAR STRENGTH ORAL SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML	Non-PDL Generic	OTC

Drug	Status	Notes
STOMACH RELIEF ORAL SUSPENSION 262 MG/15 ML, 525 MG/15 ML	Non-PDL Generic	OTC
STOMACH RELIEF ORAL TABLET 262 MG	Non-PDL Generic	OTC
STOMACH RELIEF ORAL TABLET,CHEWABLE 262 MG	Non-PDL Generic	OTC
STOMACH RELIEF ORIGINAL ORAL SUSPENSION 262 MG/15 ML	Non-PDL Generic	OTC
ULTRA A-D ORAL TABLET 2 MG	Non-PDL Generic	OTC
Bile Salts		
<i>ursodiol oral capsule 300 mg</i>	Non-PDL Generic	90 DS
<i>ursodiol oral tablet 250 mg, 500 mg</i>	Non-PDL Generic	
Ibs Agents,Sodium-Hydrogen Exchanger 3(Nhe3) Inhib		
IBSRELA ORAL TABLET 50 MG	PDL Non- Preferred Brand	PA
Irritable Bowel Synd. Agent,5Ht-3 Antagonist-Type		
<i>alosetron oral tablet 0.5 mg, 1 mg</i>	PDL Non- Preferred Generic	PA
LOTRONEX ORAL TABLET 0.5 MG, 1 MG	PDL Non- Preferred Brand	PA
Laxatives And Cathartics		
AMITIZA ORAL CAPSULE 8 MCG	PDL Non- Preferred Brand	PA; QL (2 EA per 1 day)
<i>bisacodyl oral tablet,delayed release (dr/ec) 5 mg</i>	Non-PDL Generic	OTC
<i>castor oil oral oil</i>	Non-PDL Generic	
<i>castor oil oral oil 100 %</i>	Non-PDL Generic	OTC
CITROMA ORAL SOLUTION	Non-PDL Generic	OTC
CITRUCEL (SUCROSE) ORAL POWDER	Non-PDL Brand	OTC
CITRUCEL ORAL TABLET 500 MG	Non-PDL Brand	OTC

Drug	Status	Notes
CITRUCEL SUGAR FREE ORAL POWDER	Non-PDL Brand	OTC
C-LAX LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	Non-PDL Generic	OTC
CLEARLAX ORAL POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
CLEARLAX ORAL POWDER IN PACKET 17 GRAM	Non-PDL Generic	OTC
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM- 12 GRAM/175 ML	Preventive	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (350 ML per 1 FILL)
COLACE CLEAR ORAL CAPSULE 50 MG	Non-PDL Brand	OTC
COLACE ORAL CAPSULE 100 MG	Non-PDL Brand	OTC
CONSTULOSE ORAL SOLUTION 10 GRAM/15 ML	Non-PDL Generic	90 DS
DAILY FIBER (PSYLLIUM-SUCROSE) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	Non-PDL Generic	OTC
DAILY FIBER ORAL CAPSULE 0.4 GRAM	Non-PDL Generic	
DAILY FIBER ORAL CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	Non-PDL Generic	OTC
<i>docusate sodium oral liquid 50 mg/5 ml</i>	Non-PDL Generic	OTC
<i>docusate sodium oral syrup 60 mg/15 ml</i>	Non-PDL Generic	OTC
DOCUZEN ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
DULCOLAX (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	Non-PDL Brand	OTC
DULCOLAX (MAGNESIUM HYDROXIDE) ORAL SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
DULCOLAX STOOL SOFTENER (DSS) ORAL CAPSULE 100 MG	Non-PDL Generic	OTC
EVAC-U-GEN (SENNOSIDES) ORAL TABLET 8.6 MG	Non-PDL Generic	OTC

Drug	Status	Notes
FIBER (CALCIUM POLYCARBOPHIL) ORAL TABLET 625 MG	Non-PDL Generic	OTC
FIBER (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
FIBER (PSYLLIUM HUSK-SUGAR) ORAL POWDER 3.4 GRAM/12 GRAM, 3.4 GRAM/7 GRAM	Non-PDL Generic	OTC
FIBER (WITH ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
FIBER LAXATIVE (CA POLYCARBO) ORAL TABLET 625 MG	Non-PDL Generic	OTC
FIBER LAXATIVE (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
FIBER LAXATIVE(METHYLCELLULOS) ORAL TABLET 500 MG	Non-PDL Generic	OTC
FIBER THERAPY (CA POLYCARBOPH) ORAL TABLET 625 MG	Non-PDL Generic	OTC
FIBER THERAPY (M-CELL/SUGAR) ORAL POWDER 2 GRAM/19 GRAM	Non-PDL Generic	OTC
FIBER THERAPY (M-CELLULOSE) ORAL TABLET 500 MG	Non-PDL Generic	OTC
FIBER THERAPY LAXATIVE (HUSK) ORAL CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
FIBER THERAPY(PSYL SEED-SUGAR) ORAL POWDER	Non-PDL Generic	OTC
FIBER-CAPS (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
FIBERCON ORAL TABLET 625 MG	Non-PDL Brand	OTC
FIBER-LAX ORAL TABLET 625 MG	Non-PDL Generic	OTC
FIBER-TABS ORAL TABLET 625 MG	Non-PDL Generic	OTC
FLEET BISACODYL ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	Non-PDL Generic	OTC
FLEET DOCUSATE ORAL CAPSULE 100 MG	Non-PDL Generic	OTC
GAVILAX ORAL POWDER IN PACKET 8.5 GRAM	Non-PDL Generic	OTC

Drug	Status	Notes
GAVILYTE-C ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM	Preventive	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-G ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM	Preventive	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GAVILYTE-N ORAL RECON SOLN 420 GRAM	Preventive	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
GENTLE LAXATIVE (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG	Non-PDL Generic	OTC
GENTLE LAXATIVE (MAG HYDROX) ORAL SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
GENTLELAX ORAL POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
GERI-KOT ORAL TABLET 8.6 MG	Non-PDL Generic	OTC
GERI-MUCIL (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM	Non-PDL Generic	OTC
HEALTHYLAX ORAL POWDER IN PACKET 17 GRAM	Non-PDL Generic	OTC
HYDROCIL ORAL POWDER	Non-PDL Generic	OTC
INSTALAX ORAL POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
KRISTALOSE ORAL PACKET 10 GRAM	Non-PDL Brand	
<i>lactulose oral packet 20 gram</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>lactulose oral solution 10 gram/15 ml</i>	Non-PDL Generic	90 DS
LAX STOOL SOFTENER WITH SENNA ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
LAXA BASIC ORAL CAPSULE 100 MG	Non-PDL Generic	OTC
LAXACIN ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC

Drug	Status	Notes
LAXACLEAR ORAL POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
LAXATIVE (BISACODYL) ORAL TABLET 5 MG	Non-PDL Generic	OTC
LAXATIVE (BISACODYL) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	Non-PDL Generic	OTC
LAXATIVE PEG 3350 ORAL POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>magnesium citrate oral solution</i>	Non-PDL Generic	OTC
<i>magnesium hydroxide oral suspension 400 mg/5 ml</i>	Non-PDL Generic	OTC
METAMUCIL SUGAR-FREE (ASPART) ORAL POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
MILK OF MAGNESIA CONCENTRATED ORAL SUSPENSION 2,400 MG/10 ML	Non-PDL Generic	OTC
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
MINERAL OIL HEAVY ORAL OIL	Non-PDL Generic	OTC
<i>mineral oil oral oil</i>	Non-PDL Generic	OTC
MIX-IN LAXATIVE ORAL POWDER IN PACKET 17 GRAM	Non-PDL Generic	OTC
NATURAL DAILY FIBER ORAL POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER	Non-PDL Generic	OTC
NATURAL FIBER LAXATIVE ORAL CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
NATURAL FIBER LAXATIVE(ASPART) ORAL POWDER	Non-PDL Generic	OTC
NATURAL VEG LAXATIVE(SENNOSID) ORAL TABLET 8.6 MG	Non-PDL Generic	OTC
NATURA-LAX ORAL POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5 ML	Non-PDL Generic	OTC
ONELAX MAGNESIUM CITRATE ORAL SOLUTION	Non-PDL Generic	OTC

Drug	Status	Notes
ONELAX SENNA ORAL SYRUP 8.8 MG/5 ML	Non-PDL Generic	OTC
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram</i>	Preventive	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
<i>peg3350-sod sul-nacl-kcl-asb-c oral powder in packet 100-7.5-2.691 gram</i>	Preventive	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (1 EA per 1 FILL)
<i>peg-electrolyte soln oral recon soln 420 gram</i>	Preventive	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (4000 ML per 1 FILL)
PHILLIPS' LIQUI-GELS ORAL CAPSULE 100 MG	Non-PDL Generic	OTC
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML	Non-PDL Brand	OTC
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM	Preventive	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	Non-PDL Generic	OTC
<i>polyethylene glycol 3350 oral powder in packet 17 gram</i>	Non-PDL Generic	OTC
POWDERLAX ORAL POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
POWDERLAX ORAL POWDER IN PACKET 17 GRAM	Non-PDL Generic	OTC
PROLAXA ORAL CAPSULE 250 MG	Non-PDL Generic	OTC
<i>psyllium husk (with sugar) oral powder 3 gram/7 gram</i>	Non-PDL Generic	
<i>psyllium husk oral capsule 0.4 gram</i>	Non-PDL Generic	
<i>psyllium husk oral capsule 0.52 gram</i>	Non-PDL Generic	OTC
PURELAX ORAL POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
PURELAX ORAL POWDER IN PACKET 17 GRAM	Non-PDL Generic	OTC

Drug	Status	Notes
REGULOID (PSYLLIUM HUSK) ORAL CAPSULE 0.4 GRAM	Non-PDL Generic	
SENEXON-S ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
SENNA LAX ORAL TABLET 8.6 MG	Non-PDL Generic	OTC
SENNA LAXATIVE ORAL TABLET 8.6 MG	Non-PDL Generic	OTC
SENNA ORAL SYRUP 8.8 MG/5 ML	Non-PDL Generic	OTC
SENNA ORAL TABLET 8.6 MG	Non-PDL Generic	OTC
SENNA PLUS ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
SENNA-S ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
SENNA-TIME S ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
<i>sennosides oral syrup 8.8 mg/5 ml</i>	Non-PDL Generic	OTC
<i>sennosides oral tablet 8.6 mg</i>	Non-PDL Generic	OTC
<i>sennosides-docusate sodium oral tablet 8.6-50 mg</i>	Non-PDL Generic	OTC
SENOKOT-S ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
SMOOTHLAX ORAL POWDER 17 GRAM/DOSE	Non-PDL Generic	OTC
SMOOTHLAX ORAL POWDER IN PACKET 17 GRAM	Non-PDL Generic	OTC
<i>sodium,potassium,mag sulfates oral recon soln 17.5-3.13-1.6 gram</i>	Preventive	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (354 ML per 1 FILL)
STIMULANT LAXATIVE PLUS ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
STOOL SOFTENER ORAL CAPSULE 100 MG, 250 MG, 50 MG	Non-PDL Generic	OTC
STOOL SOFTENER ORAL LIQUID 50 MG/5 ML	Non-PDL Generic	OTC
STOOL SOFTENER ORAL SYRUP 60 MG/15 ML	Non-PDL Generic	OTC

Drug	Status	Notes
STOOL SOFTENER-LAXATIVE ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
STOOL SOFTENER-STIMULANT LAXAT ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
SUFLAVE ORAL RECON SOLN 178.7-7.3-0.5 GRAM	Preventive	\$0 COPAY IF USED FOR PREP TX. OTHER RESTRICTIONS MAY APPLY.; QL (2 EA per 1 FILL)
SUTAB ORAL TABLET 1.479-0.188- 0.225 GRAM	Preventive	\$0 COPAY IF QUANTITY IS LIMITED TO 1 TREATMENT COURSE, FILL OF 2 IN 365 DAYS, AND 45-75 YEARS OF AGE; QL (24 EA per 1 FILL)
VEGETABLE LAXATIVE ORAL TABLET 8.6 MG	Non-PDL Generic	OTC
VEGETABLE LAX-STOOL SOFTENER ORAL TABLET 8.6-50 MG	Non-PDL Generic	OTC
WAL-MUCIL FIBER (ASPARTAME) ORAL POWDER 3.4 GRAM/5.8 GRAM	Non-PDL Generic	OTC
WAL-MUCIL FIBER ORAL CAPSULE 0.52 GRAM	Non-PDL Generic	OTC
WAL-MUCIL NATURAL FIBER LAX ORAL POWDER 3.4 GRAM/12 GRAM	Non-PDL Generic	OTC
WOMAN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG	Non-PDL Generic	OTC
WOMEN'S GENTLE LAXATIVE(BISAC) ORAL TABLET,DELAYED RELEASE (DR/EC) 5 MG	Non-PDL Generic	OTC
WOMEN'S LAXATIVE (BISACODYL) ORAL TABLET 5 MG	Non-PDL Generic	OTC
Laxatives, Local/Rectal		
<i>bisacodyl rectal suppository 10 mg</i>	Non-PDL Generic	OTC
CHILDREN'S PROCTOZONE-G RECTAL SUPPOSITORY	Non-PDL Generic	OTC
DULCOLAX (BISACODYL) RECTAL SUPPOSITORY 10 MG	Non-PDL Brand	OTC
ENEMA DISPOSABLE RECTAL ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	OTC
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	OTC
FLEET ENEMA RECTAL ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	OTC
FLEET GLYCERIN (ADULT) RECTAL SUPPOSITORY	Non-PDL Generic	OTC

Drug	Status	Notes
FLEET MINERAL OIL RECTAL ENEMA	Non-PDL Brand	OTC
FLEET PEDIATRIC RECTAL ENEMA 9.5-3.5 GRAM/59 ML	Non-PDL Generic	OTC
GENTLE LAXATIVE (BISACODYL) RECTAL SUPPOSITORY 10 MG	Non-PDL Generic	OTC
<i>glycerin (adult) rectal suppository</i>	Non-PDL Generic	OTC
<i>glycerin (child) rectal suppository</i>	Non-PDL Generic	OTC
LAXATIVE (BISACODYL) RECTAL SUPPOSITORY 10 MG	Non-PDL Generic	OTC
<i>mineral oil rectal enema</i>	Non-PDL Generic	OTC
ONELAX BISACODYL RECTAL SUPPOSITORY 10 MG	Non-PDL Generic	OTC
PEDIATRIC ENEMA RECTAL ENEMA 9.5-3.5 GRAM/59 ML	Non-PDL Generic	OTC
PROCTOZONE-B RECTAL SUPPOSITORY 10 MG	Non-PDL Generic	OTC
PROCTOZONE-GMAX RECTAL SUPPOSITORY	Non-PDL Generic	OTC
PURE AND GENTLE (SALINE) RECTAL ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	OTC
READY-TO-USE ENEMA (MIN OIL) RECTAL ENEMA	Non-PDL Generic	OTC
READY-TO-USE ENEMA RECTAL ENEMA 19-7 GRAM/118 ML	Non-PDL Generic	OTC
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	Non-PDL Generic	OTC
Narcotic Antagonists, Peripherally-Acting		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
SYMPROIC ORAL TABLET 0.2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Sbs - Glucagon-Like Peptide-2 (Glp-2) Analogs		
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG	Non-PDL Brand	PA; SP
GATTEX ONE-VIAL SUBCUTANEOUS KIT 5 MG	Non-PDL Brand	PA; SP
Medical Supplies		

Drug	Status	Notes
Diabetic Supplies		
UNISTIK 3 DUAL LANCET 18 GAUGE	Non-PDL Brand	OTC
Durable Medical Equipment,Misc		
ADULT AEROSOL MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
ADULT DISPOSABLE MOUTHPIECE	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
AERONEB GO	Non-PDL Brand	SP; QL (1 EA per 365 days)
AIR TUBE WITH AIR PLUGS	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
AIRS ADULT AEROSOL MASK	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 1000 KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 1000 PFT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 3000 KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 3000 PFT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 4000 KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 4000 PFT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
ALL FLOW 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)
ALL FLOW 6000 PFT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
BUBBLES THE FISH PEDI MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
CLEVER CHOICE NEB KIT-ADULT	Non-PDL Brand	SP; QL (1 EA per 365 days)
CLEVER CHOICE NEB KIT-CHILD	Non-PDL Brand	SP; QL (1 EA per 365 days)
EASY AIR FILTER	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
EASY NEB FILTER	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
EXPIRATORY MOUTHPIECE	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)

Drug	Status	Notes
EZ TWIST TUBING	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
FILTERS REPLACEMENT	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
INNOSPIRE REPLACEMENT FILTER	Non-PDL Brand	SP; QL (1 EA per 365 days)
INSPIRATION ELITE 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 CONV KIT - SIZE 1 KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
PARI BABY CONV KIT - SIZE 2 KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
PARI BABY CONV KIT - SIZE 3 KIT	Non-PDL Brand	SP; QL (1 EA per 365 days)
PARI BUBBLES PEDI AEROSOL MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
PARI 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 CHILD	Non-PDL Brand	SP; QL (1 EA per 365 days)
PILLOW MASK PEDIATRIC	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
PRONEB ULTRA FILTER SET	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
PRONEB ULTRA II FILTER ASSEM	Non-PDL Brand	SP; QL (1 EA per 365 days)
REUSABLE NEBULIZER KIT KIT	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 FILTER	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SAMI THE SEAL MASK	Non-PDL Brand	SP; QL (1 EA per 365 days)
SIDESTREAM ADULT FACE MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)

Drug	Status	Notes
SIDESTREAM MASK	Non-PDL Brand	SP; QL (1 EA per 365 days)
SILICONE MASK	Non-PDL Brand	SP; QL (1 EA per 365 days)
SMARTMASK BABY WITH ELBOW	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SOOTHENEB NBL100 ADULT MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SOOTHENEB NBL100 CHILD MASK	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SOOTHENEB NBL100 MED CUP	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
SOOTHENEB NBL100 MESH CAP	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
WING TIP TUBING	Non-PDL Brand	SP; OTC; QL (1 EA per 365 days)
Durable Medical Equipment,Misc(Group 1)		
ACCU-CHEK FASTCLIX LANCET DRUM	Non-PDL Brand	OTC
ACCU-CHEK SAFE-T-PRO PLUS 23 GAUGE	Non-PDL Brand	OTC
ACCU-CHEK SOFTCLIX LANCETS	Non-PDL Brand	OTC
ACTI-LANCE LANCETS 17 GAUGE, 23 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
ADVANCED TRAVEL LANCETS 28 GAUGE	Non-PDL Brand	OTC
ADVANTAGE SAFETY LANCET 28 GAUGE	Non-PDL Brand	OTC
ADVOCATE LANCET 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
AGAMATRIX ULTRA-THIN LANCET 33 GAUGE	Non-PDL Brand	OTC
ALTERNATE SITE LANCET 26 GAUGE	Non-PDL Brand	OTC
ASSURE LANCE 25 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
ASSURE LANCE PLUS 21 GAUGE, 25 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
BD MICROTAINER LANCET 1.5 X 2 MM, 21 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
BLULINK BG SYSTEM REFILL KIT 32 GAUGE	Non-PDL Brand	OTC; QL (200 EA per 30 days)

Drug	Status	Notes
BULLSEYE MINI SAFETY LANCETS 21 GAUGE, 25 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
BUTTERFLY TOUCH LANCET 30 GAUGE	Non-PDL Brand	OTC
CAREONE ULTRA THIN LANCET	Non-PDL Brand	OTC
CARESENS LANCETS 30 GAUGE	Non-PDL Brand	OTC
CARETOUCH SAFETY LANCETS 26 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
CARETOUCH TWIST LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Non-PDL Brand	OTC
CHOSEN LANCET 30 GAUGE	Non-PDL Brand	OTC
CHOSEN SAFETY LANCET 28 GAUGE	Non-PDL Brand	OTC
CLEVER CHEK LANCETS 30 GAUGE	Non-PDL Brand	OTC
COAGUCHEK LANCETS	Non-PDL Brand	OTC
COMFORT EZ LANCETS 23 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
COMFORT TOUCH PLUS SAFETY LANC 30 GAUGE	Non-PDL Brand	OTC
COMFORT TOUCH ULT THIN LANCETS 31 GAUGE	Non-PDL Brand	OTC
DROPLET LANCETS 30 GAUGE	Non-PDL Brand	OTC
DROPSAFE ACTI-LANCE 23 GAUGE	Non-PDL Brand	OTC
DROPSAFE MEDLANCE PLUS 30 GAUGE	Non-PDL Brand	OTC
EASY COMFORT LANCETS 30 GAUGE	Non-PDL Brand	OTC
EASY COMFORT SAFETY LANCET 30 GAUGE	Non-PDL Brand	OTC
EASY TOUCH LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Non-PDL Brand	OTC
EASY TOUCH SAFETY LANCETS 21 GAUGE, 23 GAUGE, 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE	Non-PDL Brand	OTC
EASY TOUCH TWIST LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
EASY TWIST AND CAP LANCETS 28 GAUGE	Non-PDL Brand	OTC
EMBRACE LANCETS 30 GAUGE	Non-PDL Brand	OTC
EMBRACE SAFETY LANCET 21 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
EZ SMART LANCETS 28 GAUGE	Non-PDL Brand	OTC
FINGERSTIX LANCETS	Non-PDL Brand	OTC
FONDCIRCLE LANCET 30 GAUGE	Non-PDL Brand	OTC
FORACARE LANCETS 30 GAUGE	Non-PDL Brand	OTC
FREESTYLE LANCETS 28 GAUGE	Non-PDL Brand	OTC
FREESTYLE UNISTIK 2	Non-PDL Brand	OTC
GLUCOCOM LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Non-PDL Brand	OTC
GOJJI LANCETS 30 GAUGE	Non-PDL Brand	OTC
INCONTROL SUPER THIN LANCETS 30 GAUGE	Non-PDL Brand	OTC
INCONTROL ULTRA THIN LANCETS 28 GAUGE	Non-PDL Brand	OTC
INJECT EASE LANCETS 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
INVACARE LANCETS 30 GAUGE	Non-PDL Brand	OTC
<i>lancets , 26 gauge, 28 gauge, 30 gauge, 33 gauge</i>	Non-PDL Brand	OTC
LANCETS, THIN 28 GAUGE	Non-PDL Brand	OTC
MEDISENSE THIN LANCETS 28 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS LANCETS 21 GAUGE, 25 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
MEDLANCE PLUS SPECIAL BLADE 0.8 X 2 MM	Non-PDL Brand	OTC
MICRO THIN LANCETS 33 GAUGE	Non-PDL Brand	OTC
MICROLET LANCET	Non-PDL Brand	OTC

Drug	Status	Notes
MICROLET NEXT LANCET 28 GAUGE	Non-PDL Brand	OTC
MOBILE LANCETS 30 GAUGE	Non-PDL Brand	OTC
MONOLET LANCETS 21 GAUGE	Non-PDL Brand	OTC
MONOLET THIN LANCETS 28 GAUGE	Non-PDL Brand	OTC
MYGLUCOHEALTH LANCETS 30 GAUGE	Non-PDL Brand	OTC
NOVA SAFETY LANCETS 23 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
NOVA SUREFLEX LANCETS	Non-PDL Brand	OTC
ON CALL LANCET 30 GAUGE	Non-PDL Brand	OTC
ONETOUCH DELICA PLUS LANCET 30 GAUGE, 33 GAUGE	Non-PDL Brand	OTC
ONETOUCH DELICA SAFETY LANCET 30 GAUGE	Non-PDL Brand	OTC
ONETOUCH ULTRASOFT 2 LANCET 30 GAUGE	Non-PDL Brand	OTC
ON-THE-GO LANCETS 30 GAUGE	Non-PDL Brand	OTC
PERFECT POINT SAFETY LANCETS 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
PIP LANCET 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
PRESSURE ACTIVATED LANCETS 21 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
PRO COMFORT LANCET 30 GAUGE, 31 GAUGE	Non-PDL Brand	OTC
PRO COMFORT SAFETY LANCET 30 GAUGE	Non-PDL Brand	OTC
PRODIGY LANCETS 26 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
PRODIGY TWIST TOP LANCET 28 GAUGE	Non-PDL Brand	OTC
PURE COMFORT LANCETS 30 GAUGE	Non-PDL Brand	OTC
PURE COMFORT SAFETY LANCETS 30 GAUGE	Non-PDL Brand	OTC
PUSH BUTTON SAFETY LANCETS 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
RELIAMED LANCET 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
RELIAMED SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
RIGHTTEST GL300 LANCETS 30 GAUGE	Non-PDL Brand	OTC
SAFETY LANCETS 21 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
SAFETY-LET LANCETS 30 GAUGE	Non-PDL Brand	OTC
SENSILANCE 21 GAUGE, 26 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
SINGLE-LET	Non-PDL Brand	OTC
SMARTEST LANCET	Non-PDL Brand	OTC
SOLUS V2 LANCETS 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
STERILANCE TL 30 GAUGE, 32 GAUGE	Non-PDL Brand	OTC
SUPER THIN LANCETS 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
SURE COMFORT LANCETS 18 GAUGE, 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
SURE-LANCE , 26 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
SURE-LANCE ULTRA THIN 30 GAUGE	Non-PDL Brand	OTC
SURE-TOUCH LANCET	Non-PDL Brand	OTC
TECHLITE LANCETS 26 GAUGE, 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
TELCARE LANCETS 30 GAUGE	Non-PDL Brand	OTC
TEMPO REFILL KIT WITH GAUZE KIT	Non-PDL Brand	OTC
THIN LANCETS 26 GAUGE	Non-PDL Brand	OTC
TRUE COMFORT LANCET 30 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
TRUE-COMFORT SAFETY LANCET 30 GAUGE	Non-PDL Brand	OTC
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Non-PDL Brand	OTC
TWIST LANCETS 30 GAUGE, 32 GAUGE	Non-PDL Brand	OTC
ULTILET BASIC LANCETS 30 GAUGE	Non-PDL Brand	OTC
ULTILET CLASSIC LANCETS , 28 GAUGE, 30 GAUGE, 33 GAUGE	Non-PDL Brand	OTC
ULTILET LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE	Non-PDL Brand	OTC
ULTILET SAFETY LANCETS 23 GAUGE	Non-PDL Brand	OTC
ULTRA THIN II LANCETS 30 GAUGE	Non-PDL Brand	OTC
ULTRA THIN LANCETS , 28 GAUGE, 30 GAUGE, 31 GAUGE	Non-PDL Brand	OTC
ULTRA TLC LANCETS	Non-PDL Brand	OTC
ULTRA-CARE LANCETS 30 GAUGE	Non-PDL Brand	OTC
ULTRALANCE LANCETS 26 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
ULTRA-THIN II LANCETS 28 GAUGE	Non-PDL Brand	OTC
UNILET COMFORTOUCH LANCET , 26 GAUGE	Non-PDL Brand	OTC
UNILET GP LANCET	Non-PDL Brand	OTC
UNILET LANCET 28 GAUGE, 33 GAUGE	Non-PDL Brand	OTC
UNILET LANCETS 30 GAUGE	Non-PDL Brand	OTC
UNILET SUPER THIN LANCETS 30 GAUGE	Non-PDL Brand	OTC
UNISTIK 2 EXTRA LANCET 21 GAUGE	Non-PDL Brand	OTC
UNISTIK 2 NORMAL LANCET 21 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 COMFORT LANCET 28 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 EXTRA LANCET 21 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
UNISTIK 3 GENTLE 30 GAUGE	Non-PDL Brand	OTC
UNISTIK 3 NORMAL LANCET 23 GAUGE	Non-PDL Brand	OTC
UNISTIK COMFORT LANCETS 28 GAUGE	Non-PDL Brand	OTC
UNISTIK CZT LANCET 23 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
UNISTIK EXTRA LANCETS 21 GAUGE	Non-PDL Brand	OTC
UNISTIK NORMAL LANCETS 23 GAUGE	Non-PDL Brand	OTC
UNISTIK PRO LANCET 21 GAUGE, 25 GAUGE, 28 GAUGE	Non-PDL Brand	OTC
UNISTIK SAFETY 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
UNISTIK TOUCH LANCETS 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
UNIVERSAL 1 LANCETS 26 GAUGE	Non-PDL Brand	OTC
VERIFINE SAFETY LANCET MINI 21 GAUGE, 23 GAUGE, 28 GAUGE, 30 GAUGE	Non-PDL Brand	OTC
VERIFINE UNIVERSAL LANCET 28 GAUGE, 30 GAUGE, 33 GAUGE	Non-PDL Brand	OTC
VIVAGUARD LANCET 30 GAUGE	Non-PDL Brand	OTC
VIVAGUARD SAFETY LANCET 28 GAUGE	Non-PDL Brand	OTC
Syringes And Accessories		
ADVOCATE SYRINGES SYRINGE 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
BD BLUNT PLASTIC CANNULA SYRINGE 17 X 3 ML	Non-PDL Brand	OTC
BD ECLIPSE LUER-LOK SYRINGE 1 ML 30 GAUGE X 1/2", 3 ML 23 X 1", 3 ML 25 X 5/8"	Non-PDL Brand	OTC
BD INTEGRA SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
BD LUER-LOK SYRINGE SYRINGE 3 ML 18 X 1 1/2", 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8", 3 ML 26 X 5/8"	Non-PDL Brand	OTC
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 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 15/64", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
BD SAFETYGLIDE SYRINGE SYRINGE 1 ML 27 GAUGE X 5/8", 3 ML 23 X 1", 3 ML 25 X 5/8"	Non-PDL Brand	OTC
BD SYRINGE-DUAL CANNULA SYRINGE 10 ML 20 GAUGE AND 17 GAUGE	Non-PDL Brand	OTC
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 25 GAUGE X 1", 3 ML 25 X 5/8"	Non-PDL Brand	OTC
CAREPOINT LUER LOCK SYR-NEEDLE SYRINGE 3 ML 23 X 1"	Non-PDL Brand	
CARETOUCH INSULIN SYRINGE SYRINGE 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 28 X 5/16", 1 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
CARETOUCH LUER LOCK SYR-NEEDLE SYRINGE 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 GAUGE X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/2 ", 3 ML 25 X 5/8"	Non-PDL Brand	OTC

Drug	Status	Notes
COMFORT EZ INSULIN SYRINGE 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", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 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 ML 27 GAUGE X 1/2", 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 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INSULIN SYR(HALF UNIT) 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", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 0.5ML 30 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPLET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 15/64", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 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 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 15/64", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
DROPSAFE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16"	Non-PDL Brand	

Drug	Status	Notes
EASY COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.3 ML 31 X 1/2", 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 ML 29 GAUGE X 5/16, 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 29 X5/16 ", 1/2 ML 32 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY GLIDE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 15/64", 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
EASY TOUCH FLIPLOCK INSULIN SYRINGE 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
EASY TOUCH INSULIN SAFETY SYR SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 30 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 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 27 GAUGE X 1/2", 1 ML 27 GAUGE X 5/8", 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, 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
EASY TOUCH LUER LOCK INSULIN SYRINGE 1 ML	Non-PDL Brand	OTC
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 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
EASY TOUCH SYRINGE 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 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
EASY TOUCH UNI-SLIP SYRINGE 1 ML	Non-PDL Brand	OTC

Drug	Status	Notes
EXCEL SYRINGE SYRINGE 3 ML 23 X 1"	Non-PDL Brand	OTC
EXEL INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
EXEL SYRINGE SYRINGE 3 ML 23 GAUGE X 1 1/2", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4"	Non-PDL Brand	OTC
FREESTYLE PRECISION SYRINGE 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
HEALTHWISE INSULIN SYRINGE SYRINGE 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
<i>insulin syr/ndl u100 half mark syringe 0.3 ml 31 gauge x 1/4"</i>	Non-PDL Brand	OTC
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 1/2", 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 1/4", 0.3 ml 31 gauge x 15/64", 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 27 gauge x 5/8", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 3/8", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 1/4", 1 ml 31 gauge x 15/64", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge x 1/2", 1/2 ml 29, 1/2 ml 30 gauge, 1/2 ml 31 gauge x 1/4", 1/2 ml 31 gauge x 15/64"</i>	Non-PDL Brand	OTC
<i>insulin syringe-needle u-100 syringe 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 1 ml 27 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 30 gauge x 1/2", 1/2 ml 27 gauge x 1/2"</i>	Non-PDL Brand	
<i>insulin u-500 syringe-needle syringe 1/2 ml 31 gauge x 15/64"</i>	Non-PDL Brand	

Drug	Status	Notes
MAGELLAN INSULIN SAFETY SYRNG SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16"	Non-PDL Brand	
MAGELLAN SYRINGE SYRINGE 0.3 ML 30 X 5/16", 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
MAXICOMFORT INSULIN SYRINGE SYRINGE 1 ML 27 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2"	Non-PDL Brand	OTC
MAXI-COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT 3CC SYR 25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT INSULIN SAFETY SYRING SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16"	Non-PDL Brand	
MONOJECT INSULIN SYRINGE 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 25 GAUGE X 5/8", 1 ML 27 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
MONOJECT INSULIN SYRINGE SYRINGE 1 ML , 1 ML 28 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16	Non-PDL Brand	
MONOJECT SYRINGE SYRINGE 1/2 ML 28 GAUGE, 3 ML 22 GAUGE X 1"	Non-PDL Brand	
MONOJECT SYRINGE SYRINGE 3 ML 20 GAUGE X 1 1/2", 3 ML 20 GAUGE X 1", 3 ML 20 X 3/4", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 X 1 1/2", 3 ML 23 X 1", 3 ML 25 GAUGE X 1", 3 ML 25 X 1 1/4", 3 ML 25 X 5/8", 3 ML 27 GAUGE X 1 1/4"	Non-PDL Brand	OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE	Non-PDL Brand	OTC

Drug	Status	Notes
PRO COMFORT INSULIN SYRINGE 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
PRODIGY INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
SAFESNAP INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SECURESAFE INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC
SURE COMFORT INSULIN SYRINGE 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", 0.3 ML 31 GAUGE X 1/4", 0.3 ML 31 GAUGE X 5/16", 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 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 1/4", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 31 GAUGE X 1/4"	Non-PDL Brand	OTC
SURE-JECT INSULIN SYRINGE 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 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, 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
SYRINGE 3CC/20GX1" SYRINGE 3 ML 20 GAUGE X 1"	Non-PDL Brand	OTC
SYRINGE 3CC/21GX1" SYRINGE 3 ML 21 GAUGE X 1"	Non-PDL Brand	OTC
SYRINGE 3CC/21GX1-1/2" SYRINGE 3 ML 21 GAUGE X 1 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
SYRINGE 3CC/22GX1" SYRINGE 3 ML 22 GAUGE X 1"	Non-PDL Brand	OTC
SYRINGE 3CC/22GX3/4" SYRINGE 3 ML 22 GAUGE X 3/4"	Non-PDL Brand	OTC
SYRINGE 3CC/25GX1" SYRINGE 3 ML 25 GAUGE X 1"	Non-PDL Brand	OTC
<i>syringe with needle syringe 3 ml 20 gauge x 1 1/2", 3 ml 22 x 1 1/2"</i>	Non-PDL Brand	OTC
<i>syringe with needle syringe 3 ml 23 x 1"</i>	Non-PDL Brand	
TECHLITE INSULIN SYRINGE SYRINGE 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
TECHLITE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 15/64", 0.5 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TERUMO INSULIN SYRINGE SYRINGE 0.3 ML 30 X 3/8", 0.5 ML 29 GAUGE X 1/2", 1 ML 27 GAUGE X 1/2", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 27 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Non-PDL Brand	OTC
TERUMO SYRINGE SYRINGE 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 INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 X 3/8", 0.3 ML 31 X 3/8", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 X 3/8", 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", 1/2 ML 28 GAUGE X 1/2", 1/2 ML 30 X 3/8"	Non-PDL Brand	OTC
TRUE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
TRUE COMFORT PRO INS SYRINGE 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1 ML 32 GAUGE X 5/16", 1/2 ML 32 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
TRUE COMFORT SAFE INSULIN SYRG 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16", 1 ML 32 GAUGE X 5/16"	Non-PDL Brand	OTC
TRUEPLUS INSULIN 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 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, 1/2 ML 28 GAUGE X 1/2"	Non-PDL Brand	OTC
ULTICARE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 1/4", 1 ML 31 GAUGE X 1/4", 1/2 ML 31 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTICARE INSULN SYR(HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTICARE LOW DEAD SPACE SYRING SYRINGE 3 ML 22 X 1 1/2"	Non-PDL Brand	OTC
ULTICARE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
ULTIGUARD SAFEPAK-INSULIN SYR SYRINGE 0.3 ML 30 X 1/2", 0.3 ML 31 X 5/16", 1 ML 30 X 1/2", 1 ML 31 X 5/16", 1/2 ML 30 X 1/2", 1/2 ML 31 X 5/16"	Non-PDL Brand	OTC
ULTILET INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE, 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, 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 29	Non-PDL Brand	OTC
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC

Drug	Status	Notes
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30, 0.3 ML 30 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 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2", 1/2 ML 29 , 1/2 ML 30 GAUGE	Non-PDL Brand	OTC
ULTRA FLO INSUL SYR(HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA FLO INSULIN SYRINGE 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"	Non-PDL Brand	OTC
ULTRACARE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 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 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
ULTRA-FINE INS SYR (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA-FINE INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64"	Non-PDL Brand	OTC
ULTRA-THIN II (SHORT) INS SYR SYRINGE 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 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
ULTRA-THIN II INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2"	Non-PDL Brand	OTC

Drug	Status	Notes
VANISHPOINT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 5/16", 1 ML 30 GAUGE X 3/16"	Non-PDL Brand	OTC
VANISHPOINT SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 3 ML 20 GAUGE X 1", 3 ML 21 GAUGE X 1 1/2", 3 ML 21 GAUGE X 1", 3 ML 22 GAUGE X 1", 3 ML 22 X 1 1/2", 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
VERIFINE INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16	Non-PDL Brand	OTC
Miscellaneous Agents		
Anaphylaxis Therapy Agents		
AUVI-Q INJECTION AUTO-INJECTOR 0.1 MG/0.1 ML, 0.15 MG/0.15 ML, 0.3 MG/0.3 ML	PDL Non-Preferred Brand	PA; QL (2 EA per 365 days)
<i>epinephrine injection auto-injector 0.15 mg/0.15 ml, 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 FILL)
EPIPEN 2-PAK INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
EPIPEN INJECTION AUTO-INJECTOR 0.3 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
EPIPEN JR INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML	PDL Preferred Brand	QL (4 EA per 1 FILL)
NEFFY NASAL SPRAY, NON-AEROSOL 1 MG/SPRAY (0.1 ML), 2 MG/SPRAY (0.1 ML)	PDL Non-Preferred Brand	PA; QL (4 EA per 1 FILL)
Parasympathetic Agents		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	Non-PDL Generic	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	Non-PDL Generic	
Pku Treatment Agents - Phenylalanine Ammonia Lyase		

Drug	Status	Notes
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML	Non-PDL Brand	PA; SP
Pku Tx Agent-Cofactor Of Phenylalanine Hydroxylase		
JAVYGTOR ORAL POWDER IN PACKET 100 MG, 500 MG	Non-PDL Generic	PA; SP
JAVYGTOR ORAL TABLET,SOLUBLE 100 MG	Non-PDL Generic	PA; SP
<i>sapropterin oral powder in packet 100 mg, 500 mg</i>	Non-PDL Generic	PA; SP
<i>sapropterin oral tablet,soluble 100 mg</i>	Non-PDL Generic	PA; SP
ZELVYSIA ORAL POWDER IN PACKET 100 MG, 500 MG	Non-PDL Generic	PA; SP
Neoplastic Disease		
Alkylating Agents		
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	Non-PDL Generic	SP
<i>cyclophosphamide oral tablet 50 mg</i>	Non-PDL Generic	SP
HYDREA ORAL CAPSULE 500 MG	Non-PDL Brand	
<i>hydroxyurea oral capsule 500 mg</i>	Non-PDL Generic	90 DS
LEUKERAN ORAL TABLET 2 MG	Non-PDL Brand	SP
<i>lomustine oral capsule 10 mg, 100 mg, 40 mg</i>	Non-PDL Generic	PA; SP
MYLERAN ORAL TABLET 2 MG	Non-PDL Brand	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	Non-PDL Generic	PA; SP
Antiandrogenic Agents		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	Non-PDL Generic	PA; SP
ABIRTEGA ORAL TABLET 250 MG	Non-PDL Generic	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	Non-PDL Generic	
ERLEADA ORAL TABLET 240 MG, 60 MG	Non-PDL Brand	PA; SP
<i>nilutamide oral tablet 150 mg</i>	Non-PDL Generic	SP; QL (2 EA per 1 day)

Drug	Status	Notes
NUBEQA ORAL TABLET 300 MG	Non-PDL Brand	PA; SP
XTANDI ORAL CAPSULE 40 MG	Non-PDL Brand	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG	Non-PDL Brand	PA; SP
Antimetabolites		
<i>capecitabine oral tablet 150 mg, 500 mg</i>	Non-PDL Generic	PA; SP
INQOVI ORAL TABLET 35-100 MG	Non-PDL Brand	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG	Non-PDL Brand	PA; SP
<i>mercaptopurine oral suspension 20 mg/ml</i>	Non-PDL Generic	SP
<i>mercaptopurine oral tablet 50 mg</i>	Non-PDL Generic	
<i>methotrexate sodium (pf) injection recon soln 1 gram</i>	Non-PDL Generic	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate sodium injection solution 25 mg/ml</i>	Non-PDL Generic	
<i>methotrexate sodium oral tablet 2.5 mg</i>	Non-PDL Generic	
ONUREG ORAL TABLET 200 MG, 300 MG	Non-PDL Brand	PA; SP
TABLOID ORAL TABLET 40 MG	Non-PDL Brand	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG	Non-PDL Brand	
Antineoplastic Aromatase Inhibitors		
<i>anastrozole oral tablet 1 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>exemestane oral tablet 25 mg</i>	Preventive	\$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>letrozole oral tablet 2.5 mg</i>	Non-PDL Generic	90 DS
Antineoplastic - Braf Kinase Inhibitors		
BRAFTOVI ORAL CAPSULE 75 MG	Non-PDL Brand	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
TAFINLAR ORAL TABLET FOR SUSPENSION 10 MG	Non-PDL Brand	PA; SP
ZELBORAF ORAL TABLET 240 MG	Non-PDL Brand	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitor		
DAURISMO ORAL TABLET 100 MG, 25 MG	Non-PDL Brand	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG	Non-PDL Brand	PA; SP
ODOMZO ORAL CAPSULE 200 MG	Non-PDL Brand	PA; SP
Antineoplastic - Janus Kinase (Jak) Inhibitors		
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
JAKAFI XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG, 33 MG, 44 MG, 55 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
Antineoplastic - Kras Protein Inhibitor		
KRAZATI ORAL TABLET 200 MG	Non-PDL Brand	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG	Non-PDL Brand	PA; SP
Antineoplastic - Mek1 And Mek2 Kinase Inhibitors		
COTELLIC ORAL TABLET 20 MG	Non-PDL Brand	PA; SP; QL (63 EA per 28 days)
GOMEKLI ORAL CAPSULE 1 MG, 2 MG	Non-PDL Brand	PA; SP
GOMEKLI ORAL TABLET FOR SUSPENSION 1 MG	Non-PDL Brand	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG	Non-PDL Brand	PA; SP
KOSELUGO ORAL CAPSULE, SPRINKLE 5 MG, 7.5 MG	Non-PDL Brand	PA; SP
MEKINIST ORAL RECON SOLN 0.05 MG/ML	Non-PDL Brand	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG	Non-PDL Brand	PA; SP
MEKTOVI ORAL TABLET 15 MG	Non-PDL Brand	PA; SP; QL (6 EA per 1 day)
Antineoplastic - Mtor Kinase Inhibitors		

Drug	Status	Notes
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 3 MG	Non-PDL Brand	PA; SP
AFINITOR ORAL TABLET 10 MG	Non-PDL Brand	PA; SP
<i>everolimus (antineoplastic) oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	Non-PDL Generic	PA; SP
<i>everolimus (antineoplastic) oral tablet for suspension 2 mg, 3 mg, 5 mg</i>	Non-PDL Generic	PA; SP
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-PDL Generic	PA; SP
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	Non-PDL Generic	PA; SP
Antineoplastic - Topoisomerase I Inhibitors		
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG	Non-PDL Brand	SP
Antineoplastic Immunomodulator Agents		
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	Non-PDL Generic	PA; SP
<i>pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg</i>	Non-PDL Generic	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	Non-PDL Brand	PA; SP
Antineoplastic Lhrh(Gnrh) Antagonist,Pituit.Supprs		
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG	Non-PDL Brand	SP; QL (2 EA per 365 days)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 80 MG	Non-PDL Brand	SP; QL (1 EA per 30 days)
ORGOVYX ORAL TABLET 120 MG	Non-PDL Brand	PA; SP
Antineoplastic Systemic Enzyme Inhibitors		
ALECENSA ORAL CAPSULE 150 MG	Non-PDL Brand	PA; SP
AUGTYRO ORAL CAPSULE 160 MG, 40 MG	Non-PDL Brand	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	Non-PDL Brand	PA; SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG	Non-PDL Brand	PA; SP
BOSULIF ORAL CAPSULE 100 MG, 50 MG	Non-PDL Brand	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
BRUKINSA ORAL CAPSULE 80 MG	Non-PDL Brand	PA; SP
BRUKINSA ORAL TABLET 160 MG	Non-PDL Brand	PA; SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	Non-PDL Brand	PA; SP
CALQUENCE (ACALABRUTINIB MAL) ORAL TABLET 100 MG	Non-PDL Brand	PA; SP
CAPRELSA ORAL TABLET 100 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG	Non-PDL Brand	PA; SP; QL (1 EA per 1 day)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY)	Non-PDL Brand	PA; SP; QL (112 EA per 28 days)
DANZITEN ORAL TABLET 71 MG, 95 MG	Non-PDL Brand	PA; SP
<i>dasatinib oral tablet 100 mg, 140 mg, 20 mg, 50 mg, 70 mg, 80 mg</i>	Non-PDL Generic	PA; SP
ENSACOVE ORAL CAPSULE 100 MG, 25 MG	Non-PDL Brand	PA; SP
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	Non-PDL Generic	PA; SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	Non-PDL Brand	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG	Non-PDL Brand	PA; SP
GAVRETO ORAL CAPSULE 100 MG	Non-PDL Brand	PA; SP
<i>gefitinib oral tablet 250 mg</i>	Non-PDL Generic	PA; SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	Non-PDL Brand	PA; SP
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	Non-PDL Brand	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	Non-PDL Brand	PA; SP
IBTROZI ORAL CAPSULE 200 MG	Non-PDL Brand	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	Non-PDL Brand	PA; SP
<i>imatinib oral tablet 100 mg, 400 mg</i>	Non-PDL Generic	PA; SP

Drug	Status	Notes
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG	Non-PDL Brand	PA; SP
IMBRUVICA ORAL SUSPENSION 70 MG/ML	Non-PDL Brand	PA; SP
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	Non-PDL Brand	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG	Non-PDL Brand	PA; SP
INREBIC ORAL CAPSULE 100 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
ITOVEBI ORAL TABLET 3 MG, 9 MG	Non-PDL Brand	PA; SP
IWILFIN ORAL TABLET 192 MG	Non-PDL Brand	PA; SP
JAYPIRCA ORAL TABLET 100 MG, 50 MG	Non-PDL Brand	PA; SP
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3)	Non-PDL Brand	PA; SP
<i>lapatinib oral tablet 250 mg</i>	Non-PDL Generic	PA; SP
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY (10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X 2), 20 MG/DAY (10 MG X 2), 24 MG/DAY (10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2)	Non-PDL Brand	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG	Non-PDL Brand	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG	Non-PDL Brand	PA; SP
LYTGOBI ORAL TABLET 12 MG/DAY (4 MG X 3), 16 MG/DAY (4 MG X 4), 20 MG/DAY (4 MG X 5)	Non-PDL Brand	PA; SP
NERLYNX ORAL TABLET 40 MG	Non-PDL Brand	PA; SP
<i>nilotinib hcl oral capsule 150 mg, 200 mg, 50 mg</i>	Non-PDL Generic	PA; SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	Non-PDL Brand	PA; SP
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	Non-PDL Brand	PA; SP
<i>pazopanib oral tablet 200 mg, 400 mg</i>	Non-PDL Generic	PA; SP

Drug	Status	Notes
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	Non-PDL Brand	PA; SP
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2)	Non-PDL Brand	PA; SP
QINLOCK ORAL TABLET 50 MG	Non-PDL Brand	PA; SP
RETEVMO ORAL TABLET 120 MG, 160 MG, 40 MG, 80 MG	Non-PDL Brand	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG	Non-PDL Brand	PA; SP
ROZLYTREK ORAL PELLETS IN PACKET 50 MG	Non-PDL Brand	PA; SP
RYDAPT ORAL CAPSULE 25 MG	Non-PDL Brand	PA; SP
SCEMBLIX ORAL TABLET 100 MG, 20 MG, 40 MG	Non-PDL Brand	PA; SP
<i>sorafenib oral tablet 200 mg</i>	Non-PDL Generic	PA; SP
STIVARGA ORAL TABLET 40 MG	Non-PDL Brand	PA; SP; QL (3 EA per 1 day)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	Non-PDL Generic	PA; SP
TABRECTA ORAL TABLET 150 MG, 200 MG	Non-PDL Brand	PA; SP
TAGRISSE ORAL TABLET 40 MG, 80 MG	Non-PDL Brand	PA; SP
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	Non-PDL Brand	PA; SP
TEPMETKO ORAL TABLET 225 MG	Non-PDL Brand	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG	Non-PDL Brand	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG	Non-PDL Brand	PA; SP
TURALIO ORAL CAPSULE 125 MG	Non-PDL Brand	PA; SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	Non-PDL Brand	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	Non-PDL Brand	PA; SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG	Non-PDL Brand	PA; SP

Drug	Status	Notes
VITRAKVI ORAL SOLUTION 20 MG/ML	Non-PDL Brand	PA; SP
VONJO ORAL CAPSULE 100 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
XALKORI ORAL CAPSULE 200 MG, 250 MG	Non-PDL Brand	PA; SP
XALKORI ORAL PELLETT 150 MG, 20 MG, 50 MG	Non-PDL Brand	PA; SP
XOSPATA ORAL TABLET 40 MG	Non-PDL Brand	PA; SP
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	Non-PDL Brand	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG	Non-PDL Brand	PA; SP
ZYKADIA ORAL TABLET 150 MG	Non-PDL Brand	PA; SP
Antineoplastic,Histone Deacetylase Inhibitors,Hdis		
ZOLINZA ORAL CAPSULE 100 MG	Non-PDL Brand	PA; SP; QL (4 EA per 1 day)
Antineoplastic-B Cell Lymphoma-2(Bcl-2) Inhibitors		
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG	Non-PDL Brand	PA; SP
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG	Non-PDL Brand	PA; SP
Antineoplastic-Enzyme Inhib, Antiandrogen Comb.		
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	Non-PDL Brand	PA; SP
Antineoplastic-Hypoxia Inducible Factor (Hif) Inh		
WELIREG ORAL TABLET 40 MG	Non-PDL Brand	PA; SP
Antineoplastic-Isocitrate Dehydrogenase Inhibitors		
REZLIDHIA ORAL CAPSULE 150 MG	Non-PDL Brand	PA; SP
TIBSOVO ORAL TABLET 250 MG	Non-PDL Brand	PA; SP
VORANIGO ORAL TABLET 10 MG, 40 MG	Non-PDL Brand	PA; SP
Antineoplastics,Miscellaneous		

Drug	Status	Notes
<i>etoposide oral capsule 50 mg</i>	Non-PDL Generic	
LYSODREN ORAL TABLET 500 MG	Non-PDL Brand	SP
MATULANE ORAL CAPSULE 50 MG	Non-PDL Brand	SP
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	Non-PDL Generic	SP
Antineoplastic-Select Inhib Of Nuclear Exp (Sine)		
XPOVIO ORAL TABLET 100 MG/WEEK (50 MG X 2), 40 MG/WEEK (10 MG X 4), 40MG TWICE WEEK (40 MG X 2), 60 MG/WEEK (60 MG X 1), 60MG TWICE WEEK (120 MG/WEEK), 80 MG/WEEK (40 MG X 2), 80 MG/WEEK (80 MG X 1), 80MG TWICE WEEK (160 MG/WEEK)	Non-PDL Brand	PA; SP
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	Non-PDL Generic	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM	Non-PDL Brand	SP; QL (24 EA per 14 days)
Intrapleural Sclerosing Agents, Antineoplast. Adj.		
<i>sterile talc intrapleural suspension for reconstitution 5 gram</i>	Non-PDL Generic	
Radioactive Therapeutic Agents		
<i>sodium iodide-123 oral capsule 7.4 mbq (200 microci)</i>	Non-PDL Generic	SP
Selective Estrogen Receptor Modulators (Serm)		
INLURIYO ORAL TABLET 200 MG	Non-PDL Brand	PA; SP; QL (2 EA per 1 day)
ORSERDU ORAL TABLET 345 MG, 86 MG	Non-PDL Brand	PA; SP
SOLTAMOX ORAL SOLUTION 20 MG/10 ML	Non-PDL Brand	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	Preventive	90 DS; \$0 COPAY IF QUANTITY 1 IN 1 DAY AND 35 YEARS OF AGE OR OLDER
<i>toremifene oral tablet 60 mg</i>	Non-PDL Generic	PA; SP
Selective Retinoid X Receptor Agonists (Rxr)		

Drug	Status	Notes
<i>bexarotene oral capsule 75 mg</i>	Non-PDL Generic	PA; SP
Steroid Antineoplastics		
<i>megestrol oral tablet 20 mg, 40 mg</i>	PDL Preferred Generic	90 DS
Neurological Disease - Miscellaneous		
Agents To Treat Multiple Sclerosis		
AUBAGIO ORAL TABLET 14 MG, 7 MG	PDL Non-Preferred Brand	PA; SP
AVONEX INTRAMUSCULAR PEN INJECTOR 30 MCG/0.5 ML	PDL Preferred Brand	SP
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML	PDL Preferred Brand	SP; QL (1 EA per 28 days)
AVONEX INTRAMUSCULAR SYRINGE 30 MCG/0.5 ML	PDL Preferred Brand	SP
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML	PDL Preferred Brand	SP; QL (1 EA per 28 days)
BAFIERTAM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 95 MG	PDL Non-Preferred Brand	PA; SP
BETASERON SUBCUTANEOUS KIT 0.3 MG	PDL Preferred Brand	PA; SP; QL (15 EA per 30 days)
<i>cladribine(multiple sclerosis) oral tablet 10 mg</i>	PDL Non-Preferred Generic	PA; SP
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML	PDL Preferred Brand	SP; QL (30 ML per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML	PDL Non-Preferred Brand	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg (14)- 240 mg (46)</i>	PDL Non-Preferred Generic	PA; SP
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 240 mg</i>	PDL Preferred Generic	PA; SP

Drug	Status	Notes
<i>fingolimod oral capsule 0.5 mg</i>	PDL Preferred Generic	PA; SP
GILENYA ORAL CAPSULE 0.25 MG, 0.5 MG	PDL Non-Preferred Brand	PA; SP
<i>glatiramer subcutaneous syringe 20 mg/ml</i>	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
<i>glatiramer subcutaneous syringe 40 mg/ml</i>	PDL Non-Preferred Generic	PA; SP
GLATOPA SUBCUTANEOUS SYRINGE 20 MG/ML	PDL Non-Preferred Generic	PA; SP; QL (30 ML per 30 days)
GLATOPA SUBCUTANEOUS SYRINGE 40 MG/ML	PDL Non-Preferred Generic	PA; SP
KESIMPTA PEN SUBCUTANEOUS PEN INJECTOR 20 MG/0.4 ML	PDL Non-Preferred Brand	PA; SP
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA; SP
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG	PDL Non-Preferred Brand	PA; SP

Drug	Status	Notes
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG	PDL Non-Preferred Brand	PA; SP
MAYZENT STARTER(FOR 1MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (7 TABS)	PDL Non-Preferred Brand	PA; SP
MAYZENT STARTER(FOR 2MG MAINT) ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS)	PDL Non-Preferred Brand	PA; SP
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML	PDL Non-Preferred Brand	PA; SP
PONVORY 14-DAY STARTER PACK ORAL TABLETS,DOSE PACK 2 MG (2) - 10 MG (3)	PDL Non-Preferred Brand	PA; SP
PONVORY ORAL TABLET 20 MG	PDL Non-Preferred Brand	PA; SP
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML	PDL Preferred Brand	SP; QL (6 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PDL Preferred Brand	SP
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6)	PDL Preferred Brand	SP
TASCENSO ODT ORAL TABLET,DISINTEGRATING 0.25 MG, 0.5 MG	PDL Non-Preferred Brand	PA; SP
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG	PDL Non-Preferred Brand	PA; SP
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	PDL Preferred Generic	PA; SP

Drug	Status	Notes
VUMERITY ORAL CAPSULE,DELAYED RELEASE(DR/EC) 231 MG	PDL Non-Preferred Brand	PA; SP
Agts Tx Neuromusc Transmission Dis,Pot-Chan Blkr		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG	PDL Non-Preferred Brand	PA; SP
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	PDL Preferred Generic	PA; SP
Amyotrophic Lateral Sclerosis Agents		
<i>riluzole oral tablet 50 mg</i>	Non-PDL Generic	
Fibromyalgia Agents,Serotonin-Norepineph Ru Inhib		
<i>milnacipran oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	Non-PDL Generic	QL (2 EA per 1 day)
<i>milnacipran oral tablets,dose pack 12.5 mg (5)-25 mg(8)-50 mg(42)</i>	Non-PDL Generic	QL (2 EA per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	PDL Preferred Brand	QL (2 EA per 1 day)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42)	PDL Preferred Brand	QL (2 EA per 1 day)
Heat Shock Protein (Hsp) Modulating Agents		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	Non-PDL Brand	PA; SP
Movement Disorders(Drug Therapy)		
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
HORIZANT ORAL TABLET EXTENDED RELEASE 600 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	Non-PDL Generic	PA; SP
Neuropathic Agents		
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 82.5 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)

Drug	Status	Notes
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 330 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 165 mg, 82.5 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>pregabalin oral tablet extended release 24 hr 330 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
Postherpetic Neuralgia Agents		
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 450 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 600 MG, 750 MG, 900 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
Sphingosine 1-Phosphate (S1p) Receptor Modulator		
VELSIPITY ORAL TABLET 2 MG	PDL Non-Preferred Brand	PA; SP
ZEPOSIA ORAL CAPSULE 0.92 MG	PDL Non-Preferred Brand	PA; SP
ZEPOSIA STARTER KIT (28-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG-0.46 MG - 0.92 MG (21)	PDL Non-Preferred Brand	PA; SP
ZEPOSIA STARTER PACK (7-DAY) ORAL CAPSULE,DOSE PACK 0.23 MG (4)- 0.46 MG (3)	PDL Non-Preferred Brand	PA; SP
Oral/Pharyngeal Disorders		
Dental Aids And Preparations		
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	Non-PDL Generic	
ORALONE DENTAL PASTE 0.1 %	Non-PDL Generic	
PERIOGARD MUCOUS MEMBRANE MOUTHWASH 0.12 %	Non-PDL Generic	
<i>triamcinolone acetonide dental paste 0.1 %</i>	Non-PDL Generic	
Nose Preparations, Miscellaneous (Rx)		
<i>ipratropium bromide nasal spray,non-aerosol 21 mcg (0.03 %)</i>	PDL Preferred Generic	90 DS

Drug	Status	Notes
<i>ipratropium bromide nasal spray,non-aerosol 42 mcg (0.06 %)</i>	PDL Preferred Generic	
Periodontal Collagenase Inhibitors		
<i>doxycycline hyclate oral tablet 20 mg</i>	Non-PDL Generic	
Other Drugs		
Abortifacient,Progesterone Receptor Antagonist-Typ		
<i>mifepristone oral tablet 200 mg</i>	Non-PDL Generic	
Antidotes,Miscellaneous		
ACTIDOSE-AQUA ORAL SUSPENSION 50 GRAM/240 ML	Non-PDL Generic	OTC
INSTA-CHAR-SORBITOL ORAL SUSPENSION 50 GRAM/240 ML	Non-PDL Generic	OTC
Antioxidant Agents		
ANTIOXIDANT A/C/E/SELENIUM ORAL CAPSULE	Non-PDL Generic	
EYE HEALTH AREDS-2 ORAL CAPSULE 250-90-40-1 MG	Non-PDL Generic	
HEALTHY EYES LUTEIN-ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG	Non-PDL Generic	
<i>lutein oral capsule 20 mg, 40 mg, 6 mg</i>	Non-PDL Generic	
OCUVITE LUTEIN AND ZEAXANTHIN ORAL CAPSULE 60 MG-13.5 MG- 15 MG-2 MG-6 MG	Non-PDL Generic	
PRESERVISION AREDS-2 ORAL CAPSULE 250-90-40-1 MG	Non-PDL Generic	
Antipsychotics, Muscarinic Agonist/Antagonist Comb		
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	PDL Non-Preferred Brand	PA
COBENFY STARTER PACK ORAL CAPSULE,DOSE PACK 50 MG-20 MG /100 MG-20 MG	PDL Non-Preferred Brand	PA
Antiretroviral - Capsid Inhibitors (Prep)		
YEZTUGO ORAL TABLET 300 MG	Non-PDL Brand	PA; SP
Appetite Stim. For Anorexia,Cachexia,Wasting Synd.		

Drug	Status	Notes
<i>megestrol oral suspension 400 mg/10 ml (10 ml), 400 mg/10 ml (40 mg/ml)</i>	PDL Preferred Generic	
<i>megestrol oral suspension 625 mg/5 ml (125 mg/ml)</i>	PDL Non-Preferred Generic	PA
Blood Testing Preparations, In-Vitro		
PRECISION XTRA B-KETONE STRIP	Non-PDL Brand	SP; OTC; QL (200 EA per 30 days)
Bulk Chemicals		
<i>glutaraldehyde solution 25 %</i>	Non-PDL Generic	PA
Condoms		
AIMSCO LATEX CONDOM DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
DUREX AVANTI BARE REAL FEEL	Preventive	OTC; IF QL=60 THEN \$0 COPAY
DUREX EXTRA SENSITIVE CONDOM DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
DUREX TROPICAL CONDOM DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
FANTASY CONDOM DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
FC2 FEMALE CONDOM	Preventive	OTC; IF QL=60 THEN \$0 COPAY
KIMONO LUBRICATED CONDOMS DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
KIMONO MICROTHIN AQUA LUBE CON DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
KIMONO MICROTHIN CONDOMS DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
KIMONO MICROTHIN LARGE CONDOMS DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
KIMONO TEXTURED CONDOMS DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
KIMONO THIN LUBRICATED CONDOMS DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
TROJAN BARESKIN DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
TROJAN ULTRA RIBBED CONDOM DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
TRUE COVER CONDOM DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
TRUSTEX LATEX CONDOM DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
TRUSTEX LUBRICATED CONDOMS DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
TRUSTEX NON-LUB CONDOMS DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
TRUSTEX-RIA LUB/SPERMICIDE DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
TRUSTEX-RIA LUBRICATED CONDOMS DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY
TRUSTEX-RIA NON-LUB CONDOMS DEVICE	Preventive	OTC; IF QL=60 THEN \$0 COPAY

Drug	Status	Notes
Dietary Supplement, Miscellaneous		
<i>acetylcysteine oral capsule 600 mg</i>	Non-PDL Generic	
DIABETIC SUPPORT FORMULA ORAL TABLET 167-100-83 MCG	Non-PDL Generic	
HAIR, SKIN AND NAILS ADVANCED ORAL TABLET 3.3 MG IRON-25 MCG	Non-PDL Generic	
NAC ORAL CAPSULE 600 MG	Non-PDL Generic	
Drugs To Treat Hereditary Tyrosinemia		
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	Non-PDL Generic	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG	Non-PDL Brand	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML	Non-PDL Brand	PA; SP
Drugs To Tx Gaucher Dx-Type 1, Substrate Reducing		
CERDELGA ORAL CAPSULE 84 MG	Non-PDL Brand	PA; SP
<i>miglustat oral capsule 100 mg</i>	Non-PDL Generic	PA; SP
YARGESA ORAL CAPSULE 100 MG	Non-PDL Generic	PA; SP
Factor Xii Inhibitors		
ANDEMBRY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 200 MG/1.2 ML	PDL Non- Preferred Brand	PA; SP
Gastrointestinal Radiopaque Diagnostics		
<i>diatrizoate meg-diatrizoat sod oral solution 66-10 %</i>	Non-PDL Generic	SP
MD-GASTROVIEW ORAL SOLUTION 66-10 %	Non-PDL Generic	SP
General Inhalation Agents		
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 3 %	Non-PDL Generic	
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	Non-PDL Generic	90 DS
<i>sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %</i>	Non-PDL Generic	
Metabolic Deficiency Agents		
AQNEURSA ORAL GRANULES IN PACKET 1 GRAM	Non-PDL Brand	PA; SP

Drug	Status	Notes
<i>betaine oral powder 1 gram/scoop</i>	Non-PDL Generic	PA; SP
CYSTADANE ORAL POWDER 1 GRAM/SCOOP	Non-PDL Brand	PA; SP
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	Non-PDL Generic	
<i>levocarnitine oral tablet 330 mg</i>	Non-PDL Generic	
Metabolic Disease Enzyme Replace, Hypophosphatasia		
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML	Non-PDL Brand	PA; SP
Metallic Poison, Agents To Treat		
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	Non-PDL Generic	PA; SP
<i>deferiprone oral tablet 1,000 mg, 500 mg</i>	Non-PDL Generic	PA; SP
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	Non-PDL Generic	PA
FERRIPROX ORAL SOLUTION 100 MG/ML	Non-PDL Brand	PA; SP
Needles/Needleless Devices		
1ST TIER UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
1ST TIER UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ADVOCATE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Non-PDL Brand	OTC
AQINJECT PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ASSURE ID DUO PRO SFTY PEN NDL NEEDLE 31 GAUGE X 3/16"	Non-PDL Brand	OTC
ASSURE ID PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ASSURE ID PRO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Non-PDL Brand	OTC
AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16"	Non-PDL Brand	OTC

Drug	Status	Notes
CAREFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
CARETOUCH PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
CLICKFINE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
COMFORT EZ PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/16", 33 GAUGE X 5/32"	Non-PDL Brand	OTC
COMFORT EZ PRO SAFETY PEN NDL NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/32"	Non-PDL Brand	OTC
COMFORT TOUCH PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Non-PDL Brand	OTC
DROPLET MICRON PEN NEEDLE NEEDLE 34 GAUGE X 9/64"	Non-PDL Brand	OTC
DROPLET PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 29 GAUGE X 3/8", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 31 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY COMFORT PEN NEEDLES NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/32", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Non-PDL Brand	OTC

Drug	Status	Notes
EASY COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY GLIDE PEN NEEDLE NEEDLE 33 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY TOUCH NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
EASY TOUCH PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Non-PDL Brand	OTC
EASY TOUCH SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16", 30 GAUGE X 1/4", 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Non-PDL Brand	OTC
EMBRACE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
HEALTHWISE PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
INCONTROL PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
INSUPEN PEN NEEDLE NEEDLE 32 GAUGE X 1/4"	Non-PDL Brand	
MAXICOMFORT II PEN NEEDLE NEEDLE 31 GAUGE X 1/4"	Non-PDL Brand	OTC
MAXICOMFORT SAFETY PEN NEEDLE NEEDLE 29 GAUGE X 3/16", 29 GAUGE X 5/16"	Non-PDL Brand	OTC
MINI ULTRA-THIN II NEEDLE 31 GAUGE X 3/16"	Non-PDL Brand	OTC
NANO 2ND GEN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Non-PDL Brand	OTC
NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Non-PDL Brand	OTC

Drug	Status	Notes
NOVOFINE 32 NEEDLE 32 GAUGE X 1/4"	Non-PDL Brand	OTC
NOVOFINE PLUS NEEDLE 32 GAUGE X 1/6"	Non-PDL Brand	OTC
PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PEN NEEDLE NEEDLE 30 GAUGE X 5/16", 31 GAUGE X 3/16"	Non-PDL Brand	
<i>pen needle, diabetic needle 29 gauge x 1/2", 29 gauge x 15/32", 30 gauge x 3/16", 30 gauge x 5/16", 31 gauge x 1/3", 31 gauge x 1/4", 31 gauge x 1/6", 31 gauge x 13/64", 31 gauge x 15/64", 31 gauge x 3/16", 31 gauge x 5/16", 31 gauge x 5/32", 32 gauge x 1/4", 32 gauge x 3/16", 32 gauge x 5/16", 32 gauge x 5/32", 33 gauge x 1/4", 33 gauge x 3/16", 33 gauge x 5/32"</i>	Non-PDL Brand	OTC
<i>pen needle, diabetic, safety needle 31 gauge x 3/16", 31 gauge x 5/32"</i>	Non-PDL Brand	OTC
PENTIPS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PIP PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PREVENT DROPSAFE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 5/16"	Non-PDL Brand	OTC
PRO COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PURE COMFORT PEN NEEDLE NEEDLE 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
PURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 3/16"	Non-PDL Brand	OTC
SECURESAFE PEN NEEDLE NEEDLE 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SIMPLI PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Non-PDL Brand	OTC

Drug	Status	Notes
SKY SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Non-PDL Brand	OTC
SURE COMFORT PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 30 GAUGE X 5/16", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
SURE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
SURE-FINE PEN NEEDLES NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16"	Non-PDL Brand	OTC
TECHLITE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TECHLITE PLUS PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TRUE COMFORT PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 1/4", 33 GAUGE X 3/16", 33 GAUGE X 5/32"	Non-PDL Brand	OTC
TRUE COMFORT SAFETY PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TRUE-COMFORT PRO PEN NEEDLE NEEDLE 31 GAUGE X 15/64", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
TRUEPLUS PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTICARE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTICARE SAFETY PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTIGUARD SAFEPAK-PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Non-PDL Brand	OTC

Drug	Status	Notes
ULTILET PEN NEEDLE NEEDLE 29 GAUGE, 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTRA FLO PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTRA THIN PEN NEEDLE NEEDLE 32 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTRACARE PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 3/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Non-PDL Brand	OTC
ULTRA-FINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4"	Non-PDL Brand	OTC
ULTRA-THIN II (SHORT) PEN NDL NEEDLE 31 GAUGE X 5/16"	Non-PDL Brand	OTC
ULTRA-THIN II INS PEN NEEDLES NEEDLE 29 GAUGE X 1/2"	Non-PDL Brand	OTC
UNIFINE OTC PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE PENTIPS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE PENTIPS PLUS MAXFLOW NEEDLE 30 GAUGE X 3/16"	Non-PDL Brand	OTC
UNIFINE PENTIPS PLUS NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32", 33 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE PROTECT NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
UNIFINE SAFECONTROL PEN NEEDLE NEEDLE 30 GAUGE X 3/16", 30 GAUGE X 5/16", 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC

Drug	Status	Notes
UNIFINE ULTRA PEN NEEDLE NEEDLE 31 GAUGE X 1/4", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
VERIFINE PEN NEEDLE NEEDLE 29 GAUGE X 1/2", 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 1/4", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
VERIFINE PLUS PEN NEEDLE NEEDLE 31 GAUGE X 3/16", 31 GAUGE X 5/16", 32 GAUGE X 5/32"	Non-PDL Brand	OTC
VERIFINE PLUS PEN NEEDLE-SHARP NEEDLE 32 GAUGE X 5/32"	Non-PDL Brand	OTC
Nose Preparations, Miscellaneous (Otc)		
ALTAMIST NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Generic	OTC
AYR SALINE NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Generic	OTC
AYR SALINE NASAL DROPS 0.65 %	Non-PDL Generic	OTC
BABY AYR SALINE NASAL DROPS 0.65 %	Non-PDL Generic	OTC
CHILDREN'S SALINE NASAL SPRAY NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Generic	OTC
DEEP SEA NASAL NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Generic	OTC
LITTLE REMEDIES NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Brand	OTC
LITTLE REMEDIES SALINE NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Generic	OTC
NASAL MOISTURIZING NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Generic	OTC
NASAL SPRAY (SODIUM CHLORIDE) NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Generic	OTC
SALINE MIST NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Generic	OTC
SALINE NASAL MIST NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Generic	OTC
SALINE NASAL NASAL AEROSOL,SPRAY 0.65 %	Non-PDL Generic	OTC
Ophthalmic Trpm8 Agonists		
TRYPTYR OPHTHALMIC (EYE) DROPPERETTE 0.003 %	PDL Non-Preferred Brand	PA
Somatostatic Agents		

Drug	Status	Notes
<i>octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	Non-PDL Generic	SP
<i>octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)</i>	Non-PDL Generic	SP
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML)	Non-PDL Brand	PA; SP
Urine Acetone Test Aids		
KETONE CARE STRIP	Non-PDL Brand	SP; OTC
KETONE URINE TEST STRIP	Non-PDL Brand	SP; OTC
KETOSTIX STRIP	Non-PDL Brand	SP; OTC
TRUEPLUS KETONE STRIP	Non-PDL Brand	SP; OTC
Vehicles		
SYRSPEND SF LIQUID ORAL SUSPENSION	Non-PDL Brand	
Other Respiratory Disorders		
Antifibrotic Therapy - Pyridone Analogs		
<i>pirfenidone oral capsule 267 mg</i>	Non-PDL Generic	PA; SP
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	Non-PDL Generic	PA; SP
Cystic Fib.Transmemb Conduct.Reg.(Cftr)Potentiator		
KALYDECO ORAL GRANULES IN PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	Non-PDL Brand	PA; SP
KALYDECO ORAL TABLET 150 MG	Non-PDL Brand	PA; SP
Cystic Fibrosis-Cftr Potentiator & Corrector Comb.		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG, 75-94 MG	Non-PDL Brand	PA; SP
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	Non-PDL Brand	PA; SP
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N)	Non-PDL Brand	PA; SP

Drug	Status	Notes
TRIKAFTA ORAL GRANULES IN PACKET, SEQUENTIAL 100-50-75MG (D) /75 MG (N), 80-40-60 MG (D) /59.5 MG (N)	Non-PDL Brand	PA; SP
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N)	Non-PDL Brand	PA; SP
Mucolytics		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	Non-PDL Generic	
PULMOZYME INHALATION SOLUTION 1 MG/ML	Non-PDL Brand	PA; SP
Pulmonary Fibrosis - Systemic Enzyme Inhibitors		
<i>nintedanib oral capsule 100 mg, 150 mg</i>	Non-PDL Generic	PA; SP
OFEV ORAL CAPSULE 100 MG, 150 MG	Non-PDL Brand	PA; SP
Pain Management - Analgesics		
Analgesic, Non-Salicylate & Barbiturate Comb.		
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	Non-PDL Generic	
TENCON ORAL TABLET 50-325 MG	Non-PDL Generic	
Analgesic, Salicylate, Barbiturate,& Xanthine Cmb		
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	Non-PDL Generic	
<i>butalbital-aspirin-caffeine oral tablet 50-325-40 mg</i>	Non-PDL Generic	
Analgesic,Non-Salicylate,Barbiturate,&Xanthine Cmb		
<i>butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg</i>	Non-PDL Generic	
<i>butalbital-acetaminophen-caff oral solution 50-325-40 mg/15 ml</i>	Non-PDL Generic	
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	Non-PDL Generic	
FIORICET ORAL CAPSULE 50-300-40 MG	Non-PDL Generic	
Analgesic/Antipyretics, Salicylates		
<i>aspirin oral tablet 325 mg</i>	Preventive	OTC
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg</i>	Preventive	OTC

Drug	Status	Notes
<i>aspirin,buffered-calcium carb-mag oral tablet 325 mg</i>	Non-PDL Generic	OTC
<i>aspirin-acetaminophen-caffeine oral tablet 250-250-65 mg</i>	Non-PDL Generic	OTC
BAYER ASPIRIN ORAL TABLET 325 MG	Preventive	OTC
BAYER ASPIRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	Preventive	OTC
BUFFERIN ORAL TABLET 325 MG	Non-PDL Generic	OTC
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	Non-PDL Generic	
<i>diflunisal oral tablet 500 mg</i>	PDL Non-Preferred Generic	PA
ECOTRIN ORAL TABLET,DELAYED RELEASE (DR/EC) 325 MG	Preventive	OTC
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG	Non-PDL Generic	OTC
EXTRAPRIN ORAL TABLET 250-250-65 MG	Non-PDL Generic	OTC
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG	Non-PDL Generic	OTC
MIGRAINE FORMULA ORAL TABLET 250-250-65 MG	Non-PDL Generic	OTC
MIGRAINE RELIEF ORAL TABLET 250-250-65 MG	Non-PDL Generic	OTC
PAIN RELIEVER (ACETAM-ASPIRIN) ORAL TABLET 250-250-65 MG	Non-PDL Generic	OTC
PAIN RELIEVER PLUS ORAL TABLET 250-250-65 MG	Non-PDL Generic	OTC
PAIN-OFF ORAL TABLET 250-250-65 MG	Non-PDL Generic	OTC
<i>salsalate oral tablet 500 mg, 750 mg</i>	Non-PDL Generic	
TRI-BUFFERED ASPIRIN ORAL TABLET 325 MG	Non-PDL Generic	OTC
VANQUISH ORAL TABLET 250-250-65 MG	Non-PDL Generic	OTC
Analgesic/Antipyretics,Non-Salicylate		
8 HOUR PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG	Non-PDL Generic	OTC
8HR MUSCLE ACHES-PAIN ORAL TABLET EXTENDED RELEASE 650 MG	Non-PDL Generic	OTC

Drug	Status	Notes
ACETAMINOPHEN EXTRA STRENGTH ORAL TABLET 500 MG	Non-PDL Generic	OTC
<i>acetaminophen oral liquid 160 mg/5 ml</i>	Non-PDL Generic	OTC
<i>acetaminophen oral solution 160 mg/5 ml (5 ml), 325 mg/10.15 ml, 650 mg/20.3 ml</i>	Non-PDL Generic	OTC
<i>acetaminophen oral suspension 160 mg/5 ml, 160 mg/5 ml (5 ml), 325 mg/10.15 ml</i>	Non-PDL Generic	OTC
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen oral tablet extended release 650 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen oral tablet,disintegrating 160 mg, 80 mg</i>	Non-PDL Generic	OTC
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	Non-PDL Generic	OTC
AMINOFEN ORAL TABLET 325 MG	Non-PDL Generic	OTC
APHEN ORAL TABLET 325 MG	Non-PDL Generic	OTC
ARTHRITIS PAIN RELIEF (ACETAM) ORAL TABLET EXTENDED RELEASE 650 MG	Non-PDL Generic	OTC
ARTHRITIS PAIN RELIEVER ORAL TABLET EXTENDED RELEASE 650 MG	Non-PDL Generic	OTC
BETATEMP ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC
CHILD PAIN REL-FEVER REDUCER RECTAL SUPPOSITORY 120 MG	Non-PDL Generic	OTC
CHILDREN'S ACETAMINOPHEN ORAL LIQUID 160 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML, 160 MG/5 ML (5 ML)	Non-PDL Generic	OTC
CHILDREN'S ACETAMINOPHEN ORAL TABLET,CHEWABLE 160 MG, 80 MG	Non-PDL Generic	OTC
CHILDREN'S EASY-MELTS ORAL TABLET,DISINTEGRATING 80 MG	Non-PDL Generic	OTC
CHILDREN'S FEVER REDUCING RECTAL SUPPOSITORY 120 MG	Non-PDL Generic	OTC
CHILDREN'S MAPAP ORAL TABLET,CHEWABLE 160 MG, 80 MG	Non-PDL Generic	OTC
CHILDREN'S NON-ASPIRIN ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
CHILDREN'S NON-ASPIRIN ORAL TABLET,CHEWABLE 160 MG	Non-PDL Generic	OTC
CHILDREN'S PAIN RELIEF ORAL ELIXIR 160 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S PAIN RELIEF ORAL TABLET,CHEWABLE 160 MG	Non-PDL Generic	OTC
CHILDREN'S PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S PAIN-FEVER RELIEF ORAL LIQUID 160 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S PAIN-FEVER RELIEF ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,CHEWABLE 160 MG	Non-PDL Generic	OTC
CHILDREN'S PAIN-FEVER RELIEF ORAL TABLET,DISINTEGRATING 160 MG	Non-PDL Generic	OTC
CHILDREN'S TYLENOL ORAL SUSPENSION 160 MG/5 ML	Non-PDL Brand	OTC
CHILDREN'S TYLENOL ORAL TABLET,CHEWABLE 160 MG	Non-PDL Generic	OTC
ED-APAP ORAL LIQUID 160 MG/5 ML	Non-PDL Generic	OTC
FEVER REDUCER RECTAL SUPPOSITORY 120 MG	Non-PDL Generic	OTC
FEVERALL RECTAL SUPPOSITORY 120 MG, 325 MG, 650 MG	Non-PDL Generic	OTC
FEVERALL RECTAL SUPPOSITORY 80 MG	Non-PDL Brand	OTC
INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC
INFANT'S ACETAMINOPHEN ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC
INFANTS' PAIN AND FEVER ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC
INFANTS' PAIN RELIEF ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC
INFANT'S TYLENOL ORAL SUSPENSION 160 MG/5 ML	Non-PDL Brand	OTC
JR. STRENGTH PAIN RELIEVER ORAL TABLET,DISINTEGRATING 160 MG	Non-PDL Generic	OTC
LITTLE REMEDIES FEVER AND PAIN ORAL LIQUID 160 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG	Non-PDL Generic	OTC
MAXRELIEF JUNIOR ORAL LIQUID 160 MG/5 ML	Non-PDL Generic	OTC
MAXRELIEF JUNIOR ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC
M-PAP ORAL LIQUID 160 MG/5 ML	Non-PDL Generic	OTC
NON-ASPIRIN EXTRA STRENGTH ORAL TABLET 500 MG	Non-PDL Generic	OTC
NON-ASPIRIN ORAL TABLET 325 MG	Non-PDL Generic	OTC
NON-ASPIRIN ORAL TABLET,CHEWABLE 80 MG	Non-PDL Generic	OTC
NON-ASPIRIN PAIN RELIEF ORAL TABLET 500 MG	Non-PDL Generic	OTC
NORTEMP ORAL DROPS 80 MG/0.8 ML	Non-PDL Generic	OTC
NORTEMP ORAL SUSPENSION 160 MG/5 ML	Non-PDL Generic	OTC
PAIN RELIEF (ACETAMINOPHEN) ORAL LIQUID 160 MG/5 ML	Non-PDL Generic	OTC
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET 325 MG, 500 MG	Non-PDL Generic	OTC
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE 650 MG	Non-PDL Generic	OTC
PAIN RELIEF ES (ACETAMINOPHEN) ORAL TABLET 500 MG	Non-PDL Generic	OTC
PAIN RELIEVER (ACETAMINOPHEN) ORAL TABLET 325 MG, 500 MG	Non-PDL Generic	OTC
PAIN RELIEVER ES(ACETAMINOPHN) ORAL TABLET 500 MG	Non-PDL Generic	OTC
PHARBETOL ORAL TABLET 325 MG, 500 MG	Non-PDL Generic	OTC
SHAKE THAT ACHE ORAL TABLET 500 MG	Non-PDL Generic	OTC
Analgesics, Narcotic Agonist And Nsaid Combination		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	Non-PDL Generic	
Analgesics,Narcotics		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG	PDL Preferred Brand	QL (2 EA per 1 day)

Drug	Status	Notes
<i>belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg</i>	Non-PDL Generic	
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	Non-PDL Generic	
<i>buprenorphine hcl injection syringe 0.3 mg/ml</i>	Non-PDL Generic	
<i>buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour, 7.5 mcg/hour</i>	PDL Preferred Generic	QL (4 EA per 28 days)
<i>butorphanol injection solution 1 mg/ml, 2 mg/ml</i>	Non-PDL Generic	
<i>butorphanol nasal spray,non-aerosol 10 mg/ml</i>	Non-PDL Generic	
<i>codeine sulfate oral tablet 15 mg, 30 mg</i>	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>codeine sulfate oral tablet 60 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day); Age (Min 12 Years)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day); Age (Min 12 Years)
<i>fentanyl citrate buccal lozenge on a handle 1,200 mcg, 200 mcg</i>	Non-PDL Generic	PA
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 37.5 mcg/hour, 62.5 mcg/hour, 75 mcg/hr, 87.5 mcg/hour</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 3 days)
<i>fentanyl transdermal patch 72 hour 25 mcg/hr, 50 mcg/hr</i>	PDL Preferred Generic	QL (1 EA per 3 days)
<i>hydrocodone bitartrate oral capsule, oral only, er 12hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>hydrocodone bitartrate oral tablet,oral only,ext.rel.24 hr 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>hydromorphone oral liquid 1 mg/ml</i>	Non-PDL Generic	
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	Non-PDL Generic	
<i>hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 8 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)

Drug	Status	Notes
<i>hydromorphone oral tablet extended release 24 hr 32 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>hydromorphone rectal suppository 3 mg</i>	Non-PDL Generic	
HYSINGLA ER ORAL TABLET, ORAL ONLY, EXT. REL. 24 HR 100 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>levorphanol tartrate oral tablet 2 mg</i>	Non-PDL Generic	
<i>meperidine (pf) injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml</i>	Non-PDL Generic	
<i>methadone oral solution 10 mg/5 ml</i>	Non-PDL Generic	QL (20 ML per 1 day)
<i>methadone oral solution 5 mg/5 ml</i>	Non-PDL Generic	QL (40 ML per 1 day)
<i>methadone oral tablet 10 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>methadone oral tablet 5 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	Non-PDL Generic	PA
<i>morphine intramuscular pen injector 10 mg/0.7 ml</i>	Non-PDL Generic	
<i>morphine oral capsule, er multiphase 24 hr 120 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>morphine oral capsule, extend. release pellets 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	Non-PDL Generic	
<i>morphine oral tablet 15 mg, 30 mg</i>	Non-PDL Brand	
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
<i>morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	Non-PDL Generic	

Drug	Status	Notes
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
<i>nalbuphine injection solution 10 mg/ml, 20 mg/ml</i>	Non-PDL Generic	
<i>oxycodone oral capsule 5 mg</i>	Non-PDL Generic	
<i>oxycodone oral concentrate 20 mg/ml</i>	Non-PDL Generic	PA
<i>oxycodone oral solution 5 mg/5 ml</i>	Non-PDL Generic	
<i>oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	Non-PDL Generic	
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 20 mg, 40 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>oxycodone oral tablet,oral only,ext.rel.12 hr 80 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 80 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
<i>oxymorphone oral tablet 10 mg, 5 mg</i>	Non-PDL Generic	
<i>oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>oxymorphone oral tablet extended release 12 hr 30 mg, 40 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	Non-PDL Generic	
<i>tramadol oral capsule,er biphase 24 hr 17-83 300 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral capsule,er biphase 24 hr 25-75 100 mg, 200 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet 50 mg</i>	Non-PDL Generic	QL (8 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
<i>tramadol oral tablet extended release 24 hr 100 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet extended release 24 hr 200 mg, 300 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 100 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day); Age (Min 12 Years)
<i>tramadol oral tablet, er multiphase 24 hr 200 mg, 300 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day); Age (Min 12 Years)
XYVONA ORAL TABLET 2 MG	Non-PDL Generic	
Antimigraine Preparations		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML	PDL Preferred Brand	PA; QL (1 ML per 30 days)
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML	PDL Preferred Brand	PA; QL (1.5 ML per 30 days)
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML	PDL Preferred Brand	PA; QL (1.5 ML per 30 days)
<i>almotriptan malate oral tablet 12.5 mg</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
<i>almotriptan malate oral tablet 6.25 mg</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLS)
<i>dihydroergotamine injection solution 1 mg/ml</i>	Non-PDL Generic	QL (15 ML per 14 days)
<i>dihydroergotamine nasal spray, non-aerosol 0.5 mg/pump act. (4 mg/ml)</i>	Non-PDL Generic	QL (8 ML per 28 days)
<i>eletriptan oral tablet 20 mg, 40 mg</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
ELYXYB ORAL SOLUTION 120 MG/4.8 ML (25 MG/ML)	PDL Non-Preferred Brand	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML	PDL Preferred Brand	PA; QL (1 ML per 30 days)

Drug	Status	Notes
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML	PDL Preferred Brand	PA; QL (1 ML per 30 days)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	Non-PDL Generic	QL (10 EA per 7 days)
FROVA ORAL TABLET 2.5 MG	PDL Non- Preferred Brand	PA; QL (18 EA per 30 days)
<i>frovatriptan oral tablet 2.5 mg</i>	PDL Non- Preferred Generic	PA; QL (18 EA per 30 FILLS)
IMITREX ORAL TABLET 100 MG	PDL Non- Preferred Brand	PA; QL (18 EA per 30 days)
IMITREX ORAL TABLET 25 MG, 50 MG	PDL Non- Preferred Brand	PA; QL (3 EA per 5 days)
IMITREX STATDOSE PEN SUBCUTANEOUS PEN INJECTOR 4 MG/0.5 ML, 6 MG/0.5 ML	PDL Preferred Brand	QL (18 ML per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS CARTRIDGE 4 MG/0.5 ML, 6 MG/0.5 ML	PDL Preferred Brand	QL (18 ML per 30 days)
IMITREX SUBCUTANEOUS SOLUTION 6 MG/0.5 ML	PDL Preferred Brand	QL (18 ML per 30 days)
MAXALT ORAL TABLET 10 MG	PDL Non- Preferred Brand	PA; QL (27 EA per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG	PDL Non- Preferred Brand	PA; QL (27 EA per 30 days)
<i>naratriptan oral tablet 1 mg</i>	PDL Non- Preferred Generic	PA; QL (18 EA per 30 FILLS)
<i>naratriptan oral tablet 2.5 mg</i>	PDL Non- Preferred Generic	PA; 90 DS; QL (18 EA per 30 FILLS)
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG	PDL Non- Preferred Brand	PA; QL (18 EA per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	PDL Non- Preferred Brand	PA; QL (1 EA per 1 day)

Drug	Status	Notes
RELPAX ORAL TABLET 20 MG, 40 MG	PDL Preferred Brand	QL (18 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	PDL Preferred Generic	90 DS; QL (27 EA per 30 FILLs)
<i>rizatriptan oral tablet, disintegrating 10 mg</i>	PDL Preferred Generic	90 DS; QL (27 EA per 30 days)
<i>rizatriptan oral tablet, disintegrating 5 mg</i>	PDL Preferred Generic	QL (27 EA per 30 days)
<i>sumatriptan nasal spray, non-aerosol 20 mg/actuation</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
<i>sumatriptan nasal spray, non-aerosol 5 mg/actuation</i>	PDL Non-Preferred Generic	PA; QL (36 EA per 30 FILLs)
<i>sumatriptan succinate oral tablet 100 mg</i>	PDL Preferred Generic	90 DS; QL (18 EA per 30 days)
<i>sumatriptan succinate oral tablet 25 mg</i>	PDL Preferred Generic	90 DS; QL (3 EA per 5 FILLs)
<i>sumatriptan succinate oral tablet 50 mg</i>	PDL Preferred Generic	90 DS; QL (3 EA per 5 days)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 FILLs)
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 FILLs)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	PDL Non-Preferred Generic	PA; QL (18 ML per 30 FILLs)
<i>sumatriptan-naproxen oral tablet 85-500 mg</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)

Drug	Status	Notes
TOSYMRA NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (24 EA per 30 days)
TREXIMET ORAL TABLET 85-500 MG	PDL Non-Preferred Brand	PA; QL (18 EA per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	PDL Preferred Brand	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SPRAY,NON-AEROSOL 10 MG/ACTUATION	PDL Non-Preferred Brand	PA; QL (8 EA per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (18 ML per 30 days)
<i>zolmitriptan nasal spray,non-aerosol 2.5 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 2.5 mg</i>	PDL Preferred Generic	QL (18 EA per 30 days)
<i>zolmitriptan oral tablet 5 mg</i>	PDL Preferred Generic	QL (18 EA per 30 FILLs)
<i>zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; QL (18 EA per 30 FILLs)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG	PDL Preferred Brand	QL (18 EA per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG	PDL Preferred Generic	QL (18 EA per 30 FILLs)
Narc.& Non-Sal.Analgesic,Barbiturate &Xanthine Cmb		
<i>butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
Narcotic & Salicylate Analgesics, Barb.& Xanthine		
ASCOMP WITH CODEINE ORAL CAPSULE 30-50-325-40 MG	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
<i>codeine-bitalbital-asa-caff oral capsule 30-50-325-40 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
Narcotic Analgesic & Non-Salicylate Analgesic Comb		
<i>acetaminophen-codeine oral solution 120 mg-12 mg /5 ml (5 ml), 120-12 mg/5 ml</i>	Non-PDL Generic	QL (150 ML per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral solution 300 mg-30 mg /12.5 ml</i>	Non-PDL Generic	Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	Non-PDL Generic	QL (12 EA per 1 day); Age (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	Non-PDL Generic	QL (6 EA per 1 day); Age (Min 12 Years)
ENDOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 10-300 mg/15 ml</i>	Non-PDL Generic	QL (200 ML per 1 day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	Non-PDL Generic	QL (184 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	Non-PDL Generic	QL (12 EA per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG	Non-PDL Generic	QL (12 EA per 1 day)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	Non-PDL Generic	QL (10 EA per 1 day); Age (Min 12 Years)
Narcotic Withdrawal Therapy Agents		
<i>buprenorphine hcl sublingual tablet 2 mg, 8 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>buprenorphine-naloxone sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	PDL Non-Preferred Generic	PA
<i>buprenorphine-naloxone sublingual tablet 2-0.5 mg, 8-2 mg</i>	PDL Preferred Generic	QL (3 EA per 1 day)
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG	PDL Preferred Brand	
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET 8.6-2.1 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
Skeletal Muscle Relaxant,Salicylate,Narc Analgesic		
<i>carisoprodol-aspirin-codeine oral tablet 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 oral tablet 0.5 mg, 1 mg, 2 mg</i>	Non-PDL Generic	90 DS
<i>trihexyphenidyl oral elixir 0.4 mg/ml</i>	Non-PDL Generic	
<i>trihexyphenidyl oral tablet 2 mg, 5 mg</i>	Non-PDL Generic	90 DS
Antiparkinsonism Drugs,Other		
<i>amantadine hcl oral capsule 100 mg</i>	Non-PDL Generic	90 DS
<i>amantadine hcl oral solution 50 mg/5 ml</i>	Non-PDL Generic	90 DS
<i>amantadine hcl oral tablet 100 mg</i>	Non-PDL Generic	
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML	PDL Preferred Brand	SP
<i>apomorphine subcutaneous cartridge 10 mg/ml</i>	PDL Non-Preferred Generic	PA; SP
<i>bromocriptine oral capsule 5 mg</i>	Non-PDL Generic	
<i>bromocriptine oral tablet 2.5 mg</i>	Non-PDL Generic	
<i>carbidopa-levodopa oral capsule, extended release 23.75-95 mg, 36.25-145 mg, 48.75-195 mg, 61.25-245 mg</i>	PDL Preferred Generic	QL (10 EA per 1 day)
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	PDL Preferred Generic	90 DS
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	PDL Preferred Generic	
<i>carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	PDL Preferred Generic	
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 35-140 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 52.5-210 MG	PDL Non-Preferred Brand	PA; QL (10 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 70-280 MG	PDL Non-Preferred Brand	PA; QL (7 EA per 1 day)
CREXONT ORAL CAPSULE,IR -EXTEND REL,BIPHASE 87.5-350 MG	PDL Non-Preferred Brand	PA; QL (6 EA per 1 day)
DHIVY ORAL TABLET 25-100 MG	PDL Non-Preferred Brand	PA
<i>entacapone oral tablet 200 mg</i>	PDL Preferred Generic	90 DS
GOCOVRI ORAL CAPSULE,EXTENDED RELEASE 24HR 137 MG, 68.5 MG	PDL Non-Preferred Brand	PA; SP
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG	PDL Non-Preferred Brand	PA; SP
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 1.5 MG, 2.25 MG, 3 MG, 3.75 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG	PDL Non-Preferred Brand	PA; SP
ONAPGO SUBCUTANEOUS CARTRIDGE 4.9 MG/ ML	PDL Non-Preferred Brand	PA; SP
ONGENTYS ORAL CAPSULE 25 MG, 50 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	PDL Preferred Generic	90 DS
<i>pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>rasagiline oral tablet 0.5 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>rasagiline oral tablet 1 mg</i>	Non-PDL Generic	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PDL Preferred Generic	90 DS
<i>ropinirole oral tablet 5 mg</i>	PDL Preferred Generic	
<i>ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG	PDL Non-Preferred Brand	PA; QL (10 EA per 1 day)
<i>selegiline hcl oral capsule 5 mg</i>	Non-PDL Generic	
<i>selegiline hcl oral tablet 5 mg</i>	Non-PDL Generic	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG	PDL Non-Preferred Brand	PA
TASMAR ORAL TABLET 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
<i>tolcapone oral tablet 100 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
VYALEV CONTIN. SUBCUTANEOUS INFUSION SOLUTION 12-240 MG/ML	PDL Non-Preferred Brand	PA; SP
XADAGO ORAL TABLET 100 MG, 50 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Decarboxylase Inhibitors		
<i>carbidopa oral tablet 25 mg</i>	Non-PDL Generic	

Drug	Status	Notes
Seizure Disorder		
Anticonvulsant - Benzodiazepine Type		
<i>clobazam oral suspension 2.5 mg/ml</i>	PDL Preferred Generic	QL (480 ML per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	Non-PDL Generic	
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	Non-PDL Generic	
<i>diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg</i>	PDL Preferred Generic	
NAYZILAM NASAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML)	PDL Preferred Brand	QL (10 EA per 30 days)
ONFI ORAL SUSPENSION 2.5 MG/ML	PDL Non-Preferred Brand	PA; QL (480 ML per 30 days)
ONFI ORAL TABLET 10 MG, 20 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	PDL Non-Preferred Brand	PA
VALTOCO NASAL SPRAY, NON-AEROSOL 10 MG/SPRAY (0.1 ML), 15 MG/2 SPRAY (7.5/0.1ML X 2), 20 MG/2 SPRAY (10MG/0.1ML X2), 5 MG/SPRAY (0.1 ML)	PDL Preferred Brand	QL (10 EA per 30 days)
Anticonvulsant - Cannabinoid Type		
EPIDIOLEX ORAL SOLUTION 100 MG/ML	PDL Non-Preferred Brand	PA; SP
Anticonvulsants		
APTOM ORAL TABLET 200 MG, 400 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
APTOM ORAL TABLET 600 MG, 800 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)

Drug	Status	Notes
BANZEL ORAL SUSPENSION 40 MG/ML	PDL Non-Preferred Brand	PA; QL (80 ML per 1 day)
BANZEL ORAL TABLET 200 MG	PDL Non-Preferred Brand	PA; QL (16 EA per 1 day)
BANZEL ORAL TABLET 400 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
<i>brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	PDL Preferred Generic	QL (2 EA per 1 day)
BRIVIACT ORAL SOLUTION 10 MG/ML	PDL Non-Preferred Brand	PA; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	PDL Non-Preferred Generic	PA
<i>carbamazepine oral suspension 100 mg/5 ml</i>	PDL Preferred Generic	
<i>carbamazepine oral tablet 200 mg</i>	PDL Preferred Generic	90 DS
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	PDL Preferred Generic	
<i>carbamazepine oral tablet, chewable 100 mg, 200 mg</i>	PDL Preferred Generic	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG	PDL Preferred Brand	
CELONTIN ORAL CAPSULE 300 MG	PDL Preferred Brand	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG	PDL Non-Preferred Brand	PA
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG	PDL Non-Preferred Brand	PA
DIACOMIT ORAL CAPSULE 250 MG, 500 MG	PDL Non-Preferred Brand	PA; SP
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG	PDL Non-Preferred Brand	PA; SP
DILANTIN EXTENDED ORAL CAPSULE 100 MG	PDL Preferred Brand	
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG	PDL Non-Preferred Brand	PA
DILANTIN ORAL CAPSULE 30 MG	PDL Preferred Brand	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML	PDL Non-Preferred Brand	PA
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	PDL Preferred Generic	
<i>divalproex oral tablet extended release 24 hr 250 mg</i>	PDL Preferred Generic	90 DS
<i>divalproex oral tablet extended release 24 hr 500 mg</i>	PDL Preferred Generic	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	PDL Preferred Generic	90 DS
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day); Age (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HR 1,500 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day); Age (Min 12 Years)

Drug	Status	Notes
EPRONTIA ORAL SOLUTION 25 MG/ML	PDL Non-Preferred Brand	PA
<i>eslicarbazepine oral tablet 200 mg, 400 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>eslicarbazepine oral tablet 600 mg, 800 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>ethosuximide oral capsule 250 mg</i>	PDL Preferred Generic	
<i>ethosuximide oral solution 250 mg/5 ml</i>	PDL Preferred Generic	
<i>felbamate oral suspension 600 mg/5 ml</i>	PDL Preferred Generic	
<i>felbamate oral tablet 400 mg, 600 mg</i>	PDL Preferred Generic	
FELBATOL ORAL TABLET 400 MG, 600 MG	PDL Non-Preferred Brand	PA
FINTEPLA ORAL SOLUTION 2.2 MG/ML	PDL Non-Preferred Brand	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	PDL Non-Preferred Brand	PA; QL (680 ML per 28 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	PDL Non-Preferred Brand	PA; QL (30 EA per 30 days)
FYCOMPA ORAL TABLET 2 MG	PDL Non-Preferred Brand	PA; QL (120 EA per 30 days)
FYCOMPA ORAL TABLET 4 MG, 6 MG	PDL Non-Preferred Brand	PA; QL (60 EA per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>gabapentin oral solution 250 mg/5 ml, 250 mg/5 ml (5 ml), 300 mg/6 ml (6 ml)</i>	PDL Preferred Generic	QL (72 ML per 1 day)
<i>gabapentin oral tablet 600 mg, 800 mg</i>	PDL Preferred Generic	
KEPPRA ORAL SOLUTION 100 MG/ML	PDL Non-Preferred Brand	PA
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG	PDL Non-Preferred Brand	PA
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG	PDL Non-Preferred Brand	PA
<i>lacosamide oral solution 10 mg/ml</i>	PDL Preferred Generic	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	PDL Preferred Generic	
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7)	PDL Non-Preferred Brand	PA
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14)	PDL Non-Preferred Brand	PA
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7)	PDL Non-Preferred Brand	PA
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	PDL Non-Preferred Brand	PA
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG	PDL Non-Preferred Brand	PA
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	PDL Non-Preferred Brand	PA

Drug	Status	Notes
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	PDL Non-Preferred Brand	PA
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7)	PDL Non-Preferred Brand	PA
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG	PDL Non-Preferred Brand	PA
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7)	PDL Non-Preferred Brand	PA
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7)	PDL Non-Preferred Brand	PA
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7)	PDL Non-Preferred Brand	PA
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PDL Preferred Generic	90 DS
<i>lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)</i>	PDL Non-Preferred Generic	PA
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PDL Preferred Generic	
<i>lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg</i>	PDL Preferred Generic	
<i>lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg</i>	PDL Non-Preferred Generic	PA
<i>lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) - 100 mg (14)</i>	PDL Non-Preferred Generic	PA
<i>levetiracetam oral solution 100 mg/ml</i>	PDL Preferred Generic	
<i>levetiracetam oral tablet 1,000 mg, 750 mg</i>	PDL Preferred Generic	

Drug	Status	Notes
<i>levetiracetam oral tablet 250 mg, 500 mg</i>	PDL Preferred Generic	90 DS
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	PDL Preferred Generic	
<i>levetiracetam oral tablet for suspension 250 mg, 500 mg</i>	PDL Non-Preferred Generic	PA
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG	PDL Non-Preferred Brand	PA
LYRICA ORAL SOLUTION 20 MG/ML	PDL Non-Preferred Brand	PA; QL (30 ML per 1 day)
<i>methsuximide oral capsule 300 mg</i>	PDL Non-Preferred Generic	PA
MOTPOLY XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG	PDL Non-Preferred Brand	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG	PDL Non-Preferred Brand	PA
NEURONTIN ORAL SOLUTION 250 MG/5 ML	PDL Non-Preferred Brand	PA; QL (72 ML per 1 day)
NEURONTIN ORAL TABLET 600 MG, 800 MG	PDL Non-Preferred Brand	PA
<i>oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)</i>	PDL Preferred Generic	
<i>oxcarbazepine oral tablet 150 mg</i>	PDL Preferred Generic	90 DS
<i>oxcarbazepine oral tablet 300 mg, 600 mg</i>	PDL Preferred Generic	
<i>oxcarbazepine oral tablet extended release 24 hr 150 mg, 300 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)

Drug	Status	Notes
<i>oxcarbazepine oral tablet extended release 24 hr 600 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 600 MG	PDL Non-Preferred Brand	PA; QL (4 EA per 1 day)
<i>perampanel oral tablet 10 mg, 12 mg, 8 mg</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
<i>perampanel oral tablet 2 mg</i>	PDL Non-Preferred Generic	PA; QL (120 EA per 30 days)
<i>perampanel oral tablet 4 mg, 6 mg</i>	PDL Non-Preferred Generic	PA; QL (60 EA per 30 days)
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	PDL Preferred Generic	
<i>phenytoin oral suspension 125 mg/5 ml</i>	PDL Preferred Generic	
<i>phenytoin oral tablet, chewable 50 mg</i>	PDL Preferred Generic	
<i>phenytoin sodium extended oral capsule 100 mg</i>	Non-PDL Generic	90 DS
<i>phenytoin sodium extended oral capsule 200 mg, 300 mg</i>	PDL Preferred Generic	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	PDL Preferred Generic	
<i>pregabalin oral solution 20 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (30 ML per 1 day)
<i>primidone oral tablet 250 mg, 50 mg</i>	PDL Preferred Generic	
RELGAABI ORAL CAPSULE 300 MG, 400 MG	PDL Preferred Generic	

Drug	Status	Notes
ROWEEPRA ORAL TABLET 500 MG	PDL Preferred Brand	
<i>rufinamide oral suspension 40 mg/ml</i>	PDL Non-Preferred Generic	PA; QL (80 ML per 1 day)
<i>rufinamide oral tablet 200 mg</i>	PDL Non-Preferred Generic	PA; QL (16 EA per 1 day)
<i>rufinamide oral tablet 400 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
SABRIL ORAL POWDER IN PACKET 500 MG	PDL Non-Preferred Brand	PA; SP
SABRIL ORAL TABLET 500 MG	PDL Non-Preferred Brand	PA; SP
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG	PDL Non-Preferred Brand	PA
SUBVENITE ORAL SUSPENSION 10 MG/ML	PDL Non-Preferred Brand	PA
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	PDL Preferred Generic	90 DS
SUBVENITE STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35)	PDL Non-Preferred Generic	PA
SUBVENITE STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14)	PDL Non-Preferred Generic	PA
SUBVENITE STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) - 100 MG (7)	PDL Non-Preferred Generic	PA
TEGRETOL ORAL SUSPENSION 100 MG/5 ML	PDL Non-Preferred Brand	PA
TEGRETOL ORAL TABLET 200 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG	PDL Non-Preferred Brand	PA
<i>tiagabine oral tablet 12 mg, 2 mg, 4 mg</i>	PDL Non-Preferred Generic	PA; QL (4 EA per 1 day)
<i>tiagabine oral tablet 16 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG	PDL Non-Preferred Brand	PA
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG	PDL Non-Preferred Brand	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	
<i>topiramate oral capsule, extended release 24hr 100 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 200 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 25 mg</i>	PDL Non-Preferred Generic	PA; QL (8 EA per 1 day)
<i>topiramate oral capsule, extended release 24hr 50 mg</i>	PDL Non-Preferred Generic	PA; QL (7 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 100 mg</i>	PDL Non-Preferred Generic	PA; QL (3 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 150 mg, 200 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 25 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>topiramate oral capsule, sprinkle, er 24hr 50 mg</i>	PDL Non-Preferred Generic	PA; QL (7 EA per 1 day)

Drug	Status	Notes
<i>topiramate oral solution 25 mg/ml</i>	PDL Non-Preferred Generic	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	90 DS
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML)	PDL Non-Preferred Brand	PA
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG	PDL Non-Preferred Brand	PA
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG	PDL Non-Preferred Brand	PA; QL (3 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 200 MG	PDL Non-Preferred Brand	PA; QL (2 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 25 MG	PDL Non-Preferred Brand	PA; QL (8 EA per 1 day)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 50 MG	PDL Non-Preferred Brand	PA; QL (7 EA per 1 day)
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	PDL Preferred Generic	90 DS
<i>valproic acid oral capsule 250 mg</i>	PDL Preferred Generic	
<i>vigabatrin oral powder in packet 500 mg</i>	PDL Non-Preferred Generic	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	PDL Non-Preferred Generic	PA; SP
VIGADRONE ORAL POWDER IN PACKET 500 MG	PDL Non-Preferred Generic	PA; SP
VIGADRONE ORAL TABLET 500 MG	PDL Non-Preferred Generic	PA; SP

Drug	Status	Notes
VIMPAT ORAL SOLUTION 10 MG/ML	PDL Non-Preferred Brand	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PDL Non-Preferred Brand	PA
XCOPRI MAINTENANCE PACK ORAL TABLET 350 MG/DAY (200 MG X1-150MG X1)	PDL Non-Preferred Brand	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	PDL Non-Preferred Brand	PA
XCOPRI TITRATION PACK ORAL TABLETS,DOSE PACK 12.5 MG (14)- 25 MG (14), 150 MG (14)- 200 MG (14), 50 MG (14)- 100 MG (14)	PDL Non-Preferred Brand	PA
ZARONTIN ORAL CAPSULE 250 MG	PDL Non-Preferred Brand	PA
ZARONTIN ORAL SOLUTION 250 MG/5 ML	PDL Non-Preferred Brand	PA
ZONISADE ORAL SUSPENSION 100 MG/5 ML	PDL Non-Preferred Brand	PA
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	PDL Preferred Generic	90 DS
Neuroactive Steroid Gaba-A Receptor Modulator		
ZTALMY ORAL SUSPENSION 50 MG/ML	PDL Non-Preferred Brand	PA; SP
Skeletal Muscle Disorder		
Agents To Tx Periodic Paralysis - Carbon Anhyd Inh		
KEVEYIS ORAL TABLET 50 MG	Non-PDL Brand	PA; SP
Skeletal Muscle Relaxants		
<i>baclofen oral tablet 10 mg, 20 mg</i>	Non-PDL Generic	90 DS
<i>baclofen oral tablet 5 mg</i>	Non-PDL Generic	

Drug	Status	Notes
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	Non-PDL Generic	
<i>carisoprodol-aspirin oral tablet 200-325 mg</i>	Non-PDL Generic	
<i>chlorzoxazone oral tablet 500 mg</i>	Non-PDL Generic	
<i>cyclobenzaprine oral capsule, extended release 24hr 15 mg, 30 mg</i>	Non-PDL Generic	QL (1 EA per 1 day)
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	Non-PDL Generic	
<i>dantrolene oral capsule 100 mg, 25 mg, 50 mg</i>	Non-PDL Generic	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	Non-PDL Generic	
<i>orphenadrine citrate oral tablet extended release 100 mg</i>	Non-PDL Generic	
<i>tizanidine oral tablet 2 mg, 4 mg</i>	Non-PDL Generic	

Smoking Cessation

Smoking Deterrent Agents (Ganglionic Stim, Others)

<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	Preventive	OTC; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	Preventive	OTC; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg</i>	Preventive	OTC; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	Preventive	OTC; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
<i>nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr</i>	Preventive	OTC; \$0 COPAY IF QUANTITY 1 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER

Drug	Status	Notes
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML	Preventive	\$0 COPAY IF QUANTITY 10 IN 2 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, 18 YEARS OF AGE OR OLDER, AND TRIAL OF NICOTINE TRANSDERMAL PATCH; QL (10 ML per 2 days)
QUIT 2 BUCCAL GUM 2 MG	Preventive	OTC; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 2 BUCCAL LOZENGE 2 MG	Preventive	OTC; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL GUM 4 MG	Preventive	OTC; \$0 COPAY IF QUANTITY 24 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
QUIT 4 BUCCAL LOZENGE 4 MG	Preventive	OTC; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
STOP SMOKING AID BUCCAL LOZENGE 2 MG, 4 MG	Preventive	OTC; \$0 COPAY IF QUANTITY 20 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Smoking Deterrent-Nicotinic Recept.Partial Agonist		
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	Preventive	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
<i>varenicline tartrate oral tablets, dose pack 0.5 mg (11)- 1 mg (42)</i>	Preventive	\$0 COPAY IF QUANTITY 53 IN 28 DAYS, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER; QL (2 EA per 1 day)
Smoking Deterrents, Other		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	Preventive	\$0 COPAY IF QUANTITY 2 IN 1 DAY, LIMITED TO 180 DAYS SUPPLY IN 365, AND 18 YEARS OF AGE OR OLDER
Upper Gastrointestinal Disorders - Digestive		
Antiflatulents		

Drug	Status	Notes
ANTI-GAS ULTRA STRENGTH ORAL CAPSULE 180 MG	Non-PDL Generic	OTC
BICARSIM FORTE ORAL TABLET 125 MG	Non-PDL Generic	OTC
GAS RELIEF (SIMETHICONE) ORAL CAPSULE 125 MG, 180 MG	Non-PDL Generic	OTC
GAS RELIEF (SIMETHICONE) ORAL TABLET,CHEWABLE 125 MG, 80 MG	Non-PDL Generic	OTC
GAS RELIEF 80 (SIMETHICONE) ORAL TABLET,CHEWABLE 80 MG	Non-PDL Generic	OTC
GAS RELIEF EXTRA STRENGTH ORAL CAPSULE 125 MG	Non-PDL Generic	OTC
GAS RELIEF EXTRA STRENGTH ORAL TABLET,CHEWABLE 125 MG	Non-PDL Generic	OTC
GAS RELIEF ULTRA STRENGTH ORAL CAPSULE 180 MG	Non-PDL Generic	OTC
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	Non-PDL Brand	OTC
GAS-X EXTRA STRENGTH ORAL TABLET,CHEWABLE 125 MG	Non-PDL Brand	OTC
GAS-X ULTRA-STRENGTH ORAL CAPSULE 180 MG	Non-PDL Generic	OTC
INFANTS GAS RELIEF ORAL DROPS,SUSPENSION 40 MG/0.6 ML	Non-PDL Generic	OTC
INFANTS SIMETHICONE ORAL DROPS,SUSPENSION 40 MG/0.6 ML	Non-PDL Generic	OTC
LITTLE TUMMYS GAS RELIEF ORAL DROPS,SUSPENSION 40 MG/0.6 ML	Non-PDL Generic	OTC
PHAZYME ORAL CAPSULE 180 MG	Non-PDL Brand	OTC
<i>simethicone oral capsule 125 mg, 180 mg</i>	Non-PDL Generic	OTC
<i>simethicone oral tablet,chewable 125 mg, 80 mg</i>	Non-PDL Generic	OTC
TEENY TUMMY INFANT GAS RELIEF ORAL DROPS,SUSPENSION 40 MG/0.6 ML	Non-PDL Generic	OTC
Gastric Enzymes		
DAIRY DIGESTIVE ORAL TABLET 9,000 UNIT	Non-PDL Generic	
DAIRY DIGESTIVE ORAL TABLET,CHEWABLE 9,000 UNIT	Non-PDL Generic	
DAIRY RELIEF ORAL TABLET 3,000 UNIT, 4,500 UNIT, 9,000 UNIT	Non-PDL Generic	

Drug	Status	Notes
DAIRY RELIEF ORAL TABLET,CHEWABLE 9,000 UNIT	Non-PDL Generic	
DAIRY-AID ORAL TABLET 3,000 UNIT	Non-PDL Generic	
LACTAID FAST ACT ORAL TABLET,CHEWABLE 9,000 UNIT	Non-PDL Brand	
LACTASE FAST ACTING ORAL TABLET 9,000 UNIT	Non-PDL Generic	
LACTASE FAST ACTING ORAL TABLET,CHEWABLE 9,000 UNIT	Non-PDL Generic	
<i>lactase oral tablet 3,000 unit, 4,500 unit, 9,000 unit</i>	Non-PDL Generic	
LACTOSE FAST ACTING RELIEF ORAL TABLET 9,000 UNIT	Non-PDL Generic	
SUCRAID ORAL SOLUTION 8,500 UNIT/ML	Non-PDL Brand	PA; SP
Pancreatic Enzymes		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000-180,000 UNIT, 6,000-19,000 -30,000 UNIT	PDL Preferred Brand	
PERTZYE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 16,000-57,500- 60,500 UNIT, 24,000-86,250- 90,750 UNIT, 4,000-14,375- 15,125 UNIT, 8,000-28,750- 30,250 UNIT	PDL Non-Preferred Brand	PA
VIOKACE ORAL TABLET 10,440-39,150-39,150 UNIT, 20,880-78,300- 78,300 UNIT	PDL Non-Preferred Brand	PA
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000-105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT	PDL Preferred Brand	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 60,000-189,600- 252,600 UNIT	Non-PDL Brand	
Upper Gastrointestinal Disorders - Spastic Disease		
Anticholinergics/Antispasmodics		

Drug	Status	Notes
<i>dicyclomine oral capsule 10 mg</i>	Non-PDL Generic	90 DS
<i>dicyclomine oral solution 10 mg/5 ml</i>	Non-PDL Generic	
<i>dicyclomine oral tablet 20 mg</i>	Non-PDL Generic	
Belladonna Alkaloids		
DONNATAL ORAL TABLET 16.2-0.1037 - 0.0194 MG	Non-PDL Brand	QL (8 EA per 1 day)
ED-SPAZ ORAL TABLET,DISINTEGRATING 0.125 MG	Non-PDL Generic	
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	Non-PDL Generic	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	Non-PDL Generic	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	Non-PDL Generic	
<i>hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg</i>	Non-PDL Generic	
<i>hyoscyamine sulfate oral tablet,disintegrating 0.125 mg</i>	Non-PDL Generic	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	Non-PDL Generic	
HYOSYNE ORAL DROPS 0.125 MG/ML	Non-PDL Generic	
HYOSYNE ORAL ELIXIR 0.125 MG/5 ML	Non-PDL Generic	
<i>methscopolamine oral tablet 2.5 mg, 5 mg</i>	Non-PDL Generic	
OSCIMIN ORAL TABLET 0.125 MG	Non-PDL Generic	
OSCIMIN SL SUBLINGUAL TABLET 0.125 MG	Non-PDL Generic	
<i>phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml</i>	Non-PDL Generic	QL (1200 ML per 30 days)
<i>phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg</i>	Non-PDL Generic	QL (8 EA per 1 day)
PHENOHTRO ORAL TABLET 16.2-0.1037 -0.0194 MG	Non-PDL Brand	QL (8 EA per 1 day)
Upper Gastrointestinal Disorders - Ulcer Disease		
Antacids		

Drug	Status	Notes
ADVANCED ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ALCALAK ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ALKA-SELTZER HEARTBURN CHEW ORAL TABLET,CHEWABLE 300 MG (750 MG)	Non-PDL Generic	OTC
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ANTACID (CALCIUM CARBONATE) ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
ANTACID ANTI-GAS ORAL SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ANTACID CALCIUM ORAL TABLET,CHEWABLE 215 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
ANTACID EXT STR (CALCIUM CARB) ORAL TABLET,CHEWABLE 300 MG (750 MG)	Non-PDL Generic	OTC
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG)	Non-PDL Generic	OTC
ANTACID LIQUID ORAL SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID M ORAL SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID ORAL SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID PLUS ANTI-GAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Non-PDL Generic	OTC
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	OTC
ANTACID ULTRA STRENGTH ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG), 470 MG CALCIUM (1,177 MG)	Non-PDL Generic	OTC
ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400-400-40 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG), 320 MG CALCIUM (750 MG), 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
<i>calcium carbonate oral tablet,chewable 200 mg calcium (500 mg), 300 mg (750 mg), 400 mg calcium (1,000 mg)</i>	Non-PDL Generic	OTC
CAL-GEST ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
CHILDREN'S ANTACID ORAL SUSPENSION 400 MG/5 ML	Non-PDL Generic	OTC
CHILDREN'S PEPTO ORAL TABLET,CHEWABLE 160 MG CALCIUM (400 MG)	Non-PDL Generic	OTC
CHILDREN'S SOOTHE ORAL TABLET,CHEWABLE 160 MG CALCIUM (400 MG)	Non-PDL Generic	OTC
COMFORT GEL EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	OTC
COMFORT GEL ORAL SUSPENSION 200- 200-20 MG/5 ML	Non-PDL Generic	OTC
FLAVOR CHEWS ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG)	Non-PDL Generic	OTC
GERI-LANTA ORAL SUSPENSION 200- 200-20 MG/5 ML, 400-400-40 MG/5 ML	Non-PDL Generic	OTC
GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML, 400- 400-40 MG/5 ML	Non-PDL Generic	OTC
LIQUID ANTACID ORAL SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	OTC
MAALOX ADVANCED ORAL SUSPENSION 200-200-20 MG/5 ML	Non-PDL Generic	OTC
MAALOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	Non-PDL Brand	OTC
MAG-AL PLUS EXTRA STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	OTC
MAG-AL PLUS ORAL SUSPENSION 200- 200-20 MG/5 ML	Non-PDL Generic	OTC
<i>magnesium oxide oral tablet 400 mg (241.3 mg magnesium)</i>	Non-PDL Generic	OTC
MINTOX MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	OTC

Drug	Status	Notes
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5 ML	Non-PDL Generic	OTC
SMOOTH ANTACID ORAL TABLET,CHEWABLE 300 MG (750 MG)	Non-PDL Generic	OTC
<i>sodium bicarbonate oral tablet 650 mg</i>	Non-PDL Generic	OTC
TUM-EASE ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	Non-PDL Generic	OTC
TUMS E-X ORAL TABLET,CHEWABLE 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS EXTRA STRENGTH SMOOTHIES ORAL TABLET,CHEWABLE 300 MG (750 MG)	Non-PDL Brand	OTC
TUMS FRESHERS ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG)	Non-PDL Brand	OTC
TUMS ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG), 300 MG (750 MG), 320 MG CALCIUM (750 MG)	Non-PDL Brand	OTC
TUMS ULTRA ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG)	Non-PDL Brand	OTC
TUMS ULTRA ORAL TABLET,CHEWABLE 470 MG CALCIUM (1,177 MG)	Non-PDL Generic	OTC
ULTRA STRENGTH ANTACID ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG)	Non-PDL Generic	OTC
Anticholinergics,Quaternary Ammonium		
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	Non-PDL Generic	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Non-PDL Generic	90 DS
Anti-Ulcer Preparations		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	Non-PDL Generic	
<i>sucralfate oral suspension 100 mg/ml</i>	Non-PDL Generic	
<i>sucralfate oral tablet 1 gram</i>	Non-PDL Generic	
Anti-Ulcer-H.Pylori Agents		
<i>amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg</i>	Non-PDL Generic	QL (112 EA per 10 FILLs)
Histamine H2-Receptor Inhibitors		
ACID CONTROLLER ORAL TABLET 10 MG	Non-PDL Generic	OTC

Drug	Status	Notes
ACID CONTROLLER ORAL TABLET 20 MG	Non-PDL Generic	OTC; 90 DS
ACID REDUCER (CIMETIDINE) ORAL TABLET 200 MG	Non-PDL Generic	OTC
ACID REDUCER (FAMOTIDINE) ORAL TABLET 10 MG	Non-PDL Generic	OTC
ACID REDUCER (FAMOTIDINE) ORAL TABLET 20 MG	Non-PDL Generic	OTC; 90 DS
ACID-PEP ORAL TABLET 20 MG	Non-PDL Generic	OTC; 90 DS
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	Non-PDL Generic	
<i>cimetidine oral tablet 200 mg</i>	Non-PDL Generic	OTC
<i>cimetidine oral tablet 300 mg, 400 mg, 800 mg</i>	Non-PDL Generic	
<i>famotidine oral suspension for reconstitution 40 mg/5 ml (8 mg/ml)</i>	Non-PDL Generic	
<i>famotidine oral tablet 10 mg</i>	Non-PDL Generic	OTC
<i>famotidine oral tablet 20 mg, 40 mg</i>	Non-PDL Generic	90 DS
HEARTBURN PREVENTION ORAL TABLET 20 MG	Non-PDL Generic	OTC; 90 DS
HEARTBURN RELIEF (CIMETIDINE) ORAL TABLET 200 MG	Non-PDL Generic	OTC
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 10 MG	Non-PDL Generic	OTC
HEARTBURN RELIEF (FAMOTIDINE) ORAL TABLET 20 MG	Non-PDL Generic	OTC; 90 DS
<i>nizatidine oral capsule 150 mg, 300 mg</i>	Non-PDL Generic	
<i>ranitidine hcl oral tablet 150 mg</i>	Non-PDL Generic	90 DS
ZANTAC-360 (FAMOTIDINE) ORAL TABLET 20 MG	Non-PDL Generic	OTC; 90 DS
Intestinal Motility Stimulants		
GIMOTI NASAL SPRAY WITH PUMP 15 MG/SPRAY	PDL Non-Preferred Brand	PA; SP
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	Non-PDL Generic	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	Non-PDL Generic	90 DS

Drug	Status	Notes
MOTEGRITY ORAL TABLET 1 MG, 2 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
Proton-Pump Inhibitors		
ACID REDUCER (ESOMEPRAZOLE) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	PDL Non-Preferred Brand	PA; OTC
ACID REDUCER (OMEPRAZOLE) ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	PDL Preferred Generic	OTC
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>dexlansoprazole oral capsule,biphase delayed releas 30 mg, 60 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	PDL Preferred Generic	OTC; 90 DS
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	PDL Preferred Generic	90 DS
<i>esomeprazole magnesium oral granules dr for susp in packet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	PDL Non-Preferred Generic	PA; QL (1 EA per 1 day)
<i>esomeprazole magnesium oral granules dr for susp in packet 40 mg</i>	PDL Non-Preferred Generic	PA; QL (2 EA per 1 day)
KONVOMEF ORAL SUSPENSION FOR RECONSTITUTION 2-84 MG/ML	PDL Non-Preferred Brand	PA
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg</i>	PDL Preferred Generic	
<i>lansoprazole oral capsule,delayed release(dr/ec) 30 mg</i>	PDL Preferred Generic	90 DS
<i>lansoprazole oral tablet,disintegrat, delay rel 15 mg, 30 mg</i>	PDL Non-Preferred Generic	PA
NEXIUM 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG	PDL Non-Preferred Brand	PA; OTC

Drug	Status	Notes
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG, 40 MG	PDL Non-Preferred Brand	PA
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 2.5 MG, 20 MG, 5 MG	PDL Preferred Brand	QL (1 EA per 1 day)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	PDL Preferred Brand	QL (2 EA per 1 day)
<i>omeprazole magnesium oral capsule, delayed release(dr/ec) 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole magnesium oral tablet, delayed release (dr/ec) 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole oral capsule, delayed release(dr/ec) 10 mg, 20 mg, 40 mg</i>	PDL Preferred Generic	90 DS
<i>omeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	PDL Preferred Generic	OTC
<i>omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram</i>	PDL Non-Preferred Generic	PA; OTC
<i>omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram</i>	PDL Non-Preferred Generic	PA
<i>omeprazole-sodium bicarbonate oral packet 20-1,680 mg, 40-1,680 mg</i>	PDL Non-Preferred Generic	PA
<i>pantoprazole oral granules dr for susp in packet 40 mg</i>	PDL Non-Preferred Generic	PA
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	PDL Preferred Generic	90 DS
PREVACID 24HR ORAL CAPSULE,DELAYED RELEASE(DR/EC) 15 MG	Non-PDL Generic	OTC
PREVACID ORAL CAPSULE,DELAYED RELEASE(DR/EC) 30 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
PREVACID SOLUTAB ORAL TABLET,DISINTEGRAT, DELAY REL 30 MG	PDL Non-Preferred Brand	PA
PRILOSEC ORAL SUSP,DELAYED RELEASE FOR RECON 10 MG, 2.5 MG	PDL Non-Preferred Brand	PA
PROTONIX ORAL GRANULES DR FOR SUSP IN PACKET 40 MG	PDL Non-Preferred Brand	PA
PROTONIX ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG, 40 MG	PDL Non-Preferred Brand	PA
<i>rabeprazole oral tablet,delayed release (dr/ec) 20 mg</i>	PDL Non-Preferred Generic	PA
Urinary Tract - Functional Disorders		
Benign Prostatic Hypertrophy/Micturition Agents		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	PDL Preferred Generic	90 DS
AVODART ORAL CAPSULE 0.5 MG	PDL Non-Preferred Brand	PA
<i>dutasteride oral capsule 0.5 mg</i>	PDL Preferred Generic	90 DS
<i>finasteride oral tablet 5 mg</i>	PDL Preferred Generic	90 DS
PROSCAR ORAL TABLET 5 MG	PDL Non-Preferred Brand	PA
<i>silodosin oral capsule 4 mg, 8 mg</i>	PDL Non-Preferred Generic	PA
<i>tamsulosin oral capsule 0.4 mg</i>	PDL Preferred Generic	90 DS
Bph Agent-5-Alpha-Reductase Inh And Pde5 Inh Comb		
ENTADFI ORAL CAPSULE 5-5 MG	PDL Non-Preferred Brand	PA

Drug	Status	Notes
Bph Agents,5-Alpha-Red Inh & Alpha-1-Adr Antg Cmb		
<i>dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg</i>	PDL Non-Preferred Generic	PA
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG	PDL Non-Preferred Brand	PA
Cystine-Depleting Agents, Nephropathic Cystinosis		
PROCYSBI ORAL CAPSULE, DELAYED REL SPRINKLE 25 MG, 75 MG	Non-PDL Brand	PA; SP
PROCYSBI ORAL GRANULES DEL RELEASE IN PACKET 300 MG, 75 MG	Non-PDL Brand	PA; SP
Kidney Stone Agents		
<i>tiopronin oral tablet 100 mg</i>	Non-PDL Generic	SP
<i>tiopronin oral tablet, delayed release (dr/ec) 100 mg, 300 mg</i>	Non-PDL Generic	SP
VENXXIVA ORAL TABLET, DELAYED RELEASE (DR/EC) 100 MG, 300 MG	Non-PDL Generic	SP
Overactive Bladder Agents, Beta-3 Adrenergic Recep		
GEMTESA ORAL TABLET 75 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>mirabegron oral tablet extended release 24 hr 25 mg, 50 mg</i>	PDL Non-Preferred Generic	PA; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION, EXTENDED REL RECON 8 MG/ML	PDL Preferred Brand	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG	PDL Preferred Brand	QL (30 EA per 30 days)
Polycystic Kidney Disease Agent, Avp Recep. Antag		
JYNARQUE ORAL TABLET 15 MG, 30 MG	Non-PDL Brand	PA; SP
<i>tolvaptan (polycys kidney dis) oral tablets, sequential 15 mg (am)/ 15 mg (pm), 30 mg (am)/ 15 mg (pm), 45 mg (am)/ 15 mg (pm), 60 mg (am)/ 30 mg (pm), 90 mg (am)/ 30 mg (pm)</i>	Non-PDL Generic	PA; SP

Drug	Status	Notes
Urinary Ph Modifiers		
CYTRA-2 ORAL SOLUTION 500-334 MG/5 ML	Non-PDL Generic	
CYTRA-3 ORAL SOLUTION 550-500-334 MG/5 ML	Non-PDL Generic	
CYTRA-K ORAL SOLUTION 1,100-334 MG/5 ML	Non-PDL Generic	
<i>pot,sodium citrate-citric acid oral solution 550-500-334 mg/5 ml</i>	Non-PDL Generic	
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)</i>	Non-PDL Generic	
<i>potassium citrate-citric acid oral solution 1,100-334 mg/5 ml</i>	Non-PDL Generic	
<i>sodium citrate-citric acid oral solution 500-334 mg/5 ml</i>	Non-PDL Generic	
TRICITRATES ORAL SOLUTION 550-500-334 MG/5 ML	Non-PDL Generic	
Urinary Tract Analgesic Agents		
ELMIRON ORAL CAPSULE 100 MG	Non-PDL Brand	PA
Urinary Tract Antispasmodic, M(3) Selective Antag.		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	PDL Non-Preferred Generic	PA
<i>solifenacin oral tablet 10 mg, 5 mg</i>	PDL Preferred Generic	90 DS
VESICARE ORAL TABLET 10 MG, 5 MG	PDL Non-Preferred Brand	PA
Urinary Tract Antispasmodic/Antiincontinence Agent		
<i>fesoterodine oral tablet extended release 24 hr 4 mg, 8 mg</i>	PDL Preferred Generic	QL (1 EA per 1 day)
<i>flavoxate oral tablet 100 mg</i>	PDL Non-Preferred Generic	PA
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	PDL Preferred Generic	90 DS

Drug	Status	Notes
<i>oxybutynin chloride oral tablet 2.5 mg</i>	PDL Preferred Generic	
<i>oxybutynin chloride oral tablet 5 mg</i>	PDL Preferred Generic	90 DS
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	PDL Preferred Generic	90 DS
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR	Non-PDL Brand	OTC
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR	PDL Preferred Brand	
<i>tolterodine oral capsule, extended release 24hr 2 mg, 4 mg</i>	PDL Preferred Generic	
<i>tolterodine oral tablet 1 mg, 2 mg</i>	PDL Preferred Generic	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG	PDL Non-Preferred Brand	PA; QL (1 EA per 1 day)
<i>trospium oral capsule, extended release 24hr 60 mg</i>	PDL Non-Preferred Generic	PA
<i>trospium oral tablet 20 mg</i>	PDL Non-Preferred Generic	PA
Vaginal Disorders		
Vaginal Antibiotics		
<i>clindamycin phosphate vaginal cream 2 %</i>	Non-PDL Generic	
<i>metronidazole vaginal gel 0.75 % (37.5mg/5 gram)</i>	Non-PDL Generic	
Vaginal Antifungals		
3-DAY VAGINAL VAGINAL CREAM 2 %	Non-PDL Generic	OTC
CLOTRIMAZOLE 3 DAY VAGINAL CREAM 2 %	Non-PDL Generic	OTC
<i>clotrimazole vaginal cream 1 %</i>	Non-PDL Generic	OTC
CLOTRIMAZOLE-3 VAGINAL CREAM 2 %	Non-PDL Generic	OTC

Drug	Status	Notes
CLOTRIMAZOLE-7 VAGINAL CREAM 1 %	Non-PDL Generic	OTC
GYNAZOLE-1 VAGINAL CREAM 2 %	Non-PDL Brand	
GYNE-LOTRIMIN 7 VAGINAL CREAM 1 %	Non-PDL Brand	OTC
GYNE-LOTRIMIN VAGINAL CREAM 2 %	Non-PDL Brand	OTC
<i>miconazole nitrate vaginal comb pack,prefill appl, cream 4 % (200 mg)- 2 % (9 gram)</i>	Non-PDL Generic	OTC
<i>miconazole nitrate vaginal cream 2 %</i>	Non-PDL Generic	OTC
<i>miconazole nitrate vaginal kit 1,200-2 mg-%, 200 mg- 2 % (9 gram)</i>	Non-PDL Generic	OTC
MICONAZOLE-3 PREFIL,CREAM,WIPE VAGINAL KIT 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Generic	OTC
MICONAZOLE-3 VAGINAL COMB PACK,PREFILL APPL, CREAM 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Generic	OTC
MICONAZOLE-3 VAGINAL CREAM 200 MG/5 GRAM (4 %)	Non-PDL Generic	OTC
MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM)	Non-PDL Generic	OTC
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG	Non-PDL Generic	
MICONAZOLE-7 VAGINAL CREAM 2 %	Non-PDL Generic	OTC
<i>miconazole-skin clnsr17 vaginal kit 4 % (200 mg)- 2 % (9 gram)</i>	Non-PDL Generic	OTC
MONISTAT 1 COMBO PACK VAGINAL KIT 1,200-2 MG-%	Non-PDL Brand	OTC
MONISTAT 3 VAGINAL COMB PACK,PREFILL APPL, CREAM 4 % (200 MG)- 2 % (9 GRAM)	Non-PDL Brand	OTC
MONISTAT 3 VAGINAL KIT 200 MG- 2 % (9 GRAM)	Non-PDL Brand	OTC
MONISTAT 7 VAGINAL CREAM 2 %	Non-PDL Generic	OTC
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	Non-PDL Generic	
<i>terconazole vaginal suppository 80 mg</i>	Non-PDL Generic	
Vaginal Estrogen Preparations		

Drug	Status	Notes
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	Non-PDL Generic	
<i>estradiol vaginal tablet 10 mcg</i>	Non-PDL Generic	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM	Non-PDL Brand	
YUVAFEM VAGINAL TABLET 10 MCG	Non-PDL Generic	
Vitamin And/Or Mineral Deficiency		
Antioxidant Multivitamin Combinations		
EYE HEALTH PLUS LUTEIN ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
EYE MULTIVITAMIN ORAL TABLET 2,148 MCG-113 MG-45 MG-17.4MG	Non-PDL Generic	
HEALTHY EYES ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
HEALTHY EYES SUPERVISION ORAL CAPSULE 4,296 MCG-226 MG-90 MG	Non-PDL Generic	
I-VITE ORAL TABLET 300 MCG-200 MG- 27 MG	Non-PDL Generic	
PRESERVISION AREDS ORAL CAPSULE 4,296 MCG-226 MG-90 MG	Non-PDL Brand	
VISION FORMULA (WITH LUTEIN) ORAL TABLET 300 MCG-200 MG-27 MG-2 MG	Non-PDL Generic	
Calcium Replacement		
<i>ca-d3-mag ox-zinc-cop-mang-bor oral tablet,chewable 600 mg calcium- 800 unit-40 mg, 600 mg-400 unit -40 mg-7.5 mg</i>	Non-PDL Generic	
<i>ca-d3-mag-zinc-cop-mang-bor oral tablet 600-200-40-7.5 mg-unit-mg-mg</i>	Non-PDL Generic	
CAL-CITRATE ORAL TABLET 250 MG-2.5 MCG (100 UNIT)	Non-PDL Generic	
CALCIUM 500 + D ORAL TABLET 500 MG-10 MCG (400 UNIT), 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
CALCIUM 500 + D ORAL TABLET,CHEWABLE 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
CALCIUM 500 WITH D ORAL TABLET 500 MG-10 MCG (400 UNIT)	Non-PDL Generic	
CALCIUM 600 + D(3) ORAL CAPSULE 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	

Drug	Status	Notes
CALCIUM 600 + D(3) ORAL TABLET 600 MG-10 MCG (400 UNIT), 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG)	Non-PDL Generic	
CALCIUM 600 WITH VITAMIN D3 ORAL CAPSULE 600 MG-12.5 MCG (500 UNIT)	Non-PDL Generic	
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	Non-PDL Generic	OTC
<i>calcium carbonate oral tablet 500 mg calcium (1,250 mg), 600 mg calcium (1,500 mg)</i>	Non-PDL Generic	
<i>calcium carbonate oral tablet, chewable 500 mg calcium (1,250 mg)</i>	Non-PDL Generic	
<i>calcium carbonate-vit d3-min oral tablet 600 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
<i>calcium carbonate-vitamin d3 oral capsule 600 mg-10 mcg (400 unit), 600 mg-12.5 mcg (500 unit), 600 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium carbonate-vitamin d3 oral tablet 1,000 mg-20 mcg (800 unit), 250 mg-3.125 mcg (125 unit), 500 mg-10 mcg (400 unit), 500 mg-15 mcg (600 unit), 500 mg-3.125 mcg (125 unit), 500 mg-5 mcg (200 unit), 600 mg-10 mcg (400 unit), 600 mg-20 mcg (800 unit), 600 mg-5 mcg (200 unit)</i>	Non-PDL Generic	
<i>calcium carbonate-vitamin d3 oral tablet, chewable 500 mg-10 mcg (400 unit)</i>	Non-PDL Generic	
CALCIUM CITRATE + D ORAL TABLET 315 MG-5 MCG (200 UNIT)	Non-PDL Generic	
<i>calcium citrate oral tablet 200 mg (950 mg)</i>	Non-PDL Generic	
<i>calcium citrate-vitamin d3 oral tablet 200 mg-6.25 mcg (250 unit), 250 mg-5 mcg (200 unit), 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	Non-PDL Generic	
CALCIUM WITH VITAMIN D ORAL TABLET 600 MG-10 MCG (400 UNIT)	Non-PDL Generic	
CALTRATE 600 PLUS D ORAL TABLET, CHEWABLE 600 MG-20 MCG (800 UNIT)	Non-PDL Brand	
CITRACAL + D MAXIMUM ORAL TABLET 315 MG-6.25 MCG (250 UNIT)	Non-PDL Generic	
FOSFREE ORAL TABLET 175.5-14.5 MG	Non-PDL Generic	

Drug	Status	Notes
LIQUID CALCIUM WITH VITAMIN D ORAL CAPSULE 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
ONEVITE CALCIUM-D3 ORAL TABLET 500 MG-5 MCG (200 UNIT), 600 MG-10 MCG (400 UNIT), 600 MG-5 MCG (200 UNIT)	Non-PDL Generic	
OYSCO 500/D ORAL TABLET 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
OYSTER SHELL + D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT)	Non-PDL Generic	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM ORAL TABLET 500 MG CALCIUM (1,250 MG)	Non-PDL Generic	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 250 MG-3.125 MCG (125 UNIT), 500 MG-10 MCG (400 UNIT), 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
PARVA-CAL 500 ORAL TABLET 500 MG-5 MCG (200 UNIT)	Non-PDL Generic	
Fluoride Preparations		
DENTA 5000 PLUS DENTAL CREAM 1.1 %	Non-PDL Generic	
DENTA 5000 PLUS SENSITIVE DENTAL PASTE 1.1-5 %	Non-PDL Generic	
DENTAGEL DENTAL GEL 1.1 %	Non-PDL Generic	
<i>fluoride (sodium) dental cream 1.1 %</i>	Non-PDL Generic	
<i>fluoride (sodium) dental gel 1.1 %</i>	Non-PDL Generic	
<i>fluoride (sodium) dental paste 1.1 %</i>	Non-PDL Generic	
<i>fluoride (sodium) dental solution 0.2 %</i>	Non-PDL Generic	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	Preventive	\$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
<i>fluoride (sodium) oral tablet, chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)</i>	Preventive	90 DS; \$0 COPAY IF AGE 6 MONTHS TO 6 YEARS
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 %	Non-PDL Brand	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Non-PDL Brand	

Drug	Status	Notes
FRAICHE 5000 DENTAL GEL 1.1 %	Non-PDL Brand	
GEL-KAM DENTAL GEL 0.4 %	Non-PDL Generic	OTC
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 %	Non-PDL Brand	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	Non-PDL Brand	
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 %	Non-PDL Brand	
PREVIDENT DENTAL GEL 1.1 %	Non-PDL Brand	
PREVIDENT DENTAL SOLUTION 0.2 %	Non-PDL Brand	
SF 5000 PLUS DENTAL CREAM 1.1 %	Non-PDL Generic	
SF DENTAL GEL 1.1 %	Non-PDL Generic	
SODIUM FLUORIDE 5000 DRY MOUTH DENTAL PASTE 1.1 %	Non-PDL Generic	
SODIUM FLUORIDE 5000 PLUS DENTAL CREAM 1.1 %	Non-PDL Generic	
<i>sodium fluoride-pot nitrate dental paste 1.1-5 %</i>	Non-PDL Generic	
Folic Acid Preparations		
<i>folic acid injection solution 5 mg/ml</i>	Non-PDL Generic	
<i>folic acid oral tablet 1 mg</i>	Non-PDL Generic	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	Preventive	
PUREVITA FOLIC ACID ORAL TABLET 400 MCG	Preventive	
ZINGIBER ORAL TABLET 1.2 MG-40 MG-124.1 MG-100 MG	Non-PDL Generic	
Geriatric Vitamin Preparations		
A THRU Z HIGH POTENCY ORAL TABLET	Non-PDL Generic	
A THRU Z SELECT ORAL TABLET	Non-PDL Generic	
CENTRAVITES 50 PLUS ORAL TABLET	Non-PDL Generic	
MILLTRIUM SENIOR ORAL TABLET	Non-PDL Generic	

Drug	Status	Notes
MULTIVITAMIN 50 PLUS ORAL TABLET	Non-PDL Generic	
SPECTRAVITE ADULT 50 PLUS(LUT) ORAL TABLET,CHEWABLE 500-250 MCG	Non-PDL Generic	
THERATRUM COMPLETE 50 PLUS/LUT ORAL TABLET	Non-PDL Generic	
VISION PLUS LUTEIN ORAL TABLET	Non-PDL Generic	
Iron Replacement		
FE C PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG	Non-PDL Generic	
FEOSOL ORAL TABLET 325 MG (65 MG IRON)	Non-PDL Generic	
FERATE ORAL TABLET 240 MG (27 MG IRON)	Non-PDL Generic	
FER-IN-SOL ORAL DROPS 15 MG IRON (75 MG)/ML	Non-PDL Brand	
FEROSUL ORAL TABLET 325 MG (65 MG IRON)	Non-PDL Generic	
FERRETTTS ORAL TABLET 325 MG (106 MG IRON)	Non-PDL Generic	
FERREX 150 FORTE ORAL CAPSULE 150- 25-1 MG-MCG-MG	Non-PDL Generic	
FERREX 150 ORAL CAPSULE 150 MG IRON	Non-PDL Generic	
FERROCITE ORAL TABLET 324 MG (106 MG IRON)	Non-PDL Generic	
FERRO-TIME ORAL TABLET 325 MG (65 MG IRON)	Non-PDL Generic	
<i>ferrous fumarate oral tablet 324 mg (106 mg iron)</i>	Non-PDL Generic	
<i>ferrous gluconate oral tablet 236 mg (27 mg iron), 240 mg (27 mg iron), 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	Non-PDL Generic	
<i>ferrous sulfate oral elixir 220 mg (44 mg iron)/5 ml</i>	Non-PDL Generic	
<i>ferrous sulfate oral liquid 300 mg (60 mg iron)/5 ml</i>	Non-PDL Generic	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	Non-PDL Generic	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	Non-PDL Generic	

Drug	Status	Notes
<i>ferrous sulfate oral tablet extended release 142 mg (45 mg iron)</i>	Non-PDL Generic	
<i>ferrous sulfate oral tablet, delayed release (dr/ec) 324 mg (65 mg iron), 325 mg (65 mg iron)</i>	Non-PDL Generic	
FE-VITE ORAL DROPS 15 MG IRON (75 MG)/ML	Non-PDL Generic	
ICAR-C PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG	Non-PDL Generic	
IFEREX 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Non-PDL Generic	
IFEREX 150 ORAL CAPSULE 150 MG IRON	Non-PDL Generic	
IRON (FERROUS SULFATE) ORAL TABLET 325 MG (65 MG IRON)	Non-PDL Generic	
IRON 100 PLUS ORAL TABLET 100-250-25-1 MG-MG-MCG-MG	Non-PDL Generic	
IRON CHEWS ORAL TABLET, CHEWABLE 15 MG	Non-PDL Generic	
IRON ORAL TABLET 325 MG (65 MG IRON)	Non-PDL Generic	
IRON ORAL TABLET EXTENDED RELEASE 159 MG (45 MG IRON)	Non-PDL Generic	
MYFERON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Non-PDL Generic	
MYFERON 150 ORAL CAPSULE 150 MG IRON	Non-PDL Generic	
NU-IRON ORAL CAPSULE 150 MG IRON	Non-PDL Generic	
PEDIA IRON ORAL DROPS 15 MG IRON (75 MG)/ML	Non-PDL Generic	
POLY-IRON 150 FORTE ORAL CAPSULE 150-25-1 MG-MCG-MG	Non-PDL Generic	
POLY-IRON ORAL CAPSULE 150 MG IRON	Non-PDL Generic	
<i>polysaccharide iron complex oral capsule 150 mg iron</i>	Non-PDL Generic	
SLOW RELEASE IRON ORAL TABLET EXTENDED RELEASE 140 MG (45 MG IRON), 142 MG (45 MG IRON), 143 MG (45 MG IRON), 144 MG (45 MG IRON), 160 MG (50 MG IRON), 168 MG (50 MG IRON), 250 MG (50 MG IRON)	Non-PDL Generic	
Magnesium Salts Replacement		

Drug	Status	Notes
MAG 64 ORAL TABLET,DELAYED RELEASE (DR/EC) 64 MG	Non-PDL Generic	
MAG-DELAY ORAL TABLET,DELAYED RELEASE (DR/EC) 64 MG	Non-PDL Generic	
<i>magnesium chloride oral tablet, delayed release (dr/ec) 64 mg, 70 mg</i>	Non-PDL Generic	
<i>magnesium gluconate oral tablet 27 mg magnesium (500 mg), 27.5 mg (500 mg)</i>	Non-PDL Generic	
<i>magnesium oxide oral tablet 200 mg magnesium, 250 mg magnesium, 400 mg magnesium, 500 mg magnesium</i>	Non-PDL Generic	
MAGOX ORAL TABLET 400 MG (241.3 MG MAGNESIUM)	Non-PDL Brand	
MGO ORAL TABLET 400 MG (241.3 MG MAGNESIUM)	Non-PDL Generic	
PHILLIPS ORAL TABLET 500 MG MAGNESIUM	Non-PDL Generic	
PUREVITA MAGNESIUM OXIDE ORAL TABLET 400 MG (241.3 MG MAGNESIUM)	Non-PDL Generic	
Multivitamin Preparations		
A THRU Z ADVANCED FORMULA ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
A THRU Z MEN'S ULTIMATE ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	Non-PDL Generic	
A THRU Z ORAL TABLET 18-500-300-250 MG-MCG-MCG-MCG	Non-PDL Generic	
A THRU Z SELECT 50PLUS FORMULA ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
A THRU Z SELECT ORAL TABLET 500-300-250 MCG	Non-PDL Generic	
A THRU Z SELECT WOMEN'S ORAL TABLET	Non-PDL Generic	
ADULTS 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
APATATE FORTE ORAL LIQUID	Non-PDL Generic	
<i>b-complex with vitamin c oral tablet</i>	Non-PDL Generic	
CENTRAVITES 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CENTRUM COMPLETE ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
CENTRUM ORAL LIQUID 9 MG IRON/15 ML	Non-PDL Generic	

Drug	Status	Notes
CENTRUM ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
CENTRUM SILVER ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CENTRUM WOMEN ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
CENTURY MATURE ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CENTURY ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
CEROVITE SENIOR ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CERTAVITE SENIOR ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
CERTAVITE-ANTIOXIDANT ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
COMPLETE MULTIVITAMIN-MINERAL ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
COMPLETE MV ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
DAILY MULTIPLE FOR WOMEN ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
DAILY MULTI-VITAMIN ORAL TABLET	Non-PDL Generic	
DAILY MULTIVITAMIN-MINERALS ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
DAILY VALUE ORAL TABLET	Non-PDL Generic	
DAILY VITAMIN FORMULA ORAL TABLET	Non-PDL Generic	
DAILY VITAMIN FORMULA-IRON ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
DAILY VITAMIN FORMULA-MINERALS ORAL TABLET	Non-PDL Generic	
DAILY VITAMIN WITH IRON ORAL TABLET	Non-PDL Generic	
DAILY VITES/IRON ORAL TABLET	Non-PDL Generic	
DAILY-VITE (WITH FOLIC ACID) ORAL TABLET 400 MCG	Non-PDL Generic	
DAILY-VITE ORAL TABLET	Non-PDL Generic	
DECUBI VITE ORAL CAPSULE 400-50-500 MCG-MG-MG	Non-PDL Generic	

Drug	Status	Notes
DIABETES HEALTH FORMULA ORAL TABLET 500-250 MCG	Non-PDL Generic	
ESSENTIA ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
FOLIVANE-OB ORAL CAPSULE 85-1 MG	Non-PDL Generic	
HAIR,SKIN AND NAILS ORAL TABLET	Non-PDL Generic	
HIGH POTENCY MULTIVIT (W-IRON) ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
K-PAX IMMUNE SUPPORT ORAL TABLET 2.25 MG IRON- 100 MCG	Non-PDL Generic	
LIQUID MULTIVITAMIN ORAL LIQUID 9 MG IRON/ 15 ML (15 ML)	Non-PDL Generic	
MEGA MULTI FOR WOMEN ORAL TABLET 13.5-200-250 MG-MCG-MCG	Non-PDL Generic	
MEGA MULTIPLE/CHELATED MINERAL ORAL TABLET	Non-PDL Generic	
MEN 50 PLUS ADVANCED ONE DAILY ORAL TABLET 400-20-370 MCG	Non-PDL Generic	
MEN'S 50 PLUS DAILY FORMULA ORAL TABLET 400-20-370 MCG	Non-PDL Generic	
MEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400-20-370 MCG	Non-PDL Generic	
MEN'S DAILY MULTIVITAMIN ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	Non-PDL Generic	
MEN'S DAILY ORAL CAPSULE 0.4-600 MG-MCG	Non-PDL Generic	
MINI MULTIVITAMINS-IRON ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
MULTI COMPLETE WITH IRON ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
MULTI FOR HER ORAL TABLET 18 MG IRON-600 MCG-80 MCG	Non-PDL Generic	
MULTIPLE VITAMIN-MINERALS ORAL TABLET	Non-PDL Generic	
MULTIPLE VITAMINS ORAL TABLET	Non-PDL Generic	
<i>multivit with min-folic acid oral tablet 0.4 mg</i>	Non-PDL Generic	
MULTI-VITAMIN HP/MINERALS ORAL CAPSULE	Non-PDL Generic	
<i>multivitamin oral tablet</i>	Non-PDL Generic	

Drug	Status	Notes
<i>multivitamin with iron oral tablet</i>	Non-PDL Generic	
MULTIVITAMIN WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG	Non-PDL Generic	
MULTI-VITE ORAL LIQUID 9 MG IRON/15 ML	Non-PDL Generic	
<i>multivit-min-ferrous gluconate oral liquid 9 mg iron/15 ml</i>	Non-PDL Generic	
<i>multivit-min-iron fum-folic ac oral tablet 7.5 mg iron-400 mcg</i>	Non-PDL Generic	
MY-VITALIFE ORAL CAPSULE	Non-PDL Generic	
NIVA-PLUS ORAL TABLET 27 MG IRON- 1 MG	Non-PDL Generic	
OCUTABS ORAL TABLET	Non-PDL Generic	
ONCCOR ORAL TABLET 200-10-10 MCG	Non-PDL Generic	
ONCOVITE ORAL TABLET	Non-PDL Generic	
ONE DAILY ESSENTIAL ORAL TABLET , 400 MCG	Non-PDL Generic	
ONE DAILY FOR MEN 50 PLUS ADV ORAL TABLET 400-600-120 MCG-MCG-MG	Non-PDL Generic	
ONE DAILY FOR MEN ORAL TABLET 0.4- 600 MG-MCG	Non-PDL Generic	
ONE DAILY FOR WOMEN ORAL TABLET 18-0.4 MG	Non-PDL Generic	
ONE DAILY MAXIMUM ORAL TABLET 18- 0.4 MG	Non-PDL Generic	
ONE DAILY MEN'S 50 PLUS MEMORY ORAL TABLET 400-600-120 MCG-MCG-MG	Non-PDL Generic	
ONE DAILY MEN'S 50 PLUS W-D3 ORAL TABLET 400-20-370 MCG	Non-PDL Generic	
ONE DAILY MULTI-VIT W-MINERAL ORAL TABLET 4.5 MG IRON	Non-PDL Generic	
ONE DAILY MULTIVITAMIN ORAL TABLET , 400 MCG	Non-PDL Generic	
ONE DAILY MULTIVITAMIN WOMEN ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
ONE DAILY MULTIVIT-IRON(FOLIC) ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
ONE DAILY ORAL TABLET 0.4-600 MG- MCG	Non-PDL Generic	

Drug	Status	Notes
ONE DAILY PLUS IRON ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
ONE DAILY WOMEN 50 PLUS ORAL TABLET 400-120 MCG-MG	Non-PDL Generic	
ONE DAILY WOMEN 50 PLUS(VIT K) ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	Non-PDL Generic	
ONE DAILY WOMENS 50 PLUS ORAL TABLET 0.4 MG	Non-PDL Generic	
ONE DAILY WOMEN'S HEALTH ORAL TABLET 18 MG IRON-400 MCG-450 MG CA	Non-PDL Generic	
ONE-A-DAY CHOLESTEROL PLUS ORAL TABLET 0.4 MG	Non-PDL Generic	
ONE-A-DAY ESSENTIAL ORAL TABLET	Non-PDL Generic	
ONE-A-DAY MAXIMUM FORMULA ORAL TABLET	Non-PDL Generic	
ONE-A-DAY MEN'S MULTIVITAMIN ORAL TABLET 400-20-300 MCG	Non-PDL Generic	
ONE-A-DAY TEEN ADVANTAGE ORAL TABLET 18-400 MG-MCG, 9 MG IRON-400 MCG	Non-PDL Generic	
ONE-A-DAY WOMENS FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
ONEVITE DAILY MULTIVITAMIN ORAL TABLET 400 MCG	Non-PDL Generic	
PNV-DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Non-PDL Generic	
PNV-OMEGA ORAL CAPSULE 28-1-300 MG	Non-PDL Generic	
PRENATAL-U ORAL CAPSULE 106.5-1 MG	Non-PDL Generic	
PROSIGHT ORAL TABLET 1,500 MCG-60 MG -13.5 MG	Non-PDL Generic	
QUINTABS-M IRON FREE ORAL TABLET 0.4 MG	Non-PDL Generic	
SENIOR TABS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	
SENTRY ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
SENTRY SENIOR ORAL TABLET 0.4 MG-300 MCG- 250 MCG, 500-300-250 MCG	Non-PDL Generic	
SPECTRAVITE ADULT 50 PLUS ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	

Drug	Status	Notes
SPECTRAVITE ADULT ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
SPECTRAVITE ADVANCED FORMULA ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
SPECTRAVITE MEN'S ORAL TABLET 8 MG IRON- 200 MCG-600 MCG	Non-PDL Generic	
SPECTRAVITE WOMEN 50 PLUS ORAL TABLET 8 MG IRON-400 MCG-50 MCG	Non-PDL Generic	
SPECTRAVITE WOMEN ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
SUPER B/C ORAL CAPSULE	Non-PDL Generic	
SUPER THERA VITE M ORAL TABLET	Non-PDL Generic	
SUPPORT ORAL LIQUID	Non-PDL Generic	
SUPPORT-500 ORAL CAPSULE	Non-PDL Generic	
TAB-A-VITE MULTIVITAMIN W-IRON ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
TAB-A-VITE ORAL TABLET 400 MCG	Non-PDL Generic	
TARON-C DHA ORAL 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 ORAL TABLET 400 MCG	Non-PDL Generic	
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET 400-250-375 MCG	Non-PDL Generic	
THERALOGIX COMPANION ORAL TABLET 0.4 MG	Non-PDL Generic	
THERA-M ORAL TABLET 27-0.4 MG	Non-PDL Generic	
THERAPEUTIC LIQUID ORAL LIQUID	Non-PDL Generic	
THERAPEUTIC-M ORAL TABLET 9 MG IRON-400 MCG	Non-PDL Generic	
THERA-TABS ORAL TABLET	Non-PDL Generic	
THERATRUM COMPLETE 50 PLUS-LYC ORAL TABLET 0.4 MG-300 MCG- 250 MCG	Non-PDL Generic	

Drug	Status	Notes
THERATRUM COMPLETE WITH LUTEIN ORAL TABLET	Non-PDL Generic	
THEREMS MULTIVITAMIN ORAL TABLET 400 MCG	Non-PDL Generic	
ULTRA FREEDA ORAL TABLET 6 MG IRON-267 MCG	Non-PDL Generic	
VITACEL (WITH LUTEIN) ORAL TABLET 800-250-750 MCG	Non-PDL Generic	
VITALEE ORAL TABLET 0.4 MG	Non-PDL Generic	
VITAMINS FOR HAIR ORAL CAPSULE 400-400 MCG	Non-PDL Generic	
WESCAP-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Non-PDL Generic	
WOMEN'S 50 PLUS DAILY FORMULA ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	Non-PDL Generic	
WOMEN'S 50 PLUS MULTIVITAMIN ORAL TABLET 400 MCG-500 MG CALCIUM-20 MCG	Non-PDL Generic	
WOMEN'S DAILY FORMULA ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
WOMEN'S DAILY MULTIVITAMIN ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
WOMEN'S ONE DAILY ORAL TABLET 18 MG IRON-400 MCG-500 MG CA	Non-PDL Generic	
YELETS ORAL TABLET 18-400 MG-MCG	Non-PDL Generic	
ZATEAN-PN DHA ORAL CAPSULE 27 MG IRON-1 MG -300 MG	Non-PDL Generic	
ZATEAN-PN PLUS ORAL CAPSULE 28-1-300 MG	Non-PDL Generic	
Pediatric Vitamin Preparations		
ALIVE KIDS CHEWABLE ORAL TABLET,CHEWABLE 2.5 MG IRON- 75 MG-15 MG	Non-PDL Brand	
ALIVE KIDS MULTIVITAMIN GUMMY ORAL TABLET,CHEWABLE 50 MG	Non-PDL Brand	
ALIVE PREMIUM KIDS ORAL TABLET,CHEWABLE 66.5 MG	Non-PDL Brand	
ANIMAL CHEWS ORAL TABLET,CHEWABLE	Non-PDL Generic	
CENTRUM KIDS (VIT D3, VIT K) ORAL TABLET,CHEWABLE 8 MG IRON- 10 MCG	Non-PDL Brand	

Drug	Status	Notes
CENTRUM KIDS MULTIGUMMY ORAL TABLET,CHEWABLE	Non-PDL Brand	
CEROVITE JR ORAL TABLET,CHEWABLE 18 MG IRON- 10 MCG	Non-PDL Brand	
CHILD CHEWABLE VITAMN COMPLETE ORAL TABLET,CHEWABLE 18 MG IRON	Non-PDL Generic	
CHILD COMPLETE MULTIVITAMIN ORAL TABLET,CHEWABLE 18 MG IRON	Non-PDL Generic	
CHILD MULTIVITAMIN PLUS IRON ORAL TABLET,CHEWABLE 18 MG IRON	Non-PDL Generic	
CHILDREN MULTIVITAMIN CHEW TAB	Non-PDL Generic	
CHILDREN MULTIVITAMIN GUMMIES	Non-PDL Generic	
CHILDREN MULTIVITAMIN GUMMIES GLUTEN-FREE	Non-PDL Generic	
CHILDREN MULTIVITAMIN ORAL TABLET,CHEWABLE	Non-PDL Generic	
CHILDREN'S CHEW MULTIVITAMIN ORAL TABLET,CHEWABLE	Non-PDL Generic	
CHILDREN'S CHEW MULTIVIT-IRON ORAL TABLET,CHEWABLE 15 MG IRON	Non-PDL Brand	
CHILDREN'S CHEWABLE COMPLETE ORAL TABLET,CHEWABLE 9-200 MG IRON-MCG	Non-PDL Generic	
CHILDREN'S CHEWABLE MULTIVITMN ORAL TABLET,CHEWABLE 300 MCG	Non-PDL Generic	
CHILDREN'S CHEWABLE VITAMIN ORAL TABLET,CHEWABLE	Non-PDL Brand	
CHILDREN'S CHEWABLES EXTRA C ORAL TABLET,CHEWABLE 300 MCG	Non-PDL Generic	
CHILDRENS CHEWABLES MULTIVITMN ORAL TABLET,CHEWABLE	Non-PDL Generic	
CHILDREN'S CHEWABLES ORAL TABLET,CHEWABLE 300 MCG	Non-PDL Generic	
CHILDREN'S MULTI-VIT GUMMIES ORAL TABLET,CHEWABLE 200 MCG	Non-PDL Generic	
CHILDREN'S MULTIVITAMIN GUMMY ORAL TABLET,CHEWABLE	Non-PDL Generic	
CHILDREN'S MULTIVITAMIN-IMMUNE ORAL TABLET,CHEWABLE	Non-PDL Brand	
CHILD'S OMEGA-3 DHA MULTIVITAM ORAL TABLET,CHEWABLE 250-3-50 UNIT,MG,UNIT	Non-PDL Generic	

Drug	Status	Notes
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET,CHEWABLE 2.5 BILLION CELL, 5 BILLION CELL	Non-PDL Brand	
CULTURELLE KIDS PRO-MV-LUTEIN ORAL TABLET,CHEWABLE 500 MILLION CELL	Non-PDL Brand	
CVS CHILD GUMMY DINOS GUMMIES	Non-PDL Generic	
DAVIMET WITH FLUORIDE ORAL TABLET,CHEWABLE 0.75 MG FLUORIDE	Non-PDL Brand	
DEKAS PLUS LIQUID ORAL LIQUID 500 MCG/ML	Non-PDL Brand	
EMERGEN-C KIDZ DAILY IMMUNE ORAL TABLET,CHEWABLE	Non-PDL Brand	
EMERGEN-C KIDZ DRINK MIX ORAL POWDER EFFERVESCENT IN PACKET	Non-PDL Brand	
EMERGEN-C KIDZ IMMUNE PLUS ORAL TABLET,CHEWABLE	Non-PDL Brand	
EQ CHILD MULTIVITAMIN GUMMIES P/F	Non-PDL Generic	
FLINTSTONES COMPLETE (FE SULF) ORAL TABLET,CHEWABLE 10 MG IRON	Non-PDL Brand	
FLINTSTONES COMPLETE ORAL TABLET,CHEWABLE	Non-PDL Brand	
FLINTSTONES GUMMIES OMEGA-3 ORAL TABLET,CHEWABLE 16 MG	Non-PDL Brand	
FLINTSTONES GUMMIES ORAL TABLET,CHEWABLE	Non-PDL Brand	
FLINTSTONES IMMUNITY SUPPORT ORAL TABLET,CHEWABLE 10 MG IRON	Non-PDL Brand	
FLINTSTONES MULTI-VIT GUMMIES ORAL TABLET,CHEWABLE 100 MCG, 200 MCG	Non-PDL Brand	
FLINTSTONES MULTIVITAMIN ORAL TABLET,CHEWABLE	Non-PDL Generic	
FLINTSTONES MULTIVITAMIN ORAL TABLET,CHEWABLE 300 MCG	Non-PDL Brand	
FLINTSTONES PLUS CALCIUM ORAL TABLET,CHEWABLE	Non-PDL Brand	
FLINTSTONES SOUR GUMMIES ORAL TABLET,CHEWABLE	Non-PDL Brand	
FLINTSTONES TAB CHEW ORAL TABLET,CHEWABLE 100 MCG	Non-PDL Generic	

Drug	Status	Notes
FLINTSTONES WITH EXTRA IRON ORAL TABLET,CHEWABLE 18 MG IRON	Non-PDL Brand	
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE	Non-PDL Generic	
FLINTSTONES/EXTRA C ORAL TABLET,CHEWABLE 100 MCG	Non-PDL Brand	
FLORIVA ORAL TABLET,CHEWABLE 0.25MG FLUORIDE (0.55 MG), 0.5 MG FLUORIDE (1.1 MG), 1 MG FLUORIDE (2.2 MG)	Non-PDL Brand	
FLORIVA PLUS ORAL DROPS 0.25MG FLUORIDE (0.55 MG)/ML	Non-PDL Brand	
FLOTREX ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Non-PDL Brand	
FT CHILDREN'S MULTI GUMMY	Non-PDL Generic	
GENADEK ORAL DROPS 19 MCG-500 MCG /ML	Non-PDL Brand	
GNP CHILDREN'S MULTI GUMMY	Non-PDL Generic	
GUMMI BEAR MULTIVITAMIN ORAL TABLET,CHEWABLE	Non-PDL Generic	
HI-D DROP ORAL DROPS 76-1,000 MCG/ML	Non-PDL Brand	
INFANT-TODDLER MULTIVIT ORAL DROPS 250 MCG-50 MG- 10 MCG/ML	Non-PDL Generic	
INFANT-TODDLER MULTIVITAMIN ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML	Non-PDL Generic	
INFANT-TODDLER MULTIVIT-IRON ORAL DROPS 11 MG IRON/ML	Non-PDL Generic	
JUST 4 KIDZ MULTIVIT-PROBIOTIC ORAL TABLET,CHEWABLE 1.25 MG	Non-PDL Brand	
KIDS' GUMMY ORAL TABLET,CHEWABLE	Non-PDL Generic	
KIDS MULTI ZERO ORAL TABLET,CHEWABLE	Non-PDL Generic	
KIDSTART ORAL TABLET,CHEWABLE	Non-PDL Brand	
LITTLE ANIMALS ORAL TABLET,CHEWABLE	Non-PDL Generic	
LIVITA FOR CHILDREN ORAL LIQUID	Non-PDL Brand	

Drug	Status	Notes
LYSIPLEX PLUS ORAL LIQUID	Non-PDL Generic	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML	Non-PDL Generic	
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.5 MG/ML	Non-PDL Generic	90 DS
MULTI-VIT-FLOR ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE	Non-PDL Brand	
MULTIVIT-FLUOR 0.25 MG TAB CHW (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUOR 0.25 MG TAB CHW GRAPE FLAVOR (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUOR 0.25 MG/ML DROP (RX)	Non-PDL Generic	
MULTIVIT-FLUOR 0.5 MG TAB CHEW (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUOR 0.5 MG TAB CHEW GRAPE FLAVOR (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUORIDE (METAFOLIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE	Non-PDL Generic	90 DS
MULTIVIT-FLUORIDE 1 MG TAB CHW (RX)	Non-PDL Generic	90 DS
MULTIVIT-FLUORIDE 1 MG TAB CHW GRAPE FLAVOR (RX)	Non-PDL Generic	90 DS
MVC-FLUORIDE ORAL TABLET,CHEWABLE 0.25 MG, 0.5 MG, 1 MG	Non-PDL Generic	90 DS
MVW COMPLETE FORMUL MULTIVIT ORAL CAPSULE 1,500-800 UNIT-MCG	Non-PDL Generic	
MVW COMPLETE FORMUL MULTIVIT ORAL CAPSULE 750-500 UNIT-MCG	Non-PDL Brand	
MVW COMPLETE FORMUL MULTIVIT ORAL TABLET,CHEWABLE 1,500-1,000 UNIT-MCG	Non-PDL Generic	
MVW COMPLETE FORMUL PEDIATRIC ORAL DROPS 750-500 UNIT-MCG/0.5 ML	Non-PDL Brand	
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE 3,000-800 UNIT-MCG	Non-PDL Brand	
MVW COMPLETE FORMULATION D3000 ORAL TABLET,CHEWABLE 3,000-1,000 UNIT-MCG	Non-PDL Brand	

Drug	Status	Notes
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE 5,000-800 UNIT-MCG	Non-PDL Brand	
MVW COMPLETE FORMULATION D5000 ORAL TABLET,CHEWABLE 5,000 UNIT-1,000 MCG	Non-PDL Brand	
MVW MODULATR FORMLTN PEDIATRIC ORAL DROPS 2,000 MCG-150 MG-19 MCG/3 ML	Non-PDL Brand	
NANO VM 1-3 ORAL POWDER 3.5-75 MG-MCG	Non-PDL Brand	
NANO VM 4-8 ORAL POWDER 5-100 MG-MCG	Non-PDL Brand	
NANOVN 9-18 ORAL POWDER 2 MG IRON/ 2.6 GRAM	Non-PDL Brand	
NANOVN T-F FEEDING TUBE POWDER 2.75 MG IRON/ 5.4 GRAM	Non-PDL Brand	
NOVAFERRUM YUM PEDIATR MV-IRON ORAL DROPS 10 MG IRON/ML	Non-PDL Brand	
NOVAMV MMM PEDIATRIC MULTIVIT ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML	Non-PDL Brand	
ONE-A-DAY KID'S ORAL TABLET,CHEWABLE	Non-PDL Brand	
ONE-A-DAY TEEN HER VITACRAVES ORAL TABLET,CHEWABLE 300 UNIT- 37.5 MCG	Non-PDL Brand	
ONE-A-DAY TEEN HIM VITACRAVES ORAL TABLET,CHEWABLE 300-37.5 UNIT-MCG	Non-PDL Brand	
<i>pedi multivit no.194-iron sulf oral drops 10 mg iron/ml</i>	Non-PDL Generic	
PEDIA POLY-VITE ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML	Non-PDL Brand	
PEDIA POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	Non-PDL Brand	
PEDIA TRI-VITE ORAL DROPS 250 MCG-50 MG- 10 MCG/ML	Non-PDL Generic	
<i>pediatric multivitamin no.171 oral drops 750 unit-35 mg- 400 unit/ml</i>	Non-PDL Generic	
PEDIATRIC POLY-VITE ORAL DROPS 250 MCG-50 MG- 10 MCG-5 MG/ML	Non-PDL Generic	
PEDIATRIC POLY-VITE WITH IRON ORAL DROPS 11 MG IRON/ML	Non-PDL Generic	

Drug	Status	Notes
PEDIATRIC TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML	Non-PDL Generic	
POLY-VI-FLOR (ARCOFOLIN) ORAL TABLET,CHEWABLE 0.25 MG FLUORIDE, 0.5 MG FLUORIDE, 1 MG FLUORIDE	Non-PDL Brand	
POLY-VI-FLOR DROPS (ARCOFOLIN) ORAL DROPS 0.25 MG FLUORIDE/ML	Non-PDL Brand	
POLY-VI-FLOR DROPS ORAL DROPS 0.25 MG FLUORIDE/ML	Non-PDL Brand	
POLY-VI-FLOR IRON DROP(ARCOFO) ORAL DROPS 0.25MG FLUORIDE -7 MG IRON/ML	Non-PDL Brand	
POLY-VI-FLOR W-IRON(ARCOFOLIN) ORAL TABLET,CHEWABLE 0.5 MG FLUORIDE -10 MG IRON	Non-PDL Brand	
POLY-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML	Non-PDL Brand	
POLY-VI-SOL WITH IRON ORAL DROPS 11 MG IRON/ML	Non-PDL Brand	
POLY-VITA DROPS ORAL DROPS 750 UNIT-35 MG- 400 UNIT/ML	Non-PDL Brand	
POLY-VITA WITH IRON ORAL DROPS 10 MG/ML	Non-PDL Brand	
SCOOBY-DOO ONE A DAY KIDS ORAL TABLET,CHEWABLE	Non-PDL Brand	
SCOOBY-DOO ONE A DAY ORAL TABLET,CHEWABLE	Non-PDL Generic	
SOLUVITA A,C,D WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML	Non-PDL Brand	
SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.25 MG/ML	Non-PDL Generic	
SOLUVITA MULTIVITAMIN FLUORIDE ORAL DROPS 0.5 MG/ML	Non-PDL Brand	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML	Non-PDL Brand	
TRI-VITAMIN (A-D-FOL)-FLUORIDE ORAL DROPS 0.25 MG/ML FLUORIDE	Non-PDL Generic	
TRI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Non-PDL Generic	
TRI-VITE WITH FLUORIDE ORAL DROPS 0.25 MG FLUOR. (0.55 MG)/ML, 0.5 MG FLUORIDE (1.1 MG)/ML	Non-PDL Generic	

Drug	Status	Notes
TROPICAL LIQUID NUTRITION ORAL LIQUID	Non-PDL Brand	
<i>vit a palmitate-vit c-vit d3 oral drops 250 mcg-50 mg- 10 mcg/ml, 750 unit-35 mg -400 unit/ml</i>	Non-PDL Generic	
VITALETS ORAL TABLET,CHEWABLE	Non-PDL Generic	
VITALETS TABLET CHEWABLE CHILD, RASPBERRY 10 MG IRON	Non-PDL Brand	
VITALETS TABLET CHEWABLE CHILD, RASPBERRY 10 MG IRON	Non-PDL Generic	
VITALETS TABLET CHEWABLE CHILD,UNFLAVORED 10 MG IRON	Non-PDL Brand	
ZOO FRIENDS ORAL TABLET,CHEWABLE	Non-PDL Generic	
Prenatal Vitamin Preparations		
ATABEX ONE ORAL CAPSULE,DELAYED RELEASE(DR/EC) 27 MG IRON- 1,000 MCG DFE	Preventive	
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG	Preventive	
BAL-CARE DHA ORAL COMBO PACK,TABLET AND CAP,DR 27-1-430 MG	Preventive	
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG	Preventive	
C-NATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Non-PDL Generic	
COMPLETE NATAL DHA ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	Preventive	
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Preventive	
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG	Non-PDL Generic	
KPN ORAL TABLET 9 MG IRON- 267 MCG	Preventive	
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG	Non-PDL Generic	
MASONATAL PRENATAL ORAL TABLET 28 MG IRON- 800 MCG	Preventive	
MATRONEX ORAL TABLET 27 MG IRON- 1,000 MCG	Preventive	
MINI PRENATAL ORAL TABLET 6.75 MG IRON- 200 MCG	Preventive	

Drug	Status	Notes
M-NATAL PLUS ORAL TABLET 27 MG IRON- 1 MG	Preventive	90 DS
MYNATAL ADVANCE ORAL TABLET 90-1-50 MG	Preventive	
MYNATAL ORAL CAPSULE 65 MG IRON- 1 MG	Preventive	
MYNATAL ORAL TABLET 90-1-50 MG	Preventive	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG	Preventive	
MYNATAL-Z ORAL TABLET 65 MG IRON- 1 MG	Preventive	
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG	Preventive	
NEWGEN ORAL 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	Preventive	
OBSTETRIX DHA PRENATAL DUO ORAL COMB PACK,TABLET DR,CAPSULE DR 29 MG IRON- 1,700 MCG DFE	Preventive	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON- 1,700 MCG DFE, 29 MG IRON-1 MG -50 MG	Preventive	
ONE-A-DAY PRENATAL ADVANCED ORAL COMBO PACK 27 MG IRON-800 MCG-110 MG	Preventive	
ONE-A-DAY PRENATAL-1 ORAL CAPSULE 27 MG IRON- 800 MCG-235 MG	Preventive	
<i>pnv no.95-ferrous fumarate-fa oral tablet 28 mg iron- 800 mcg</i>	Preventive	
PNV-DHA + DOCUSATE ORAL CAPSULE 27-1.25-55-300 MG	Preventive	
PNV-SELECT ORAL TABLET 27-1 MG	Preventive	
PR NATAL 400 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-400 MG	Preventive	
PR NATAL 400 ORAL COMBO PACK 29-1-400 MG	Preventive	
PR NATAL 430 EC ORAL COMBO PACK,TABLET AND CAP,DR 29-1-430 MG	Preventive	
PR NATAL 430 ORAL COMBO PACK 29 MG IRON-1 MG -430 MG	Preventive	
PRENAISSANCE ORAL CAPSULE 29-1.25-55-325 MG	Non-PDL Generic	

Drug	Status	Notes
PRENAISSANCE PLUS ORAL CAPSULE 28-1-50-250 MG	Non-PDL Generic	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Preventive	
PRENATABS FA ORAL TABLET 29-1 MG	Preventive	90 DS
PRENATABS RX ORAL TABLET 29 MG IRON- 1 MG	Preventive	90 DS
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON- 975 MCG-200 MG, 28 MG IRON- 800 MCG-200 MG	Preventive	
PRENATAL 19 (WITH DOCUSATE) ORAL TABLET 29 MG IRON- 1 MG-25 MG	Preventive	
PRENATAL 19 ORAL TABLET 29 MG IRON- 1 MG	Preventive	
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Preventive	90 DS
PRENATAL COMPLETE ORAL TABLET 14 MG IRON- 400 MCG	Preventive	
PRENATAL ESSENTIALS ORAL CAPSULE 6 MG IRON- 272 MCG DFE	Preventive	
PRENATAL FORMULA ORAL TABLET 9 MG IRON- 267 MCG	Preventive	
PRENATAL FORMULA-DHA ORAL CAPSULE 28 MG-800 MCG- 200 MG	Preventive	
PRENATAL MULTI ORAL TABLET 27-800 MG-MCG	Preventive	
PRENATAL MULTI-DHA (ALGAL OIL) ORAL CAPSULE 27MG IRON- 800 MCG-250 MG	Preventive	
PRENATAL MULTI-DHA(WITH VIT K) ORAL CAPSULE 27 MG IRON-800 MCG-260 MG	Preventive	
PRENATAL MULTIVITAMINS ORAL TABLET 28 MG IRON- 800 MCG	Preventive	
PRENATAL ONE DAILY ORAL TABLET 27 MG IRON- 800 MCG	Preventive	
PRENATAL ORAL TABLET 28 MG IRON- 800 MCG, 28-800 MG-MCG	Preventive	
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG	Preventive	90 DS
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG	Preventive	
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG	Preventive	
PRENATAL PLUS VITAMIN-MINERAL ORAL TABLET 27 MG IRON- 1 MG	Preventive	

Drug	Status	Notes
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG	Preventive	
<i>prenatal vit no.179-iron-folic oral tablet 28 mg iron- 800 mcg</i>	Preventive	
PRENATAL VITAMIN ORAL TABLET 27 MG IRON- 0.8 MG, 27 MG IRON- 800 MCG	Preventive	
PRENATAL VITAMIN PLUS LOW IRON ORAL TABLET 27 MG IRON- 1 MG	Preventive	90 DS
PRENATAL VITAMIN WITH MINERALS ORAL TABLET 28 MG IRON- 800 MCG	Preventive	
<i>prenatal vit-iron fum-folic ac oral tablet 28 mg iron- 800 mcg</i>	Preventive	
PRENATAL WITH DHA-FOLIC ACID ORAL TABLET,CHEWABLE 400-32.5 MCG-MG	Preventive	
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG	Preventive	
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Non-PDL Generic	
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Non-PDL Generic	
SE-NATAL 19 CHEWABLE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG	Preventive	90 DS
SE-NATAL 19 ORAL TABLET 29 MG IRON- 1 MG	Preventive	
SIMILAC PRENATAL ORAL COMBO PACK 27 MG IRON-800 MCG-200 MG	Preventive	
STUART ONE ORAL CAPSULE 27 MG IRON- 800 MCG-200 MG	Preventive	
THERANATAL COMPLETE ORAL COMBO PACK 27 MG IRON- 1 MG-150 MG	Preventive	
THERANATAL ONE ORAL CAPSULE 27 MG IRON-1000 MCG-300 MG	Preventive	
THERANATAL ORAL TABLET 27 MG IRON- 1 MG	Preventive	
THERANATAL PLUS ORAL COMBO PACK 27 MG IRON- 1 MG-300 MG	Preventive	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG	Preventive	
TRICARE ORAL TABLET 27 MG IRON- 1 MG	Preventive	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG	Preventive	
TRINATE ORAL TABLET 28 MG IRON- 1 MG	Preventive	90 DS

Drug	Status	Notes
ULTRA PRENATAL PLUS DHA ORAL CAPSULE 27 MG-800 MCG- 250 MG-200 MG	Preventive	
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG	Non-PDL Generic	
VP-CH-PNV ORAL CAPSULE 30 MG IRON-1 MG -50 MG-260 MG	Non-PDL Generic	
WESNATAL DHA COMPLETE ORAL COMBO PACK 29 MG IRON- 1 MG-200 MG	Preventive	
WESNATE DHA ORAL CAPSULE 28 MG IRON-1 MG -200 MG	Non-PDL Generic	
WESTAB PLUS ORAL TABLET 27 MG IRON- 1 MG	Preventive	90 DS
WOMEN'S PRENATAL PLUS DHA ORAL COMBO PACK 28 MG-975 MCG- 200 MG	Preventive	
Prenatal Vitamins Without Iron		
ONE-A-DAY PRENATAL ORAL TABLET,CHEWABLE 400 MCG- 25 MG	Preventive	
P2I PRENATAL WITH CHOLINE ORAL CAPSULE 4.25 MG IRON- 333.5 MCG DFE	Preventive	
PRENATAL GUMMIES ORAL TABLET,CHEWABLE 400 MCG-35 MG- 25 MG-5 MG	Preventive	
PRENATAL GUMMIES(ZINC CHELATE) ORAL TABLET,CHEWABLE 180 MCG-35 MG- 25 MG-5 MG	Preventive	
PRENATAL ORAL TABLET,CHEWABLE 400 MCG	Preventive	
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG	Non-PDL Generic	
THERANATAL OVAVITE ORAL COMBO PACK 18-1-125 MG-MG-UNIT	Preventive	
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG	Preventive	
Vitamin A Preparations		
<i>beta carotene oral capsule 7,500 mcg (25,000 unit)</i>	Non-PDL Generic	
PREVENT ORAL CAPSULE	Non-PDL Generic	
<i>vitamin a oral capsule 2,400 mcg, 3,000 mcg (10,000 unit)</i>	Non-PDL Generic	
<i>vitamin a palmitate oral capsule 3,000 mcg (10,000 unit)</i>	Non-PDL Generic	

Drug	Status	Notes
Vitamin B Preparations		
B COMPLEX 1 (WITH FOLIC ACID) ORAL TABLET 0.4 MG	Non-PDL Generic	
B COMPLEX 100 INJECTION SOLUTION 100-2-100-2-2 MG/ML	Non-PDL Generic	
B COMPLEX W-VIT C ORAL TABLET 18-10-45-5-250 MG	Non-PDL Generic	
<i>b complex-vitamin c-folic acid oral tablet 400 mcg</i>	Non-PDL Generic	
BALANCE B-50 (WITH FOLIC ACID) ORAL TABLET 0.4 MG	Non-PDL Generic	
B-COMPLEX INJECTION INJECTION SOLUTION 100-2-100-2-2 MG/ML	Non-PDL Generic	
B-COMPLEX WITH VITAMIN C ORAL TABLET 400-500 MCG-MG	Non-PDL Generic	
DIALYVITE ORAL TABLET 100-1 MG	Non-PDL Generic	
FOLBEE PLUS ORAL TABLET 5 MG	Non-PDL Generic	
FOLBIC ORAL TABLET 2.5-25-2 MG	Non-PDL Generic	
FULL SPECTRUM B-VITAMIN C ORAL TABLET 0.8 MG	Non-PDL Generic	
HYLAVITE ORAL TABLET 1 MG	Non-PDL Generic	
MYNEPHROCAPS ORAL CAPSULE 1 MG	Non-PDL Generic	
MYNEPHRON ORAL CAPSULE 1 MG	Non-PDL Generic	
NEPHRO VITAMINS ORAL TABLET 0.8 MG	Non-PDL Generic	
NEPHRO-VITE ORAL TABLET 0.8 MG	Non-PDL Generic	
RENAL CAPS ORAL CAPSULE 1 MG	Non-PDL Generic	
RENAL VITAMIN ORAL TABLET 0.8 MG	Non-PDL Generic	
RENAL-VITE ORAL TABLET 0.8 MG	Non-PDL Generic	
RENA-VITE ORAL TABLET 0.8 MG	Non-PDL Generic	
RENO CAPS ORAL CAPSULE 1 MG	Non-PDL Generic	

Drug	Status	Notes
SUPER B-50 COMPLEX ORAL CAPSULE 400 MCG-20 MG- 50 MG	Non-PDL Generic	
SUPER QUINTS B-50 ORAL TABLET	Non-PDL Generic	
TRIPHROCAPS ORAL CAPSULE 1 MG	Non-PDL Generic	
<i>vitamin b complex oral capsule</i>	Non-PDL Generic	
<i>vitamin b complex oral tablet</i>	Non-PDL Generic	
<i>vitamin b complex-folic acid oral tablet 0.4 mg</i>	Non-PDL Generic	
VITAMINS B COMPLEX ORAL TABLET	Non-PDL Generic	
WESCAPS ORAL CAPSULE 1 MG	Non-PDL Generic	
WESTAB MAX ORAL TABLET 2.5-25-2 MG	Non-PDL Generic	
Vitamin B1 Preparations		
<i>thiamine hcl (vitamin b1) injection solution 100 mg/ml</i>	Non-PDL Generic	
<i>thiamine hcl (vitamin b1) oral tablet 100 mg, 50 mg</i>	Non-PDL Generic	
<i>thiamine mononitrate (vit b1) oral tablet 100 mg</i>	Non-PDL Generic	
VITAMIN B-1 (MONONITRATE) ORAL TABLET 100 MG	Non-PDL Generic	
VITAMIN B-1 ORAL TABLET 100 MG, 250 MG, 50 MG	Non-PDL Generic	
Vitamin B12 Preparations		
B-12 DOTS ORAL TABLET 500 MCG	Non-PDL Generic	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	Non-PDL Generic	
<i>cyanocobalamin (vitamin b-12) oral tablet 1,000 mcg, 100 mcg, 250 mcg, 500 mcg</i>	Non-PDL Generic	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg</i>	Non-PDL Generic	
DODEX INJECTION SOLUTION 1,000 MCG/ML	Non-PDL Generic	
<i>hydroxocobalamin intramuscular solution 1,000 mcg/ml</i>	Non-PDL Generic	
VITAMIN B-12 ORAL TABLET 1,000 MCG, 100 MCG, 250 MCG, 500 MCG	Non-PDL Generic	

Drug	Status	Notes
VITAMIN B-12 ORAL TABLET EXTENDED RELEASE 1,000 MCG	Non-PDL Generic	
Vitamin B2 Preparations		
<i>riboflavin (vitamin b2) oral tablet 100 mg</i>	Non-PDL Generic	
VITAMIN B-2 ORAL TABLET 100 MG	Non-PDL Generic	
Vitamin B6 Preparations		
<i>pyridoxine (vitamin b6) injection solution 100 mg/ml</i>	Non-PDL Generic	
<i>pyridoxine (vitamin b6) oral tablet 100 mg, 25 mg, 50 mg</i>	Non-PDL Generic	
VITAMIN B-6 ORAL TABLET 100 MG, 25 MG, 50 MG	Non-PDL Generic	
Vitamin C Preparations		
ACEROLA C-500 ORAL WAFER 500 MG	Non-PDL Generic	
<i>ascorbic acid (vitamin c) oral tablet 1,000 mg, 250 mg, 500 mg</i>	Non-PDL Generic	
<i>ascorbic acid (vitamin c) oral tablet, chewable 500 mg</i>	Non-PDL Generic	
<i>ascorbic acid-ascorbate sodium oral tablet, chewable 500 mg</i>	Non-PDL Generic	
<i>ascorbic acid-ascorbate sodium oral wafer 500 mg</i>	Non-PDL Generic	
C COMPLEX ORAL TABLET EXTENDED RELEASE 1,000 MG	Non-PDL Generic	
C-1000 ORAL TABLET 1,000 MG	Non-PDL Generic	
C-1000 ORAL TABLET EXTENDED RELEASE 1,000 MG	Non-PDL Generic	
C-1000 WITH ROSE HIPS ORAL TABLET 1,000 MG	Non-PDL Generic	
C-500 ORAL TABLET 500 MG	Non-PDL Generic	
C-500 ORAL TABLET EXTENDED RELEASE 500 MG	Non-PDL Generic	
C-500 ORAL TABLET, CHEWABLE 500 MG	Non-PDL Generic	
ENDUR-C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG, 500 MG	Non-PDL Generic	
FRUIT C-500 ORAL TABLET, CHEWABLE 500 MG	Non-PDL Generic	

Drug	Status	Notes
STRAWBERRY C ORAL TABLET,CHEWABLE 500 MG	Non-PDL Generic	
VITAMIN C ORAL TABLET 1,000 MG, 250 MG, 500 MG	Non-PDL Generic	
VITAMIN C ORAL TABLET EXTENDED RELEASE 1,000 MG, 500 MG	Non-PDL Generic	
VITAMIN C ORAL TABLET,CHEWABLE 500 MG	Non-PDL Generic	
VITAMIN C WITH ROSE HIPS ORAL TABLET 1,000 MG, 500 MG	Non-PDL Generic	
VITAMIN C WITH ROSE HIPS ORAL TABLET EXTENDED RELEASE 1,000 MG, 500 MG	Non-PDL Generic	
VITAMIN C WITH ROSE HIPS ORAL TABLET,CHEWABLE 500 MG	Non-PDL Generic	
Vitamin D Preparations		
BABY DDROPS ORAL DROPS 10 MCG/DROP (400 UNIT/DROP)	Non-PDL Generic	
BABY VITAMIN D3 ORAL DROPS 10 MCG/DROP (400 UNIT/DROP)	Non-PDL Generic	
BABY'S SUPER DAILY D3 ORAL DROPS 10 MCG/DROP (400 UNIT/DROP)	Non-PDL Generic	
BIO-D-MULSION ORAL DROPS 10 MCG/DROP (400 UNIT/DROP)	Non-PDL Generic	
CALCIDOL ORAL DROPS 200 MCG/ML (8,000 UNIT/ML)	Non-PDL Generic	
<i>calcitriol oral capsule 0.25 mcg</i>	Non-PDL Generic	90 DS
<i>calcitriol oral capsule 0.5 mcg</i>	Non-PDL Generic	
<i>calcitriol oral solution 1 mcg/ml</i>	Non-PDL Generic	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 10 mcg (400 unit), 125 mcg (5,000 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	Non-PDL Generic	
<i>cholecalciferol (vitamin d3) oral drops 10 mcg/drop (400 unit/drop), 10 mcg/ml (400 unit/ml)</i>	Non-PDL Generic	
<i>cholecalciferol (vitamin d3) oral tablet 10 mcg (400 unit), 25 mcg (1,000 unit), 50 mcg (2,000 unit)</i>	Non-PDL Generic	
D3-2000 ORAL CAPSULE 50 MCG (2,000 UNIT)	Non-PDL Generic	

Drug	Status	Notes
DECARA ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Non-PDL Generic	
DELTA D3 ORAL TABLET 10 MCG (400 UNIT)	Non-PDL Generic	
DIALYVITE VITAMIN D ORAL CAPSULE 125 MCG (5,000 UNIT)	Non-PDL Generic	
D-VI-SOL ORAL DROPS 10 MCG/ML (400 UNIT/ML)	Non-PDL Generic	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	Non-PDL Generic	90 DS
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	Non-PDL Generic	
<i>ergocalciferol (vitamin d2) oral tablet 10 mcg (400 unit)</i>	Non-PDL Generic	
OPTIMAL D3 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Non-PDL Generic	
PEDIA D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML)	Non-PDL Generic	
PEDIATRIC D-VITE ORAL DROPS 10 MCG/ML (400 UNIT/ML)	Non-PDL Generic	
PUREVITA VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT)	Non-PDL Generic	
SV VITAMIN D3 1,000 UNIT SFTGL SOFTGEL, P/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
THERA-D ORAL TABLET 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D2 ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Non-PDL Generic	90 DS
VITAMIN D3 1,000 UNIT SOFTGEL (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT SOFTGEL SOFTGEL (RX) 25 MCG (1,000 UNIT)	Non-PDL Brand	
VITAMIN D3 1,000 UNIT SOFTGEL SOFTGEL (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
VITAMIN D3 1,000 UNIT SOFTGEL SOFTGEL, P/F (RX) 25 MCG (1,000 UNIT)	Non-PDL Generic	
VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT)	Non-PDL Generic	
VITAMIN D3 ORAL CAPSULE 50 MCG (2,000 UNIT)	Non-PDL Brand	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 50 MCG (2,000 UNIT)	Non-PDL Generic	
VITAMIN D3 ORAL TABLET 25 MCG (1,000 UNIT)	Non-PDL Brand	

Drug	Status	Notes
WEEKLY-D ORAL CAPSULE 1,250 MCG (50,000 UNIT)	Non-PDL Generic	
Vitamin E Preparations		
E-200 ORAL CAPSULE 90 MG (200 UNIT)	Non-PDL Generic	
<i>vitamin e (dl, acetate) oral capsule 180 mg (400 unit), 45 mg (100 unit), 450 mg (1,000 unit), 90 mg (200 unit)</i>	Non-PDL Generic	
<i>vitamin e acetate oral capsule 134 mg (200 unit)</i>	Non-PDL Generic	
<i>vitamin e mixed oral capsule 1,000 unit, 400 unit</i>	Non-PDL Generic	
<i>vitamin e oral capsule 268 mg (400 unit), 670 mg (1,000 unit)</i>	Non-PDL Generic	
Zinc Replacement		
<i>zinc sulfate oral capsule 50 mg zinc (220 mg)</i>	Non-PDL Generic	
<i>zinc sulfate oral tablet 50 mg zinc (220 mg)</i>	Non-PDL Generic	
ZINC-220 ORAL CAPSULE 50 MG ZINC (220 MG)	Non-PDL Generic	
Weight Reduction		
Anorexic Agents		
<i>benzphetamine oral tablet 50 mg</i>	Non-PDL Generic	PA
<i>diethylpropion oral tablet 25 mg</i>	Non-PDL Generic	PA
<i>diethylpropion oral tablet extended release 75 mg</i>	Non-PDL Generic	PA
LOMAIRA ORAL TABLET 8 MG	Non-PDL Generic	PA
<i>phendimetrazine tartrate oral capsule, extended release 105 mg</i>	Non-PDL Generic	PA
<i>phendimetrazine tartrate oral tablet 35 mg</i>	Non-PDL Generic	PA
<i>phentermine oral capsule 15 mg, 30 mg, 37.5 mg</i>	Non-PDL Generic	
<i>phentermine oral tablet 37.5 mg</i>	Non-PDL Generic	
<i>phentermine oral tablet 8 mg</i>	Non-PDL Generic	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	Non-PDL Brand	PA

Drug	Status	Notes
Anti-Obesity - Incretin Mimetics Combination		
ZEPBOUND SUBCUTANEOUS PEN INJECTOR 10 MG/0.5 ML, 12.5 MG/0.5 ML, 15 MG/0.5 ML, 2.5 MG/0.5 ML, 5 MG/0.5 ML, 7.5 MG/0.5 ML	PDL Non-Preferred Brand	PA; QL (2 ML per 28 days)
Anti-Obesity Glucagon-Like Peptide-1 Recep Agonist		
<i>liraglutide (weight loss) subcutaneous pen injector 3 mg/0.5 ml (18 mg/3 ml)</i>	PDL Non-Preferred Generic	PA; SP; QL (0.5 ML per 1 day)
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML)	PDL Preferred Brand	PA; QL (0.5 ML per 1 day)
WEGOVY SUBCUTANEOUS PEN INJECTOR 0.25 MG/0.5 ML, 0.5 MG/0.5 ML, 1 MG/0.5 ML	PDL Preferred Brand	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS PEN INJECTOR 1.7 MG/0.75 ML, 2.4 MG/0.75 ML	PDL Preferred Brand	PA; QL (3 ML per 28 days)
Fat Absorption Decreasing Agents		
<i>orlistat oral capsule 120 mg</i>	PDL Non-Preferred Generic	PA; SP
XENICAL ORAL CAPSULE 120 MG	PDL Non-Preferred Brand	PA

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