

Apple Health (Medicaid) Preferred Drug List
Effective July 1, 2019

The Apple Health Preferred Drug List (PDL) has products listed in groups by drug class. Unless otherwise indicated, the authorization criteria is that the client must have tried and failed, or is intolerant to, at least two preferred drugs within the drug class unless contraindicated, not clinically appropriate, or only one drug is preferred. Drugs may also have additional clinical criteria that is required for approval, these drugs are indicated with PA Required in the PA status column.

APPLE HEALTH DRUG CLASS	DRUG NAME	DOSE FORM	PREFERRED STATUS	PA STATUS
ALLERGY : ALLERGENIC EXTRACTS / BIOLOGICALS MISC	ADAGEN	SOLN	PREFERRED	PA REQUIRED
	ORALAIR	SUBL	PREFERRED	PA REQUIRED
	ORALAIR ADULT SAMPLE KIT	SUBL	PREFERRED	PA REQUIRED
	ORALAIR ADULT STARTER PACK	SUBL	PREFERRED	PA REQUIRED
	ORALAIR CHILDREN/ADOLESCENTS SAMPLE KIT	THPK	PREFERRED	PA REQUIRED
	ORALAIR CHILDREN/ADOLESCENTS STARTER PACK	SUBL	PREFERRED	PA REQUIRED
ALLERGY : ANAPHYLAXIS - VASOPRESSOR SELF-INJECTABLES	ADRENALIN	SOLN	NON-PREFERRED	PA REQUIRED
	EPINEPHRINE	SOAJ	NON-PREFERRED	PA REQUIRED
	EPINEPHRINE (MYLAN)	SOAJ	PREFERRED	-
	EPIPEN 2-PAK	SOAJ	NON-PREFERRED	PA REQUIRED
	EPIPEN-JR 2-PAK	SOAJ	NON-PREFERRED	PA REQUIRED
	SYMJEPI	SOSY	NON-PREFERRED	PA REQUIRED
ALLERGY : MISC	GNP NASAL MOISTURIZING	SOLN	PREFERRED	-
	NASAL MOISTURIZING SPRAY	SOLN	PREFERRED	-
	SB SALINE NOSE	SOLN	PREFERRED	-
	SM NASAL SPRAY SALINE	SOLN	PREFERRED	-
ALLERGY : NASAL ANTICHOLINERGICS	IPRATROPIUM BROMIDE	SOLN	PREFERRED	-
ALLERGY : NASAL ANTIHISTAMINES	ASTEPRO	SOLN	NON-PREFERRED	PA REQUIRED
	AZELASTINE HCL	SOLN	PREFERRED	-
	AZELASTINE HYDROCHLORIDE	SOLN	PREFERRED	-
	DYMISTA	SUSP	NON-PREFERRED	-
	OLOPATADINE HCL	SOLN	NON-PREFERRED	-
	PATANASE	SOLN	NON-PREFERRED	PA REQUIRED

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ANALGESICS - ANTIINFLAMMATORY : ANTIRHEUMATIC ANTIMETABOLITES	METHOTREXATE	SOLN	PREFERRED	-
	METHOTREXATE	TABS	PREFERRED	-
	METHOTREXATE SODIUM	SOLN	PREFERRED	-
	METHOTREXATE SODIUM	SOLR	PREFERRED	-
	OTREXUP	SOAJ	NON-PREFERRED	PA REQUIRED
	RASUVO	SOAJ	PREFERRED	PA REQUIRED
	TREXALL	TABS	PREFERRED	-
	XATMEP	SOLN	PREFERRED	-
ANALGESICS - ANTIINFLAMMATORY : OTHER	ARAVA	TABS	NON-PREFERRED	PA REQUIRED
	LEFLUNOMIDE	TABS	PREFERRED	-
	RIDAURA	CAPS	PREFERRED	-
ANALGESICS - OPIOID : LONG ACTING - AGONISTS	ARYMO ER	TBEA	NON-PREFERRED	PA REQUIRED
	CONZIP	CP24	NON-PREFERRED	PA REQUIRED
	DOLOPHINE	TABS	NON-PREFERRED	PA REQUIRED
	DURAGESIC	PT72	NON-PREFERRED	PA REQUIRED
	EMBEDA	CPCR	NON-PREFERRED	PA REQUIRED
	EXALGO	T24A	NON-PREFERRED	PA REQUIRED
	FENTANYL	PT72	PREFERRED	PA REQUIRED
	FENTANYL 37.5MCG/HR	PT72	NON-PREFERRED	PA REQUIRED
	FENTANYL 62.5MCG/HR	PT72	NON-PREFERRED	PA REQUIRED
	FENTANYL 87.5MCG/HR	PT72	NON-PREFERRED	PA REQUIRED
	HYDROMORPHONE HCL ER	T24A	NON-PREFERRED	PA REQUIRED
	HYDROMORPHONE HYDROCHLORIDE	T24A	NON-PREFERRED	PA REQUIRED
	HYDROMORPHONE HYDROCHLORIDE ER	T24A	NON-PREFERRED	PA REQUIRED
	HYSINGLA ER	T24A	NON-PREFERRED	PA REQUIRED
	KADIAN	CP24	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	CONC	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	SOLN	NON-PREFERRED	PA REQUIRED

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ANALGESICS - OPIOID : LONG ACTING - AGONISTS CONT.	METHADONE HCL	TABS	NON-PREFERRED	PA REQUIRED
	METHADONE HCL	TBSO	NON-PREFERRED	PA REQUIRED
	METHADONE HCL INTENSOL	CONC	NON-PREFERRED	PA REQUIRED
	METHADONE HYDROCHLORIDE	TABS	NON-PREFERRED	PA REQUIRED
	METHADOSE	CONC	NON-PREFERRED	PA REQUIRED
	METHADOSE	TBSO	NON-PREFERRED	PA REQUIRED
	METHADOSE SUGAR-FREE	CONC	NON-PREFERRED	PA REQUIRED
	MORPHABOND ER	T12A	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE ER	CP24	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE ER	TBCR	PREFERRED	PA REQUIRED
	MS CONTIN	TBCR	NON-PREFERRED	PA REQUIRED
	NUCYNTA ER	TB12	NON-PREFERRED	PA REQUIRED
	OXYCODONE HCL ER	T12A	NON-PREFERRED	PA REQUIRED
	OXYCONTIN	T12A	NON-PREFERRED	PA REQUIRED
	OXYMORPHONE HYDROCHLORIDE ER	TB12	PREFERRED	PA REQUIRED
	OXYMORPHONE HYDROCHLORIDE ER 15MG	TB12	NON-PREFERRED	PA REQUIRED
	OXYMORPHONE HYDROCHLORIDE ER 7.5MG	TB12	NON-PREFERRED	PA REQUIRED
	TRAMADOL HCL ER	CP24	NON-PREFERRED	PA REQUIRED
	TRAMADOL HCL ER (BIPHASIC RELEASE)	TB24	NON-PREFERRED	PA REQUIRED
	TRAMADOL HCL ER	TB24	PREFERRED	PA REQUIRED
XTAMPZA ER	C12A	NON-PREFERRED	PA REQUIRED	
ZOHYDRO ER	C12A	NON-PREFERRED	PA REQUIRED	
ANALGESICS - OPIOID : PARTIAL AGONISTS	BELBUCA	FILM	NON-PREFERRED	PA REQUIRED
	BUPRENORPHINE	PTWK	PREFERRED	-
	BUTRANS	PTWK	NON-PREFERRED	PA REQUIRED
ANALGESICS - OPIOID : SHORT ACTING - AGONISTS	ABSTRAL	SUBL	NON-PREFERRED	PA REQUIRED
	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE	CAPS	NON-PREFERRED	-
	ACETAMINOPHEN/CAFFEINE/DIHYDROCODEINE			
	BITARTRATE	TABS	NON-PREFERRED	-
	ACETAMINOPHEN/CODEINE	SOLN	PREFERRED	-

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ANALGESICS - OPIOID : SHORT ACTING - AGONISTS CONT.	ACETAMINOPHEN/CODEINE	TABS	PREFERRED	-
	ACETAMINOPHEN/CODEINE PHOSPHATE	TABS	PREFERRED	-
	ACTIQ	LPOP	NON-PREFERRED	PA REQUIRED
	ASCOMP/CODEINE	CAPS	PREFERRED	-
	BUTALBITAL/ACETAMINOPHEN/CAFFEINE/CODEINE	CAPS	PREFERRED	-
	BUTALBITAL/ASPIRIN/CAFFEINE/CODEINE	CAPS	PREFERRED	-
	BUTORPHANOL TARTRATE	SOLN	NON-PREFERRED	-
	CODEINE SULFATE	TABS	PREFERRED	-
	DILAUDID	LIQD	NON-PREFERRED	PA REQUIRED
	DILAUDID	TABS	NON-PREFERRED	PA REQUIRED
	DVORAH	TABS	NON-PREFERRED	-
	ENDOCET	TABS	PREFERRED	-
	FENTANYL CITRATE ORAL TRANSMUCOSAL	LPOP	NON-PREFERRED	PA REQUIRED
	FENTORA	TABS	NON-PREFERRED	PA REQUIRED
	FIORICET/CODEINE	CAPS	NON-PREFERRED	PA REQUIRED
	FIORINAL/CODEINE #3	CAPS	NON-PREFERRED	PA REQUIRED
	HYDROCODONE BITARTRATE/ACETAMINOPHEN	SOLN	PREFERRED	-
	HYDROCODONE BITARTRATE/ACETAMINOPHEN	TABS	PREFERRED	-
	HYDROCODONE/ACETAMINOPHEN	TABS	PREFERRED	-
	HYDROCODONE/IBUPROFEN	TABS	PREFERRED	-
	HYDROMORPHONE HCL	LIQD	NON-PREFERRED	-
	HYDROMORPHONE HCL	SUPP	PREFERRED	-
	HYDROMORPHONE HCL	TABS	PREFERRED	-
	IBUDONE	TABS	NON-PREFERRED	PA REQUIRED
	IONSYS	PTCH	NON-PREFERRED	PA REQUIRED
	LAZANDA	SOLN	NON-PREFERRED	PA REQUIRED
	LEVORPHANOL TARTRATE	TABS	NON-PREFERRED	PA REQUIRED
	LORCET	TABS	NON-PREFERRED	PA REQUIRED
	LORCET HD	TABS	PREFERRED	-
	LORCET PLUS	TABS	NON-PREFERRED	PA REQUIRED
	LORTAB	ELIX	NON-PREFERRED	-
	MEPERIDINE HCL	SOLN	NON-PREFERRED	PA REQUIRED

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ANALGESICS - OPIOID : SHORT ACTING - AGONISTS CONT.	MEPERIDINE HCL	TABS	NON-PREFERRED	PA REQUIRED
	MORPHINE SULFATE	SOLN	NON-PREFERRED	-
	MORPHINE SULFATE	SUPP	PREFERRED	-
	MORPHINE SULFATE	TABS	PREFERRED	-
	NALOCET	TABS	NON-PREFERRED	PA REQUIRED
	NORCO	TABS	NON-PREFERRED	PA REQUIRED
	NUCYNTA	TABS	NON-PREFERRED	-
	OPANA	TABS	NON-PREFERRED	PA REQUIRED
	OXAYDO	TABA	NON-PREFERRED	-
	OXYCODONE HCL	CAPS	NON-PREFERRED	-
	OXYCODONE HCL	CONC	NON-PREFERRED	PA REQUIRED
	OXYCODONE HCL	SOLN	PREFERRED	-
	OXYCODONE HCL	TABS	PREFERRED	-
	OXYCODONE HYDROCHLORIDE	CAPS	NON-PREFERRED	-
	OXYCODONE HYDROCHLORIDE	CONC	NON-PREFERRED	PA REQUIRED
	OXYCODONE HYDROCHLORIDE	SOLN	PREFERRED	-
	OXYCODONE HYDROCHLORIDE	TABS	PREFERRED	-
	OXYCODONE/ACETAMINOPHEN	SOLN	NON-PREFERRED	PA REQUIRED
	OXYCODONE/ACETAMINOPHEN	TABS	PREFERRED	-
	OXYCODONE/ASPIRIN	TABS	PREFERRED	-
	OXYCODONE/IBUPROFEN	TABS	NON-PREFERRED	-
	OXYMORPHONE HYDROCHLORIDE	TABS	NON-PREFERRED	-
	PANLOR	TABS	NON-PREFERRED	-
	PENTAZOCINE/NALOXONE HCL	TABS	NON-PREFERRED	-
	PERCOCET	TABS	NON-PREFERRED	PA REQUIRED
	PRIMLEV	TABS	NON-PREFERRED	PA REQUIRED
	ROXICODONE	TABS	NON-PREFERRED	PA REQUIRED
	ROXYBOND	TABA	NON-PREFERRED	-
	SUBSYS	LIQD	NON-PREFERRED	PA REQUIRED
	TRAMADOL HCL	TABS	PREFERRED	-
	TRAMADOL HYDROCHLORIDE/ACETAMINOPHEN	TABS	PREFERRED	-
	TYLENOL/CODEINE #3	TABS	NON-PREFERRED	PA REQUIRED

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ANALGESICS - OPIOID : SHORT ACTING - AGONISTS CONT.	TYLENOL/CODEINE #4	TABS	NON-PREFERRED	PA REQUIRED
	ULTRACET	TABS	NON-PREFERRED	PA REQUIRED
	ULTRAM	TABS	NON-PREFERRED	PA REQUIRED
	VERDROCET	TABS	NON-PREFERRED	-
	VICODIN	TABS	NON-PREFERRED	PA REQUIRED
	VICODIN ES	TABS	NON-PREFERRED	PA REQUIRED
	VICODIN HP	TABS	NON-PREFERRED	PA REQUIRED
ANALGESICS : MIGRAINE AGENTS - 5-HT1 AGONISTS	ALMOTRIPTAN	TABS	NON-PREFERRED	-
	ALMOTRIPTAN MALATE	TABS	NON-PREFERRED	-
	AMERGE	TABS	NON-PREFERRED	PA REQUIRED
	AXERT	TABS	NON-PREFERRED	PA REQUIRED
	ELETRIPTAN HYDROBROMIDE	TABS	NON-PREFERRED	-
	FROVA	TABS	NON-PREFERRED	PA REQUIRED
	FROVATRIPTAN SUCCINATE	TABS	NON-PREFERRED	-
	IMITREX	TABS	NON-PREFERRED	PA REQUIRED
	IMITREX INJECTION	SOLN	NON-PREFERRED	PA REQUIRED
	IMITREX NASAL SPRAY	SOLN	PREFERRED	PA REQUIRED
	IMITREX STATDOSE REFILL	SOCT	NON-PREFERRED	PA REQUIRED
	IMITREX STATDOSE SYSTEM	SOAJ	NON-PREFERRED	PA REQUIRED
	MAXALT	TABS	NON-PREFERRED	PA REQUIRED
	MAXALT-MLT	TBDP	NON-PREFERRED	PA REQUIRED
	NARATRIPTAN HCL	TABS	PREFERRED	-
	ONZETRA XSAIL	EXHP	NON-PREFERRED	PA REQUIRED
	RELPAK	TABS	NON-PREFERRED	PA REQUIRED
	RIZATRIPTAN BENZOATE	TABS	PREFERRED	-
	RIZATRIPTAN BENZOATE ODT	TBDP	PREFERRED	-
	SUMATRIPTAN	SOLN	PREFERRED	-
	SUMATRIPTAN SUCCINATE	SOAJ	PREFERRED	-
	SUMATRIPTAN SUCCINATE	SOLN	PREFERRED	-
	SUMATRIPTAN SUCCINATE	SOSY	NON-PREFERRED	-
	SUMATRIPTAN SUCCINATE	TABS	PREFERRED	-

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ANALGESICS : MIGRAINE AGENTS - 5-HT1 AGONISTS CONT.	SUMATRIPTAN SUCCINATE REFILL	SOCT	PREFERRED	-
	ZEMBRACE SYMTOUCH	SOAJ	NON-PREFERRED	PA REQUIRED
	ZOLMITRIPTAN	TABS	NON-PREFERRED	-
	ZOLMITRIPTAN ODT	TBDP	NON-PREFERRED	-
	ZOMIG	SOLN	NON-PREFERRED	-
	ZOMIG	TABS	NON-PREFERRED	PA REQUIRED
	ZOMIG ZMT	TBDP	NON-PREFERRED	PA REQUIRED
ANALGESICS : MIGRAINE AGENTS - MISC	CAFERGOT	TABS	PREFERRED	PA REQUIRED
	CAMBIA	PACK	PREFERRED	PA REQUIRED
	D.H.E. 45	SOLN	PREFERRED	PA REQUIRED
	DIHYDROERGOTAMINE MESYLATE	SOLN	PREFERRED	PA REQUIRED
	ERGOMAR	SUBL	PREFERRED	PA REQUIRED
	ISOMETHEPTENE/ DICHLORALPHENAZONE/ ACETAMINOPHEN	CAPS	PREFERRED	PA REQUIRED
	MIGERGOT	SUPP	PREFERRED	PA REQUIRED
	MIGRANAL	SOLN	PREFERRED	PA REQUIRED
	MIGRANOW	THPK	PREFERRED	PA REQUIRED
	SUMATRIPTAN/NAPROXEN SODIUM	TABS	PREFERRED	PA REQUIRED
	TREXIMET	TABS	PREFERRED	PA REQUIRED
ANORECTAL AGENTS : RECTAL ANESTHETIC / STEROID COMBINATIONS	ANA-LEX	KIT	NON-PREFERRED	PA REQUIRED
	ANALPRAM HC	CREA	NON-PREFERRED	PA REQUIRED
	ANALPRAM HC SINGLES	CREA	NON-PREFERRED	PA REQUIRED
	ANALPRAM-HC	CREA	NON-PREFERRED	PA REQUIRED
	ANALPRAM-HC	LOTN	NON-PREFERRED	PA REQUIRED
	HYDROCORTISONE ACETATE/PRAMOXINE	CREA	PREFERRED	-
	LIDOCAINE HCL/HYDROCORTISONE ACETATE	CREA	PREFERRED	-
	LIDOCAINE HCL/HYDROCORTISONE ACETATE	KIT	NON-PREFERRED	PA REQUIRED

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ANORECTAL AGENTS : RECTAL ANESTHETIC / STEROID COMBINATIONS CONT.	LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE	GEL	NON-PREFERRED	PA REQUIRED
	PROCORT	CREA	NON-PREFERRED	PA REQUIRED
	PROCTOFOAM HC	FOAM	NON-PREFERRED	PA REQUIRED
ANORECTAL AGENTS : RECTAL STEROIDS	ANUCORT-HC	SUPP	PREFERRED	-
	ANUSOL-HC	CREA	NON-PREFERRED	PA REQUIRED
	ANUSOL-HC	SUPP	PREFERRED	-
	COLOCORT	ENEM	PREFERRED	-
	CORTENEMA	ENEM	NON-PREFERRED	PA REQUIRED
	CORTIFOAM	FOAM	NON-PREFERRED	PA REQUIRED
	HEMMOREX-HC	SUPP	PREFERRED	-
	HYDROCORTISONE	CREA	PREFERRED	-
	HYDROCORTISONE	ENEM	PREFERRED	-
	HYDROCORTISONE ACETATE	SUPP	PREFERRED	-
	PROCTOCORT	CREA	NON-PREFERRED	PA REQUIRED
	PROCTOCORT	SUPP	NON-PREFERRED	PA REQUIRED
	PROCTO-MED HC	CREA	PREFERRED	-
	PROCTO-PAK	CREA	PREFERRED	-
	PROCTOSOL HC	CREA	PREFERRED	-
	PROCTOZONE-HC	CREA	PREFERRED	-
	UCERIS	FOAM	NON-PREFERRED	PA REQUIRED
ANORECTAL AGENTS : VASODILATING AGENTS	RECTIV	OINT	PREFERRED	PA REQUIRED
ANTIANSXIETY AGENTS : BENZODIAZEPINES	ALPRAZOLAM	TABS	PREFERRED	-
	ALPRAZOLAM ER	TB24	NON-PREFERRED	-
	ALPRAZOLAM INTENSOL	CONC	NON-PREFERRED	-
	ALPRAZOLAM ODT	TBDP	NON-PREFERRED	-
	ALPRAZOLAM XR	TB24	NON-PREFERRED	-
	ATIVAN	SOLN	NON-PREFERRED	PA REQUIRED
	ATIVAN	TABS	NON-PREFERRED	PA REQUIRED

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ANTIANXIETY AGENTS : BENZODIAZEPINES CONT.	CHLORDIAZEPOXIDE HCL	CAPS	PREFERRED	-
	CLORAZEPATE DIPOTASSIUM	TABS	PREFERRED	-
	DIAZEPAM	CONC	PREFERRED	-
	DIAZEPAM	SOLN	PREFERRED	-
	DIAZEPAM	TABS	PREFERRED	-
	DIAZEPAM INTENSOL	CONC	PREFERRED	-
	LORAZEPAM	CONC	PREFERRED	-
	LORAZEPAM	SOLN	PREFERRED	-
	LORAZEPAM	TABS	PREFERRED	-
	LORAZEPAM INTENSOL	CONC	PREFERRED	-
	OXAZEPAM	CAPS	NON-PREFERRED	-
	TRANXENE T	TABS	NON-PREFERRED	PA REQUIRED
	XANAX	TABS	NON-PREFERRED	PA REQUIRED
	XANAX XR	TB24	NON-PREFERRED	PA REQUIRED
ANTIANXIETY AGENTS : MISC	BUSPIRONE HCL	TABS	PREFERRED	-
	BUSPIRONE HYDROCHLORIDE	TABS	PREFERRED	-
	DROPERIDOL	SOLN	PREFERRED	-
	HYDROXYZINE HCL	SOLN	PREFERRED	-
	HYDROXYZINE HCL	SYRP	PREFERRED	-
	HYDROXYZINE HCL	TABS	PREFERRED	-
	HYDROXYZINE HYDROCHLORIDE	SOLN	PREFERRED	-
	HYDROXYZINE HYDROCHLORIDE	TABS	PREFERRED	-
	HYDROXYZINE PAMOATE	CAPS	PREFERRED	-
	MEPROBAMATE	TABS	NON-PREFERRED	PA REQUIRED
VISTARIL	CAPS	NON-PREFERRED	PA REQUIRED	
ANTIBIOTICS : AMINOGLYCOSIDES - INHALED	ARIKAYCE	SUSP	NON-PREFERRED	PA REQUIRED
	BETHKIS	NEBU	PREFERRED	PA REQUIRED
	KITABIS PAK	NEBU	PREFERRED	PA REQUIRED
	TOBI	NEBU	NON-PREFERRED	PA REQUIRED
	TOBI PODHALER	CAPS	PREFERRED	PA REQUIRED
	TOBRAMYCIN	NEBU	NON-PREFERRED	PA REQUIRED

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ANTIBIOTICS : AMINOGLYCOSIDES - ORAL	NEOMYCIN SULFATE	TABS	PREFERRED	-
	PAROMOMYCIN SULFATE	CAPS	PREFERRED	-
ANTIBIOTICS : AMINOPENICILLINS	AMOXICILLIN	CAPS	PREFERRED	-
	AMOXICILLIN	CHEW	PREFERRED	-
	AMOXICILLIN	SUSR	PREFERRED	-
	AMOXICILLIN	TABS	PREFERRED	-
	AMPICILLIN	CAPS	PREFERRED	-
	AMPICILLIN SODIUM	SOLR	PREFERRED	-
ANTIBIOTICS : ANTI-INFECTIVE AGENTS - MISC - ORAL	FLAGYL	CAPS	NON-PREFERRED	PA REQUIRED
	FLAGYL	TABS	NON-PREFERRED	PA REQUIRED
	METRONIDAZOLE	CAPS	NON-PREFERRED	PA REQUIRED
	METRONIDAZOLE	TABS	PREFERRED	-
	TINDAMAX	TABS	NON-PREFERRED	PA REQUIRED
	TINIDAZOLE	TABS	PREFERRED	-
	XIFAXAN	TABS	PREFERRED	PA REQUIRED
ANTIBIOTICS : ANTIMYCOBACTERIAL AGENTS - ORAL	CYCLOSERINE	CAPS	PREFERRED	-
	ETHAMBUTOL HCL	TABS	PREFERRED	-
	ETHAMBUTOL HYDROCHLORIDE	TABS	PREFERRED	-
	ISONIAZID	SYRP	PREFERRED	-
	ISONIAZID	TABS	PREFERRED	-
	MYAMBUTOL	TABS	NON-PREFERRED	PA REQUIRED
	MYCOBUTIN	CAPS	NON-PREFERRED	PA REQUIRED
	PASER	PACK	NON-PREFERRED	-
	PRIFTIN	TABS	PREFERRED	-
	PYRAZINAMIDE	TABS	PREFERRED	-
	RIFABUTIN	CAPS	PREFERRED	-
	RIFADIN	CAPS	NON-PREFERRED	PA REQUIRED
	RIFAMATE	CAPS	NON-PREFERRED	PA REQUIRED

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ANTIBIOTICS : ANTIMYCOBACTERIAL AGENTS - ORAL CONT.	RIFAMPIN	CAPS	PREFERRED	-
	RIFATER	TABS	NON-PREFERRED	PA REQUIRED
	SIRTURO	TABS	PREFERRED	-
	TRECTOR	TABS	PREFERRED	-
ANTIBIOTICS : CEPHALOSPORINS - 1ST GENERATION	CEFADROXIL	CAPS	PREFERRED	-
	CEFADROXIL	SUSR	PREFERRED	-
	CEFADROXIL	TABS	PREFERRED	-
	CEFADYL	SOLR	PREFERRED	PA REQUIRED
	CEFAZOLIN	SOLN	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM	SOLN	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFAZOLIN SODIUM/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	CEPHALEXIN	CAPS	PREFERRED	-
	CEPHALEXIN	SUSR	PREFERRED	-
	CEPHALEXIN	TABS	PREFERRED	-
	DAXBIA	CAPS	NON-PREFERRED	-
	KEFLEX	CAPS	NON-PREFERRED	PA REQUIRED
	ANTIBIOTICS : CEPHALOSPORINS - 2ND GENERATION	CEFACLOR	CAPS	PREFERRED
CEFACLOR		SUSR	PREFERRED	-
CEFACLOR ER		TB12	NON-PREFERRED	-
CEFOTAN		SOLR	PREFERRED	PA REQUIRED
CEFOTETAN		SOLR	PREFERRED	PA REQUIRED
CEFOTETAN/DEXTROSE		SOLR	PREFERRED	PA REQUIRED
CEFOXITIN SODIUM		SOLR	PREFERRED	PA REQUIRED
CEFPROZIL		SUSR	PREFERRED	-
CEFPROZIL		TABS	PREFERRED	-
CEFUROXIME AXETIL		TABS	PREFERRED	-

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ANTIBIOTICS : CEPHALOSPORINS - 2ND GENERATION CONT.	CEFUROXIME SODIUM	SOLR	PREFERRED	PA REQUIRED
	ANTIBIOTICS : CEPHALOSPORINS - 3RD GENERATION			
	CEFDINIR	CAPS	PREFERRED	-
	CEFDINIR	SUSR	PREFERRED	-
	CEFIXIME	SUSR	PREFERRED	-
	CEFOTAXIME SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFPODOXIME PROXETIL	SUSR	PREFERRED	-
	CEFPODOXIME PROXETIL	TABS	PREFERRED	-
	CEFTAZIDIME	SOLR	PREFERRED	PA REQUIRED
	CEFTAZIDIME/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	CEFTRIAXONE IN ISO-OSMOTIC DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	CEFTRIAXONE SODIUM	SOLR	PREFERRED	PA REQUIRED
	CEFTRIAXONE/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	SUPRAX	CAPS	PREFERRED	-
	SUPRAX	CHEW	PREFERRED	-
	SUPRAX	SUSR	NON-PREFERRED	PA REQUIRED
	SUPRAX 500MG/5ML	SUSR	NON-PREFERRED	-
	TAZICEF	SOLN	PREFERRED	PA REQUIRED
	TAZICEF	SOLR	PREFERRED	PA REQUIRED
ANTIBIOTICS : CEPHALOSPORINS - 4TH GENERATION	CEFEPIME	SOLR	PREFERRED	PA REQUIRED
	CEFEPIME	SOLN	PREFERRED	PA REQUIRED
	CEFEPIME/DEXTROSE	SOLR	PREFERRED	PA REQUIRED
	MAXIPIME INJECTION	SOLR	NON-PREFERRED	PA REQUIRED
	MAXIPIME IV	SOLR	PREFERRED	PA REQUIRED
ANTIBIOTICS : FLUOROQUINOLONES - ORAL	AVELOX	TABS	NON-PREFERRED	PA REQUIRED
	BAXDELA	TABS	NON-PREFERRED	PA REQUIRED
	CIPRO	SUSR	NON-PREFERRED	PA REQUIRED

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ANTIBIOTICS : FLUOROQUINOLONES - ORAL CONT.	CIPRO	TABS	NON-PREFERRED	PA REQUIRED
	CIPROFLOXACIN	SUSR	PREFERRED	-
	CIPROFLOXACIN	TABS	PREFERRED	-
	CIPROFLOXACIN ER	TB24	NON-PREFERRED	PA REQUIRED
	CIPROFLOXACIN HCL	TABS	PREFERRED	-
	CIPROFLOXACIN HYDROCHLORIDE	TABS	PREFERRED	-
	LEVAQUIN	TABS	NON-PREFERRED	PA REQUIRED
	LEVOFLOXACIN	SOLN	NON-PREFERRED	-
	LEVOFLOXACIN	TABS	PREFERRED	-
	MOXIFLOXACIN HCL	TABS	NON-PREFERRED	-
	MOXIFLOXACIN HYDROCHLORIDE	TABS	NON-PREFERRED	-
	OFLOXACIN	TABS	NON-PREFERRED	-
ANTIBIOTICS : GLYCOPEPTIDES - ORAL	FIRVANQ	SOLR	PREFERRED	-
	VANCOCIN HCL	CAPS	NON-PREFERRED	PA REQUIRED
	VANCOMYCIN HCL	CAPS	PREFERRED	-
ANTIBIOTICS : LEPROSTATICS - ORAL	DAPSONE	TABS	PREFERRED	-
ANTIBIOTICS : LINCOSAMIDES - ORAL	CLEOCIN	CAPS	NON-PREFERRED	PA REQUIRED
	CLEOCIN PEDIATRIC GRANULES	SOLR	NON-PREFERRED	PA REQUIRED
	CLINDAMYCIN HCL	CAPS	PREFERRED	-
	CLINDAMYCIN HYDROCHLORIDE	CAPS	PREFERRED	-
	CLINDAMYCIN PALMITATE HCL	SOLR	PREFERRED	-
	CLINDAMYCIN PALMITATE HYDROCHLORIDE	SOLR	PREFERRED	-
ANTIBIOTICS : MACROLIDES - ORAL	AZITHROMYCIN	PACK	PREFERRED	PA REQUIRED
	AZITHROMYCIN	SUSR	PREFERRED	-
	AZITHROMYCIN	TABS	PREFERRED	-
	CLARITHROMYCIN	SUSR	PREFERRED	-
	CLARITHROMYCIN	TABS	PREFERRED	-

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ANTIBIOTICS : MACROLIDES - ORAL CONT.	CLARITHROMYCIN ER	TB24	NON-PREFERRED	-
	DIFICID	TABS	NON-PREFERRED	-
	E.E.S. 400	TABS	NON-PREFERRED	PA REQUIRED
	E.E.S. GRANULES	SUSR	NON-PREFERRED	PA REQUIRED
	ERYPED 200	SUSR	NON-PREFERRED	PA REQUIRED
	ERYPED 400	SUSR	NON-PREFERRED	PA REQUIRED
	ERY-TAB	TBEC	PREFERRED	-
	ERYTHROCIN STEARATE	TABS	NON-PREFERRED	-
	ERYTHROMYCIN	CPEP	PREFERRED	-
	ERYTHROMYCIN BASE	TABS	NON-PREFERRED	-
	ERYTHROMYCIN ETHYLSUCCINATE	SUSR	PREFERRED	-
	ERYTHROMYCIN ETHYLSUCCINATE	TABS	PREFERRED	-
	ZITHROMAX	PACK	NON-PREFERRED	PA REQUIRED
	ZITHROMAX	SUSR	NON-PREFERRED	PA REQUIRED
	ZITHROMAX	TABS	NON-PREFERRED	PA REQUIRED
	ZITHROMAX TRI-PAK	TABS	NON-PREFERRED	PA REQUIRED
	ZITHROMAX Z-PAK	TABS	NON-PREFERRED	PA REQUIRED
ANTIBIOTICS : MONOBACTAMS - INHALED	CAYSTON	SOLR	PREFERRED	PA REQUIRED
ANTIBIOTICS : NATURAL PENICILLINS	BICILLIN L-A	SUSP	PREFERRED	PA REQUIRED
	PENICILLIN G POTASSIUM	SOLR	PREFERRED	PA REQUIRED
	PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	PENICILLIN G PROCAINE	SUSP	PREFERRED	PA REQUIRED
	PENICILLIN G SODIUM	SOLR	PREFERRED	PA REQUIRED
	PENICILLIN V POTASSIUM	SOLR	PREFERRED	-
	PENICILLIN V POTASSIUM	TABS	PREFERRED	-
	PFIZERPEN	SOLR	NON-PREFERRED	PA REQUIRED
ANTIBIOTICS : OXAZOLIDINONES - ORAL	LINEZOLID	SUSR	PREFERRED	-
	LINEZOLID	TABS	PREFERRED	-
	SIVEXTRO	TABS	NON-PREFERRED	-

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ANTIBIOTICS : OXAZOLIDINONES - ORAL CONT.	ZYVOX	SUSR	NON-PREFERRED	PA REQUIRED
	ZYVOX	TABS	NON-PREFERRED	PA REQUIRED
ANTIBIOTICS : PENICILLIN COMBINATIONS	AMOXICILLIN/CLAVULANATE POTASSIUM	CHEW	PREFERRED	-
	AMOXICILLIN/CLAVULANATE POTASSIUM	SUSR	PREFERRED	-
	AMOXICILLIN/CLAVULANATE POTASSIUM	TABS	PREFERRED	-
	AMOXICILLIN/CLAVULANATE POTASSIUM ER	TB12	PREFERRED	-
	AMPICILLIN-SULBACTAM	SOLR	PREFERRED	PA REQUIRED
	AUGMENTIN	SUSR	NON-PREFERRED	PA REQUIRED
	AUGMENTIN	TABS	NON-PREFERRED	PA REQUIRED
	AUGMENTIN ES-600	SUSR	NON-PREFERRED	PA REQUIRED
	AUGMENTIN XR	TB12	NON-PREFERRED	PA REQUIRED
	BICILLIN C-R	SUSP	PREFERRED	PA REQUIRED
	PIPERACILLIN SODIUM/ TAZOBACTAM SODIUM	SOLR	PREFERRED	PA REQUIRED
	PIPERACILLIN SODIUM/TAZOBACTAM SODIUM	SOLR	PREFERRED	PA REQUIRED
	PIPERACILLIN SODIUM/TAZOBACTUM SODIUM	SOLR	PREFERRED	PA REQUIRED
	PIPERACILLIN/TAZOBACTAM	SOLR	PREFERRED	PA REQUIRED
	UNASYN	SOLR	NON-PREFERRED	PA REQUIRED
	UNASYN BULK PACK	SOLR	NON-PREFERRED	PA REQUIRED
	ZOSYN	SOLN	PREFERRED	PA REQUIRED
	ZOSYN	SOLR	NON-PREFERRED	PA REQUIRED
	ANTIBIOTICS : PENICILLINASE-RESISTANT PENICILLINS - ORAL	DICLOXACILLIN SODIUM	CAPS	PREFERRED
ANTIBIOTICS : SULFONAMIDES	BACTRIM	TABS	NON-PREFERRED	PA REQUIRED
	BACTRIM DS	TABS	NON-PREFERRED	PA REQUIRED
	SULFADIAZINE	TABS	PREFERRED	-
	SULFAMETHOXAZOLE/TRIMETHOPRIM	SOLN	PREFERRED	-
	SULFAMETHOXAZOLE/TRIMETHOPRIM	SUSP	PREFERRED	-
	SULFAMETHOXAZOLE/TRIMETHOPRIM	TABS	PREFERRED	-
	SULFAMETHOXAZOLE/TRIMETHOPRIM DS	TABS	PREFERRED	-

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ANTIBIOTICS : SULFONAMIDES CONT.	SULFATRIM PEDIATRIC	SUSP	PREFERRED	-
	TRIMETHOPRIM	TABS	PREFERRED	-
ANTIBIOTICS : TETRACYCLINES	DEMECLOCYCLINE HCL	TABS	NON-PREFERRED	-
	DEMECLOCYCLINE HYDROCHLORIDE	TABS	NON-PREFERRED	-
	DORYX	TBEC	NON-PREFERRED	PA REQUIRED
	DORYX MPC	TBEC	NON-PREFERRED	-
	DOXY 100	SOLR	PREFERRED	PA REQUIRED
	DOXYCYCLINE	SUSR	NON-PREFERRED	-
	DOXYCYCLINE	TABS	PREFERRED	-
	DOXYCYCLINE HYCLATE	CAPS	PREFERRED	-
	DOXYCYCLINE HYCLATE	SOLR	PREFERRED	PA REQUIRED
	DOXYCYCLINE HYCLATE	TABS	PREFERRED	-
	DOXYCYCLINE HYCLATE DR	TBEC	NON-PREFERRED	-
	DOXYCYCLINE MONOHYDRATE	CAPS	PREFERRED	-
	DOXYCYCLINE MONOHYDRATE	TABS	PREFERRED	-
	DOXYCYCLINE MONOHYDRATE 75MG & 150MG	CAPS	NON-PREFERRED	-
	MINOCIN	CAPS	PREFERRED	-
	MINOCIN	SOLR	NON-PREFERRED	PA REQUIRED
	MINOCYCLINE HCL	CAPS	PREFERRED	-
	MINOCYCLINE HCL	TABS	NON-PREFERRED	-
	MINOCYCLINE HCL ER	TB24	NON-PREFERRED	PA REQUIRED
	MINOCYCLINE HYDROCHLORIDE	CAPS	PREFERRED	-
	MINOCYCLINE HYDROCHLORIDE ER	TB24	NON-PREFERRED	PA REQUIRED
	MINOCYCLINE HYDROCHLORIDEER	TB24	NON-PREFERRED	PA REQUIRED
	MINOLIRA	TB24	NON-PREFERRED	PA REQUIRED
	MORGIDOX 1X100MG	CAPS	PREFERRED	-
	MORGIDOX 1X100MG	KIT	NON-PREFERRED	-
	MORGIDOX 1X50MG	CAPS	PREFERRED	-
	MORGIDOX 1X50MG KIT	KIT	NON-PREFERRED	-
	MORGIDOX 2X100MG	CAPS	PREFERRED	-
MORGIDOX 2X100MG	KIT	NON-PREFERRED	-	

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ANTIBIOTICS : TETRACYCLINES CONT.	NUZYRA	SOLR	NON-PREFERRED	PA REQUIRED
	NUZYRA	TABS	NON-PREFERRED	-
	SOLODYN	TB24	NON-PREFERRED	PA REQUIRED
	TETRACYCLINE HYDROCHLORIDE	CAPS	PREFERRED	-
	VIBRAMYCIN	CAPS	NON-PREFERRED	PA REQUIRED
	VIBRAMYCIN	SUSR	NON-PREFERRED	PA REQUIRED
	VIBRAMYCIN	SYRP	NON-PREFERRED	-
	XERAVA	SOLR	NON-PREFERRED	PA REQUIRED
	XIMINO	CP24	NON-PREFERRED	-
ANTIBIOTICS : TOPICAL	BACITRACIN	OINT	PREFERRED	-
	BACITRACIN ZINC	OINT	PREFERRED	-
	BACTROBAN	CREA	NON-PREFERRED	PA REQUIRED
	BACTROBAN NASAL	OINT	NON-PREFERRED	PA REQUIRED
	CENTANY	OINT	NON-PREFERRED	PA REQUIRED
	CENTANY AT	KIT	NON-PREFERRED	PA REQUIRED
	CORTISPORIN	CREA	NON-PREFERRED	-
	CORTISPORIN	OINT	NON-PREFERRED	-
	DOUBLE ANTIBIOTIC	OINT	PREFERRED	-
	GENTAMICIN SULFATE	CREA	PREFERRED	-
	GENTAMICIN SULFATE	OINT	PREFERRED	-
	GNP BACITRACIN ZINC	OINT	PREFERRED	-
	HM BACITRACIN	OINT	PREFERRED	-
	HM DOUBLE ANTIBIOTIC	OINT	PREFERRED	-
	MUPIROCIN	CREA	NON-PREFERRED	PA REQUIRED
	MUPIROCIN	OINT	PREFERRED	-
	NEO-SYNALAR	CREA	NON-PREFERRED	-
	NEO-SYNALAR KIT	KIT	NON-PREFERRED	-
	POLY BACITRACIN	OINT	PREFERRED	-
	QC BACITRACIN	OINT	PREFERRED	-
	SM ANTIBIOTIC	OINT	PREFERRED	-
	SM DOUBLE ANTIBIOTIC	OINT	PREFERRED	-
	SM FIRST AID ANTIBIOTIC	OINT	PREFERRED	-

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ANTIBIOTICS : VAGINAL	AVC	CREA	NON-PREFERRED	-
	CLEOCIN	CREA	NON-PREFERRED	PA REQUIRED
	CLEOCIN	SUPP	PREFERRED	-
	CLINDAMYCIN PHOSPHATE	CREA	PREFERRED	-
	CLINDESSE	CREA	NON-PREFERRED	PA REQUIRED
	METROGEL-VAGINAL	GEL	NON-PREFERRED	PA REQUIRED
	METRONIDAZOLE VAGINAL	GEL	PREFERRED	-
	NUVESSA	GEL	NON-PREFERRED	PA REQUIRED
	VANDAZOLE	GEL	PREFERRED	-
ANTICOAGULANTS : COUMARIN ANTICOAGULANTS	COUMADIN	TABS	NON-PREFERRED	PA REQUIRED
	JANTOVEN	TABS	PREFERRED	-
	WARFARIN SODIUM	TABS	PREFERRED	-
ANTICOAGULANTS : FACTOR XA AND THROMBIN INHIBITORS - ORAL	ELIQUIS	TABS	PREFERRED	-
	ELIQUIS STARTER PACK	TABS	PREFERRED	-
	PRADAXA	CAPS	PREFERRED	-
	SAVAYSA	TABS	NON-PREFERRED	-
	XARELTO	TABS	PREFERRED	-
	XARELTO STARTER PACK	TBPK	PREFERRED	-
ANTICOAGULANTS : HEPARINS AND HEPARINOID-LIKE AGENTS	ARIXTRA	SOLN	NON-PREFERRED	PA REQUIRED
	ENOXAPARIN SODIUM	SOLN	PREFERRED	-
	FONDAPARINUX SODIUM	SOLN	NON-PREFERRED	-
	FRAGMIN	SOLN	NON-PREFERRED	-
	HEPARIN LOCK FLUSH	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM DCU	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM LOCK FLUSH	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/D5W	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/NACL 0.45%	SOLN	PREFERRED	PA REQUIRED

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ANTICOAGULANTS : HEPARINS AND HEPARINOID-LIKE AGENTS CONT.	HEPARIN SODIUM/NACL 0.9%	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/SODIUM CHLORIDE	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/SODIUM CHLORIDE 0.9%	SOLN	PREFERRED	PA REQUIRED
	HEPARIN SODIUM/SODIUM CHLORIDE 0.9% PREMIX	SOLN	PREFERRED	PA REQUIRED
	LOVENOX	SOLN	NON-PREFERRED	PA REQUIRED
ANTICONSULSANTS : AMPA GLUTAMATE RECEPTOR ANTAGONISTS	FYCOMPA	SUSP	PREFERRED	PA REQUIRED
	FYCOMPA	TABS	PREFERRED	PA REQUIRED
ANTICONSULSANTS : BENZODIAZEPINES	CLOBAZAM	SUSP	NON-PREFERRED	PA REQUIRED
	CLOBAZAM	TABS	NON-PREFERRED	PA REQUIRED
	CLONAZEPAM	TABS	PREFERRED	-
	CLONAZEPAM ODT	TBDP	NON-PREFERRED	PA REQUIRED
	DIASAT ACUDIAL	GEL	PREFERRED	-
	DIASAT PEDIATRIC	GEL	PREFERRED	-
	DIAZEPAM RECTAL GEL	GEL	PREFERRED	-
	KLONOPIN	TABS	NON-PREFERRED	PA REQUIRED
	ONFI	SUSP	NON-PREFERRED	PA REQUIRED
	ONFI	TABS	NON-PREFERRED	PA REQUIRED
	SYMPAZAN	FILM	NON-PREFERRED	PA REQUIRED
ANTICONSULSANTS : CARBAMATES	FELBAMATE	SUSP	PREFERRED	PA REQUIRED
	FELBAMATE	TABS	PREFERRED	PA REQUIRED
	FELBATOL	SUSP	NON-PREFERRED	PA REQUIRED
	FELBATOL	TABS	NON-PREFERRED	PA REQUIRED
ANTICONSULSANTS : GABA MODULATORS	GABITRIL	TABS	NON-PREFERRED	PA REQUIRED
	SABRIL	PACK	NON-PREFERRED	PA REQUIRED
	SABRIL	TABS	NON-PREFERRED	PA REQUIRED
	TIAGABINE HYDROCHLORIDE	TABS	PREFERRED	PA REQUIRED

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ANTICONVULSANTS : GABA MODULATORS CONT.	VIGABATRIN	PACK	PREFERRED	PA REQUIRED
	VIGABATRIN	TABS	PREFERRED	PA REQUIRED
	VIGADRONE	PACK	PREFERRED	PA REQUIRED
ANTICONVULSANTS : HYDANTOINS	CEREBYX	SOLN	PREFERRED	PA REQUIRED
	DILANTIN	CAPS	PREFERRED	-
	DILANTIN 100MG	CAPS	NON-PREFERRED	PA REQUIRED
	DILANTIN INFATABS	CHEW	NON-PREFERRED	PA REQUIRED
	DILANTIN-125	SUSP	NON-PREFERRED	PA REQUIRED
	FOSPHENYTOIN SODIUM	SOLN	PREFERRED	PA REQUIRED
	PEGANONE	TABS	NON-PREFERRED	-
	PHENYTEK	CAPS	NON-PREFERRED	PA REQUIRED
	PHENYTOIN	CHEW	PREFERRED	-
	PHENYTOIN	SUSP	PREFERRED	-
	PHENYTOIN INFATABS	CHEW	PREFERRED	-
	PHENYTOIN SODIUM	SOLN	PREFERRED	PA REQUIRED
	PHENYTOIN SODIUM EXTENDED	CAPS	PREFERRED	-
ANTICONVULSANTS : MISC	APTIOM	TABS	NON-PREFERRED	PA REQUIRED
	BANZEL	SUSP	NON-PREFERRED	PA REQUIRED
	BANZEL	TABS	NON-PREFERRED	PA REQUIRED
	BRIVIACT ORAL	SOLN	NON-PREFERRED	PA REQUIRED
	BRIVIACT IV	SOLN	PREFERRED	PA REQUIRED
	BRIVIACT	TABS	NON-PREFERRED	PA REQUIRED
	CARBAMAZEPINE	CHEW	PREFERRED	-
	CARBAMAZEPINE	SUSP	PREFERRED	-
	CARBAMAZEPINE	TABS	PREFERRED	-
	CARBAMAZEPINE ER	CP12	PREFERRED	-
	CARBAMAZEPINE ER	TB12	PREFERRED	-
	CARBATROL	CP12	NON-PREFERRED	PA REQUIRED
	EPIDIOLEX	SOLN	NON-PREFERRED	PA REQUIRED
	EPITOL	TABS	PREFERRED	-
	GABAPENTIN	CAPS	PREFERRED	-

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ANTICONVULSANTS : MISC CONT.	GABAPENTIN	SOLN	PREFERRED	-
	GABAPENTIN	TABS	PREFERRED	-
	KEPPRA	SOLN	NON-PREFERRED	PA REQUIRED
	KEPPRA	TABS	NON-PREFERRED	PA REQUIRED
	KEPPRA XR	TB24	NON-PREFERRED	PA REQUIRED
	LAMICTAL	TABS	NON-PREFERRED	PA REQUIRED
	LAMICTAL CHEWABLE DISPERSIBLE	CHEW	NON-PREFERRED	PA REQUIRED
	LAMICTAL ODT	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL ODT	TBDP	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER/ TAKING CARBAMAZEPINE/ NOT TAKING VALPROATE	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL STARTER/TAKING VALPROATE	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL XR	KIT	NON-PREFERRED	PA REQUIRED
	LAMICTAL XR	TB24	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE	CHEW	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE	TABS	PREFERRED	-
	LAMOTRIGINE ER	TB24	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE ODT	TBDP	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/BLUE	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/GREEN	KIT	NON-PREFERRED	PA REQUIRED
	LAMOTRIGINE STARTER KIT/ORANGE	KIT	NON-PREFERRED	PA REQUIRED
	LEVETIRACETAM	TABS	PREFERRED	-
	LEVETIRACETAM ER	TB24	PREFERRED	-
	LEVETIRACETAM IV & INJECTION	SOLN	PREFERRED	PA REQUIRED
	LEVETIRACETAM ORAL	SOLN	PREFERRED	-
	LEVETIRACETAM/SODIUM CHLORIDE	SOLN	PREFERRED	PA REQUIRED
	LYRICA	CAPS	NON-PREFERRED	PA REQUIRED
	LYRICA	SOLN	NON-PREFERRED	PA REQUIRED
	MYSOLINE	TABS	NON-PREFERRED	PA REQUIRED
	NEURONTIN	CAPS	NON-PREFERRED	PA REQUIRED
	NEURONTIN	SOLN	NON-PREFERRED	PA REQUIRED

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ANTICONVULSANTS : MISC CONT.	NEURONTIN	TABS	NON-PREFERRED	PA REQUIRED
	OXCARBAZEPINE	SUSP	PREFERRED	-
	OXCARBAZEPINE	TABS	PREFERRED	-
	OXTELLAR XR	TB24	NON-PREFERRED	PA REQUIRED
	PRIMIDONE	TABS	PREFERRED	-
	QUDEXY XR	CS24	NON-PREFERRED	PA REQUIRED
	ROWEEPRA	TABS	PREFERRED	-
	ROWEEPRA XR	TB24	PREFERRED	-
	SPRITAM	TB3D	NON-PREFERRED	PA REQUIRED
	SUBVENITE	TABS	PREFERRED	-
	SUBVENITE STARTER KIT/BLUE	KIT	NON-PREFERRED	PA REQUIRED
	SUBVENITE STARTER KIT/GREEN	KIT	NON-PREFERRED	PA REQUIRED
	SUBVENITE STARTER KIT/ORANGE	KIT	NON-PREFERRED	PA REQUIRED
	TEGRETOL	SUSP	NON-PREFERRED	PA REQUIRED
	TEGRETOL	TABS	NON-PREFERRED	PA REQUIRED
	TEGRETOL-XR	TB12	NON-PREFERRED	PA REQUIRED
	TOPAMAX	TABS	NON-PREFERRED	PA REQUIRED
	TOPAMAX SPRINKLE	CPSP	NON-PREFERRED	PA REQUIRED
	TOPIRAMATE	CPSP	PREFERRED	-
	TOPIRAMATE	TABS	PREFERRED	-
	TOPIRAMATE ER	CS24	NON-PREFERRED	PA REQUIRED
	TRILEPTAL	SUSP	NON-PREFERRED	PA REQUIRED
	TRILEPTAL	TABS	NON-PREFERRED	PA REQUIRED
	TROKENDI XR	CP24	PREFERRED	-
	VIMPAT	TABS	PREFERRED	-
	VIMPAT IV	SOLN	PREFERRED	PA REQUIRED
	VIMPAT ORAL	SOLN	PREFERRED	-
	ZONEGRAN	CAPS	NON-PREFERRED	PA REQUIRED
	ZONISAMIDE	CAPS	PREFERRED	-
	ANTICONVULSANTS : SUCCUNIMIDES	CELONTIN	CAPS	NON-PREFERRED
ETHOSUXIMIDE		CAPS	NON-PREFERRED	PA REQUIRED

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ANTICONVULSANTS : SUCCUNIMIDES CONT.	ETHOSUXIMIDE	SOLN	NON-PREFERRED	PA REQUIRED
	ZARONTIN	CAPS	NON-PREFERRED	PA REQUIRED
	ZARONTIN	SOLN	NON-PREFERRED	PA REQUIRED
ANTICONVULSANTS : VALPROIC ACID	DEPACON	SOLN	NON-PREFERRED	PA REQUIRED
	DEPAKENE	CAPS	NON-PREFERRED	PA REQUIRED
	DEPAKENE	SOLN	NON-PREFERRED	PA REQUIRED
	DEPAKOTE	TBEC	NON-PREFERRED	PA REQUIRED
	DEPAKOTE ER	TB24	NON-PREFERRED	PA REQUIRED
	DEPAKOTE SPRINKLES	CSDR	NON-PREFERRED	PA REQUIRED
	DIVALPROEX SODIUM	CSDR	PREFERRED	-
	DIVALPROEX SODIUM DR	TBEC	PREFERRED	-
	DIVALPROEX SODIUM ER	TB24	PREFERRED	-
	VALPROATE SODIUM	SOLN	PREFERRED	-
	VALPROIC ACID	CAPS	PREFERRED	-
VALPROIC ACID	SOLN	PREFERRED	-	
ANTIDEPRESSANTS : ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)	MAPROTILINE HCL	TABS	NON-PREFERRED	PA REQUIRED
	MIRTAZAPINE	TABS	PREFERRED	-
	MIRTAZAPINE ODT	TBDP	PREFERRED	-
	REMERON	TABS	NON-PREFERRED	PA REQUIRED
	REMERON SOLTAB	TBDP	NON-PREFERRED	PA REQUIRED
ANTIDEPRESSANTS : MONOAMINE OXIDASE INHIBITORS (MAOI)	EMSAM	PT24	PREFERRED	-
	MARPLAN	TABS	NON-PREFERRED	-
	NARDIL	TABS	NON-PREFERRED	PA REQUIRED
	PHENELZINE SULFATE	TABS	PREFERRED	-
	TRANLYCPROMINE SULFATE	TABS	PREFERRED	-

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ANTIDEPRESSANTS : NOREPINEPHRINE-DOPAMINE REUPTAKE INHIBITORS	APLENZIN	TB24	NON-PREFERRED	PA REQUIRED
	BUPROPION HCL	TABS	PREFERRED	-
	BUPROPION HYDROCHLORIDE	TABS	PREFERRED	-
	BUPROPION HYDROCHLORIDE ER (SR)	TB12	PREFERRED	-
	BUPROPION HYDROCHLORIDE ER (XL)	TB24	PREFERRED	-
	FORFIVO XL	TB24	NON-PREFERRED	PA REQUIRED
	WELLBUTRIN SR	TB12	NON-PREFERRED	PA REQUIRED
	WELLBUTRIN XL	TB24	NON-PREFERRED	PA REQUIRED
ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI)	BRISDELLE	CAPS	NON-PREFERRED	PA REQUIRED
	CELEXA	TABS	NON-PREFERRED	PA REQUIRED
	CITALOPRAM	SOLN	NON-PREFERRED	PA REQUIRED
	CITALOPRAM	TABS	PREFERRED	-
	CITALOPRAM HYDROBROMIDE	SOLN	NON-PREFERRED	PA REQUIRED
	CITALOPRAM HYDROBROMIDE	TABS	PREFERRED	-
	ESCITALOPRAM OXALATE	SOLN	NON-PREFERRED	PA REQUIRED
	ESCITALOPRAM OXALATE	TABS	PREFERRED	-
	FLUOXETINE (PMDD)	CAPS	NON-PREFERRED	PA REQUIRED
	FLUOXETINE DR	CPDR	NON-PREFERRED	-
	FLUOXETINE HCL	CAPS	PREFERRED	-
	FLUOXETINE HCL	SOLN	PREFERRED	-
	FLUOXETINE HYDROCHLORIDE	SOLN	PREFERRED	-
	FLUOXETINE HYDROCHLORIDE (PMDD)	TABS	NON-PREFERRED	PA REQUIRED
	FLUVOXAMINE MALEATE	TABS	PREFERRED	-
	FLUVOXAMINE MALEATE ER	CP24	NON-PREFERRED	PA REQUIRED
	LEXAPRO	TABS	NON-PREFERRED	PA REQUIRED
	PAROXETINE	CAPS	NON-PREFERRED	PA REQUIRED
	PAROXETINE HCL	TABS	PREFERRED	-
	PAROXETINE HCL ER	TB24	NON-PREFERRED	PA REQUIRED
	PAROXETINE HYDROCHLORIDE	TABS	PREFERRED	-

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ANTIDEPRESSANTS : SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI) CONT.	PAROXETINE HYDROCHLORIDE ER	TB24	NON-PREFERRED	PA REQUIRED
	PAXIL	SUSP	NON-PREFERRED	PA REQUIRED
	PAXIL	TABS	NON-PREFERRED	PA REQUIRED
	PAXIL CR	TB24	NON-PREFERRED	PA REQUIRED
	PEXEVA	TABS	NON-PREFERRED	-
	PROZAC	CAPS	NON-PREFERRED	PA REQUIRED
	SARAFEM	TABS	NON-PREFERRED	PA REQUIRED
	SERTRALINE HCL	CONC	NON-PREFERRED	-
	SERTRALINE HCL	TABS	PREFERRED	-
	SERTRALINE HYDROCHLORIDE	CONC	NON-PREFERRED	-
	ZOLOFT	CONC	NON-PREFERRED	PA REQUIRED
	ZOLOFT	TABS	NON-PREFERRED	PA REQUIRED
ANTIDEPRESSANTS : SELECTIVE SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITOR (SNRI)	CYMBALTA	CPEP	NON-PREFERRED	PA REQUIRED
	DESVENLAFAXINE ER	TB24	NON-PREFERRED	-
	DULOXETINE HCL	CPEP	PREFERRED	-
	DULOXETINE HYDROCHLORIDE	CPEP	PREFERRED	-
	EFFEXOR XR	CP24	NON-PREFERRED	PA REQUIRED
	FETZIMA	CP24	NON-PREFERRED	-
	FETZIMA TITRATION PACK	C4PK	NON-PREFERRED	-
	KHEDEZLA	TB24	NON-PREFERRED	-
	PRISTIQ	TB24	NON-PREFERRED	PA REQUIRED
	VENLAFAXINE HCL	TABS	PREFERRED	-
	VENLAFAXINE HCL ER	CP24	PREFERRED	-
	VENLAFAXINE HCL ER	TB24	NON-PREFERRED	PA REQUIRED
	VENLAFAXINE HYDROCHLORIDE	TABS	PREFERRED	-
	VENLAFAXINE HYDROCHLORIDE ER	TB24	NON-PREFERRED	PA REQUIRED
ANTIDEPRESSANTS : SEROTONIN MODULATORS	NEFAZODONE HCL	TABS	NON-PREFERRED	PA REQUIRED
	NEFAZODONE HYDROCHLORIDE	TABS	NON-PREFERRED	PA REQUIRED

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ANTIDEPRESSANTS : SEROTONIN MODULATORS CONT.	TRAZODONE HYDROCHLORIDE	TABS	PREFERRED	-
	TRINTELLIX	TABS	NON-PREFERRED	PA REQUIRED
	VIIBRYD	TABS	NON-PREFERRED	PA REQUIRED
	VIIBRYD STARTER PACK	KIT	NON-PREFERRED	PA REQUIRED
ANTIDEPRESSANTS : TRICYCLIC AGENTS	AMITRIPTYLINE HCL	TABS	PREFERRED	-
	AMITRIPTYLINE HYDROCHLORIDE	TABS	PREFERRED	-
	AMOXAPINE	TABS	PREFERRED	-
	ANAFRANIL	CAPS	NON-PREFERRED	PA REQUIRED
	CHLORDIAZEPOXIDE/AMITRIPTYLINE	TABS	NON-PREFERRED	-
	CLOMIPRAMINE HCL	CAPS	NON-PREFERRED	-
	CLOMIPRAMINE HYDROCHLORIDE	CAPS	NON-PREFERRED	-
	DESIPRAMINE HCL	TABS	PREFERRED	-
	DESIPRAMINE HYDROCHLORIDE	TABS	PREFERRED	-
	DOXEPIN HCL	CAPS	PREFERRED	-
	DOXEPIN HCL	CONC	PREFERRED	-
	IMIPRAMINE HCL	TABS	PREFERRED	-
	IMIPRAMINE HYDROCHLORIDE	TABS	PREFERRED	-
	IMIPRAMINE PAMOATE	CAPS	NON-PREFERRED	-
	NORPRAMIN	TABS	NON-PREFERRED	PA REQUIRED
	NORTRIPTYLINE HCL	CAPS	PREFERRED	-
	NORTRIPTYLINE HCL	SOLN	NON-PREFERRED	-
	PAMELOR	CAPS	NON-PREFERRED	PA REQUIRED
	PROTRIPTYLINE HCL	TABS	NON-PREFERRED	-
	SURMONTIL	CAPS	NON-PREFERRED	PA REQUIRED
TOFRANIL	TABS	NON-PREFERRED	PA REQUIRED	
TRIMIPRAMINE MALEATE	CAPS	NON-PREFERRED	-	
ANTIDIABETICS : ALPHA-GLUCOSIDASE INHIBITORS	ACARBOSE	TABS	PREFERRED	-
	GLYSET	TABS	NON-PREFERRED	PA REQUIRED
	MIGLITOL	TABS	NON-PREFERRED	-

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ANTIDIABETICS : ALPHA-GLUCOSIDASE INHIBITORS CONT.	PRECOSE	TABS	NON-PREFERRED	PA REQUIRED
	FORTAMET	TB24	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : BIGUANIDES	GLUCOPHAGE	TABS	NON-PREFERRED	PA REQUIRED
	GLUCOPHAGE XR	TB24	NON-PREFERRED	PA REQUIRED
	GLUMETZA	TB24	NON-PREFERRED	PA REQUIRED
	METFORMIN HYDROCHLORIDE	TABS	PREFERRED	-
	METFORMIN HYDROCHLORIDE ER	TB24	PREFERRED	-
	METFORMIN HYDROCHLORIDE ER MODIFIED RELEASE	TB24	NON-PREFERRED	PA REQUIRED
	RIOMET	SOLN	NON-PREFERRED	PA REQUIRED
	ANTIDIABETICS : DOPAMINE RECEPTOR AGONISTS	CYCLOSET	TABS	NON-PREFERRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - AMYLIN ANALOGS	SYMLINPEN 120	SOPN	PREFERRED	PA REQUIRED
	SYMLINPEN 60	SOPN	PREFERRED	PA REQUIRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITOR / SGLT2 INHIBITOR COMBINATIONS	GLYXAMBI	TABS	NON-PREFERRED	PA REQUIRED
	QTERN	TABS	NON-PREFERRED	PA REQUIRED
	STEGLUJAN	TABS	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITOR / TZD COMBINATIONS	ALOGLIPTIN/PIOGLITAZONE	TABS	PREFERRED	PA REQUIRED
	OSENI	TABS	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITORS	ALOGLIPTIN	TABS	NON-PREFERRED	-
	ALOGLIPTIN/METFORMIN HCL	TABS	NON-PREFERRED	-
	JANUMET	TABS	PREFERRED	-

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ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - DPP4 INHIBITORS CONT.	JANUMET XR	TB24	PREFERRED	-
	JANUVIA	TABS	PREFERRED	-
	JENTADUETO	TABS	PREFERRED	-
	JENTADUETO XR	TB24	NON-PREFERRED	-
	KAZANO	TABS	NON-PREFERRED	-
	KOMBIGLYZE XR	TB24	NON-PREFERRED	-
	NESINA	TABS	NON-PREFERRED	-
	ONGLYZA	TABS	NON-PREFERRED	-
	TRADJENTA	TABS	PREFERRED	-
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - GLP1 AGONIST / INSULIN COMBINATIONS	SOLIQUA 100/33	SOPN	NON-PREFERRED	PA REQUIRED
	XULTOPHY 100/3.6	SOPN	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : INCRETIN MIMETICS AND ENHANCERS - GLP1 AGONISTS	ADLYXIN	SOPN	NON-PREFERRED	-
	ADLYXIN STARTER PACK	PNKT	NON-PREFERRED	-
	BYDUREON	SRER	PREFERRED	-
	BYDUREON BCISE	AUIJ	PREFERRED	-
	BYDUREON PEN	PEN	PREFERRED	-
	BYETTA	SOPN	PREFERRED	-
	OZEMPIC	SOPN	NON-PREFERRED	-
	TANZEUM	PEN	NON-PREFERRED	-
	TRULICITY	SOPN	NON-PREFERRED	-
	VICTOZA	SOPN	PREFERRED	-
ANTIDIABETICS : INSULIN - INTERMEDIATE ACTING	HUMULIN N	SUSP	PREFERRED	-
	HUMULIN N KWIKPEN	SUPN	PREFERRED	-
	NOVOLIN N	SUSP	NON-PREFERRED	-
	NOVOLIN N RELION	SUSP	NON-PREFERRED	-

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ANTIDIABETICS : INSULIN - LONG ACTING	BASAGLAR KWIKPEN	SOPN	NON-PREFERRED	PA REQUIRED
	LANTUS	SOLN	PREFERRED	-
	LANTUS SOLOSTAR	SOPN	PREFERRED	-
	LANTUS SOLOSTAR WITH PATCH	SOPN	NON-PREFERRED	PA REQUIRED
	LEVEMIR	SOLN	PREFERRED	-
	LEVEMIR FLEXTOUCH	SOPN	PREFERRED	-
	TOUJEO MAX SOLOSTAR	SOPN	NON-PREFERRED	-
	TOUJEO SOLOSTAR	SOPN	NON-PREFERRED	-
	TRESIBA	SOLN	NON-PREFERRED	-
	TRESIBA FLEXTOUCH	SOPN	NON-PREFERRED	-
ANTIDIABETICS : INSULIN - PRE-MIXED	HUMALOG MIX 50/50	SUSP	PREFERRED	-
	HUMALOG MIX 50/50 KWIKPEN	SUPN	PREFERRED	-
	HUMALOG MIX 75/25	SUSP	PREFERRED	-
	HUMALOG MIX 75/25 KWIKPEN	SUPN	PREFERRED	-
	HUMULIN 70/30	SUSP	PREFERRED	-
	HUMULIN 70/30 KWIKPEN	SUPN	PREFERRED	-
	NOVOLIN 70/30	SUSP	NON-PREFERRED	-
	NOVOLIN 70/30 FLEXPEN	SUPN	NON-PREFERRED	-
	NOVOLIN 70/30 FLEXPEN RELION	SUPN	NON-PREFERRED	-
	NOVOLIN 70/30 RELION	SUSP	NON-PREFERRED	-
	NOVOLOG MIX 70/30	SUSP	PREFERRED	-
	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	SUPN	PREFERRED	-
ANTIDIABETICS : INSULIN - RAPID ACTING	ADMELOG	SOLN	NON-PREFERRED	-
	ADMELOG SOLOSTAR	SOPN	NON-PREFERRED	-
	APIDRA	SOLN	NON-PREFERRED	-
	APIDRA SOLOSTAR	SOPN	NON-PREFERRED	-
	FIASP	SOLN	NON-PREFERRED	-
	FIASP FLEXTOUCH	SOPN	NON-PREFERRED	-
	HUMALOG	SOCT	PREFERRED	-
	HUMALOG	SOLN	PREFERRED	-

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ANTIDIABETICS : INSULIN - RAPID ACTING CONT.	HUMALOG JUNIOR KWIKPEN	SOPN	PREFERRED	-
	HUMALOG KWIKPEN	SOPN	PREFERRED	-
	INSULIN LISPRO	SOLN	NON-PREFERRED	-
	INSULIN LISPRO KWIKPEN	SOPN	NON-PREFERRED	-
	NOVOLOG	SOLN	PREFERRED	-
	NOVOLOG FLEXPEN	SOPN	PREFERRED	-
	NOVOLOG PENFILL	SOCT	PREFERRED	-
ANTIDIABETICS : INSULIN - SHORT ACTING	AFREZZA	POWD	NON-PREFERRED	PA REQUIRED
	HUMULIN R	SOLN	PREFERRED	-
	HUMULIN R U-500 (CONCENTRATED)	SOLN	PREFERRED	-
	HUMULIN R U-500 KWIKPEN	SOPN	PREFERRED	-
	NOVOLIN R	SOLN	NON-PREFERRED	-
	NOVOLIN R RELION	SOLN	NON-PREFERRED	-
	RELION R	SOLN	NON-PREFERRED	-
ANTIDIABETICS : MEGLITINIDE ANALOGUES	NATEGLINIDE	TABS	PREFERRED	-
	PRANDIN	TABS	NON-PREFERRED	PA REQUIRED
	REPAGLINIDE	TABS	PREFERRED	-
	REPAGLINIDE/METFORMIN HYDROCHLORIDE	TABS	NON-PREFERRED	PA REQUIRED
	STARLIX	TABS	NON-PREFERRED	PA REQUIRED
ANTIDIABETICS : SGLT2 INHIBITORS	FARXIGA	TABS	PREFERRED	-
	INVOKAMET	TABS	PREFERRED	-
	INVOKAMET XR	TB24	NON-PREFERRED	-
	INVOKANA	TABS	PREFERRED	-
	JARDIANCE	TABS	PREFERRED	-
	SEGLUROMET	TABS	NON-PREFERRED	-
	STEGLATRO	TABS	NON-PREFERRED	-
	SYNJARDY	TABS	NON-PREFERRED	-
	SYNJARDY XR	TB24	NON-PREFERRED	-
	XIGDUO XR	TB24	PREFERRED	-

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ANTIDIABETICS : SULFONYLUREAS	AMARYL	TABS	NON-PREFERRED	PA REQUIRED
	CHLORPROPAMIDE	TABS	NON-PREFERRED	-
	GLIMEPIRIDE	TABS	PREFERRED	-
	GLIPIZIDE	TABS	PREFERRED	-
	GLIPIZIDE ER	TB24	PREFERRED	-
	GLIPIZIDE XL	TB24	PREFERRED	-
	GLIPIZIDE/METFORMIN HYDROCHLORIDE	TABS	PREFERRED	-
	GLUCOTROL	TABS	NON-PREFERRED	PA REQUIRED
	GLUCOTROL XL	TB24	NON-PREFERRED	PA REQUIRED
	GLUCOVANCE	TABS	NON-PREFERRED	PA REQUIRED
	GLYBURIDE	TABS	PREFERRED	-
	GLYBURIDE MICRONIZED	TABS	PREFERRED	-
	GLYBURIDE/METFORMIN HYDROCHLORIDE	TABS	PREFERRED	-
	GLYNASE	TABS	NON-PREFERRED	PA REQUIRED
	TOLAZAMIDE	TABS	NON-PREFERRED	-
	TOLBUTAMIDE	TABS	NON-PREFERRED	-
ANTIDIABETICS : THIAZOLIDINEDIONES	ACTOPLUS MET	TABS	NON-PREFERRED	PA REQUIRED
	ACTOPLUS MET XR	TB24	NON-PREFERRED	-
	ACTOS	TABS	NON-PREFERRED	PA REQUIRED
	AVANDIA	TABS	NON-PREFERRED	-
	DUETACT	TABS	NON-PREFERRED	PA REQUIRED
	PIOGLITAZONE HCL	TABS	PREFERRED	-
	PIOGLITAZONE HCL/METFORMIN HCL	TABS	NON-PREFERRED	-
	PIOGLITAZONE HCL-GLIMEPIRIDE	TABS	NON-PREFERRED	-
	PIOGLITAZONE HYDROCHLORIDE	TABS	PREFERRED	-
ANTIDOTES AND SPECIFIC ANTAGONISTS : CHELATING AGENTS	DEFERASIROX	TBSO	PREFERRED	-
	EXJADE	TBSO	NON-PREFERRED	PA REQUIRED
	FERRIPROX	SOLN	NON-PREFERRED	PA REQUIRED
	FERRIPROX	TABS	NON-PREFERRED	PA REQUIRED

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ANTIDOTES AND SPECIFIC ANTAGONISTS : CHELATING AGENTS CONT.	JADENU	TABS	PREFERRED	-
	JADENU SPRINKLE	PACK	PREFERRED	-
ANTIEMETICS / ANTIVERTIGO : 5-HT3 RECEPTOR ANTAGONISTS	ALOXI	SOLN	NON-PREFERRED	PA REQUIRED
	ANZEMET	TABS	NON-PREFERRED	-
	GRANISETRON HCL	SOLN	PREFERRED	-
	GRANISETRON HCL	TABS	PREFERRED	-
	GRANISETRON HYDROCHLORIDE	SOLN	PREFERRED	-
	ONDANSETRON HCL	SOLN	PREFERRED	-
	ONDANSETRON HCL	TABS	PREFERRED	-
	ONDANSETRON HYDROCHLORIDE	SOLN	PREFERRED	-
	ONDANSETRON HYDROCHLORIDE	TABS	PREFERRED	-
	ONDANSETRON ODT	TBDP	PREFERRED	-
	PALONOSETRON HYDROCHLORIDE	SOLN	NON-PREFERRED	-
	PALONOSETRON HYDROCHLORIDE	SOSY	NON-PREFERRED	-
	SANCUSO	PTCH	NON-PREFERRED	-
	SUSTOL	PRSY	NON-PREFERRED	-
	ZOFRAN	SOLN	NON-PREFERRED	PA REQUIRED
	ZOFRAN	TABS	NON-PREFERRED	PA REQUIRED
	ZOFRAN ODT	TBDP	NON-PREFERRED	PA REQUIRED
ZUPLENZ	FILM	NON-PREFERRED	-	
ANTIEMETICS / ANTIVERTIGO : OTHER	BONJESTA	TBCR	NON-PREFERRED	PA REQUIRED
	DICLEGIS	TBEC	PREFERRED	PA REQUIRED
ANTIEMETICS / ANTIVERTIGO : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONIST COMBINATIONS	AKYNZEO	CAPS	NON-PREFERRED	PA REQUIRED
ANTIEMETICS / ANTIVERTIGO : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS	APREPITANT	CAPS	PREFERRED	-

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ANTIEMETICS / ANTIVERTIGO : SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS CONT.	CINVANTI	EMUL	NON-PREFERRED	PA REQUIRED
	EMEND	CAPS	NON-PREFERRED	PA REQUIRED
	EMEND	SOLR	NON-PREFERRED	PA REQUIRED
	EMEND	SUSR	NON-PREFERRED	PA REQUIRED
	EMEND TRIPACK	CAPS	NON-PREFERRED	PA REQUIRED
	VARUBI	EMUL	NON-PREFERRED	-
	VARUBI	TABS	NON-PREFERRED	-
	ANTIFUNGALS : INJECTABLE	ABELCET	SUSP	PREFERRED
AMBISOME		SUSR	PREFERRED	PA REQUIRED
AMPHOTERICIN B		SOLR	PREFERRED	PA REQUIRED
CANCIDAS		SOLR	NON-PREFERRED	PA REQUIRED
CASPOFUNGIN ACETATE		SOLR	PREFERRED	PA REQUIRED
CRESEMBA		SOLR	PREFERRED	PA REQUIRED
ERAXIS		SOLR	PREFERRED	PA REQUIRED
FLUCONAZOLE IN DEXTROSE		SOLN	PREFERRED	PA REQUIRED
FLUCONAZOLE IN NACL		SOLN	PREFERRED	PA REQUIRED
FLUCONAZOLE IN SODIUM CHLORIDE		SOLN	PREFERRED	PA REQUIRED
MYCAMINE		SOLR	PREFERRED	PA REQUIRED
NOXAFIL		SOLN	PREFERRED	PA REQUIRED
VFEND IV		SOLR	NON-PREFERRED	PA REQUIRED
VORICONAZOLE		SOLR	PREFERRED	PA REQUIRED
ANTIFUNGALS : ORAL	ANCOBON	CAPS	NON-PREFERRED	PA REQUIRED
	CLOTRIMAZOLE	LOZG	PREFERRED	-
	CLOTRIMAZOLE	TROC	PREFERRED	-
	CRESEMBA	CAPS	NON-PREFERRED	PA REQUIRED
	DIFLUCAN	SUSR	NON-PREFERRED	PA REQUIRED
	DIFLUCAN	TABS	NON-PREFERRED	PA REQUIRED
	FLUCONAZOLE	SUSR	PREFERRED	-
	FLUCONAZOLE	TABS	PREFERRED	-
	FLUCYTOSINE	CAPS	NON-PREFERRED	-

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ANTIFUNGALS : ORAL CONT.	GRISEOFULVIN MICROSIZE	SUSP	PREFERRED	-
	GRISEOFULVIN MICROSIZE	TABS	PREFERRED	-
	GRISEOFULVIN ULTRAMICROSIZE	TABS	PREFERRED	-
	ITRACONAZOLE	CAPS	NON-PREFERRED	-
	ITRACONAZOLE	SOLN	PREFERRED	PA REQUIRED
	KETOCONAZOLE	TABS	NON-PREFERRED	PA REQUIRED
	NOXAFIL	SUSP	NON-PREFERRED	PA REQUIRED
	NOXAFIL	TBEC	NON-PREFERRED	PA REQUIRED
	NYSTATIN	SUSP	PREFERRED	-
	NYSTATIN	TABS	PREFERRED	-
	ONMEL	TABS	NON-PREFERRED	-
	SPORANOX	CAPS	NON-PREFERRED	PA REQUIRED
	SPORANOX	SOLN	NON-PREFERRED	PA REQUIRED
	SPORANOX PULSEPAK	CAPS	NON-PREFERRED	PA REQUIRED
	TERBINAFINE HCL	TABS	PREFERRED	-
	TERBINAFINE HYDROCHLORIDE	TABS	PREFERRED	-
	TOLSURA	CAPS	NON-PREFERRED	PA REQUIRED
	VFEND	SUSR	NON-PREFERRED	PA REQUIRED
	VFEND	TABS	NON-PREFERRED	PA REQUIRED
	VORICONAZOLE	SUSR	NON-PREFERRED	PA REQUIRED
VORICONAZOLE	TABS	NON-PREFERRED	PA REQUIRED	
ANTIFUNGALS : TOPICAL	ALA-QUIN	CREA	NON-PREFERRED	PA REQUIRED
	ANTIFUNGAL	CREA	PREFERRED	-
	CARRINGTON ANTIFUNGAL	CREA	PREFERRED	-
	CICLODAN	CREA	PREFERRED	-
	CICLODAN	SOLN	NON-PREFERRED	PA REQUIRED
	CICLODAN CREAM KIT	KIT	NON-PREFERRED	PA REQUIRED
	CICLODAN SOLUTION KIT	KIT	NON-PREFERRED	PA REQUIRED
	CICLOPIROX	GEL	NON-PREFERRED	-
	CICLOPIROX	SHAM	PREFERRED	-
	CICLOPIROX	SUSP	PREFERRED	-
	CICLOPIROX NAIL LACQUER	SOLN	NON-PREFERRED	PA REQUIRED
	CICLOPIROX OLAMINE	CREA	PREFERRED	-

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ANTIFUNGALS : TOPICAL CONT.	CICLOPIROX TREATMENT	KIT	NON-PREFERRED	PA REQUIRED
	CLOTRIMAZOLE	CREA	PREFERRED	-
	CLOTRIMAZOLE	SOLN	PREFERRED	-
	CLOTRIMAZOLE ANTIFUNGAL	CREA	PREFERRED	-
	CLOTRIMAZOLE ANTI-FUNGAL	CREA	PREFERRED	-
	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	CREA	PREFERRED	-
	CLOTRIMAZOLE/BETAMETHASONE DIPROPIONATE	LOTN	PREFERRED	-
	DERMACINRX THERAZOLE PAK	THPK	NON-PREFERRED	PA REQUIRED
	DESENEK	CREA	PREFERRED	-
	ECONAZOLE NITRATE	CREA	NON-PREFERRED	-
	ERTACZO	CREA	NON-PREFERRED	PA REQUIRED
	EXELDERM	CREA	NON-PREFERRED	-
	EXELDERM	SOLN	NON-PREFERRED	-
	EXTINA	FOAM	NON-PREFERRED	PA REQUIRED
	FUNGOID-D	CREA	PREFERRED	-
	GNP ATHLETES FOOT	CREA	PREFERRED	-
	GNP TOLNAFTATE	CREA	PREFERRED	-
	HYDROCORTISONE/IODOQUINOL	CREA	NON-PREFERRED	PA REQUIRED
	IODOQUINOL/HYDROCORTISONE/ALOE POLYSACCHARIDE	GEL	NON-PREFERRED	PA REQUIRED
	JUBLIA	SOLN	NON-PREFERRED	PA REQUIRED
	KERYDIN	SOLN	NON-PREFERRED	PA REQUIRED
	KETOCONAZOLE	CREA	PREFERRED	-
	KETOCONAZOLE	FOAM	NON-PREFERRED	PA REQUIRED
	KETOCONAZOLE	SHAM	PREFERRED	-
	LOPROX	CREA	NON-PREFERRED	PA REQUIRED
	LOPROX	KIT	NON-PREFERRED	PA REQUIRED
	LOPROX	SUSP	NON-PREFERRED	PA REQUIRED
	LOPROX KIT	KIT	NON-PREFERRED	PA REQUIRED
	LOPROX SHAMPOO	SHAM	NON-PREFERRED	PA REQUIRED
	LOTRISONE	CREA	NON-PREFERRED	PA REQUIRED
	LULICONAZOLE	CREA	NON-PREFERRED	PA REQUIRED
	LUZU	CREA	NON-PREFERRED	PA REQUIRED

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ANTIFUNGALS : TOPICAL CONT.	MENTAX	CREA	NON-PREFERRED	-
	MICONAZOLE NITRATE	CREA	PREFERRED	-
	MICONAZOLE NITRATE/ZINC OXIDE/WHITE PETROLATUM	OINT	NON-PREFERRED	PA REQUIRED
	NAFTIFINE HCL	CREA	NON-PREFERRED	-
	NAFTIFINE HYDROCHLORIDE	CREA	NON-PREFERRED	-
	NAFTIN	CREA	NON-PREFERRED	PA REQUIRED
	NAFTIN	GEL	NON-PREFERRED	-
	NIZORAL	SHAM	NON-PREFERRED	PA REQUIRED
	NYAMYC	POWD	PREFERRED	-
	NYSTATIN	CREA	PREFERRED	-
	NYSTATIN	OINT	PREFERRED	-
	NYSTATIN	POWD	PREFERRED	-
	NYSTATIN/TRIAMCINOLONE	CREA	PREFERRED	-
	NYSTATIN/TRIAMCINOLONE	OINT	PREFERRED	-
	NYSTATIN/TRIAMCINOLONE ACETONIDE	CREA	PREFERRED	-
	NYSTATIN/TRIAMCINOLONE ACETONIDE	OINT	PREFERRED	-
	NYSTOP	POWD	PREFERRED	-
	OXICONAZOLE NITRATE	CREA	NON-PREFERRED	-
	OXISTAT	CREA	NON-PREFERRED	PA REQUIRED
	OXISTAT	LOTN	NON-PREFERRED	-
	PENLAC NAIL LACQUER	SOLN	NON-PREFERRED	PA REQUIRED
	PODACTIN	CREA	PREFERRED	-
	QC CLOTRIMAZOLE	CREA	PREFERRED	-
	QC TOLNAFTATE	CREA	PREFERRED	-
	REMEDY ANTIFUNGAL	CREA	PREFERRED	-
	SB ANTI-FUNGAL	CREA	PREFERRED	-
	SB CLOTRIMAZOLE FOOT	CREA	PREFERRED	-
	SECURA ANTIFUNGAL	CREA	PREFERRED	-
	SECURA ANTIFUNGAL EXTRA THICK	CREA	PREFERRED	-
	SM ANTIFUNGAL CLOTRIMAZOLE	CREA	PREFERRED	-
	SM ANTIFUNGAL MICONAZOLE	CREA	PREFERRED	-
	SM ANTIFUNGAL TOLNAFTATE	CREA	PREFERRED	-

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ANTIFUNGALS : TOPICAL CONT.	SOOTHE & COOL INZO ANTIFUNGAL CREAM	CREA	PREFERRED	-
	TOLNAFTATE	CREA	PREFERRED	-
	VUSION	OINT	NON-PREFERRED	PA REQUIRED
ANTIFUNGALS : VAGINAL	3 DAY VAGINAL	CREA	PREFERRED	-
	CLOTRIMAZOLE	CREA	PREFERRED	-
	GNP CLOTRIMAZOLE 3	CREA	PREFERRED	-
	GNP MICONAZOLE 7	CREA	PREFERRED	-
	GYNAZOLE-1	CREA	NON-PREFERRED	-
	MICONAZOLE	CREA	PREFERRED	-
	MICONAZOLE 3	CREA	PREFERRED	-
	MICONAZOLE 3	SUPP	PREFERRED	-
	MICONAZOLE 7	CREA	PREFERRED	-
	MICONAZOLE NITRATE	CREA	PREFERRED	-
	QC 3 DAY VAGINAL CREAM	CREA	PREFERRED	-
	QC MICONAZOLE 7	CREA	PREFERRED	-
	SM 3-DAY VAGINAL	CREA	PREFERRED	-
	SM CLOTRIMAZOLE VAGINAL	CREA	PREFERRED	-
	SM MICONAZOLE 7	CREA	PREFERRED	-
	TERAZOL 7	CREA	NON-PREFERRED	-
	TERCONAZOLE	CREA	PREFERRED	-
	TERCONAZOLE	SUPP	NON-PREFERRED	-
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ALKYLATING AGENTS - ORAL	HEXALEN	CAPS	PREFERRED	PA REQUIRED
	MYLERAN	TABS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ANDROGEN BIOSYNTHESIS INHIBITORS - ORAL	ABIRATERONE ACETATE	TABS	PREFERRED	-
	YONSA	TABS	NON-PREFERRED	PA REQUIRED
	ZYTIGA	TABS	NON-PREFERRED	PA REQUIRED

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ANTIADRENALS - ORAL	LYSODREN	TABS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ANTIANDROGENS - ORAL	BICALUTAMIDE	TABS	PREFERRED	-
	CASODEX	TABS	NON-PREFERRED	PA REQUIRED
	ERLEADA	TABS	PREFERRED	PA REQUIRED
	FLUTAMIDE	CAPS	PREFERRED	-
	NILUTAMIDE	TABS	PREFERRED	PA REQUIRED
	XTANDI	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ANTIESTROGENS - ORAL	FARESTON	TABS	NON-PREFERRED	PA REQUIRED
	SOLTAMOX	SOLN	NON-PREFERRED	PA REQUIRED
	TAMOXIFEN CITRATE	TABS	PREFERRED	-
	TOREMIFENE CITRATE	TABS	NON-PREFERRED	-
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ANTIMETABOLITES - ORAL	CAPECITABINE	TABS	PREFERRED	PA REQUIRED
	MERCAPTOPYRINE	TABS	PREFERRED	-
	PURIXAN	SUSP	PREFERRED	PA REQUIRED
	TABLOID	TABS	PREFERRED	-
	XELODA	TABS	NON-PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : AROMATASE INHIBITORS - ORAL	ANASTROZOLE	TABS	PREFERRED	-
	ARIMIDEX	TABS	NON-PREFERRED	PA REQUIRED
	AROMASIN	TABS	NON-PREFERRED	PA REQUIRED
	EXEMESTANE	TABS	PREFERRED	-
	FEMARA	TABS	NON-PREFERRED	PA REQUIRED
	LETROZOLE	TABS	PREFERRED	-

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : BCL-2 INHIBITORS - ORAL	VENCLEXTA	TABS	PREFERRED	PA REQUIRED
	VENCLEXTA STARTING PACK	TBPK	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : BRAF KINASE INHIBITORS - ORAL	BRAFTOVI	CAPS	PREFERRED	PA REQUIRED
	TAFINLAR	CAPS	PREFERRED	PA REQUIRED
	ZELBORAF	TABS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : CHEMOTHERAPY RESCUE / ANTIDOTE AGENTS - ORAL	MESNEX	TABS	PREFERRED	-
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : CYCLIN DEPENDENT KINASES (CDK) INHIBITORS - ORAL	IBRANCE	CAPS	PREFERRED	PA REQUIRED
	KISQALI	TBPK	PREFERRED	PA REQUIRED
	VERZENIO	TABS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ESTROGENS-ANTINEOPLASTIC - ORAL	EMCYT	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : FOLIC ACID ANTAGONISTS RESCUE AGENTS - ORAL	LEUCOVORIN CALCIUM 10MG & 15MG	TABS	NON-PREFERRED	PA REQUIRED
	LEUCOVORIN CALCIUM	TABS	PREFERRED	-
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : HEDGEHOG PATHWAY INHIBITORS - ORAL	DAURISMO	TABS	PREFERRED	PA REQUIRED
	ERIVEDGE	CAPS	PREFERRED	PA REQUIRED

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : HEDGEHOG PATHWAY INHIBITORS - ORAL CONT.	ODOMZO	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : HISTONE DEACETYLASE INHIBITORS - ORAL	FARYDAK	CAPS	PREFERRED	PA REQUIRED
	ZOLINZA	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : IMIDAZOTETRAZINES - ORAL	TEMODAR	CAPS	NON-PREFERRED	PA REQUIRED
	TEMOZOLOMIDE	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : IMMUNOMODULATORS - ORAL	POMALYST	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS - ORAL	TIBSOVO	TABS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS - ORAL	IDHIFA	TABS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : JANUS ASSOCIATED KINASE (JAK) INHIBITORS - ORAL	JAKAFI	TABS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : LHRH ANALOGS - INJECTABLE	ELIGARD	KIT	PREFERRED	PA REQUIRED
	LEUPROLIDE ACETATE	KIT	PREFERRED	PA REQUIRED
	LUPRON DEPOT (1-MONTH)	KIT	PREFERRED	PA REQUIRED

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : LHRH ANALOGS - INJECTABLE CONT.	LUPRON DEPOT (3-MONTH)	KIT	PREFERRED	PA REQUIRED
	LUPRON DEPOT (4-MONTH)	KIT	PREFERRED	PA REQUIRED
	LUPRON DEPOT (6-MONTH)	KIT	PREFERRED	PA REQUIRED
	TRELSTAR MIXJECT	SUSR	PREFERRED	PA REQUIRED
	VANTAS	KIT	PREFERRED	PA REQUIRED
	ZOLADEX	IMPL	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : MEK INHIBITORS - ORAL	COTELLIC	TABS	PREFERRED	PA REQUIRED
	MEKINIST	TABS	PREFERRED	PA REQUIRED
	MEKTOVI	TABS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : MISC - ORAL	HYDREA	CAPS	NON-PREFERRED	PA REQUIRED
	HYDROXYUREA	CAPS	PREFERRED	-
	MATULANE	CAPS	NON-PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : MISC COMBINATIONS - ORAL	KISQALI FEMARA 200 DOSE	TBPK	PREFERRED	PA REQUIRED
	KISQALI FEMARA 400 DOSE	TBPK	PREFERRED	PA REQUIRED
	KISQALI FEMARA 600 DOSE	TBPK	PREFERRED	PA REQUIRED
	LONSURF	TABS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : MITOTIC INHIBITORS - ORAL	ETOPOSIDE	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : MTOR KINASE INHIBITORS - ORAL	AFINITOR	TABS	PREFERRED	PA REQUIRED
	AFINITOR DISPERZ	TBSO	PREFERRED	PA REQUIRED

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : MULTIKINASE INHIBITORS - ORAL	NEXAVAR	TABS	PREFERRED	PA REQUIRED
	RYDAPT	CAPS	PREFERRED	PA REQUIRED
	STIVARGA	TABS	PREFERRED	PA REQUIRED
	SUTENT	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : NITROGEN MUSTARDS - ORAL	ALKERAN	TABS	NON-PREFERRED	PA REQUIRED
	CYCLOPHOSPHAMIDE	CAPS	PREFERRED	-
	LEUKERAN	TABS	PREFERRED	PA REQUIRED
	MELPHALAN	TABS	PREFERRED	-
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS - ORAL	COPIKTRA	CAPS	PREFERRED	PA REQUIRED
	ZYDELIG	TABS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS - ORAL	LYNPARZA	CAPS	PREFERRED	PA REQUIRED
	LYNPARZA	TABS	PREFERRED	PA REQUIRED
	RUBRACA	TABS	PREFERRED	PA REQUIRED
	TALZENNA	CAPS	PREFERRED	PA REQUIRED
	ZEJULA	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : PROGESTINS-ANTINEOPLASTIC - ORAL	MEGACE ES	SUSP	NON-PREFERRED	PA REQUIRED
	MEGESTROL ACETATE	SUSP	PREFERRED	-

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : PROGESTINS-ANTINEOPLASTIC - ORAL CONT.	MEGESTROL ACETATE	TABS	PREFERRED	-
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : PROTEASOME INHIBITORS - ORAL	NINLARO	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : RETINOIDS - ORAL	TRETINOIN	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : SELECTIVE RETINOID X RECEPTOR AGONISTS - ORAL	BEXAROTENE	CAPS	PREFERRED	PA REQUIRED
	TARGRETIN	CAPS	NON-PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : TOPOISOMERASE INHIBITORS - ORAL	HYCAMTIN	CAPS	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : TROPOMYOSIN RECEPTOR KINASE INHIBITORS - ORAL	VITRAKVI	CAPS	PREFERRED	PA REQUIRED
	VITRAKVI	SOLN	PREFERRED	PA REQUIRED
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : TYROSINE KINASE INHIBITORS - ORAL	ALECENSA	CAPS	PREFERRED	PA REQUIRED
	ALUNBRIG	TABS	PREFERRED	PA REQUIRED
	ALUNBRIG	TBPK	PREFERRED	PA REQUIRED
	BOSULIF	TABS	PREFERRED	PA REQUIRED
	CABOMETYX	TABS	PREFERRED	PA REQUIRED

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : TYROSINE KINASE INHIBITORS - ORAL CONT.	CALQUENCE	CAPS	PREFERRED	PA REQUIRED
	CAPRELSA	TABS	PREFERRED	PA REQUIRED
	COMETRIQ	KIT	PREFERRED	PA REQUIRED
	GILOTRIF	TABS	PREFERRED	PA REQUIRED
	GLEEVEC	TABS	NON-PREFERRED	PA REQUIRED
	ICLUSIG	TABS	PREFERRED	PA REQUIRED
	IMATINIB MESYLATE	TABS	PREFERRED	PA REQUIRED
	IMBRUVICA	CAPS	PREFERRED	PA REQUIRED
	IMBRUVICA	TABS	PREFERRED	PA REQUIRED
	INLYTA	TABS	PREFERRED	PA REQUIRED
	IRESSA	TABS	PREFERRED	PA REQUIRED
	LENVIMA 10 MG DAILY DOSE	CPPK	PREFERRED	PA REQUIRED
	LENVIMA 12MG DAILY DOSE	CPPK	PREFERRED	PA REQUIRED
	LENVIMA 14 MG DAILY DOSE	CPPK	PREFERRED	PA REQUIRED
	LENVIMA 18 MG DAILY DOSE	CPPK	PREFERRED	PA REQUIRED
	LENVIMA 20 MG DAILY DOSE	CPPK	PREFERRED	PA REQUIRED
	LENVIMA 24 MG DAILY DOSE	CPPK	PREFERRED	PA REQUIRED
	LENVIMA 4 MG DAILY DOSE	CPPK	PREFERRED	PA REQUIRED
	LENVIMA 8 MG DAILY DOSE	CPPK	PREFERRED	PA REQUIRED
	LORBRENA	TABS	PREFERRED	PA REQUIRED
	NERLYNX	TABS	PREFERRED	PA REQUIRED
	SPRYCEL	TABS	PREFERRED	PA REQUIRED
	TAGRISSO	TABS	PREFERRED	PA REQUIRED
	TARCEVA	TABS	PREFERRED	PA REQUIRED
	TASIGNA	CAPS	PREFERRED	PA REQUIRED
	TYKERB	TABS	PREFERRED	PA REQUIRED
	VIZIMPRO	TABS	PREFERRED	PA REQUIRED
	VOTRIENT	TABS	PREFERRED	PA REQUIRED
	XALKORI	CAPS	PREFERRED	PA REQUIRED
	XOSPATA	TABS	PREFERRED	PA REQUIRED

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ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES : TYROSINE KINASE INHIBITORS - ORAL CONT.	ZYKADIA	CAPS	PREFERRED	PA REQUIRED
	SOLOSEC	PACK	PREFERRED	-
ANTIPARASITICS : ANTHELMINTICS	ALBENDAZOLE	TABS	NON-PREFERRED	PA REQUIRED
	ALBENDAZOLE (IMPAX GENERICS)	TABS	PREFERRED	-
	ALBENZA	TABS	NON-PREFERRED	PA REQUIRED
	BENZNIDAZOLE	TABS	NON-PREFERRED	-
	BILTRICIDE	TABS	NON-PREFERRED	PA REQUIRED
	EGATEN	TABS	PREFERRED	-
	EMVERM	CHEW	NON-PREFERRED	-
	IVERMECTIN	TABS	PREFERRED	-
	PRAZIQUANTEL	TABS	NON-PREFERRED	-
	STROMEKTOL	TABS	NON-PREFERRED	PA REQUIRED
ANTIPARASITICS : ANTIMALARIALS	ATOVAQUONE/PROGUANIL HCL	TABS	PREFERRED	-
	CHLOROQUINE PHOSPHATE	TABS	PREFERRED	-
	COARTEM	TABS	PREFERRED	-
	DARAPRIM	TABS	NON-PREFERRED	PA REQUIRED
	HYDROXYCHLOROQUINE SULFATE	TABS	PREFERRED	-
	KRINTAFEL	TABS	NON-PREFERRED	PA REQUIRED
	MALARONE	TABS	NON-PREFERRED	PA REQUIRED
	MEFLOQUINE HCL	TABS	PREFERRED	-
	PRIMAQUINE PHOSPHATE (SANOFI)	TABS	NON-PREFERRED	PA REQUIRED
	PRIMAQUINE PHOSPHATE	TABS	PREFERRED	-
	QUALAQUIN	CAPS	NON-PREFERRED	PA REQUIRED
QUININE SULFATE	CAPS	PREFERRED	-	
ANTIPARASITICS : ANTIPROTOZOAL AGENTS	ALINIA	SUSR	PREFERRED	PA REQUIRED
	ATOVAQUONE	SUSP	PREFERRED	-
	MEPRON	SUSP	NON-PREFERRED	PA REQUIRED

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ANTIPARKINSON AGENTS : ANTICHOLINERGICS CONT.	BENZTROPINE MESYLATE	SOLN	PREFERRED	-
	BENZTROPINE MESYLATE	TABS	PREFERRED	-
	TRIHEXYPHENIDYL HCL	ELIX	PREFERRED	-
	TRIHEXYPHENIDYL HYDROCHLORIDE	TABS	PREFERRED	-
ANTIPARKINSON AGENTS : COMT INHIBITORS	COMTAN	TABS	NON-PREFERRED	PA REQUIRED
	ENTACAPONE	TABS	PREFERRED	-
	TASMAR	TABS	NON-PREFERRED	PA REQUIRED
	TOLCAPONE	TABS	PREFERRED	-
ANTIPARKINSON AGENTS : DOPAMINERGICS	AMANTADINE HCL	CAPS	PREFERRED	-
	AMANTADINE HCL	SYRP	PREFERRED	-
	AMANTADINE HCL	TABS	NON-PREFERRED	-
	AMANTADINE HYDROCHLORIDE	CAPS	PREFERRED	-
	AMANTADINE HYDROCHLORIDE	TABS	NON-PREFERRED	-
	APOKYN	SOCT	NON-PREFERRED	-
	BROMOCRIPTINE MESYLATE	CAPS	NON-PREFERRED	-
	BROMOCRIPTINE MESYLATE	TABS	NON-PREFERRED	-
	CARBIDOPA	TABS	PREFERRED	-
	CARBIDOPA/LEVODOPA	TABS	PREFERRED	-
	CARBIDOPA/LEVODOPA ER	TBCR	PREFERRED	-
	CARBIDOPA/LEVODOPA ODT	TBDP	NON-PREFERRED	-
	CARBIDOPA/LEVODOPA/ENTACAPONE	TABS	NON-PREFERRED	-
	DUOPA	SUSP	NON-PREFERRED	-
	GOCOVRI	CP24	NON-PREFERRED	PA REQUIRED
	INBRIJA	CAPS	NON-PREFERRED	PA REQUIRED
	LODOSYN	TABS	NON-PREFERRED	PA REQUIRED
	MIRAPEX	TABS	NON-PREFERRED	PA REQUIRED
	MIRAPEX ER	TB24	NON-PREFERRED	PA REQUIRED
	NEUPRO	PT24	NON-PREFERRED	-
	OSMOLEX ER	TB24	NON-PREFERRED	PA REQUIRED
	PARLODEL	CAPS	NON-PREFERRED	PA REQUIRED

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ANTIPARKINSON AGENTS : DOPAMINERGICS CONT.	PARLODEL	TABS	NON-PREFERRED	PA REQUIRED
	PRAMIPEXOLE DIHYDROCHLORIDE	TABS	PREFERRED	-
	PRAMIPEXOLE DIHYDROCHLORIDE ER	TB24	NON-PREFERRED	-
	REQUIP	TABS	NON-PREFERRED	PA REQUIRED
	REQUIP XL	TB24	NON-PREFERRED	PA REQUIRED
	ROPINIROLE ER	TB24	NON-PREFERRED	-
	ROPINIROLE HCL	TABS	PREFERRED	-
	ROPINIROLE HYDROCHLORIDE	TABS	PREFERRED	-
	RYTARY	CPCR	NON-PREFERRED	-
	SINEMET	TABS	NON-PREFERRED	PA REQUIRED
	SINEMET CR	TBCR	NON-PREFERRED	PA REQUIRED
	STALEVO 100	TABS	NON-PREFERRED	-
	STALEVO 125	TABS	NON-PREFERRED	-
	STALEVO 150	TABS	NON-PREFERRED	-
	STALEVO 200	TABS	NON-PREFERRED	-
	STALEVO 50	TABS	NON-PREFERRED	-
	STALEVO 75	TABS	NON-PREFERRED	-
ANTIPARKINSON AGENTS : MONOAMINE OXIDASE INHIBITORS (MAOI)	AZILECT	TABS	NON-PREFERRED	PA REQUIRED
	ELDEPRYL	CAPS	NON-PREFERRED	PA REQUIRED
	RASAGILINE MESYLATE	TABS	NON-PREFERRED	-
	SELEGILINE HCL	CAPS	PREFERRED	-
	SELEGILINE HCL	TABS	PREFERRED	-
	XADAGO	TABS	NON-PREFERRED	-
	ZELAPAR	TBDP	NON-PREFERRED	-
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIMANIC AGENTS	LITHIUM	SOLN	PREFERRED	-
	LITHIUM CARBONATE	CAPS	PREFERRED	-
	LITHIUM CARBONATE	TABS	PREFERRED	-
	LITHIUM CARBONATE ER	TBCR	PREFERRED	-
	LITHOBID	TBCR	NON-PREFERRED	PA REQUIRED

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ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 1ST GENERATION	ADASUVE	AEPB	NON-PREFERRED	PA REQUIRED
	CHLORPROMAZINE HCL	SOLN	PREFERRED	-
	CHLORPROMAZINE HCL	TABS	PREFERRED	-
	CHLORPROMAZINE HYDROCHLORIDE	TABS	PREFERRED	-
	FLUPHENAZINE DECANOATE	SOLN	PREFERRED	-
	FLUPHENAZINE HCL	CONC	PREFERRED	-
	FLUPHENAZINE HCL	ELIX	PREFERRED	-
	FLUPHENAZINE HCL	SOLN	PREFERRED	-
	FLUPHENAZINE HCL	TABS	PREFERRED	-
	HALDOL	SOLN	NON-PREFERRED	PA REQUIRED
	HALDOL DECANOATE 100	SOLN	NON-PREFERRED	PA REQUIRED
	HALDOL DECANOATE 50	SOLN	NON-PREFERRED	PA REQUIRED
	HALOPERIDOL	CONC	PREFERRED	-
	HALOPERIDOL	TABS	PREFERRED	-
	HALOPERIDOL DECANOATE	SOLN	PREFERRED	-
	HALOPERIDOL LACTATE	SOLN	PREFERRED	-
	LOXAPINE	CAPS	PREFERRED	-
	LOXAPINE SUCCINATE	CAPS	PREFERRED	-
	MOLINDONE HYDROCHLORIDE	TABS	PREFERRED	-
	PERPHENAZINE	TABS	PREFERRED	-
	PERPHENAZINE/AMITRIPTYLINE	TABS	PREFERRED	-
	THIORIDAZINE HCL	TABS	PREFERRED	-
	THIOTHIXENE	CAPS	PREFERRED	-
	TRIFLUOPERAZINE HCL	TABS	PREFERRED	-
TRIFLUOPERAZINE HYDROCHLORIDE	TABS	PREFERRED	-	
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION	ABILIFY	TABS	NON-PREFERRED	PA REQUIRED
	ABILIFY MAINTENA	PRSY	PREFERRED	-
	ABILIFY MAINTENA	SRER	PREFERRED	-
	ABILIFY MYCITE	TABS	NON-PREFERRED	PA REQUIRED

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ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION CONT.	ARIPIRAZOLE	SOLN	PREFERRED	-
	ARIPIRAZOLE	TABS	PREFERRED	-
	ARIPIRAZOLE ODT	TBDP	PREFERRED	-
	ARISTADA	PRSY	PREFERRED	-
	ARISTADA INITIO	PRSY	NON-PREFERRED	PA REQUIRED
	CLOZAPINE	TABS	PREFERRED	-
	CLOZAPINE ODT	TBDP	NON-PREFERRED	PA REQUIRED
	CLOZARIL	TABS	NON-PREFERRED	PA REQUIRED
	FANAPT	TABS	PREFERRED	-
	FANAPT TITRATION PACK	TABS	NON-PREFERRED	PA REQUIRED
	FAZACLO	TBDP	NON-PREFERRED	PA REQUIRED
	GEODON	CAPS	NON-PREFERRED	PA REQUIRED
	GEODON	SOLR	PREFERRED	-
	INVEGA	TB24	NON-PREFERRED	PA REQUIRED
	INVEGA SUSTENNA	SUSY	PREFERRED	-
	INVEGA TRINZA	SUSY	PREFERRED	-
	LATUDA	TABS	PREFERRED	-
	OLANZAPINE	SOLR	PREFERRED	-
	OLANZAPINE	TABS	PREFERRED	-
	OLANZAPINE ODT	TBDP	PREFERRED	-
	PALIPERIDONE ER	TB24	PREFERRED	-
	PERSERIS	PRSY	NON-PREFERRED	PA REQUIRED
	QUETIAPINE FUMARATE	TABS	PREFERRED	-
	QUETIAPINE FUMARATE ER	TB24	PREFERRED	-
	REXULTI	TABS	PREFERRED	-
	RISPERDAL	SOLN	NON-PREFERRED	PA REQUIRED
	RISPERDAL	TABS	NON-PREFERRED	PA REQUIRED
	RISPERDAL CONSTA	SUSR	PREFERRED	-
	RISPERIDONE	SOLN	PREFERRED	-
	RISPERIDONE	TABS	PREFERRED	-
	RISPERIDONE M-TAB	TBDP	PREFERRED	-

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ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - 2ND GENERATION CONT.	RISPERIDONE ODT	TBDP	PREFERRED	-
	SAPHRIS	SUBL	PREFERRED	-
	SEROQUEL	TABS	NON-PREFERRED	PA REQUIRED
	SEROQUEL XR	TB24	NON-PREFERRED	PA REQUIRED
	VERSACLOZ	SUSP	PREFERRED	-
	ZIPRASIDONE HCL	CAPS	PREFERRED	-
	ZIPRASIDONE HYDROCHLORIDE	CAPS	PREFERRED	-
	ZYPREXA	SOLR	NON-PREFERRED	PA REQUIRED
	ZYPREXA	TABS	NON-PREFERRED	PA REQUIRED
	ZYPREXA RELPREVV	SUSR	PREFERRED	-
	ZYPREXA ZYDIS	TBDP	NON-PREFERRED	PA REQUIRED
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - COMBINATIONS	OLANZAPINE/FLUOXETINE	CAPS	NON-PREFERRED	PA REQUIRED
	SYMBYAX	CAPS	NON-PREFERRED	PA REQUIRED
ANTIPSYCHOTICS / ANTIMANIC AGENTS : ANTIPSYCHOTICS - MISC	EQUETRO	CP12	PREFERRED	PA REQUIRED
	NUPLAZID	CAPS	PREFERRED	PA REQUIRED
	NUPLAZID	TABS	PREFERRED	PA REQUIRED
	VRAYLAR	CAPS	PREFERRED	PA REQUIRED
	VRAYLAR	CPPK	PREFERRED	PA REQUIRED
ANTIVIRALS : CMV AGENTS	CIDOFOVIR	SOLN	PREFERRED	PA REQUIRED
	CYTOVENE	SOLR	NON-PREFERRED	PA REQUIRED
	GANCICLOVIR	SOLN	PREFERRED	PA REQUIRED
	GANCICLOVIR	SOLR	PREFERRED	PA REQUIRED
	GANCICLOVIR 500MG/10ML	SOLN	NON-PREFERRED	PA REQUIRED
	PREVYMIS	SOLN	PREFERRED	PA REQUIRED
	PREVYMIS	TABS	PREFERRED	PA REQUIRED
	VALCYTE	SOLR	NON-PREFERRED	PA REQUIRED
	VALCYTE	TABS	NON-PREFERRED	PA REQUIRED

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ANTIVIRALS : CMV AGENTS CONT.	VALGANCICLOVIR	TABS	PREFERRED	-
	VALGANCICLOVIR HYDROCHLORDE	SOLR	PREFERRED	-
ANTIVIRALS : HEPATITIS B AGENTS	ADEFOVIR DIPIVOXIL	TABS	PREFERRED	-
	BARACLUDE	SOLN	NON-PREFERRED	-
	BARACLUDE	TABS	NON-PREFERRED	PA REQUIRED
	ENTECAVIR	TABS	PREFERRED	-
	EPIVIR HBV	SOLN	PREFERRED	-
	EPIVIR HBV	TABS	NON-PREFERRED	PA REQUIRED
	HEPSERA	TABS	NON-PREFERRED	PA REQUIRED
	LAMIVUDINE	TABS	PREFERRED	-
	VEMLIDY	TABS	NON-PREFERRED	PA REQUIRED
ANTIVIRALS : HEPATITIS C AGENTS	DAKLINZA	TABS	NON-PREFERRED	PA REQUIRED
	EPCLUSA	TABS	NON-PREFERRED	PA REQUIRED
	HARVONI	TABS	NON-PREFERRED	PA REQUIRED
	LEDIPASVIR/SOFOSBUVIR	TABS	NON-PREFERRED	PA REQUIRED
	MAVYRET	TABS	PREFERRED	
	SOFOSBUVIR/VELPATASVIR	TABS	NON-PREFERRED	PA REQUIRED
	SOVALDI	TABS	NON-PREFERRED	PA REQUIRED
	TECHNIVIE	TABS	NON-PREFERRED	PA REQUIRED
	VIEKIRA PAK	TBPK	NON-PREFERRED	PA REQUIRED
	VOSEVI	TABS	NON-PREFERRED	PA REQUIRED
	ZEPATIER	TABS	NON-PREFERRED	PA REQUIRED
ANTIVIRALS : HERPES AGENTS	ACYCLOVIR	CAPS	PREFERRED	-
	ACYCLOVIR	CREA	NON-PREFERRED	PA REQUIRED
	ACYCLOVIR	OINT	NON-PREFERRED	PA REQUIRED
	ACYCLOVIR	SUSP	PREFERRED	-
	ACYCLOVIR	TABS	PREFERRED	-
	ACYCLOVIR SODIUM	SOLN	PREFERRED	PA REQUIRED
	DENAVIR	CREA	NON-PREFERRED	PA REQUIRED
	FAMCICLOVIR	TABS	PREFERRED	-

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ANTIVIRALS : HERPES AGENTS CONT.	SITAVIG	TABS	NON-PREFERRED	PA REQUIRED
	VALACYCLOVIR HCL	TABS	PREFERRED	-
	VALACYCLOVIR HYDROCHLORIDE	TABS	PREFERRED	-
	VALTREX	TABS	NON-PREFERRED	PA REQUIRED
	XERESE	CREA	NON-PREFERRED	PA REQUIRED
	ZOVIRAX	CAPS	NON-PREFERRED	PA REQUIRED
	ZOVIRAX	CREA	NON-PREFERRED	PA REQUIRED
	ZOVIRAX	OINT	NON-PREFERRED	PA REQUIRED
	ZOVIRAX	SUSP	NON-PREFERRED	PA REQUIRED
	ZOVIRAX	TABS	NON-PREFERRED	PA REQUIRED
ANTIVIRALS : HIV	ABACAVIR	SOLN	PREFERRED	-
	ABACAVIR	TABS	PREFERRED	-
	ABACAVIR SULFATE/LAMIVUDINE	TABS	PREFERRED	-
	ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE	TABS	PREFERRED	-
	APTIVUS	CAPS	PREFERRED	-
	APTIVUS	SOLN	PREFERRED	-
	ATAZANAVIR	CAPS	PREFERRED	-
	ATAZANAVIR SULFATE	CAPS	PREFERRED	-
	ATRIPLA	TABS	PREFERRED	-
	BIKTARVY	TABS	NON-PREFERRED	-
	CIMDUO	TABS	NON-PREFERRED	-
	COMBIVIR	TABS	NON-PREFERRED	PA REQUIRED
	COMPLERA	TABS	PREFERRED	-
	CRIXIVAN	CAPS	PREFERRED	-
	DELSTRIGO	TABS	NON-PREFERRED	-
	DESCOVY	TABS	PREFERRED	-
	DIDANOSINE	CPDR	PREFERRED	-
	DOVATO	TABS	NON-PREFERRED	
	EDURANT	TABS	PREFERRED	-
	EFAVIRENZ	CAPS	PREFERRED	-
	EFAVIRENZ	TABS	PREFERRED	-
	EMTRIVA	CAPS	PREFERRED	-

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ANTIVIRALS : HIV CONT.	EMTRIVA	SOLN	PREFERRED	-
	EPIVIR	SOLN	NON-PREFERRED	PA REQUIRED
	EPIVIR	TABS	NON-PREFERRED	PA REQUIRED
	EPZICOM	TABS	NON-PREFERRED	PA REQUIRED
	EVOTAZ	TABS	PREFERRED	-
	FOSAMPRENAVIR CALCIUM	TABS	PREFERRED	-
	FUZEON	SOLR	PREFERRED	-
	GENVOYA	TABS	PREFERRED	-
	INTELENCE	TABS	PREFERRED	-
	INVIRASE	CAPS	PREFERRED	-
	INVIRASE	TABS	PREFERRED	-
	ISENTRESS	CHEW	PREFERRED	-
	ISENTRESS	PACK	PREFERRED	-
	ISENTRESS	TABS	PREFERRED	-
	ISENTRESS HD	TABS	PREFERRED	-
	JULUCA	TABS	NON-PREFERRED	-
	KALETRA	SOLN	NON-PREFERRED	PA REQUIRED
	KALETRA	TABS	PREFERRED	-
	LAMIVUDINE	SOLN	PREFERRED	-
	LAMIVUDINE	TABS	PREFERRED	-
	LAMIVUDINE/ZIDOVUDINE	TABS	PREFERRED	-
	LEXIVA	SUSP	PREFERRED	-
	LEXIVA	TABS	NON-PREFERRED	PA REQUIRED
	LOPINAIVIR/RITONAVIR	SOLN	PREFERRED	-
	NEVIRAPINE	SUSP	PREFERRED	-
	NEVIRAPINE	TABS	PREFERRED	-
	NEVIRAPINE ER	TB24	PREFERRED	-
	NORVIR	CAPS	NON-PREFERRED	PA REQUIRED
	NORVIR	PACK	NON-PREFERRED	PA REQUIRED
	NORVIR	SOLN	NON-PREFERRED	PA REQUIRED
	NORVIR	TABS	NON-PREFERRED	PA REQUIRED
	ODEFSEY	TABS	PREFERRED	-
	PIFELTRO	TABS	NON-PREFERRED	-

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ANTIVIRALS : HIV CONT.	PREZCOBIX	TABS	PREFERRED	-
	PREZISTA	SUSP	PREFERRED	-
	PREZISTA	TABS	PREFERRED	-
	RESCRIPTOR	TABS	PREFERRED	-
	RETROVIR	CAPS	NON-PREFERRED	PA REQUIRED
	RETROVIR	SYRP	NON-PREFERRED	PA REQUIRED
	RETROVIR IV INFUSION	SOLN	PREFERRED	-
	REYATAZ	CAPS	NON-PREFERRED	PA REQUIRED
	REYATAZ	PACK	PREFERRED	-
	RITONAVIR	TABS	PREFERRED	-
	SELZENTRY	SOLN	PREFERRED	-
	SELZENTRY	TABS	PREFERRED	-
	STAVUDINE	CAPS	PREFERRED	-
	STRIBILD	TABS	PREFERRED	-
	SUSTIVA	CAPS	NON-PREFERRED	PA REQUIRED
	SUSTIVA	TABS	NON-PREFERRED	PA REQUIRED
	SYMFI	TABS	NON-PREFERRED	-
	SYMFI LO	TABS	NON-PREFERRED	-
	SYMTUZA	TABS	NON-PREFERRED	PA REQUIRED
	TENOFOVIR DISOPROXIL FUMARATE	TABS	PREFERRED	-
	TIVICAY	TABS	PREFERRED	-
	TRIUMEQ	TABS	PREFERRED	-
	TRIZIVIR	TABS	NON-PREFERRED	PA REQUIRED
	TROGARZO	SOLN	NON-PREFERRED	-
	TRUVADA	TABS	PREFERRED	-
	TYBOST	TABS	PREFERRED	-
	VIDEX EC	CPDR	NON-PREFERRED	PA REQUIRED
	VIDEX EC 125MG	CPDR	PREFERRED	-
	VIDEX PEDIATRIC	SOLR	PREFERRED	-
	VIRACEPT	TABS	PREFERRED	-
	VIRAMUNE	SUSP	PREFERRED	-
	VIRAMUNE	TABS	NON-PREFERRED	PA REQUIRED
	VIRAMUNE XR	TB24	NON-PREFERRED	PA REQUIRED

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ANTIVIRALS : HIV CONT.	VIREAD	POWD	PREFERRED	-
	VIREAD	TABS	PREFERRED	-
	VIREAD 300MG	TABS	NON-PREFERRED	PA REQUIRED
	ZERIT	CAPS	NON-PREFERRED	PA REQUIRED
	ZERIT	SOLR	PREFERRED	-
	ZIAGEN	SOLN	NON-PREFERRED	PA REQUIRED
	ZIAGEN	TABS	NON-PREFERRED	PA REQUIRED
	ZIDOVUDINE	CAPS	PREFERRED	-
	ZIDOVUDINE	SYRP	PREFERRED	-
	ZIDOVUDINE	TABS	PREFERRED	-
ANTIVIRALS : INFLUENZA AGENTS	FLUMADINE	TABS	NON-PREFERRED	PA REQUIRED
	OSELTAMIVIR PHOSPHATE	CAPS	PREFERRED	-
	OSELTAMIVIR PHOSPHATE	SUSR	PREFERRED	-
	RAPIVAB	SOLN	PREFERRED	PA REQUIRED
	RELENZA DISKHALER	AEPB	NON-PREFERRED	-
	RIMANTADINE HCL	TABS	PREFERRED	-
	TAMIFLU	CAPS	NON-PREFERRED	PA REQUIRED
	TAMIFLU	SUSR	NON-PREFERRED	PA REQUIRED
	XOFLUZA	TBPK	NON-PREFERRED	-
ANTIVIRALS : RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS	RIBAVIRIN	SOLR	PREFERRED	PA REQUIRED
	VIRAZOLE	SOLR	NON-PREFERRED	PA REQUIRED
ASTHMA AND COPD AGENTS : ANTICHOLINERGICS	ATROVENT HFA	AERS	PREFERRED	-
	COMBIVENT RESPIMAT	AERS	PREFERRED	-
	CROMOLYN SODIUM	NEBU	PREFERRED	-
	IPRATROPIUM BROMIDE	SOLN	PREFERRED	-
	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE	SOLN	PREFERRED	-
ASTHMA AND COPD AGENTS : BETA AGONISTS - LONG ACTING	ARCAPTA NEOHALER	CAPS	NON-PREFERRED	-
	BROVANA	NEBU	NON-PREFERRED	-

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ASTHMA AND COPD AGENTS : BETA AGONISTS - LONG ACTING CONT.	PERFOROMIST	NEBU	NON-PREFERRED	-
	SEREVENT DISKUS	AEPB	PREFERRED	-
	STRIVERDI RESPIMAT	AERS	NON-PREFERRED	-
ASTHMA AND COPD AGENTS : BETA AGONISTS - ORAL	ALBUTEROL	TABS	PREFERRED	-
	ALBUTEROL SULFATE	SYRP	PREFERRED	-
	ALBUTEROL SULFATE	TABS	PREFERRED	-
	ALBUTEROL SULFATE ER	TB12	PREFERRED	-
	METAPROTERENOL SULFATE	SYRP	NON-PREFERRED	-
	METAPROTERENOL SULFATE	TABS	NON-PREFERRED	-
	TERBUTALINE SULFATE	TABS	NON-PREFERRED	-
ASTHMA AND COPD AGENTS : BETA AGONISTS - SHORT ACTING	ALBUTEROL SULFATE	NEBU	PREFERRED	-
	ALBUTEROL SULFATE HFA	AERS	NON-PREFERRED	-
	ALBUTEROL SULFATE HFA (TEVA)	AERS	PREFERRED	-
	LEVALBUTEROL	NEBU	NON-PREFERRED	-
	LEVALBUTEROL HCL	NEBU	NON-PREFERRED	-
	LEVALBUTEROL HYDROCHLORIDE	NEBU	NON-PREFERRED	-
	LEVALBUTEROL TARTRATE HFA	AERO	NON-PREFERRED	-
	PROAIR HFA	AERS	PREFERRED	-
	PROAIR RESPICLICK	AEPB	NON-PREFERRED	-
	PROVENTIL HFA	AERS	PREFERRED	-
	TERBUTALINE SULFATE	SOLN	NON-PREFERRED	-
	VENTOLIN HFA	AERS	NON-PREFERRED	-
	XOPENEX	NEBU	NON-PREFERRED	-
	XOPENEX CONCENTRATE	NEBU	NON-PREFERRED	-
XOPENEX HFA	AERO	NON-PREFERRED	-	
ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROID COMBINATIONS	ADVAIR DISKUS	AEPB	PREFERRED	-

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ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROID COMBINATIONS CONT.	ADVAIR HFA	AERO	PREFERRED	-
	AIRDUO RESPICLICK 113/14	AEPB	NON-PREFERRED	PA REQUIRED
	AIRDUO RESPICLICK 232/14	AEPB	NON-PREFERRED	PA REQUIRED
	AIRDUO RESPICLICK 55/14	AEPB	NON-PREFERRED	PA REQUIRED
	BREO ELLIPTA	AEPB	NON-PREFERRED	-
	DULERA	AERO	PREFERRED	-
	FLUTICASONE PROPIONATE/SALMETEROL	AEPB	NON-PREFERRED	PA REQUIRED
	FLUTICASONE PROPIONATE/SALMETEROL DISKUS	AEPB	PREFERRED	-
	SYMBICORT	AERO	PREFERRED	-
	TRELEGY ELLIPTA	AEPB	NON-PREFERRED	-
	WIXELA INHUB	AEPB	PREFERRED	-
ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROIDS	ALVESCO	AERS	NON-PREFERRED	-
	ARMONAIR RESPICLICK 113	AEPB	NON-PREFERRED	-
	ARMONAIR RESPICLICK 232	AEPB	NON-PREFERRED	-
	ARMONAIR RESPICLICK 55	AEPB	NON-PREFERRED	-
	ARNUITY ELLIPTA	AEPB	NON-PREFERRED	-
	ASMANEX HFA	AERO	NON-PREFERRED	-
	ASMANEX TWISTHALER 120 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 14 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 30 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 60 METERED DOSES	AEPB	NON-PREFERRED	-
	ASMANEX TWISTHALER 7 METERED DOSES	AEPB	NON-PREFERRED	-
	BUDESONIDE	SUSP	PREFERRED	-
	FLOVENT DISKUS	AEPB	PREFERRED	-
	FLOVENT HFA	AERO	PREFERRED	-
	PULMICORT	SUSP	NON-PREFERRED	PA REQUIRED
	PULMICORT FLEXHALER	AEPB	PREFERRED	-
QVAR REDIHALER	AERB	NON-PREFERRED	-	
ASTHMA AND COPD AGENTS : LEUKOTRIENE MODIFIERS	ACCOLATE	TABS	NON-PREFERRED	PA REQUIRED

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ASTHMA AND COPD AGENTS : LEUKOTRIENE MODIFIERS CONT.	MONTELUKAST SODIUM	CHEW	PREFERRED	-
	MONTELUKAST SODIUM	PACK	PREFERRED	-
	MONTELUKAST SODIUM	TABS	PREFERRED	-
	SINGULAIR	CHEW	NON-PREFERRED	PA REQUIRED
	SINGULAIR	PACK	NON-PREFERRED	PA REQUIRED
	SINGULAIR	TABS	NON-PREFERRED	PA REQUIRED
	ZAFIRLUKAST	TABS	PREFERRED	-
	ZILEUTON ER	TB12	NON-PREFERRED	-
	ZYFLO	TABS	NON-PREFERRED	PA REQUIRED
	ZYFLO CR	TB12	NON-PREFERRED	PA REQUIRED
ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENT / LONG ACTING BETA AGONIST COMBINATIONS	ANORO ELLIPTA	AEPB	NON-PREFERRED	-
	BEVESPI AEROSPHERE	AERO	NON-PREFERRED	-
	STIOLTO RESPIMAT	AERS	PREFERRED	-
	UTIBRON NEOHALER	CAPS	NON-PREFERRED	-
ASTHMA AND COPD AGENTS : LONG ACTING MUSCARINIC AGENTS	INCRUSE ELLIPTA	AEPB	NON-PREFERRED	-
	LONHALA MAGNAIR REFILL KIT	SOLN	NON-PREFERRED	-
	LONHALA MAGNAIR STARTER KIT	SOLN	NON-PREFERRED	-
	SEEBRI NEOHALER	CAPS	NON-PREFERRED	-
	SPIRIVA HANDIHALER	CAPS	PREFERRED	-
	SPIRIVA RESPIMAT	AERS	NON-PREFERRED	PA REQUIRED
	TUDORZA PRESSAIR	AEPB	NON-PREFERRED	-
	YUPELRI	SOLN	NON-PREFERRED	-
ASTHMA AND COPD AGENTS : MONOCLONAL ANTIBODIES	CINQAIR	SOLN	PREFERRED	PA REQUIRED
	DUPIXENT	SOSY	NON-PREFERRED	PA REQUIRED
	FASENRA	SOSY	PREFERRED	PA REQUIRED

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ASTHMA AND COPD AGENTS : MONOCLONAL ANTIBODIES CONT.	NUCALA	SOLR	PREFERRED	PA REQUIRED
	XOLAIR	SOLR	PREFERRED	PA REQUIRED
	XOLAIR	SOSY	PREFERRED	PA REQUIRED
ASTHMA AND COPD AGENTS : PHOSPHODIESTERASE 4 INHIBITORS	DALIRESP	TABS	PREFERRED	PA REQUIRED
ASTHMA AND COPD AGENTS : XANTHINES	AMINOPHYLLINE	SOLN	PREFERRED	PA REQUIRED
	ELIXOPHYLLIN	ELIX	NON-PREFERRED	-
	THEO-24	CP24	NON-PREFERRED	-
	THEOCHRON	TB12	PREFERRED	-
	THEOPHYLLINE	SOLN	PREFERRED	-
	THEOPHYLLINE CR	TB12	PREFERRED	-
	THEOPHYLLINE ER	TB12	PREFERRED	-
	THEOPHYLLINE ER	TB24	PREFERRED	-
	THEOPHYLLINE/D5W	SOLN	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANTIHYPERTENSIVES MISC	EZETIMIBE	TABS	PREFERRED	-
	LOVAZA	CAPS	NON-PREFERRED	PA REQUIRED
	OMEGA-3-ACID ETHYL ESTERS	CAPS	NON-PREFERRED	-
	VASCEPA	CAPS	NON-PREFERRED	PA REQUIRED
	ZETIA	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BILE ACID SEQUESTRANTS	CHOLESTYRAMINE	PACK	PREFERRED	-
	CHOLESTYRAMINE	POWD	PREFERRED	-
	CHOLESTYRAMINE LIGHT	PACK	PREFERRED	-
	CHOLESTYRAMINE LIGHT	POWD	PREFERRED	-
	COLESEVELAM HYDROCHLORIDE	PACK	NON-PREFERRED	-
	COLESEVELAM HYDROCHLORIDE	TABS	NON-PREFERRED	-

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BILE ACID SEQUESTRANTS CONT.	COLESTID	GRAN	NON-PREFERRED	PA REQUIRED
	COLESTID	PACK	NON-PREFERRED	PA REQUIRED
	COLESTID	TABS	NON-PREFERRED	PA REQUIRED
	COLESTID FLAVORED	GRAN	NON-PREFERRED	PA REQUIRED
	COLESTID FLAVORED	PACK	NON-PREFERRED	PA REQUIRED
	COLESTIPOL HCL	GRAN	NON-PREFERRED	-
	COLESTIPOL HCL	PACK	NON-PREFERRED	-
	COLESTIPOL HCL	TABS	PREFERRED	-
	PREVALITE	PACK	PREFERRED	-
	PREVALITE	POWD	PREFERRED	-
	QUESTRAN	PACK	NON-PREFERRED	PA REQUIRED
	QUESTRAN	POWD	NON-PREFERRED	PA REQUIRED
	QUESTRAN LIGHT	POWD	NON-PREFERRED	PA REQUIRED
	WELCHOL	PACK	NON-PREFERRED	PA REQUIRED
	WELCHOL	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : FIBRIC ACID DERIVATIVES	ANTARA	CAPS	NON-PREFERRED	PA REQUIRED
	FENOFIBRATE	CAPS	NON-PREFERRED	PA REQUIRED
	FENOFIBRATE	TABS	PREFERRED	-
	FENOFIBRATE MICRONIZED	CAPS	NON-PREFERRED	PA REQUIRED
	FENOFIBRIC ACID	TABS	NON-PREFERRED	PA REQUIRED
	FENOFIBRIC ACID DR	CPDR	NON-PREFERRED	PA REQUIRED
	FENOGLIDE	TABS	NON-PREFERRED	PA REQUIRED
	FIBRICOR	TABS	NON-PREFERRED	PA REQUIRED
	GEMFIBROZIL	TABS	PREFERRED	-
	LIPOFEN	CAPS	NON-PREFERRED	PA REQUIRED
	LOPID	TABS	NON-PREFERRED	PA REQUIRED
	TRICOR	TABS	NON-PREFERRED	PA REQUIRED
	TRIGLIDE	TABS	NON-PREFERRED	PA REQUIRED
	TRILIPIX	CPDR	NON-PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : HMG COA REDUCTASE INHIBITORS (STATINS) AND COMBINATIONS	ALTOPREV	TB24	NON-PREFERRED	-
	ATORVASTATIN CALCIUM	TABS	PREFERRED	-
	CRESTOR	TABS	NON-PREFERRED	PA REQUIRED
	EZETIMIBE/SIMVASTATIN	TABS	NON-PREFERRED	PA REQUIRED
	FLUVASTATIN	CAPS	NON-PREFERRED	-
	FLUVASTATIN SODIUM ER	TB24	NON-PREFERRED	-
	LESCOL XL	TB24	NON-PREFERRED	PA REQUIRED
	LIPITOR	TABS	NON-PREFERRED	PA REQUIRED
	LIVALO	TABS	NON-PREFERRED	-
	LOVASTATIN	TABS	PREFERRED	-
	PRAVACHOL	TABS	NON-PREFERRED	PA REQUIRED
	PRAVASTATIN SODIUM	TABS	PREFERRED	-
	ROSUVASTATIN CALCIUM	TABS	PREFERRED	-
	SIMVASTATIN	TABS	PREFERRED	-
	VYTORIN	TABS	NON-PREFERRED	PA REQUIRED
	ZOCOR	TABS	NON-PREFERRED	PA REQUIRED
ZYPITAMAG	TABS	NON-PREFERRED	-	
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN (MTP) INHIBITOR	JUXTAPID	CAPS	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : NICOTINIC ACID DERIVATIVES	NIACIN ER	TBCR	PREFERRED	-
	NIASPAN	TBCR	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : PCSK-9 INHIBITORS	PRALUENT	SOPN	NON-PREFERRED	PA REQUIRED
	REPATHA (NDC 55513-0750-01)	SOSY	NON-PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : PCSK-9 INHIBITORS CONT.	REPATHA (NDC 72511-0750-01)	SOSY	PREFERRED	PA REQUIRED
	REPATHA PUSHTRONEX SYSTEM (NDC 55513-0770-01)	SOCT	NON-PREFERRED	PA REQUIRED
	REPATHA PUSHTRONEX SYSTEM (NDC 72511-0770-01)	SOCT	PREFERRED	PA REQUIRED
	REPATHA SURECLICK (NDC 5513-0760-01 & 5513-0760-02)	SOAJ	NON-PREFERRED	PA REQUIRED
	REPATHA SURECLICK (NDC 72511-0760-01 & 72511-0760-02)	SOAJ	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITOR COMBINATIONS	ACCURETIC	TABS	NON-PREFERRED	PA REQUIRED
	AMLODIPINE BESYLATE/BENAZEPRIL HCL	CAPS	PREFERRED	PA REQUIRED
	AMLODIPINE BESYLATE/BENAZEPRIL HYDROCHLORIDE	CAPS	PREFERRED	PA REQUIRED
	BENAZEPRIL HCL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	BENAZEPRIL HYDROCHLORIDE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	CAPTOPRIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	-
	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	FOSINOPRIL SODIUM/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LISINOPRIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LOTENSIN HCT	TABS	NON-PREFERRED	PA REQUIRED
	LOTREL	CAPS	NON-PREFERRED	PA REQUIRED
	MOEXIPRIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	-
	PRESTALIA	TABS	NON-PREFERRED	PA REQUIRED
	QUINAPRIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TARKA	TBCR	NON-PREFERRED	PA REQUIRED
	TRANDOLAPRIL/VERAPAMIL HCL ER	TBCR	NON-PREFERRED	PA REQUIRED
	VASERETIC	TABS	NON-PREFERRED	PA REQUIRED
	ZESTORETIC	TABS	NON-PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ACE INHIBITORS	ACCUPRIL	TABS	NON-PREFERRED	PA REQUIRED
	ALTACE	CAPS	NON-PREFERRED	PA REQUIRED
	BENAZEPRIL HCL	TABS	PREFERRED	-
	CAPTOPRIL	TABS	PREFERRED	-
	ENALAPRIL MALEATE	TABS	PREFERRED	-
	ENALAPRILAT	INJ	PREFERRED	-
	EPANED	SOLN	NON-PREFERRED	-
	FOSINOPRIL SODIUM	TABS	PREFERRED	-
	LISINOPRIL	TABS	PREFERRED	-
	LOTENSIN	TABS	NON-PREFERRED	PA REQUIRED
	MOEXIPRIL HCL	TABS	NON-PREFERRED	-
	PERINDOPRIL ERBUMINE	TABS	NON-PREFERRED	-
	PRINIVIL	TABS	NON-PREFERRED	PA REQUIRED
	QBRELIS	SOLN	NON-PREFERRED	-
	QUINAPRIL HCL	TABS	NON-PREFERRED	-
	QUINAPRIL HYDROCHLORIDE	TABS	NON-PREFERRED	-
	RAMIPRIL	CAPS	PREFERRED	-
	TRANDOLAPRIL	TABS	NON-PREFERRED	-
	VASOTEC	TABS	NON-PREFERRED	PA REQUIRED
ZESTRIL	TABS	NON-PREFERRED	PA REQUIRED	
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS	AMLODIPINE BESYLATE/VALSARTAN	TABS	PREFERRED	PA REQUIRED
	AMLODIPINE/OLMESARTAN MEDOXOMIL	TABS	NON-PREFERRED	PA REQUIRED
	AMLODIPINE/VALSARTAN/HCTZ	TABS	NON-PREFERRED	PA REQUIRED
	AMLODIPINE/VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
	ATACAND HCT	TABS	NON-PREFERRED	PA REQUIRED
	AVALIDE	TABS	NON-PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS CONT.	AZOR	TABS	NON-PREFERRED	PA REQUIRED
	BENICAR HCT	TABS	NON-PREFERRED	PA REQUIRED
	BYVALSON	TABS	NON-PREFERRED	PA REQUIRED
	CANDESARTAN CILEXETIL/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
	DIOVAN HCT	TABS	NON-PREFERRED	PA REQUIRED
	EDARBYCLOR	TABS	NON-PREFERRED	PA REQUIRED
	EXFORGE	TABS	NON-PREFERRED	PA REQUIRED
	EXFORGE HCT	TABS	NON-PREFERRED	PA REQUIRED
	HYZAAR	TABS	NON-PREFERRED	PA REQUIRED
	IRBESARTAN/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	LOSARTAN POTASSIUM/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	MICARDIS HCT	TABS	NON-PREFERRED	PA REQUIRED
	OLMESARTAN			
	MEDOXOMIL/AMLODIPINE/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
	OLMESARTAN MEDOXOMIL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TELMISARTAN/AMLODIPINE	TABS	NON-PREFERRED	PA REQUIRED
	TELMISARTAN/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
	TRIBENZOR	TABS	NON-PREFERRED	PA REQUIRED
	TWYNSTA	TABS	NON-PREFERRED	PA REQUIRED
VALSARTAN/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-	
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKERS	ATACAND	TABS	NON-PREFERRED	PA REQUIRED
	AVAPRO	TABS	NON-PREFERRED	PA REQUIRED
	BENICAR	TABS	NON-PREFERRED	PA REQUIRED
	CANDESARTAN CILEXETIL	TABS	NON-PREFERRED	-

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - ANGIOTENSIN II RECEPTOR BLOCKERS CONT.	COZAAR	TABS	NON-PREFERRED	PA REQUIRED
	DIOVAN	TABS	NON-PREFERRED	PA REQUIRED
	EDARBI	TABS	NON-PREFERRED	-
	EPROSARTAN MESYLATE	TABS	NON-PREFERRED	-
	IRBESARTAN	TABS	PREFERRED	-
	LOSARTAN POTASSIUM	TABS	PREFERRED	-
	MICARDIS	TABS	NON-PREFERRED	PA REQUIRED
	OLMESARTAN MEDOXOMIL	TABS	PREFERRED	-
	TELMISARTAN	TABS	NON-PREFERRED	-
	VALSARTAN	TABS	PREFERRED	-
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - DIRECT RENIN INHIBITOR COMBINATIONS	TEKTURNA HCT	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - DIRECT RENIN INHIBITORS	ALISKIREN	TABS	NON-PREFERRED	PA REQUIRED
	TEKTURNA	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANGIOTENSIN MODULATORS - NEPRILYSIN INHIB (ARNI)- ANGIOTENSIN II RECEPT ANTAG COMBINATIONS	ENTRESTO	TABS	PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANTIADRENERGIC COMBINATIONS	METHYLDOPA/HYDROCHLOROTHIAZIDE	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : ANTIADRENERGICS	CARDURA	TABS	NON-PREFERRED	PA REQUIRED
	CATAPRES	TABS	NON-PREFERRED	PA REQUIRED
	CATAPRES-TTS-1	PTWK	NON-PREFERRED	PA REQUIRED
	CATAPRES-TTS-2	PTWK	NON-PREFERRED	PA REQUIRED
	CATAPRES-TTS-3	PTWK	NON-PREFERRED	PA REQUIRED
	CLONIDINE HCL	PTWK	PREFERRED	-
	CLONIDINE HCL	TABS	PREFERRED	-
	CLONIDINE HYDROCHLORIDE	TABS	PREFERRED	-
	DOXAZOSIN	TABS	PREFERRED	-
	DOXAZOSIN MESYLATE	TABS	PREFERRED	-
	GUANFACINE HCL	TABS	PREFERRED	-
	GUANFACINE HYDROCHLORIDE	TABS	PREFERRED	-
	METHYLDOPA	TABS	PREFERRED	-
	METHYLDOPATE HCL	SOLN	PREFERRED	PA REQUIRED
	MINIPRESS	CAPS	NON-PREFERRED	PA REQUIRED
	PRAZOSIN HCL	CAPS	PREFERRED	-
	PRAZOSIN HYDROCHLORIDE	CAPS	PREFERRED	-
	TERAZOSIN HCL	CAPS	PREFERRED	-
	TERAZOSIN HYDROCHLORIDE	CAPS	PREFERRED	-
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA-ADRENERGIC COMBINATIONS	ATENOLOL/CHLORTHALIDONE	TABS	PREFERRED	-
	BISOPROLOL FUMARATE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	CORZIDE	TABS	NON-PREFERRED	-
	LOPRESSOR HCT	TABS	NON-PREFERRED	PA REQUIRED
	METOPROLOL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	NADOLOL/BENDROFLUMETHIAZIDE	TABS	NON-PREFERRED	-

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA- ADRENERGIC COMBINATIONS CONT.	PROPRANOLOL/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TENORETIC 100	TABS	NON-PREFERRED	PA REQUIRED
	TENORETIC 50	TABS	NON-PREFERRED	PA REQUIRED
	ZIAC	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA- ADRENERGICS	ACEBUTOLOL HCL	CAPS	PREFERRED	-
	ACEBUTOLOL HYDROCHLORIDE	CAPS	PREFERRED	-
	ATENOLOL	TABS	PREFERRED	-
	BETAPACE	TABS	NON-PREFERRED	PA REQUIRED
	BETAPACE AF	TABS	NON-PREFERRED	PA REQUIRED
	BETAXOLOL HCL	TABS	PREFERRED	-
	BISOPROLOL FUMARATE	TABS	PREFERRED	-
	BREVIBLOC	SOLN	NON-PREFERRED	PA REQUIRED
	BREVIBLOC PREMIXED	SOLN	NON-PREFERRED	PA REQUIRED
	BREVIBLOC PREMIXED DOUBLESTRENGTH	SOLN	NON-PREFERRED	PA REQUIRED
	BYSTOLIC	TABS	NON-PREFERRED	-
	CARVEDILOL	TABS	PREFERRED	-
	CARVEDILOL PHOSPHATE	CP24	PREFERRED	-
	COREG	TABS	NON-PREFERRED	PA REQUIRED
	COREG CR	CP24	NON-PREFERRED	PA REQUIRED
	CORGARD	TABS	NON-PREFERRED	PA REQUIRED
	ESMOLOL HCL	SOLN	PREFERRED	PA REQUIRED
	ESMOLOL HYDROCHLORIDE IN WATER	SOLN	PREFERRED	PA REQUIRED
	ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH	SOLN	PREFERRED	PA REQUIRED
	ESMOLOL HYDROCHLORIDE/SODIUM CHLORIDE	SOLN	PREFERRED	-
	HEMANGEOL	SOLN	NON-PREFERRED	-
	INDERAL LA	CP24	NON-PREFERRED	PA REQUIRED
	INDERAL XL	CP24	NON-PREFERRED	-

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : BETA- ADRENERGICS CONT.	INNOPRAN XL	CP24	NON-PREFERRED	-
	KAPSPARGO SPRINKLE	CS24	NON-PREFERRED	PA REQUIRED
	LABETALOL HCL	SOLN	PREFERRED	PA REQUIRED
	LABETALOL HCL	TABS	PREFERRED	-
	LABETALOL HYDROCHLORIDE	SOLN	PREFERRED	PA REQUIRED
	LABETALOL HYDROCHLORIDE	TABS	PREFERRED	-
	LOPRESSOR	TABS	NON-PREFERRED	PA REQUIRED
	METOPROLOL SUCCINATE ER	TB24	PREFERRED	-
	METOPROLOL TARTRATE	SOCT	PREFERRED	PA REQUIRED
	METOPROLOL TARTRATE	SOLN	PREFERRED	PA REQUIRED
	METOPROLOL TARTRATE	TABS	PREFERRED	-
	METOPROLOL TARTRATE 37.5MG & 75MG	TABS	NON-PREFERRED	PA REQUIRED
	NADOLOL	TABS	PREFERRED	-
	PINDOLOL	TABS	NON-PREFERRED	-
	PROPRANOLOL HCL	TABS	PREFERRED	-
	PROPRANOLOL HCL ER	CP24	PREFERRED	-
	PROPRANOLOL HCL INJECTION	SOLN	PREFERRED	PA REQUIRED
	PROPRANOLOL HCL ORAL	SOLN	PREFERRED	-
	PROPRANOLOL HYDROCHLORIDE	TABS	PREFERRED	-
	SORINE	TABS	PREFERRED	-
	SOTALOL HCL	TABS	PREFERRED	-
	SOTALOL HCL (AF)	TABS	PREFERRED	-
	SOTALOL HCL AF	TABS	PREFERRED	-
	SOTALOL HYDROCHLORIDE	TABS	PREFERRED	-
	SOTALOL HYDROCHLORIDE (AF)	TABS	PREFERRED	-
	SOTALOL HYDROCHLORIDE AF	TABS	PREFERRED	-
	SOTALOL HYDROCHLORIDE	TABS	PREFERRED	-
	SOTYLIZE	SOLN	PREFERRED	-
	TENORMIN	TABS	NON-PREFERRED	PA REQUIRED
	TIMOLOL MALEATE	TABS	NON-PREFERRED	-
	TOPROL XL	TB24	NON-PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKER COMBINATIONS	AMLODIPINE BESYLATE/ATORVASTATIN CALCIUM	TABS	NON-PREFERRED	PA REQUIRED
	CADUET	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKERS	ADALAT CC	TB24	NON-PREFERRED	PA REQUIRED
	AFEDITAB CR	TB24	PREFERRED	-
	AMLODIPINE BESYLATE	TABS	PREFERRED	-
	CALAN	TABS	NON-PREFERRED	PA REQUIRED
	CALAN SR	TBCR	NON-PREFERRED	PA REQUIRED
	CARDENE IV	SOLN	PREFERRED	PA REQUIRED
	CARDIZEM	TABS	NON-PREFERRED	PA REQUIRED
	CARDIZEM CD	CP24	NON-PREFERRED	PA REQUIRED
	CARDIZEM LA	TB24	NON-PREFERRED	PA REQUIRED
	CARTIA XT	CP24	NON-PREFERRED	PA REQUIRED
	CLEVIPREX	EMUL	PREFERRED	PA REQUIRED
	DILTIAZEM HCL	SOLN	PREFERRED	PA REQUIRED
	DILTIAZEM HCL	SOLR	PREFERRED	PA REQUIRED
	DILTIAZEM HCL	TABS	PREFERRED	-
	DILTIAZEM HCL CD	CP24	PREFERRED	-
	DILTIAZEM HCL ER	CP12	PREFERRED	-
	DILTIAZEM HCL ER	CP24	PREFERRED	-
	DILTIAZEM HCL ER	TB24	NON-PREFERRED	-
	DILTIAZEM HYDROCHLORIDE ER	CP24	PREFERRED	-
	DILT-XR	CP24	PREFERRED	-
	FELODIPINE ER	TB24	PREFERRED	-
	ISRADIPINE	CAPS	NON-PREFERRED	-
	MATZIM LA	TB24	NON-PREFERRED	-
	NICARDIPINE HCL	CAPS	NON-PREFERRED	-
	NICARDIPINE HCL	SOLN	PREFERRED	PA REQUIRED
	NIFEDIPINE	CAPS	PREFERRED	-

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : CALCIUM CHANNEL BLOCKERS CONT.	NIFEDIPINE ER	TB24	PREFERRED	-
	NIMODIPINE	CAPS	NON-PREFERRED	-
	NISOLDIPINE ER	TB24	NON-PREFERRED	-
	NORVASC	TABS	NON-PREFERRED	PA REQUIRED
	NYMALIZE	SOLN	NON-PREFERRED	-
	PROCARDIA	CAPS	NON-PREFERRED	PA REQUIRED
	PROCARDIA XL	TB24	NON-PREFERRED	PA REQUIRED
	SULAR	TB24	NON-PREFERRED	PA REQUIRED
	TAZTIA XT	CP24	NON-PREFERRED	PA REQUIRED
	TIAZAC	CP24	NON-PREFERRED	PA REQUIRED
	VERAPAMIL HCL	TABS	PREFERRED	-
	VERAPAMIL HCL ER	CP24	NON-PREFERRED	-
	VERAPAMIL HCL ER	TBCR	PREFERRED	-
	VERAPAMIL HCL SR	CP24	NON-PREFERRED	-
	VERAPAMIL HCL SR 360MG	CP24	NON-PREFERRED	PA REQUIRED
	VERAPAMIL HYDROCHLORIDE	SOLN	PREFERRED	PA REQUIRED
	VERAPAMIL HYDROCHLORIDE	TABS	PREFERRED	-
	VERELAN	CP24	NON-PREFERRED	PA REQUIRED
	VERELAN PM	CP24	NON-PREFERRED	PA REQUIRED
	CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : OTHER	CORLOPAM	SOLN	PREFERRED
DEMSER		CAPS	NON-PREFERRED	PA REQUIRED
EPLERENONE		TABS	PREFERRED	-
HYDRALAZINE HCL		SOLN	PREFERRED	PA REQUIRED
HYDRALAZINE HCL		TABS	PREFERRED	-
HYDRALAZINE HYDROCHLORIDE		TABS	PREFERRED	-
INSPRA		TABS	NON-PREFERRED	PA REQUIRED
MINOXIDIL		TABS	PREFERRED	-
NIPRIDE RTU		SOLN	PREFERRED	PA REQUIRED
NITROPRESS		SOLN	PREFERRED	PA REQUIRED
PHENOXYBENZAMINE HYDROCHLORIDE		CAPS	PREFERRED	-

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CARDIOVASCULAR AGENTS - ANTIHYPERTENSIVES : OTHER CONT.	PHENTOLAMINE MESYLATE	SOLR	PREFERRED	-
	SODIUM NITROPRUSSIDE	SOLN	PREFERRED	PA REQUIRED
	VECAMYL	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - CARDIOTONICS : CARDIAC GLYCOSIDES	DIGITEK	TABS	PREFERRED	-
	DIGOX	TABS	PREFERRED	-
	DIGOXIN	SOLN	PREFERRED	-
	DIGOXIN	TABS	PREFERRED	-
	LANOXIN	SOLN	NON-PREFERRED	PA REQUIRED
	LANOXIN PEDIATRIC	SOLN	NON-PREFERRED	-
	NITROGLYCERIN IN DEXTROSE 5%	SOLN	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - CARDIOTONICS : PHOSPHODIESTERASE INHIBITORS	MILRINONE IN DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	MILRINONE LACTATE	SOLN	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - DIURETICS : CARBONIC ANHYDRASE INHIBITORS	ACETAZOLAMIDE	TABS	PREFERRED	-
	ACETAZOLAMIDE ER	CP12	PREFERRED	-
	ACETAZOLAMIDE SODIUM	SOLR	PREFERRED	PA REQUIRED
	KEVEYIS	TABS	NON-PREFERRED	-
	METHAZOLAMIDE	TABS	PREFERRED	-
	NEPTAZANE	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - DIURETICS : DIURETIC COMBINATIONS	ALDACTAZIDE	TABS	NON-PREFERRED	-
	ALDACTAZIDE 25-25MG	TABS	NON-PREFERRED	PA REQUIRED
	AMILORIDE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	DYAZIDE	CAPS	NON-PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - DIURETICS : DIURETIC COMBINATIONS CONT.	MAXZIDE	TABS	NON-PREFERRED	PA REQUIRED
	MAXZIDE-25	TABS	NON-PREFERRED	PA REQUIRED
	SPIRONOLACTONE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	TRIAMTERENE/HYDROCHLOROTHIAZIDE	CAPS	PREFERRED	-
	TRIAMTERENE/HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
CARDIOVASCULAR AGENTS - DIURETICS : LOOP DIURETICS	BUMETANIDE	SOLN	PREFERRED	PA REQUIRED
	BUMETANIDE	TABS	PREFERRED	-
	DEMADEX	TABS	NON-PREFERRED	PA REQUIRED
	EDECRIN	TABS	NON-PREFERRED	PA REQUIRED
	ETHACRYNATE SODIUM	SOLR	PREFERRED	-
	ETHACRYNIC ACID	TABS	PREFERRED	-
	FUROSEMIDE (ORAL)	SOLN	PREFERRED	-
	FUROSEMIDE	SOLN	PREFERRED	PA REQUIRED
	FUROSEMIDE	TABS	PREFERRED	-
	LASIX	TABS	NON-PREFERRED	PA REQUIRED
	SODIUM EDECRIN	SOLR	NON-PREFERRED	PA REQUIRED
TORSEMIDE	TABS	PREFERRED	-	
CARDIOVASCULAR AGENTS - DIURETICS : POTASSIUM SPARING DIURETICS	ALDACTONE	TABS	NON-PREFERRED	PA REQUIRED
	AMILORIDE HCL	TABS	PREFERRED	-
	CAROSPIR	SUSP	NON-PREFERRED	-
	SPIRONOLACTONE	TABS	PREFERRED	-
CARDIOVASCULAR AGENTS - DIURETICS : THIAZIDE AND THIAZIDE-LIKE DIURETICS	CHLOROTHIAZIDE	TABS	PREFERRED	-
	CHLOROTHIAZIDE SODIUM	SOLR	PREFERRED	PA REQUIRED
	CHLORTHALIDONE	TABS	PREFERRED	-
	DIURIL	SUSP	NON-PREFERRED	-
	HYDROCHLOROTHIAZIDE	CAPS	PREFERRED	-

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CARDIOVASCULAR AGENTS - DIURETICS : THIAZIDE AND THIAZIDE-LIKE DIURETICS CONT.	HYDROCHLOROTHIAZIDE	TABS	PREFERRED	-
	INDAPAMIDE	TABS	PREFERRED	-
	METHYCLOTHIAZIDE	TABS	PREFERRED	-
	METOLAZONE	TABS	PREFERRED	-
	MICROZIDE	CAPS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : ANTIANGINAL AGENTS - NITRATES	BIDIL	TABS	NON-PREFERRED	PA REQUIRED
	DILATRATE SR	CPCR	PREFERRED	-
	GONITRO	PACK	NON-PREFERRED	-
	ISORDIL TITRADOSE 5MG	TABS	NON-PREFERRED	PA REQUIRED
	ISORDIL TITRADOSE	TABS	PREFERRED	-
	ISOSORBIDE DINITRATE	TABS	PREFERRED	-
	ISOSORBIDE DINITRATE ER	TBCR	PREFERRED	-
	ISOSORBIDE MONONITRATE	TABS	PREFERRED	-
	ISOSORBIDE MONONITRATE ER	TB24	PREFERRED	-
	MINITRAN	PT24	PREFERRED	-
	NITRO-BID	OINT	PREFERRED	-
	NITRO-DUR	PT24	NON-PREFERRED	PA REQUIRED
	NITROGLYCERIN	SOLN	NON-PREFERRED	-
	NITROGLYCERIN	SUBL	PREFERRED	-
	NITROGLYCERIN ER	CPCR	PREFERRED	-
	NITROGLYCERIN LINGUAL	SOLN	NON-PREFERRED	PA REQUIRED
	NITROGLYCERIN TRANSDERMAL	PT24	PREFERRED	-
	NITROLINGUAL PUMPSPRAY	SOLN	NON-PREFERRED	PA REQUIRED
	NITROMIST	AERS	NON-PREFERRED	PA REQUIRED
	NITROSTAT	SUBL	NON-PREFERRED	PA REQUIRED
NITRO-TIME	CPCR	PREFERRED	-	
CARDIOVASCULAR AGENTS - MISC : ANTIANGINAL AGENTS - OTHER	RANEXA	TB12	NON-PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - MISC : ANTIANGINAL AGENTS - OTHER CONT.	RANOLAZINE ER	TB12	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : ANTIARRHYTHMICS	ADENOCARD	SOLN	PREFERRED	PA REQUIRED
	ADENOSINE	SOLN	PREFERRED	PA REQUIRED
	AMIODARONE HCL	SOLN	PREFERRED	PA REQUIRED
	AMIODARONE HCL	TABS	PREFERRED	-
	AMIODARONE HYDROCHLORIDE	SOLN	PREFERRED	PA REQUIRED
	AMIODARONE HYDROCHLORIDE	TABS	PREFERRED	-
	CORVERT	SOLN	PREFERRED	PA REQUIRED
	DISOPYRAMIDE PHOSPHATE	CAPS	PREFERRED	-
	DOFETILIDE	CAPS	PREFERRED	-
	FLECAINIDE ACETATE	TABS	PREFERRED	-
	IBUTILIDE FUMARATE	SOLN	PREFERRED	PA REQUIRED
	LIDOCAINE HCL	SOLN	PREFERRED	PA REQUIRED
	LIDOCAINE HCL	SOSY	PREFERRED	PA REQUIRED
	LIDOCAINE HCL IN D5W	SOLN	PREFERRED	PA REQUIRED
	LIDOCAINE HCL/DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	MEXILETINE HCL	CAPS	PREFERRED	-
	MULTAQ	TABS	NON-PREFERRED	-
	NEXTERONE	SOLN	PREFERRED	PA REQUIRED
	NORPACE	CAPS	NON-PREFERRED	PA REQUIRED
	NORPACE CR	CP12	NON-PREFERRED	-
	PACERONE	TABS	PREFERRED	-
	PROCAINAMIDE HCL	SOLN	PREFERRED	PA REQUIRED
	PROCAINAMIDE HYDROCHLORIDE	SOLN	PREFERRED	PA REQUIRED
	PROPAFENONE HCL	TABS	PREFERRED	-
	PROPAFENONE HCL ER	CP12	PREFERRED	-
	PROPAFENONE HYDROCHLORIDE ER	CP12	PREFERRED	-
	PROPAFENONE HYDROCHLORIDEER	CP12	PREFERRED	-
	QUINIDINE GLUCONATE	SOLN	PREFERRED	PA REQUIRED
	QUINIDINE GLUCONATE CR	TBCR	PREFERRED	-

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CARDIOVASCULAR AGENTS - MISC : ANTIARRHYTHMICS CONT.	QUINIDINE SULFATE	TABS	NON-PREFERRED	-
	RYTHMOL SR	CP12	NON-PREFERRED	PA REQUIRED
	TIKOSYN	CAPS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS	BOSENTAN	TABS	PREFERRED	PA REQUIRED
	LETAIRIS	TABS	PREFERRED	PA REQUIRED
	OPSUMIT	TABS	NON-PREFERRED	PA REQUIRED
	TRACLEER	TABS	NON-PREFERRED	PA REQUIRED
	TRACLEER	TBSO	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PDEI	ADCIRCA	TABS	PREFERRED	PA REQUIRED
	ALYQ	TABS	NON-PREFERRED	PA REQUIRED
	REVATIO	SUSR	NON-PREFERRED	PA REQUIRED
	REVATIO	TABS	NON-PREFERRED	PA REQUIRED
	SILDENAFIL CITRATE	TABS	PREFERRED	PA REQUIRED
	TADALAFIL	TABS	NON-PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONISTS	UPTRAVI	TABS	PREFERRED	PA REQUIRED
	UPTRAVI	TBPK	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PROSTAGLANDIN VASODILATORS	ORENITRAM	TBCR	NON-PREFERRED	PA REQUIRED
	TYVASO	SOLN	PREFERRED	PA REQUIRED

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CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - PROSTAGLANDIN VASODILATORS CONT.	TYVASO REFILL	SOLN	PREFERRED	PA REQUIRED
	TYVASO STARTER	SOLN	PREFERRED	PA REQUIRED
	VENTAVIS	SOLN	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : PULMONARY HYPERTENSION - SGC STIMULATOR	ADEMPAS	TABS	PREFERRED	PA REQUIRED
CARDIOVASCULAR AGENTS - MISC : SINUS NODE INHIBITORS	CORLANOR	TABS	PREFERRED	PA REQUIRED
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL	ALTAVERA	TABS	PREFERRED	-
	ALYACEN 1/35	TABS	PREFERRED	-
	APRI	TABS	PREFERRED	-
	AUBRA	TABS	PREFERRED	-
	AUBRA EQ	TABS	PREFERRED	-
	AVIANE	TABS	PREFERRED	-
	BALCOLTRA	TABS	PREFERRED	-
	BALZIVA	TABS	PREFERRED	-
	BEYAZ	TABS	PREFERRED	-
	BLISOVI 24 FE	TABS	PREFERRED	-
	BLISOVI FE 1.5/30	TABS	PREFERRED	-
	BLISOVI FE 1/20	TABS	PREFERRED	-
	BRIELLYN	TABS	PREFERRED	-
	CHATEAL	TABS	PREFERRED	-
	CHATEAL EQ	TABS	PREFERRED	-
	CRYSELLE-28	TABS	PREFERRED	-
	CYCLAFEM 1/35	TABS	PREFERRED	-
	CYRED	TABS	PREFERRED	-

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL CONT.	CYRED EQ	TABS	PREFERRED	-	
	DASETTA 1/35	TABS	PREFERRED	-	
	DELYLA	TABS	PREFERRED	-	
	DESOGEN	TABS	PREFERRED	-	
	DESOGESTREL/ETHINYL ESTRADIOL	TABS	PREFERRED	-	
	DROSPIRENONE/ETHINYL ESTRADIOL	TABS	PREFERRED	-	
	DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE				
	CALCIUM	TABS	PREFERRED	-	
	ELINEST	TABS	PREFERRED	-	
	EMOQUETTE	TABS	PREFERRED	-	
	ENSKYCE	TABS	PREFERRED	-	
	ESTARYLLA	TABS	PREFERRED	-	
	ETHYNODIOL DIACETATE/ETHINYL ESTRADIOL	TABS	PREFERRED	-	
	FALESSA	KIT	PREFERRED	-	
	FALMINA	TABS	PREFERRED	-	
	FEMYNOR	TABS	PREFERRED	-	
	GENERESS FE	CHEW	PREFERRED	-	
	GIANVI	TABS	PREFERRED	-	
	HAILEY 24 FE	TABS	PREFERRED	-	
	ISIBLOOM	TABS	PREFERRED	-	
	JASMIEL	TABS	PREFERRED	-	
	JULEBER	TABS	PREFERRED	-	
	JUNEL 1.5/30	TABS	PREFERRED	-	
	JUNEL 1/20	TABS	PREFERRED	-	
	JUNEL FE 1.5/30	TABS	PREFERRED	-	
	JUNEL FE 1/20	TABS	PREFERRED	-	
	JUNEL FE 24	TABS	PREFERRED	-	
	KAITLIB FE	CHEW	PREFERRED	-	
	KELNOR 1/35	TABS	PREFERRED	-	
	KELNOR 1/50	TABS	PREFERRED	-	
	KURVELO	TABS	PREFERRED	-	

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL CONT.	LARIN 1.5/30	TABS	PREFERRED	-
	LARIN 1/20	TABS	PREFERRED	-
	LARIN 24 FE	TABS	PREFERRED	-
	LARIN FE 1.5/30	TABS	PREFERRED	-
	LARIN FE 1/20	TABS	PREFERRED	-
	LARISSIA	TABS	PREFERRED	-
	LAYOLIS FE	CHEW	PREFERRED	-
	LESSINA	TABS	PREFERRED	-
	LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	LEVORA 0.15/30-28	TABS	PREFERRED	-
	LILLOW	TABS	PREFERRED	-
	LOESTRIN 1.5/30-21	TABS	PREFERRED	-
	LOESTRIN 1/20-21	TABS	PREFERRED	-
	LOESTRIN FE 1.5/30	TABS	PREFERRED	-
	LOESTRIN FE 1/20	TABS	PREFERRED	-
	LORYNA	TABS	PREFERRED	-
	LOW-OGESTREL	TABS	PREFERRED	-
	LUTERA	TABS	PREFERRED	-
	MARLISSA	TABS	PREFERRED	-
	MELODETTA 24 FE	CHEW	PREFERRED	-
	MIBELAS 24 FE	CHEW	PREFERRED	-
	MICROGESTIN 1.5/30	TABS	PREFERRED	-
	MICROGESTIN 1/20	TABS	PREFERRED	-
	MICROGESTIN FE	TABS	PREFERRED	-
	MICROGESTIN FE 1.5/30	TABS	PREFERRED	-
	MILI	TABS	PREFERRED	-
	MINASTRIN 24 FE	CHEW	PREFERRED	-
	MONO-LINYAH	TABS	PREFERRED	-
	MONONESSA	TABS	PREFERRED	-
	NECON 0.5/35-28	TABS	PREFERRED	-
	NIKKI	TABS	PREFERRED	-

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL CONT.	NORETHINDRONE & ETHINYL ESTRADIOL FERROUS FUMARATE	CHEW	PREFERRED	-
	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	CHEW	PREFERRED	-
	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	CHEW	PREFERRED	-
	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL/FERROUS FUMARATE	TABS	PREFERRED	-
	NORETHINDRONE/ETHINYL ESTRADIOL/FERROUS FUMARATE	CHEW	PREFERRED	-
	NORGESTIMATE/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	NORTREL 0.5/35 (28)	TABS	PREFERRED	-
	NORTREL 1/35	TABS	PREFERRED	-
	OCELLA	TABS	PREFERRED	-
	OGESTREL	TABS	PREFERRED	-
	ORSYTHIA	TABS	PREFERRED	-
	ORTHO-CYCLEN	TABS	PREFERRED	-
	ORTHO-NOVUM 1/35	TABS	PREFERRED	-
	PHILITH	TABS	PREFERRED	-
	PIRMELLA 1/35	TABS	PREFERRED	-
	PORTIA-28	TABS	PREFERRED	-
	PREVIFEM	TABS	PREFERRED	-
	RAJANI	TABS	PREFERRED	-
	RECLIPSEN	TABS	PREFERRED	-
	SAFYRAL	TABS	PREFERRED	-
	SPRINTEC 28	TABS	PREFERRED	-
	SRONYX	TABS	PREFERRED	-
	SYEDA	TABS	PREFERRED	-
	TARINA 24 FE	TABS	PREFERRED	-
	TARINA FE 1/20	TABS	PREFERRED	-
	TARINA FE 1/20 EQ	TABS	PREFERRED	-
	TAYTULLA	CAPS	PREFERRED	-

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL CONT.	TYDEMY	TABS	PREFERRED	-
	VIENVA	TABS	PREFERRED	-
	VYFEMLA	TABS	PREFERRED	-
	VYLIBRA	TABS	PREFERRED	-
	WERA	TABS	PREFERRED	-
	WYMZYA FE	CHEW	PREFERRED	-
	YASMIN 28	TABS	PREFERRED	-
	YAZ	TABS	PREFERRED	-
	ZARAH	TABS	PREFERRED	-
	ZOVIA 1/35E	TABS	PREFERRED	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, BIPHASIC	AZURETTE	TABS	PREFERRED	-
	BEKYREE	TABS	PREFERRED	-
	DESGESTREL/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	KARIVA	TABS	PREFERRED	-
	KIMIDESS	TABS	PREFERRED	-
	LO LOESTRIN FE	TABS	PREFERRED	-
	MIRCETTE	TABS	PREFERRED	-
	PIMTREA	TABS	PREFERRED	-
	VIORELE	TABS	PREFERRED	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, CONTINUOUS	AMETHYST	TABS	PREFERRED	-
	LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	PREFERRED	-
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, EXTENDED CYCLE	AMETHIA	TABS	PREFERRED	-

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, EXTENDED CYCLE CONT.	AMETHIA LO	TABS	PREFERRED	-
	ASHLYNA	TABS	PREFERRED	-
	CAMRESE	TABS	PREFERRED	-
	CAMRESE LO	TABS	PREFERRED	-
	DAYSEE	TABS	PREFERRED	-
	FAYOSIM	TABS	PREFERRED	-
	INTROVALE	TABS	PREFERRED	-
	JOLESSA	TABS	PREFERRED	-
	LEVONORGESTREL AND ETHINYL ESTRADIOL	TABS	PREFERRED	-
	LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	LOSEASONIQUE	TABS	PREFERRED	-
	QUARTETTE	TABS	PREFERRED	-
	QUASENSE	TABS	PREFERRED	-
	RIVELSA	TABS	PREFERRED	-
	SEASONIQUE	TABS	PREFERRED	-
SETLAKIN	TABS	PREFERRED	-	
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, TRIPHASIC	ALYACEN 7/7/7	TABS	PREFERRED	-
	ARANELLE	TABS	PREFERRED	-
	CAZIAN	TABS	PREFERRED	-
	CYCLAFEM 7/7/7	TABS	PREFERRED	-
	DASETTA 7/7/7	TABS	PREFERRED	-
	ENPRESSE-28	TABS	PREFERRED	-
	ESTROSTEP FE	TABS	PREFERRED	-
	LEENA	TABS	PREFERRED	-
	LEVONEST	TABS	PREFERRED	-
	LEVONORGESTREL/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	MYZILRA	TABS	PREFERRED	-

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - ORAL, TRIPHASIC CONT.	NATAZIA	TABS	PREFERRED	-
	NECON 7/7/7	TABS	PREFERRED	-
	NORGESTIMATE/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	NORTREL 7/7/7	TABS	PREFERRED	-
	ORTHO TRI-CYCLEN	TABS	PREFERRED	-
	ORTHO TRI-CYCLEN LO	TABS	PREFERRED	-
	ORTHO-NOVUM 7/7/7	TABS	PREFERRED	-
	PIRMELLA 7/7/7	TABS	PREFERRED	-
	TILIA FE	TABS	PREFERRED	-
	TRI FEMYNOR	TABS	PREFERRED	-
	TRI-ESTARYLLA	TABS	PREFERRED	-
	TRI-LEGEST FE	TABS	PREFERRED	-
	TRI-LINYAH	TABS	PREFERRED	-
	TRI-LO-ESTARYLLA	TABS	PREFERRED	-
	TRI-LO-MARZIA	TABS	PREFERRED	-
	TRI-LO-SPRINTEC	TABS	PREFERRED	-
	TRI-MILI	TABS	PREFERRED	-
	TRINESSA	TABS	PREFERRED	-
	TRINESSA LO	TABS	PREFERRED	-
	TRI-NORINYL 28	TABS	PREFERRED	-
	TRI-PREVIFEM	TABS	PREFERRED	-
	TRI-SPRINTEC	TABS	PREFERRED	-
	TRIVORA-28	TABS	PREFERRED	-
	TRI-VYLIBRA	TABS	PREFERRED	-
TRI-VYLIBRA LO	TABS	PREFERRED	-	
VELIVET	TABS	PREFERRED	-	
CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - TRANSDERMAL	XULANE	PTWK	PREFERRED	-

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CONTRACEPTIVES : COMBINATION CONTRACEPTIVES - VAGINAL	NUVARING	RING	PREFERRED	-
CONTRACEPTIVES : COPPER CONTRACEPTIVES - IUD	PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A	IUD	PREFERRED	-
CONTRACEPTIVES : EMERGENCY CONTRACEPTIVES	AFTERA	TABS	PREFERRED	-
	ECONTRA EZ	TABS	PREFERRED	-
	ECONTRA ONE-STEP	TABS	PREFERRED	-
	ELLA	TABS	PREFERRED	-
	LEVONORGESTREL	TABS	PREFERRED	-
	MY CHOICE	TABS	PREFERRED	-
	MY WAY	TABS	PREFERRED	-
	NEW DAY	TABS	PREFERRED	-
	OPCICON ONE-STEP	TABS	PREFERRED	-
	OPTION 2	TABS	PREFERRED	-
	PLAN B ONE-STEP	TABS	PREFERRED	-
	TAKE ACTION	TABS	PREFERRED	-
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - IMPLANTS	NEXPLANON	IMPL	PREFERRED	-
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - INJECTABLE	DEPO-PROVERA CONTRACEPTIVE	SUSP	PREFERRED	-
	DEPO-PROVERA CONTRACEPTIVE	SUSY	PREFERRED	-
	DEPO-SUBQ PROVERA 104	SUSY	PREFERRED	-
	MEDROXYPROGESTERONE ACETATE	SUSP	PREFERRED	-
	MEDROXYPROGESTERONE ACETATE	SUSY	PREFERRED	-
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - IUD	KYLEENA	IUD	PREFERRED	-
	LILETTA	IUD	PREFERRED	-
	MIRENA	IUD	PREFERRED	-
	SKYLA	IUD	PREFERRED	-
CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - ORAL	CAMILA	TABS	PREFERRED	-

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CONTRACEPTIVES : PROGESTIN CONTRACEPTIVES - ORAL CONT.	DEBLITANE	TABS	PREFERRED	-
	ERRIN	TABS	PREFERRED	-
	HEATHER	TABS	PREFERRED	-
	INCASSIA	TABS	PREFERRED	-
	JENCYCLA	TABS	PREFERRED	-
	JOLIVETTE	TABS	PREFERRED	-
	LYZA	TABS	PREFERRED	-
	NORA-BE	TABS	PREFERRED	-
	NORETHINDRONE	TABS	PREFERRED	-
	NORLYDA	TABS	PREFERRED	-
	NORLYROC	TABS	PREFERRED	-
	ORTHO MICRONOR	TABS	PREFERRED	-
	SHAROBEL	TABS	PREFERRED	-
TULANA	TABS	PREFERRED	-	
CORTICOSTEROIDS : GLUCOCORTICOSTEROID COMBINATIONS	BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE ACETATE	SUSP	PREFERRED	-
	CELESTONE-SOLUSPAN	SUSP	NON-PREFERRED	PA REQUIRED
	DERMACINRX CINLONE-I CPI	KIT	PREFERRED	-
CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS	BUDESONIDE	CPEP	PREFERRED	-
	BUDESONIDE ER	TB24	PREFERRED	-
	CORTEF	TABS	NON-PREFERRED	PA REQUIRED
	CORTISONE ACETATE	TABS	PREFERRED	-
	DECADRON	ELIX	PREFERRED	-
	DECADRON	TABS	PREFERRED	-
	DEPO-MEDROL	SUSP	NON-PREFERRED	PA REQUIRED
	DEPO-MEDROL 20MG/ML	SUSP	PREFERRED	PA REQUIRED
	DEXAMETHASONE	ELIX	PREFERRED	-
	DEXAMETHASONE	SOLN	PREFERRED	PA REQUIRED
	DEXAMETHASONE	TABS	PREFERRED	-
	DEXAMETHASONE 10-DAY DOSE PACK	TBPK	PREFERRED	-

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CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS CONT.	DEXAMETHASONE 13-DAY DOSE PACK	TBPK	PREFERRED	-
	DEXAMETHASONE 6-DAY DOSE PACK	TBPK	PREFERRED	-
	DEXAMETHASONE INTENSOL	CONC	PREFERRED	-
	DEXAMETHASONE SODIUM PHOSPHATE	SOLN	PREFERRED	PA REQUIRED
	DEXTAK 10 DAY	TBPK	PREFERRED	-
	DEXTAK 13 DAY	TBPK	PREFERRED	-
	DEXTAK 6 DAY	TBPK	PREFERRED	-
	DXEVO 11-DAY	TBPK	PREFERRED	-
	EMFLAZA	SUSP	NON-PREFERRED	PA REQUIRED
	EMFLAZA	TABS	NON-PREFERRED	PA REQUIRED
	ENTOCORT EC	CPEP	NON-PREFERRED	PA REQUIRED
	HYDROCORTISONE	TABS	PREFERRED	-
	KENALOG-10	SUSP	PREFERRED	PA REQUIRED
	KENALOG-40	SUSP	NON-PREFERRED	PA REQUIRED
	MEDROL	TABS	NON-PREFERRED	PA REQUIRED
	MEDROL DOSEPAK	TBPK	NON-PREFERRED	PA REQUIRED
	METHYLPREDNISOLONE	TABS	PREFERRED	-
	METHYLPREDNISOLONE ACETATE	SUSP	PREFERRED	-
	METHYLPREDNISOLONE DOSE PACK	TBPK	PREFERRED	-
	METHYLPREDNISOLONE SODIUMSUCCINATE	SOLR	PREFERRED	-
	MILLIPRED	SOLN	NON-PREFERRED	PA REQUIRED
	MILLIPRED	TABS	NON-PREFERRED	PA REQUIRED
	MILLIPRED DP	TBPK	NON-PREFERRED	PA REQUIRED
	PREDNISOLONE	SOLN	PREFERRED	-
	PREDNISOLONE SODIUM PHOSPHATE	SOLN	PREFERRED	-
	PREDNISOLONE SODIUM PHOSPHATE ODT	TBDP	PREFERRED	-
	PREDNISON	SOLN	PREFERRED	-
	PREDNISON	TABS	PREFERRED	-
	PREDNISON	TBPK	PREFERRED	-
	PREDNISON INTENSOL	CONC	PREFERRED	-
	RAYOS	TBEC	NON-PREFERRED	PA REQUIRED

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CORTICOSTEROIDS : GLUCOCORTICOSTEROIDS CONT.	SOLU-CORTEF 100MG	SOLR	PREFERRED	-
	SOLU-CORTEF	SOLR	PREFERRED	PA REQUIRED
	SOLU-MEDROL	SOLR	NON-PREFERRED	PA REQUIRED
	TAPERDEX 12-DAY	TBPK	PREFERRED	-
	TAPERDEX 6-DAY	TBPK	PREFERRED	-
	TRIAMCINOLONE ACETONIDE	SUSP	PREFERRED	-
	UCERIS	TB24	NON-PREFERRED	PA REQUIRED
	VERIPRED 20	SOLN	NON-PREFERRED	PA REQUIRED
	ZILRETTA	SRER	PREFERRED	PA REQUIRED
CORTICOSTEROIDS : MINERALCORTICIDS	FLUDROCORTISONE ACETATE	TABS	PREFERRED	-
CYTOKINE AND CAM ANTAGONISTS :	ACTEMRA	SOLN	NON-PREFERRED	PA REQUIRED
	ACTEMRA	SOSY	NON-PREFERRED	PA REQUIRED
	ACTEMRA ACTPEN	SOAJ	NON-PREFERRED	PA REQUIRED
	ARCALYST	SOLR	NON-PREFERRED	PA REQUIRED
	CIMZIA	KIT	NON-PREFERRED	PA REQUIRED
	CIMZIA STARTER KIT	KIT	NON-PREFERRED	PA REQUIRED
	COSENTYX	SOSY	NON-PREFERRED	PA REQUIRED
	COSENTYX SENSOREADY PEN	SOAJ	NON-PREFERRED	PA REQUIRED
	ENBREL	SOLR	PREFERRED	PA REQUIRED
	ENBREL	SOSY	PREFERRED	PA REQUIRED
	ENBREL MINI	SOCT	NON-PREFERRED	PA REQUIRED
	ENBREL SURECLICK	SOAJ	PREFERRED	PA REQUIRED
	ENTYVIO	SOLR	NON-PREFERRED	PA REQUIRED
	HUMIRA	PSKT	PREFERRED	PA REQUIRED
	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	PSKT	PREFERRED	PA REQUIRED
	HUMIRA PEN	PNKT	PREFERRED	PA REQUIRED
	HUMIRA PEN-CD/UC/HS STARTER	PNKT	PREFERRED	PA REQUIRED
	HUMIRA PEN-PS/UV STARTER	PNKT	PREFERRED	PA REQUIRED
	ILARIS	SOLN	NON-PREFERRED	PA REQUIRED

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CYTOKINE AND CAM ANTAGONISTS : CONT.	ILUMYA	SOSY	NON-PREFERRED	PA REQUIRED
	INFLECTRA	SOLR	NON-PREFERRED	PA REQUIRED
	KEVZARA	SOAJ	NON-PREFERRED	PA REQUIRED
	KEVZARA	SOSY	NON-PREFERRED	PA REQUIRED
	KINERET	SOSY	NON-PREFERRED	PA REQUIRED
	OLUMIANT	TABS	NON-PREFERRED	PA REQUIRED
	ORENCIA	SOLR	NON-PREFERRED	PA REQUIRED
	ORENCIA	SOSY	NON-PREFERRED	PA REQUIRED
	ORENCIA CLICKJECT	SOAJ	NON-PREFERRED	PA REQUIRED
	OTEZLA	TABS	NON-PREFERRED	PA REQUIRED
	OTEZLA	TBPK	NON-PREFERRED	PA REQUIRED
	REMICADE	SOLR	NON-PREFERRED	PA REQUIRED
	RENFLEXIS	SOLR	NON-PREFERRED	PA REQUIRED
	SILIQ	SOSY	NON-PREFERRED	PA REQUIRED
	SIMPONI	SOAJ	NON-PREFERRED	PA REQUIRED
	SIMPONI	SOSY	NON-PREFERRED	PA REQUIRED
	SIMPONI ARIA	SOLN	NON-PREFERRED	PA REQUIRED
	SKYRIZI	PSKT	NON-PREFERRED	PA REQUIRED
	STELARA	SOLN	NON-PREFERRED	PA REQUIRED
	STELARA	SOSY	NON-PREFERRED	PA REQUIRED
	TALTZ	SOAJ	NON-PREFERRED	PA REQUIRED
	TALTZ	SOSY	NON-PREFERRED	PA REQUIRED
	TREMFYA	SOPN	NON-PREFERRED	PA REQUIRED
	TREMFYA	SOSY	NON-PREFERRED	PA REQUIRED
	XELJANZ	TABS	NON-PREFERRED	PA REQUIRED
	XELJANZ XR	TB24	NON-PREFERRED	PA REQUIRED
DERMATOLOGICS : ACNE PRODUCTS - ORAL	ABSORICA	CAPS	NON-PREFERRED	PA REQUIRED
	AMNESTEEM	CAPS	PREFERRED	PA REQUIRED
	CLARAVIS	CAPS	PREFERRED	PA REQUIRED
	ISOTRETINOIN	CAPS	PREFERRED	PA REQUIRED
	MYORISAN	CAPS	PREFERRED	PA REQUIRED

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DERMATOLOGICS : ACNE PRODUCTS - ORAL CONT.	ZENATANE	CAPS	PREFERRED	PA REQUIRED
DERMATOLOGICS : AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS	VEREGEN	OINT	NON-PREFERRED	PA REQUIRED
DERMATOLOGICS : ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL	AMELUZ	GEL	PREFERRED	PA REQUIRED
	CARAC	CREA	NON-PREFERRED	PA REQUIRED
	DICLOFENAC SODIUM	GEL	PREFERRED	PA REQUIRED
	EFUDEX	CREA	NON-PREFERRED	PA REQUIRED
	FLUOROURACIL	SOLN	PREFERRED	PA REQUIRED
	FLUOROURACIL 0.5%	CREA	NON-PREFERRED	PA REQUIRED
	FLUOROURACIL 5%	CREA	PREFERRED	-
	LEVULAN KERASTICK	SOLR	PREFERRED	PA REQUIRED
	PANRETIN	GEL	PREFERRED	PA REQUIRED
	PICATO	GEL	PREFERRED	PA REQUIRED
	TARGRETIN	GEL	PREFERRED	PA REQUIRED
	TOLAK	CREA	PREFERRED	PA REQUIRED
	VALCHLOR	GEL	PREFERRED	PA REQUIRED
DERMATOLOGICS : ANTIPRURITICS - TOPICAL	DOXEPIN HYDROCHLORIDE	CREA	PREFERRED	PA REQUIRED
	PRUDOXIN	CREA	PREFERRED	PA REQUIRED
	ZONALON	CREA	PREFERRED	PA REQUIRED
DERMATOLOGICS : ANTIPSORIATICS - ORAL	ACITRETIN	CAPS	PREFERRED	-
	METHOXSALEN	CAPS	NON-PREFERRED	-
	OXSORALEN ULTRA	CAPS	NON-PREFERRED	PA REQUIRED
	SORIATANE	CAPS	NON-PREFERRED	PA REQUIRED
DERMATOLOGICS : ANTIPSORIATICS - TOPICAL	CALCIPOTRIENE	CREA	PREFERRED	-
	CALCIPOTRIENE	OINT	PREFERRED	-

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DERMATOLOGICS : ANTIPSORIATICS - TOPICAL CONT.	CALCIPOTRIENE	SOLN	PREFERRED	-
	CALCITRENE	OINT	PREFERRED	-
	CALCITRIOL	OINT	NON-PREFERRED	-
	DOVONEX	CREA	NON-PREFERRED	PA REQUIRED
	SORILUX	FOAM	NON-PREFERRED	PA REQUIRED
	TAZAROTENE	CREA	NON-PREFERRED	-
	TAZORAC	CREA	NON-PREFERRED	-
	TAZORAC	GEL	NON-PREFERRED	-
	TAZORAC 0.1%	CREA	NON-PREFERRED	PA REQUIRED
	VECTICAL	OINT	NON-PREFERRED	-
DERMATOLOGICS : ECZEMA AGENTS	DUPIXENT	SOSY	NON-PREFERRED	PA REQUIRED
DERMATOLOGICS : ENZYMES - TOPICAL	SANTYL	OINT	NON-PREFERRED	PA REQUIRED
DERMATOLOGICS : IMMUNOMODULATING AGENTS - TOPICAL	ALDARA	CREA	NON-PREFERRED	PA REQUIRED
	IMIQUIMOD	CREA	PREFERRED	-
	IMIQUIMOD PUMP	CREA	NON-PREFERRED	PA REQUIRED
	ZYCLARA	CREA	NON-PREFERRED	PA REQUIRED
	ZYCLARA PUMP	CREA	NON-PREFERRED	PA REQUIRED
DERMATOLOGICS : IMMUNOSUPPRESSIVE AGENTS - TOPICAL	ELIDEL	CREA	PREFERRED	PA REQUIRED
	PIMECROLIMUS	CREA	PREFERRED	PA REQUIRED
	PROTOPIC	OINT	NON-PREFERRED	PA REQUIRED
	TACROLIMUS	OINT	NON-PREFERRED	PA REQUIRED
DERMATOLOGICS : PHOSPHODIESTERASE 4 (PDE4) INHIBITORS	EUCRISA	OINT	NON-PREFERRED	PA REQUIRED

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DERMATOLOGICS : ROSACEA AGENTS	AZELAIC ACID	GEL	PREFERRED	-
	DOXYCYCLINE	CPDR	NON-PREFERRED	PA REQUIRED
	FINACEA	FOAM	PREFERRED	-
	FINACEA	GEL	PREFERRED	-
	METROCREAM	CREA	NON-PREFERRED	PA REQUIRED
	METROGEL	GEL	NON-PREFERRED	PA REQUIRED
	METROLOTION	LOTN	NON-PREFERRED	PA REQUIRED
	METRONIDAZOLE	CREA	PREFERRED	-
	METRONIDAZOLE	GEL	PREFERRED	-
	METRONIDAZOLE	LOTN	PREFERRED	-
	MIRVASO	GEL	NON-PREFERRED	PA REQUIRED
	NORITATE	CREA	NON-PREFERRED	PA REQUIRED
	ORACEA	CPDR	NON-PREFERRED	PA REQUIRED
	RHOFADE	CREA	NON-PREFERRED	PA REQUIRED
	ROSADAN	CREA	PREFERRED	-
	ROSADAN	GEL	PREFERRED	-
	ROSADAN KIT	KIT	NON-PREFERRED	PA REQUIRED
	SOOLANTRA	CREA	NON-PREFERRED	PA REQUIRED
DERMATOLOGICS : TOPICAL STEROIDS - HIGH POTENCY	AMCINONIDE	CREA	NON-PREFERRED	PA REQUIRED
	AMCINONIDE	LOTN	NON-PREFERRED	PA REQUIRED
	AMCINONIDE	OINT	NON-PREFERRED	PA REQUIRED
	APEXICON E	CREA	NON-PREFERRED	PA REQUIRED
	AUGMENTED BETAMETHASONE DIPROPIONATE	CREA	NON-PREFERRED	PA REQUIRED
	AUGMENTED BETAMETHASONE DIPROPIONATE	GEL	NON-PREFERRED	PA REQUIRED
	AUGMENTED BETAMETHASONE DIPROPIONATE	LOTN	NON-PREFERRED	PA REQUIRED
	AUGMENTED BETAMETHASONE DIPROPIONATE	OINT	NON-PREFERRED	PA REQUIRED
	BETAMETHASONE DIPROPIONATE	CREA	NON-PREFERRED	PA REQUIRED
	BETAMETHASONE DIPROPIONATE	LOTN	NON-PREFERRED	PA REQUIRED
	BETAMETHASONE DIPROPIONATE	OINT	NON-PREFERRED	PA REQUIRED

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DERMATOLOGICS : TOPICAL STEROIDS - HIGH POTENCY CONT.	BETAMETHASONE VALERATE	CREA	PREFERRED	-
	BETAMETHASONE VALERATE	FOAM	NON-PREFERRED	PA REQUIRED
	BETAMETHASONE VALERATE	LOTN	NON-PREFERRED	PA REQUIRED
	BETAMETHASONE VALERATE	OINT	PREFERRED	-
	CALCIPOTRIENE/BETAMETHASONE DIPROPIONATE	OINT	PREFERRED	-
	CAPEX	SHAM	NON-PREFERRED	PA REQUIRED
	CLODAN KIT	KIT	NON-PREFERRED	PA REQUIRED
	DERMA-SMOOTH/FS BODY	OIL	NON-PREFERRED	PA REQUIRED
	DERMA-SMOOTH/FS SCALP	OIL	NON-PREFERRED	PA REQUIRED
	DERMASORB TA	KIT	NON-PREFERRED	PA REQUIRED
	DESOXIMETASONE	CREA	NON-PREFERRED	PA REQUIRED
	DESOXIMETASONE	GEL	NON-PREFERRED	PA REQUIRED
	DESOXIMETASONE	LIQD	NON-PREFERRED	PA REQUIRED
	DESOXIMETASONE	OINT	NON-PREFERRED	PA REQUIRED
	DIFLORASONE DIACETATE	CREA	NON-PREFERRED	PA REQUIRED
	DIFLORASONE DIACETATE	OINT	NON-PREFERRED	PA REQUIRED
	DIPROLENE	OINT	NON-PREFERRED	PA REQUIRED
	DIPROLENE AF	CREA	NON-PREFERRED	PA REQUIRED
	ENSTILAR	FOAM	NON-PREFERRED	PA REQUIRED
	FLUOCINOLONE ACETONIDE	CREA	NON-PREFERRED	PA REQUIRED
	FLUOCINOLONE ACETONIDE	OINT	NON-PREFERRED	PA REQUIRED
	FLUOCINOLONE ACETONIDE	SOLN	NON-PREFERRED	PA REQUIRED
	FLUOCINOLONE ACETONIDE BODY	OIL	NON-PREFERRED	PA REQUIRED
	FLUOCINOLONE ACETONIDE SCALP	OIL	NON-PREFERRED	PA REQUIRED
	FLUOCINONIDE	CREA	NON-PREFERRED	PA REQUIRED
	FLUOCINONIDE	GEL	NON-PREFERRED	PA REQUIRED
	FLUOCINONIDE	OINT	NON-PREFERRED	PA REQUIRED
	FLUOCINONIDE	SOLN	NON-PREFERRED	PA REQUIRED
	FLUOCINONIDE EMULSIFIED BASE	CREA	NON-PREFERRED	PA REQUIRED

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DERMATOLOGICS : TOPICAL STEROIDS - HIGH POTENCY CONT.	FLUOCINONIDE EMULSIFIED BASE	CREA	NON-PREFERRED	PA REQUIRED
	FLURANDRENOLIDE	CREA	NON-PREFERRED	PA REQUIRED
	FLURANDRENOLIDE	LOTN	NON-PREFERRED	PA REQUIRED
	FLURANDRENOLIDE	OINT	NON-PREFERRED	PA REQUIRED
	HALOG	CREA	NON-PREFERRED	PA REQUIRED
	HALOG	OINT	NON-PREFERRED	PA REQUIRED
	KENALOG	AERS	NON-PREFERRED	PA REQUIRED
	LUXIQ	FOAM	NON-PREFERRED	PA REQUIRED
	PSORCON	CREA	NON-PREFERRED	PA REQUIRED
	SERNIVO	EMUL	NON-PREFERRED	PA REQUIRED
	SYNALAR	CREA	NON-PREFERRED	PA REQUIRED
	SYNALAR	OINT	NON-PREFERRED	PA REQUIRED
	SYNALAR	SOLN	NON-PREFERRED	PA REQUIRED
	SYNALAR CREAM KIT	KIT	NON-PREFERRED	PA REQUIRED
	SYNALAR OINTMENT KIT	KIT	NON-PREFERRED	PA REQUIRED
	SYNALAR TS	KIT	NON-PREFERRED	PA REQUIRED
	TACLONEX	OINT	NON-PREFERRED	PA REQUIRED
	TACLONEX	SUSP	NON-PREFERRED	PA REQUIRED
	TOPICORT	CREA	NON-PREFERRED	PA REQUIRED
	TOPICORT	GEL	NON-PREFERRED	PA REQUIRED
	TOPICORT	LIQD	NON-PREFERRED	PA REQUIRED
	TOPICORT	OINT	NON-PREFERRED	PA REQUIRED
	TRIAMCINOLONE ACETONIDE	AERS	NON-PREFERRED	PA REQUIRED
	TRIAMCINOLONE ACETONIDE	CREA	PREFERRED	-
	TRIAMCINOLONE ACETONIDE	LOTN	PREFERRED	-
	TRIAMCINOLONE ACETONIDE	OINT	PREFERRED	-
	TRIANEX	OINT	NON-PREFERRED	PA REQUIRED
	TRIDERM	CREA	PREFERRED	-
	VANOS	CREA	NON-PREFERRED	PA REQUIRED
	DERMATOLOGICS : TOPICAL STEROIDS - MEDIUM POTENCY	CLOCORTOLONE PIVALATE	CREA	NON-PREFERRED

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DERMATOLOGICS : TOPICAL STEROIDS - MEDIUM POTENCY CONT.	CLOCORTOLONE PIVALATE PUMP	CREA	NON-PREFERRED	PA REQUIRED
	CLODERM	CREA	NON-PREFERRED	PA REQUIRED
	CLODERM PUMP	CREA	NON-PREFERRED	PA REQUIRED
	CUTIVATE	LOTN	NON-PREFERRED	PA REQUIRED
	DERMASORB HC	KIT	NON-PREFERRED	PA REQUIRED
	ELOCON	CREA	NON-PREFERRED	PA REQUIRED
	ELOCON	OINT	NON-PREFERRED	PA REQUIRED
	FLUTICASONE PROPIONATE	CREA	PREFERRED	-
	FLUTICASONE PROPIONATE	LOTN	NON-PREFERRED	PA REQUIRED
	FLUTICASONE PROPIONATE	OINT	PREFERRED	-
	HYDROCORTISONE BUTYRATE	CREA	NON-PREFERRED	PA REQUIRED
	HYDROCORTISONE BUTYRATE	LOTN	NON-PREFERRED	PA REQUIRED
	HYDROCORTISONE BUTYRATE	OINT	NON-PREFERRED	PA REQUIRED
	HYDROCORTISONE BUTYRATE	SOLN	NON-PREFERRED	PA REQUIRED
	HYDROCORTISONE BUTYRATE (LIPID)	CREA	NON-PREFERRED	PA REQUIRED
	HYDROCORTISONE BUTYRATE (LIPOPHILIC)	CREA	NON-PREFERRED	PA REQUIRED
	HYDROCORTISONE VALERATE	CREA	NON-PREFERRED	PA REQUIRED
	HYDROCORTISONE VALERATE	OINT	NON-PREFERRED	PA REQUIRED
	LOCOID	CREA	NON-PREFERRED	PA REQUIRED
	LOCOID	LOTN	NON-PREFERRED	PA REQUIRED
	LOCOID	OINT	NON-PREFERRED	PA REQUIRED
	LOCOID	SOLN	NON-PREFERRED	PA REQUIRED
	LOCOID LIPOCREAM	CREA	NON-PREFERRED	PA REQUIRED
	MOMETASONE FUROATE	CREA	PREFERRED	-
	MOMETASONE FUROATE	OINT	PREFERRED	-
	MOMETASONE FUROATE	SOLN	PREFERRED	-
	PANDEL	CREA	NON-PREFERRED	PA REQUIRED
	PREDNICARBATE	CREA	NON-PREFERRED	PA REQUIRED
	PREDNICARBATE	OINT	NON-PREFERRED	PA REQUIRED

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DERMATOLOGICS : TOPICAL STEROIDS - VERY HIGH POTENCY	BRYHALI	LOTN	NON-PREFERRED	PA REQUIRED
	CLOBETASOL PROPIONATE	CREA	PREFERRED	-
	CLOBETASOL PROPIONATE	FOAM	NON-PREFERRED	PA REQUIRED
	CLOBETASOL PROPIONATE	GEL	PREFERRED	-
	CLOBETASOL PROPIONATE	LIQD	NON-PREFERRED	PA REQUIRED
	CLOBETASOL PROPIONATE	LOTN	NON-PREFERRED	PA REQUIRED
	CLOBETASOL PROPIONATE	OINT	PREFERRED	-
	CLOBETASOL PROPIONATE	SHAM	NON-PREFERRED	PA REQUIRED
	CLOBETASOL PROPIONATE	SOLN	PREFERRED	-
	CLOBETASOL PROPIONATE E	CREA	NON-PREFERRED	PA REQUIRED
	CLOBETASOL PROPIONATE EMOLLIENT	CREA	NON-PREFERRED	PA REQUIRED
	CLOBETASOL PROPIONATE EMOLLIENT	FOAM	NON-PREFERRED	PA REQUIRED
	CLOBEX	LIQD	NON-PREFERRED	PA REQUIRED
	CLOBEX	LOTN	NON-PREFERRED	PA REQUIRED
	CLOBEX	SHAM	NON-PREFERRED	PA REQUIRED
	CLODAN	SHAM	NON-PREFERRED	PA REQUIRED
	CORDRAN	TAPE	NON-PREFERRED	PA REQUIRED
	HALOBETASOL PROPIONATE	CREA	PREFERRED	-
	HALOBETASOL PROPIONATE	OINT	PREFERRED	-
	OLUX	FOAM	NON-PREFERRED	PA REQUIRED
	OLUX-E	FOAM	NON-PREFERRED	PA REQUIRED
	TEMOVATE	CREA	NON-PREFERRED	PA REQUIRED
	TEMOVATE	OINT	NON-PREFERRED	PA REQUIRED
	ULTRAVATE	CREA	NON-PREFERRED	PA REQUIRED
	ULTRAVATE	LOTN	NON-PREFERRED	PA REQUIRED
	ULTRAVATE	OINT	NON-PREFERRED	PA REQUIRED
	ULTRAVATE X	KIT	NON-PREFERRED	PA REQUIRED
	DERMATOLOGICS : WOUND CARE PRODUCTS - GROWTH FACTOR AGENTS	REGNANEX	GEL	PREFERRED

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DIGESTIVE AIDS : PANCREATIC ENZYMES	CREON	CPEP	PREFERRED	-
	PANCREAZE	CPEP	NON-PREFERRED	-
	PERTZYE	CPEP	NON-PREFERRED	-
	VIOKACE	TABS	NON-PREFERRED	-
	ZENPEP	CPEP	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - OTHER	DANAZOL	CAPS	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - TESTOSTERONE	ANDRODERM	PT24	PREFERRED	PA REQUIRED
	ANDROGEL	GEL	NON-PREFERRED	PA REQUIRED
	ANDROGEL PUMP	GEL	NON-PREFERRED	PA REQUIRED
	AVEED	SOLN	NON-PREFERRED	PA REQUIRED
	DEPO-TESTOSTERONE	SOLN	NON-PREFERRED	PA REQUIRED
	FORTESTA	GEL	NON-PREFERRED	PA REQUIRED
	METHITEST	TABS	NON-PREFERRED	PA REQUIRED
	METHYLTESTOSTERONE	CAPS	NON-PREFERRED	PA REQUIRED
	STRIANT	MISC	NON-PREFERRED	PA REQUIRED
	TESTIM	GEL	NON-PREFERRED	PA REQUIRED
	TESTOPEL	PLLT	NON-PREFERRED	PA REQUIRED
	TESTOSTERONE	GEL	PREFERRED	PA REQUIRED
	TESTOSTERONE	SOLN	NON-PREFERRED	PA REQUIRED
	TESTOSTERONE 2%	GEL	NON-PREFERRED	PA REQUIRED
	TESTOSTERONE CYPIONATE	SOLN	PREFERRED	-
	TESTOSTERONE ENANTHATE	SOLN	PREFERRED	-
	TESTOSTERONE PUMP	GEL	PREFERRED	PA REQUIRED
	TESTOSTERONE PUMP 20.25MG/ACT (1.62%)	GEL	NON-PREFERRED	PA REQUIRED
	TESTOSTERONE TOPICAL SOLUTION	SOLN	NON-PREFERRED	PA REQUIRED
	VOGELXO	GEL	NON-PREFERRED	PA REQUIRED
	VOGELXO PUMP	GEL	NON-PREFERRED	PA REQUIRED
	XYOSTED	SOAJ	NON-PREFERRED	PA REQUIRED

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ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS - BISPHOSPHONATES	ACTONEL	TABS	NON-PREFERRED	PA REQUIRED
	ALENDRONATE SODIUM	SOLN	PREFERRED	-
	ALENDRONATE SODIUM	TABS	PREFERRED	-
	ATELVIA	TBEC	NON-PREFERRED	PA REQUIRED
	BINOSTO	TBEF	NON-PREFERRED	PA REQUIRED
	BONIVA	SOLN	NON-PREFERRED	PA REQUIRED
	BONIVA	TABS	NON-PREFERRED	PA REQUIRED
	ETIDRONATE DISODIUM	TABS	NON-PREFERRED	-
	FOSAMAX	TABS	NON-PREFERRED	PA REQUIRED
	FOSAMAX PLUS D	TABS	NON-PREFERRED	PA REQUIRED
	IBANDRONATE SODIUM	SOLN	NON-PREFERRED	PA REQUIRED
	IBANDRONATE SODIUM	TABS	PREFERRED	-
	PAMIDRONATE DISODIUM	SOLN	NON-PREFERRED	PA REQUIRED
	PAMIDRONATE DISODIUM	SOLR	NON-PREFERRED	PA REQUIRED
	RECLAST	SOLN	NON-PREFERRED	PA REQUIRED
	RISEDRONATE SODIUM	TABS	NON-PREFERRED	-
	RISEDRONATE SODIUM DR	TBEC	NON-PREFERRED	PA REQUIRED
	ZOLEDRONIC ACID	CONC	PREFERRED	PA REQUIRED
	ZOLEDRONIC ACID	SOLN	PREFERRED	PA REQUIRED
	ZOMETA	CONC	NON-PREFERRED	PA REQUIRED
ZOMETA	SOLN	NON-PREFERRED	PA REQUIRED	
ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS - CALCITONINS	CALCITONIN SALMON	SOLN	PREFERRED	-
	CALCITONIN-SALMON	SOLN	PREFERRED	-
	MIACALCIN	SOLN	PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS - PARATHYROID HORMONE DERIVATIVES	FORTEO	SOLN	PREFERRED	PA REQUIRED

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ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS - PARATHYROID HORMONE DERIVATIVES CONT.	NATPARA	CART	NON-PREFERRED	PA REQUIRED
	TYMLOS	SOPN	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS - RANK LIGAND INHIBITORS	PROLIA	SOSY	PREFERRED	PA REQUIRED
	XGEVA	SOLN	PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : BONE DENSITY REGULATORS - SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)	EVISTA	TABS	NON-PREFERRED	PA REQUIRED
	OSPHENA	TABS	NON-PREFERRED	PA REQUIRED
	RALOXIFENE HYDROCHLORIDE	TABS	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / ANDROGEN COMBINATIONS	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE	TABS	PREFERRED	-
	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE DS	TABS	PREFERRED	-
	ESTERIFIED ESTROGENS/METHYLTESTOSTERONE HS	TABS	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / PROGESTIN COMBINATIONS	ACTIVELLA	TABS	NON-PREFERRED	PA REQUIRED
	AMABELZ	TABS	PREFERRED	-
	ANGELIQ	TABS	PREFERRED	-
	CLIMARA PRO	PTWK	PREFERRED	-
	COMBIPATCH	PTTW	PREFERRED	-
	ESTRADIOL/NORETHINDRONE ACETATE	TABS	PREFERRED	-
	FEMHRT LOW DOSE	TABS	NON-PREFERRED	PA REQUIRED
	FYAVOLV	TABS	PREFERRED	-
	JEVANTIQUE LO	TABS	PREFERRED	-

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ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / PROGESTIN COMBINATIONS CONT.	JINTELI	TABS	PREFERRED	-
	LOPREEZA	TABS	PREFERRED	-
	MIMVEY	TABS	PREFERRED	-
	MIMVEY LO	TABS	PREFERRED	-
	NORETHINDRONE ACETATE/ETHINYL ESTRADIOL	TABS	PREFERRED	-
	PREFEST	TABS	NON-PREFERRED	-
	PREMPHASE	TABS	PREFERRED	-
	PREMPRO	TABS	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS	DUAVEE	TABS	PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - INJECTABLE	DELESTROGEN	OIL	NON-PREFERRED	PA REQUIRED
	DEPO-ESTRADIOL	OIL	PREFERRED	-
	ESTRADIOL VALERATE	OIL	PREFERRED	-
	PREMARIN	SOLR	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - ORAL	ESTRACE	TABS	NON-PREFERRED	PA REQUIRED
	ESTRADIOL	TABS	PREFERRED	-
	ESTROPIPATE	TABS	PREFERRED	-
	MENEST	TABS	PREFERRED	-
	PREMARIN	TABS	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - TOPICAL	ALORA	PTTW	NON-PREFERRED	PA REQUIRED
	CLIMARA	PTWK	NON-PREFERRED	PA REQUIRED
	DIVIGEL	GEL	NON-PREFERRED	-
	ELESTRIN	GEL	NON-PREFERRED	-

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ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - TOPICAL CONT.	ESTRADIOL	PTTW	PREFERRED	-
	ESTRADIOL	PTWK	PREFERRED	-
	EVAMIST	SOLN	NON-PREFERRED	-
	MENOSTAR	PTWK	NON-PREFERRED	-
	MINIVELLE	PTTW	NON-PREFERRED	PA REQUIRED
	VIVELLE-DOT	PTTW	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : ESTROGENS - VAGINAL	ESTRACE	CREA	NON-PREFERRED	PA REQUIRED
	ESTRADIOL	CREA	PREFERRED	-
	ESTRADIOL	TABS	PREFERRED	-
	ESTRING	RING	PREFERRED	-
	FEMRING	RING	NON-PREFERRED	-
	PREMARIN	CREA	PREFERRED	-
	VAGIFEM	TABS	NON-PREFERRED	PA REQUIRED
	YUVAFEM	TABS	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONES	GENOTROPIN	SOLR	PREFERRED	PA REQUIRED
	GENOTROPIN MINIQUICK	SOLR	PREFERRED	PA REQUIRED
	HUMATROPE	SOLR	NON-PREFERRED	PA REQUIRED
	HUMATROPE COMBO PACK	SOLR	NON-PREFERRED	PA REQUIRED
	NORDITROPIN CARTRIDGE	SOLN	PREFERRED	PA REQUIRED
	NORDITROPIN FLEXPRO	SOLN	PREFERRED	PA REQUIRED
	NUTROPIN AQ NUSPIN 10	SOLN	NON-PREFERRED	PA REQUIRED
	NUTROPIN AQ NUSPIN 20	SOLN	NON-PREFERRED	PA REQUIRED
	NUTROPIN AQ NUSPIN 5	SOLN	NON-PREFERRED	PA REQUIRED
	OMNITROPE	SOLN	NON-PREFERRED	PA REQUIRED
	OMNITROPE	SOLR	NON-PREFERRED	PA REQUIRED
	SAIZEN	SOLR	NON-PREFERRED	PA REQUIRED
	SAIZENPREP RECONSTITUTIONKIT	SOLR	NON-PREFERRED	PA REQUIRED
	SEROSTIM	SOLR	NON-PREFERRED	PA REQUIRED

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ENDOCRINE AND METABOLIC AGENTS : GROWTH HORMONES CONT.	ZOMACTON	SOLR	NON-PREFERRED	PA REQUIRED
	ZORBTIVE	SOLR	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : LHRH/GNRH AGONIST ANALOGUE PITUITARY SUPPRESSANT	LUPANETA PACK	KIT	PREFERRED	PA REQUIRED
	LUPRON DEPOT-PED (1-MONTH)	KIT	PREFERRED	PA REQUIRED
	LUPRON DEPOT-PED (3-MONTH)	KIT	PREFERRED	PA REQUIRED
	ORLISSA	TABS	PREFERRED	PA REQUIRED
	SUPPRELIN LA	KIT	PREFERRED	PA REQUIRED
	SYNAREL	SOLN	PREFERRED	PA REQUIRED
	TRIPTODUR	SRER	PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : METABOLIC MODIFIERS - CALCIMIMETIC AGENTS - ORAL	CINACALCET HYDROCHLORIDE	TABS	PREFERRED	PA REQUIRED
	SENSIPAR	TABS	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : METABOLIC MODIFIERS - CARNITINE REPLENISHER AGENTS - ORAL	CARNITOR	SOLN	NON-PREFERRED	PA REQUIRED
	CARNITOR	TABS	NON-PREFERRED	PA REQUIRED
	CARNITOR SF	SOLN	NON-PREFERRED	PA REQUIRED
	LEVOCARNITINE	SOLN	PREFERRED	-
	LEVOCARNITINE	TABS	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : METABOLIC MODIFIERS - FABRY DISEASE AGENTS - ORAL	GALAFOLD	CAPS	PREFERRED	PA REQUIRED

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ENDOCRINE AND METABOLIC AGENTS : METABOLIC MODIFIERS - HEREDITARY TYROSINEMIA TYPE 1 (HT-1) AGENTS - ORAL	NITYR	TABS	PREFERRED	PA REQUIRED
	ORFADIN	CAPS	PREFERRED	PA REQUIRED
	ORFADIN	SUSP	PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : METABOLIC MODIFIERS - HOMOCYSTINURIA AGENTS - ORAL	CYSTADANE	POWD	PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : METABOLIC MODIFIERS - HYPERAMMONEMIA AGENTS - ORAL	CARBAGLU	TABS	PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : METABOLIC MODIFIERS - UREA CYCLE DISORDER AGENTS - ORAL	BUPHENYL	POWD	NON-PREFERRED	PA REQUIRED
	BUPHENYL	TABS	NON-PREFERRED	PA REQUIRED
	RAVICTI	LIQD	NON-PREFERRED	PA REQUIRED
	SODIUM PHENYLBUTYRATE	POWD	PREFERRED	PA REQUIRED
	SODIUM PHENYLBUTYRATE	TABS	PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : METABOLIC MODIFIERS - VITAMIN D ANALOGS - ORAL	CALCITRIOL	CAPS	PREFERRED	-
	CALCITRIOL	SOLN	PREFERRED	-
	DOXERCALCIFEROL	CAPS	NON-PREFERRED	PA REQUIRED
	PARICALCITOL	CAPS	NON-PREFERRED	PA REQUIRED
	RAYALDEE	CPCR	NON-PREFERRED	PA REQUIRED

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ENDOCRINE AND METABOLIC AGENTS : METABOLIC MODIFIERS - VITAMIN D ANALOGS - ORAL CONT.	ROCALTROL	CAPS	NON-PREFERRED	PA REQUIRED
	ROCALTROL	SOLN	NON-PREFERRED	PA REQUIRED
	ZEMPLAR	CAPS	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : OXYTOCICS - ORAL	METHERGINE	TABS	PREFERRED	-
	METHYLERGONOVINE MALEATE	TABS	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : POSTERIOR PITUITARY HORMONES - NASAL	DDAVP	SOLN	NON-PREFERRED	PA REQUIRED
	DESMOPRESSIN ACETATE	SOLN	PREFERRED	-
	NOCTIVA	EMUL	NON-PREFERRED	PA REQUIRED
	STIMATE	SOLN	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : POSTERIOR PITUITARY HORMONES - ORAL	DDAVP	TABS	NON-PREFERRED	PA REQUIRED
	DESMOPRESSIN ACETATE	TABS	PREFERRED	-
	NOCDURNA	SUBL	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES	AYGESTIN	TABS	NON-PREFERRED	PA REQUIRED
	HYDROXYPROGESTERONE CAPROATE	OIL	PREFERRED	PA REQUIRED
	HYDROXYPROGESTERONE CAPROATE	SOLN	PREFERRED	PA REQUIRED
	MAKENA	OIL	PREFERRED	PA REQUIRED
	MAKENA	SOAJ	NON-PREFERRED	PA REQUIRED
	MEDROXYPROGESTERONE ACETATE	TABS	PREFERRED	-
	NORETHINDRONE ACETATE	TABS	PREFERRED	-
	PROGESTERONE	CAPS	PREFERRED	-
	PROGESTERONE	OIL	PREFERRED	-
	PROMETRIUM	CAPS	NON-PREFERRED	PA REQUIRED
	PROVERA	TABS	NON-PREFERRED	PA REQUIRED

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ENDOCRINE AND METABOLIC AGENTS : PROGESTERONES - VAGINAL	CRINONE	GEL	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : PROLACTIN INHIBITORS	CABERGOLINE	TABS	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : THYROID AGENTS - ANTITHYROID AGENTS	METHIMAZOLE	TABS	PREFERRED	-
	PROPYLTHIOURACIL	TABS	PREFERRED	-
	TAPAZOLE	TABS	NON-PREFERRED	PA REQUIRED
ENDOCRINE AND METABOLIC AGENTS : THYROID AGENTS - THYROID HORMONE - ORAL	ARMOUR THYROID	TABS	PREFERRED	-
	CYTOMEL	TABS	NON-PREFERRED	-
	LEVO-T	TABS	PREFERRED	-
	LEVOTHYROXINE SODIUM	TABS	PREFERRED	-
	LEVOTHYROXINE/LIOTHYRONINE	TABS	PREFERRED	-
	LEVOXYL	TABS	PREFERRED	-
	LIOTHYRONINE SODIUM	TABS	PREFERRED	-
	NP THYROID 120	TABS	PREFERRED	-
	NP THYROID 15	TABS	PREFERRED	-
	NP THYROID 30	TABS	PREFERRED	-
	NP THYROID 60	TABS	PREFERRED	-
	NP THYROID 90	TABS	PREFERRED	-
	SYNTHROID	TABS	NON-PREFERRED	PA REQUIRED
	THYROLAR-1	TABS	NON-PREFERRED	-
	THYROLAR-1/2	TABS	NON-PREFERRED	-
	THYROLAR-1/4	TABS	NON-PREFERRED	-
	THYROLAR-2	TABS	NON-PREFERRED	-
	THYROLAR-3	TABS	NON-PREFERRED	-
	TIROSINT	CAPS	NON-PREFERRED	-
	TIROSINT-SOL	SOLN	NON-PREFERRED	-

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ENDOCRINE AND METABOLIC AGENTS : THYROID AGENTS - THYROID HORMONE - ORAL CONT.	UNITHROID	TABS	PREFERRED	-
ENDOCRINE AND METABOLIC AGENTS : VASOPRESSIN RECEPTOR ANTAGONISTS - ORAL	JYNARQUE	TBPK	NON-PREFERRED	PA REQUIRED
	SAMSCA	TABS	PREFERRED	PA REQUIRED
GASTROINTESTINAL AGENTS - MISC : GALLSTONE SOLUBILIZING AGENTS	ACTIGALL	CAPS	NON-PREFERRED	PA REQUIRED
	CHENODAL	TABS	NON-PREFERRED	-
	CHOLBAM	CAPS	NON-PREFERRED	-
	OCALIVA	TABS	NON-PREFERRED	-
	URSO 250	TABS	NON-PREFERRED	PA REQUIRED
	URSO FORTE	TABS	NON-PREFERRED	PA REQUIRED
	URSODIOL	CAPS	PREFERRED	-
	URSODIOL	TABS	PREFERRED	-
GASTROINTESTINAL AGENTS - MISC : INFLAMMATORY BOWEL AGENTS	APRISO	CP24	PREFERRED	-
	ASACOL HD	TBEC	NON-PREFERRED	-
	AZULFIDINE	TABS	NON-PREFERRED	PA REQUIRED
	AZULFIDINE EN-TABS	TBEC	NON-PREFERRED	PA REQUIRED
	BALSALAZIDE DISODIUM	CAPS	PREFERRED	-
	CANASA	SUPP	PREFERRED	-
	COLAZAL	CAPS	NON-PREFERRED	PA REQUIRED
	DELZICOL	CPDR	PREFERRED	-
	DIPENTUM	CAPS	NON-PREFERRED	-
	GIAZO	TABS	NON-PREFERRED	-
	LIALDA	TBEC	PREFERRED	-
	MESALAMINE	ENEM	PREFERRED	-

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GASTROINTESTINAL AGENTS - MISC : INFLAMMATORY BOWEL AGENTS CONT.	MESALAMINE	KIT	PREFERRED	-
	MESALAMINE	SUPP	PREFERRED	-
	MESALAMINE DR 800MG	TBEC	NON-PREFERRED	-
	MESALAMINE DR	TBEC	PREFERRED	-
	PENTASA	CPCR	PREFERRED	-
	ROWASA	KIT	NON-PREFERRED	PA REQUIRED
	SFROWASA	ENEM	NON-PREFERRED	-
	SULFASALAZINE	TABS	PREFERRED	-
	SULFASALAZINE	TBEC	PREFERRED	-
GASTROINTESTINAL AGENTS - MISC : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY	ALOSETRON HYDROCHLORIDE	TABS	NON-PREFERRED	PA REQUIRED
	AMITIZA	CAPS	PREFERRED	PA REQUIRED
	ANASPAZ	TBDP	NON-PREFERRED	PA REQUIRED
	BELLADONNA/OPIUM	SUPP	NON-PREFERRED	-
	BENTYL	CAPS	NON-PREFERRED	PA REQUIRED
	BENTYL	SOLN	NON-PREFERRED	PA REQUIRED
	CHLORDIAZEPOXIDE HCL/CLIDINIUM BROMIDE	CAPS	NON-PREFERRED	-
	CUVPOSA	SOLN	NON-PREFERRED	-
	DICYCLOMINE HCL	CAPS	PREFERRED	-
	DICYCLOMINE HCL	SOLN	PREFERRED	-
	DICYCLOMINE HCL	TABS	PREFERRED	-
	DICYCLOMINE HYDROCHLORIDE	CAPS	PREFERRED	-
	DICYCLOMINE HYDROCHLORIDE	SOLN	PREFERRED	-
	DICYCLOMINE HYDROCHLORIDE	TABS	PREFERRED	-
	ED-SPAZ	TBDP	PREFERRED	-
	ENTEREG	CAPS	NON-PREFERRED	PA REQUIRED
	GLYCATE	TABS	NON-PREFERRED	-
	GLYCOPYRROLATE	SOLN	PREFERRED	-
	GLYCOPYRROLATE	SOSY	NON-PREFERRED	-

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GASTROINTESTINAL AGENTS - MISC : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY CONT.	GLYCOPYRROLATE	TABS	PREFERRED	-
	GLYRX-PF	SOLN	NON-PREFERRED	-
	HYOSCYAMINE SULFATE	ELIX	PREFERRED	-
	HYOSCYAMINE SULFATE	SOLN	PREFERRED	-
	HYOSCYAMINE SULFATE	SUBL	PREFERRED	-
	HYOSCYAMINE SULFATE	TABS	PREFERRED	-
	HYOSCYAMINE SULFATE	TBDP	PREFERRED	-
	HYOSCYAMINE SULFATE ER	TB12	PREFERRED	-
	HYOSCYAMINE SULFATE ODT	TBDP	PREFERRED	-
	HYOSYNE	ELIX	PREFERRED	-
	HYOSYNE	SOLN	PREFERRED	-
	LEVSIN	SOLN	NON-PREFERRED	-
	LEVSIN	TABS	NON-PREFERRED	PA REQUIRED
	LEVSIN/SL	SUBL	NON-PREFERRED	PA REQUIRED
	LIBRAX	CAPS	NON-PREFERRED	PA REQUIRED
	LINZESS	CAPS	PREFERRED	PA REQUIRED
	LOTRONEX	TABS	NON-PREFERRED	PA REQUIRED
	MOTTEGRITY	TABS	NON-PREFERRED	PA REQUIRED
	MOVANTIK	TABS	PREFERRED	PA REQUIRED
	NULEV	TBDP	PREFERRED	-
	OSCIMIN	SUBL	PREFERRED	-
	OSCIMIN	TABS	PREFERRED	-
	OSCIMIN	TBDP	PREFERRED	-
	OSCIMIN SR	TB12	PREFERRED	-
	RELISTOR	SOLN	NON-PREFERRED	PA REQUIRED
	RELISTOR	TABS	NON-PREFERRED	PA REQUIRED
	ROBINUL	SOLN	NON-PREFERRED	PA REQUIRED
	ROBINUL	TABS	NON-PREFERRED	PA REQUIRED
	ROBINUL FORTE	TABS	NON-PREFERRED	PA REQUIRED
	SYMAX-SL	SUBL	PREFERRED	-

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GASTROINTESTINAL AGENTS - MISC : IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY CONT.	SYMPROIC	TABS	NON-PREFERRED	PA REQUIRED
	TRULANCE	TABS	NON-PREFERRED	PA REQUIRED
	VIBERZI	TABS	NON-PREFERRED	PA REQUIRED
GASTROINTESTINAL AGENTS - MISC : PHOSPHATE BINDER AGENTS	AURYXIA	TABS	NON-PREFERRED	PA REQUIRED
	CALCIUM ACETATE	CAPS	PREFERRED	-
	CALCIUM ACETATE	TABS	PREFERRED	-
	CALPHRON	TABS	PREFERRED	-
	FOSRENOL	CHEW	PREFERRED	PA REQUIRED
	FOSRENOL	PACK	NON-PREFERRED	PA REQUIRED
	LANTHANUM CARBONATE	CHEW	NON-PREFERRED	PA REQUIRED
	PHOSLYRA	SOLN	PREFERRED	-
	RENAGEL	TABS	NON-PREFERRED	PA REQUIRED
	REVELA	PACK	PREFERRED	PA REQUIRED
	REVELA	TABS	PREFERRED	PA REQUIRED
	SEVELAMER CARBONATE	PACK	NON-PREFERRED	PA REQUIRED
	SEVELAMER CARBONATE	TABS	NON-PREFERRED	PA REQUIRED
	SEVELAMER HYDROCHLORIDE	TABS	PREFERRED	-
	SEVELAMER HYDROCHLORIDE 400MG	TABS	PREFERRED	PA REQUIRED
VELPHORO	CHEW	NON-PREFERRED	PA REQUIRED	
GASTROINTESTINAL AGENTS - MISC : SHORT BOWEL SYNDROME	GATTEX	KIT	PREFERRED	PA REQUIRED
GASTROINTESTINAL AGENTS - ULCER DRUGS : H. PYLORI ANTIBIOTICS	LANSOPRAZOLE/AMOXICILLIN/CLARITHROMYCIN	MISC	NON-PREFERRED	PA REQUIRED
	OMECLAMOX-PAK	MISC	NON-PREFERRED	PA REQUIRED
	PYLERA	CAPS	PREFERRED	-

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GASTROINTESTINAL AGENTS - ULCER DRUGS : MISC	BELLADONNA ALKALOIDS/PHENOBARBITAL	TABS	NON-PREFERRED	-
	CARAFATE	SUSP	PREFERRED	-
	CARAFATE	TABS	NON-PREFERRED	PA REQUIRED
	CYTOTEC	TABS	NON-PREFERRED	PA REQUIRED
	DONNATAL	ELIX	NON-PREFERRED	-
	METHSCOPOLAMINE BROMIDE	TABS	PREFERRED	-
	MISOPROSTOL	TABS	PREFERRED	-
	PHENOHYTRO	ELIX	NON-PREFERRED	-
	PHENOHYTRO	TABS	NON-PREFERRED	-
	PROPANTHELINE BROMIDE	TABS	PREFERRED	-
	SUCRALFATE	SUSP	PREFERRED	-
	SUCRALFATE	TABS	PREFERRED	-
GENITOURINARY AGENTS - MISC : ACIDIFIERS	K-PHOS NO 2	TABS	PREFERRED	-
GENITOURINARY AGENTS - MISC : CYSTINOSIS AGENTS	CYSTAGON	CAPS	PREFERRED	-
	PROCYSBI	CPDR	NON-PREFERRED	-
GENITOURINARY AGENTS - MISC : INTERSTITIAL CYSTITIS AGENTS	ELMIRON	CAPS	PREFERRED	PA REQUIRED
	RIMSO-50	SOLN	PREFERRED	PA REQUIRED
GENITOURINARY AGENTS - MISC : PROSTATIC HYPERTROPHY AGENTS	ALFUZOSIN HCL ER	TB24	PREFERRED	-
	AVODART	CAPS	NON-PREFERRED	PA REQUIRED
	CARDURA XL	TB24	NON-PREFERRED	-
	DUTASTERIDE	CAPS	PREFERRED	-
	DUTASTERIDE/TAMSULOSIN HCL	CAPS	NON-PREFERRED	PA REQUIRED
	DUTASTERIDE/TAMSULOSIN HYDROCHLORIDE	CAPS	NON-PREFERRED	PA REQUIRED
	FINASTERIDE	TABS	PREFERRED	-
	FLOMAX	CAPS	NON-PREFERRED	PA REQUIRED
	JALYN	CAPS	NON-PREFERRED	PA REQUIRED

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GENITOURINARY AGENTS - MISC : PROSTATIC HYPERTROPHY AGENTS CONT.	PROSCAR	TABS	NON-PREFERRED	PA REQUIRED
	RAPAFLO	CAPS	NON-PREFERRED	-
	SILODOSIN	CAPS	NON-PREFERRED	-
	TAMSULOSIN HCL	CAPS	PREFERRED	-
	TAMSULOSIN HYDROCHLORIDE	CAPS	PREFERRED	-
GENITOURINARY AGENTS - MISC : URINARY STONE AGENTS	LITHOSTAT	TABS	PREFERRED	PA REQUIRED
	THIOLA	TABS	PREFERRED	PA REQUIRED
GOUT AGENTS :	ALLOPURINOL	TABS	PREFERRED	-
	ALLOPURINOL SODIUM	SOLR	PREFERRED	PA REQUIRED
	ALOPRIM	SOLR	PREFERRED	PA REQUIRED
	COLCHICINE	CAPS	PREFERRED	-
	COLCHICINE	TABS	NON-PREFERRED	PA REQUIRED
	COLCRYS	TABS	NON-PREFERRED	PA REQUIRED
	KRYSTEXXA	SOLN	NON-PREFERRED	PA REQUIRED
	MITIGARE	CAPS	NON-PREFERRED	PA REQUIRED
	PROBENECID	TABS	PREFERRED	-
	PROBENECID/COLCHICINE	TABS	PREFERRED	-
	ULORIC	TABS	NON-PREFERRED	PA REQUIRED
ZYLOPRIM	TABS	NON-PREFERRED	PA REQUIRED	
HEMATOLOGICAL AGENTS - MISC : HEREDITARY ANGIOEDEMA AGENTS	BERINERT	KIT	NON-PREFERRED	PA REQUIRED
	CINRYZE	SOLR	PREFERRED	PA REQUIRED
	FIRAZYR	SOLN	PREFERRED	PA REQUIRED
	HAEGARDA	SOLR	PREFERRED	PA REQUIRED
	KALBITOR	SOLN	PREFERRED	PA REQUIRED
	RUCONEST	SOLR	PREFERRED	PA REQUIRED
	TAKHZYRO	SOLN	NON-PREFERRED	PA REQUIRED
HEMATOLOGICAL AGENTS - MISC : OTHER	ACTIVASE	SOLR	PREFERRED	PA REQUIRED

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HEMATOLOGICAL AGENTS - MISC : OTHER CONT.	CATHFLO ACTIVASE	SOLR	PREFERRED	PA REQUIRED
	CEPROTIN	SOLR	PREFERRED	PA REQUIRED
	PANHEMATIN	SOLR	PREFERRED	PA REQUIRED
	PENTOXIFYLLINE ER	TBCR	PREFERRED	-
	PROTAMINE SULFATE	SOLN	PREFERRED	PA REQUIRED
	RETAVASE	KIT	NON-PREFERRED	PA REQUIRED
	RETAVASE HALF-KIT	KIT	NON-PREFERRED	PA REQUIRED
	SOLIRIS	SOLN	PREFERRED	PA REQUIRED
	TNKASE	KIT	PREFERRED	PA REQUIRED
	ULTOMIRIS	SOLN	PREFERRED	PA REQUIRED
HEMATOLOGICAL AGENTS - MISC : PLATELET AGGREGATION INHIBITORS	AGGRENOX	CP12	NON-PREFERRED	PA REQUIRED
	AGRYLIN	CAPS	NON-PREFERRED	PA REQUIRED
	ANAGRELIDE HYDROCHLORIDE	CAPS	PREFERRED	-
	ASPIRIN/DIPYRIDAMOLE	CP12	PREFERRED	-
	ASPIRIN/DIPYRIDAMOLE ER	CP12	PREFERRED	-
	BRILINTA	TABS	PREFERRED	-
	CILOSTAZOL	TABS	PREFERRED	-
	CLOPIDOGREL	TABS	PREFERRED	-
	DIPYRIDAMOLE	TABS	PREFERRED	-
	EFFIENT	TABS	NON-PREFERRED	PA REQUIRED
	KENGREAL	SOLR	NON-PREFERRED	-
	PLAVIX	TABS	NON-PREFERRED	PA REQUIRED
	PRASUGREL	TABS	NON-PREFERRED	-
	YOSPRALA	TBEC	NON-PREFERRED	-
	ZONTIVITY	TABS	NON-PREFERRED	-
HEMATOPOIETIC AGENTS : AGENTS FOR GAUCHER DISEASE	CERDELGA	CAPS	NON-PREFERRED	PA REQUIRED
	CEREZYME	SOLR	NON-PREFERRED	PA REQUIRED
	ELELYSO	SOLR	NON-PREFERRED	PA REQUIRED
	MIGLUSTAT	CAPS	PREFERRED	PA REQUIRED

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HEMATOPOIETIC AGENTS : AGENTS FOR GAUCHER DISEASE CONT.	VPRIV	SOLR	NON-PREFERRED	PA REQUIRED
	ZAVESCA	CAPS	PREFERRED	PA REQUIRED
HEMATOPOIETIC AGENTS : AGENTS FOR SICKLE CELL ANEMIA	DROXIA	CAPS	PREFERRED	-
	ENDARI	PACK	NON-PREFERRED	PA REQUIRED
	SIKLOS	TABS	PREFERRED	-
HEMATOPOIETIC AGENTS : ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)	ARANESP ALBUMIN FREE	SOLN	PREFERRED	PA REQUIRED
	ARANESP ALBUMIN FREE	SOSY	PREFERRED	PA REQUIRED
	EPOGEN	SOLN	PREFERRED	PA REQUIRED
	MIRCERA	SOSY	NON-PREFERRED	PA REQUIRED
	PROCRIT	SOLN	NON-PREFERRED	PA REQUIRED
	RETACRIT	SOLN	NON-PREFERRED	PA REQUIRED
HEMATOPOIETIC AGENTS : GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)	FULPHILA	SOSY	NON-PREFERRED	PA REQUIRED
	GRANIX	SOLN	PREFERRED	PA REQUIRED
	GRANIX	SOSY	PREFERRED	PA REQUIRED
	LEUKINE	SOLR	NON-PREFERRED	PA REQUIRED
	NEULASTA	SOSY	NON-PREFERRED	PA REQUIRED
	NEULASTA ONPRO KIT	PSKT	NON-PREFERRED	PA REQUIRED
	NEUPOGEN	SOLN	PREFERRED	PA REQUIRED
	NEUPOGEN	SOSY	PREFERRED	PA REQUIRED
	NIVESTYM	SOLN	NON-PREFERRED	PA REQUIRED
	NIVESTYM	SOSY	NON-PREFERRED	PA REQUIRED
	UDENYCA	SOSY	NON-PREFERRED	PA REQUIRED
	ZARXIO	SOSY	NON-PREFERRED	PA REQUIRED

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HEMATOPOIETIC AGENTS : THROMBOPOIESIS (TPO) STIMULATING PROTEINS	DOPTELET	TABS	PREFERRED	PA REQUIRED
	MULPLETA	TABS	PREFERRED	PA REQUIRED
	NPLATE	SOLR	PREFERRED	PA REQUIRED
	PROMACTA	PACK	PREFERRED	PA REQUIRED
	PROMACTA	TABS	PREFERRED	PA REQUIRED
	TAVALISSE	TABS	PREFERRED	PA REQUIRED
HEMOSTATICS : SYSTEMIC - INJECTABLE	AMINOCAPROIC ACID	SOLN	PREFERRED	PA REQUIRED
	CYKLOKAPRON	SOLN	PREFERRED	PA REQUIRED
	TRANEXAMIC ACID	SOLN	PREFERRED	PA REQUIRED
HEMOSTATICS : SYSTEMIC - ORAL	AMICAR	SOLN	PREFERRED	-
	AMICAR	TABS	NON-PREFERRED	PA REQUIRED
	AMINOCAPROIC ACID	TABS	PREFERRED	-
	LYSTEDA	TABS	NON-PREFERRED	PA REQUIRED
	TRANEXAMIC ACID	TABS	PREFERRED	-
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BARBITURATE HYPNOTICS	AMYTAL SODIUM	SOLR	PREFERRED	PA REQUIRED
	BUTISOL SODIUM	TABS	NON-PREFERRED	PA REQUIRED
	PENTOBARBITAL SODIUM	SOLN	PREFERRED	PA REQUIRED
	PHENOBARBITAL	ELIX	PREFERRED	-
	PHENOBARBITAL	SOLN	PREFERRED	-
	PHENOBARBITAL	TABS	PREFERRED	-
	PHENOBARBITAL SODIUM	SOLN	PREFERRED	-
	SECONAL SODIUM	CAPS	NON-PREFERRED	PA REQUIRED
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BENZODIAZEPINE HYPNOTICS	ESTAZOLAM	TABS	NON-PREFERRED	-
	FLURAZEPAM HCL	CAPS	NON-PREFERRED	-
	HALCION	TABS	NON-PREFERRED	PA REQUIRED

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HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : BENZODIAZEPINE HYPNOTICS CONT.	MIDAZOLAM HCL	SOLN	PREFERRED	-
	MIDAZOLAM HCL	SYRP	NON-PREFERRED	-
	MIDAZOLAM HYDROCHLORIDE	SOLN	PREFERRED	-
	RESTORIL	CAPS	NON-PREFERRED	PA REQUIRED
	TEMAZEPAM	CAPS	PREFERRED	-
	TRIAZOLAM	TABS	PREFERRED	-
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : NON-BENZODIAZEPINE	AMBIEN	TABS	NON-PREFERRED	PA REQUIRED
	AMBIEN CR	TBCR	NON-PREFERRED	PA REQUIRED
	EDLUAR	SUBL	NON-PREFERRED	PA REQUIRED
	ESZOPICLONE	TABS	NON-PREFERRED	PA REQUIRED
	INTERMEZZO	SUBL	NON-PREFERRED	PA REQUIRED
	LUNESTA	TABS	NON-PREFERRED	PA REQUIRED
	SONATA	CAPS	NON-PREFERRED	PA REQUIRED
	ZALEPLON	CAPS	NON-PREFERRED	PA REQUIRED
	ZOLPIDEM TARTRATE	SUBL	PREFERRED	-
	ZOLPIDEM TARTRATE	TABS	PREFERRED	-
	ZOLPIDEM TARTRATE ER	TBCR	PREFERRED	-
	ZOLPIMIST	SOLN	NON-PREFERRED	PA REQUIRED
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : SELECTIVE MELATONIN RECEPTOR AGONISTS	HETLIOZ	CAPS	NON-PREFERRED	PA REQUIRED
	ROZEREM	TABS	PREFERRED	PA REQUIRED
HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : TRICYCLIC AGENTS	BELSOMRA	TABS	NON-PREFERRED	PA REQUIRED

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HYPNOTICS / SEDATIVES / SLEEP DISORDER AGENTS : TRICYCLIC AGENTS CONT.	SILENOR	TABS	NON-PREFERRED	PA REQUIRED
IMMUNE MODULATORS : IMMUNOMODULATORS - MYELODYSPLASTIC SYNDROMES	REVLIMID	CAPS	PREFERRED	PA REQUIRED
IMMUNOSUPPRESSIVE AGENTS : CYCLOSPORINE ANALOGS - ORAL	CYCLOSPORINE	CAPS	PREFERRED	-
	CYCLOSPORINE MODIFIED 50MG	CAPS	NON-PREFERRED	PA REQUIRED
	CYCLOSPORINE MODIFIED	CAPS	PREFERRED	-
	CYCLOSPORINE MODIFIED	SOLN	PREFERRED	-
	GENGRAF	CAPS	PREFERRED	-
	GENGRAF	SOLN	PREFERRED	-
	NEORAL	CAPS	NON-PREFERRED	PA REQUIRED
	NEORAL	SOLN	NON-PREFERRED	PA REQUIRED
	SANDIMMUNE	CAPS	NON-PREFERRED	PA REQUIRED
SANDIMMUNE	SOLN	NON-PREFERRED	PA REQUIRED	
IMMUNOSUPPRESSIVE AGENTS : INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - ORAL	CELLCEPT	CAPS	NON-PREFERRED	PA REQUIRED
	CELLCEPT	SUSR	NON-PREFERRED	PA REQUIRED
	CELLCEPT	TABS	NON-PREFERRED	PA REQUIRED
	MYCOPHENOLATE MOFETIL	CAPS	PREFERRED	-
	MYCOPHENOLATE MOFETIL	SUSR	PREFERRED	-
	MYCOPHENOLATE MOFETIL	TABS	PREFERRED	-
	MYCOPHENOLIC ACID DR	TBEC	NON-PREFERRED	PA REQUIRED
	MYFORTIC	TBEC	NON-PREFERRED	PA REQUIRED
IMMUNOSUPPRESSIVE AGENTS : MACROLIDE IMMUNOSUPPRESSANTS	ASTAGRAF XL	CP24	NON-PREFERRED	PA REQUIRED

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IMMUNOSUPPRESSIVE AGENTS : MACROLIDE IMMUNOSUPPRESSANTS CONT.	ENVARUSUS XR	TB24	NON-PREFERRED	PA REQUIRED
	PROGRAF	CAPS	NON-PREFERRED	PA REQUIRED
	PROGRAF	PACK	NON-PREFERRED	PA REQUIRED
	PROGRAF	SOLN	PREFERRED	PA REQUIRED
	RAPAMUNE	SOLN	NON-PREFERRED	PA REQUIRED
	RAPAMUNE	TABS	NON-PREFERRED	PA REQUIRED
	SIROLIMUS	SOLN	NON-PREFERRED	PA REQUIRED
	SIROLIMUS	TABS	PREFERRED	-
	TACROLIMUS	CAPS	PREFERRED	-
	ZORTRESS	TABS	NON-PREFERRED	-
IMMUNOSUPPRESSIVE AGENTS : PURINE ANALOGS	AZASAN	TABS	NON-PREFERRED	PA REQUIRED
	AZATHIOPRINE	SOLR	NON-PREFERRED	-
	AZATHIOPRINE	TABS	PREFERRED	-
	IMURAN	TABS	NON-PREFERRED	PA REQUIRED
MIGRAINE AGENTS : CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS	AIMOVIG	SOAJ	NON-PREFERRED	PA REQUIRED
	AJOVY	SOSY	NON-PREFERRED	PA REQUIRED
	EMGALITY	SOAJ	PREFERRED	PA REQUIRED
	EMGALITY	SOSY	PREFERRED	PA REQUIRED
MISCELLANEOUS THERAPEUTIC CLASSES : CHELATING AGENTS	CUPRIMINE	CAPS	PREFERRED	PA REQUIRED
	DEPEN TITRATABS	TABS	PREFERRED	PA REQUIRED
	D-PENAMINE	TABS	NON-PREFERRED	PA REQUIRED
	SYPRINE	CAPS	NON-PREFERRED	PA REQUIRED
	TRIENTINE HYDROCHLORIDE	CAPS	PREFERRED	PA REQUIRED

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MISCELLANEOUS THERAPEUTIC CLASSES : POTASSIUM REMOVING AGENTS	KIONEX	SUSP	PREFERRED	-
	LOKELMA	PACK	NON-PREFERRED	PA REQUIRED
	SODIUM POLYSTYRENE SULFONATE	SUSP	PREFERRED	-
	SPS	SUSP	PREFERRED	-
	VELTASSA	PACK	PREFERRED	-
MUSCULOSKELETAL THERAPY AGENTS : SKELETAL MUSCLE RELAXANTS	AMRIX	CP24	NON-PREFERRED	PA REQUIRED
	BACLOFEN	SOLN	NON-PREFERRED	PA REQUIRED
	BACLOFEN	TABS	PREFERRED	-
	BACLOFEN 5MG	TABS	NON-PREFERRED	PA REQUIRED
	CARISOPRODOL	TABS	NON-PREFERRED	PA REQUIRED
	CARISOPRODOL/ASPIRIN	TABS	NON-PREFERRED	PA REQUIRED
	CARISOPRODOL/ASPIRIN/CODEINE	TABS	NON-PREFERRED	PA REQUIRED
	CHLORZOXAZONE	TABS	NON-PREFERRED	-
	CYCLOBENZAPRINE HYDROCHLORIDE	TABS	PREFERRED	-
	CYCLOBENZAPRINE HYDROCHLORIDE ER	CP24	NON-PREFERRED	PA REQUIRED
	DANTRIUM	CAPS	NON-PREFERRED	PA REQUIRED
	DANTRIUM IV	SOLR	PREFERRED	PA REQUIRED
	DANTROLENE SODIUM	CAPS	NON-PREFERRED	-
	FEXMID	TABS	NON-PREFERRED	PA REQUIRED
	GABLOFEN	SOLN	NON-PREFERRED	PA REQUIRED
	GABLOFEN	SOSY	NON-PREFERRED	PA REQUIRED
	LIORESAL INTRATHECAL	SOLN	NON-PREFERRED	PA REQUIRED
	LORZONE	TABS	NON-PREFERRED	-
	METAXALL	TABS	NON-PREFERRED	-
	METAXALONE	TABS	NON-PREFERRED	-
	METHOCARBAMOL	SOLN	NON-PREFERRED	PA REQUIRED
	METHOCARBAMOL	TABS	PREFERRED	-
	ORPHENADRINE CITRATE	SOLN	NON-PREFERRED	PA REQUIRED
	ORPHENADRINE CITRATE ER	TB12	NON-PREFERRED	-

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MUSCULOSKELETAL THERAPY AGENTS : SKELETAL MUSCLE RELAXANTS CONT.	REVONTO	SOLR	PREFERRED	PA REQUIRED
	ROBAXIN	SOLN	NON-PREFERRED	PA REQUIRED
	ROBAXIN	TABS	NON-PREFERRED	PA REQUIRED
	ROBAXIN-750	TABS	NON-PREFERRED	PA REQUIRED
	RYANODEX	SUSR	PREFERRED	PA REQUIRED
	SKELAXIN	TABS	NON-PREFERRED	PA REQUIRED
	SOMA	TABS	NON-PREFERRED	PA REQUIRED
	TIZANIDINE HCL	CAPS	NON-PREFERRED	PA REQUIRED
	TIZANIDINE HCL	TABS	PREFERRED	-
	TIZANIDINE HYDROCHLORIDE	CAPS	NON-PREFERRED	PA REQUIRED
	TIZANIDINE HYDROCHLORIDE	TABS	PREFERRED	-
	ZANAFLEX	CAPS	NON-PREFERRED	PA REQUIRED
	ZANAFLEX	TABS	NON-PREFERRED	PA REQUIRED
	NEUROMUSCULAR AGENTS : ALS AGENTS - BENZATHIAZOLES	RILUTEK	TABS	NON-PREFERRED
RILUZOLE		TABS	PREFERRED	-
TIGLUTIK		SUSP	NON-PREFERRED	PA REQUIRED
NEUROMUSCULAR AGENTS : ANTIMYASTHENIC/CHOLINERGIC AGENTS	ENLON	SOLN	PREFERRED	PA REQUIRED
	FIRDAPSE	TABS	NON-PREFERRED	PA REQUIRED
	GUANIDINE HCL	TABS	NON-PREFERRED	-
	MESTINON	SYRP	NON-PREFERRED	PA REQUIRED
	MESTINON	TABS	NON-PREFERRED	PA REQUIRED
	MESTINON TIMESPAN	TBCR	NON-PREFERRED	PA REQUIRED
	NEOSTIGMINE METHYLSULFATE	SOLN	PREFERRED	PA REQUIRED
	PYRIDOSTIGMINE BROMIDE	SOLN	NON-PREFERRED	PA REQUIRED
	PYRIDOSTIGMINE BROMIDE	TABS	PREFERRED	-
	PYRIDOSTIGMINE BROMIDE ER	TBCR	PREFERRED	-
	REGONOL	SOLN	PREFERRED	PA REQUIRED

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OPHTHALMIC AGENTS : ANTIALLERGIC	ALAWAY	SOLN	PREFERRED	-
	ALAWAY CHILDRENS ALLERGY EYE ITCH RELIEF	SOLN	PREFERRED	-
	ALOCRIL	SOLN	NON-PREFERRED	-
	ALOMIDE	SOLN	NON-PREFERRED	-
	AZELASTINE HCL	SOLN	NON-PREFERRED	-
	BEPREVE	SOLN	NON-PREFERRED	-
	CROMOLYN SODIUM	SOLN	PREFERRED	-
	ELESTAT	SOLN	NON-PREFERRED	PA REQUIRED
	EMADINE	SOLN	NON-PREFERRED	-
	EPINASTINE HCL	SOLN	NON-PREFERRED	-
	EYE ITCH RELIEF	SOLN	PREFERRED	-
	GNP EYE ITCH RELIEF	SOLN	PREFERRED	-
	HM EYE ITCH RELIEF	SOLN	PREFERRED	-
	KETOTIFEN FUMARATE	SOLN	PREFERRED	-
	LASTACAFT	SOLN	NON-PREFERRED	-
	OLOPATADINE HCL	SOLN	NON-PREFERRED	-
	OLOPATADINE HYDROCHLORIDE	SOLN	NON-PREFERRED	-
	PATADAY	SOLN	NON-PREFERRED	PA REQUIRED
	PATANOL	SOLN	NON-PREFERRED	PA REQUIRED
	PAZEO	SOLN	NON-PREFERRED	-
SM EYE ITCH RELIEF	SOLN	PREFERRED	-	
OPHTHALMIC AGENTS : CYCLOPLEGIC MYDRIATICS	ATROPINE SULFATE	OINT	PREFERRED	-
	ATROPINE SULFATE	SOLN	PREFERRED	-
	CYCLOGYL	SOLN	NON-PREFERRED	PA REQUIRED
	CYCLOMYDRIL	SOLN	PREFERRED	-
	CYCLOPENTOLATE HCL	SOLN	PREFERRED	-
	CYCLOPENTOLATE HYDROCHLORIDE	SOLN	PREFERRED	-
	ISOPTO ATROPINE	SOLN	PREFERRED	-
	MYDRIACYL	SOLN	NON-PREFERRED	PA REQUIRED
	TROPICAMIDE	SOLN	PREFERRED	-

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OPHTHALMIC AGENTS : GLAUCOMA AGENTS	ALPHAGAN P	SOLN	PREFERRED	-
	APRACLONIDINE	SOLN	NON-PREFERRED	-
	AZOPT	SUSP	PREFERRED	-
	BETAGAN	SOLN	NON-PREFERRED	PA REQUIRED
	BETAXOLOL HCL	SOLN	NON-PREFERRED	-
	BETOPTIC-S	SUSP	NON-PREFERRED	-
	BIMATOPROST	SOLN	NON-PREFERRED	-
	BRIMONIDINE TARTRATE	SOLN	PREFERRED	-
	CARTEOLOL HCL	SOLN	NON-PREFERRED	-
	COMBIGAN	SOLN	PREFERRED	-
	COSOPT	SOLN	NON-PREFERRED	PA REQUIRED
	COSOPT PF	SOLN	NON-PREFERRED	PA REQUIRED
	DORZOLAMIDE HCL	SOLN	PREFERRED	-
	DORZOLAMIDE HCL/TIMOLOL MALEATE	SOLN	PREFERRED	-
	DORZOLAMIDE HYDROCHLORIDE/TIMOLOL MALEATE PF	SOLN	PREFERRED	-
	IOPIDINE	SOLN	NON-PREFERRED	PA REQUIRED
	IOPIDINE 1%	SOLN	NON-PREFERRED	-
	ISOPTO CARPINE	SOLN	NON-PREFERRED	PA REQUIRED
	ISTALOL	SOLN	NON-PREFERRED	PA REQUIRED
	LATANOPROST	SOLN	PREFERRED	-
	LEVOBUNOLOL HCL	SOLN	PREFERRED	-
	LUMIGAN	SOLN	NON-PREFERRED	-
	METIPRANOLOL	SOLN	NON-PREFERRED	-
	MIOCHOL-E	SOLR	NON-PREFERRED	-
	MIOSTAT	SOLN	NON-PREFERRED	-
	PHOSPHOLINE IODIDE	SOLR	NON-PREFERRED	-
	PILOCARPINE HCL	SOLN	NON-PREFERRED	-
	RHOPRESSA	SOLN	NON-PREFERRED	-
	ROCKLATAN	SOLN	NON-PREFERRED	-
	SIMBRINZA	SUSP	PREFERRED	-
	TIMOLOL MALEATE	SOLN	PREFERRED	-

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OPHTHALMIC AGENTS : GLAUCOMA AGENTS CONT.	TIMOLOL MALEATE OPHTHALMIC GEL FORMING	SOLG	PREFERRED	-
	TIMOPTIC	SOLN	NON-PREFERRED	PA REQUIRED
	TIMOPTIC OCUDOSE	SOLN	NON-PREFERRED	-
	TIMOPTIC-XE	SOLG	PREFERRED	-
	TRAVATAN Z	SOLN	PREFERRED	-
	TRUSOPT	SOLN	NON-PREFERRED	PA REQUIRED
	VYZULTA	SOLN	NON-PREFERRED	-
	XALATAN	SOLN	NON-PREFERRED	PA REQUIRED
	XELPROS	EMUL	NON-PREFERRED	PA REQUIRED
	ZIOPTAN	SOLN	NON-PREFERRED	-
OPHTHALMIC AGENTS : NONSTEROIDAL ANTI- INFLAMMATORY AGENTS	ACULAR	SOLN	NON-PREFERRED	PA REQUIRED
	ACULAR LS	SOLN	NON-PREFERRED	PA REQUIRED
	ACUVAIL	SOLN	NON-PREFERRED	-
	BROMFENAC	SOLN	NON-PREFERRED	-
	BROMSITE	SOLN	NON-PREFERRED	-
	DICLOFENAC SODIUM	SOLN	PREFERRED	-
	FLURBIPROFEN SODIUM	SOLN	PREFERRED	-
	ILEVRO	SUSP	PREFERRED	-
	KETOROLAC TROMETHAMINE	SOLN	PREFERRED	-
	NEVANAC	SUSP	NON-PREFERRED	-
PROLENSA	SOLN	NON-PREFERRED	-	
OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS	AK-POLY-BAC	OINT	NON-PREFERRED	-
	AZASITE	SOLN	NON-PREFERRED	-
	BACITRACIN	OINT	NON-PREFERRED	-
	BACITRACIN/POLYMYXIN B	OINT	NON-PREFERRED	-
	BESIVANCE	SUSP	NON-PREFERRED	-
	CILOXAN	OINT	NON-PREFERRED	-
	CILOXAN	SOLN	NON-PREFERRED	PA REQUIRED
	CIPROFLOXACIN HCL	SOLN	PREFERRED	-

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OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS CONT.	CIPROFLOXACIN HYDROCHLORIDE	SOLN	PREFERRED	-
	ERYTHROMYCIN	OINT	PREFERRED	-
	GATIFLOXACIN	SOLN	NON-PREFERRED	-
	GENTAK	OINT	NON-PREFERRED	-
	GENTAMICIN SULFATE	SOLN	PREFERRED	-
	LEVOFLOXACIN	SOLN	NON-PREFERRED	-
	MOXEZA	SOLN	PREFERRED	-
	MOXIFLOXACIN HYDROCHLORIDE	SOLN	NON-PREFERRED	-
	NEOMYCIN/BACITRACIN/POLYMYXIN	OINT	NON-PREFERRED	-
	NEOMYCIN/POLYMYXIN/BACITRACIN	OINT	NON-PREFERRED	-
	NEOMYCIN/POLYMYXIN/GRAMICIDIN	SOLN	NON-PREFERRED	-
	NEO-POLYCIN	OINT	NON-PREFERRED	-
	NEOSPORIN	SOLN	NON-PREFERRED	PA REQUIRED
	OCUFLOX	SOLN	NON-PREFERRED	PA REQUIRED
	OFLOXACIN	SOLN	PREFERRED	-
	POLYCIN	OINT	NON-PREFERRED	-
	POLYMYXIN B SULFATE/TRIMETHOPRIM SULFATE	SOLN	PREFERRED	-
	POLYTRIM	SOLN	NON-PREFERRED	PA REQUIRED
	TOBRAMYCIN	SOLN	PREFERRED	-
	TOBRAMYCIN SULFATE	SOLN	PREFERRED	-
	TOBREX	OINT	NON-PREFERRED	-
	TOBREX	SOLN	NON-PREFERRED	PA REQUIRED
	TRIMETHOPRIM SULFATE/POLYMYXIN B SULFATE	SOLN	PREFERRED	-
	VIGAMOX	SOLN	PREFERRED	-
	ZYMAXID	SOLN	NON-PREFERRED	PA REQUIRED
OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTICS - SULFONAMIDES	BLEPH-10	SOLN	NON-PREFERRED	PA REQUIRED
	SODIUM SULFACETAMIDE	SOLN	PREFERRED	-
	SULFACETAMIDE SODIUM	OINT	PREFERRED	-
	SULFACETAMIDE SODIUM	SOLN	PREFERRED	-

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OPHTHALMIC AGENTS : OPHTHALMIC ANTIBIOTIC-STERIOD COMBINATIONS	BLEPHAMIDE	SUSP	NON-PREFERRED	PA REQUIRED
	BLEPHAMIDE S.O.P.	OINT	NON-PREFERRED	PA REQUIRED
	MAXITROL	OINT	NON-PREFERRED	PA REQUIRED
	MAXITROL	SUSP	NON-PREFERRED	PA REQUIRED
	NEOMYCIN/ POLYMYXIN/ BACITRACIN/ HYDROCORTISONE	OINT	NON-PREFERRED	-
	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	OINT	PREFERRED	-
	NEOMYCIN/POLYMYXIN/DEXAMETHASONE	SUSP	PREFERRED	-
	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	NON-PREFERRED	-
	NEO-POLYCIN HC	OINT	NON-PREFERRED	-
	PRED-G	SUSP	NON-PREFERRED	-
	PRED-G S.O.P.	OINT	NON-PREFERRED	-
	SULFACETAMIDE SODIUM/PREDNISOLONE SODIUM PHOSPHATE	SOLN	PREFERRED	-
	TOBRADEX	OINT	PREFERRED	-
	TOBRADEX	SUSP	NON-PREFERRED	PA REQUIRED
	TOBRADEX ST	SUSP	NON-PREFERRED	PA REQUIRED
	TOBRAMYCIN/DEXAMETHASONE	SUSP	PREFERRED	-
	ZYLET	SUSP	NON-PREFERRED	-
OPHTHALMIC AGENTS : OPHTHALMIC ANTIFUNGALS	NATACYN	SUSP	PREFERRED	-
OPHTHALMIC AGENTS : OPHTHALMIC ANTIVIRALS	TRIFLURIDINE	SOLN	PREFERRED	-
	VIROPTIC	SOLN	NON-PREFERRED	PA REQUIRED
	ZIRGAN	GEL	NON-PREFERRED	PA REQUIRED
OPHTHALMIC AGENTS : OPHTHALMIC IMMUNOMODULATORS	CEQUA	SOLN	NON-PREFERRED	PA REQUIRED
	RESTASIS	EMUL	PREFERRED	-
	RESTASIS MULTIDOSE	EMUL	PREFERRED	-
	XIIDRA	SOLN	NON-PREFERRED	PA REQUIRED

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OPHTHALMIC AGENTS : OPHTHALMIC LOCAL ANESTHETICS	AKTEN	GEL	NON-PREFERRED	-
	PROPARACAINE HCL	SOLN	PREFERRED	-
	TETRACAINE HCL	SOLN	PREFERRED	-
	TETRACAINE HYDROCHLORIDE	SOLN	PREFERRED	-
OPHTHALMIC AGENTS : OPHTHALMIC STEROIDS - TOPICAL	ALREX	SUSP	NON-PREFERRED	-
	DEXAMETHASONE SODIUM PHOSPHATE	SOLN	PREFERRED	-
	DUREZOL	EMUL	PREFERRED	-
	FLAREX	SUSP	NON-PREFERRED	-
	FLUOROMETHOLONE	SUSP	PREFERRED	-
	FML	OINT	NON-PREFERRED	-
	FML FORTE	SUSP	NON-PREFERRED	-
	FML LIQUIFILM	SUSP	NON-PREFERRED	PA REQUIRED
	INVELTYS	SUSP	NON-PREFERRED	PA REQUIRED
	LOTEMAX	GEL	NON-PREFERRED	-
	LOTEMAX	OINT	NON-PREFERRED	-
	LOTEMAX	SUSP	NON-PREFERRED	-
	LOTEMAX SM	GEL	NON-PREFERRED	-
	MAXIDEX	SUSP	NON-PREFERRED	-
	OMNIPRED	SUSP	NON-PREFERRED	PA REQUIRED
	PRED FORTE	SUSP	NON-PREFERRED	PA REQUIRED
	PRED MILD	SUSP	NON-PREFERRED	-
	PREDNISOLONE ACETATE	SUSP	PREFERRED	-
PREDNISOLONE SODIUM PHOSPHATE	SOLN	NON-PREFERRED	-	
OPHTHALMIC AGENTS : OPHTHALMICS - CYSTINOSIS AGENTS	CYSTARAN	SOLN	PREFERRED	PA REQUIRED
OTIC AGENTS : OTIC ANALGESICS COMBINATIONS	CORTIC-ND	SOLN	PREFERRED	-
	PRAMOTIC	LIQD	PREFERRED	-

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OTIC AGENTS : OTIC ANTI- INFECTIVES	CIPRO HC	SUSP	PREFERRED	-
	CIPRODEX	SUSP	PREFERRED	-
	CIPROFLOXACIN	SOLN	NON-PREFERRED	-
	COLY-MYCIN S	SUSP	NON-PREFERRED	-
	FLOXIN OTIC	SOLN	NON-PREFERRED	PA REQUIRED
	NEOMYCIN/POLYMYXIN/HC	SOLN	PREFERRED	-
	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SOLN	PREFERRED	-
	NEOMYCIN/POLYMYXIN/HYDROCORTISONE	SUSP	PREFERRED	-
	OFLOXACIN	SOLN	PREFERRED	-
	OTIPRIO	SUSP	NON-PREFERRED	-
	OTOVEL	SOLN	NON-PREFERRED	-
OTIC AGENTS : OTIC STEROIDS	DERMOTIC	OIL	NON-PREFERRED	PA REQUIRED
	FLAC	OIL	PREFERRED	-
	FLUOCINOLONE ACETONIDE	OIL	PREFERRED	-
	FLUOCINOLONE ACETONIDE EAR DROPS	OIL	PREFERRED	-
	HYDROCORTISONE/ACETIC ACID	SOLN	PREFERRED	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - NON- STIMULANTS	ATOMOXETINE	CAPS	PREFERRED	-
	ATOMOXETINE HYDROCHLORIDE	CAPS	PREFERRED	-
	CLONIDINE HCL ER	TB12	PREFERRED	-
	CLONIDINE HYDROCHLORIDE	TB12	PREFERRED	-
	CLONIDINE HYDROCHLORIDE ER	TB12	PREFERRED	-
	GUANFACINE ER	TB24	PREFERRED	-
	GUANFACINE HYDROCHLORIDE	TB24	PREFERRED	-
	INTUNIV	TB24	NON-PREFERRED	PA REQUIRED
STRATTERA	CAPS	NON-PREFERRED	PA REQUIRED	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - STIMULANTS - LONG ACTING	ADDERALL XR	CP24	NON-PREFERRED	PA REQUIRED

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - STIMULANTS - LONG ACTING CONT.	ADZENYS ER	SUER	NON-PREFERRED	-
	ADZENYS XR-ODT	TBED	NON-PREFERRED	-
	AMPHETAMINE/DEXTROAMPHETAMINE	CP24	PREFERRED	-
	APTENSIO XR	CP24	PREFERRED	-
	CONCERTA	TBCR	NON-PREFERRED	PA REQUIRED
	COTEMPLA XR-ODT	TBED	NON-PREFERRED	PA REQUIRED
	DAYTRANA	PTCH	NON-PREFERRED	PA REQUIRED
	DEXEDRINE	CP24	NON-PREFERRED	PA REQUIRED
	DEXMETHYLPHENIDATE HCL ER	CP24	PREFERRED	-
	DEXMETHYLPHENIDATE HYDROCHLORIDE	CP24	PREFERRED	-
	DEXMETHYLPHENIDATE HYDROCHLORIDE ER	CP24	PREFERRED	-
	DEXTROAMPHETAMINE SULFATE ER	CP24	PREFERRED	-
	DYANAVEL XR	SUER	NON-PREFERRED	-
	FOCALIN XR	CP24	NON-PREFERRED	PA REQUIRED
	METADATE ER	TBCR	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE CD	CPCR	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER	CP24	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER	CPCR	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER	TB24	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER	TBCR	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER (LA)	CP24	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE ER 72MG	TBCR	NON-PREFERRED	-
	MYDAYIS	CP24	NON-PREFERRED	-
	QUILLICHEW ER	CHER	PREFERRED	-
	QUILLIVANT XR	SUSR	PREFERRED	-
	RELEXXII	TBCR	NON-PREFERRED	-
	RITALIN LA	CP24	NON-PREFERRED	PA REQUIRED
	VYVANSE	CAPS	PREFERRED	-
	VYVANSE	CHEW	PREFERRED	-

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - STIMULANTS - MISC	ARMODAFINIL	TABS	PREFERRED	PA REQUIRED
	DESOXYN	TABS	NON-PREFERRED	PA REQUIRED
	METHAMPHETAMINE HCL	TABS	NON-PREFERRED	PA REQUIRED
	MODAFINIL	TABS	PREFERRED	PA REQUIRED
	NUVIGIL	TABS	NON-PREFERRED	PA REQUIRED
	PROVIGIL	TABS	NON-PREFERRED	PA REQUIRED
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : ADHD / ANTI-NARCOLEPSY - STIMULANTS - SHORT ACTING	ADDERALL	TABS	NON-PREFERRED	PA REQUIRED
	AMPHETAMINE SULFATE	TABS	NON-PREFERRED	-
	AMPHETAMINE/DEXTROAMPHETAMINE	TABS	PREFERRED	-
	DEXMETHYLPHENIDATE HCL	TABS	PREFERRED	-
	DEXMETHYLPHENIDATE HYDROCHLORIDE	TABS	PREFERRED	-
	DEXTROAMPHETAMINE SULFATE	SOLN	NON-PREFERRED	-
	DEXTROAMPHETAMINE SULFATE	TABS	NON-PREFERRED	-
	EVEKEO	TABS	NON-PREFERRED	-
	FOCALIN	TABS	NON-PREFERRED	PA REQUIRED
	METHYLIN	SOLN	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE	CHEW	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE	SOLN	PREFERRED	-
	METHYLPHENIDATE HYDROCHLORIDE	TABS	PREFERRED	-
	PROCENTRA	SOLN	NON-PREFERRED	PA REQUIRED
	RITALIN	TABS	NON-PREFERRED	PA REQUIRED
	ZENZEDI	TABS	NON-PREFERRED	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : MOVEMENT DISORDERS	AUSTEDO	TABS	NON-PREFERRED	PA REQUIRED
	INGREZZA	CAPS	NON-PREFERRED	PA REQUIRED
	TETRABENAZINE	TABS	PREFERRED	PA REQUIRED

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : MOVEMENT DISORDERS CONT.	XENAZINE	TABS	NON-PREFERRED	PA REQUIRED
	AMPYRA	TB12	NON-PREFERRED	PA REQUIRED
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : MULTIPLE SCLEROSIS AGENTS	AUBAGIO	TABS	NON-PREFERRED	-
	AVONEX	KIT	PREFERRED	-
	AVONEX	PSKT	PREFERRED	-
	AVONEX PEN	AJKT	PREFERRED	-
	BETASERON	KIT	PREFERRED	-
	COPAXONE	SOSY	PREFERRED	-
	DALFAMPRIDINE ER	TB12	NON-PREFERRED	PA REQUIRED
	EXTAVIA	KIT	NON-PREFERRED	-
	GILENYA	CAPS	PREFERRED	-
	GILENYA 0.25MG	CAPS	NON-PREFERRED	-
	GLATIRAMER ACETATE	SOSY	NON-PREFERRED	-
	GLATOPA	SOSY	NON-PREFERRED	-
	LEMTRADA	SOLN	NON-PREFERRED	-
	MAVENCLAD	TBPK	NON-PREFERRED	PA REQUIRED
	MAYZENT	TABS	NON-PREFERRED	-
	MAYZENT STARTER PACK	TBPK	NON-PREFERRED	-
	OCREVUS	SOLN	NON-PREFERRED	PA REQUIRED
	PLEGRIDY	SOPN	NON-PREFERRED	-
	PLEGRIDY	SOSY	NON-PREFERRED	-
	PLEGRIDY STARTER PACK	SOPN	NON-PREFERRED	-
	PLEGRIDY STARTER PACK	SOSY	NON-PREFERRED	-
	REBIF	SOSY	PREFERRED	-
	REBIF REBIDOSE	SOAJ	PREFERRED	-
	REBIF REBIDOSE TITRATION PACK	SOAJ	PREFERRED	-
	REBIF TITRATION PACK	SOSY	PREFERRED	-
	TECFIDERA	CPDR	PREFERRED	-

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : MULTIPLE SCLEROSIS AGENTS CONT.	TECFIDERA STARTER PACK	MISC	PREFERRED	-
	TYSABRI	CONC	NON-PREFERRED	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : OTHER	ERGOLOID MESYLATES	TABS	PREFERRED	-
	GRALISE	TABS	NON-PREFERRED	PA REQUIRED
	GRALISE STARTER	MISC	NON-PREFERRED	PA REQUIRED
	HORIZANT	TBCR	NON-PREFERRED	PA REQUIRED
	LYRICA CR	TB24	NON-PREFERRED	PA REQUIRED
	NUEDEXTA	CAPS	NON-PREFERRED	PA REQUIRED
	ORAP	TABS	NON-PREFERRED	PA REQUIRED
	PIMOZIDE	TABS	PREFERRED	-
	SAVELLA	TABS	NON-PREFERRED	PA REQUIRED
	SAVELLA TITRATION PACK	MISC	NON-PREFERRED	PA REQUIRED
	XYREM	SOLN	NON-PREFERRED	PA REQUIRED
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENTS - NICOTINE REPLACEMENT PRODUCTS	COMMIT	LOZG	NON-PREFERRED	PA REQUIRED
	GNP NICOTINE GUM	GUM	PREFERRED	-
	GNP NICOTINE MINI LOZENGE	LOZG	PREFERRED	-
	GNP NICOTINE POLACRILEX	GUM	PREFERRED	-
	GNP NICOTINE POLACRILEX	LOZG	PREFERRED	-
	GNP NICOTINE POLACRILEX MINI	LOZG	PREFERRED	-
	GNP NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	GNP NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	PREFERRED	-
	GOODSENSE NICOTINE GUM	GUM	PREFERRED	-
	GOODSENSE NICOTINE POLACRILEX	LOZG	PREFERRED	-
	HM NICOTINE POLACRILEX	GUM	PREFERRED	-

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENTS - NICOTINE REPLACEMENT PRODUCTS CONT.	HM NICOTINE POLACRILEX	LOZG	PREFERRED	-
	HM NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	HM NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	HM NICOTINE TRANSDERMAL SYSTEM STEP 1	PT24	PREFERRED	-
	HM NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	PREFERRED	-
	HM NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	PREFERRED	-
	NICODERM CQ	PT24	NON-PREFERRED	PA REQUIRED
	NICORELIEF	GUM	PREFERRED	-
	NICORETTE	GUM	NON-PREFERRED	PA REQUIRED
	NICORETTE	LOZG	NON-PREFERRED	PA REQUIRED
	NICORETTE MINI	LOZG	NON-PREFERRED	PA REQUIRED
	NICORETTE STARTER KIT	GUM	NON-PREFERRED	PA REQUIRED
	NICOTINE	PT24	PREFERRED	-
	NICOTINE POLACRILEX	GUM	PREFERRED	-
	NICOTINE POLACRILEX	LOZG	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM	KIT	NON-PREFERRED	PA REQUIRED
	NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM STEP 1	PT24	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM STEP 2	PT24	PREFERRED	-
	NICOTINE TRANSDERMAL SYSTEM STEP 3	PT24	PREFERRED	-
	NICOTROL INHALER	INHA	NON-PREFERRED	-
	NICOTROL NS	SOLN	NON-PREFERRED	-
	SM NICOTINE	GUM	PREFERRED	-
	SM NICOTINE	LOZG	PREFERRED	-
	SM NICOTINE POLACRILEX	GUM	PREFERRED	-
	SM NICOTINE POLACRILEX	LOZG	PREFERRED	-
	SM NICOTINE TRANSDERMAL SYSTEM	PT24	PREFERRED	-
	SM NICOTINE TRANSDERMAL SYSTEM/STEP 1/CLEAR	PT24	PREFERRED	-
	SM NICOTINE TRANSDERMAL SYSTEM/STEP 2/CLEAR	PT24	PREFERRED	-

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PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENENTS - NICOTINE REPLACEMENT PRODUCTS CONT.	SM NICOTINE TRANSDERMAL SYSTEM/STEP 3/CLEAR	PT24	PREFERRED	-
	THRIVE	GUM	PREFERRED	-
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC : SMOKING DETERRENENTS - OTHER	BUPROPION HYDROCHLORIDE ER (SR)	TB12	PREFERRED	-
	CHANTIX	TABS	PREFERRED	-
	CHANTIX CONTINUING MONTH PAK	TABS	PREFERRED	-
	CHANTIX STARTING MONTH PAK	TABS	PREFERRED	-
	ZYBAN	TB12	NON-PREFERRED	PA REQUIRED
RESPIRATORY AGENTS - MISC : ALPHA-PROTEINASE INHIBITOR (HUMAN)	ARALAST NP	SOLR	PREFERRED	PA REQUIRED
	GLASSIA	SOLN	PREFERRED	PA REQUIRED
	PROLASTIN-C	SOLN	PREFERRED	PA REQUIRED
	PROLASTIN-C	SOLR	PREFERRED	PA REQUIRED
	ZEMAIRA	SOLR	PREFERRED	PA REQUIRED
RESPIRATORY AGENTS - MISC : CYSTIC FIBROSIS AGENTS	KALYDECO	PACK	PREFERRED	PA REQUIRED
	KALYDECO	TABS	PREFERRED	PA REQUIRED
	ORKAMBI	PACK	PREFERRED	PA REQUIRED
	ORKAMBI	TABS	PREFERRED	PA REQUIRED
	PULMOZYME	SOLN	PREFERRED	PA REQUIRED
	SYMDEKO	TBPK	PREFERRED	PA REQUIRED
RESPIRATORY AGENTS - MISC : PULMONARY FIBROSING AGENTS	ESBRIET	CAPS	PREFERRED	PA REQUIRED
	ESBRIET	TABS	PREFERRED	PA REQUIRED
	OFEV	CAPS	PREFERRED	PA REQUIRED

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SUBSTANCE USE DISORDER : ALCOHOL DETERRENTS	ACAMPROSATE CALCIUM DR	TBEC	PREFERRED	-
	ANTABUSE	TABS	NON-PREFERRED	PA REQUIRED
	DISULFIRAM	TABS	PREFERRED	-
SUBSTANCE USE DISORDER : OPIOID ANTAGONISTS	NALOXONE HCL	SOCT	PREFERRED	-
	NALOXONE HCL	SOLN	PREFERRED	-
	NALOXONE HCL	SOSY	PREFERRED	-
	NALTREXONE HCL	TABS	PREFERRED	-
	NARCAN	LIQD	PREFERRED	-
	VIVITROL	SUSR	PREFERRED	-
SUBSTANCE USE DISORDER : OPIOID PARTIAL AGONISTS	BUNAVAIL	FILM	NON-PREFERRED	PA REQUIRED
	BUPRENORPHINE HCL	SUBL	NON-PREFERRED	PA REQUIRED
	BUPRENORPHINE HCL/NALOXONE HCL	SUBL	PREFERRED	-
	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	FILM	NON-PREFERRED	PA REQUIRED
	BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	SUBL	PREFERRED	-
	PROBUPHINE IMPLANT KIT	IMPL	NON-PREFERRED	PA REQUIRED
	SUBLOCADE	SOSY	NON-PREFERRED	PA REQUIRED
	SUBOXONE	FILM	PREFERRED	-
	ZUBSOLV	SUBL	NON-PREFERRED	PA REQUIRED
	SUBSTANCE USE DISORDER : OTHER	LUCEMYRA	TABS	NON-PREFERRED
VASOPRESSORS : MISC	DOBUTAMINE HCL	SOLN	PREFERRED	PA REQUIRED
	DOBUTAMINE HCL/D5W	SOLN	PREFERRED	PA REQUIRED
	DOBUTAMINE HYDROCHLORIDE/DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	DOBUTAMINE/DEXTROSE 5%	SOLN	PREFERRED	PA REQUIRED
	DOPAMINE HCL	SOLN	PREFERRED	PA REQUIRED
	DOPAMINE HYDROCHLORIDE/DEXTROSE	SOLN	PREFERRED	PA REQUIRED
	DOPAMINE/D5W	SOLN	PREFERRED	PA REQUIRED
	EPHEDRINE SULFATE	SOLN	PREFERRED	PA REQUIRED

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VASOPRESSORS : MISC CONT.	EPINEPHRINE HCL	SOLN	PREFERRED	PA REQUIRED
	EPINEPHRINE HCL	SOSY	PREFERRED	PA REQUIRED
	LEVOPHED	SOLN	PREFERRED	PA REQUIRED
	MIDODRINE HCL	TABS	PREFERRED	-
	MIDODRINE HYDROCHLORIDE	TABS	PREFERRED	-
	NOREPINEPHRINE BITARTRATE	SOLN	PREFERRED	PA REQUIRED
	NORTHERA	CAPS	NON-PREFERRED	PA REQUIRED
	PHENYLEPHRINE HCL	SOLN	PREFERRED	PA REQUIRED
	PHENYLEPHRINE HYDROCHLORIDE	SOLN	PREFERRED	PA REQUIRED